

March 1, 2021

The Honorable Delores G. Kelley, Chairman
The Honorable Brian J. Feldman, Vice Chair
Members
Senate Finance Committee
Maryland General Assembly

RE: SB 682 – Support

Dear Chairman Kelley, Vice Chair Feldman and Members of the Committee:

My name is Hrant Jamgochian, and I have the honor of serving as the Chief Executive Officer of Dialysis Patient Citizens (DPC), and also the privilege of residing in the great state of Maryland. A national, nonprofit patient advocacy organization, DPC works to improve the lives of dialysis patients through education and advocacy. We are a patient-led organization with membership open only to dialysis and kidney disease patients and their families. Our mission and policy positions are guided solely by our membership and Board of Directors, which is comprised entirely of End Stage Renal Disease (ESRD) patients.

Thank you for the opportunity to provide testimony in support of SB 682, which, if enacted, will require insurers to permit individuals enrolled in a Medicare Supplemental plan to switch to an equal or lesser plan during a special open enrollment period following the individual's birthday.

Equitable access to Medicare Supplemental (or Medigap) plans for ESRD patients under age 65 is a key policy priority for DPC. We are pleased that Maryland provides guaranteed-issue access to Medigap plans to under age 65 dialysis patients, and the addition of another open enrollment window is a positive step for Maryland to broaden access for this patient population.

Dialysis patients comprise an extremely vulnerable population, nearly half of whom are on Medicaid or dual eligible. These individuals, of which more than 1,500 live in Maryland, need either multiple weekly dialysis treatments or a kidney transplant to stay alive. There are no other treatment options. Further, kidney disease and dialysis disproportionately impacts communities of color. According to the latest data from the U.S. Renal Data System, African Americans are 3.5 times more likely to have kidney failure; while Hispanics, Asians and Native Americans are 1.5 times more likely. Health disparities for this group are further exacerbated when it comes to lifesaving kidney transplant. The American Journal of Nephrology cites poor health insurance as a key contributor to lower transplant rates for African Americans.ⁱ

Access to fair and equitable Medigap plans for under age 65 dialysis patients helps to provide patients with financial security. People become eligible for Medicare coverage in two ways: upon turning age 65, or under age 65 when defined as disabled or diagnosed with ESRD (kidney failure). But, even with Medicare coverage, patients are still responsible for the 20% coinsurance of their medical expenses.

Since Medicare does not limit the annual out-of-pocket copays and deductibles, which is around \$16,000 per year for dialysis patients, Medigap coverage helps patients pay for these expenses. Many dialysis patients struggle with impossible decisions like whether to pay their medical bills to stay alive or buy food and pay rent. It also explains why so many dialysis patients are forced to spend down their assets to qualify for Medicaid in order to help relieve their financial burden. Passage of SB 682 would provide another open enrollment window to covered dialysis patients to switch to an equal or lesser Medigap plan that better fits their financial needs.

I thank you again for the opportunity to comment on SB 682 and urge its prompt passage.

Sincerely,

A handwritten signature in black ink, appearing to read "Hrant Jamgochian". The signature is fluid and cursive, with the first name "Hrant" and last name "Jamgochian" clearly distinguishable.

Hrant Jamgochian
Chief Executive Officer

xc: Elizabeth Lively, Eastern Region Advocacy Director

ⁱ Health Disparities in Kidney Transplantation for African Americans; Am J Nephrol 2017;46:165-175