

**Sample Letter (cc a copy to NLN office)
(for people on Medicare receiving lymphedema treatment)**

Date _____

Name of Senator or Representative***

Address

City, State Zip

Dear (Senator/Congressman) _____

I am a citizen living in your jurisdiction. I am ____ years old and on Medicare. I suffer from a condition called Lymphedema which causes my (arm/leg) to swell uncontrollably. There is no cure for lymphedema but it can be treated with Complete Decongestive Therapy (CDT). This therapy is covered by Medicare, however, they are about to institute some dramatic changes to their rules which will severely limit my access to treatment.

I am presently being treated by a licensed massage therapist / registered nurse who has been specially trained in CDT. This therapist works in a clinic under the supervision of a medical doctor. The training for CDT is exactly the same for MD's, physical therapists, occupational therapists, Registered Nurses and/or massage therapists. They attend the same classes and must pass the same tests.

Under a revised Medicare rule issued May 6, 2005 (re: CMS Pub. 100-02, chapter 15, section 230.5), a physician may no longer bill for this therapy unless it is performed by a physical therapist or an occupational therapist. This is going to have a drastic affect on thousands of citizens who urgently need this treatment. There are not enough CDT therapists in the US as it is. Since about 1/3 of CDT therapist are massage therapists / nurses, this rule will even further reduce access.

Effective June 6, 2005, Medicare will no longer pay for my lymphedema treatment and I cannot afford to pay for it on my limited income. Most practicing CDT therapists already have waiting lists and this ruling will make the lists even longer. In addition, I may have to drive a great deal further to obtain the same treatment.

With treatment, lymphedema can be managed, however, untreated lymphedema becomes progressively worse and can result in life-threatening infections, non-healing wounds, gross physical deformity and other medical complications.

I urgently request that you call upon your fellow senators (or congressmen) to prevail upon the Medicare administration to rescind this ruling so that I can continue to receive this medically necessary treatment from the provider of my choice.

Sincerely,

Name

Address

Phone Number

E-mail address if you have one

*** (To find your senator or representative, go to www.vote-smart.org)