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## **CMS' proposed rule to cut Medicare payment for dialysis care bad for patients**

By LaVarne Burton, Hrant Jamgochian, Bruce Skyer and Lori Hartwell - 09/10/13 09:00 AM ET

America's leading kidney patient organizations are very worried. As they should be. On July 1, the Centers for Medicare and Medicaid Services (CMS) – the federal agency that oversees the Medicare program – set off an alarm throughout the kidney community by announcing plans to cut funding for life-sustaining dialysis treatments by 9.4 percent, or approximately \$970 million. The public comment period to this proposal closed September 3, with a final rule to be published early November after CMS reviews comments and input.

Justifiably, individuals with kidney failure nationwide are asking some very crucial questions:

- Why would federal officials propose such a dramatic Medicare cut to a vital program like dialysis – a program that has very recently gone through significant cuts and changes?
- How will these deep cuts affect the quality and accessibility of my care?
- Will these cuts threaten – or even reverse – recent improvements in quality?
- Which staffing positions in facilities will be reduced? How will patients be affected by these reductions?
- Why is government targeting this crucial benefit that is working well and helping to keep 415,000 Americans alive?

As patients and patient advocates for people with kidney failure, we are deeply concerned about the impact these cuts will have on patient care. Of the more than 415,000 Americans with irreversible kidney failure who receive dialysis, 85 percent depend on Medicare's dialysis benefit to pay for their treatments. The proposed cuts would slash reimbursement per dialysis treatment by \$24 from \$240 to \$216 per treatment.

Again, the question: Why would federal officials recommend cuts this drastic when the nonpartisan independent advisory commission (MedPAC) that oversees Medicare estimated Medicare margins between 3-4 percent. Further, MedPAC recently told policymakers it is premature to make changes in dialysis funding. The numbers just don't add up. So with the level of CMS' proposed cuts at nearly ten percent, the math simply does not work.

Who will suffer? Patients, no doubt.

Medicare coverage for kidney care encompasses much more than just the dialysis treatment. Quality kidney care includes a wide range of supportive services and therapies, including nutritional counseling, social work, medications and lab analysis as well as supportive nursing care and technician support. If reimbursement is cut as proposed, many dialysis facilities more than likely will be forced to reduce staff, cut facility hours, or both. Programs such as nocturnal dialysis offerings – which are helpful for those with 9-to-5 jobs — could be eliminated. Patients may miss treatments as accessibility declines, jeopardizing their health, and ultimately costing the health care system more when complications arise. And for rural and certain inner city facilities with nearly 100 percent of patients on Medicare, closures and cutbacks are likely.

Yes, America's kidney patients are worried. Our responsibility as this nation's leading patient advocacy organizations is to protect the interests of individuals with kidney failure. As such, we strongly urge policymakers to remember their responsibility to protect patients who depend on dialysis care by maintaining the integrity of this critical benefit. Medicare has an obligation to ensure that payments cover the actual cost of providing services to beneficiaries. During this review period, we urge policymakers to proceed with caution and revisit their proposed rule to ensure any changes do not undermine the care depended upon by so many.

*Burton is CEO of the American Kidney Fund; Jamgochian is CEO of Dialysis Patient Citizens; Skyer is CEO of the National Kidney Foundation; and Hartwell is CEO of the Renal Support Network.*

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