



October 22, 2007

The Honorable Max Baucus  
Chairman, Senate Finance Committee  
511 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senator Baucus,

As America's largest dialysis patient organization, DaVita Patient Citizens (DPC) is proud to represent over 20,000 pre-dialysis and dialysis patients and their families. On a wide variety of issues, we seek to ensure that the patients' point of view is heard and considered by policy makers so that continued progress may be made in the quality of care and life for patients with kidney disease.

On Capitol Hill recently, an organization called the American Association of Kidney Patients (AAKP) asserted that all kidney patients oppose the extension of the Medicare Secondary Payer (MSP) from 30-42 months. Representing over 20,000 patients, DPC takes issue with AAKP's assertion. In fact, DPC advocates for extending the MSP from 30-42 months as a key part of the larger goal of improving kidney care for our nation's 330,000 End Stage Renal Disease (ESRD) patients and the more than 20 million Chronic Kidney Disease (CKD) patients. Further, this reform is advocated by Kidney Care Partners, a coalition of thirty-two patient, provider and supplier organizations representing the broader kidney community.

Currently ESRD is the only disease condition where private insurers can limit coverage. Even if patients want to remain in their private health insurance plan, they are forced after 30 months to go onto Medicare. Often this means that patients and their families are confronted with higher out-of-pocket costs, less comprehensive health coverage, and much greater complexity as they try to navigate Medicare (for the patient) and private insurance (for their family).

As the wife of one of our members told us, "We feel we deserve the right to choose and not be forced into Medicare so early, undercutting our current plan. It is only fair that we continue to at least have the choice of staying with our plan for a bit longer." Extending MSP would allow patients and family members to continue to maintain their health insurance longer before they are pushed onto Medicare.

Besides restricting patients' right to choose to keep their private insurance coverage longer, not extending the MSP period will prevent many of the needed reforms within the ESRD program. One of the most important steps is to provide those individuals at risk of kidney failure with education about the factors associated with kidney disease in the hopes of preventing them from

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reaching kidney failure. Consistently our members state that they were not aware of the risk factors that cause much of kidney disease—diabetes and hypertension. Prior knowledge could have reduced their risk of kidney failure and possibly dialysis, and the savings that MSP extension would achieve will help fund much-needed education and prevention programs.

Before Congress's foresight in 1972, only those who had personal resources were able to receive dialysis, and thus live. Medicare was created as a safety net to help those who could not afford to pay for dialysis' life saving treatments. With the MSP extension, the Medicare safety net remains intact and the potential exists to provide additional benefits to patients—pre-dialysis education, continuity of care, and CKD prevention.

As America's largest dialysis patient organization we hope that this modest extension in MSP is approved and that the savings are used to help educate others about kidney failure and to improve the quality of life for all dialysis patients. We urge Congress to continue to provide the leadership and means that allow our nation's dialysis patients to receive high quality care.

Sincerely,

A handwritten signature in black ink, appearing to read "Chad Lennox".

Chad Lennox  
Executive Director