

Join the American Kidney Fund in supporting the Jack Reynolds Memorial Medigap Expansion Act (H.R. 1676)



Kidney failure (also known as end-stage renal disease, or ESRD) is the last stage of chronic kidney disease, when the kidneys no longer function. People with kidney failure must receive ongoing, regular dialysis treatments or obtain a kidney transplant to survive.

Most Americans with kidney failure are eligible for Medicare, regardless of age; those under the age of 65 are eligible for Medicare as their primary insurance due to their ESRD status, and they need access to private Medigap (Medicare supplemental insurance) plans just like patients who are 65 or older. Federal law stipulates that Medigap insurers must offer plans to all beneficiaries age 65 and over, but state law dictates Medigap policy for Medicare beneficiaries under 65. There are currently 20 states in which Medigap providers are not required to offer Medigap plans to ESRD Medicare beneficiaries under the age of 65, leaving patients with high out-of-pocket costs.

Medicare coverage for dialysis patients is not enough. Medicare covers only 80% of the costs of outpatient procedures like dialysis, which means patients must pay the remaining 20% coinsurance with no annual out-of-pocket maximum. Medicare beneficiaries on dialysis face out-of-pocket costs of about \$10,000 every year—an extreme cost for the more than 80% of people on dialysis who are too sick to work. This is simply unaffordable for many patients and can cause them to spiral into bankruptcy.

Additionally, ESRD Medicare beneficiaries are required to have supplemental insurance in order to be added to the kidney transplant waiting list, as Medicare alone is not considered full coverage by transplant centers across the nation. For most

Medicare beneficiaries, Medigap is their secondary insurance. Without access to Medigap plans, ESRD Medicare beneficiaries under 65 cannot access kidney transplantation—the best treatment option for people with kidney failure because it increases the chances of living a longer, healthier life.

Please cosponsor the Jack Reynolds Memorial Medigap Expansion Act

The Jack Reynolds Memorial Medigap Expansion Act (H.R. 1676) would require insurers nationwide to offer the same Medigap plans to ESRD Medicare beneficiaries under age 65 that all Medicare beneficiaries over age 65 have access to. The bill would provide a vital insurance option to dialysis patients to help protect them against high out-of-pocket costs, and it would give dialysis patients on Medicare the full insurance coverage they need to be accepted onto the kidney transplant waiting list.

To cosponsor this important legislation please contact Denise Fleming in Rep. Cindy Axne's office at denise.fleming@mail.house.gov or Adrianna Lagorio in Rep. Jaime Herrera Beutler's office at adrianna.lagorio@mail.house.gov.

