Nonprofit Kidney Care Alliance

April 25, 2025

Michael E. Chernew, PhD
Chair
Medicare Payment Advisory Commission
425 I Street, NW, Suite 701
Washington, DC 20001

Re: NKCA Comments on April 2025 Meeting – "Access to hospice and certain services under the hospice benefit for beneficiaries with end-stage renal disease and beneficiaries with cancer" session

Dear Dr. Chernew:

On behalf of the Nonprofit Kidney Care Alliance (NKCA), we appreciate the opportunity to offer our comments on the session that discussed access to the hospice benefit for beneficiaries with end-stage renal disease (ESRD) and cancer during the recent April public meeting. NKCA represents eight nonprofit dialysis providers: Centers for Dialysis Care; Central Florida Kidney Centers, Inc.; Dialysis Center of Lincoln, Inc.; Dialysis Clinic, Inc.; Independent Dialysis Foundation, Inc.; Northwest Kidney Centers; Puget Sound Kidney Centers; and The Rogosin Institute. Collectively, we serve more than 22,500 patients at more than 326 facilities in 32 states. In an effort to keep patients off dialysis, NKCA members also serve more than 10,000 patients with chronic kidney disease (CKD), with the goal of avoiding, or at least delaying, the onset of ESRD.

Before turning to our specific comments, we want to take this opportunity to thank the Medicare Payment Advisory Commission (MedPAC) for not only including this topic in the recent public meeting, but for engaging with NKCA on this critical issue over the years. We applaud your efforts and look forward to continued engagement with MedPAC on this topic.

As nonprofit providers, approximately 80 percent of our patients are covered by Medicare, including Medicare Advantage (MA) plans. Hence, access to Medicare's hospice benefit is of critical importance. Unfortunately, for many years Medicare's rules posed an obstacle to elect hospice care by ESRD patients, causing patients on dialysis to confront extremely difficult challenges accessing this care as they near end of life. Hospice services are available to ESRD patients on dialysis only if they stop dialysis or have a separate, concurrent condition which is the principal diagnosis that makes them eligible for hospice, but only if predicted survival is less than 6 months and the diagnosis is unrelated to ESRD. Without an intentional scheduled, accommodative transition off dialysis, ESRD patients can experience extreme discomfort.

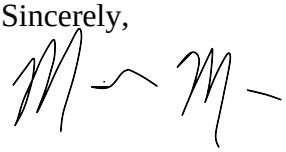
NKCA members strongly believe that dialysis patients should have the choice to elect hospice with the knowledge that dialysis treatment, not "maintenance dialysis," will be available as

needed to address symptom management and provide comfort as they approach the end of life. This includes *all* patients, not just those who have a hospice provider that is able to provide it.

NKCA appreciates the discussion and interest around the concept of a "transitional program" during the session. Specifically, MedPAC states it could explore the "potential to develop a 'transition program,' through which hospice enrollees would have the option to receive services, paid for by fee-for-service Medicare, for some transitional time period or up to a specified number of treatments." This option aligns with how NKCA has approached this policy over the years. CMS already covers concurrent dialysis and hospice for those with other fatal conditions. CMS should cover a set amount of palliative dialysis treatments to allow ESRD patients to experience the true benefit of hospice and approach end of life in a dignified manner.

Thank you for the opportunity to comment on the April public meeting. This area is of great importance to NKCA and a top policy priority. Again, we appreciate the work MedPAC has put in to better understand this issue and we look forward to continued engagement, including serving as a resource to address questions and concerns that the Commissioners had during the meeting. If you have any questions, please feel free to contact me at 202-580-7707 or info@nonprofitkidneycare.org.

Sincerely,



Monica Massaro
Executive Director