The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, D.C. 20201

Dear Secretary Azar:

I am writing to express my support for charitable premium assistance for end-stage renal disease (ESRD) patients. Over 80 percent of individuals on dialysis are too sick to work, but have extraordinarily high health care costs, so many of them need charitable assistance to afford their health insurance premiums. As a co-chair of the Congressional Kidney Caucus, I ask that you take the necessary steps to ensure that charitable premium assistance payments are permissible within the Department’s rules for health insurance premiums for ESRD patients.

ESRD patients are unique in that their illness qualifies them for Medicare, regardless of age. Although Medicare is important, it does not cover all health care costs, and many ESRD patients need Medigap to cover their out-of-pocket costs. ESRD patients also have the option to stay on private coverage such as employer group plan, COBRA or a qualified health plan (QHP) for 30 months under the Medicare Secondary Payer (MSP) rule, which is an important part of the public-private partnership that exists to ensure ESRD patients get the health care coverage they need. Charitable assistance helps ESRD patients pay for their Medigap and private insurance premiums.

As you know, in March of 2014 the Centers for Medicare and Medicaid Services (CMS) released an Interim Final Rule (IFR) that required insurers to accept payments for QHPs from: 1) Federal and State entities; 2) Tribal organizations; and 3) the Ryan White HIV/AIDS program. The rule, however, did not require insurers to accept payments from charitable, nonprofit organizations. It is my understanding that since the release of the IFR, some insurers, unfortunately, have taken several steps that have ultimately led to rejecting charitable assistance payments for insurance premiums and ESRD patients being disenrolled from their insurance plan.

Low-income ESRD patients should not be singled out just because a legitimate charitable organization offers them financial assistance. I respectfully encourage you to engage in a sincere effort with stakeholders aimed at developing and implementing a policy that preserves dialysis patients’ access to private coverage while protecting the integrity of the health insurance marketplaces. I believe such a policy – one that includes strong safeguards regarding charitable organizations’ structure and requirements for educating ESRD patients about their coverage options – is achievable. If you have any questions, please do not hesitate to reach out to my Legislative Director and Senior Counsel, Judd Smith, at 202-225-3731 or judd.smith@mail.house.gov. Thank you for your consideration in this matter.

Sincerely,

Tom Marino  
Member of Congress