



# CMS Wound Care Comment Toolkit

Submit your comment by  
September 13, 2025

Comments must be submitted using ONE of the following methods:

**Option 1: Online (Recommended)**

- Visit: [www.regulations.gov](http://www.regulations.gov)
- Follow the "Submit a comment" instructions
- Search for: CMS-2025-0304

**Option 2: Regular Mail Centers for Medicare & Medicaid Services**

Department of Health and Human Services  
Attention: CMS-2025-0304  
P.O. Box 8016  
Baltimore, MD 21244-8016  
Allow sufficient time for delivery before deadline

**Option 3: Express/Overnight Mail Centers for Medicare & Medicaid Services**

Department of Health and Human Services  
Attention: CMS-2025-0304  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850



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## Template 1: Healthcare Provider/Clinician

*Use this if you're a physician, PA, nurse practitioner, or other wound care provider*

To: Centers for Medicare & Medicaid Services

Re: CY 2026 PFS Proposed Rule (CMS-2025-0304) - Opposition to Skin Substitute Reimbursement Changes

Dear Administrator Brooks-LaSure,

As a **[YOUR TITLE]** with **[NUMBER]** years of experience treating chronic wounds, I write to express serious concerns about the proposed 2026 changes to skin substitute reimbursement and coverage policies.

The Human Impact Is Real In my practice, I treat patients like **[OPTIONAL: share a brief, de-identified patient story about successful wound treatment]**. These aren't statistics – they're neighbors, grandparents, and community members whose five-year survival rate with chronic wounds is lower than most cancers.

### The Proposed Changes Will:

- Eliminate access to life-saving treatments by making them financially unviable
- Force patients toward amputation when healing was previously possible
- Create healthcare deserts in wound care, particularly affecting rural and underserved communities
- Increase long-term Medicare costs through complications and hospitalizations

**Clinical Reality vs. Regulatory Theory** The flat-rate reimbursement of \$125.38 per square centimeter ignores clinical reality. Different wounds require different solutions. A diabetic foot ulcer in a patient with compromised circulation needs specialized treatment options that this proposal would eliminate.



**Evidence-Based Concerns:** While CMS seeks to address fraud, these broad cuts punish legitimate providers and proven treatments. The proposed Local Coverage Determinations should distinguish between appropriate clinical use and abuse, not eliminate entire categories of effective care.

**My Request:**

- Maintain current reimbursement structure for proven skin substitutes
- Implement targeted fraud prevention rather than blanket reimbursement cuts
- Ensure evidence requirements don't exclude effective treatments
- Consider the devastating impact on the 6.5 million Americans with chronic wounds

Medicare beneficiaries deserve access to treatments that can save their limbs and lives. I urge CMS to reconsider these changes and work with the wound care community to develop policies that address abuse without eliminating access.

Thank you for considering the voices of those who treat America's most vulnerable patients daily.

Sincerely,

***[YOUR NAME, CREDENTIALS]***

***[PRACTICE NAME]***

***[CITY, STATE]***

***[PHONE NUMBER]***

***[EMAIL ADDRESS]***



## Template 2: Patient/Family Member/Caregiver

*Use this if you're a patient, family member, or caregiver affected by wound care*

To: Centers for Medicare & Medicaid Services

Re: CY 2026 PFS Proposed Rule (CMS-2025-0304) - Patient Access Concerns

Dear Administrator Brooks-LaSure,

As a **[Medicare beneficiary/family member/caregiver]** directly affected by chronic wound care, I am writing to oppose the proposed 95% cuts to skin substitute reimbursements in the 2026 Medicare Physician Fee Schedule.

My Story **[SHARE YOUR EXPERIENCE: Briefly describe your or your loved one's wound care journey. Examples:**

- ***How long you've dealt with chronic wounds***
- ***Treatments that have/haven't worked***
- ***The impact on quality of life***
- ***Fear about losing access to care]***

**What These Cuts Mean to Real People:** The proposed changes aren't just numbers on a spreadsheet – they represent access to treatments that can mean the difference between healing and amputation, independence and disability, hope and despair.

