



People with Kidney Failure Should Have Access to Private Health Insurance

Future law must protect their access to private insurance.

Background:

- Although most people with kidney failure (medically known as end stage renal disease, or ESRD) become eligible for Medicare coverage, when an entire bodily system is not functional private insurance is often a better option to meet their medical needs and costs.
- For decades, those with kidney failure have had the choice of selecting a private insurance option if they so preferred.
- **Private insurance is particularly attractive to those with families because Medicare does not provide coverage for spouses and dependents.**
- Private plans may offer individuals access to preferred doctors, specialists, and health care facilities that do not participate in public programs.
- Unlike Medicare, private plans have limits on out-of-pocket costs which can save them money.
- Allowing this population to obtain private insurance saves taxpayer dollars and strengthens the solvency of the Medicare Trust Fund.
- **Those insured by private plans also have better access to transplants than those on Medicare.** Research has shown that people with kidney failure and private coverage are almost three times as likely to obtain a transplant as those on Medicare.
- The ability of people with kidney failure to maintain their ability to choose commercial coverage, enshrined in federal law since 1981, gives insurers an economic incentive to appropriately manage the transition to end stage renal disease.

Facts:

- People on dialysis often cannot afford private insurance premiums without assistance.
- The Department of Health and Human Services (HHS) has longstanding guidance on charitable assistance to this population (ESRD).
- In compliance with this guidance, charities are able to provide assistance to them to pay their insurance premiums.
- In a recent federal court case challenging a rule which would have threatened this population's ability to accept charitable assistance, the U.S. District Court for the Eastern District of Texas found:
 - "Congress has long recognized the importance of dialysis treatment for ESRD patients and has afforded patients the opportunity to elect coverage that best serves their needs."
 - "For decades, ESRD patients have had the choice of selecting private insurance options over Medicare if those options better served their treatment needs. Private insurance is particularly attractive to ESRD patients with families because Medicare does not provide coverage for spouses and dependents."
 - The court concluded that any harm that could come from charitable assistance was outweighed by the benefits to patients of retaining access to private insurance.

Solution: While considering ACA replacement proposals, Congress must preserve access to private, and not just public, health plans for the ESRD population.

- Congress must ensure that these plans are affordable or allow these individuals to use charitable contributions to pay for their plans.

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