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Preserving treatment for kidney failure

Posted: Saturday, October 8, 2011

As the 12-member "Congressional Super Committee" continues budget discussions this fall in search of ways to save our federal government $1.2 trillion dollars before the end of the year, I am concerned about the possible impact potential cuts could have on patients with kidney failure who depend of life-saving medical treatments. If the Super Committee does not reach their target, all Medicare providers will experience an automatic 2 percent cut to reimbursement, which could lead to serious access to care issues for patients.

As a facility administrator at DaVita North Orangeburg that treats 140 patients in our community, each day I work with patients of all demographics who have been diagnosed with kidney failure. The only treatment option for these patients, besides a kidney transplant, is dialysis, a process for removing waste and excess water from the blood. Most dialysis patients must undergo treatment three times a week, for three hours at a time, and continue this level of treatment for the rest of their lives. For many patients, maintaining the treatment schedule can make it difficult to hold down a job and make a living, much less fund this expensive treatment's costs. Today, 80 percent of Americans with kidney failure have their care paid for by Medicare.

While I understand that lawmakers will be forced to make difficult decisions in the near future to achieve economic stability for our country, I hope that they will steer clear of cuts or changes to Medicare that will threaten access to care for some of our most vulnerable citizens.

The kidney community has, however, offered up one solution that would save taxpayers money without cutting funding for vital health care services. Specifically, applying Medicare Secondary Payer to the recently enacted health care exchanges would save billions of dollars by allowing dialysis patient who join the health care exchanges to maintain their private insurance coverage as "primary" for up to 30 months following the onset of dialysis before Medicare takes over.

As a facility administrator, my highest priority is my patients, but I must have adequate resources in order to help provide the quality of care they deserve. Within the upcoming budget negotiations, I ask that Congress refrain from placing any further burden on already-at-risk patients who depend on dialysis care for their survival and consider instead alternative proposals such as allowing "MSP in the exchange," - a cost-saving solution that would prevent additional cuts to the ESRD program.

- Deanna Bradley RN, Orangeburg