

March 21, 2013

The Honorable Tom Marino
United States House of Representatives
Washington, DC 20515

The Honorable Jim McDermott, MD
United States House of Representatives
Washington, DC 20515

Dear Representative Marino and Representative McDermott:

On behalf of the American Society of Nephrology's more than 14,000 physicians, scientists, and other healthcare professionals dedicated to leading the fight against kidney disease, thank you for your leadership and commitment to raising awareness about this disease and to promoting the highest quality of kidney care.

The American Society of Nephrology (ASN) is a not-for-profit organization dedicated to promoting excellence in the care of patients with kidney disease. Foremost among ASN's goals is the preservation of equitable patient access to optimal, quality kidney care and related services regardless of socioeconomic status, geographic location, or demographic characteristics—as well as the preservation of reasonable latitude for patients and their nephrologists to individualize care.

Reflecting this goal, ASN applauds and thanks you for supporting adequate reimbursement to providers for providing home hemodialysis (HHD) training in your March 21, 2013 letter to Department of Health and Human Services (HHS) Secretary Kathleen Sebelius. The society concurs that the Centers for Medicare and Medicaid Services (CMS) should revisit training payments for HHD as part of the important work of updating the End-Stage Renal Disease (ESRD) payment bundle for Fiscal Year 2014, and supports the message articulated in that letter.

As the letter observes, HHD is for some patients a better option than in-center dialysis, and kidney patients should have more equitable access to learning about and considering this therapy. Revisiting the current training payment is a first step to facilitate that change, and ASN thanks you and the other members of Congress who signed the letter for your leadership on this important issue.

If there is anything that ASN can do to further support you with regard to this issue, the Congressional Kidney Caucus, or issues related to kidney disease in general, please do not hesitate to contact ASN Manager of Policy and Government Affairs Rachel N. Shaffer at 202-640-4659 or rshaffer@asn-online.org.

Again, thank you for all you do for the kidney community.

Sincerely,



Bruce A. Molitoris, MD, FASN
President

CC: Jonathan Blum, Deputy Administrator and Director, Center for Medicare
Jana Lindquist, Acting Director, Division of Chronic Care Management
Kathleen Sebelius, Secretary, Department of Health and Human Services
Marilyn Tavenner, Acting Administrator, Centers for Medicare and Medicaid Services
Laurence Wilson, Director, Chronic Care Policy Group

Congress of the United States
Washington, DC 20515

March 21, 2013

Secretary Kathleen Sebelius
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: FY 2014 Home Hemodialysis Training Payment

Dear Secretary Sebelius:

As you update your payment system for the Medicare end-stage renal disease (ESRD) program for FY 2014, we urge you to pay close attention to home hemodialysis training payments that CMS pays to outpatient dialysis centers. We are concerned that these payments are set too low, thus discouraging the use of home hemodialysis (HHD)—a treatment modality for patients with ESRD that in many cases enhances patient quality of life and can reduce costs to Medicare and society.

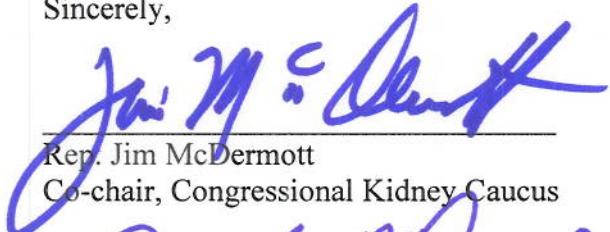
Home dialysis creates substantial benefits for dialysis patients and their families. Observational studies confirm that patients who dialyze at home generally have better survival rates and a better quality of life. Home dialyzers often have the freedom to continue working a steady job, creating economic and other benefits to both patient and family. Because home dialyzers do so more often and for longer periods of time (for example while sleeping) than patients in dialysis centers, they generally report better wellness outcomes.

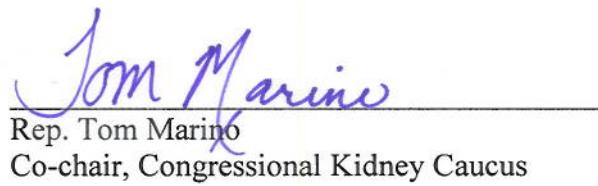
The FY2013 rate of \$33.44 per training session (adjusted based on geography) barely covers the cost for one hour of a nurse's time in most markets—much less the 4-5 hours required for a nurse to conduct such a training. Because as many as 25 training sessions are required for patients to be ready to perform HHD, outpatient dialysis centers are in the position of providing dozens of hours of uncompensated care for a single Medicare patient who wishes to get trained for HHD.

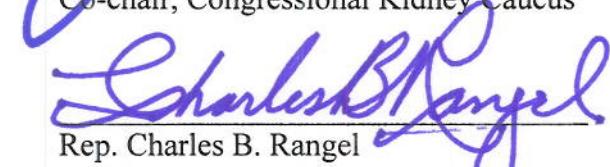
According to a study in the *American Journal of Kidney Disease*, a survey of nephrologists demonstrated that they believe that 11 to 14 percent of patients are fit to be HHD users. Nonetheless, only 2 percent of ESRD patients currently use HHD, and fewer than a quarter of dialysis centers are certified to offer HHD. We believe that the training payment plays a role in this imbalance.

