



Maintain Access to Private Health Insurance in the Health Exchange for Individuals with ESRD

Americans with kidney failure (known as End Stage Renal Disease (ESRD)) require thrice weekly life-sustaining renal dialysis services. Individuals who develop kidney failure, regardless of age, are entitled to Medicare, typically 90 days after initiation of treatment.

Today, if an individual develops ESRD and has health insurance through an employer, the individual has the choice of maintaining their private coverage for up to 30 months. This Medicare Secondary Payer (MSP) policy allows these Americans and their families to continue with their preferred provider networks, doctors, and pharmacy plans, without disruption.

Congress should ensure that Americans with kidney failure purchasing insurance in Exchanges can maintain their insurance like other Americans can.

Because of the interaction between the Medicare eligibility for individuals with kidney failure and the limitations of current MSP requirements, the choices extended to other Americans through the Health Benefit Exchanges (Exchanges) are not available to those with kidney failure.

Maintain Private Coverage. The current right to maintain existing private health plan coverage applies only to individuals with kidney disease who have group health plan coverage outside of the Exchanges. Those who enroll in the Exchanges would - by virtue of their diagnosis of kidney failure - lose their ability to keep their health plan coverage and be shifted to Medicare.

Apply Insurance Subsidies Equitably. Individuals with kidney failure would not be able to claim and keep the premium and cost-sharing subsidies available to assist in purchasing health insurance coverage in the Exchanges. These subsidies are available to other Americans, regardless of their health status.

Individuals with kidney failure want to have the same insurance choices that other Americans have. The option to maintain coverage ensures less disruption at a time when individuals are just beginning to manage their disease and provides better continuity of care.

The Affordable Care Act requires that benefits not be designed "in ways that discriminate against individuals because of their age, disability, or expected length of life." (Section 1302(b)(4)(B)). Thus, Americans with kidney failure should be permitted to maintain their individual health plans consistent with the policies in place for group health plans and access and maintain premium credits and subsidies to purchase health insurance through the Exchanges.

Establishing parity between the group health plans and individual plans both inside and outside the Exchanges would ensure that the right to maintain private coverage and access to subsidies are protected for individuals who develop ESRD.