



THE MARYLAND HOUSE OF DELEGATES
HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

March 1, 2017

Al Redmer, Commissioner
Maryland Insurance Administration
200 St. Paul Street, #2700
Baltimore, MD 21202

Dear Commissioner Redmer:

HB 667 "Health Insurance – Coverage for Lymphedema Diagnosis, Evaluation, and Treatment" would require health insurance plans to provide coverage for the medically necessary diagnosis, evaluation, and treatment of lymphedema, including equipment, supplies, complex decongestive therapy, gradient compression garments, and self-management training and education. The bill is a reintroduction of HB 113 of 2016.

A December 2016 report prepared by NovaRest, Inc. for the Maryland Health Care Commission evaluated the potential impact of mandating coverage for lymphedema diagnosis, evaluation, and treatment in Maryland. Based on a survey of carriers, NovaRest found that all carriers provide coverage for lymphedema when medically necessary; however, coverage limitations, such as a maximum allowable benefit or number of visits, may apply.

Despite the NovaRest findings, consumers who testified before the Health and Government Operations Committee reported that carriers are not routinely providing coverage for all of the items specified in the bill. Supplies seem to be an area for which coverage may be lacking. It was difficult in the bill hearing and subsequent Insurance Subcommittee meeting to pinpoint exactly where the problem lies. MIA staff advised the subcommittee that only 10 complaints had been received in the past 3 years, all of which related to compression sleeves. Suggestions were made in subcommittee to better educate providers as well as consumers about insurance coverage for lymphedema.

I am requesting that the Maryland Insurance Administration establish an informal workgroup of stakeholders to pinpoint the gaps in coverage, as well as gaps in provider and consumer knowledge about the coverage, and determine what actions may be needed to ensure that lymphedema patients receive coverage for medically necessary treatment. I would appreciate a written report on your findings and recommendations by December 1, 2017.

Please advise as to whether MIA is prepared to take on this task without being required to do so by legislation. I believe that in this case, legislation may not be needed to nevertheless bring about a positive outcome. Thanks for all you do on behalf of Maryland consumers.

Sincerely,

A handwritten signature in blue ink that reads "Shane Pendergrass". The signature is fluid and cursive, with the first name "Shane" and last name "Pendergrass" clearly legible.

Shane Pendergrass