

Background

While most dialysis patients are eligible for Medicare, federal law also gives them the right to maintain their private, employer coverage for up to 30 months if that is their preference. Federal law also prohibits health care plans from circumventing the law by treating ESRD patients less favorably than other enrollees. A recent U.S. Supreme Court decision threatens access to private coverage by permitting health plans to carve off dialysis benefits from their networks, and impose restrictive terms on patients. This legislation will restore the protections Congress has intended to guarantee for over 40 years.

Patients may see several advantages in keeping employer coverage. Dialysis patients may wish to maintain their private insurance to continue dental or family member coverage that are unavailable in Medicare, or to take advantage of lower cost-sharing. Our survey research indicates greater patient satisfaction with commercial insurance plans than with Medicare. Further, the federal government's Quality and Disparities Report finds 33 different measures on which better care is delivered through private insurance than public insurance.

Giving employers “skin in the game” on dialysis incentivizes effective preventive and transitional care as well as transplantation. All kidney patients benefit when health plans are incentivized to detect and treat Chronic Kidney Disease, take measures to preserve patients' kidney function for as long as possible, and assure a safe, stable transition to ESRD when kidney failure becomes inevitable, including education on home dialysis, preparation of an access site, or preemptive transplantation.

Commercial insurance helps pay for robust, competitive, and easily accessible dialysis care. Less reimbursement from commercial insurance means less money in a dialysis care system that often loses money on Medicare reimbursements. For many smaller and rural clinics, Medicare rates alone aren't enough to break even. Many health care providers are struggling to hire staff, and must pay more to attract and retain workers.

Restoring patient choice protections will help stabilize Medicare's finances. Private coverage for dialysis saves money for Medicare, by delaying federal expenditures and motivating insurers to hand off patients who are stable and properly prepared for the rigors of dialysis.

The Solution

Cosponsor H.R. 2199/S.1173 - The Restore Protections for Dialysis Patients Act – This legislation was introduced Representatives Mike Kelly (R-PA), Yvette Clarke (D-NY), Neal Dunn, MD (R-FL), Danny Davis (D-IL), John Joyce, MD (R-PA) and Raul Ruiz, MD (D-CA) as well as Senators Bill Cassidy MD (R-LA), Cory Booker (D-NJ), Kevin Cramer (R-ND), and Martin Heinrich (D-NM) and would restore the protections for ESRD patients and allow them to stay on the insurance coverage of their choice.