



February 5, 2015

Chairman Fred Upton  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

Ranking Member Frank Pallone  
Committee on Energy and Commerce  
2322A Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Upton and Ranking Member Pallone,

On behalf of the Alliance of Wound Care Stakeholders (“Alliance”), I am writing today in support of the Ellmers-Butterfield provision in the 21st Century Cures Discussion Draft bill, “Subtitle G—Disposable Medical Technologies.” As wound care health providers, we understand the importance of allowing providers and patients to access the most appropriate technologies. Current Medicare law is outdated and shortsighted by not covering certain disposable technologies in the home care setting that may be more cost-effective and promote greater patient compliance.

The Alliance is a nonprofit multidisciplinary trade association of health care professional and patient organizations whose mission is to promote quality care and access to products and services for people with wounds through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. Our clinical specialty societies and organizations not only possess expert knowledge in complex chronic wounds, but also in wound care research. A list of our members can be found at [www.woundcarestakeholders.org](http://www.woundcarestakeholders.org).

Medical technology has advanced and, not surprisingly, clinical practice and standards of care have evolved along with these advancements. As these changes occur, Medicare payment policy also must evolve to support home-based, patient-friendly technologies. Excluding disposable medical technology from Medicare coverage ignores the evolution of medical care, restricts provider choice, and places undue burdens on Medicare beneficiaries. Providers and patients simply have no choice but to use more expensive, bulky traditional durable medical equipment (DME) or seek care in more expensive institutional settings. This raises Medicare costs and stifles innovation. By providing coverage for disposable medical technology in the home, Medicare would help ensure continuity of care between care settings, facilitate better outcomes, and reduce costs.

With the health care delivery system becoming more integrated, it is imperative that providers are able to prescribe and use the most appropriate technologies in the least expensive setting specific to a patient’s particular condition and health status, particularly if they are easier to use and as effective. Current Medicare

DME payment policy could cause beneficiaries to face a gap in care as they transition from the hospital to the home because a product they receive in the hospital may not be covered once they return home.

One example of such technology is disposable negative pressure wound therapy (NPWT). This technology delivers all the proven benefits of NPWT, but in a vastly more portable and patient-friendly manner. Disposable NPWT typically works without a bulky canister to collect exudate from wounds and is an ideal therapy to help patients transition to home- or community-based care. The extreme portability, discreetness, and comfort of a disposable product are the main advantages over traditional NPWT. It helps clinicians to treat wounds, reduce complications, and cut costs while at the same time allowing patients to experience their daily activities with less pain.

We urge the Energy & Commerce Committee to maintain this important provision in the 21<sup>st</sup> Century Cures bill as the Committee continues to refine the legislation.

Sincerely,

A handwritten signature in black ink that reads "Marcia Nusgart R.Ph." in a cursive script.

Marcia Nusgart R.Ph.  
Executive Director

CC: Representative G.K. Butterfield  
Representative Diane DeGette  
Representative Renee Ellmers  
Representative Gene Green  
Representative Joseph Pitts