



## Reject SB 900: Bill Prioritizes Insurance Company Profits Over Dialysis Patient Access to Lifesaving Care

**Bill discriminates against low-income dialysis patients by limiting what health insurance companies pay for those who rely on charitable premium assistance (CPA).**



### > **SB 900 would harm vulnerable dialysis patients receiving charitable premium assistance (CPA) to maintain commercial health insurance.**

In 2018, fewer than 1,000 Oregonians on dialysis utilized charitable assistance to pay insurance premiums. These patients are disproportionately minorities (59% Latino, African-American and Asian, according to national statistics) and very low income (average income below \$25,000/yr). Many are too sick to work. A majority using CPA do so for Medicare, Medicare Advantage and Medigap plans. Premium assistance is important for any patient who cannot afford the cost of their health insurance premiums, whether for private or public insurance.

### > **SB 900 ignores reasons some patients choose commercial insurance, creating loopholes allowing insurers to force them off existing health plans and onto programs that don't meet their needs.**

Across the country, insurers have been forcing dialysis patients off commercial health plans and onto public programs, which are not always the best choice for them. SB 900 would green-light this harmful tactic in Oregon. Patients who choose private plans do so for a range of reasons, such as:

- To temporarily remain on a their existing health plan following their diagnosis, providing continuity of care during Medicare's 90-day waiting period for ESRD patients younger than 65.
- To remain on a commercial plan that provides coverage for their family, as Medicare does not extend to an individual's family members.
- To increase their likelihood of receiving a kidney transplant, the best treatment for their disease.

SB 900 would take away patients' choice and sever their ability to meet these critical needs.

### > **SB 900 slashes what insurance companies pay for dialysis care, to below the actual cost of care.**

SB 900 allows insurance companies to slash reimbursements - regardless of their contractual agreements - to Medicare rates for patients who receive CPA. According to a January 2019 report by the payment advisory committee for the federal government, Medicare reimbursement levels are 1.1% below the actual cost of providing dialysis care.

### > **Patients, doctors and dialysis providers support responsible measures to strengthen accountability around charitable assistance - but oppose SB 900.**

SB 900 will jeopardize patient access to lifesaving dialysis care.

**Reject insurance company profiteering.  
Protect patient access to lifesaving dialysis care.**

**No on SB 900**