



June 22, 2023

The Honorable Donald Payne, Jr.
106 Cannon House Office Building
Washington, DC 20515

The Honorable Jefferson Van Drew
2447 Rayburn House Office Building
Washington, DC 20515

The Honorable Ruben Gallego
1114 Longworth House Office Building
Washington, DC 20515

The Honorable Chris Smith
2373 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Payne, Jr., et al.,

The Amputee Coalition was founded in 1986 to educate, advocate and support people who experience limb loss and limb difference. As the administrators of the National Limb Loss Resource Center, our organization works to ensure that all people are supported pre- and post-amputation, including through the recovery stage. The Coalition writes in support of the Amputation Reduction and Compassion (ARC) Act (H.R. XXXX) as we value and support opportunities to educate Americans about amputation prevention tools that improve health outcomes. The ARC Act is pivotal legislation that is necessary to enhance the early detection, care coordination, treatment, and monitoring of peripheral artery disease (PAD). Moreover, the ARC Act would aid in reducing the rising rates of unnecessary amputations and PAD related deaths across the United States.

It is estimated that around 12 million Americans and approximately 200 million people worldwide are affected by PAD.¹ A recent systematic review conducted in 2015, estimated that 238 million people were living with PAD; 64 million lived in high-income countries and 172 million lived in low- and middle-income countries.² These numbers demonstrate that PAD is a global issue disproportionately affecting low- and middle-income families. Despite its frequent diagnosis and increased risk of mortality, there is insufficient awareness of PAD which in turn leaves millions of people at risk for undiagnosed and/or untreated PAD.

PAD is associated with reduced functional capacity and increased risk for cardiovascular disease and mortality.³ Traditional cardiovascular risk factors in PAD such as diabetes, smoking, dyslipidemia, and hypertension often lead to a misdiagnosis of PAD. Despite difficulty walking long distances, individuals with PAD frequently have atypical leg symptoms that can be mistaken for comorbidities such as hip or knee

¹ Shu, J., & Santulli, G. (2018). Update on peripheral artery disease: Epidemiology and evidence-based facts. *Atherosclerosis*, 275, 379–381. <https://doi.org/10.1016/j.atherosclerosis.2018.05.033>.

² Song, P., Fang, Z., Wang, H., Cai, Y., Rahimi, K., Zhu, Y., ... & Rudan, I. (2020). Global and regional prevalence, burden, and risk factors for carotid atherosclerosis: a systematic review, meta-analysis, and modelling study. *The Lancet Global Health*, 8(5), e721-e729.

³ American Diabetes Association, ADA. Cardiovascular disease and risk management: standards of medical care in Diabetes-2018. *Diabetes Care*. 2018;41:S86–S104.

arthritis or spinal stenosis.⁴ Some clinicians may attribute difficulty walking to normal aging and people with PAD are often asymptomatic either because they have restricted their physical activity or slowed their walking speed to avoid ischemic leg symptoms.^{4,5,6} This under-recognition and misdiagnosis of PAD delays the needed evidence-based treatments and therapy to mitigate the escalation of this disease. Multiple studies in diverse populations have demonstrated that persons with PAD have higher risk of other cardiovascular diseases such as coronary heart disease, stroke, and abdominal aortic aneurysm, therefore increasing the morbidity and mortality of this condition.

The ARC Act seeks to eliminate the socioeconomic disparities that currently exist and increase awareness and access to evidence-based practices and/or treatments of PAD. Specifically, this legislation will:

- Increase provider awareness and education on prevention and alternatives to amputations, by the creation of a peripheral artery disease (PAD) education program through the United States Department of Health and Human Services;
- Increase access to diagnostics aimed at identifying conditions that can lead to amputation and/or death, by providing coverage for PAD screenings for at-risk beneficiaries through Medicare and Medicaid;
- Require the development of quality metrics among payers and facilities designed to prevent unnecessary amputations; and
- Provide access to amputation prevention services through the development of a voluntary pilot program, which would include, but is not limited to, patient risk medication and management approaches, early screening and detection, ongoing surveillance, testing, and interventions for PAD and associated conditions.

The ARC Act directly aligns with the Amputee Coalition's mission of pre-amputation care. Research has shown that when individuals who are at-risk for PAD receive proper screenings and preventative services that aid in early detection, surveillance, and treatment, the more serious complications associated with PAD decrease. The Coalition is hopeful that the quality metrics developed by the United States Department of Health and Human Services will not be focused solely on the preservation of a limb, but the monitoring of best medical practices to meet patient's needs whether that requires amputation or revascularization. The Amputee Coalition will continue to pursue advancement of legislation that counters the harmful effects of PAD via community engagement, research and public comments. Please accept our comments.

Sincerely,

⁴ McDermott, M. M., Greenland, P., Liu, K., Guralnik, J. M., Criqui, M. H., Dolan, N. C., ... & Martin, G. J. (2001). Leg symptoms in peripheral arterial disease: associated clinical characteristics and functional impairment. *Jama*, 286(13), 1599-1606.

⁵ McDermott, M. M., Applegate, W. B., Bonds, D. E., Buford, T. W., Church, T., Espeland, M. A., ... & Newman, A. (2013). Ankle brachial index values, leg symptoms, and functional performance among community-dwelling older men and women in the lifestyle interventions and independence for elders study. *Journal of the American Heart Association*, 2(6), e000257.

⁶ McDermott, M. M., Guralnik, J. M., Ferrucci, L., Tian, L., Liu, K., Liao, Y., ... & Criqui, M. H. (2008). Asymptomatic peripheral arterial disease is associated with more adverse lower extremity characteristics than intermittent claudication. *Circulation*, 117(19), 2484-2491.

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