MASS Coalition

Healthcare Professional Survey Results

June 2026

Contents

Overview

Project Background

MASS Coalition is a healthcare advocacy group focused on access, reimbursement, and policy issues around skin substitute treatments. The Coalition sought to survey providers of skin substitutes to better understand the impact on patient care of the January 1, 2026 Medicare payment reduction.

Methodology

Finn prepared and executed an online survey that was completed by 116 HCPs contacted through MASS Coalition's database/contacts and identified as providers of skin substitute products.

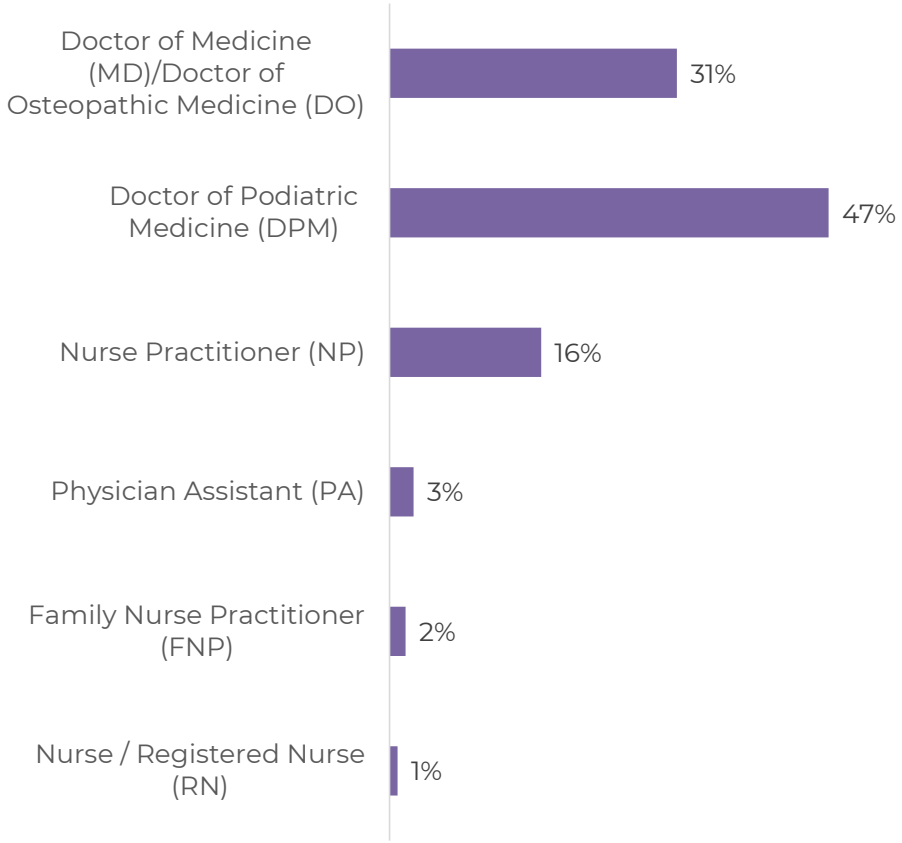
The goal of the survey was to assess shifts in skin substitute treatment volume and quality. HCPs surveyed represented different specialties.

- **Provider type:**
  - Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO)
  - Doctor of Podiatric Medicine (DPM)
  - Nurse / Registered Nurse (RN)
  - Nurse Practitioner (NP)
  - Physician Assistant (PA)
  - Family Nurse Practitioner (FNP)
- **Practice setting:** Physician office settings and wound care clinics. Exclude hospitals (both inpatient and outpatient).
- **Specialties**: Surgery, Dermatology, PCPs, Podiatry, Plastic & Reconstructive Surgery. There were no quotas set by specialty.
- All HCPs were screened for familiarity/usage of skin substitute treatments, in general.

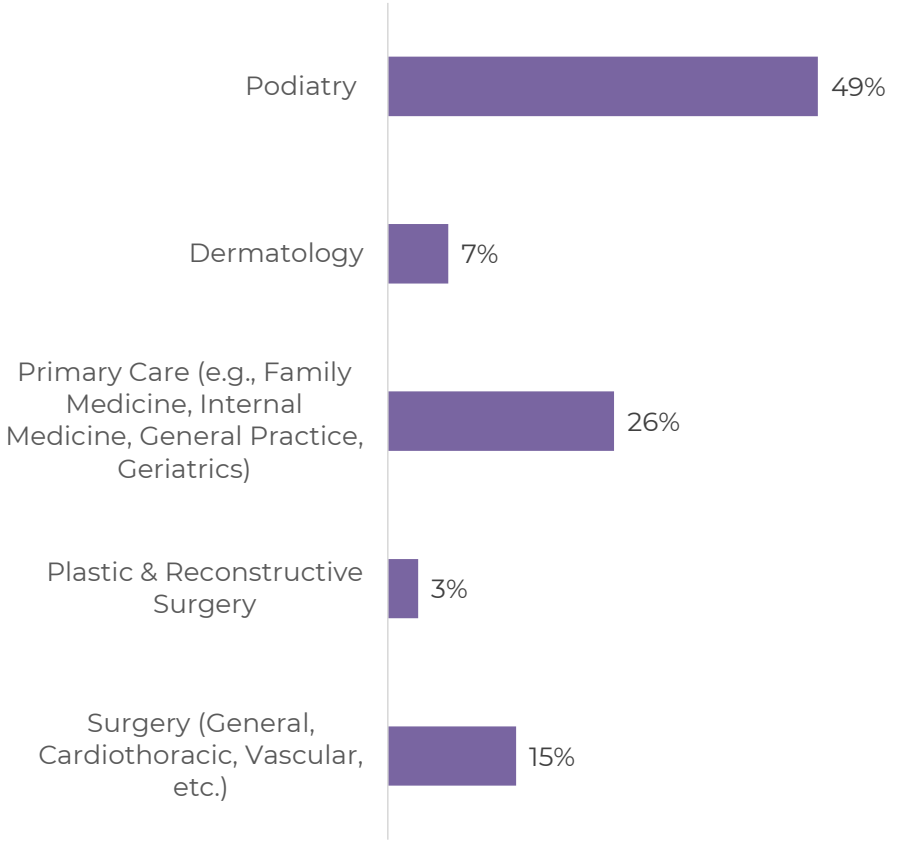
On average, the survey took 13 minutes to complete.

