SUPPORTERS INCLUDE:

- American Medical Association
- American Cancer Society
- Oncology Nursing Society
- American Acad. of Physical Medicine and Rehabilitation
- American Occupational Therapy Association
- American Physical Therapy Association
- Wound, Ostomy and Continence Nurses Society
- LIVESTRONG
- Colon Cancer Alliance
- Susan G. Komen
- Ovarian Cancer National Alliance
- Lymphatic Education and Research Network
- National Lymphedema Network

ABOUT LYMPHEDEMA:

Lymphedema, which is an umbrella term for dozens of lymphatic system diseases, is marked by an accumulation of lymph fluid (swelling) in parts of the body where lymph nodes or lymphatic vessels are damaged or inadequate. This chronic but treatable condition affects millions of Americans. Among the many causes, damage from cancer treatment is the most common.

Untreated or inadequately treated lymphedema is progressive, leading to complications, comorbidities, loss of function, disability, and in some cases even death. Compression therapy is the essential cornerstone of lymphedema treatment, without which patients cannot maintain their condition. Coverage for compression will enable patients to effectively manage this disease, thereby greatly improving their overall health and quality of life.

WHY THIS LEGISLATION IS NEEDED:

Medicare does not cover the medically necessary compression supplies used daily in lymphedema treatment, citing they do not fit under any benefit category. The Health and Human Services Secretary has confirmed that a change in statute is necessary (see page 2 for statement). No other proposed revision or reform of Medicare will rectify this unintended gap in coverage that is preventing patients from receiving the standard of care.

WHAT THIS LEGISLATION WILL DO:

- Provide for Medicare coverage of doctor-prescribed compression supplies under the Durable Medical Equipment (DME) category;
- Reduce the total healthcare costs associated with this disease by decreasing the incidence of complications, co-morbidities and disabilities resulting from this medical condition.

The Lymphedema Treatment Act is not disease-specific legislation. Lymphedema is the end result of any significant impairment to all or part of the lymphatic organ system and can result from dozens of conditions. To exclude the primary treatment for all causes of lymphedema (i.e. compression therapy) is equivalent to excluding treatment for all forms of heart or lung disease.
WHY MEDICARE BENEFICIARIES ARE NOT CURRENTLY RECEIVING THE STANDARD OF CARE FOR LYMPHEDEMA:

Congressman Dave Reichert submitted official queries to each of the last two Health and Human Services Secretaries. He inquired whether Medicare could provide coverage for the compression supplies needed for everyday self-management of lymphedema.

In 2012 (Secretary Sebelius) and again in 2015 (Secretary Burwell), the official responses indicated a lack of an appropriate benefit category.

“Although Medicare does cover certain compression garments in the treatment of venous stasis ulcers as a secondary surgical dressing, CMS has not identified any other Medicare part B benefit category that could be used to cover everyday self-care garments for lymphedema patients. A statutory change could provide for Medicare coverage and financing for these items”.

~Secretary Burwell 9/2015

ADDITIONAL INFORMATION ABOUT LYMPHEDEMA CAN BE FOUND AT:

The National Lymphedema Network

The Lymphatic Education and Research Network
http://lymphaticnetwork.org/living-with-lymphedema/lymphedema/

The National Cancer Institute at the National Institutes of Health
www.cancer.gov/cancertopics/pdq/supportivecare/lymphedema/healthprofessional/page1

WASHINGTON POST ARTICLE:

A story chronicling one family’s struggle to obtain a diagnosis and treatment for their child’s lymphedema, and the origins of the Lymphedema Treatment Act -

PUBLIC SERVICE ANNOUNCEMENT:

This 13-minute video about Lymphedema and the Lymphedema Treatment Act provides excellent foundational information, and includes interviews with doctors, researchers, therapists, and patients - https://youtu.be/GQZuvWs4-Pc

AVALERE HEALTH COST ANALYSIS OF THE LYMPHEDEMA TREATMENT ACT:

To obtain a copy please contact our House or Senate bill sponsor’s office, or go to http://lymphedematreatmentact.org/about-the-bill/hta-info-packet-for-congress/.

