



March 21, 2008

Kerry Weems  
Administrator, Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

RE: DPC comments on CMS-2232-P-- Medicaid Program

Dear Administrator Weems,

As America's largest dialysis patient organization, DaVita Patient Citizens (DPC) is proud to represent over 22,000 pre-dialysis and dialysis patients and their families. On a wide variety of issues, we seek to ensure that the patients' point of view is heard and considered by policy makers so that continued progress may be made in the quality of care and life for patients with kidney disease.

DPC and the kidney care community are grateful to Centers for Medicare and Medicaid Services (CMS) for the administration of the Medicare ESRD Benefit that has allowed countless dialysis patients not only to continue to live but to live quality lives. However, DPC would like to comment on CMS's proposed rule, CMS-2232-P, which allows states to eliminate non-emergency medical transportation as a benefit under Medicaid.

As you are aware, non-emergency medical transportation is essential to the delivery of health care to approximately 36 million Americans covered by Medicaid. Medicaid patients often have physical and mental impediments that require specialized transportation that only non-emergency transportation providers can effectively provide. If the proposed rule change is enacted, the poor, mentally and physically disabled and elderly patients who often have barriers to health care will be unable to receive life sustaining health care treatments, such as dialysis.

Individuals with End State Renal Disease (ESRD) must begin dialysis when their kidney function drops to around 10%. Currently more than 340,000 individuals receive life saving dialysis treatments three to four times a week. According to the proposed rule, this already underserved population may have to pay for their own transportation to medically necessary health services. Approximately 160,000 ESRD patients are dual eligible beneficiaries and could be negatively impacted.

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Dialysis patients are dependent on receiving regular dialysis to live—traditionally provided in an outpatient setting in a dialysis facility. In-center hemodialysis patients, receive dialysis in an outpatient setting three to four times a week, often for 4 or more hours. Transportation is consistently listed by our membership as one of the major impediments facing dialysis patients. Many dialysis patients live in rural area that do not have sufficient public transportation or individuals patients do not have family members or friends able to transport them to dialysis the requisite number of times weekly. For dialysis patients, missing any dialysis treatment results in the retention of excess fluids and buildup of toxins—often requiring emergency treatment and additional costs.

With the new flexibility provided under the rule change, our fear is that states may try to cut costs by eliminating non-emergency transportation benefits. The result of reduced non-emergency transportation could impact an already disadvantaged population who would not have access to needed care. In the long run, the costs to states could be immense as patients would end up in hospital emergency rooms—increasing Medicaid costs, not reducing them.

Thank you for allowing us to provide input on behalf of our membership and all dialysis patients. If we can serve as a resource during this process, please do not hesitate to contact us for additional information or a meeting with your staff and our patients. On behalf of the more than 22,000 members of DPC, I thank you for your time and welcome the opportunity to discuss with your staff in person in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Chad Lennox".

Chad Lennox  
Executive Director