

January 11, 2017

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services
Attention: CMS-3337-IFC
P.O. Box 8010
Baltimore, MD 21244-8010
Electronic Submission: <http://www.regulation.gov>

**Re: CMS-3337-IFC. Medicare Program; Conditions for Coverage for End-Stage Renal Disease Facilities--
Third Party Payment**

Dear Mr. Slavitt:

The National Association of Social Workers (NASW), on behalf of 125,000 social workers across the United States, submits comments regarding the interim final rule on Coverage for End-Stage Renal Disease (CMS-3337-IFC).

We applaud CMS for addressing concerns about the inappropriate steering of individuals eligible for Medicare and/or Medicaid into individual marketplace plans and taking regulatory action to protect the rights of patients. The NASW *Code of Ethics* is the foundation of social work practice, which requires social workers to promote the well-being of clients and avoid taking unfair advantage of professional relationships for business interests.

As the CMS rule recognizes, social work professionals provide essential services in dialysis facilities within interdisciplinary teams. Social workers provide psychosocial support to patients and families and help clients with End-Stage Renal Disease (ESRD) reach their personal goals while living with this chronic illness. They also provide clinical assessment and treatment for common conditions among ESRD clients, such as depression. Though educating clients about insurance coverage options has been within the nephrology social work scope of practice, this CMS rule expands the responsibility of social workers to provide comprehensive insurance counseling.

To appropriately implement this rule, dialysis facilities should re-evaluate staffing and training needs. An adequate number of staff members must be available to complete the outlined activities and time dedicated to developing competence in insurance counseling. We strongly encourage facilities to increase the number of social workers on staff in order to meet these additional obligations. Without adequate staffing, facilities risk overburdening social workers, and thus taking away from the time and quality of direct patient care that impacts quality health outcomes.

We encourage CMS to continue to monitor practices in dialysis facilities so that services are provided in a manner that is aligned with professional ethical standards and ensures that patients living with ESRD receive the highest quality of care.

Sincerely,



Angelo McClain, PhD, LICSW
NASW CEO