LIBRARY OF CONGRESS LINKS:


Please visit our website to learn more. www.LymphedemaTreatmentAct.org
**6 THINGS YOU MAY NOT KNOW ABOUT Lymphedema**

1. Lymphedema is chronic swelling caused by a build-up of fluid that occurs when the lymphatic system is either faulty or damaged.

2. An estimated 3-5 million Americans suffer from lymphedema — including many that are undiagnosed or undertreated. That is more than ALS, Cystic Fibrosis, Multiple Sclerosis, Muscular Dystrophy, and Parkinson’s Disease combined.

3. Most physicians in the United States are taught about the lymphatic system for 1 hour or less during their 4 years of medical school training.

4. There is no known cure for lymphedema, but it can be effectively treated. Compression therapy is the most critical component of treatment. Without it, patients are at increased risk for complications and disability.

5. Medicare, and many private insurance policies do NOT cover compression garments, wraps, or bandages — the supplies needed for compression therapy.

6. The Lymphedema Treatment Act is a bill, currently in Congress, that aims to improve insurance coverage for compression supplies, allowing lymphedema patients to maintain a healthy and productive life.

Visit our website to learn more about lymphedema and how to support this bill. LymphedemaTreatmentAct.org

Lymphedema: Not One Disease

Chronic lymphatic-system failure (lymphedema) occurs across a wide spectrum of diseases.

### Primary

10% of all cases are Primary (congenital)\(^{1,3,6-7}\)

(persons shown in red)

Over 40 rare diseases are associated with primary lymphedema including:

- Aagenaes Syndrome
- Adams-Oliver Syndrome
- C.H.A.R.G.E Syndrome
- C.L.O.V.E.S. Syndrome
- Carbohydrate Deficient Glycoprotein (types 1a, 1b, 1h)
- Cardio-facial-cutaneous Syndrome
- Choanalatresia-lymphedema Syndrome
- Congenital Lymphedema (non-Milroy's)
- Ectodermal Dysplasia
- Anhidrotic
- Immunodeficiency
- Osteopetrosis
- Lymphedema Syndrome
- Fabray's Disease
- Gorham's Disease
- Henneman Syndrome
- Hypotrichosis Lymphedema
- Telangiectasia
- Klippel Trenaunay Syndrome
- Klippel-Trenaunay-Weber Syndrome
- Lipedema
- Lymphedema Distichiasis Syndrome
- Lymphedema Myelodysplasia (Emberger Syndrome)
- Lymphedema Praeox
- Lymphedema Tarda
- Lymphedema-Distichiasis
- Macrocephaly-Capillary Malformation
- Maffucci Syndrome
- Meige Syndrome
- Microcephaly-Chorioretinopathy-Lymphedema-Mental Retardation Syndrome
- Milroy’s Disease
- Mucke Syndrome
- Neurofibromatosis
- Nonne-Milroy Disease
- Noonan’s Syndrome
- Oculo-Dento-Digital Syndrome
- Parkes-Weber Syndrome
- Phelan McDermid Syndrome
- Prader Willi Syndrome
- Progressive Encephalopathy-Hypsarrhythmia-Optic Atrophy Syndrome
- Protein Losing Enteropathy (associated with numerous forms of congenital heart disease)
- Proteus Syndrome
- Spina bifida
- Thrombocytopenia with Absent Radius Syndrome
- Trisomy 13,18,21
- Turner’s Syndrome
- Velocardiofacial Syndrome
- W.I.L.D. Syndrome
- Yellow Nail Syndrome

### Secondary

90% of all cases are Secondary (acquired)\(^{1,2,4,5}\)

(persons shown in blue and green)

22% of all cases are non-cancer related

68% of all cases are cancer-related

Overall cancer-related incidence rate is 15.5%

Specific rates include:

- breast 40%
- sarcoma 30%
- gynecological 20%
- melanoma 16%,
- genital-urinary 10%,
- head and neck 4%.

