November 17, 2011

The Honorable Patty Murray
Co-Chair
Joint Select Committee on Deficit Reduction
United States Senate
Washington, DC 20510

The Honorable Jeb Hensarling
Co-Chair
Joint Select Committee on Deficit Reduction
United States House of Representatives
Washington, DC 20515

Dear Senator Murray and Representative Hensarling,

On behalf of the American Nephrology Nurses’ Association (ANNA), I want to thank you for taking on the responsibility of leading the Joint Select Committee on Deficit Reduction. I know that you and the other committee members face many challenges and difficult decisions in your efforts to reduce our national debt but I want you to know that your service is greatly appreciated.

First, as the President of ANNA, an organization that represents over 10,000 registered professional nurses who specialize in the care of individuals with kidney disease, I want to urge the Committee to protect the vulnerable individuals in our country with End Stage Renal Disease (ESRD). ANNA joins with other organizations in the kidney care community in opposition to any cuts to the Medicare ESRD program and recommends that Congress take steps to clarify that individuals diagnosed with ESRD be permitted to obtain their group health insurance whether that is through an Employee Retirement Income Security Act (ERISA) plan or a health benefit exchange (Exchanges).

The majority of ANNA members work in outpatient dialysis facilities which treat approximately 400,000 Americans who have ESRD and require dialysis treatments an average of three times a week. As nephrology nurses, we provide and oversee care for patients in these facilities and want to ensure that Medicare has adequate funding to sustain the program. The well-being and quality of life of patients on this life-sustaining treatment depend upon access to appropriate technology and medications and most importantly, qualified practitioners committed to high quality care.
Given the implementation of the new ESRD Prospective Payment System (PPS), which resulted in cuts to the program, as well as the implementation of the Quality Incentive Program, nephrology nurses are concerned about their ability to continue to provide ongoing quality care - as well as access to care - if additional reimbursement reductions are made. Because approximately 80 percent of ESRD patients are Medicare beneficiaries, any reductions in Medicare reimbursement rates would disproportionately affect dialysis facilities already adjusting to recent cuts.

Second, I urge you to clarify that individuals with ESRD have the same right to choose their health insurance as other Americans do. Under current law, Americans with ESRD are entitled to Medicare coverage 90 days after treatment commences. If an individual has insurance with an employer and develops ESRD, they have the choice of maintaining their private insurance coverage for up to 30 months. This policy, known as Medicare Second Payer (MSP), ensures that patients can continue to receive care from their current providers under their existing plans.

However, due to Medicare eligibility for ESRD beneficiaries and limitations on MSP requirements, the benefits available to Americans through the Exchanges may not be open to those with kidney failure. It is not clear whether the current MSP rules that apply in the employer group health plan context would also apply in the Exchanges. As it now stands, ESRD patients who enroll in the Exchanges could lose their ability to maintain their health plan coverage and be shifted to Medicare. ESRD patients would not be able to claim and keep the premium and cost-sharing subsidies available to assist in purchasing health insurance coverage in the Exchanges. These subsidies are available to others, regardless of their health status.

ANNA supports the efforts of the kidney community in establishing parity between group and individual health plans both inside and outside the Exchanges. This would ensure that the right to maintain private coverage and access to subsidies is protected for individuals who develop ESRD. We urge you to clarify that MSP rules should apply in the exchanges as well.

Again, I thank you for your service and your efforts at deficit reduction. As you continue with your deliberations, I hope you will fully consider our recommendations for protecting the ESRD patients treated daily by nephrology nurses. Please do not hesitate to contact me if ANNA can be of assistance during your deliberations.

Sincerely,

Dr. Rowena Elliot, PhD, RN, CNN, BC, CNE
President
American Nephrology Nurses’ Association

cc: The Honorable Max Baucus, Member, Joint Select Committee on Deficit Reduction
    The Honorable Xavier Becerra, Member, Joint Select Committee on Deficit Reduction
    The Honorable Dave Camp, Member, Joint Select Committee on Deficit Reduction
    The Honorable James E. Clyburn, Member, Joint Select Committee on Deficit Reduction
The Honorable John F. Kerry, Member, Joint Select Committee on Deficit Reduction
The Honorable Jon Kyl, Member, Joint Select Committee on Deficit Reduction
The Honorable Rob Portman, Member, Joint Select Committee on Deficit Reduction
The Honorable Pat Toomey, Member, Joint Select Committee on Deficit Reduction
The Honorable Fred Upton, Member, Joint Select Committee on Deficit Reduction
The Honorable Chris Van Hollen, Member, Joint Select Committee on Deficit Reduction