

November 29, 2017

The Honorable Todd Young
400 Russell Senate Office Building
Washington, DC 20510

The Honorable Bill Nelson
716 Hart Senate Office Building
Washington, DC 20510

The Honorable Dean Heller
324 Hart Senate Office Building
Washington, DC 20510

The Honorable Michael Bennet
261 Russell Senate Building
Washington, DC 20510

Dear Senators Young, Nelson, Heller, and Bennet:

On behalf of Northwest Kidney Centers, I want to thank you for your commitment to bettering care for end stage renal disease (ESRD) patients in our country. Although some improvements were made to this year's version, unfortunately, we felt it wasn't enough and therefore cannot support S. 2065, the Dialysis PATIENTS Demonstration Act at this time.

Founded in Seattle, Washington in 1962, Northwest Kidney Centers is the world's first dialysis organization and the 8th largest dialysis provider in the country. As a nonprofit, community-based organization, we deliver high quality services to all our patients—providing nearly 270,000 dialysis treatments each year in Seattle and surrounding King and Clallam County communities. Our 1,750 patients choose to dialyze in one of our 15 centers or at home with our support, and we also provide treatments to patients in 9 local hospitals. We are committed to educating and assisting patients to receive chronic kidney disease services pre-dialysis and to receive a kidney transplant, the best option for eligible individuals, if they choose.

We believe the Dialysis PATIENTS Demonstration Act creates barriers for patients' care by doing the following:

Involuntary patient auto enrollment: All patients should have a choice in the type of insurance and care they receive. S. 2065 involuntarily enrolls Medicare beneficiaries into a model and requires them to opt-out, if they prefer not to participate. We see no reason for this, and believe the legislation puts an unnecessary burden on a person struggling with kidney failure and dialysis therapy. Kidney disease patients, like all other patients, should always be able to elect coverage that best meets their needs.

Limiting patient choice: To participate in this demonstration, dialysis providers must be able to bear insurance capitation risk or partner with an entity that can do so. Many small and mid-sized dialysis organizations are not big enough to participate due to risk, financials, and small patient population. Over time, if this demonstration becomes multi-state, it could seriously erode the role of regional, independent, nonprofit and community based dialysis providers—the smaller business members of the dialysis field very likely to provide innovative, patient-centered high quality care.

Patient care silos: Lastly, we believe that any new ESRD demonstration model should include care throughout the life of a patient with significant chronic kidney disease. An innovative, integrated kidney model should include chronic kidney disease care, palliative care,

transplantation, medical management of kidney failure without dialysis, and hospice. The Dialysis PATIENTS demonstration model fosters silos of care, which is not best for the patient and will not ensure smooth transitions for patients at every stage of kidney disease.

We appreciate your leadership on this issue and truly believe that we want the same goal—coordinated care for dialysis patients. I look forward to working with you further on this and any other kidney patient policies. Should you have any questions, please feel free to contact me at joyce.jackson@nwkidney.org or 206-720-8500.

Sincerely,

A handwritten signature in cursive script that reads "Joyce F. Jackson".

Joyce F. Jackson
President and CEO