

CERTIFICATION OF ENROLLMENT

**HOUSE JOINT MEMORIAL 4023**

59th Legislature  
2006 Regular Session

Passed by the House February 8, 2006  
Yeas 95 Nays 0

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**Speaker of the House of Representatives**

Passed by the Senate March 2, 2006  
Yeas 43 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE JOINT MEMORIAL 4023** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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HOUSE JOINT MEMORIAL 4023

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Passed Legislature - 2006 Regular Session

**State of Washington**                      **59th Legislature**                      **2005 Regular Session**

**By** Representatives Moeller, Buck, Kessler, DeBolt, Haigh, Talcott, Morrell, Newhouse, Williams, Serben and Eickmeyer

Read first time 04/14/2005. Referred to Committee on Health Care.

1            TO THE HONORABLE GEORGE W. BUSH, PRESIDENT OF THE UNITED STATES,  
2            AND TO THE PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE OF  
3            REPRESENTATIVES, AND TO THE SENATE AND HOUSE OF REPRESENTATIVES OF THE  
4            UNITED STATES, IN CONGRESS ASSEMBLED:

5            We, your Memorialists, the Senate and House of Representatives of  
6            the State of Washington, in legislative session assembled, respectfully  
7            represent and petition as follows:

8            WHEREAS, Four hundred thousand Americans have irreversible kidney  
9            failure, a condition called "End Stage Renal Disease" (ESRD). ESRD is  
10            fatal unless a patient receives either dialysis or kidney  
11            transplantation. Since transplantation is limited due to the shortage  
12            of donor organs, seventy-five percent of ESRD patients must undergo  
13            regular and on-going dialysis treatment for the rest of their lives.  
14            In Washington State approximately 16,000 residents have ESRD; and

15            WHEREAS, Today's ESRD patients are older and sicker due primarily  
16            to the aging of the population, and the growing incidence of diabetes  
17            and high blood pressure, fueled by the obesity epidemic. ESRD  
18            disproportionately impacts African-American and Hispanic individuals;  
19            and

1           WHEREAS, Most patients with ESRD lack access to education programs  
2 about their disease that would allow them to make informed choices  
3 about their treatment and learn important self-management skills to  
4 improve their quality of life; and

5           WHEREAS, According to the most recent data available, less than one  
6 percent of all ESRD patients use home dialysis because of the barriers  
7 patients face in accessing this option. Home dialysis can improve a  
8 patient's quality of life by allowing him or her to remain employed and  
9 participate in other activities that promote well-being; and

10           WHEREAS, There is no coordinated effort between federal and state  
11 governments, health care professionals, dialysis providers, educators,  
12 and patient advocates to develop programs to identify members of  
13 high-risk populations and develop culturally appropriate community-  
14 based approaches for improving the treatment of chronic kidney disease,  
15 which would lead to fewer cases of ESRD; and

16           WHEREAS, Since 1972, Congress made a commitment to ESRD patients by  
17 providing coverage for the lifesaving therapy and dialysis, through the  
18 Medicare program. Medicare provides for the care of approximately  
19 seventy-five percent of patients receiving dialysis. Improvements are  
20 needed to continue to ensure access to high quality treatment for ESRD  
21 patients. Better care for patients means a better quality of life,  
22 improved rehabilitation, fewer medications, and fewer hospitalizations;  
23 and

24           WHEREAS, The rate paid by Medicare for ESRD services is the only  
25 Medicare prospective payment system without an annual update mechanism  
26 to adjust for increases. This means providers must ask Congress for  
27 increases, rather than relying on the Department of Health and Human  
28 Services to make routine, data-driven decisions on payment adequacy.  
29 In the past twelve years, there have been only two increases in the  
30 ESRD composite rate, totaling 3.6 percent, to cover inflation, new  
31 technologies, and other costs, such as nurses' salaries. When adjusted  
32 for inflation, the average Medicare payment for dialysis treatment has  
33 been reduced from \$138 in 1973 to \$38 in 2000. The program is no  
34 longer sustainable under the current reimbursement structure;

35           NOW, THEREFORE, Your Memorialists respectfully request that the  
36 United States House of Representatives and the United States Senate  
37 enact H.R. 1298 and S. 635, known as the "Kidney Care Quality  
38 Improvement Act of 2005." The Act will modernize and update treatment

1 of ESRD by adding Medicare coverage for kidney disease patient  
2 education services, improve the home dialysis benefit, and provide for  
3 an annual update for the Medicare ESRD composite rate. A demonstration  
4 project for an outcomes-based ESRD reimbursement system, as well as a  
5 study of barriers to accessing the home dialysis benefit, will lead to  
6 future improvements in delivery of care. A chronic kidney disease  
7 demonstration project will increase public awareness about the disease,  
8 with the goal of lowering the number of persons who will need kidney  
9 dialysis.

10 BE IT RESOLVED, That copies of this Memorial be immediately  
11 transmitted to the Honorable George W. Bush, President of the United  
12 States, the President of the United States Senate, the Speaker of the  
13 House of Representatives, and each member of Congress from the State of  
14 Washington.

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