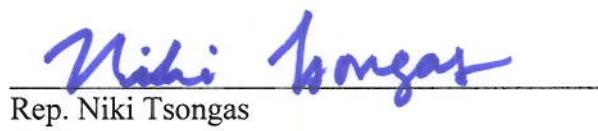
As you perform the important work of updating the MIPPA payment bundle for FY 2014 and, in particular, the sensitive task of making reductions to reflect your estimate of the change in the utilization of certain drugs and biologicals, we urge CMS to revisit training payments for HHD with an eye toward adequately reimbursing providers to encourage them to have robust HHD programs for those ESRD patients for whom such treatment is appropriate.

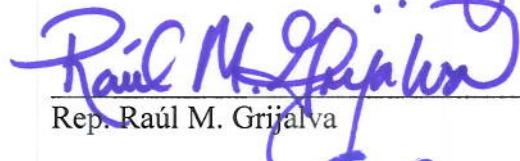
Sincerely,

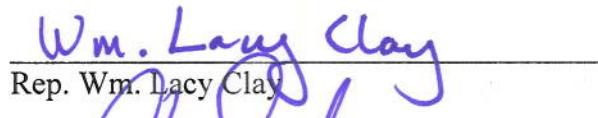

Rep. Jim McDermott
Co-chair, Congressional Kidney Caucus


Rep. Tom Marino
Co-chair, Congressional Kidney Caucus

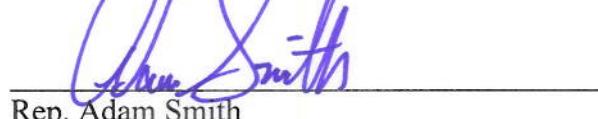

Rep. Charles B. Rangel


Rep. Niki Tsongas

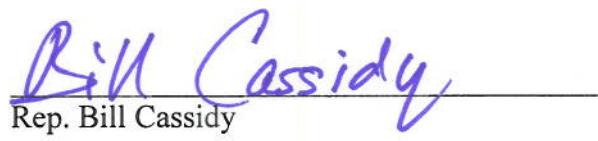

Rep. Raúl M. Grijalva

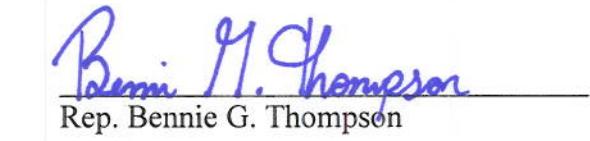

Rep. Wm. Lacy Clay


Rep. Janice D. Schakowsky

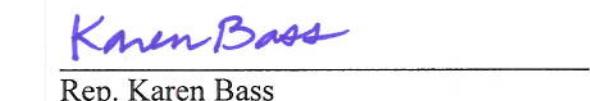

Rep. Adam Smith


Rep. Barbara Lee

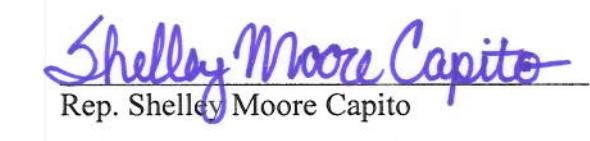

Rep. Bill Cassidy

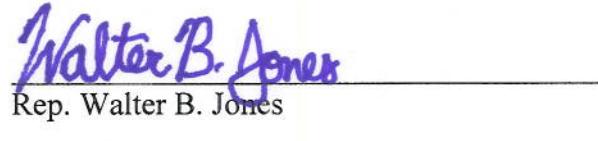

Rep. Bennie G. Thompson

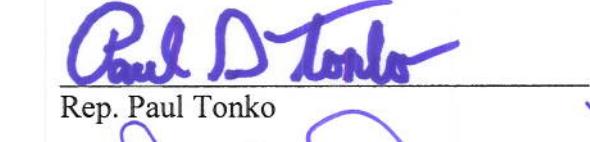

Rep. Mark Meadows


Rep. Karen Bass

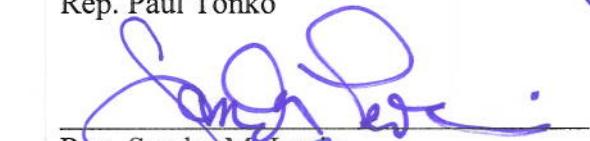

Rep. Robert J. Wittman

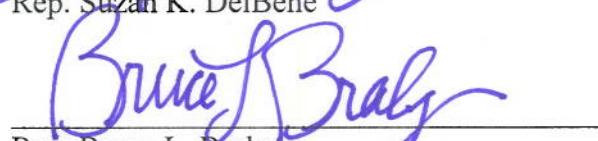

Rep. Shelley Moore Capito

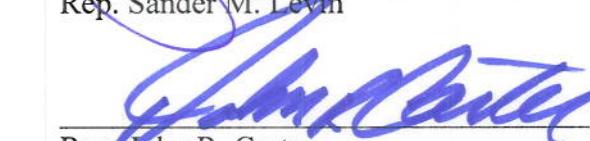

Rep. Walter B. Jones

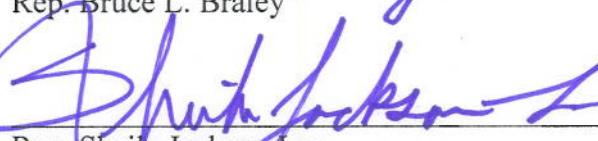

Rep. Paul Tonko


Rep. Suzan K. DelBene


Rep. Sander M. Levin


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