

# PUBLIC POLICY INVOLVEMENT FOR NEPHROLOGISTS IS MORE IMPORTANT THAN EVER

By David Mahoney, M.D., President, American Nephrology Council

As comprehensive health care reform advances toward possible enactment in the near future, it is critical that nephrologists remain informed with regard to public policy issues and become more involved in advocacy for policies which support the delivery of quality kidney care in the United States. Many of the issues central to current debates — issues such as insurance coverage reform, appropriate retooling of chronic disease management, and policy changes to Medicare and Medicaid — have the potential to change significantly the manner in which physicians deliver care in general, and dialysis care in particular. It is essential that nephrologists play an active role in the development of policy which will improve and not sacrifice quality care in an attempt to rein in health care costs.

For this reason, the American Nephrology Council (ANC) recently held its first “Capitol Conversation” event in Washington, D.C. During the event, nephrologist members from practices across the country met to receive updates from D.C. policy insiders regarding the latest federal and state-level legislative developments. They held discussions addressing nephrologists’ public policy questions and concerns, and made visits to Capitol Hill to provide the nephrologist’s perspective on key policy issues to members of Congress and their staffs.

This type of physician engagement is critical to making our voices heard and promoting positive change for the benefit of our profession and our patients. As a national nonprofit organization, ANC works to increase the number of doctors actively engaged in kidney-care advocacy and to promote the adoption of appropriate federal and state reimbursement policies to allow for the continued advancement of quality patient care. ANC’s goal is to serve as a grassroots utility, striving to ensure that the nephrologist’s perspective is heard, understood, and considered in the development of public policy.

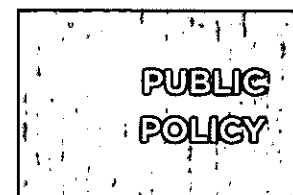
Although ANC has had a number of member fly-in events, legislative briefings, one-on-one meetings with members of Congress and other advocacy events since our inception in 2006, the Capitol Conversation was the first gathering of its kind in Washington, focusing on examining the current legislative environment and engaging members in advocacy efforts related to health care reform. As a result of the event, participants learned more about the policymaking process and became energized about getting involved in shaping policy issues which will impact upon their practices and their patients.

Although, as I write, much remains uncertain about the ultimate outcome of the health care reform bill, with the recent unveiling of Senate and House draft legislation

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and proposed Administration policies several key issues are emerging which are particularly relevant to the provision of dialysis care. The legislative goals we consider more important include:

- Extending the Medicare Secondary Payor (MSP) period from 30 to 42 months. This extension will provide ESRD patient with greater choice in their care and access to private plan services, such as individual case management, dietary assistance, renal transplant education and prescription drug coverage. Extending the MSP by 12 months will create an estimated \$1.2 billion in savings to the Medicare system over 10 years.
- Expanding the option to purchase Medigap policies to include ESRD patients younger than 65 years of age. Access to Medigap coverage will help patients to cover the costs of Medicare deductibles and co-pays without having to “spend down” their assets and enter Medicaid for support. This coverage option is currently available in 29 states to Medicare beneficiaries under age 65, and ANC believes that it should be made available to ESRD patients in all 50 states.
- Funding immunosuppressive drug therapy indefinitely for renal transplant patients, rather than ending benefits at 36 months as current statute requires. Extension of the MSP will cover the cost of this extension of benefits, while improving the health and quality of life of transplant recipients and ideally preventing transplant failure and return to dialysis. Given the large difference in annual costs for dialysis versus maintenance of a functioning transplant, extending immunosuppressive drug coverage benefits makes sound economic sense.
- Revising coding and reimbursement for vascular access care by interventional nephrology (IN) procedures. Vascular access creation and maintenance account for approximately one third of dialysis-related expenditures in the United States. IN procedures performed in outpatient centers have been demonstrated to have better outcomes with higher patient satisfaction at less than half the cost of hospital-based care. Coding and reimbursement for these procedures should promote the increased use of these facilities.



With the increasingly complex health care legislative environment we face today, I strongly encourage all nephrologists to become involved in focused issue-advocacy efforts. The challenging legislative, political, and fiscal circumstances of the nation's health care reimbursement policies demand that nephrologists be more involved and organized now than ever before, and grass roots organizations such as ANC stand ready to facilitate that involvement.

Learn more about ANC and our advocacy efforts at [www.nephrologycouncil.org](http://www.nephrologycouncil.org).