

Congress of the United States
Washington, DC 20515

September 9, 2015

The Honorable Sylvia Burwell
Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell,

We write to express our strong concerns regarding a proposed draft Local Coverage Determination (LCD) for lower limb prostheses (DL33787) that was released by one of the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) on July 10, 2015. If implemented, the LCD would restrict access to modern prosthetic care and result in worse health outcomes for patients in need of prosthetic limbs.

The loss of any limb is a traumatic and life-altering experience. Yet thanks to medical innovation, modern prostheses can help amputees live a healthy, active life. For seniors who sustain limb loss, prostheses can help regain significant amounts of functionality and eliminate the need to be confined to a wheelchair. For the millions of amputees under the age of 65, modern prosthetic care allows them to return to work and maintain the ability to live independently.

Despite incredible progress in the advancement of prosthetic limbs, the DME MACs' proposed draft LCD could set prosthetic care back decades. The proposal eliminates or restricts coverage of multiple prostheses that have undergone years of development, coding assignment, and widespread use by Medicare beneficiaries. This will cause patients to live with prosthetic technology that is outdated and not consistent with the current standard of care.

In addition, Medicare would no longer consider "potential functional abilities" when determining a patient's need for a particular device. Instead, CMS would rely on patients' "documented performance using their immediately previous prosthesis." This coverage change will result in patients either getting a device that doesn't truly meet their medical needs or long-term potential. Furthermore, the new policy completely eliminates access to certain prosthetic components if the amputee uses a cane, crutch, or walker, or cannot achieve "the appearance of a natural gait" while using the prosthesis.

Finally, most of the proposed changes involve the Uniform Code Set which applies to all payers. This means that once finalized the LCD is likely to impact all amputees using prostheses, including veterans receiving care at the VA and patients on private insurance.

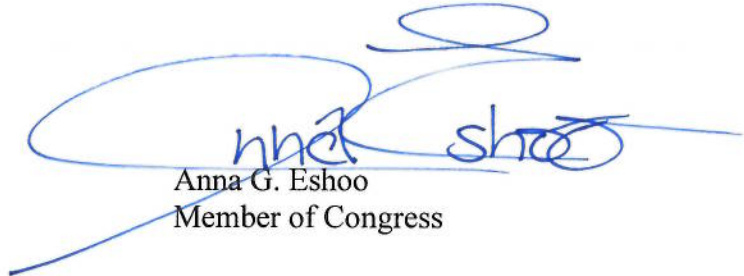
As Co-Chairs of the House Medical Technology Caucus, we fear these policies will suppress medical innovation and limit patient access to life-improving technology. Instead of a one-size-fits all approach, CMS should allow medical professionals and patients to work together to determine a patients' functional ability and identify the best prosthetic device for an individual.

We urge you to please reconsider this harmful proposal and work with patients and the Committees of jurisdiction to determine the best policies to strengthen the Medicare program and protect access to life-improving medical technology. Thank you for your consideration.

Sincerely,



Erik Paulsen
Member of Congress



Anna G. Eshoo
Member of Congress

CC: Andy Slavitt, Acting Administrator of the Center for Medicare and Medicaid Services