Respondent Profile

Role/Title

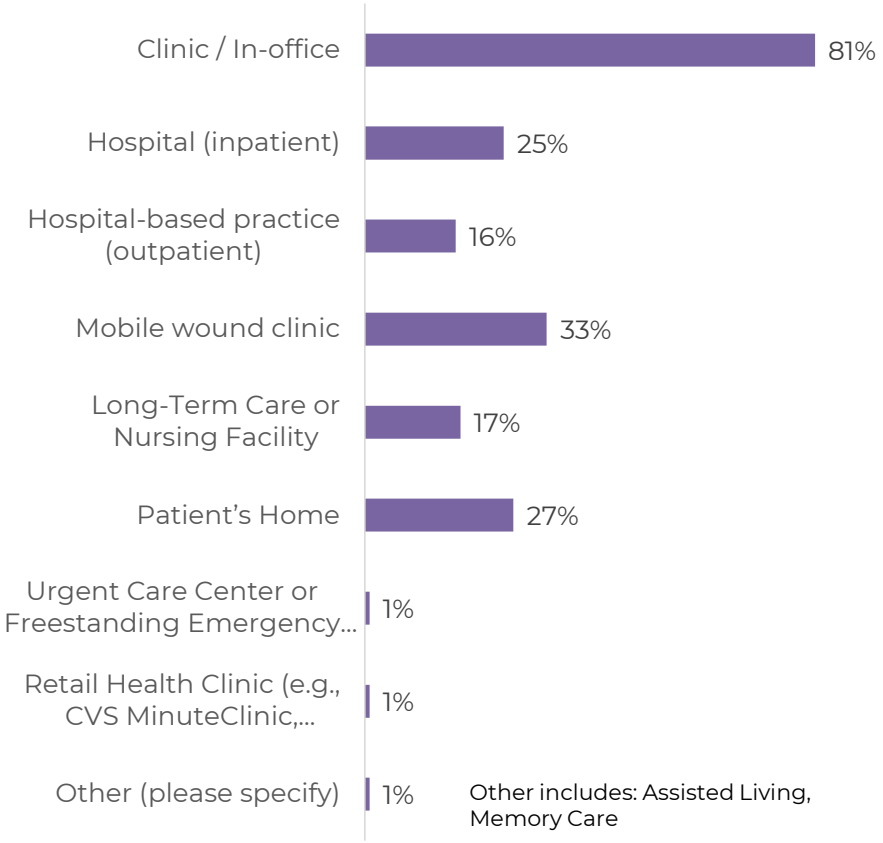


Practice



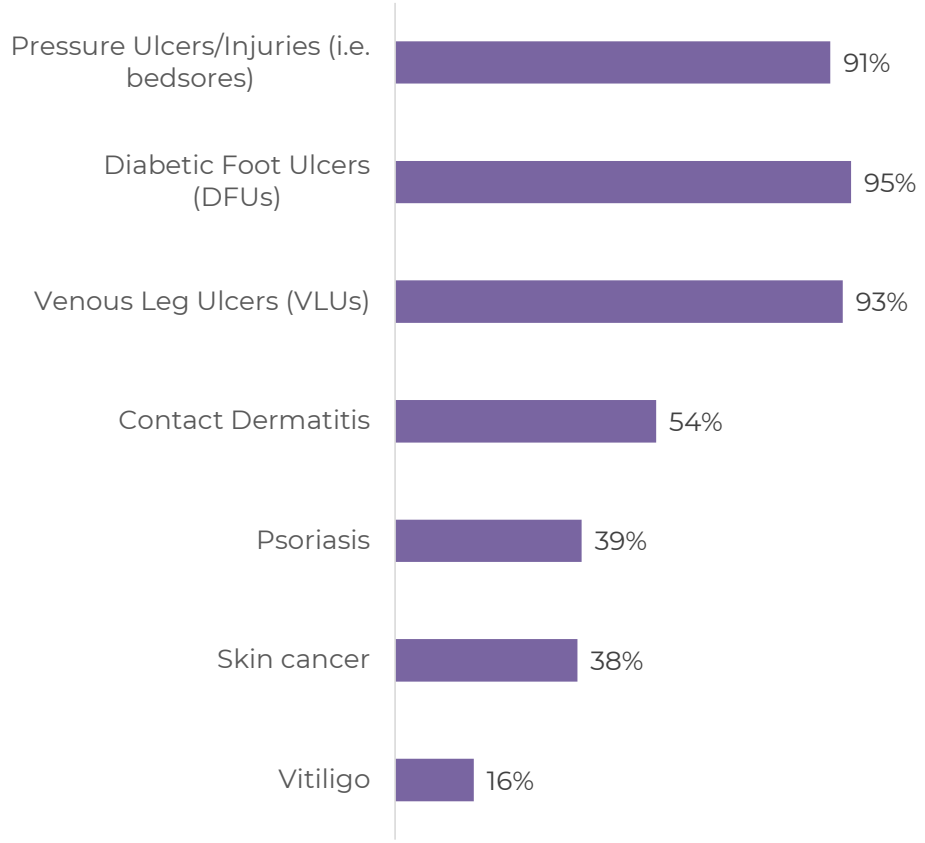
Respondent Profile

Setting



Other includes: Assisted Living, Memory Care

Conditions Treated



Key Findings

Key Findings

The survey findings indicate **reduced reimbursement rates have limited patient access, reduced provider utilization, and contributed to worse patient outcomes.** While clinical demand for advanced wound care remains strong, many providers believe current reimbursement levels are financially unsustainable and could lead to delayed treatment, increased complications, more amputations, and reduced availability of specialized wound care services in the future.

Patient Risks and Negative Clinical Outcomes

- In 2026 (compared to 2025),
  - 90% of surveyed providers have observed an overall worsening condition of patient wounds.
  - 73% of providers report seeing an increased volume of patient hospitalizations.
  - 72% of clinicians have witnessed a higher rates of infection.
  - 58% of providers report seeing more patient amputations.
  - 23% of treating healthcare professionals report observing more patient deaths.
- **Forced Care Disruption:** Because of the lower reimbursement rates, 84% of providers witness Medicare limiting access to life-and-limb saving wound care therapy.
- **Delayed and Broken Treatment Plans:** 78% of clinicians are reporting delayed treatments, and 73% are witnessing interrupted treatment regimens for active wounds.
- **Inability to Afford Care:** Half of the providers (49%) have documented that fewer patients can afford skin substitute treatments.

Financial and Operational Strain on Practices

- 91% of HCPs report that **current Medicare reimbursement rates are impacting their practice financially**.
- More than half of providers (53%) have been **forced to perform fewer skin substitute procedures** because the products cost too much, and 53% report doing **fewer because patients cannot afford** the out-of-pocket gap.
- The anxiety among medical professionals regarding patient safety under this rule is near-unanimous:
  - 98% of surveyed clinicians explicitly agree (with 88% strongly agreeing) that reduced reimbursement has directly resulted in negative patient outcomes.
  - 97% agree that Medicare has heavily restricted access to critical, life-and-limb-saving wound therapies, leaving a highly vulnerable population at immediate risk of infection, amputation, and death.

Key Findings

Provider Consensus & Concerns

Nearly all providers agree...

- that reduced reimbursement has directly resulted in **negative patient outcomes** (98%).
- the lower rates **hinder them from performing procedures** to the best of their clinical ability (97%).
- **they worry** about their patients' inability to access advanced skin substitutes (97%).
- that **Medicare has effectively restricted access to critical care**, placing homebound or vulnerable patients at risk of severe infection, amputation, and death (97%).
- **Top Concerns for the Future:**
  - **Longer Heal Times**: 50% of clinicians rank prolonged wound healing times as a top future concern.
  - **Practice Insolvency**: 44% are most concerned about financial instability for practices that provide advanced wound care
  - **Preventable Amputations**: 43% cite the preventable loss of patient limbs as a primary concern.
  - **Decreased Quality of Life**: 42% worry most about the permanent decrease in their patients' quality of life.
  - **Infection Risks**: 39% find care delays that multiply infection risks to be a top concern.

Outlook & Financial Viability

- Nearly three-quarters of surveyed clinicians **(72%) expect the total number of skin substitute procedures they perform in 2026 to decrease** compared to 2025—with 59% stating the decrease will be significant.
- For the clinicians anticipating a decline, an overwhelming **94% cite that reimbursement rates do not adequately cover the product cost.** Additionally, 35% note that their patients simply can no longer afford these treatments.
- HCPs expect pervasive **delays in care** leading to infection (89%), **longer healing times** for wounds (88%), a **rise in preventable amputations** (84%), and the widespread **closure or downsizing of mobile wound programs** (72%), which will burden elderly and homebound patients.
- At the current Medicare flat rate of $127.14 per square centimeter, **only 3% of providers state that using skin substitute products makes financial sense** from a cost standpoint.
- Nearly half (46%) of providers indicate that **the payment amount needs to be more than $500 per square centimeter** to be viable. In total, **62% of practices state they require at least $450 per square centimeter** to prevent financial loss while treating wounds.