Causes include:

- burns
- ilio-femoral bypass
- infection
- paralysis
- radiation
- rheumatoid arthritis
- surgery
- trauma

The Avalere Health cost analysis for the Lymphedema Treatment Act\(^1\) demonstrated that nationally, 0.57% of all Medicare patients are diagnosed with lymphedema. Based on this and state Medicare data\(^2\), here are the estimates of affected Medicare beneficiaries in each state.

<table>
<thead>
<tr>
<th>State</th>
<th>2015 State Estimate of Medicare Patients with Lymphedema</th>
<th>State</th>
<th>2015 State Estimate of Medicare Patients with Lymphedema</th>
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The Function of Compression &
Why Current Medicare Coverage
of Lymphedema Treatment is Inadequate

As stated by the National Cancer Institute, “The goal of lymphedema treatment centers on controlling limb swelling and minimizing complications.”

Under current Medicare policy, lymphedema patients have coverage for Manual Lymphatic Drainage (MLD), performed by a qualified Medicare provider such as a physical or occupational therapist, and, when certain conditions are satisfied, a pneumatic compression pump. The function of both of these treatment modalities is to reduce the volume of stagnant lymph fluid in the affected body part or parts.

The function of compression is to maintain the affected body part in its reduced state and prevent it from swelling further. Without the use of compression garments and/or the other compression supplies outlined in the Lymphedema Treatment Act, MLD and lymphedema pumps provide no lasting benefit and do not enable the patient to maintain their condition.

Medicare does recognize and acknowledge the necessary role compression plays in the treatment of lymphedema.

Lymphedema pumps, if prescribed, may be covered by Medicare (per National Coverage Determination 280.6) after “a four-week trial of conservative therapy” has shown little or no benefit. This “conservative therapy” must include the “use of an appropriate compression bandage system or compression garment”. The Decision Summary of the Decision Memo for Lymphedema Pumps (CAG 00016N) states providers should, “Encourage patients to use compression garments between pump sessions to prevent reaccumulation of fluid”.

Pumps are generally used for an hour a day. A person cannot perform most any activity of daily living while using the pump. As demonstrated by the images below, the compression sleeve that comes with a pump (seen left) is far different from the compression garments and other compression supplies that must be worn continuously to prevent fluid reaccumulation (shown to the right and center).

The Lymphedema Treatment Act will close the unintended gap in coverage that prevents Medicare beneficiaries from accessing these medically necessary, doctor prescribed compression supplies, which are the cornerstone of the standard of care for lymphedema.

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3 http://www.cancer.gov/about-cancer/treatment/side-effects/lymphedema/lymphedema-hp-pdq#section/all
The Lymphedema Treatment Act seeks coverage for compression bandages, supplies, and garments used to reduce lymphedema related swelling, and to prevent its recurrence. **Compression is an integral component** of the standard of care for the treatment of lymphedema known as **Complete Decongestive Therapy (CDT)**. The first six documents outlined below summarize several position papers, reviews, and consensus documents, all of which recognize the necessity of compression for patients with lymphedema. The remaining documents reveal the fact that lymphedema, especially in preventable advanced stages, is costly, and that compression therapy reduces disease progression, complications, and the associated cost of care.

1. **International Lymphedema Framework (2010): Compression Hosiery (Garments) in Lymphedema**

   The authors reviewed the published evidence for efficacy of compression garments and concluded the following:

   - Studies with follow-up periods of six months to five years indicate that compression garments are effective in reducing and/or maintaining lymphedema of the arm and leg both in primary and secondary lymphedema.
   - Compression hosiery (garments and arm sleeves) are an integral part of lymphedema management with strong evidence to support their use.
   - Outcomes are less optimal in lymphedema management when compression therapy is not used.

