

Sample Op-Ed

I am deeply troubled by the 9.4% cut to the Medicare End Stage Renal Disease (ESRD) program. A cut this severe will hurt dialysis patients current and future.

In 1972, Congress made a promise that Medicare would adequately cover the cost of care for all dialysis patients. This promise was motivated by the fear that kidney failure can happen to anyone, including members of Congress.

Since incidence rates of diabetes and high blood pressure (the leading causes of kidney disease) are on the rise, this fear becomes more rooted in reality with each passing day. There are presently 26 million Americans with Chronic Kidney Disease, the precursor to kidney failure. Millions are unaware they are afflicted until it is too late.

Patients face limited options at the onset of kidney failure. Kidney failure is treatable, but not curable. Kidney transplantation is one alternative to dialysis available to patients. This option is only available to those that are medically eligible.

Further, Medicare stops covering transplant-sustaining immunosuppressive drugs three years after transplantation. The only patients that can keep their transplants are those that can afford these drugs.

Not to mention transplantable kidneys are rare. There are 95,000 patients waiting for transplants. 16,800 received transplants last year. The list of patients waiting for transplants gets longer every day. Many wait up to seven years for transplants. I have been waiting for five.

Dialysis patients do have some choice over how they receive dialysis: at home or in a center; during the day or at night; through their veins or through their peritoneal membrane.

Aside from dialysis and transplantation, the only other option is palliative care until death.

Today, 41 years after the establishment of the Medicare ESRD program, there are 400,000 Americans on dialysis. With limited alternatives, these patients are entirely dependent on dialysis providers for their care.

These providers are in turn heavily dependent on the government to provide this care. 82% of dialysis patients are on Medicare. Providers are consequently restricted in their ability to absorb cuts to Medicare.

Margins are already slim for providers. Medicare margins for dialysis facilities are between two and four percent. If the 9.4 percent cut is finalized in November, the promise Congress made to adequately cover the cost of care will be broken.

What would happen if this promise is broken?

Dialysis center staff hours will be reduced and patient care will suffer.

Dialysis center staff provides crucial services to patients. When patients feel depressed, social workers help them access available resources. Dieticians closely monitor patient nutrition labs to ensure patients are not putting their health at risk.

The services provided by center staff are particularly important for patients at the onset of kidney failure. Social workers help new patients enroll in Medicare. Dieticians educate patients on the restrictive and complicated renal diet. Without proper access to staff, the transition to life on dialysis will become harder than it already is.

Beyond staff hours, facilities will have to reduce services. Some facilities are able to offer overnight dialysis to patients. Dialyzing overnight allows patients to keep their jobs and contribute to the economy during the day. This service will be the first to go with a cut this severe.

Finally, dialysis facilities will close, posing serious access issues. Some patients will have to travel great distances to get to the next closest facility. Dialysis treatments take enough time as it is. Adding additional travel time on top of dialysis is unfair to patients.

This is especially true for patients in rural areas. Currently, rural patients must travel two and a half times farther just to get to dialysis. If rural patients have to find new facilities, this disparity jumps to four times farther.

Aside from increased drive times, at a time when the incidence of kidney failure is on the rise, providers should be opening new facilities, not closing them.

A 9.4 percent cut to the Medicare ESRD program is not right. It is common knowledge that the present national fiscal and political climate favors eliminating waste and reigning in government spending, but this can be done without renegeing on commitments to some of our nation's most vulnerable people. Ensuring dialysis patients receive quality care is not wasteful; it is the right thing to do.