Nonprofit Kidney Care Alliance

September 19, 2025

Michael E. Chernew, PhD
Chair
Medicare Payment Advisory Commission
425 I Street, NW, Suite 701
Washington, DC 20001

Re: NKCA Comments on September 2025 Meeting – "Access to hospice and certain services under the hospice benefit for beneficiaries with end-stage renal disease and beneficiaries with cancer" session

Dear Dr. Chernew:

On behalf of the Nonprofit Kidney Care Alliance (NKCA), we appreciate the opportunity to offer our comments on the September 5, 2025 Medicare Payment Advisory Commission (MedPAC) session titled, "Access to hospice and certain services under the hospice benefit for beneficiaries with end-stage renal disease or cancer." NKCA represents eight nonprofit dialysis providers: Centers for Dialysis Care; Central Florida Kidney Centers, Inc.; Dialysis Center of Lincoln, Inc.; Dialysis Clinic, Inc.; Independent Dialysis Foundation, Inc.; Northwest Kidney Centers; Puget Sound Kidney Centers; and The Rogosin Institute. Collectively, we serve more than 22,500 patients at more than 326 facilities in 32 states. In an effort to keep patients off dialysis, NKCA members also serve more than 10,000 patients with chronic kidney disease (CKD), with the goal of avoiding, or at least delaying, the onset of end-stage renal disease (ESRD).

We want to begin by thanking MedPAC for both including this topic in the recent public meeting and for engaging with NKCA on this critical issue over the years. **We applaud your efforts to pursue sound reforms to improve the well-being of our patients and look forward to continued engagement on this topic.**

Overview

Approximately 80 percent of our patients are covered by Medicare fee-for-service or Medicare Advantage (MA). Hence, access to Medicare's hospice benefit is of critical importance. NKCA members strongly believe that dialysis patients should have the choice to elect hospice with the knowledge that dialysis treatment, not "maintenance dialysis," will be available as needed to address symptom management and provide comfort as they approach the end of life. This includes *all* patients, not just those who have a hospice provider that is able to provide it.

Unfortunately, for many years Medicare's rules posed an obstacle to elect hospice care by ESRD patients, causing patients on dialysis to confront extremely difficult challenges accessing this care as they near end of life. However, during this session, MedPAC staff indicated that the

Centers for Medicare & Medicaid Services (CMS) has clarified that select services for certain hospice patients (specifically dialysis for beneficiaries with ESRD and radiation for those with cancer) can be covered under the hospice benefit if the hospice physician determines they are palliative for an individual patient. While CMS has made this clarification, we believe broader coverage and payment of concurrent hospice and dialysis is critical. Without an intentional scheduled, accommodative transition off dialysis, ESRD patients can experience extreme discomfort in their transition to end of life.

Voluntary Transitional Program

During the April 2025 MedPAC public meeting on this same topic, Commissioners discussed the concept of a "voluntary transitional program" and we were encouraged to see it presented as one of the three potential policy directions shared during the September 2025 public meeting. Based on our experience, **NKCA believes that the proposed voluntary transitional program is the best option.** This option aligns with how NKCA member companies have approached this policy over the years in their existing programs. CMS already covers concurrent dialysis and hospice for those with other fatal conditions. CMS should cover a set amount of palliative dialysis treatments to allow ESRD patients to experience the true benefit of hospice and approach end of life in a dignified manner.

Payment

NKCA strongly believes that if CMS chooses to pursue a voluntary transitional program, the payment should go directly to the dialysis facilities. Currently, CMS allows patients with ESRD who elect hospice based on another diagnosis to continue receiving full dialysis treatment while on hospice. In these cases, the patient continues to receive care at their own dialysis facility, where payment is made directly to the facility by the Medicare Administrative Contractor (MAC). For the sake of consistency, payment should continue to flow from the MACs to the dialysis facilities for patients in the transitional program. Moreover, as noted by some of the Commissioners during the September public meeting, the cost of providing dialysis treatment could be prohibitive to hospice providers, thereby creating a scenario where the hospice providers must contract with an ESRD provider for dialysis services. Such contracting arrangements would limit patient choice. **Direct payment to the dialysis facilities is the most straightforward and commonsense approach.**

Peritoneal Dialysis

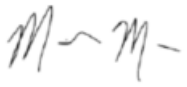
A number of Commissioners raised the possibility of patients transitioning to peritoneal dialysis as they prepare to enter hospice. Given that multiple NKCA members operate concurrent dialysis programs of their own, we would like to stress that it is not best practice, or even practical, to transition an ESRD patient to peritoneal dialysis (PD) in the last few days or weeks of life. The PD catheter must be placed, which takes 2 to 3 weeks to heal, and there must be several weeks of training. **We urge MedPAC to reach out to NKCA as a clinical resource while exploring potential recommendations to Congress.**

We do note that patients currently dialyzing at home have been able to successfully participate in concurrent dialysis and hospice care. If a patient has already been trained on home dialysis and

already has a PD catheter placed, we have seen that a patient who dialyzes at home and chooses concurrent care has less burden of therapy because there is no need to travel for dialysis.

Thank you for the opportunity to comment on the September public meeting. This area is of great importance to NKCA and a top policy priority. Again, we appreciate the work MedPAC has put in to better understand this issue and we look forward to continued engagement, including serving as a resource to address questions and concerns that the Commissioners and/or staff had during the meeting. If you have any questions, please feel free to contact me at 202-580-7707 or info@nonprofitkidneycare.org.

Sincerely,



Monica Massaro
Executive Director