

October 31, 2018

The Honorable Kevin Brady
Chairman
Committee on Ways and Means
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Richard Neal
Ranking Member
Committee on Ways and Means
1139E Longworth House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Brady, Chairman Walden, Ranking Member Neal and Ranking Member Pallone:

The undersigned stakeholders write to inform you of our concerns with the proposed amendment in the nature of a substitute to H.R. 4143, the Dialysis PATIENTS Demonstration Act. Overall, we support efforts to improve care for individuals with End-Stage Renal Disease (ESRD), but we feel this controversial bill is the wrong approach to achieve that shared goal.

Individuals with ESRD are some of the most vulnerable and complex beneficiaries in the U.S. healthcare system and Medicare spends approximately \$34 billion annually treating them. These patients are best served in coordinated, tested models, such as a Medicare Advantage Special Needs Plan (SNP) or an ESRD Seamless Care Organization (ESCO). To improve care for these individuals, we should focus on growing and leveraging these existing models rather than moving towards broad scale, riskier models such as this legislation entails. In fact, starting in 2021, individuals with ESRD will have access to coordinated care with cost protections available in Medicare Advantage. Congress should continue to work with the Centers for Medicare & Medicaid Services (CMS) to ensure this implementation is effective for patients.

The PATIENTS Act aims to push potentially hundreds of thousands of patients into an arrangement that is portrayed as managed care, but lacks the guardrails and patient safeguards essential to effective insurance markets, such as Medicare Advantage. Specifically, this proposal:

- Undermines true patient choice by implementing a strict time-limited opt-out window.
- Lacks strong patient protections such as effective quality metrics, and may have unintended consequences like curtailing access to kidney transplantation.
- Shifts all aspects of care to entities without experience coordinating all aspects of patient care and unprepared to take on full Part A and Part B Medicare risk.
- Fails to maintain a level playing field in Medicare, which could negatively impact Medicare Advantage and other tested models for caring for ESRD patients
- Lacks clear mechanisms to ensure improved beneficiary quality and to prevent increased costs to taxpayers.

We applaud your attention to this vulnerable population and we look forward to working

together to improve their care. However, we do not support the flawed approach in the PATIENTS Act, which will undermine existing models and threaten beneficiary care. Thank you for your attention to this important matter.

Sincerely,

Aetna
American Society of Nephrology
American Society of Transplant Surgeons
American Society of Transplantation
Association of Organ Procurement Organizations
Atlantic Dialysis Management Services
Blue Cross Blue Shield Association
Blue Shield of California
Centers for Dialysis Care
CVS Health
Dialysis Center of Lincoln
Dialysis Clinic Inc.
FAIR Foundation
Greenfield Health Systems
Independent Dialysis Foundation
Nonprofit Kidney Care Alliance
North American Transplant Coordinators Organization
Northwest Kidney Centers
Olympic Peninsula Kidney Centers
Organ Donation and Transplantation Alliance
Puget Sound Kidney Centers
Service Employees International Union
The Rogosin Institute