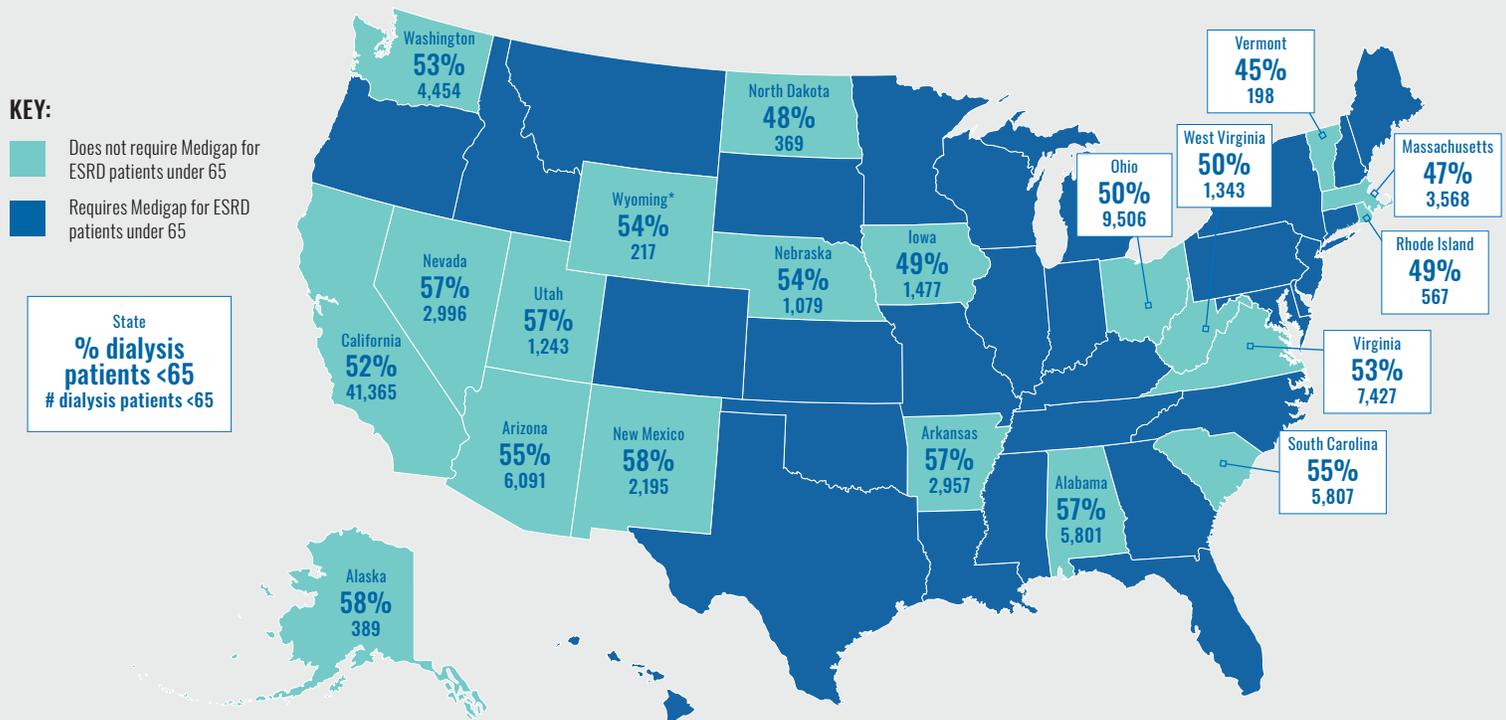
For more information about the Jack Reynolds Memorial Medigap Expansion Act, please contact the American Kidney Fund:

Holly Bode, Vice President of Government Affairs,
hbode@kidneyfund.org

Deborah Darcy, Director of Government Affairs,
ddarcy@kidneyfund.org

Kidney failure patients under 65: Understanding the challenges for patients with Medicare

20 states do not require insurers to offer Medigap to kidney failure (end-stage renal disease, or ESRD) patients under the age of 65, yet these patients represent a sizable proportion of dialysis patients in those states.



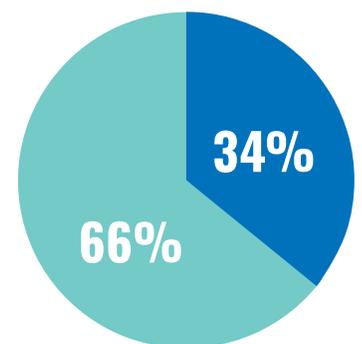
 **100,000** dialysis patients under 65 in 20 states are not guaranteed access to Medigap.

Kidney failure patients qualify for Medicare, regardless of age, due to their ESRD status. Those who do not also qualify for Medicaid face impossible medical bills without Medigap supplemental insurance—about \$10,000 per year in out-of-pocket costs. For them, private insurance—whether through an employer, COBRA, Qualified Health Plans or other commercial insurance—can be the better option.

Medigap and private insurance are both vital to the Medicare safety net for ESRD patients.

For many patients, the only way they can afford either public or private coverage is through charitable premium assistance.

ACCESS TO MEDIGAP FOR DIALYSIS PATIENTS UNDER 65



■ Live in states that don't provide access to Medigap
■ Live in states that provide access to Medigap