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October 30, 2007

The Honorable Max Baucus  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Baucus:

As the Finance Committee considers important Medicare legislation, I am writing to share the American Kidney Fund's views on changes to the Medicare End Stage Renal Disease (ESRD) Program.

For more than thirty five years, the American Kidney Fund's mission has been to reduce the enormous financial burden confronting Americans, and their families, suffering from ESRD, and to enhance awareness of kidney disease. As the incidence of ESRD has grown, the scope of our assistance has multiplied. Last year we provided \$81.9 million in grant assistance to more than 63,500 ESRD patients nationwide to pay for treatment-related essentials. Our grants help patients maintain health insurance coverage and pay for other necessities that insurance typically does not cover such as medication and transportation related expenses. We believe that our work with vulnerable kidney disease patients and their families provides us with a perspective and insight that are useful in the examination of these issues. Our experience also enhances our commitment to reduce the number of families touched by this illness.

The American Kidney Fund hopes that you will include a number of positive changes to the ESRD Program designed to raise awareness of kidney disease, educate patients and their families about treatment options, and improve the quality of care. Specifically, we support strongly the Chronic Kidney Disease Demonstration Projects, approved by the House of Representatives earlier this year in the CHAMP Act, designed to raise public awareness about kidney disease. We believe that the number of demonstration projects should be increased and the eligibility expanded to include not for profit national kidney disease organizations with experienced, effective and targeted chronic kidney disease screening programs.

We also support provisions included in the House-passed bill to teach self management and prevention skills; educate people with kidney disease to slow the progression and make informed treatment choices; evaluate the barriers to home dialysis; establish uniform training of dialysis technicians; and create incentives for continuous quality improvement in dialysis care.

The quality of care delivered to patients is impacted by the financial health of the provider community and we support a statutory mechanism for assuring that the reimbursement rate for dialysis providers keeps pace with changes in costs. Dialysis has the dubious distinction of being the only Medicare prospective payment system without an annual update mechanism. This fact has resulted in irregular and insufficient adjustments that have squeezed the industry and forced a number of smaller, independent providers out of business, adversely affecting access for many dialysis patients.

We understand the difficult budgetary challenges you and your colleagues face and recognize that new spending must be offset by cuts in other areas. We support an additional 12 month extension of Medicare secondary payer (MSP) as a means to generate savings to help offset the costs of other improvements for patients in the ESRD Program.

We want to thank you for your long record of leadership in improving health care benefits and services and urge you to adopt changes to the ESRD program that will expand awareness and improve care.

Sincerely,

A handwritten signature in cursive script that reads "LaVarne A. Burton".

LaVarne Burton  
Chief Executive Officer

cc: Finance Committee Members