

April 12, 2021

Senate Finance Committee
Colorado General Assembly
200 E Colfax, Room
Denver, CO 80203

Re: Comments on SB21-187

Dear Chairwoman Pettersen, Vice Chair Bridges and Committee Members:

As a dialysis patient and Board President of Dialysis Patient Citizens (DPC), I write to express our concerns with SB21-187, sponsored by Senator Danielson and Rep. Jackson. While this well-meaning legislation would create a dialysis transportation reimbursement program for patients, our primary concern is that it would be paid for by a per-treatment fee assessed on dialysis providers thereby reducing the current funding meant for dialysis treatment. DPC strongly supports greater access to transportation services for dialysis patients in need, but such services shouldn't be paid for by taking away funding from direct patient care.

DPC is a nationwide, non-profit, patient-led organization dedicated to improving the lives of patients with End State Renal Disease (ESRD), or kidney failure, by advocating for favorable public policy to support dialysis patient needs and improve patient outcomes. Our policies and mission are guided solely by our membership, which is open to all kidney patients and their family members, and our volunteer Board which consists entirely of ESRD patients. DPC is committed to promoting access to high-quality dialysis care and kidney transplantation for individuals with ESRD. We also work to delay and prevent kidney failure if possible for individuals with Chronic Kidney Disease (CKD).

If enacted, SB21-187 would create a dialysis transportation reimbursement program within the Colorado Department of Transportation (CDOT) that would reimburse mileage to dialysis transportation providers, including dialysis patients themselves or their family members, to help cover their transportation costs. However, mileage reimbursement only applies for transport of dialysis patients age 50 years or older who are not otherwise covered by Medicaid (which already covers non-emergency medical transport services for Medicaid patients). The program would be funded by a per-treatment fee, the amount of which would be formulated based on the number of annual dialysis treatments in Colorado for all patients and capped at 15% of the Medicaid reimbursement rate, to be paid by each for-profit dialysis clinic in the state.

As a dialysis patient who does not qualify for Medicaid in my state, I am responsible for my transportation to and from my facility three times per week. So, while this bill is intended to help people like me cover these growing out-of-pocket costs, I couldn't live with myself if I

knew that the reimbursement money was sourced by reducing funding for the treatment of patients in my facility and its potential impact on all of our care. Many dialysis patients lack dependable or affordable transit options to/from their three or more weekly hemodialysis treatments, which is why DPC strongly supports efforts to provide dialysis patients in need with safe and reliable transportation to help ensure their continuity of care. However, this legislation is short-sided because it would reduce overall funding for dialysis treatment for all patients in order to provide a benefit for a particular subset of dialysis patients. Diluting funding for direct dialysis care in order to reimburse transportation service for some patients doesn't create a net benefit for dialysis patients as a whole. If anything, it could put dialysis patients at greater risk for lack of access to care should a dialysis clinic become unprofitable and close its doors or reduce hours due to a loss in revenue. This is especially concerning for clinics in rural areas of the state that already tend to operate on the margin, if not a slightly below the margin.

This legislation is also arbitrary in its application in that it only applies to non-Medicaid dialysis patients aged 50 or older without making any distinction as to why patients younger than 50 are deemed ineligible. As a non-Medicaid dialysis patient under age 50, why wouldn't individuals like me equally benefit from such a program? Furthermore, there is no criteria language included in the bill for program beneficiaries to demonstrate their need for financial assistance to help cover their transportation costs so as to ensure that non-Medicaid dialysis patients most in need of transportation reimbursement are actually receiving it, regardless of their age.

In conclusion, DPC cannot support this current legislation that would expand transportation service to a subset of dialysis patients at the expense of reimbursement revenue for direct dialysis treatment of all patients. Instead, we urge you find a more appropriate and sustainable funding mechanism to expand transportation services for dialysis patients based on need rather than age and that doesn't cut into clinic revenue that is appropriated for the treatment of dialysis care.

DPC staff and I look forward to working with legislators on this and other important policy issues that support patients with kidney disease and improve patient outcomes. If you have any questions or would like more information, please feel free to contact Kelly Goss, Western Region Advocacy Director, at 916.917.4519 or kgoss@dialysispatients.org.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Andrew Conkling".

Andrew Conkling
President, Board of Directors

April 14, 2021
Senator Brittany Pettersen
Chair, Colorado State Senate Finance Committee
200 E Colfax, RM 346
Denver, CO 80203

RE: SB 187 – Transportation - Oppose

Dear Chair Pettersen:

U.S. Renal Care (USRC) provides high quality dialysis services to 84 patients in the state of Colorado. We have over 28 employees in Colorado, each of whom remain extraordinarily committed to our patients and their families. Our patients are among the most vulnerable in the health care system, most of them having several comorbidities in addition to their ESKD, (End Stage Kidney Disease), diagnosis.

The proposed fee, in SB 187, for dialysis providers is concerning for several reasons: reimbursement for Medicaid patients is already way below our costs, and this would take an additional 15% off our treatment rate. There is no fee ceiling in the bill. If the 15% taken from providers' Medicaid revenue is not enough to fund the program, the state can keep charging for-profit dialysis providers whatever it takes. This proposed mechanism would mean shifting funding away from treating all patients. As we are in the midst of a pandemic that will have long-lasting health and economic consequences, we believe it is important to invest into prevention and treatment and not have state mandates overburden small providers or dilute funding from treating our patients.

U.S. Renal Care understands the importance of having a strong relationship with our patients to maintain access to life-sustaining treatment. We continually work with our patients and their families to ensure they receive their life-sustaining treatment. In addition, we have a close working relationship with the state's Non-Emergency Medical Transportation (NEMT) program for our dialysis patients who have Medicaid and can access the NEMT benefit.

SB 187 would put in place a program administered by the Colorado Department of Transportation and funded by for-profit dialysis providers whereby any dialysis patient age 50 or over without Medicaid, a friend or family member, or non-Medical transportation provider would be eligible for mileage reimbursement. It is our understanding that the sheer number of people who would be eligible for this program would be difficult for the Colorado Department of Transportation to manage. The time our staff would have to take to help patients figure out the program and obtain their mileage reimbursement payments is a major concern as we currently are focused on providing safe, reliable treatment in a pandemic setting. Finally, the bill states that patients, family and friends would not have to submit a monthly report; however, we do not understand how the mileage reimbursement would occur without submitting documentation that treatments occurred.

For these reasons, we ask that you hold the bill in your committee. Moreover, we would be willing to engage in a stakeholder discussion on the issue of patient transportation that is fair and does not dilute funding into treating patients.

Sincerely,

A handwritten signature in black ink, appearing to read "Francine Attrill". The signature is written in a cursive style with a large initial "F".

Francine Attrill
Vice President
Public and Commercial Reimbursement Policy