2. **MEDCAC Meeting on Lymphedema Treatment Protocols (2009)**

   A Medicare Evidence Development Coverage Advisory Committee (MEDCAC) meeting was held on November 18, 2009. The committee reviewed the Agency for Healthcare Research and Quality’s (AHRQ) technology assessment of the efficacies of lymphedema diagnosis and treatment protocols. They also heard scheduled testimony of 15 leading experts on lymphedema as well as a number of unscheduled stakeholders and experts.
The committee reports that the greatest confidence, for the best outcome, was in Complete Decongestive Therapy, of which compression is an integral component (page 14 of meeting transcript).

When isolating individual modalities of treatment, the committee reports the highest level of confidence was found in compression (page 5 of meeting tables).


The authors note the following regarding compression bandaging and garments:

- Lymphedema requires constant compression, if discontinued edema will recur rapidly.
- Compression removes edema by a reduction in capillary filtration, an increase in lymphatic drainage, a shift of fluid to non-compressed areas, and via a breakdown of fibrosclerotic tissue.
- Patient understanding and adherence are critical to sustained outcomes.
- Once swelling is maximally reduced, long term compression garments are required.

4. National Lymphedema Network Position Statement on The Diagnosis and Treatment of Lymphedema

- The gold standard for the treatment of lymphedema is known as Complete Decongestive Therapy.
- Compression Bandaging is always a requisite part of Complete Decongestive Therapy.
- Following achievement of maximal volume reduction with Complete Decongestive Therapy, patients should be fitted with a compression garment.


The review concluded that the use of compression bandaging and garments was more effective than garments alone. Additionally, they noted that when comparing no treatment to the use of compression garments alone, the garments were deemed beneficial.

6. CMS Decision Memo on Pneumatic Pumps

The decision memo notes the following:

- Standard management of lymphedema typically includes positioning (elevation), manual lymphatic drainage, exercise, and compression garments or wraps.
- A pump may be an appropriate therapy for certain patients that have not been able to reduce limb swelling by conservative treatment. Such conservative treatment must include the use of a compression garment.
● Patients should use compression garments between pump sessions to prevent re-accumulation of fluid.


- Modeled the direct costs of caring for patients identified in the early stages of lymphedema (using primarily compression garments) through a prospective surveillance program vs. caring for them in the later stages of the disease.
- Determined that the annual direct cost to manage early stage lymphedema with compression garments and minimal therapy was $636.19 vs. $3,124.92 in the more advanced stages requiring intensive therapy and compression.
- Thus, early identification and initiation of compression was calculated to significantly reduce healthcare costs.

8. *Journal of Clinical Oncology ~ Incidence, Treatment Costs, and Complications of Lymphedema After Breast Cancer Among Women of Working Age: A 2-Year Follow-Up Study*

- This study evaluated the economic burden of managing breast cancer related lymphedema via analysis of insurance claims data on a total population of 550,000 insured, nearly 2000 of which had been diagnosed with breast cancer and 180 with breast cancer related lymphedema.
- The two year medical cost differential between breast cancer survivors with and without lymphedema was $22,153 more spent on patients with lymphedema.
- Only 3.4% of the added cost was spent on therapy or compression supplies which are known to prevent disease progression. The remaining 96.6% was spent on the cost of evaluating and treating complications.
- The authors noted:
  - “Breast cancer related lymphedema patients are likely to incur high medical costs as a result of frequent visits to physicians and/or physical therapists to seek symptom control”.
  - “Poorly managed lymphedema may lead to complications needing medical attention, which increases the costs of care”.

Lymphedema was recognized as one of the most potent risk factors for the development of recurrent cellulitis, which frequently requires hospitalization.

The authors remarked that the study removed a significant barrier to idealized treatment by covering the cost of bandages and garments (not covered by Medicare) through the study’s funding. The item costs ranged from $120 - $1000 and items were replaced every 6 months per standard of care.

