

FOR IMMEDIATE RELEASE
May 22, 2013

Contact: Alisann Fatemi
703-887-1493

U.S. Senators To Medicare Officials: Dialysis Program Adjustments Must ‘Not Gut Crucial Services for Vulnerable Beneficiaries’ With Kidney Failure

Bi-partisan Letter Urges Federal Agency to ‘Exercise Caution’ in Implementing New Law; Changes Must Not Jeopardize Access to Life-Sustaining Care

Washington, DC—Bi-partisan members of the Senate Finance Committee and Chairman of the Budget Committee urged Centers for Medicare and Medicaid Services (CMS) Administrator Marilyn Tavenner in a May 17 letter to “exercise caution” in implementing provisions of a new law that affects provision of dialysis care.

“The Congress and the Agency have worked collaboratively for many years to create a viable ESRD [end-stage renal disease] payment system to improve quality, to decrease mortality, and to align payment with the appropriate incentives,” the 17 Senators said. “We must now work together to assure that... adjustments are made in a manner that does not gut this crucial service for vulnerable beneficiaries.”

Kidney Care Partners, representing the broader kidney care community, applauded the bipartisan group of senators for their leadership and attention to this important issue facility both patients and the stability of the Medicare benefit. Kidney Care Partners Chairman Ron Kuerbitz said, “The kidney care community is both thankful and encouraged by the strong bi-partisan Senate letter. Protecting the nation’s dialysis patients and maintaining the stability of the current payment system is crucial, and we commend all 17 Senators for their leadership and support on this very important issue.”

As part of the fiscal cliff package (American Taxpayer Relief Act, or “ATRA”) enacted earlier this year, Congress required CMS to adjust Medicare’s new “bundled” payment system for dialysis services and medications. In their letter to CMS, the 17 Senators emphasized statutory obligations that require the Agency to ensure that Medicare funding for life-sustaining dialysis “should not reduce payments to a level less than the cost of providing care.”

The Senate letter comes on the heels of an appeal from the nation’s four leading dialysis patient advocacy organizations, who urged CMS to avoid Medicare changes that could jeopardize access to treatments for individuals with kidney failure, including a host of ancillary dialysis-related services.

The joint patient letter to Administrator Tavenner, signed by the American Kidney Fund, Dialysis Patient Citizens, National Kidney Foundation and Renal Support Network, outlined

their collective concerns about the impact payment changes could have on Medicare beneficiaries:

Any payment change has real and practical consequences for Medicare beneficiaries. Patients are concerned that the payment adjustment could result in changes to care. For example, if the payment amount does not cover the cost of providing care, facilities may be forced to reduce the number of staff or their hours. This may affect patient access to social workers, nurses, and dietitians that beneficiaries rely on for care. Patients may also find that they have less flexibility as to when they can receive dialysis treatments, if facilities do not have resources to maintain staffing levels. For patients, this may mean less time to work or to care for their families, reducing how they view their quality of life.

More than 80 percent of people with kidney failure, regardless of their age, rely on Medicare to pay for their dialysis. Because of patients' heavy reliance on Medicare, the program's payments must cover the cost of treatments, which typically are needed three times a week for approximately four hours per treatment.

Kidney Care Partners is a community-wide coalition of patient advocates, dialysis professionals, researchers, care providers and manufacturers dedicated to working together to improve quality of care for individuals with Chronic Kidney Disease (CKD).

###