



August 20, 2024

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4201-P  
P.O. Box 8013  
Baltimore, MD 21244

**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**

Submitted electronically via [www.regulations.gov](http://www.regulations.gov)

Dear Administrator Brooks-LaSure,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule regarding its effect on those living with serious illness.

C-TAC is a national, non-partisan, not-for-profit coalition dedicated to ensuring that all those living with serious illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC comprises more than 200 national and regional organizations, including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

C-TAC [defines serious illness](#) as a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their family caregivers. This definition has been widely adopted, including by the National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF).

Serious illness is also a health equity issue. A history of disenfranchisement has led to healthcare gaps across the country. Per a [2021 Commonwealth report](#) on racial and ethnic health equity, communities of color live fewer years, on average, than white people do, are more likely to die from treatable conditions, and are also at higher risk for many chronic health conditions. For serious illness, the lack of access to health insurance and [primary care](#) means many are [diagnosed only at a late or end stage](#) of illness, when disease-modifying treatment is

typically no longer effective. Those from historically under-resourced communities who also have serious illness [experience poorer care](#) and access, making improving their care a health equity opportunity.

Here are our comments on the pertinent parts of the proposed rule:

**Coverage and Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury (AKI)**

While the need for home-based dialysis for AKI is likely very limited, we support providing payment to cover it, nonetheless, as home-based services are often more convenient than facility-based ones. We share the concerns about the safety of getting dialysis at home for what will generally be a short or limited period and recommend that payment also cover the needed education for patients and family caregivers to provide dialysis safely there. Developing a home-based dialysis and CKD/ESRD infrastructure can only contribute to making this a viable, robust option going forward.

**Request for Public Comment on Future Change to the Scoring Methodology to Add a New Adjustment That Rewards Facilities Based on Their Performance and the Proportion of Their Patients Who Are Dually Eligible for Medicare and Medicaid**

We are supportive of any effort to reward excellent care to underserved populations and feel that adding a Health Equity Adjustment should be seriously considered. ESRD is more prevalent among those with higher social risk factors or from lower socioeconomic status or communities of color. Therefore, a Health Equity Adjustment could help promote more equitable care.

Thank you for the opportunity to comment on this proposed rule. If you have any questions, please contact Marian Grant, Senior Regulatory Advisor, C-TAC, at [mgrant@thectac.org](mailto:mgrant@thectac.org).

Sincerely,

***Marian Grant***

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