



Service to those affected by chronic kidney disease

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July 8, 2014

To: Member of Congress,

Re: **H.R. 4814—The Chronic Kidney Disease Improvement in Research and Treatment Act of 2014**

I am the founder and president of the Renal Support Network (RSN). I have had kidney disease since 1968; I spent 13 years on dialysis and have received four kidney transplants. I am very grateful for the Medicare program as it has saved my life and the lives of countless people who have kidney disease.

On behalf of our members we serve, RSN urges members of Congress to join Reps. Tom Marino (R-PA) and John Lewis (D-GA) in cosponsoring H.R. 4814, which seeks to (1) improve federal policy related to caring for people with chronic kidney disease (CKD) by addressing gaps in critical research, (2) improve access to treatments for CKD, and (3) create economic stability for providers caring for those with CKD.

More than 615,800 Americans are living with kidney failure, also known as end-stage renal disease or ESRD. The only treatments are renal dialysis or a kidney transplant. Because so few kidneys are available for transplantation, dialysis facilities across the country provide life-sustaining care to some 430,000 patients with ESRD. More than 80% of the people who have ESRD, regardless of their age, rely on Medicare to pay for their life-sustaining dialysis treatments, so government policies related to kidney disease have an enormous impact.

The Chronic Kidney Disease Improvement in Research and Treatment Act would do the following:

Improve our understanding of kidney disease.

The legislation would identify the gaps in critical research and improve the coordination of federal research efforts. The bill would require the Department of Health and Human Services (HHS) to submit a report on ways to improve the management of care, including the progression of kidney disease and the treatment of kidney failure in minority populations, which are disproportionately affected. The bill directs the Secretary of HHS to evaluate and report on the biological, social, and behavioral factors that affect the care of those with kidney disease.

The epidemic of kidney disease and kidney failure in this country continues to spread. It is critically important that we do what we can to slow this progression and to achieve the best clinical outcomes for those who develop ESRD.

Improve access to treatments for kidney disease.

The bill would improve access to pre-dialysis kidney disease education programs in

An illness is too demanding when you don't have hope!

Renal Support Network

order to better manage patients' care and possibly prevent kidney failure. The bill would also provide incentives for nephrologists and other health care professionals to work in underserved rural and urban areas. In addition, it would modify payment policies to encourage home dialysis, which is not incentivized under the current Medicare payment structure. Moreover, dialysis providers would be allowed to treat patients with acute kidney failure, therefore reducing the high costs associated with care provided in the hospital outpatient setting.

Expand patient choice and improve the coordination of care.

The legislation would further expand the options for patients with ESRD by allowing them to enroll in the Medicare Advantage Program. It would also reauthorize on a permanent basis the Special Needs Plan for patients with kidney failure and extend the length of time beneficiaries can maintain their existing insurance coverage. Most important, the legislation looks to the future by establishing a voluntary coordinated care program that would allow doctors and dialysis facilities to work together to improve care and reduce costly hospitalizations. In brief, no longer would patients have to give up their own private insurance (and, sometimes, their trusted providers) after 30 months in order to join Medicare. The bill would extend the period during which beneficiaries can maintain their existing insurance coverage, allow those diagnosed with ESRD to enroll in the Medicare Advantage Program, and permanently reauthorize the Special Needs Plan for people with kidney failure

Please contact me if you have any questions. We support this bill and thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Lori Hartwell". The signature is written in a cursive, flowing style.

Lori Hartwell,
President and Founder, RSN