

114TH CONGRESS
1ST SESSION

S. 2373

To amend title XVIII of the Social Security Act to provide for Medicare coverage of certain lymphedema compression treatment items as items of durable medical equipment.

IN THE SENATE OF THE UNITED STATES

DECEMBER 8, 2015

Ms. CANTWELL (for herself, Mr. GRASSLEY, Mr. KIRK, and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide for Medicare coverage of certain lymphedema compression treatment items as items of durable medical equipment.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Lymphedema Treat-
5 ment Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Lymphedema is a chronic disease that re-
2 sults in an accumulation of protein-rich lymph fluid
3 in parts of the body where lymph nodes or lymphatic
4 vessels are damaged or inadequate.

5 (2) Lymphedema afflicts millions of Americans,
6 including men, women, and children who can be
7 born with a primary form of lymphedema. The ma-
8 jority of cases, however, are secondary forms of
9 lymphedema most often caused by cancer treatments
10 that damage the body's lymph transport and im-
11 mune functions.

12 (3) A 2010 peer-reviewed study in the Amer-
13 ican Cancer Society's Cancer journal stated
14 "lymphedema is a common post-treatment condition
15 [and] has been described as one of the most signifi-
16 cant survivorship issues". The study reported an
17 overall cancer-related lymphedema incidence rate of
18 15.5 percent, with specific rates as follows: sarcoma
19 30 percent, breast 20 percent, gynecological 20 per-
20 cent, melanoma 16 percent, genital-urinary 10 per-
21 cent, and head and neck 4 percent. Risk increased
22 22 percent after pelvic lymph node removal and 31
23 percent after radiation therapy.

24 (4) Lymphedema is progressive when left un-
25 treated or under-treated and can put patients at

1 greater risk for serious infections or other costly
2 complications.

3 (5) Congress acknowledged the importance of
4 comprehensive lymphedema treatment coverage with
5 passage of the Women's Health and Cancer Rights
6 Act of 1998, which requires group health plans, in-
7 surance companies, and health maintenance organi-
8 zations to cover breast cancer-related lymphedema
9 treatment post mastectomy and reconstruction.

10 (6) Medicare beneficiaries with lymphedema
11 currently lack coverage for compression therapy, an
12 essential component of care they must use to man-
13 age their chronic disease. As a result, many patients
14 cannot maintain their condition and experience an
15 unnecessary loss of health and of function in the ac-
16 tivities of daily living.

17 (7) This Medicare coverage gap should be
18 closed to help provide improved health care for
19 lymphedema patients and in turn decrease the inci-
20 dence of costly complications, co-morbidities and re-
21 lated disabilities.

1 “(C) which would not, other than under
2 subsection (s)(6), be included as medical and
3 other health services under this title; and

4 “(2) includes—

5 “(A) multilayer compression bandaging
6 systems;

7 “(B) custom or standard fit gradient com-
8 pression garments;

9 “(C) non-elastic and low-elastic compres-
10 sion garments and compression wraps and di-
11 rectional flow pads; and

12 “(D) any other compression garments,
13 bandaging systems, devices, and aids deter-
14 mined by the Secretary to be effective in the
15 prevention or treatment of lymphedema.”.

16 (b) EFFECTIVE DATE.—The amendments made by
17 subsection (a) shall apply to lymphedema compression
18 treatment items furnished on or after 180 days after the
19 date of the enactment of this Act.

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