The dataset delivers a compelling warning: **the current flat-rate Medicare reimbursement for skin substitutes is creating an immediate crisis.** It is forcing experienced providers to reduce treatment volumes, straining clinical practice economics, and triggering a measurable rise in severe patient complications—including infections, hospitalizations, and preventable amputations.

Key Data Points

HCPs report:
- Severe reimbursement-related strain
- Greater reductions in procedures
- More frequent negative patient outcomes
- Anticipate more severe disruptions to wound care delivery
- Higher concern about amputations, infections, and reduced access to care

Worse patient outcomes more and severe downstream consequences tied to reimbursement cuts

97%
Risk of **Infection/Amputation/Death**

86%
Increase in **surgical interventions**

84%
Increase in **preventable amputations**

83%
Increased **hospital readmissions**

72%
Closure/downsizing of mobile wound programs

Pessimism about future procedure volume

72%
Expecting a net **decrease** in procedures

15%
Expecting procedures to **increase**

Severe reimbursement-related impacts

91%
Providers agreeing that **reimbursement rates are negatively impacting their practice financially**

84%
Providers saying **reimbursement rates are limiting access** to life- and limb-saving treatment

78%
Providers saying **patients cannot afford treatments**

97%
Rate **hinders them from performing procedures** to the best of their ability

Increased concern about long-term healthcare system consequences

82%
Financial instability for wound care practices

75%
Alternative treatments replacing skin substitutes

89%
Delays in care that may increase infection risk

Desire for reimbursement rates need to be much higher

46%
Providers saying reimbursement **must exceed $500** per square centimeter

77%
Current reimbursement rate to be completely cost-prohibitive to performing the procedure

3%
Find the **current flat rate ($127.14) acceptable**

Key Findings: Future Impact

Expected Future Consequences (Next 1–3 Years)

- **Treatment Delays & Complications**: 89% expect delays in care that will directly increase patient infection risks.
- **Wound Chronicity**: 88% anticipate longer heal times for wounds, which prolongs patient suffering and healthcare utilization.
- **Irreversible Physical Harm**: 87% predict a general rise in preventable complications, and 84% specifically foresee a rise in preventable amputations.
- **Diminished Patient Well-being**: 87% expect a noticeable decrease in the overall quality of life for patients requiring wound care.
- **Degraded Clinical Alternatives**: 75% expect an increase in the utilization of alternative treatments that are documented to be not as effective as skin substitutes.

Care Access Restrictions

- **Systemic Access Reductions:** 86% of providers predict reduced overall access to advanced wound care, and 80% expect fewer treatment options to remain on the market.
- **Collapse of Mobile and Home Care**: 72% expect the closure or downsizing of mobile wound programs.
- **Vulnerable Patient Burden**: Because of these closures, 65% expect an increased travel burden for elderly and homebound patients who cannot easily visit traditional clinics.
- **Provider Flight**: 78% expect fewer healthcare providers to administer skin substitute treatments altogether.
- **Practice Insolvency:** 82% anticipate financial instability for practices that specialize in advanced wound care.

Burden into the Broader Healthcare System

- **Surgical Interventions**: 86% of providers expect a necessary increase in invasive surgical interventions due to failed conservative wound management.
- **Hospital Readmissions**: 83% anticipate higher rates of hospital readmissions.
- **Shift to Costly Acute Settings**: 81% expect an increased likelihood of hospital-based care as private and mobile clinics downsize.

Future Cost Standpoint

- Only **3% of providers state that the use of skin substitute products makes sense from a cost standpoint** at the current flat Medicare rate of $127.14 per square centimeter.
- Conversely, **46% state that a viable future requires a payment amount of more than $500** per square centimeter, with a cumulative 62% indicating the floor for cost sustainability sits at $450/cm² or higher.
- Without this adjustment, widespread provider abandonment of these treatments is expected to continue.

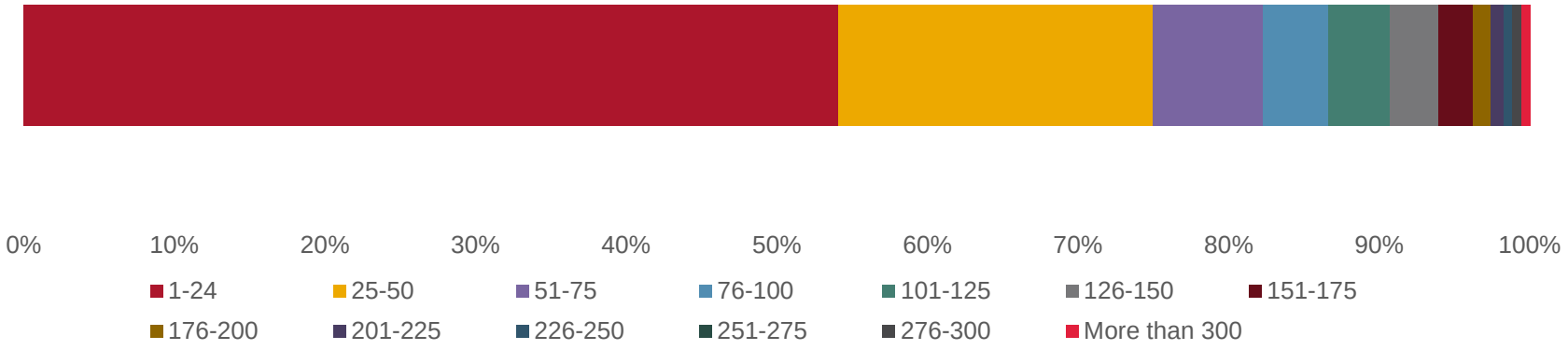
Detailed Findings

Procedures performed in 2025

A majority of HCPs report performing 1 to 100 procedures with skin substitute treatments per month.

The following text was shown to HCPs:
As you know, millions of Americans suffer from chronic wounds that are hard to heal and require the use of skin substitutes. Many of these products are made from amniotic membranes (donated human placental tissue after birth) and are highly effective in treating persistent and chronic wounds, such as diabetic foot ulcers, venous leg ulcers, and pressure wounds. For the purposes of this survey, we are focusing on the use of skin substitutes for conditions including Diabetic Foot Ulcers (DFUs), Venous Leg Ulcers (VLUs), and Pressure Ulcers/Injuries (i.e. bedsores).

Q1. Think back to the procedures you performed in 2025. On average, how many procedures using skin substitute treatments did you conduct in a month? Select your best estimate.



