



National Kidney Foundation®

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**National Kidney Foundation Statement on
MacArthur Amendment to the American Health Care Act
April 28, 2017**

The National Kidney Foundation opposes the American Health Care Act (AHCA) as amended. The [amendment to AHCA](#), offered by Representative Tom MacArthur (R-NJ), raises significant concerns for millions of Americans affected by chronic diseases. If this bill passes, National Kidney Foundation is highly concerned that insurers in some states will be granted additional flexibility to charge higher premiums, and apply annual and lifetime limits on benefits without a limit on out-of-pocket costs for those with pre-existing conditions, including chronic kidney disease. The bill also permits waivers on Federal protections regarding essential health benefits which could limit patient access to the medications and care they need to manage their conditions. These limits could also include access to dialysis and transplantation. For these reasons, we must oppose the legislation as amended.

In addition, National Kidney Foundation is concerned that the elimination of income based tax credits and cost sharing subsidies, combined with the reduction in funds to Medicaid, will reduce the number of people who will obtain coverage; many of whom have, or are at risk for, chronic kidney disease (CKD).

Improvements in access to, and affordability of, healthcare are needed to address the many challenges kidney patients face today. We urge Congress and the Administration to address the following challenges in their plans to improve access to affordable healthcare:

- Access to healthcare is critical to detecting and managing chronic kidney disease (CKD) earlier. Earlier detection and management of CKD can often delay or prevent progression of kidney disease and the need for dialysis treatment, improve outcomes for patients and lower healthcare expenditures. NKF urges Congress to enact policies that maintain or increase the number of insured patients, which will enable earlier detection of CKD.
- People with end stage renal disease (ESRD) require either a transplant or dialysis to survive. Dialysis treatment becomes a lifelong physical, emotional and financial commitment. As such, insurers should be prohibited from rejecting third party premium assistance payments provided by charitable organizations on behalf of ESRD patients and limiting coverage to people with ESRD who choose not to enroll in Medicare.

- Most patients receive dialysis in outpatient clinics three times per week; four hours per treatment. Provider networks that significantly limit options for where patients are allowed to receive dialysis can result in patients traveling greater distances to receive care. These limited options place a significant hardship on an extremely fragile patient population; network adequacy standards should take their fragility into consideration.
- Over 200,000 ESRD patients have received a life-saving kidney transplant and must take immunosuppressive drugs for the life of the transplant.
 - The insurance practice of placing immunosuppressive medications, including generics, on high cost sharing tiers requiring coinsurance amounts of greater than 20% and up to 50%, while also excluding generic immunosuppressive medications from fixed copayment amounts, severely jeopardizes the long-term success of the transplant.
 - Cutting back on, or skipping doses of, immunosuppressive medications can be detrimental to the transplant and the patient.
 - Each year Medicare spends \$87,000 per dialysis patient; opposed to \$32,500 for a transplant patient. Transplantation is far more cost effective than a lifetime of dialysis.
- In addition, as a member of the National Health Council (NHC), NKF supports its [domains and values for health care reform](#) as these are essential to ensuring that people with chronic conditions are able to obtain and afford insurance.

Kidney Disease Facts

1 in 3 American adults is at risk for kidney disease. 26 million American adults have kidney disease—and most aren't aware of it. Risk factors for kidney disease include diabetes, high blood pressure, family history, and age 60+. People of African American; Hispanic; Native American; Asian; or Pacific Islander descent are at increased risk for developing the disease. African Americans are 3 ½ times more likely, and Hispanics 1 ½ times more likely, to experience kidney failure.

*The National Kidney Foundation (NKF) is the largest, most comprehensive and longstanding organization dedicated to the awareness, prevention and treatment of kidney disease. For more information about the NKF visit **www.kidney.org**.*