October 2, 2015

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

Re: CMS-3260-P: Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities (80 Fed. Reg 42168, July 16, 2015)

Dear Acting Administrator Slavitt:

On behalf of the American Nephrology Nurses’ Association (ANNA), I am writing to share our comments on the proposed rule for the Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. We appreciate the opportunity to offer our comments on the proposed updates for LTC facilities.

ANNA promotes excellence in and appreciation of nephrology nursing so that we can make a positive difference for people with kidney disease. Established as a nonprofit organization in 1969, ANNA has a membership of approximately 10,000 registered nurses in almost 100 local chapters across the United States. We are the only professional association that represents nurses who work in all areas of nephrology, including hemodialysis, chronic kidney disease, peritoneal dialysis, acute care, and transplantation. Most of our members work in freestanding dialysis facilities, hospital outpatient units, and hospital inpatient dialysis units.

ANNA develops and updates standards of clinical practice, educates practitioners, stimulates and supports research, disseminates knowledge and new ideas, promotes interdisciplinary communication and cooperation, and monitors and addresses issues encompassing the breadth of practice of nephrology nursing.

ANNA is a member of the Alliance for Home Dialysis. The following comments are in addition to the comments submitted to the Centers for Medicare and Medicaid Services (CMS) by the Alliance for Home Dialysis.
ANNA is aware of the growth of services that provide home dialysis for patients who reside in nursing homes. The current CMS guidance for this service (Survey & Certification Letters 04-24-01 through -03) is based on the previous set of End-Stage Renal Disease (ESRD) regulations and is outdated. ANNA urges CMS to convene a workgroup of nephrology and LTC subject matter experts to revise this guidance, and to promulgate specific regulations for this service. We would be happy to help facilitate this endeavor.

**Resident’s Rights**

ANNA is committed to improving quality of care and increasing health care delivery efficiencies through care coordination that is centered on the needs and preferences of patients and their families. We support CMS’ emphasis on patient and family involvement in the care planning process, including the plan of care process for dialysis patients. Care plans for patients on dialysis are distinctive, as they must acknowledge the ethical, psychosocial, and spiritual issues related to stopping, starting, and/or continuing dialysis.\(^1\) Patients with ESRD play a critical role in safeguarding their health and selecting appropriate treatments. ANNA believes the engagement of patients and families is essential to improving patient outcomes and quality of care.

LTC facilities serve as a patient’s home, and it is imperative that such facilities are guided by regulations that promote patient choice and support patients in achieving their physical, mental, and psychosocial goals. We applaud CMS for taking steps to ensure patients are offered the opportunity to participate in the development of the comprehensive care plan and are guaranteed the right to reside in a safe, clean home.

**Facility Responsibilities**

ANNA is pleased the updated regulations outline facility responsibilities that will help to ensure patients are informed of treatment goals, encouraged to participate in care-planning, and are offered the opportunity to self-administer drugs or become actively involved in treatment, such as dialysis. The revised regulations will safeguard patients’ sense of empowerment and allow them to feel their desires, wants, and needs are recognized. Allowing patients to actively participate in decision-making and the development of their care plan, including the plan of care for dialysis, will facilitate improvement in patients’ self-esteem. ANNA believes the revised regulations will enhance the environment of LTC facilities in ways that keep patients safe while improving the overall delivery of care. ANNA hopes that CMS will soon clarify the responsibilities of the LTC facility and the ESRD facility for the care of LTC residents who receive dialysis in the LTC setting.

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Comprehensive Person-Centered Care Planning

ANNA applauds CMS’ emphasis on patient engagement in the care-planning process and we support CMS’ proposal to improve the transition of care between the hospital and LTC facility. ANNA believes the coordination of care between care settings (e.g., hospitals, dialysis facilities, and nursing homes) is essential to improving quality of care and outcomes of beneficiaries.

ANNA also is encouraged by CMS’ proposed requirement that facilities must “develop and implement an effective discharge planning process.” Improving the discharge planning process by including the patient’s goals and treatment preferences produces a better, more clearly understood discharge plan and results in fewer post-discharge adverse events. ANNA strongly urges CMS to develop initiatives designed to improve the patient experience and the health of the dialysis patient population who reside in LTC facilities.

Quality of Care and Quality of Life

ANNA is encouraged by the Agency’s recommendation that quality of care and quality of life be the principal values guiding the delivery of care to LTC facility residents. Placing an increased emphasis on person-centered care in LTC facilities and giving greater deference to residents’ needs and choices will enhance each resident’s sense of empowerment, in turn improving the quality of care and the resident’s quality of life. Promoting quality of life and quality of health care are key components of delivering high-quality, person-centered care.

We also are pleased that CMS has added a new proposed regulation, §483.25(d)(14), to ensure that “residents who require dialysis receive those services in accordance with professional standards of practice and resident choices.” We believe this new regulation affords a dialysis patient the choice to continue on their current dialysis modality upon admission to the LTC facility. Allowing a patient to choose the dialysis modality he or she prefers while residing in the LTC facility will enhance the patient’s sense of dignity, which can have a profound effect on the patient’s health and comfort. However, ANNA continues to have concerns about the safety of patients who receive dialysis in nursing facilities. Given the vulnerability of the dialysis patient population, we encourage CMS to publish regulations in a proposed rule that specifically govern dialysis provided within a LTC facility, nursing facility, and/or skilled nursing facility, and allow the community to provide comment and feedback.

Nursing Services

ANNA applauds CMS for addressing nurse staffing in the proposed rule. We strongly support the requirement that a registered nurse (RN) be present in a LTC facility 24 hours a day, seven (7) days a week. RNs provide professional assessment and care, coordinate the patient experience, educate patients and their families/caregivers, and provide advice and emotional support. ANNA believes very strongly that this RN requirement is crucial to the safe delivery of care and we urge CMS to implement this
standard. We also support the development of clear regulations on the qualifications of personnel to be used in the delivery of dialysis care in the LTC setting.

Conclusion

ANNA greatly appreciates the opportunity to share our comments on the proposed rule revising the requirements for LTC facilities. As the leading professional association representing nephrology nurses, we look forward to continuing to work with your Agency on these important issues. Should you have any questions, please contact me or have your staff contact our Health Policy Associate, Kara Gainer (Kara.Gainer@dbr.com or 202-230-5649). We thank you for your consideration.

Sincerely,

Cindy Richards, BSN, RN, CNN
President, 2015-2016
American Nephrology Nurses’ Association