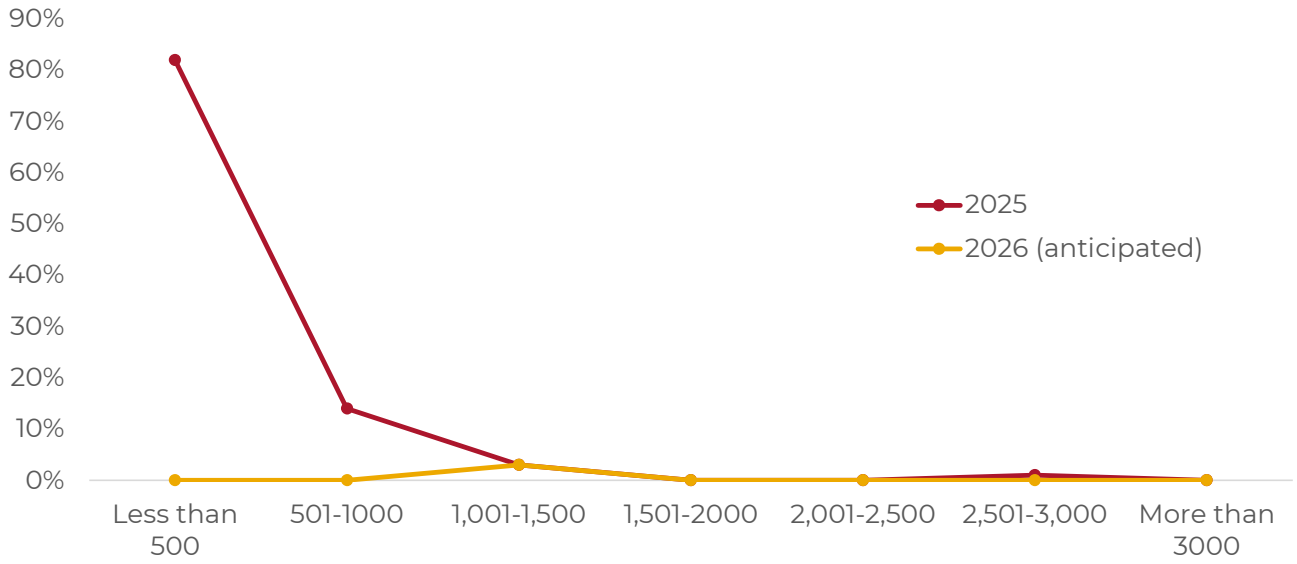
NET	HCPs
1-100	97%
101-200	3%
200+	0%

Expected procedures performed in 2026

Almost three-quarters (72%) are expecting the number of procedures in 2026 to decrease.

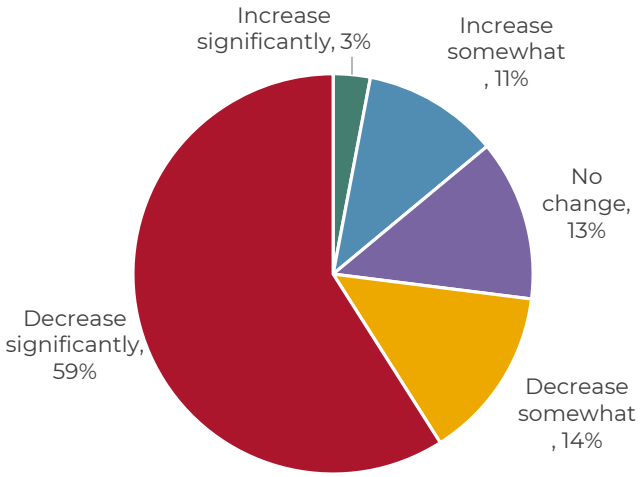
Q2: Approximately how many procedures did you conduct in **2025** (January through December) using skin substitute treatments?
Q4: How many do you expect to perform in **2026** (January through December)?

TOTAL



Q3: How do you expect the number of procedures you perform in 2026 using skin substitute treatments to change compared to 2025?

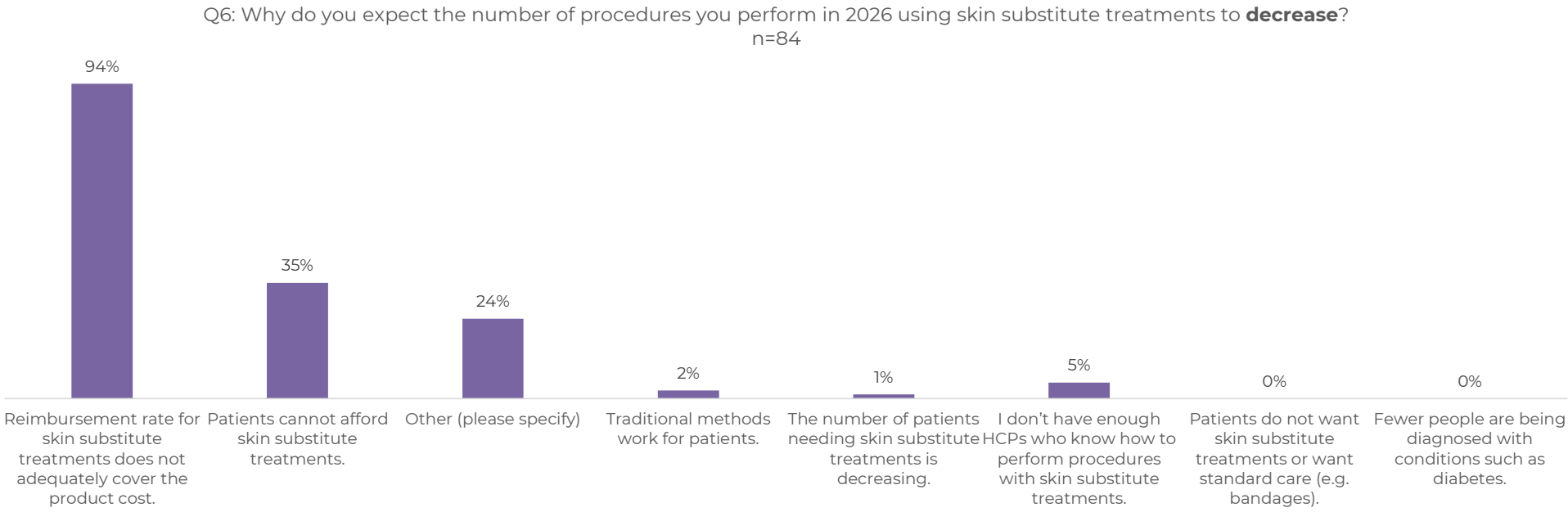
TOTAL



Net Increase	**15%**
Net Decrease	**72%**

Reasons for anticipated decrease in procedures in 2026

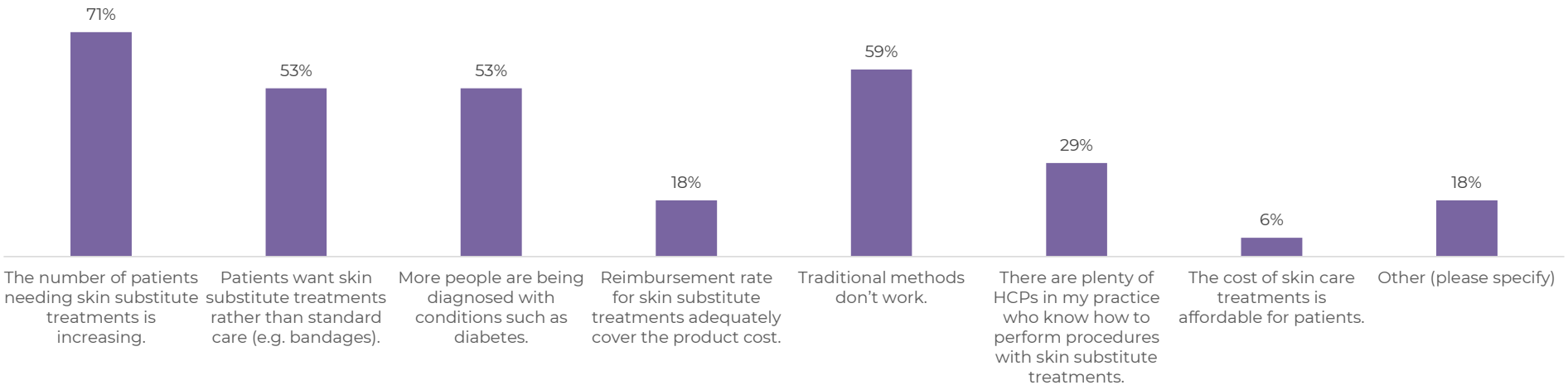
HCPs who report reimbursement rates not covering skin substitute treatment product cost as the main reason for an anticipated decrease in procedures in 2026, followed by patient affordability.



