

114TH CONGRESS
1ST SESSION

H. R. 1608

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 HOUSE OF REPRESENTATIVES

MARCH 25, 2015

Mr. REICHERT (for himself, Mr. BLUMENAUER, Mr. LANCE, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

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

14 (3) A 2010 peer-reviewed study in the Amer-
15 ican Cancer Society's Cancer journal stated
16 "lymphedema is a common post-treatment condition
17 [and] has been described as one of the most signifi-
18 cant survivorship issues". The study reported an
19 overall cancer-related lymphedema incidence rate of
20 15.5 percent, with specific rates as follows: sarcoma
21 30 percent, breast 20 percent, gynecological 20 per-
22 cent, melanoma 16 percent, genital-urinary 10 per-
23 cent, and head and neck 4 percent. Risk increased
24 22 percent after pelvic lymph node removal and 31
25 percent after radiation therapy.

1 (4) Lymphedema is progressive when left un-
2 treated or under-treated and can put patients at
3 greater risk for serious infections or other costly
4 complications.

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

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

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

1 **SEC. 3. MEDICARE COVERAGE OF CERTAIN LYMPHEDEMA**
2 **COMPRESSION TREATMENT ITEMS AS ITEMS**
3 **OF DURABLE MEDICAL EQUIPMENT.**

4 (a) IN GENERAL.—Section 1861 of the Social Secu-
5 rity Act (42 U.S.C. 1395x) is amended—

6 (1) in subsection (n), in the first sentence, by
7 inserting before the semicolon the following: “and in-
8 cludes lymphedema compression treatment items (as
9 defined in subsection (iii))”; and

10 (2) by adding at the end the following new sub-
11 section:

12 “(iii) **LYMPHEDEMA COMPRESSION TREATMENT**
13 **ITEMS.**—The term ‘lymphedema compression treatment
14 items’—

15 “(1) means, with respect to an individual, com-
16 pression garments, devices, bandaging systems, com-
17 ponents, and supplies—

18 “(A) that are primarily and customarily
19 used in the medical treatment of lymphedema;

20 “(B) as prescribed by a physician (or a
21 physician assistant, nurse practitioner, or a
22 clinical nurse specialist (as those terms are de-
23 fined in section 1861(aa)(5)) to the extent au-
24 thorized under State law); and

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 amendment 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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