

# Roll Call



## **Celebrate National Kidney Month by Supporting Bipartisan Kidney Care Legislation**

*By Rep. Tom Marino*

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Approximately 50 years ago, kidney failure was a death sentence. Even considering that fact is unnerving. Today, more than 600,000 Americans are living with kidney failure — and a large majority of those lives are sustained by life-saving dialysis treatments. That's hundreds of thousands of lives that would have been lost and hundreds of thousands of families that would have been broken apart before the invention and expansion of dialysis treatment.

In 1972, Congress developed the Medicare End-Stage Renal Disease benefit. In doing so, Congress ensured that regardless of age or income, any American would have access to life-saving dialysis care. That was the turning point in kidney care.

Now it's time for this Congress to take the next step for those living with kidney disease by modernizing policies, improving care coordination, expanding patient choice and intensifying research. I am confident the Chronic Kidney Disease Improvement in Research and Treatment Act (HR 1130) can be instrumental in accomplishing these goals, and I am very proud to be the bill's lead sponsor — but even more honored to have my friend and colleague Democrat John Lewis of Georgia standing by me in this effort as well.

The legislation is built on three primary tenets. First, for individuals living with chronic diseases, especially when those diseases are complicated by multiple co-morbid conditions, coordinated care is key to improving outcomes and lowering health care costs. Second, increased research can lead to a deeper understanding of kidney disease prevention and ultimately to significant innovations in treatment. Lastly, stability in the Medicare program is central to an ESRD program that ensures quality and produces optimal results.

Studies show promoting collaboration between primary physicians and specialists treating the same patients through coordinated care improves patient outcomes and reduces costs across the health delivery system. The coordinated care model is especially important for kidney dialysis patients — many of whom are living with multiple chronic conditions and have to work with multiple health care providers and health care settings — to improve the care experience for the patient, improve outcomes, and capture savings and efficiencies.

To spur the creation of a workable coordinated care program for dialysis patients, HR 1130 would establish a voluntary program to incentivize nephrologists and dialysis facilities to better align medical treatment.

While many seniors — particularly those with multiple co-morbidities — rely on Medicare Advantage plans to coordinate their care, Medicare beneficiaries who develop ESRD are prohibited from enrolling in an MA plan. If we want health care delivery to be more efficient through care coordination, this prohibition is an outdated relic. HR 1130 would lift this prohibition and allow beneficiaries with ESRD the choice to enroll in a Medicare Advantage plan.

Our bill expands options for dialysis patients by promoting home dialysis treatment options through telemedicine, especially in rural and underserved regions. The legislation would also permanently authorize ESRD special needs plans. All of these provisions provide individuals with kidney failure different disease management options.

Besides improving access to current treatment options, HR 1130 would improve research efforts to prevent, treat and cure chronic kidney disease and kidney failure in the future by helping to develop a strategic plan to better direct biomedical research funding.

The legislation would assess the adequacy of current biomedical research funding for chronic kidney disease and ESRD based on the number of Americans impacted — especially traditionally underserved low-income and minority populations whom the disease disproportionately affects. Additionally, it would create a plan for a more succinct, collaborative effort between the multiple federal agencies conducting chronic kidney disease research.

HR 1130 also would facilitate greater economic stability among providers treating chronic kidney disease patients. Despite a number of policy changes, our current payment system for kidney care providers is still flawed. The new legislation would help institute a number of technical fixes to ensure payment rates are aligned with the cost of providing care, further incentivizing the delivery of consistent, high quality treatments.

While multi-faceted, the Chronic Kidney Disease Improvement in Research and Treatment Act is not complex. It is legislation that leads to better treatment. It is legislation that helps improve options to care delivery. And it is legislation that delivers hope of a better future for those individuals living with kidney disease and kidney failure.

Put simply, this is a bill that makes a real difference in the lives of Americans throughout the nation. Therefore, I urge members of Congress to unite — just as lawmakers did almost 50 years ago — to pass legislation that permanently and positively alters the paradigm in kidney care.

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