



August 11, 2009

The Honorable Max Baucus
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Charles Grassley
Ranking Member
Committee on Finance
United States Senate
135 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Baucus and Ranking Member Grassley:

Health care reform will ideally allow all Americans to enjoy better access to health care, and the provisions of that reform will ideally promote more efficient and effective use of health care funds. At this time there are approximately a half-million Americans with end-stage renal disease, and the care of these patients accounts for approximately seven per cent of Medicare and Medicaid expenditures. The American Nephrology Council (ANC) is a group of almost one thousand nephrologists dedicated to improving the care of patients with kidney disease by promoting responsible and effective public policy related to kidney care. The legislative goals which we consider important to the pending health care reform legislation include:

- Extension of the Medicare Secondary Payor (MSP) period, which has been done several times in the past. This extension will eliminate barriers which currently deprive patients with kidney failure of coverage for health care services available to other patients with chronic diseases.
- Elimination of the prohibition against dialysis patients aged less than 65 years from purchasing Medigap policies.
- Continuation of funding of immunosuppressive drug therapy for kidney transplant patients beyond the current 36-month period. The cost of sustaining a functioning transplanted kidney is substantially less than that of returning to dialysis if the kidney fails, and continuing coverage of immunosuppressive therapy makes strong economic sense.
- Exclusion from any bundling the oral medications required by dialysis patients for which intravenous equivalents are not available. The care of these patients is quite complex, and the medication regimens may vary widely among patients. The management of multiple metabolic derangements common in these patients requires close monitoring of laboratory studies, with frequent medication adjustments. Bundling these medications may have significant negative impact on the availability, delivery, and ultimately the appropriate and necessary administration of these medications to these highly vulnerable patients. At this time, many patients obtain these medications through their private

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American Nephrology Council is a non-profit organization dedicated to continuing to improve the quality of care received by kidney patients.



insurance benefits or Medicare Part D. It is of great concern to the ANC that bundling of these medications will lead to decreased patient access to them, with a decline in the quality of clinical outcomes.

- Revision of coding and reimbursement for vascular access care by Interventional Nephrology procedures. Vascular access creation and management account for approximately one third of expenditures for dialysis-related care. Interventional Nephrology procedures performed in outpatient centers have been demonstrated to provide improved outcomes with higher patient satisfaction at savings of over 50% compared to hospital-based procedures. Coding and reimbursement should promote utilization of these centers to achieve improved outcomes more economically.

The American Nephrology Council commends the efforts of Congress to achieve lasting health care reform which will benefit all Americans. The complexity of this task is enormous, and it is the goal of the ANC to offer expertise in the field of kidney-related care to assist in drafting legislation which will utilize health care funds most appropriately to achieve the best possible outcome for those who suffer from kidney disease.

Sincerely,

David Mahoney, MD
President