The study revealed that 18 months of treatment, primarily consisting of compression including bandaging and custom garments, reduced the cumulative average annual number of hospitalizations among the study participants from 8.5/year down to 0.67/year.

In 2011, the American Journal of Infection Control published an evaluation of multihospital insurance data which reviewed the cost of over 5,000 admissions between 2002 and 2006 for complicated cellulitis. This population included patients with an underlying condition, such as lymphedema, which complicates the response to treatment. The study found that the length of stay per episode was 9.5-17.2 days and cost ranged from $40,046 - $80,093 per hospital stay. Costs are expected to have risen modestly since that time.

Thus, even at the lower end of cost, 8.5 hospitalizations per year would be expected to cost at least $340,391 whereas, after receiving compression therapy, 0.67 hospitalizations per year would be expected to cost well over 12 fold less at $26,830.

References:
Support Improved Care for Medicare Beneficiaries with Lymphedema: Cosponsor the Lymphedema Treatment Act (S. 2373)

Dear Colleague,

We write to ask that you support improved preventive care for Medicare beneficiaries living with lymphedema by cosponsoring the Lymphedema Treatment Act (S. 2373).

Lymphedema is a chronic, progressive group of conditions characterized by the accumulation of lymph fluid (swelling) in various parts of the body due to malfunctions in the lymphatic system. Between 1.5 and 3 million Medicare beneficiaries currently suffer from lymphedema. Patients undergoing treatment for breast cancer are particularly susceptible to lymphedema. When left untreated or undertreated, lymphedema can lead to complications, comorbidities, loss of function and disability – often necessitating costly emergency room visits.

Compression therapy items, such as compression garments, are a preventive measure used to lessen swelling and are an integral, clinically-recognized component of the standard of care for lymphedema. However, Medicare does not cover or reimburse for compression therapy items because they do not fit the definition of Durable Medical Equipment (DME). This results in a coverage gap for Medicare beneficiaries living with lymphedema, and discourages smart, preventive measures to treat this condition.

The Lymphedema Treatment Act would close this coverage gap and improve care for Medicare beneficiaries with lymphedema by requiring Medicare to cover physician-prescribed compression therapy items under a new DME category. These items include multi-layer compression bandaging systems; custom or standard fit gradient compression garments; non-elastic and low-elastic compression garments and compression wraps and directional flow pads; and any other compression items determined by the Secretary of Health and Human Services to be effective in preventing or treating lymphedema.

This bipartisan, bicameral legislation enjoys wide support from patient and provider groups including the American Medical Association, the American Cancer Society, and the American Physical Therapy Association. To cosponsor the Lymphedema Treatment Act, please contact Nico Janssen at Nico.Janssen@cantwell.senate.gov (Cantwell) or Karen Summar at Karen.Summar@grassley.senate.gov (Grassley).

Sincerely,

Maria Cantwell
United States Senator

Charles E. Grassley
United States Senator
Cosponsor the Lymphedema Treatment Act to Help Millions of Medicare Beneficiaries Currently Lacking Treatment for Lymphedema

Dear Colleague:

Lymphedema has been called “cancer treatment’s dirty little secret” and afflicts millions of Americans, yet Medicare beneficiaries currently lack coverage of compression supplies needed to effectively treat the condition. Lymphedema is progressive when left untreated and can put patients at greater risk for serious infection and disability. To help patients successfully treat lymphedema and manage their symptoms, we urge you to join us in cosponsoring H.R. 1608, the Lymphedema Treatment Act. This legislation will provide Medicare coverage of doctor-prescribed compression supplies while also helping to reduce total Medicare spending by decreasing the incidence of costly complications, co-morbidities and disabilities associated with the disease.

Lymphedema is a chronic condition resulting from the accumulation of lymph fluid which causes tissue swelling, most often in the arms or legs. It is estimated to afflict 1.5 to 3 million Medicare beneficiaries and 3 to 5 million Americans as a whole. While individuals can be born with a primary form of lymphedema, the majority of cases are secondary forms of lymphedema most often caused by cancer treatments that damage the body’s lymph system and immune functions. For cancer patients, lymphedema is one of the most significant survivorship issues. Breast cancer, in particular, is one of the most common causes of secondary lymphedema with an incidence rate of 20 to 40 percent.

