



## The American Kidney Fund supports access to affordable, quality health coverage for everyone with kidney disease and kidney failure, and for living organ donors

Health insurance is the gateway for kidney patients to primary care physicians, specialists and prescription medications. Kidney disease needs to be identified early before it progresses to end-stage renal disease (ESRD, or kidney failure), and having health insurance is essential to screen for and manage the disease.

The American Kidney Fund (AKF) supports efforts to increase access to affordable, high quality health coverage. There are five principles AKF supports and will work to enact during the 117<sup>th</sup> Congress:



**Protect and expand the Affordable Care Act**



**Protect and expand Medicaid**



**Protect charitable premium assistance for low-income ESRD patients**



**Prohibit insurers from discriminating against living organ donors**



**Prioritize dialysis patients for COVID-19 vaccines**



### **Protect and expand the Affordable Care Act**

The Affordable Care Act (ACA) has enabled patients with chronic diseases, including kidney disease, to enroll in private commercial health plans that provide comprehensive coverage. Prior to the ACA, kidney patients could be denied coverage due to their pre-existing condition.

AKF supports proposals that would help strengthen the ACA Marketplace, such as funding reinsurance programs, cost-sharing reduction payments and ACA enrollment outreach and education activities. AKF also supports proposals that would expand eligibility for cost-sharing reduction subsidies and advanced premium tax credits beyond the current income thresholds of 250% and 400% of the federal poverty level, respectively. By compensating insurers for high-cost patients, providing subsidies for a greater number of people to help them purchase coverage and increasing enrollment through outreach efforts, these measures will further strengthen the ACA Marketplace and ensure access to comprehensive, affordable coverage options.

AKF opposes efforts to reduce health coverage because insurance is vital to individuals with chronic diseases.

We oppose expansion of less comprehensive insurance options, such as association health plans and short-term, limited duration plans, which are exempt from covering essential health benefits or can deny or limit coverage for people with pre-existing conditions. The development of such plan options have siphoned healthier individuals from the risk pool, leading to higher premiums for individuals who purchase comprehensive ACA coverage.



### **Protect and expand Medicaid**

Medicaid is a critical source of health coverage and an important safety net for nearly 70 million people—1 in 5 Americans. Medicaid plays a vital role in helping enrollees prevent and manage chronic conditions like kidney disease and its two leading causes, diabetes and hypertension.

AKF strongly supports the core statutory objective of the Medicaid program, “to furnish medical assistance [to individuals] whose income and resources are insufficient to meet the cost of necessary medical services.” AKF opposes policy proposals that would undermine Medicaid’s core objective, such changes to Medicaid eligibility and benefits that would impose work or service requirements, lifetime coverage limits, lock-

out penalties, elimination of retroactive eligibility, and elimination of non-emergency medical transportation. Such changes would create barriers to coverage for eligible individuals and lead to fewer people, especially vulnerable populations, with access to health care.

AKF supports enhanced federal funding of Medicaid (known as the Federal Medical Assistance Percentage, or FMAP) during times of economic crisis to ensure that states have the resources needed to provide health coverage to low-income people. The coverage provides access to primary care physicians so people can stay as healthy as possible, and it also ensures that kidney patients can retain continuity of care if they lose their employer-sponsored insurance and cannot afford other private coverage.



### Protect charitable premium assistance for low-income ESRD patients

AKF's charitable premium assistance program has a 24-year track record of helping the most disabled and economically vulnerable among the ESRD community. We pay for the health insurance premiums of over 75,000 ESRD patients nationwide. Our average grant recipient is 58 years of age, and the vast majority of our grantees are too sick to work while on dialysis—80% have been forced to stop working because of the disease. The average annual household income of our grantees is less than \$25,000, yet the typical dialysis patient faces average annual out-of-pocket costs of more than \$10,000 after paying premiums. The patients we help are disproportionately people of color compared to the U.S. population. More than 60% of our grant recipients are people of color, so when insurers reject AKF payments, it is people of color who are disproportionately affected.

The COVID-19 pandemic makes charitable premium assistance even more vital. Kidney disease and COVID-19 have disproportionately impacted the people we serve. Diabetes and hypertension—both of which are common in communities of color—cause 75% of all new cases of kidney failure, and while Black people comprise 13% of the U.S. population, they account for over 35% of people with ESRD. Kidney disease, diabetes and hypertension have all led to higher fatality rates from COVID-19 in people of color.



### Prohibit insurers from discriminating against living organ donors

Kidney transplant is considered the best treatment option for most people with ESRD because it increases the patient's chances of living a longer, healthier life. More than 93,000 Americans are currently on the kidney transplant waiting list. Most will die before they receive one because of the dire shortage of kidneys available for transplant—in fact, 13 of them die every single day. To help dialysis patients on the transplant waiting list, it is necessary to encourage more people to become living kidney donors and remove barriers for those who choose to give the gift of life. Learn more at [livingdonor.KidneyFund.org](https://livingdonor.KidneyFund.org).

Living organ donors and potential donors who we work with have faced limitations to certain types of insurance after donating a kidney. Living donors must have access to all types of insurance. Once someone has given the gift of life by donating an organ, they must be guaranteed continued access to life, long-term care and disability insurance. The Living Donor Protection Act (H.R. 1255/S. 377) would ensure living organ donors are not denied, or given limited coverage or higher premiums, for life, disability and long-term care insurance.



### Prioritize dialysis patients for COVID-19 vaccines

Many ESRD patients are in a uniquely vulnerable position. In order to survive, the vast majority of hemodialysis patients must travel to dialysis centers three days every week for several hours at a time to receive life-sustaining treatment. Staying home is not an option for them, and every time they leave their homes they are risking exposure to COVID-19.

The Centers for Disease Control and Prevention (CDC) lists kidney disease as an underlying medical condition that increases the risk of severe illness due to COVID-19. Data at the end of 2020 showed that ESRD patients have a higher likelihood of infection and hospitalization from COVID-19. Among Medicare beneficiaries, ESRD patients have an infection rate more than three times higher, and a COVID-19 hospitalization rate six times higher, than the general Medicare population.

A study reported in the journal *Anaesthesia* showed that those with kidney disease have a greater chance of in-hospital mortality. It is vital that dialysis patients are given priority in vaccine allocation and distribution.