

July 18, 2016

The Honorable Todd Young
1007 Longworth House Office Building
Washington, DC 20515

The Honorable Earl Blumenauer
1111 Longworth House Office Building
Washington, DC 20515

Dear Representative Young and Representative Blumenauer:

On behalf of the American Society of Nephrology, thank you for your commitment to improving the lives of the hundreds of thousands of Americans with End-Stage Renal Disease (ESRD). ASN represents nearly 16,000 physicians, scientists, nurses, and other health professionals dedicated to treating and studying kidney diseases to improve the lives of people with kidney diseases, including approximately 90 percent of the nephrologists in the United States. ASN is a not-for-profit organization dedicated to promoting excellence in kidney care. Foremost among the society's concerns is the preservation of equitable patient access to optimal quality care for chronic kidney disease (CKD) and ESRD and the integrity of the patient-physician relationship.

The society appreciated the opportunity to provide feedback on the Dialysis Patient Access To Integrated-care, Empowerment, Nephrologists and Treatment (PATIENT) Demonstration Act of 2016 (H.R. 5506) and is grateful for your, your staffs', and the committees' continued engagement with the kidney community.

More than 20 million Americans have kidney diseases and are at risk for progressing to advanced kidney disease, including kidney failure. People with advanced kidney disease are among the most vulnerable patients. They often have several other serious chronic co-morbidities—including diabetes, hypertension, peripheral vascular disease, or heart failure—are hospitalized frequently, and have among the highest mortality rates of any patient population. The society appreciates your recognition of the significant challenges people with kidney diseases face as well as your dedication to advancing policies to improve their outcomes and quality of life. In light of the society's perspective regarding the importance of emphasis on pre-dialysis and transplant care, the inclusion of a diversity of dialysis organizations to facilitate patient choice, and the imperative for nephrologist leadership, ASN cannot support the PATIENT Act at this time.

ASN concurs that increasing care coordination and better integrating care for patients with kidney diseases is essential to achieving these goals. However, the society believes that new models should extend their purview beyond ESRD care to include needs of kidney disease patients as they transition from advanced kidney disease to dialysis, transplantation, and/or conservative care. In fact, the greatest opportunities to improve outcomes for these patients lie "upstream," through efforts to prevent the progression of CKD before patients reach kidney failure; optimally prepare those patients who will progress to ESRD to transition smoothly; and individualize their choice of renal replacement therapy—including pre-emptive transplantation. Transplantation is the optimal therapy for the vast majority of patients with ESRD and, ASN believes, should be an explicit focus of any kidney integrated care delivery demonstration. Furthermore, by slowing the progression of kidney disease and improving access to

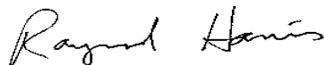
transplantation—which is also a more cost-effective therapy than dialysis—we can improve quality of life and achieve greater savings for the Medicare system.

The Comprehensive ESRD Care (CEC) model, initiated by the Center for Medicare and Medicaid Innovation (CMMI) in the fall of 2015, already focuses exclusively on opportunities to improve care for patients on dialysis and is underway in testing improvements in ESRD care. Thirteen ESRD Seamless Care Organizations (ESCOs), formed by dialysis providers of all sizes and types in partnership with nephrology practices, are participating in that model to date. ASN believes that these two features—shared governance between nephrologists and dialysis providers, and a model design that facilitates full participation by small, medium, and large dialysis enterprises to preserve market diversity—are important elements to include in any new kidney care model in order to facilitate patient choice and maintain an appropriate leadership role for physicians.

Moving forward and building upon your commitment to improving the lives of people with kidney diseases, ASN hopes to collaborate with you in developing novel care delivery models. These will expand patient choice, go beyond dialysis for ESRD, and integrate the spectrum of kidney care - from CKD through transplantation or other renal replacement therapy through end-of-life care. By moving upstream and facilitating a lifetime of coordinated care for patients with advanced kidney diseases, we can meaningfully improve their quality of life and deliver better value through the Medicare program.

Again, the society greatly appreciates your work to identify policies to help the millions of Americans with kidney diseases and looks forward to continuing to work with you to achieve that shared mission. ASN would be pleased to discuss these comments and stands ready to assist in any way; please contact ASN Director of Policy and Government Affairs Rachel Meyer at (202) 640-4659 or at rmeyer@asn-online.org.

Sincerely,

A handwritten signature in cursive script that reads "Raymond Harris".