Fortunately, there is hope for lymphedema patients as the risks and complications associated with the disorder can be mitigated through Complete Decongestive Therapy (CDT), which is considered the gold standard for treating lymphedema. In addition to manual lymph drainage and decongestive exercises, an essential component of CDT is compression therapy. Unfortunately, Medicare does not currently cover compression supplies. As a result, many Medicare patients cannot maintain their condition and experience an unnecessary loss of health and function in the activities of daily living.

In order to improve the health care for lymphedema patients and decrease the rate of costly complications for cancer survivors, H.R. 1608 would provide Medicare coverage of medically necessary compression supplies. If you would like more information about the bill or to cosponsor, please contact Lindsay Manson in Rep. Reichert’s office (5-7761), Kristen Donheffer in Rep. Blumenauer’s office (5-4811), Molly McDonnell in Rep. Lance’s office (5-5361) or Amy Kelbick in Rep. Schakowsky’s office (5-2111).

Sincerely,

DAVE REICHERT
Member of Congress

EARL BLUMENAUER
Member of Congress

LEONARD LANCE
Member of Congress

JAN SCHAKOWSKY
Member of Congress
May 6, 2016

The Honorable Maria Cantwell
United States Senate
511 Hart Senate Office Building
Washington, DC 20510

Dear Senator Cantwell:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our support for S. 2373, the “Lymphedema Treatment Act.” This bill would help fill a treatment gap for patients with lymphedema by providing for Medicare coverage of certain lymphedema compression treatment items as durable medical equipment (DME) items.

Lymphedema afflicts millions of Americans, with the majority of cases caused by cancer treatments that damage the body’s lymph transport and immune functions. When left untreated or under-treated, lymphedema is progressive and can put patients at greater risk for serious infections or other costly complications. While certain treatments for breast cancer-related lymphedema are required by law to be covered by private insurance plans, Medicare beneficiaries with lymphedema currently lack coverage for compression therapy, an essential component of care they must use to manage their chronic disease. As a result, many patients are not receiving appropriate and evidence-based treatment, which results in a decline in their health status and quality of life. Your bill would fix this treatment gap by specifically covering certain lymphedema compression treatment items under Medicare as DME items as long as they are prescribed by a physician or non-physician health professional to the extent authorized under state law.

The AMA applauds your leadership in sponsoring the Lymphedema Treatment Act and is pleased to support this important bill.

Sincerely,

James L. Madara, MD
August 05, 2015

The Honorable David G. Reichert  
United States House of Representatives  
1127 Longworth House Office Building  
Washington, DC 20515-0601

Dear Representative Reichert:

On behalf of millions of cancer patients, survivors and their families, the American Cancer Society Cancer Action Network (ACS CAN) commends you for your leadership in introducing H.R. 1608, the Lymphedema Treatment Act of 2015.

The Lymphedema Treatment Act of 2015 would require Medicare to cover all necessary medical supplies appropriate for the treatment of lymphedema for beneficiaries. The Medicare program currently does not cover the critically necessary compression supplies used in the daily treatment of lymphedema. Patient access to physician prescribed compression supplies can prevent recurring infections and eventual disability in lymphedema patients. Currently, compression supplies used for the treatment of lymphedema patients are not classified under any existing Medicare benefits category.

Lymphedema affects millions of Americans nationwide, and there is currently no known cure. Patient access to medical supplies that help treat lymphedema is imperative, and important for patient quality of life. Patients who have undergone surgery or radiation therapy for cancer, namely breast cancer, may be at a high risk of developing lymphedema. Also, surgical procedures treating breast cancer often require the removal of lymph nodes which puts breast cancer survivors at an even higher risk. This is why the Lymphedema Treatment Act is so important, and we look forward to working with you on the legislation during the 114th Congress.

