

CONGRESS: IMPROVE ACCESS TO HIGH-QUALITY KIDNEY CARE AND INNOVATION

THE PROBLEM: Lifesaving treatments and medicines for kidney failure hold the promise of improving patient outcomes and quality of life, but too often do not reach Americans living with the condition. The current Medicare payment system has failed to support the investments necessary to enable widespread adoption of innovative therapies that improve treatment outcomes, leaving many kidney patients with the same options they've had for decades. At the same time, Medicare's payment system has not kept pace with rising clinical labor and supply costs, resulting in ongoing workforce challenges.

- In 1972, Congress made a bipartisan commitment to ensure individuals with kidney failure could access lifesaving dialysis treatment via Medicare, regardless of their age. Kidney failure remains one of the only conditions that grants Medicare eligibility to individuals under 65. Individuals must either begin dialysis therapy three times per week for up to three to four hours per session or receive a kidney transplant.
- Under the current system, treatment innovations that improve patient life quality and outcomes are too often out of reach because Medicare payment policies do not adequately support investments in development or long-term adoption of new drug and device therapies.
- Life-sustaining dialysis care is highly specialized and resource-intensive. Yet the current Medicare payment structure makes it difficult for providers to adopt and maintain access to new dialysis drugs, equipment, and supplies once temporary payment support ends, or – in the case of certain devices – because no such temporary payments are even available.
- Dialysis providers also face mounting financial pressure from rising clinical labor, supply and operational costs that CMS has repeatedly refused to account for, resulting in demonstrated underpayments that compound year over year.

THE ISSUE: Without modernization of Medicare policy, patient access to innovative, high-quality kidney treatments and therapies will continue to diminish, leaving patients behind.

- **Temporary payment support is necessary – but not enough.** Medicare currently uses two-year pass-through payment policies to support new dialysis drugs, equipment, and supplies. These include the Transitional Drug Add-On Payment Adjustment (TDAPA), which provides temporary reimbursement for new renal dialysis drugs and biological products, and the Transitional Add-On Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES), which temporarily supports providers' investments into innovative new dialysis equipment and supplies. For drugs, after TDAPA ends, Medicare packages the payments for those innovations into the dialysis payment bundle and spreads their cost across all patients on dialysis, not just those receiving the specific therapy. For devices, there is no change to the ESRD PPS bundled rate.
- **Investments in innovation are diminishing resulting in patients losing access to life saving innovative care.** When Medicare payment policies fail to provide a stable pathway for long-term reimbursement for new and innovative drugs and devices that improve patient care, the resulting lack of investments in R&D and new technology lead to stagnation in outcomes and a lack of patient access to improvements in care.

THE SOLUTION: Congress must pass the **Kidney Care Access Protection Act (H.R. 6214 / S. 2730)** to modernize Medicare kidney care benefits and protect patient access to innovative and lifesaving treatment.

- The Kidney Care Access Protection Act ([H.R. 6214 / S. 2730](#)) would modernize Medicare payment policy by creating a permanent and predictable reimbursement pathway for innovative dialysis treatment, helping ensure patients can access the latest advancements in care for both fee-for-service and Medicare Advantage.
- The legislation would add a third year to the current pass-through period for new drugs, synchronizing it with other Medicare payment systems, and improve the post-TDAPA system by paying for innovations that serve the patients that rely on them, not *all* dialysis patients.
- The legislation would also extend the TPNIES add-on payment period and revise the eligibility criteria to include breakthrough devices and innovative in-center machines, ensuring new technologies can be made available to all dialysis patients, regardless of where they choose to dialyze.
- It would also address the growing gap between Medicare payment updates and the actual cost of delivering dialysis care, and, in the case of H.R. 6214, improve kidney disease education, screening and prevention policies.
- By supporting H.R. 6214 / S. 2730, Congress can protect and promote patient access to high-quality dialysis care, support research, development, and provider investments into new innovations in kidney treatment, and help providers manage rising costs.

***PASS THE KIDNEY CARE ACCESS PROTECTION
ACT TO MODERNIZE KIDNEY CARE***

