



A Ten Year Review of Compression Coverage in VA

The following highlights the findings of a ten year review of Virginia's experience with their state mandate for compression supplies published in the journal *Health Economics Review* in 2016¹. The mandate applied to private insurance, and later (the last 5 years) to Medicaid and state employees.

- Claims costs remained low and rose minimally, ranging between 0 and 0.11% of all claims (figure 2, page 5).
- Visits to providers (physician or therapist) dropped by over 40% (figure 3 page 5).
- Hospital days dropped by over 50% to nearly zero (figure 3, page 6) over the last 5 years. This was for the *privately insured patients only* as Medicare did not report hospital data. Note: Medicare patients would be expected to benefit even more from the mandate as they have a greater financial barrier to compression supplies putting them at higher risk for hospitalization at baseline.
- Combined hospital days and clinic visits dropped over the 10 years by an average annual amount of 6% (paragraph 1, page 8).
- ***“The Virginia data confirmed previous clinical data that the treatment of lymphedema by management of swelling results in lower medical costs and fewer hospitalizations”*** (paragraph 5, page 8).

¹ Weiss, R. Health Econ Rev (2016) 6: 42. <https://doi.org/10.1186/s13561-016-0117-3>