

May 26, 2011

Mr. Joel Ario
Director, Office of Health Insurance Exchanges
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Insurance Exchanges

Dear Mr. Ario:

On behalf of Dialysis Patient Citizens (DPC), a national, non-profit organization representing more than 22,000 dialysis and pre-dialysis patients and their family members, I am writing to request that the Center for Consumer Information and Insurance Oversight (CCIIO) consider the complex needs of people with kidney failure who are on dialysis when designing the regulatory framework for the insurance exchanges.

As America's largest dialysis patient organization, we are committed to improving the quality of life for all dialysis patients by engaging policy makers, providers and the public. Through patient education, empowerment and advocacy, we work to increase awareness about the unique vulnerabilities of this beneficiary population, many of whom suffer from numerous comorbidities related to their underlying cause of kidney failure (most often diabetes and hypertension). To that end, there are several important protections for dialysis patients and families that we respectfully urge you to consider.

First and foremost, we urge you to ensure that dialysis services are considered an essential health benefit in the new exchanges, reflective of today's standard of coverage. This includes ensuring that individuals who have or develop end stage renal disease (ESRD) are not subject to benefit designs that limit their coverage to lifesaving therapy, such as dialysis; for example, a plan that limits coverage to a defined number of treatments or a defined period of time. Such "de facto" annual/lifetime limits should be prohibited for all plans, whether inside exchanges or not.

Second, we urge that the Affordable Care Act (ACA) not be interpreted in any way that prevents dialysis patients from receiving premium credits and cost-sharing subsidies in the exchanges if they are eligible for other programs, such as Medicare, but prefer to maintain their private insurance. Not only is it a matter of fairness, but such an interpretation could force many patients to drop their coverage and shift into Medicare as they become dependent on dialysis. This could

dramatically disrupt patient care and the care for their families, especially as they struggle to deal with the onset of a life-changing chronic condition.

In addition, DPC wants to ensure that exchange plans include an adequate choice of providers. Many dialysis patients typically require treatments three times a week for approximately four hours each session. For such a time-intensive treatment, it is important that patients are in close proximity to the dialysis provider of their choice.

Finally, to maintain parity between coverage inside and outside of the exchanges, the CCIIO should ensure consistent application of the Medicare Secondary Payer (MSP) law. This will allow patients to keep the health plans of their choice for the statutory 30-month period before Medicare becomes their primary payer. Since dialysis patients are often covered by plans that help them minimize out-of-pocket costs and maximize their choice of providers, disruption of coverage through an abrupt shift to Medicare could limit access to vital services.

With more than 31 million Americans suffering from chronic kidney disease (CKD), which very often leads to kidney failure, it is absolutely critical that the CCIIO not forget this growing segment of the population. We appreciate your consideration and stand ready to assist in ensuring that all dialysis patients are protected as you design the regulatory framework for the insurance exchanges.

Sincerely,

A handwritten signature in black ink, appearing to read "Hrant Jamgochian". The signature is fluid and cursive, with the first name "Hrant" and last name "Jamgochian" clearly distinguishable.

Hrant Jamgochian, J.D., LL.M.
Executive Director

cc: Mr. Steve Larsen, Director, CCIIO
The Honorable Donald M. Berwick, M.D., Administrator, CMS
Ms. Marilyn B. Tavenner, Principal Deputy Administrator, CMS
Ms. Nancy-Ann DeParle, Deputy Chief of Staff, The White House
The Honorable Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services