

March 23, 2022

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

RE: Support of HB 247

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

My name is Maria Robinson, and I am a dialysis patient residing in Odenton, Maryland. I also have the honor of serving on the Board of Directors of Dialysis Patient Citizens (DPC), 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 members and Board of Directors, which is comprised entirely of End Stage Renal Disease (ESRD) patients like me. For the past 24 years I have been receiving three-times weekly hemodialysis treatments in a dialysis center.

On behalf of the more than 17,000 ESRD patients living in Maryland, thank you for the opportunity to write in support of HB 247. If enacted, this legislation will require insurers to permit individuals enrolled in a Medicare Supplemental (or Medigap) plan to switch to an equal or lesser plan during a special guaranteed-issue open enrollment period following the individual's birthday.

Dialysis patients comprise an extremely vulnerable population, nearly half of whom are on Medicaid or dual eligible. Once an individual loses their kidney function, they need either multiple weekly dialysis treatments or a kidney transplant to stay alive. There are no other treatment options. I also want to point out that kidney disease and dialysis disproportionately impacts communities of color. According to the latest data from the U.S. Renal Data Systemⁱ, 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.

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The American Journal of Nephrology cites poor health insurance as a key contributor to lower transplant rates for African Americans.ⁱⁱ As you think about this legislation, remember that this will be a positive step towards addressing health disparities in our state, especially since many of us on dialysis are from communities of color.

People gain access to Medicare in one of two ways: upon turning age 65, or prior to age 65 when defined as disabled or diagnosed with ESRD. You may not be aware that Original Medicare does not limit the annual out-of-pocket costs for medical treatment. For dialysis patients like me, these costs can be as high as \$20,000 a year.ⁱⁱⁱ Medigap plans cover most, if not all of these annual out-of-pocket costs. The “birthday rule” included in HB 247 of an additional guaranteed-issue open enrollment window to switch to an equal or lesser benefit plan will help many dialysis patients who want to be able to change their Medigap plan to one that better fits their financial situation.

This important legislation will provide some help to my situation. It is important for you to know my story as many dialysis patients experience the same problem between income levels and no access to Medigap year-around open enrollment. I continue to work to supplement my income, and the circumstances of my employment and changes to my income present unique challenges. I am employed at a senior center through an age 55+ program available through the Maryland Department of Aging. While working under this MDoA program, my coverage through Medicaid works well. Medicaid coverage is critical as it helps pay the 20% deductibles and co-insurance that Medicare Part B does not cover. However, I was hired away from the MDoA program to serve as Assistant Manager of the senior center. This bump in hours worked increased my income enough to be disqualified for Medicaid and the critical need to re-apply for Medigap to cover most if not all of my out-of-pocket expenses that Medicaid now covers. But here is the catch. Once the state re-opens the senior centers that are now closed due to COVID, I will lose my Medicaid coverage when I return to work. I will be applying for Medigap without the protection of guaranteed issue, so my application will undergo medical underwriting. It is possible the insurance company will either turn down my application, or I will not be able to afford the premium. That means returning to reduced hours, a reduced income and back on the state’s Medicaid program.

Many dialysis patients want to work but know they will run into a similar situation. I challenge the committee to not only approve HB 247, but to go further and pass legislation providing year-round open enrollment that will provide a very meaningful step towards equity and help

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reduce the state's Medicaid population. Doesn't the state want its workforce to grow and reduce Medicaid costs? This is one way to make that happen.

Thank you for the opportunity to write in strong support of HB 247, a positive step in the right direction.

Sincerely,

Maria Robinson
Resident of Odenton, Maryland
Member, Board of Directors
Dialysis Patient Citizens

cc: Hrant Jamgochian, CEO, Dialysis Patient Citizens
Elizabeth Lively, Eastern Region Advocacy Director, Dialysis Patient Citizens

ⁱ US Renal Data System 2020 Annual Report, <https://adr.usrds.org/2020/>

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

ⁱⁱⁱ US Renal Data System 2020 Annual Report, <https://adr.usrds.org/2020/>