

August 22, 2024

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically to www.regulations.gov

Re: Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, Conditions for Coverage for End-Stage Renal Disease Facilities, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model [CMS-1805-P]

Dear Secretary Becerra:

The American Nurses Association (ANA) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) Fiscal Year 2025 End-Stage Renal Disease (ESRD) Prospective Payment System proposed rule. Our comments address maintaining the requirement for nephrology registered nurses' role in in-home dialysis and finalizing the proposed health equity payment adjustment.

1. Prevent the replacement of nephrology nurses with unqualified professionals and utilize nephrology nurses to expand access to in-home dialysis.

ANA continues to emphasize the importance of nephrology nurses to quality dialysis care, patient education, and addressing health inequities in the ESRD program. ANA supports the expansion of in-home dialysis care along with our organizational affiliate, the American Nephrology Nurses Association (ANNA). Nephrology nurses are specially trained in patient-centered care and their expertise is especially critical in the home setting. They build a foundation of trust as they educate patients and caregivers, set up in-home dialysis, troubleshoot with patients, and provide essential care coordination. This scope of practice is directly tied to patient safety and long-term therapy success. Nephrology nursing practice is simply not transferable to other unqualified professionals. ANA insists CMS continue enforcement of the Conditions for Coverage requirement that a registered nurse (RN) must lead the training, education, and support of patients and caregivers on in-home dialysis.

As CMS works to solve nurse staffing barriers and expand equitable access to in-home dialysis, ANA urges the agency to work with, not around, nephrology nurses. The frontline perspective and patient-centered expertise of nephrology nurses will be necessary to find solutions. For example, the End-Stage Renal Disease Treatment Choices (ETC) model has not shown a reduction in disparities to in-home dialysis and transplant access.¹ Patient-level barriers remain such as unstable housing or inability to afford necessary modifications to the home. Nephrology nurses can see the specific barriers for their patients and coordinate care to address social determinants of health as well as their ongoing dialysis therapy. Ongoing strategies, such as utilizing telehealth for check-ins with clinicians, can facilitate consistent therapy and ensure clinicians are reimbursed for their work. Additionally, the proposed payment to support in-home dialysis for patients with Acute Kidney Injury will facilitate more access for patients and nephrology nurses are critical for successful implementation, especially considering the unique safety and clinical concerns of this population.

2. CMS should finalize the proposed health equity payment adjustment.

ANA applauds the integration of three health equity focused quality measures into the ESRD Quality Incentive Program (QIP) last fiscal year. In this fiscal year's proposed rule, CMS offers a health equity adjustment for the QIP. ANA strongly supports this proposal as it targets the underserved population of individuals dually eligible for Medicare and Medicaid. More resources and specific expertise such as direct care from a nephrology nurse is required for this care, causing many facilities and clinicians to struggle to meet quality benchmarks. By supporting clinicians that serve a greater amount of this population, CMS is incentivizing to close this gap while providing the necessary payment investments these clinicians need to implement this complex care. Nephrology nurses are committed to equitable access to care and should be involved in creating policy solutions to address patient access and workforce investment. ANNA remains a resource along with their Dialysis Home Therapies Task Force and Think Tank to address improvements to the ETC model and the ESRD program as a whole.²

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). RNs serve in multiple

¹ Kalli G. Koukounas, MPH, et al., *Pay for Performance Incentives for Home Dialysis Use and Kidney Transplant*, JAMA Health Forum, June 30, 2024, available at: <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2820645>.

² American Nephrology Nurses Association, *2023 Health Policy Statement*, February 2023, available at: <https://www.annanurse.org/sites/default/files/2023-02/healthPolicyStatement.pdf>

direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with CMS. Please contact Tim Nanof, Vice President, Policy and Government Affairs, at (301) 628-5166 or Tim.Nanof@ana.org, with any questions.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer/EVP

cc: Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, ANA President
Angela Beddoe, ANA Chief Executive Officer