Raymond C. Harris, MD, FASN
President

July 26, 2016

The Honorable Dean Heller
324 Hart Senate Office Building
Washington, DC 20510

The Honorable Bill Nelson
716 Hart Senate Office Building
Washington, DC 20510

Dear Senator Heller and Senator Nelson:

On behalf of the American Society of Nephrology, thank you for your commitment to improving the lives of the hundreds of thousands of Americans with End-Stage Renal Disease (ESRD). ASN represents nearly 16,000 physicians, scientists, nurses, and other health professionals dedicated to treating and studying kidney diseases to improve the lives of people with kidney diseases, including approximately 90 percent of the nephrologists in the United States. ASN is a not-for-profit organization dedicated to promoting excellence in kidney care. Foremost among the society's concerns is the preservation of equitable patient access to optimal quality care for chronic kidney disease (CKD) and ESRD and the integrity of the patient-physician relationship.

The society appreciated the opportunity to provide feedback on the Dialysis Patient Access To Integrated-care, Empowerment, Nephrologists and Treatment (PATIENT) Demonstration Act of 2016 (S. 3090) and is grateful for your, your staffs', and the committees' continued engagement with the kidney community.

More than 20 million Americans have kidney diseases and are at risk for progressing to advanced kidney disease, including kidney failure. People with advanced kidney disease are among the most vulnerable patients. They often have several other serious chronic co-morbidities—including diabetes, hypertension, peripheral vascular disease, or heart failure—are hospitalized frequently, and have among the highest mortality rates of any patient population. The society appreciates your recognition of the significant challenges people with kidney diseases face as well as your dedication to advancing policies to improve their outcomes and quality of life. In light of the society's perspective regarding the importance of emphasis on pre-dialysis and transplant care, the inclusion of a diversity of dialysis organizations to facilitate patient choice, and the imperative for nephrologist leadership, ASN cannot support the PATIENT Act at this time.

ASN concurs that increasing care coordination and better integrating care for patients with kidney diseases is essential to achieving these goals. However, the society believes that new models should extend their purview beyond ESRD care to include needs of kidney disease patients as they transition from advanced kidney disease to dialysis, transplantation, and/or conservative care. In fact, the greatest opportunities to improve outcomes for these patients lie "upstream," through efforts to prevent the progression of CKD before patients reach kidney failure; optimally prepare those patients who will progress to ESRD to transition smoothly; and individualize their choice of renal replacement therapy—including pre-emptive transplantation. Transplantation is the optimal therapy for the vast majority of patients with ESRD and, ASN believes, should be an explicit focus of any kidney integrated care delivery demonstration. Furthermore, by slowing the progression of kidney disease and improving access to

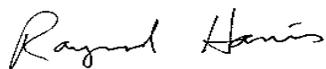
transplantation—which is also a more cost-effective therapy than dialysis—we can improve quality of life and achieve greater savings for the Medicare system.

The Comprehensive ESRD Care (CEC) model, initiated by the Center for Medicare and Medicaid Innovation (CMMI) in the fall of 2015, already focuses exclusively on opportunities to improve care for patients on dialysis and is underway in testing improvements in ESRD care. Thirteen ESRD Seamless Care Organizations (ESCOs), formed by dialysis providers of all sizes and types in partnership with nephrology practices, are participating in that model to date. ASN believes that these two features—shared governance between nephrologists and dialysis providers, and a model design that facilitates full participation by small, medium, and large dialysis enterprises to preserve market diversity—are important elements to include in any new kidney care model in order to facilitate patient choice and maintain an appropriate leadership role for physicians.

Moving forward and building upon your commitment to improving the lives of people with kidney diseases, ASN hopes to collaborate with you in developing novel care delivery models. These will expand patient choice, go beyond dialysis for ESRD, and integrate the spectrum of kidney care - from CKD through transplantation or other renal replacement therapy through end-of-life care. By moving upstream and facilitating a lifetime of coordinated care for patients with advanced kidney diseases, we can meaningfully improve their quality of life and deliver better value through the Medicare program.

Again, the society greatly appreciates your work to identify policies to help the millions of Americans with kidney diseases and looks forward to continuing to work with you to achieve that shared mission. ASN would be pleased to discuss these comments and stands ready to assist in any way; please contact ASN Director of Policy and Government Affairs Rachel Meyer at (202) 640-4659 or at rmeyer@asn-online.org.

Sincerely,

A handwritten signature in cursive script that reads "Raymond Harris".

Raymond C. Harris, MD, FASN
President