



September 17, 2018

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Charles Schumer  
Democratic Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate  
Washington, D.C. 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, D.C. 20510

The Honorable Paul Ryan  
Speaker  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Nancy Pelosi  
Democratic Leader  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Kevin Brady  
Chairman  
Committee on Ways and Means  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Greg Walden  
Chairman  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Frank Pallone Jr.  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Majority Leader  
United States House of Representatives  
Washington, D.C. 20515

Dear Majority Leader McConnell, Speaker Ryan, Majority Leader McCarthy, Democratic Leader Schumer, Democratic Leader Pelosi, Chairman Hatch, Chairman Brady, Chairman Walden, Ranking Member Wyden, Ranking Member Neal, and Ranking Member Pallone:

On behalf of Kidney Care Partners (KCP) – the nation’s leading coalition of patient advocates, kidney disease professionals, dialysis care providers, researchers and manufacturers – I am writing to strongly support the inclusion of the House-passed provision on Medicare Secondary payer (MSP) in the final opioids package. This MSP provision would allow vulnerable patients

with end-stage renal disease (ESRD) to maintain access to their private health insurance for an additional three months before being required to go on Medicare.

ESRD is an irreversible failure of kidney function that is fatal without kidney transplantation or dialysis treatments multiple times per week. Because of the limited number of kidneys available for transplantation, most ESRD patients undergo dialysis typically three times per week. Once a patient is diagnosed with ESRD, they are eligible for the Medicare ESRD benefit after a three-month waiting period. However, current law only allows beneficiaries to stay on their private health insurance plan for a period of 30 months. The House-passed provision would extend this coverage for an additional three months, so patients can stay on their private plan longer.

While the existence of the Medicare ESRD benefit is crucial to ensure patient access to life-saving care, it is unique in Medicare—ESRD is the only disease state where those afflicted are eligible for Medicare even if they are younger than 65. Because of this benefit, ESRD is the only chronic condition for which private health plans can limit coverage. ESRD patients are eligible to drop private coverage and enroll in Medicare at any point after the third month of treatment, however many patients prefer their private coverage and would like the option to retain that benefit beyond 30 months. Consequently, kidney patients face coverage disruption, higher out-of-pocket costs, loss of integrated family coverage, and greater complexity.

An additional three months of private coverage would also help incentivize private payers to adopt practices that address patient wellness, prevent hospitalizations, and make dialysis safer and more efficient. By contrast, the current policy establishes perverse incentives for private plans not to offer wellness services to dialysis patients or coordinate care, since private payers benefit if the beneficiary drops coverage early and goes into Medicare. In fact, many in the kidney care community have highlighted appalling practices by health plans requiring or incentivizing individuals with kidney failure to drop their private coverage. Also, the government continues to take on an increasing obligation for dialysis patients as those with renal failure live longer. Therefore, the government subsidy provided to health plans continues to grow. Patients need health plans contributing to the public private partnership designed to support them as they experience renal failure. Furthermore, there is a positive impact on patient care when private payers are incentivized to keep beneficiaries healthy.

In the current budget environment where savings are hard to come by, a modest three-month extension of MSP provides savings to offset revenue for critical resources to combat the opioid crisis in the United States. This provision is a great way to generate revenue to tackle one of the most important public health crises of the day while achieving more choice and better options for vulnerable patients with ESRD. Therefore, we strongly urge you to maintain this provision as you consider what provisions will be in the final the opioids legislation.

Thank you for your consideration and please feel free to contact me directly on behalf of KCP to provide more insight and/or answer any questions on behalf of the full kidney community.

Sincerely,

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

Allen R. Nissenson, M.D.  
Chairman