

September 27, 2012

Scott J. Kipper
Commissioner of Insurance
State of Nevada
1818 E. College Parkway, Suite 103
Carson City, NV 89706

Dear Commissioner Kipper:

As America's largest patient-led organization representing dialysis patients, Dialysis Patient Citizens (DPC) works to improve the quality of life of all dialysis patients through education and advocacy. Today we are writing on behalf of the nearly 3,000 dialysis patients in Nevada to make sure that their health and interests are represented in the State's essential health benefits plan. DPC is committed to improving patient health and quality of life and to that end, there are several important benefits and protections that we respectfully urge you to consider when developing the essential health benefit plan.

First and foremost, coverage of end stage renal disease (ESRD) must be included in the State's essential health benefits plan, as ESRD is an irreversible condition which is fatal without a kidney transplant or life-sustaining dialysis treatments. There are currently more than 485,000 Americans living with ESRD with nearly 400,000 on dialysis, a number expected to double over the next decade due to the increasing prevalence of diabetes and hypertension, the leading causes of kidney failure. When defining the State's essential health benefits, we find it difficult to imagine the exclusion of ESRD and its current treatment options, dialysis and transplantation, as both are absolutely essential to the survival of an ESRD patient. These life-preserving treatments allow hundreds of thousands of Americans to live high quality and fulfilling lives and mandating coverage for ESRD treatment as an essential health benefit will enable Nevadans with kidney failure to take advantage of the new coverage opportunities.

In addition to mandating ESRD coverage, patients who select dialysis as their treatment option should have the ability to choose the dialysis modality that best serves their health and their lifestyle. Dialysis patients have several treatment options including in-center hemodialysis, home hemodialysis and peritoneal dialysis. The decision regarding which treatment modality a patient chooses should be made by the individual and his/her care team based on what will be most effective and efficient for the patient. No patient should be forced to arbitrarily choose one modality over another due to his/her insurance coverage.

Transplantation is typically the best treatment option for an ESRD patient if they are a viable candidate. Therefore, as the State adds ESRD coverage to its essential health benefit plan, it should also include adequate consumer protections to ensure patient access to transplant surgery and the follow-up care that is crucial to the survival of both the patient and the graft. Additionally, in the case of a living donor

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transplant, the plan should include coverage for the costs of medical care for both the transplant recipient and the donor.

Furthermore, the essential health benefit plan chosen by the State must include robust prescription drug coverage. The typical dialysis patient takes more than a dozen medications each day to manage his/her kidney failure, its effects on other organs and to manage other comorbidities common in dialysis patients. Many dialysis patients live on a fixed income and the prohibitive cost of some medications, if not covered by their insurance, could lead patients to choose between medications and basic necessities. ESRD patients who receive kidney transplants must take immunosuppressive drugs for the life of the graft to prevent the body from rejecting the donor organ. Immunosuppressive medications are costly and coverage of these drugs should be included in any essential health benefit prescription drug plan. Prescription drug management is a critical tool in the management of chronic diseases, the prevention of disease progression and costly complications, so we encourage the State to include consumer protections for comprehensive prescription drug coverage in the essential health benefit plan.

DPC urges the State to reject any plan that includes benefit limits of any kind. We are concerned about the potential for the selection of a plan that places limits on the number of visits, frequency of treatment, length or dollar values of coverage for dialysis patients. These limits could seriously jeopardize the health of dialysis patients, given that if an enrollee exceeds the plan's limits, he/she would be responsible for paying the full cost of the services. This could lead to skipped treatments, avoidable hospital visits, and in the case of ESRD patients, even death.

DPC appreciates the opportunity to submit comments on the selection of Nevada's essential health benefits plan and thanks you for all that you do on behalf of ESRD patients in Nevada. We respectfully encourage you to consider our concerns and the concerns of ESRD patients across the State as you move forward in the process of selecting a benchmark plan. If you have any questions, or if we can be of further assistance, please do not hesitate to contact us.

Sincerely,



Hrant Jamgochian, J.D., LL.M.
Executive Director