**Prevent Blindness has put together the below letter template for patients to use when reaching out to CMS. We encourage you to use the letter template to contact CMS and share your story with glaucoma to help protect access to sight-saving care for millions of Medicare beneficiaries.**

To Whom It May Concern:

As a person who lives with glaucoma, I write in response to a recently finalized local coverage determination (LCD) issued by five out of seven Medicare Administrative Contractors (MACs) that, if implemented, will severely compromise access to Micro-Invasive Glaucoma Surgery (MIGS). **I am requesting that the Centers for Medicare and Medicaid Services ask the MACs to withdraw these policies and to allow for a reopening of a public notice and comment period to ensure that glaucoma patients, professionals, and other stakeholders can weigh in and provide evidence-based, clinical guidelines on coverage decisions for MIGS.** Prevent Blindness, the nation’s leading voluntary nonprofit patient advocacy organization dedicated to preventing blindness and preserving sight, has also urged withdrawal of this LCD policy as outlined in their letter sent on December 7, 2023.

Glaucoma is a very serious, irreversible sight-threatening disease that, according to [the Centers for Disease Control and Prevention](https://www.cdc.gov/visionhealth/research/projects/ongoing/glaucoma.htm) (CDC), affects more than 3 million Americans and affecting black Americans 6 times more frequently than white Americans. The CDC also projects that glaucoma rates will more than double by 2050, with over half of glaucoma patients being Hispanic. With these troubling trends, access to innovative procedures such as MIGS can mean the difference between living a life with healthy vision or needless vision loss.

The recent LCD decisions by the five MACs – namely, WPS Insurance Corporation, CGS Administrators, National Government Services, Noridian Healthcare Solutions, and Palmetto GBA—is particularly concerning for vulnerable patient populations that have higher rates of glaucoma and blindness, including Blacks, Hispanics, and low-income patients. Patients with glaucoma need access to a range of surgical procedures reflecting their individual anatomical and disease features with varied levels of intraocular pressure (IOP) targets for disease stability. Unfortunately, the finalized policies released by the MACs do not recognize the need for glaucoma treatment to be tailored to the individual patient. **It is heartbreaking enough to get a glaucoma diagnosis only to be told that you cannot access the procedure that is best for your prognosis.**

[Please feel free to include your personal story about glaucoma and how this decision may affect your access to glaucoma care. You may wish to include specifics about how limited access to procedures like MIGS may add personal cost to you, your family, or your care community or how your quality of life would be affected without access to glaucoma care. We advise that you keep your story concise to ensure that the main points are considered.]

Thank you for your consideration. Once again, I ask CMS to urge the MACs to withdraw these potentially harmful LCDs immediately and to provide an appropriate opportunity to engage with stakeholders, including patients, in order to implement LCDs for MIGS that are truly reflective of patient access to safe, effective medical and surgical treatments for glaucoma.

Sincerely,