Reasons for anticipated increase in procedures in 2026

HCPs who anticipate the number of procedures performed to increase in 2026 are witnessing an increase in patients needing skin substitute treatments, and less efficiency from traditional methods.

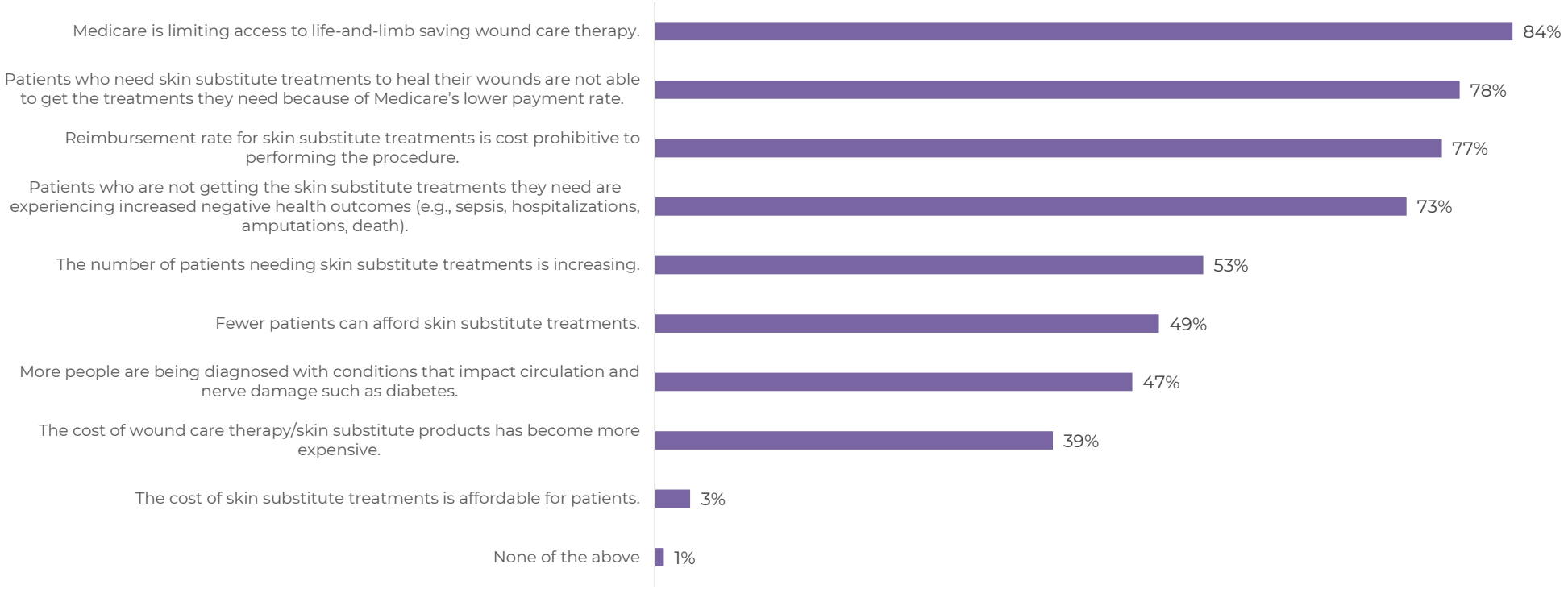
Q5: Why do you expect the number of procedures you perform in 2026 using skin substitute treatments to **increase**?
n=17



Changes in practice in 2026

HCPs report more significant challenges because of Medicare limiting access and the lowered payment rate.

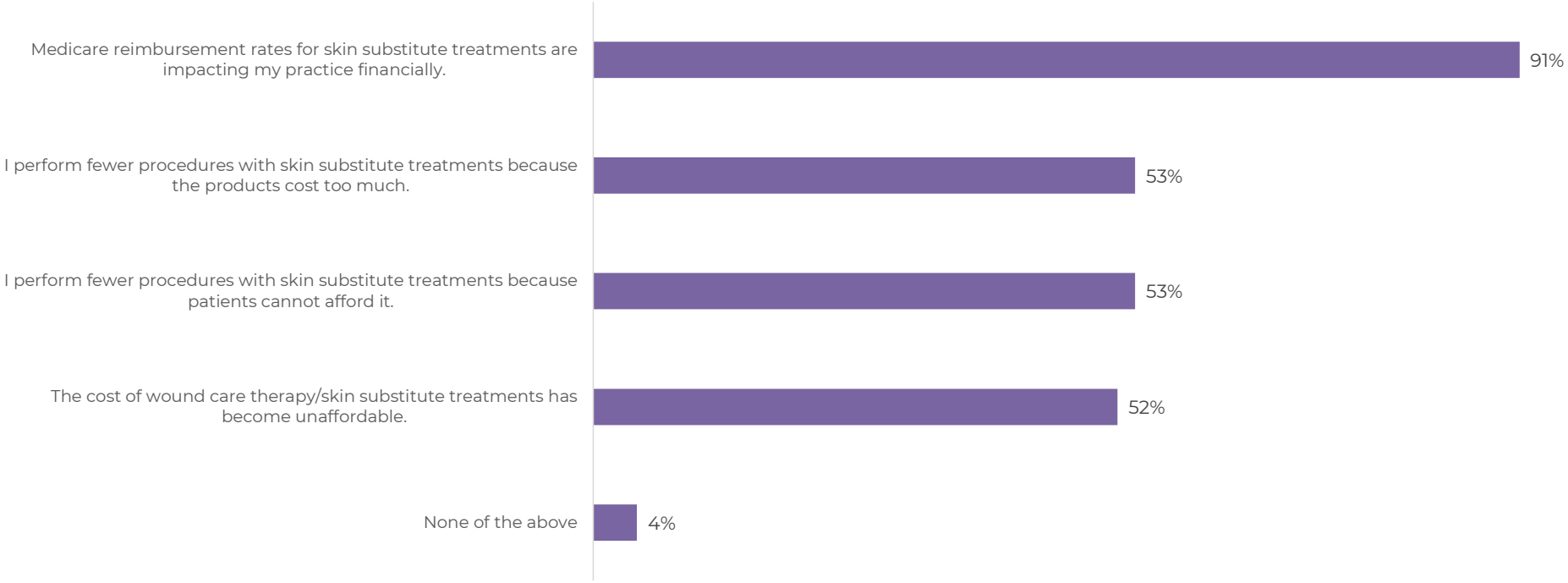
Q7: Which of the following have you witnessed in your practice in 2026 (compared to 2025)?



Impacts on practice in 2026

A majority of HCPs (91%) report that Medicare reimbursement rates are impacting their practices financially.

