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Dialysis Patient Citizens Urges CMS to Consider the Needs of Kidney Disease Patients When Building Framework for Insurance Exchanges

Nation's Largest Dialysis Patient Organization Submits Comments to the Centers for Medicare and Medicaid Services Regarding the Insurance Exchange Provisions Under the Accountable Care Act

WASHINGTON, D.C. – Dialysis Patient Citizens (DPC) – a nationwide, non-profit, patient-led dialysis advocacy organization – recently asked the Center for Consumer Information and Insurance Oversight (CCIIO) to consider the complex needs of people with kidney disease when designing the regulatory framework for the insurance exchanges under the Affordable Care Act (ACA).

“As lawmakers continue discussions on how to structure the insurance exchange program that aims to provide adequate, affordable health insurance to more Americans, we must not overlook the 31 million Americans suffering from chronic kidney disease, and especially those who rely on life-saving dialysis care,” said Hrant Jamgochian, Executive Director of Dialysis Patient Citizens. “As the prevalence of kidney failure continues to grow and its risk factors become more common, it is essential that government officials, dialysis providers and patients work together to ensure that new policies promote access to and improve quality of care.”

First and foremost, DPC urges lawmakers to ensure that dialysis services are considered an essential health benefit in the new exchanges, reflective of the current standard of coverage, meaning that individuals who have or develop end stage renal disease (ESRD) are not subject to “de facto” annual/lifetime limits or other coverage limitations that would set a defined number of treatments or period of time.

Secondly, DPC asks that the ACA not be interpreted in any way that could prevent chronic kidney disease (CKD) patients from receiving premium credits and cost-sharing subsidies in the insurance exchanges if they are eligible for other programs, such as Medicare, but prefer to maintain their private coverage. An interpretation of this kind would most certainly compel many patients to drop their private coverage and shift into Medicare as they begin undergoing dialysis. This effect would not only disrupt patient care during a difficult transitional phase for patients dealing with the onset of a life-changing chronic condition, it would also place an additional burden on family members and increase the financial strain on the nation’s healthcare system.

Additionally, it is important that new insurance exchange regulation does not limit patients’ choice of providers. Most dialysis patients require thrice weekly treatments for approximately four hours per

session; therefore, patients' ability to access care close to home or work has a direct impact on their ability to maintain a job, take care of a family and maintain an overall quality of life.

Finally, DPC asks that the CCIIO ensure consistent application of the Medicare Secondary Payer (MSP) law, allowing patients to maintain their current health plan during the 30-month period before Medicare becomes their primary payer. This provision would help patients to minimize out-of-pocket costs and maximize provider choice without coverage disruption that could limit access to vital services.

"As America's largest dialysis patient organization, DPC is committed to improving the quality of life for dialysis patients through patient engagement, empowerment and advocacy," said Jamgochian. "We respectfully urge lawmakers to consider these important protections for kidney disease patients as insurance exchange discussions continue, and our organization stands ready to offer a patient voice as we work together to build a stronger health insurance system for all Americans."

Read the full letter to CMS [here](#).

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