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CONGRESSIONAL BLACK CAUCUS

CONGRESSIONAL CAUCUS FOR  
WOMEN'S ISSUES

ASSISTANT MINORITY WHIP,  
DEMOCRATIC CAUCUS

Congress of the United States  
House of Representatives  
Washington, DC 20515-5500

May 20, 2013

PLEASE RESPOND TO:

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The Honorable Kathleen Sebelius  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue NW  
Washington, DC 20201

The Honorable Marilyn Tavenner  
Acting Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Sebelius and Acting Administrator Tavenner:

We are writing on behalf of the communities that we serve to convey our concerns with the implementation of major provisions in the American Taxpayer Relief Act of 2013 (ATRA) affecting the Medicare End Stage Renal Disease (ESRD) program.

As you know, ESRD disproportionately affects racial and ethnic minority communities and changes to the Medicare program can potentially have dramatic, disproportionate and detrimental impacts on these communities. African Americans represent over one-third of the dialysis population despite comprising less than 13 percent of the total U.S. population. Since 2000, the number of Hispanics with kidney failure has increased by more than 70 percent. Compared to non-Hispanics, Hispanics are almost 1.5 times more likely to be diagnosed with kidney failure, and Asian Americans are twice as likely to be diagnosed with kidney disease.

The Medicare ESRD program is already undergoing a 2 percent reduction associated with the sequester, and continues to lose additional treatment dollars due to system flaws. The Congressional Budget Office asserted that the ATRA cuts would result in reduced expenditures for the Medicare ESRD program of about 4-5 percent, a figure that, without controls for patient care, quality and accessibility, could result in critical funding gaps that diminish treatment options and patient access.

The dialysis population is 87 percent dependent on fee-for-service Medicare and almost 50 percent of those patients are extremely vulnerable – with health care needs that exceed their financial resources – and thus are dually eligible for Medicaid. Further, more than half of all dialysis patients are racial and ethnic minorities and most have compromised health statuses, with multiple co-morbid conditions. We are extremely concerned that an isolated or narrow review of dialysis facility economics on only one or two inputs would not capture the provider's true costs, and could lead to center closures, consolidations, and reduced treatment options.

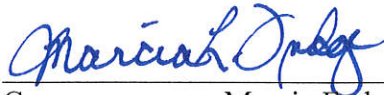
Secretary Sebelius and Acting Administrator Tavenner  
5/20/13  
Pg. 2

Additionally, we are concerned that if centers closed, were consolidated or had to offer fewer treatment options, then the racial and ethnic, geographic and socioeconomic disparities in ESRD care, treatment and outcomes that we have worked so diligently to reduce and eliminate would be exacerbated, leaving millions of Americans in poorer health.

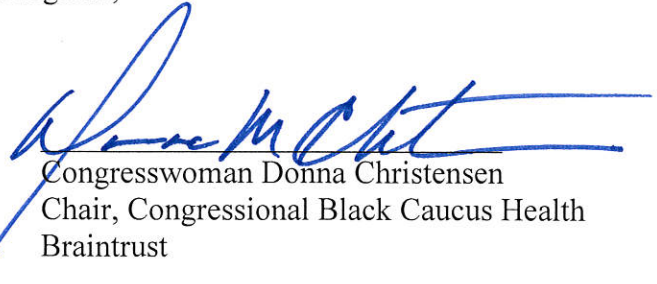
Because this issue directly affects so many of our constituents, we respectfully request that you take an active role in monitoring the ESRD rulemaking activities for 2014. We believe that, notwithstanding the rebasing provision in ATRA, CMS must ensure that the final payment rate for 2014 adequately reimburses providers and, most importantly, protects access to the highest quality care.

Please advise us regularly of your analysis and preliminary proposals as CMS moves forward with the rulemaking process for the ESRD program in 2014, and provide assurances to us that your approaches consider overall sustainability of the program and access to care in urban and rural areas, as well as for minority communities.

With warm regards,



Congresswoman Marcia Fudge  
Chair, Congressional Black Caucus



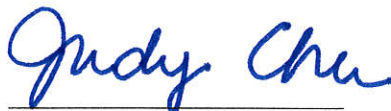
Congresswoman Donna Christensen  
Chair, Congressional Black Caucus Health  
Braintrust



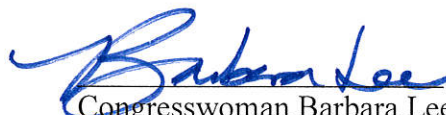
Congressman Ruben Hinojosa  
Chair, Congressional Hispanic Caucus



Congresswoman Lucille Roybal-Allard  
Chair, Congressional Hispanic Caucus  
Health Taskforce



Congresswoman Judy Chu  
Chair, Congressional Asian Pacific  
American Caucus



Congresswoman Barbara Lee  
Chair, Congressional Asian Pacific  
American Caucus Health Taskforce