



OCT 21 2019

Administrator

Washington, DC 20201

The Honorable Bobby L. Rush
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rush:

Thank you for your letter expressing interest in Medicare beneficiaries with kidney disease. The Trump Administration shares your concern about beneficiaries with kidney disease, and I have made it a priority for the Department of Health and Human Services (HHS) to address this important issue. As you noted, on July 10, 2019, President Trump signed an Executive Order to launch Advancing American Kidney Health (AAKH), an initiative focused on dealing with the challenges people living with kidney disease face throughout the stages of disease, with the key goals of reducing the risk of kidney failure, improving access to and the quality of person-centered treatment options, and increasing access to kidney transplants. We believe that the AAKH initiative will help to improve the lives of patients, their caregivers, and family members, and we look forward to working with you on this important effort.

Per the United States Renal Data System, the prevalence of end-stage renal disease (ESRD) more than doubled between 1990 and 2015, and the number of prevalent ESRD cases has continued to rise by approximately 20,000 cases per year, reaching 726,331 prevalent cases by 2016, with the prevalence of ESRD ratings higher among racial minorities. Compared to Whites, ESRD prevalence in 2016 was approximately 9.5 times greater in Native Hawaiians and Pacific Islanders, 3.7 times greater in African Americans, 1.5 times greater in American Indians and Alaska Natives, and 1.3 times greater in Asians. Major risk factors for ESRD include diabetes and high blood pressure, in addition to having a family history of kidney failure. Additionally, the rate of beneficiaries with acute kidney injury who may need temporary dialysis has grown. In 2016, 4.4 percent of Medicare fee-for-service beneficiaries experienced a hospitalization complicated by acute kidney injury, which is double the proportion of 2.2 percent in 2006.

The first goal of the AAKH initiative is centered on reducing the number of Americans developing ESRD by 25 percent by 2030. In order to help accomplish this goal, the Trump Administration is committed to advancing public health surveillance capabilities and research to improve identification of at risk populations and those in early stages of chronic kidney disease (CKD). In addition, we also are committed to encouraging adoption of evidence-based interventions to delay or stop progression to kidney failure. This includes support for existing efforts such as the national CKD surveillance system from the Centers for Disease Control and Prevention and the National Institutes of Health-funded Chronic Renal Insufficiency Cohort Study to examine risk factors for CKD progression. Additionally, consistent with the Executive Order, the Centers for Medicare & Medicaid Services (CMS), through its Center for Medicare and Medicaid Innovation, released the optional Kidney Care First (KCF) Model to test

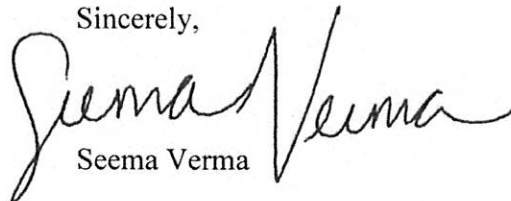
alternative payment arrangements designed to promote preventative kidney care and kidney transplants. The KCF Model includes strong incentives for nephrology practices and coordinated care entities to better identify and manage the prevention or delay of the onset of dialysis.

The second goal of the AAKH initiative is to improve access to and the quality of person-centered treatment options by aiming to have 80 percent of new American ESRD patients in 2025 to receive a transplant or receive dialysis in the home. In order for ESRD patients to receive the most appropriate treatment for their specific set of medical and environmental conditions, and in order to prevent perverse incentives for patients steering to higher paying modalities, Medicare payment is the same whether dialysis is received in-center or at home. However, too many Medicare beneficiaries are not being given a true choice, and are being opted into in-center dialysis when other approaches may be more beneficial. In order to help encourage a greater focus on beneficiary choices, CMS issued a proposed rule to implement the mandatory ESRD Treatment Choices Model (84 FR 34484). This model would test the effectiveness of adjusting certain Medicare payments to ESRD facilities and managing clinicians selected to participate in the model in order to: 1) encourage greater utilization of home dialysis and kidney/kidney-pancreas transplants; 2) support beneficiary modality choice; 3) reduce Medicare expenditures; and 4) preserve or enhance the quality of care. As part of the model, we are proposing a number of beneficiary protections, including prohibiting model participants and downstream participants from taking any action to avoid treating beneficiaries based on their income levels or based on factors that would render a beneficiary an "at-risk beneficiary."

The third major goal of the AAKH initiative is to increase access to transplantation, with the goal of doubling the number of kidneys available for transplant by 2030. Transplantation is the best treatment for most beneficiaries with ESRD, but often many beneficiaries do not receive the proper education about the transplant process or do not have access to an available kidney. HHS is proposing a series of efforts to increase the utilization of available organs from deceased donors by: 1) increasing organ recovery and reducing the organ discard rate; and 2) increasing the number of living donors by removing disincentives to donation and ensuring appropriate financial support.

We appreciate your concern on this important issue, and look forward to working with you to help ensure quality care for beneficiaries with CKD and ESRD. An identical copy of this response will be shared with the co-signers of your letter.

Sincerely,


Seema Verma