

Thousands of Low-Income, California Dialysis and Transplant Patients Stand to Lose Health Coverage Under AB 290

- If AB 290 becomes law, it will destroy a safety net that has been keeping low-income, mostly minority California ESRD patients alive since 1997.
- This bill will quickly **force the American Kidney Fund (AKF) to stop helping low-income Californians**, no matter what kind of insurance they have—Medicare or private. That’s because the bill (even with the most recent amendments) conflicts with U.S. Department of Health and Human Services Advisory Opinion 97-1, which is the foundation for our premium assistance program and dozens of others across the country. The HHS Office of the Inspector General (OIG) made it clear that AKF assistance be available to all eligible patients on an equal basis, thus removing any influence to use a dialysis provider to ensure continued assistance. Yet the bill now attempts to make a distinction between large dialysis companies and small dialysis companies and would require only large dialysis company patients’ identities to be disclosed publicly to insurers.
- In 2018, more than 3,700 low-income dialysis and transplant patients in California relied on grant assistance from AKF, an independent 501(c)(3) publicly supported nonprofit that is one of the top-rated charities in the United States.
- More than half of our grants in California in 2018 were for Medicare Part B, Medicare Advantage and Medigap premiums. Under AB 290, every person who depends on us for help affording coverage would be equally affected and significantly harmed.
- California law already unfairly prohibits ESRD patients under 65 enrolled in Medicare from purchasing Medigap supplemental coverage. AKF often helps these younger patients with other secondary coverage so they can avoid financial devastation. These Medicare patients will face an unlimited 20% out-of-pocket Medicare cost burden.
- If AKF is no longer able to help California’s most needy ESRD patients:
 - Some will be unable to afford even their Part B premiums, threatening their Medicare coverage.
 - Those who cannot afford their Medigap premiums will be forced to pay for Medicare’s 20% coinsurance.
 - Others may lose their family’s insurance coverage if they cannot afford their employer or COBRA premiums.
 - Patients whose income is slightly too high to qualify for Medi-Cal may be subject to a monthly cost-sharing spend-down—straining their already-strained finances even further.
 - Some will have no choice but to go without health coverage altogether and use emergency rooms for treatment.

AB 290 unfairly puts vulnerable kidney patients in the middle of a longstanding financial feud between insurers, unions and providers.

Vote NO on this harmful legislation.