Thank you again for your leadership on this important issue. Please contact Keysha Brooks-Coley on my staff at 202-661-5720, or Keysha.brooks-coley@cancer.org if we can be of assistance in any way.

Sincerely,

Christopher W. Hansen  
President
May 24, 2016

The Honorable Maria Cantwell  
United States Senate  
511 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Charles Grassley  
United States Senate  
135 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senator Cantwell and Senator Grassley:

On behalf of the more than 93,000 members of the American Physical Therapy Association (APTA), I write to thank you for introducing the Lymphedema Treatment Act (S. 2373), which will be invaluable in assisting Medicare beneficiaries who are impacted by lymphedema.

APTA commends the legislation and its provision of improved Medicare coverage for compression supplies, including compression garments, bandaging systems, and other devises necessary for the treatment of lymphedema. This legislation provides extensive and detailed descriptions of the categories of lymphedema treatment supplies that would be required to be covered, while authorizing the Secretary to expand coverage for additional supplies so long as those items are determined to be effective in preventing or treating lymphedema. Currently, Medicare beneficiaries lack coverage for the compression therapy necessary for the treatment of lymphedema. Passage of this legislation would ensure access to these indispensable items for individuals suffering from lymphatic impairments and conditions.

Physical therapists provide a crucial role in the treatment of lymphedema. While there is no cure for this condition, early detection, treatment, and management are crucial to alleviating symptoms. Physical therapists aid in manual lymph drainage as well as the fitting and adjustment of compression garments. Additionally, physical therapists provide patients with specialized exercises to be performed while wearing compression garments and are an important source of information regarding how to avoid injury and infection, improve skin care, and utilize diet to decrease fluid retention.

Thank you for your commitment to improving the lives of individuals suffering from lymphedema. Please contact Stephanie Katz, Senior Congressional Affairs Specialist, at stephaniekatz@apta.org or 703-706-3177, if you have any questions or would like additional information.

Sincerely,

Sharon L. Dunn, PT, PhD, OCS  
President

SLD: sjk
June 22, 2015

Honorable David Reichert
1127 Longworth House Office Building
Washington, DC 20515

RE: Support of H.R. 1608, the Lymphedema Treatment Act

Dear Congressman Reichert:

On behalf of the Oncology Nursing Society (ONS), I write to thank you for introducing H.R. 1608, the Lymphedema Treatment Act. H.R. 1608 will improve insurance coverage for the doctor-prescribed compression supplies that are the cornerstone of lymphedema treatment.

As you know, lymphedema is a chronic condition affecting millions of Americans that is most often caused by cancer treatments that damage the body’s lymph system or immune functions. Due to the painful swelling that results from lymphedema, compression therapy is an essential component of treatment. Despite being an ongoing necessity, compression supplies are not covered by Medicare. H.R. 1608 would close this coverage gap by requiring Medicare to cover lymphedema compression items.

In addition to providing cancer treatment, oncology nurses maintain principal responsibility for managing treatment side-effects. Maximizing quality of life and minimizing treatment side-effects such as lymphedema are central goals of oncology nurses. H.R. 1608 will afford our nurses the opportunity to be more effective caregivers and ultimately will result in more successful outcomes for cancer patients nationwide.

ONS is a professional organization of over 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.

Please know that ONS and its members very much appreciate your leadership on the issue of access to lymphedema treatment. We stand ready to work with you and your staff to reduce and prevent suffering from cancer. We would be happy to discuss ways in which ONS may be of assistance in this endeavor, and would encourage you to contact Alec Stone, MA, MPA, ONS Director of Health Policy, at astone@ons.org. We look forward to engaging in an ongoing dialogue to address issues of importance to our cancer patients and ways in which we can promote public health.

Sincerely,

Margaret Barton-Burke, PhD, RN, FAAN
President, Oncology Nursing Society