November 10, 2020

The Honorable Alex M. Azar, II
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-5527-F: Medicare Program; Specialty Care Models To Improve Quality of Care and Reduce Expenditures

Dear Secretary Azar and Administrator Verma:

The American Society of Nephrology (ASN), the American Society of Pediatric Nephrology (ASPN), and the Renal Physicians Association (RPA) appreciate the Administration’s focus on patients living with chronic kidney disease and end-stage renal disease (ESRD). Our organizations represent the country’s nephrologists who treat adult and pediatric patients with chronic kidney disease (CKD), end-stage renal disease (ESRD), and those who have received a kidney transplant.

Our organizations thank the Center for Medicare and Medicaid Services (CMS) for excluding patients under 18 years of age from the final ESRD Treatment Choices (ETC) Model, but we remain concerned that pediatric facilities that treat patients over 18 will still have to participate in the model. While a pediatric unit may only have a few patients who are over 18, it is likely that they will meet the “11 patient hour” criteria to be included in the model. Such an inclusion appears to contradict CMS’ intent in excluding pediatric patients from the model. To rectify this, we request that CMS specifically exclude pediatric facilities from participating in the ETC Model.

Pediatric centers provide the most appropriate care for patients older than 18 years of age who still require pediatric specific care and disease expertise or who have not yet been able to transition to adult ESRD care. For example, because of confounding medical conditions some patients have not grown sufficiently during childhood and adolescence to transition from pediatric-specific dialysis equipment and supplies and to be treated appropriately and safely in an adult center. These patients would also continue to benefit from a pediatric renal dietitian to help to address the distinctive nutritional needs that often face these individuals. Furthermore, not all patients are developmentally ready either emotionally or cognitively to transition to adult care once they reach the age of 18. It is unclear how these patients would be treated under the current ETC Model if they require an ongoing period of pediatric dialysis care before transitioning to receive care at an adult facility.

Given these unique factors, we request that CMS exclude pediatric dialysis units from the ETC Model. Moreover, since pediatric centers already support a large proportion of home dialysis care, which is a stated goal of the ETC Model, excluding them would not negatively impact this outcome in these facilities.
Thank you for your time and consideration of our request. Please contact David White, ASN’s Regulatory and Quality Officer, at dwhite@asn-online.org, Erika Miller, ASPN’s Washington Representative, at emiller@dc-crd.com or Rob Blaser, RPA’s Director of Public Policy, at rblaser@renalmd.org.

Sincerely,

Anupam Agarwal, MD, FASN
President
American Society of Nephrology

Michael JG Somers, MD
President
American Society of Pediatric Nephrology

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President
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