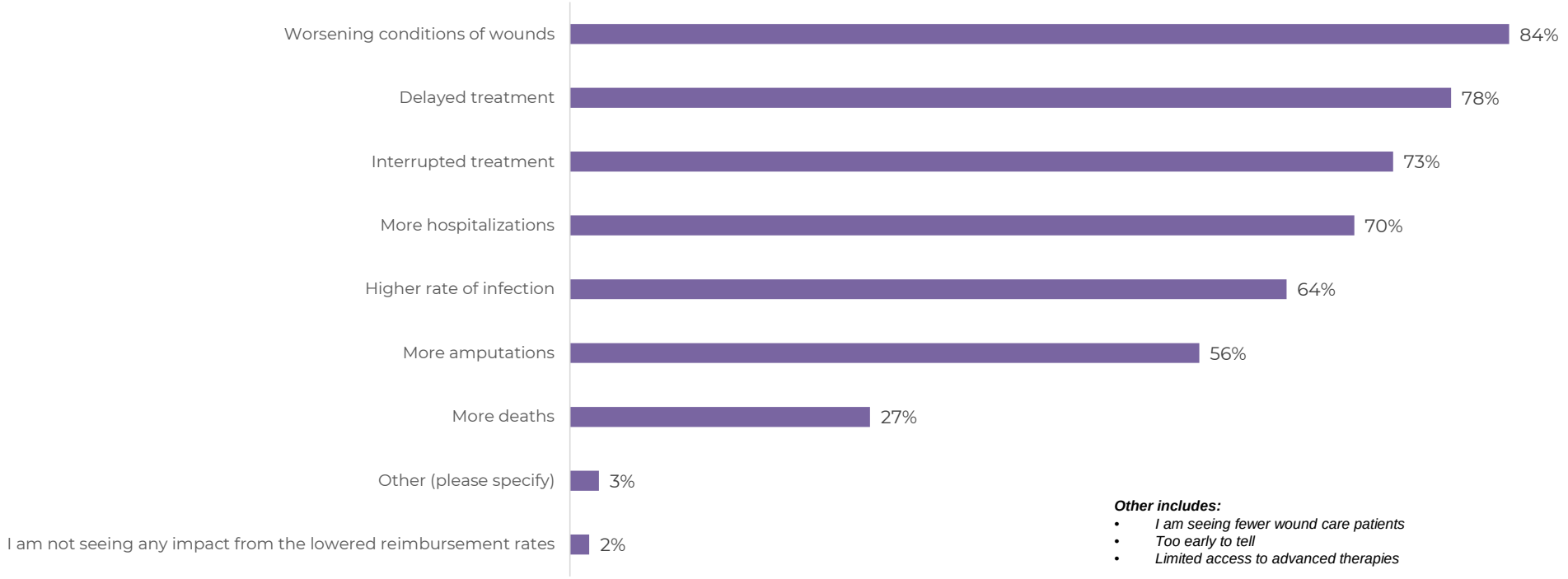
Q8: Which of the following has impacted your practice in 2026 (compared to 2025)?



Impacts of lowered reimbursement rates

Worsening conditions of wounds and delayed treatment are the most frequent impacts of the lowered reimbursement rates for skin substitute treatments.

Q9: Which of the following, if any, are you witnessing because of the impact of lowered reimbursement rates for skin substitute treatments?



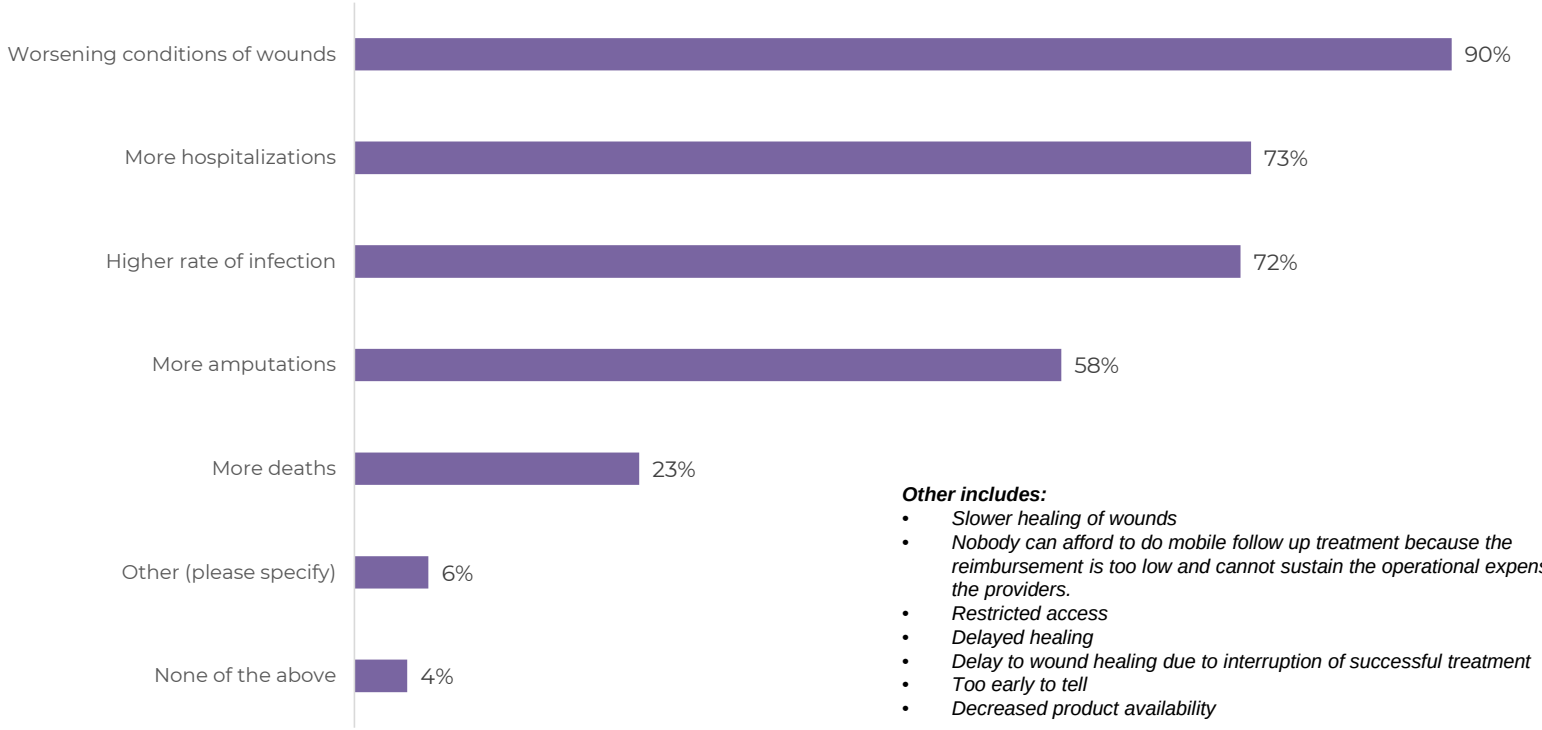
Other includes:

- *I am seeing fewer wound care patients*
- *Too early to tell*
- *Limited access to advanced therapies*

Patient impacts in 2026

In 2026, HCPs are witnessing patients requiring wound care experiencing worsening conditions of wounds, more hospitalizations and higher rates of infection.

Q10: Compared to 2025, which of the following are you seeing in 2026 so far for patients that require wound care?

