

Congress of the United States
Washington, DC 20515

October 5, 2020

The Honorable Seema Verma
Administrator
The Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma,

We write to you regarding the Centers for Medicare & Medicaid Services' (CMS) decision to remove outpatient dialysis facilities from time and distance standards in Medicare Advantage (MA). We want to ensure that the end-stage renal disease (ESRD) patients who will be enrolling in MA plans in 2021 have access to a sufficient number of providers and locations to access their dialysis care.

As you know, MA plans offer important additional benefits not available under Medicare fee-for-service. Lower cost sharing, dental care, dietician services, and chronic disease management are all available and especially beneficial for ESRD patients who must receive dialysis care three times a week for up to three hours per treatment. During these outpatient treatments, many other chronic health conditions are also effectively managed.

We proudly supported the 21st Century Cures Act provision to eliminate the constraint on MA enrollment opportunities and look forward to our constituents with ESRD having the right to elect the Medicare option that best meets their needs.

We are concerned that, due to the removal of network adequacy protections for outpatient dialysis care, the 2021 transition that allows all ESRD patients to enroll in MA will not meet its full potential to improve outcomes because MA plans will likely be less appealing to this population. Specifically, ESRD patients could have increased travel time to covered dialysis facilities, which has been shown to negatively impact patients' quality of life, adherence to treatment, and overall health outcomes.

Data shows that African American, Hispanic, and low-income patients are disproportionately impacted by ESRD. These populations already face significant disparities in care access and outcomes. Moreover, ESRD is a key risk factor for COVID-19 morbidity and mortality. At a time when ESRD patients are particularly vulnerable to increased public exposure and changes in their care routine, patients should be able to access the most clinically appropriate facility-based care close to home.

We understand that for plan year 2021, MA plans will have to attest that their network is adequate and that beneficiaries have sufficient access to care through a combination of outpatient

dialysis facilities, hospital-based dialysis providers, home-based dialysis, or telehealth services. Additionally, we recognize that MA plans are required by statute to ensure access and availability to covered services, even if network providers are incapable of meeting an enrollee's needs. Therefore, if a beneficiary requires access to an outpatient dialysis facility and subsequently finds their network to be inadequate, it is vital that the patient has an expedient recourse of action to ensure they can receive the care they need within a reasonable time and distance.

As we transition into 2021, we ask that you carefully monitor network adequacy and patient access, as well as maintain the current standards for ESRD patients who enroll in Medicare Advantage. We ask that you give our request your full and fair consideration, consistent with applicable statutes and regulations. We look forward to working with you to ensure that a comprehensive and successful MA ESRD benefit is implemented and that the most vulnerable beneficiaries are protected.

Sincerely,



Terri A. Sewell
Member of Congress

Donna E. Shalala
Member of Congress

Steven Horsford
Member of Congress

Earl Blumenauer
Member of Congress

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