### **My Concerns:**

- Losing access to treatments that actually work
- Being forced toward more invasive procedures when effective options exist
- Creating barriers between patients and proven care
- Making decisions based on reimbursement rather than medical need



**The Reality of Chronic Wounds:** Living with a chronic wound means facing a condition with a worse prognosis than most cancers. Every day without proper treatment increases the risk of infection, amputation, and death. These proposed cuts would eliminate options that have proven effective for patients like me.

**What I'm Asking:**

- Protect access to skin substitute treatments that save limbs and lives
- Focus fraud prevention efforts on bad actors, not effective treatments
- Remember that behind every claim number is a human being seeking healing
- Consider the long-term costs of untreated chronic wounds

Medicare should help patients get better, not create barriers to proven care. Please reconsider these devastating cuts and protect access to wound care treatments.

Thank you for hearing from those who need these treatments most.

Sincerely,

***[YOUR NAME, CREDENTIALS]***

***[PRACTICE NAME]***

***[CITY, STATE]***

***[PHONE NUMBER]***

***[EMAIL ADDRESS]***



## Template 3: Business/Healthcare Administrator

*Use this if you represent a wound care center, hospital, clinic, or healthcare business*

To: Centers for Medicare & Medicaid Services

Re: CY 2026 PFS Proposed Rule (CMS-2025-0304) - Economic and Access Impact Analysis

Dear Administrator Brooks-LaSure,

As **[YOUR TITLE]** of **[ORGANIZATION NAME]**, a **[description of your healthcare organization]**, I write to provide operational perspective on the proposed skin substitute reimbursement changes and their devastating impact on healthcare delivery and patient access.

**Operational Impact Analysis** Our organization **[treats X patients annually/serves X communities/operates X locations]**. The proposed changes would:

### Financial Viability Concerns:

- Current reimbursement barely covers costs of quality skin substitutes and clinical application
- 95% reimbursement cuts make wound care programs financially unsustainable
- Forces closure of wound care centers, creating healthcare access deserts
- Eliminates jobs and specialized healthcare infrastructure

### Patient Access Implications:

- **[NUMBER]** patients annually would lose access to advanced wound care at our facility
- Rural/underserved populations disproportionately affected by service reductions
- Increased emergency department utilization due to wound complications
- Higher hospitalization rates from untreated chronic wounds

**Unintended Economic Consequences:** The proposed savings from reimbursement cuts will be offset by:

- Increased amputation rates and associated costs
- Higher hospitalization and complication rates
- Loss of specialized wound care infrastructure
- Reduced competition in wound care markets

**Evidence and Innovation Concerns:** Requiring extensive peer-reviewed evidence by November 1, 2025, will:

- Exclude newer, effective treatments lacking extensive published research
- Create barriers for breakthrough innovations
- Favor established products over potentially superior alternatives
- Reduce treatment options for complex cases

**Recommendations:**

- Implement targeted fraud detection rather than broad reimbursement cuts
- Maintain current reimbursement for clinically appropriate uses
- Create tiered reimbursement based on clinical evidence and outcomes
- Establish reasonable evidence standards that don't exclude effective treatments
- Consider regional variations in care delivery costs

**Business Case for Reasonable Reimbursement:** Our organization has invested **[AMOUNT]** in wound care infrastructure, staff training, and quality programs. These proposed cuts would force us to **[close programs/reduce services/eliminate positions]**, ultimately harming the 6.5 million Americans with chronic wounds.



**ALLIANCE FOR  
PATIENT CARE**

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**Request for Stakeholder Collaboration:** We urge CMS to work with healthcare providers, wound care specialists, and patient advocates to develop policies that address fraud concerns while maintaining access to life-saving treatments.

Thank you for considering the operational realities facing healthcare organizations serving America's most vulnerable patients.

Sincerely,

***[YOUR NAME, CREDENTIALS]***

***[PRACTICE NAME]***

***[CITY, STATE]***

***[PHONE NUMBER]***

***[EMAIL ADDRESS]***