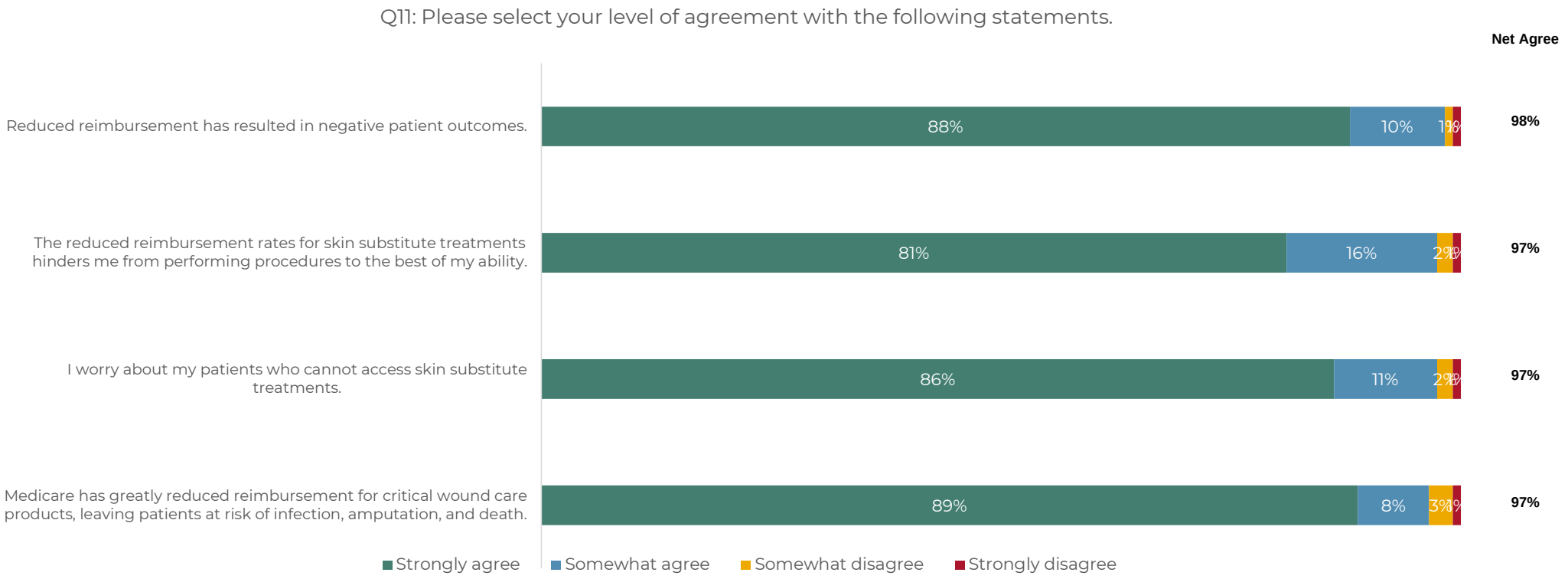


Other includes:

- *Slower healing of wounds*
- *Nobody can afford to do mobile follow up treatment because the reimbursement is too low and cannot sustain the operational expenses of the providers.*
- *Restricted access*
- *Delayed healing*
- *Delay to wound healing due to interruption of successful treatment*
- *Too early to tell*
- *Decreased product availability*

Agreement statements

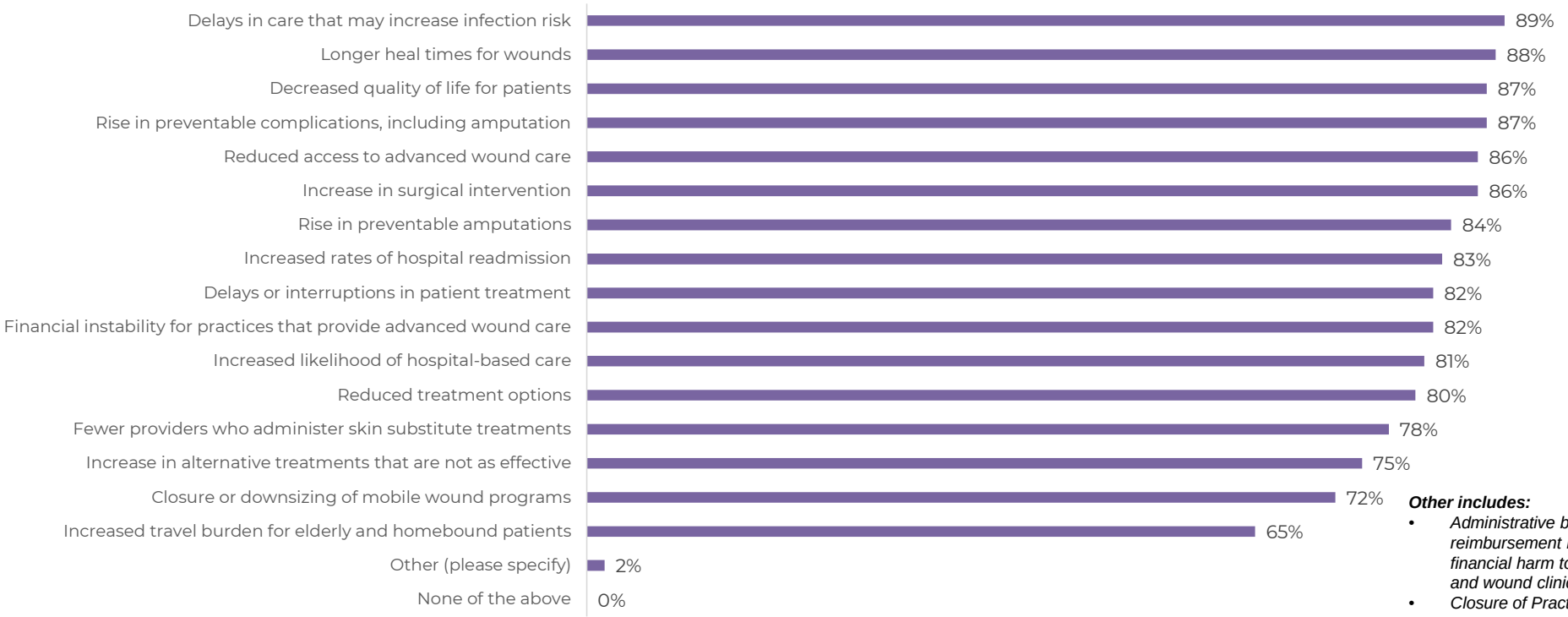
HCPs express worry for patients who cannot access skin substitute treatments.



Long-term impact of lowered reimbursement rates

HCPs express drastic impacts if reimbursement rates do not improve.

Q12: If reimbursement rates for skin substitute treatments do not improve, which of the following do you expect to happen in the near future (next 1-3 years)?



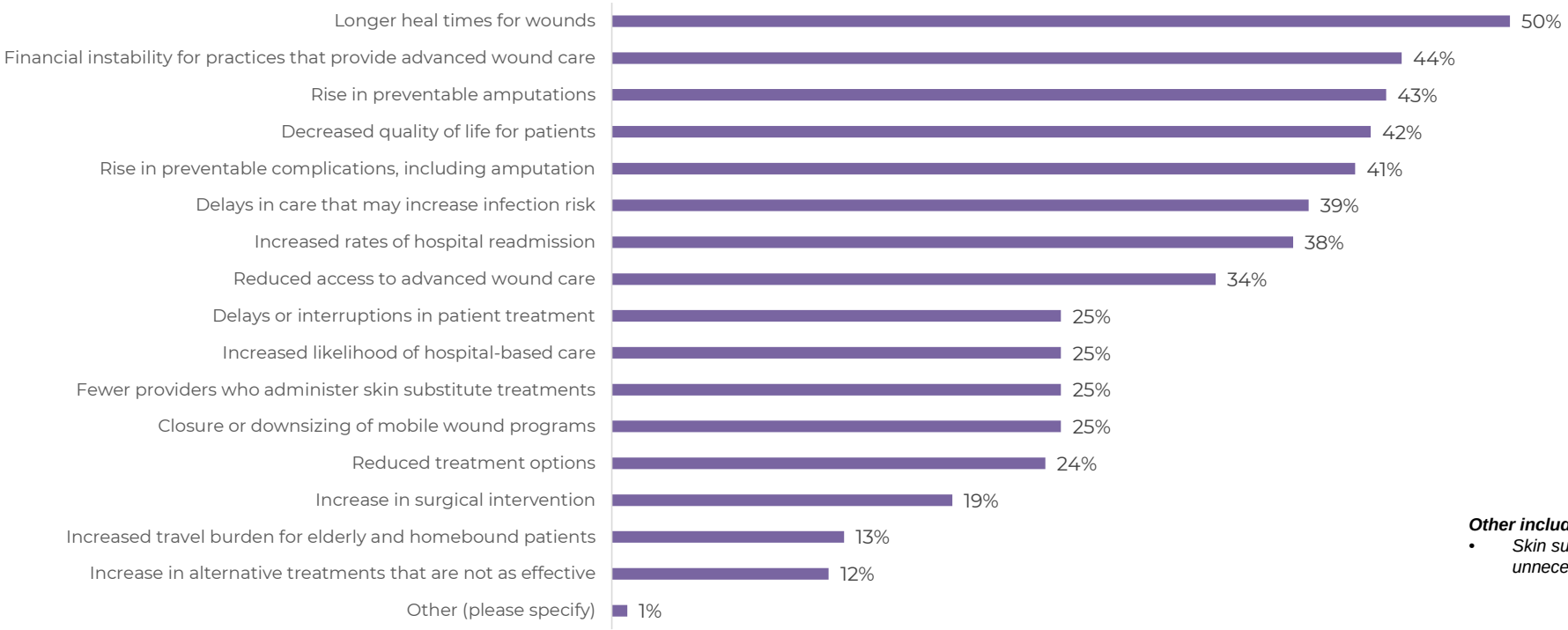
Other includes:

