

April 1, 2022

The Honorable William J. Lippert, Jr., Chair
The Honorable Anne B. Donahue, Vice Chair
The Honorable Lori Houghton, Ranking Member
Members
House Committee on Health Care
Vermont General Assembly
115 State Street
Montpelier, VT 05633-2228

RE: Support S.239

Dear Chair Lippert, Vice Chair Donohue, Ranking Member Houghton and Members of the Committee:

My name is Elizabeth Lively, the Eastern Region Advocacy Director for 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 family members. 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.

On behalf of the more than 815ⁱ ESRD patients living in Vermont, thank you for the opportunity to write in support of S.239. If enacted, this legislation includes a provision to convene a group of interested stakeholders to consider issues relating to Medicare supplemental coverage including options available to Vermonters under age 65 with End Stage Renal Disease, or kidney failure.

For Vermonters with kidney failure who are *under age 65*, this legislation provides the opportunity to examine how access to Medigap can improve their quality of life.

Currently, Vermont statute provides access to persons under age 65 who are eligible for Medicare by reason of disability, but specifically excludes persons in this age group by reason of ESRD.ⁱⁱ

Let's quickly look at the universe of ESRD patients in Vermont. Kidney failure patients comprise an extremely vulnerable population, nearly half of whom are on Medicaid – called Dual-Eligibles. In Vermont, there are 815 residents with ESRD, of which 428 are under age 65.ⁱⁱⁱ To stay alive, these Vermonters need either multiple weekly dialysis treatments or a kidney transplant to stay alive. There are no other treatment options.

Medigap coverage will help these under age 65 Vermonters with ESRD in two critical ways:

First, Medigap coverage provides dialysis patients with greater financial security. While ESRD patients become eligible for Medicare regardless of age, patients are legally required to pay the annual 20% out of pocket expenses, which have no cap. For dialysis patients, this can be as high as \$20,000 per year.^{iv} Medigap insurance covers these annual out-of-pocket expenses, eliminating the struggle dialysis patients face of whether to pay medical bills to stay alive, pay rent or buy food. It's not hard to understand that some will spend down their assets to qualify for Medicaid – become Dual-Eligible – so that the state pays for the annual 20 percent out-of-pocket expenses.

Second, Medigap coverage save lives. While some patients are OK on dialysis, the optimal therapy remains a kidney transplant when possible, as it often adds years and provides a higher quality of life. Currently, there are 61 Vermonters^v on the kidney transplant waitlist; 42 under age 65. It's important to know that patients are placed on the “active” transplant waitlist following an extensive medical and financial review. This is to ensure that the patient has either secondary insurance coverage or the financial means to cover annual out-of-pocket expenses for the transplant surgery and necessary follow-up medical care – keeping the organ viable for as long as possible and ensure that neither the patient nor transplant center has a financial liability.^{vi}

S. 239 provides an opportunity to study the benefits and understand the impact of access to Medigap coverage for under age 65 Vermonters with kidney failure. Thank you again for the opportunity to testify in support of S.239. I urge your approval of the important legislation.

Sincerely,



Elizabeth Lively
Eastern Region Advocacy Director
elively@dialysispatients.org
312-890-1428

cc: Hrant Jamgochian, J.D., LL.M.
CEO, Dialysis Patient Citizens

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

ⁱⁱ 8 V.S.A. § 4080e

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

^{iv} Ibid.

^v <https://optn.transplant.hrsa.gov/data/view-data-reports/state-data/>

^{vi} <https://khn.org/news/no-cash-no-heart-transplant-centers-require-proof-of-payment/>