



# Super committee's failure cuts \$100B from Medicare

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A new Congressional "Super Committee" has recently been created and charged with producing legislation before Thanksgiving that would reduce future budget deficits by at least \$1.2 trillion. Should they fail, automatic across-the-board spending cuts would be required, including more than \$100 billion in cuts to Medicare.

As the director of Weber Valley Dialysis facility in Marriott-Slaterville, I care for patients diagnosed with End Stage Renal Disease (ESRD) - or kidney failure - to provide the best quality care possible. Approximately 80 percent of all kidney failure patients who rely on life-saving dialysis treatment to survive are on Medicare and I fear blunt cuts to this Medicare ESRD program will disproportionately affect this vulnerable patient population.

I understand our nation's need to rein in spending and applaud our lawmakers for seeking bipartisan solutions. To that end, lawmakers should work to find opportunities that save taxpayer money and continue to ensure that essential services are not compromised. Extending the so-called Medicare Secondary Payer provision to coverage in the health insurance exchanges that open in 2014 is one such policy option. Under current law, patients with private insurance through their employers are allowed to retain their coverage for up to 30 months after they are diagnosed with kidney failure, before Medicare becomes primary. This proposal - which saves taxpayers an estimated \$4 to \$5 billion over ten years - would ensure that future ESRD patients with exchange coverage will be allowed to access private coverage for the same 30-month period.

I hope that Congress will refrain from further burdening these already-overburdened individuals who depend on dialysis for their survival.

Policy makers should instead look to alternative proposals such as allowing "MSP in the exchanges" - a solution that will save billions, and ensure dialysis patients have access to private insurance coverage.

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