



Service to those affected by chronic kidney disease

September 23, 2022

To: The House of Representatives and Senate,

RE: Support Patient Choice, The Family Health Plan, and The Medicare Trust Fund by Voting YES on H.R. 8594/S.4750, the Restore Protections for Dialysis Patients Act

I am writing as the Founder and President of the Renal Support Network (RSN). I have had kidney disease since 1968, have survived 50-plus surgeries and 13 years of dialysis, and am now living with my fourth kidney transplant. On behalf of RSN, we are urging Congress to Vote YES on H.R. 8594, the Restore Protections for Dialysis Patients Act.

In 1972, Congress made the most compassionate decision to expand the Medicare program for people who had kidney failure (End-Stage Renal Disease - ESRD) and required life-saving dialysis.

In 1981, Congress enacted the Medicare Secondary Payer Act that allowed people who had ESRD to remain on their private insurance for up to 30 months, with Medicare as secondary insurance. Then, after 30 months, Medicare would become primary, and private insurance would become secondary.

This landmark decision did four things:

- It took the burden off of the Medicare system to cover all costs, and saved taxpayers money.
- It allowed people to keep their private insurance, which allowed them the ability to provide coverage for themselves and their families, with possible additional benefits such as hearing, dental, and vision.
- It ensured that people with ESRD would have minimal share of costs for care.
- It provided an incentive for insurance companies to do their part to care for people with failing kidney function. Congress recognized that this dynamic created incentives for private health plans to deliver the best care.

An illness is too demanding when you don't have hope!
– Lori Hartwell, RSN Founder and President

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The act also mandated two provisions to help protect us. As anyone who has lived with a serious illness knows, insurance companies are betting on enrolling more people who are not sick and require fewer resources. To make sure that insurers could not game the system, it was included in the statute that insurance plans could neither: (1) “differentiate” between patients with ESRD and patients without ESRD, nor (2) “take into account” their eligibility for Medicare. Congress understood how insurance companies discriminate and put protections in place.

Insurance companies were now only required to cover someone who had ESRD as primary payer of 80 percent for the first 30 months of care. For people who qualified for Medicare, it became their secondary payer, picking up the other 20 percent. All we had to do was pay the required premiums to have access to coverage. After 30 months, Medicare became primary payer, and insurance became our secondary payer. Both parties were okay with this decision until recently, when a loophole was found by the insurers. Over the last several decades, more and more people are on Medicare, reducing the insurance provider’s risk.

A recent U.S. Supreme Court decision concluded that insurance companies can rid themselves of the burden of people who require life-saving dialysis. This is an unsettling precedent and needs to be corrected.

This decision will allow the insurers to use a loophole and will do the following four things:

- Burden the Medicare system to cover all costs and spend taxpayers’ money.
- Forbid people from keeping their private insurance, thus preventing their families from having coverage and additional benefits such as hearing, dental, and vision.
- People with ESRD will have an increase in share of Medicare costs for care.
- Remove any incentive for insurance companies to do their part to care for people with failing kidney function.

Choice is important, and we should be able to decide if we want to keep our private insurance plan and Medicare. All healthcare sectors are a mix of private insurance and government-funded insurance. Insurance companies must negotiate prices for care with providers.

The MSP provisions enacted 40 years ago protect people with ESRD against private health plans’ unfair policies that deny meaningful, affordable coverage. Insurance companies should not be able to dictate who they can insure and who they cannot. They will always try and fix the game to their advantage. It is a dangerous precedent and will damage the kidney care community’s access to care at a catastrophic level.

Please Vote Yes on H.R. 8594 - Restore Protections for Dialysis Patients Act. It closes the loophole to prevent insurance companies from kicking us off our private insurance into

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Medicare before the 30-month period without a choice.

Please Vote Yes on H.R. 8594 - Restore Protections for Dialysis Patients Act. It closes the loophole to prevent insurance companies from kicking us off our private insurance into Medicare before the 30-month period without a choice.

Please do not hesitate to contact me if you have any questions.

Sincerely,



Lori Hartwell
President/Founder

Renal Support Network (RSN) empowers people who have kidney disease to become proactive in their care, and to work with healthcare professionals and all stakeholders to get the best care and health outcomes possible. I have been dealing with kidney disease since age two (1968), and spent 13 years on dialysis, with ten years on successful home dialysis, both hemodialysis and peritoneal dialysis. I am currently doing well with my fourth kidney transplant. I founded RSN in 1993 to help my peers. RSN strives to help those who are newly diagnosed with CKD or on dialysis, as well as kidney transplant recipients. RSN's goal is to empower people who have kidney disease to become knowledgeable about their illness, proactive in their care, and hopeful about their future. RSN reaches hundreds of thousands of people who have kidney disease and their families through our many patient programs. www.RSNhope.org