



Service to those affected by chronic kidney disease

August 30, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

From: Lori Hartwell
Founder/President of Renal Support Network

Re: CMS-1770-P: “CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare and Medicaid Provider Enrollment Policies, Including for Skilled Nursing Facilities; Conditions of Payment for Suppliers of Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs to Provide Refunds with Respect to Discarded Amounts” (Proposed Rule)

Renal Support Network (RSN) empowers people who have kidney disease to become proactive in their care, and to work with healthcare professionals and all stakeholders to get the best care and health outcomes possible. I have been dealing with kidney disease since age two (1968), and spent 13 years on dialysis, with ten years on successful home dialysis, both hemodialysis and peritoneal dialysis. I'm currently doing well with my fourth kidney transplant. I founded RSN in 1993 to provide hope to my peers and advocate for the best care. RSN reaches hundreds of thousands of people who have kidney disease and their families through our many patient programs.

RSN Supports Access to Dental Services

Kidney failure is a difficult illness and due to fluid management people on dialysis often have dry mouths and it leads to increased risk of dental issues. Oral health is essential to our well-being. There is plenty of literature showing that oral health is linked to cardiovascular health and other serious health issues, and even death. To qualify for a kidney transplant, patients must have a clean bill of dental health to even be considered.

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

Renal Support Network

We agree with the proposed coverage for dental care, especially as it relates to people who have ESRD getting clearance to be eligible for a kidney transplant. CMS has a goal of getting more people transplanted, as their care is less expensive, and they enjoy a better quality of life. Further, it is proven that good dental health improves health overall.

This policy change would be life changing for many who don't have the resources to pay for a dentist out of pocket.

RSN pleads for a stop to Office Physician Fee Schedule fee cuts

Budget Neutrality is having a dire effect on the access to people seeing the physician. We understand budget constraints, but to think as more people who enter the kidney care system the solution is to cut doctors' fees so no more money is sent is not practical. Especially when there is a physician shortage. This policy will continue to reduce the number of doctors we have access to and cause great harm and even death in some cases. While hospitals and skilled nursing homes all get 2-4% increases every year because they are in Part A, physicians who take Part B are all subject to the yearly cuts. Budget-neutrality policy can have a significant negative impact on states' abilities to launch and sustain innovations, including investments in populations, providers, and services that have long suffered from disinvestment.

People who have End-Stage Renal Disease (ESRD) require substantial and immediate health care and a network of qualified providers is critical. Currently, people on dialysis are suffering from inadequate networks and long wait time for appointments.

Vascular Surgeons

Limited access to vascular surgeons is a situation that is dire. RSN is hearing the impact from people who cannot find a vascular surgeon. We are very concerned about the ongoing cuts to vascular access reimbursement codes that disproportionately affect minority individuals. This reduction in vascular access services also is correlated with a 44% increase in catheters. A catheter is a quick fix providing access to the blood stream for dialysis, and a temporary one can be placed bedside. But catheters are also one of the highest causes of mortality for people on dialysis, as they are more prone to becoming infected.

People who need dialysis to live, or need their current access repaired or replaced, should be able to schedule surgery for vascular access. This requires immediate attention, and the prospective value of a fistula or graft is clear: fewer infections and safer patient management of ongoing dialysis treatments, whether via home hemodialysis or in-center dialysis. Yet appointments are increasingly difficult to get as surgeons don't want to accept Medicare because payments are decreasing due to fee caps.

Nephrologists

Sadly, the number of medical graduates entering the nephrology specialty has declined by nearly 50 percent. We have an epidemic in this country according to the CDC. Here are the [statistics](#).

Nephrologists are medical professionals who diagnose, treat, and manage acute and chronic kidney problems and diseases. They also treat associated issues like high blood pressure, fluid

Renal Support Network

retention, and electrolyte and mineral imbalances. We have a critical nephrology shortage to the point that patients can't get an appointment or be seen for months. This causes more medical problems, and expenses, as patients can't get access to the physicians they need!

We are very concerned with the structural disincentives for specialists and care centers focused on nephrology. We hear daily at RSN about significant wait times for appointments to see a nephrologist or to get a referral to a surgeon. The number of health care professionals is clearly inadequate, and we believe this is driven by payment policies.

These policies are penalizing people who are socioeconomically challenged. They already have very few options because they are mainly in underserved areas and have much lower transplant and home hemodialysis rates. If the "value-based care" goal is to reduce costs, the result is people losing access to vascular access care and remaining dependent on catheters, leading to more infections and hospitalizations. At the same time, there are fewer trained medical professionals going into nephrology.

We thank you for the opportunity to comment on the proposed Physician Fee Schedule and emphasize that we remain concerned about the underlying payment incentives that are driving medical careers, health centers, and practice decisions. People are literally advancing to the late stages of kidney care because there's no health care available. We need more specialists, more health care centers, and policymakers who can come together to solve the health care staffing shortage!

We thank you the opportunity to comment. As you know, with any early intervention with a chronic illness it saves lives and resources.

Please let me know if you have any questions or need additional information.

Warmest Regards,



Lori Hartwell, President & Founder