- *Administrative burden and low reimbursement rates will result in financial harm to medical offices and wound clinics*
- *Closure of Practices*

Concerns

HCPs are concerned about the patient impact and financial instability for practices that provide wound care in the future.

Q13: Which of the following are most concerning to you for the future?



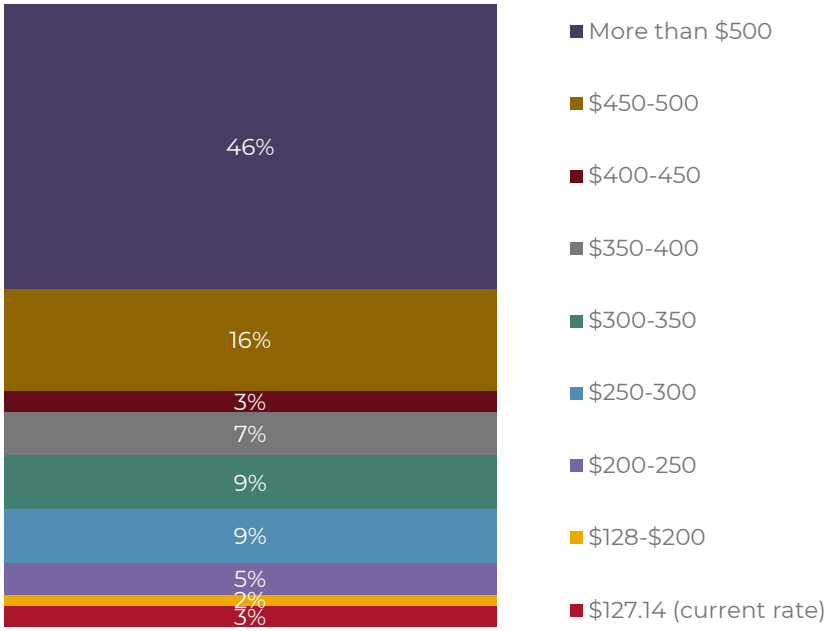
Other includes:

- *Skin subs are overused and unnecessarily wasting taxpayers*

Preferred reimbursement rate

Almost half of HCPs (46%) recommend a reimbursement rate of at least $500 to account for the costs of care.

Q14: If a flat Medicare reimbursement rate remains in effect beyond 2026, at what payment amount (per square centimeter) would the use of skin substitute products make sense from a cost standpoint?



Q15. Is there anything else you want to say or add about the topic of skin care substitute products and reimbursement rates?

SUMMARY

Patient Impact

- Because providers can no longer afford to use these products, patients—especially low-income and vulnerable populations—are experiencing **delayed healing, severe infections, and a higher risk of major limb amputations.**
- The extensive prior authorization processes **delay immediate treatment** for highly vulnerable, sick patients where fast healing is critical to preventing complications.

Practice Unsustainability

- Current **reimbursement rates** frequently fail to cover the base acquisition costs of the skin substitutes, forcing doctors to choose between financial ruin or denying essential care.
- Multiple providers report having **unpaid Medicare claims** stretching back to January 2026.
- Small, specialized, and mobile wound care clinics report being on the **brink of closure, shutting down completely, or being forced to stop offering skin substitutes** altogether because they cannot absorb the losses or ongoing operational costs (e.g., payroll, logistics, supplies).

Regulatory Hurdles

- Providers report that Medicare is holding small practices "hostage" with **aggressive, prolonged audits and recouping** (clawing back) funds long after services were approved and rendered.
- Practices note that Medicare is initiating financial recoupments before the formal appeals process is even completed, creating an **unsustainable financial burden** that prevents them from funding legal representation or continuing patient care.
- The **time and effort** required to navigate Prior Authorizations (PAs), inconsistent insurance policies (Medicare vs. private payers), and defense against audits **outweigh the current financial return**.

Industry Abuse vs. Legitimate Medical Use

- Several responses openly state that the industry "did this to ourselves." **Greedy providers and manufacturers previously over-utilized and abused these high-dollar products solely for profit** (e.g., inappropriately using amniotic products for cosmetic purposes), which triggered the current regulatory crackdown.
- Legitimate specialists (such as vascular surgeons) feel that the **government is unfairly penalizing honest doctors and fragile patients t**o punish a few fraudulent actors.

Q15. Is there anything else you want to say or add about the topic of skin care substitute products and reimbursement rates?

SUMMARY: PROPOSED SOLUTIONS FROM HCPs

To fix the current system without compromising patient care or enabling fraud, the HCPs suggested the following reforms:

- **Categorized/Non-Flat Reimbursement:** Abandon flat-rate reimbursements. Rates should scale based on the specific origin and true cost of the product (e.g., placental skin substitutes vs. cheaper synthetic alternatives).
- **Specialty Gatekeepers:** Limit the types of specialties and taxonomy codes permitted to apply skin substitutes (e.g., restricting them to advanced wound centers or vascular surgeons) to reduce abuse while maintaining high-quality care.
- **Guaranteed Prior Authorizations:** Implement a system where a prior authorization guarantees payment and completely removes the risk of post-procedure "clawbacks" based on minor documentation nuances.
- **Price Transparency:** Establish upfront cash pricing and better price transparency so doctors, patients, and manufacturers can collaborate on care options regardless of insurance limitations.

Appendix: Demographics

Demographics

D1: In which state do you currently practice?

Arizona	3%
California	10%
Connecticut	2%
Florida	19%
Georgia	4%
Illinois	2%
Indiana	2%
Kentucky	2%
Louisiana	2%
Maryland	2%
Michigan	3%
Mississippi	3%
Missouri	3%
Nebraska	1%
Nevada	2%
New Jersey	3%
New York	3%
North Carolina	3%
Ohio	4%
Oklahoma	5%
Oregon	3%
Pennsylvania	5%
Tennessee	1%
Texas	13%
Virginia	1%
Wyoming	1%

South: 55%
West: 19%
Midwest: 15%
Northeast: 13%

Note: The total is above 100% due to the rounding

D2: For how many years have you been practicing medicine?

Mean	19.11

D3: In which setting do you primarily practice medicine?

Urban	23%
Suburban	54%
Rural	22%