



American Society of  
Pediatric Nephrology



To: The Honorable Kevin Brady  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Greg Walden  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Cc: The Honorable Markwayne Mullin  
The Honorable George Holding  
The Honorable G.K. Butterfield  
The Honorable Linda Sanchez

From: The American Society of Nephrology  
The American Society of Pediatric Nephrology  
The Renal Physicians Association

Date: November 28, 2017

Dear Representatives,

The American Society of Nephrology (ASN), the American Society of Pediatric Nephrology (ASPN), and the Renal Physicians Association (RPA) 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. Therefore, our members are deeply aware of the prevalence of CKD and challenges it presents to both patients and the health care system.

We appreciate the Energy & Commerce and Ways & Means Committee's interest in addressing CKD in H.R. 3867, which would create care management demonstration programs for chronic kidney disease under the Medicare program. As you are well aware, this is a vulnerable, complex patient population and we share your belief that care for them can and must be improved. However, our immediate proximity as the point-of-care nephrologists treating CKD patients informs our belief that a legislated payment and care delivery model will confound rather than enhance CKD care, and thus **we jointly believe that payment models as set forth in the bill should not be legislated**, for the following reasons:

- **Existing authority already provides for the development of CKD models, and thus the legislation is unnecessary.** The CMS Innovation Center and Physician-Focused

Payment Model Technical Advisory Committee (PTAC) have already launched and/or are reviewing models in this space.

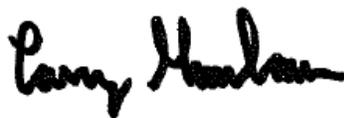
- Legislation that is overly prescriptive and inappropriately codifies physician practice will:
  - **Limit physicians' flexibility** to make decisions that should be made at the local level, and in partnership with patients so that care can be appropriately individualized
  - Prove problematic as health services research on CKD and standards of care evolve from the current understanding, **potentially rendering aspects of the legislation outdated.**
  - **Hamper innovation** in CKD care by making investment in human capital and technical innovation unattractive due to unintended consequences.
- **The CKD models outlined in this legislation will exacerbate existing, and create new, silos of care.** As you are aware, not only does CKD present on a continuum with patients moving between different stages of the disease, but it is also part of an even greater disease progression that may include ESRD and transplant. Our organizations are working to better integrate care across the entire spectrum of kidney disease from diagnosis to treatment and are concerned that as drafted the legislation runs counter to these efforts.
- Our organizations believe that **the early detection section of the bill is significantly flawed.** For example, the legislation does not define when and how the transfer of care between primary care physicians and nephrologists would occur, and therefore we believe the structure of the program, particularly the per member per month payment (PMPM), creates a disincentive for appropriate referral to a nephrologist that could negatively impact outcomes for these patients. Furthermore, the model does not address non-typical cases of stage 3 CKD that in all circumstances should be treated by a nephrologist.

Our organizations commend you for your commitment to improving the lives of the 40 million Americans with kidney diseases. We would be pleased to answer any questions or share more information regarding the concerns summarized in this letter if you would find it helpful. Contact information for our Washington representatives is included in an attachment.

Sincerely,



Eleanor D. Lederer, MD,  
FASN  
ASN President



Larry Greenbaum, MD, PHD  
ASPEN President



Michael D. Shapiro, MD, MBA,  
FACP, CPE  
RPA President