



March 28, 2025

**RE: SUPPORT – SB 1181 (Campos), Relating to Medicare supplement insurance**

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Chair and members of the committee.

My name is Adam Zarrin, on behalf of the Leukemia & Lymphoma Society, in support of SB 1181.

The Leukemia & Lymphoma Society® (LLS) is a global leader in the fight against cancer. The LLS mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS funds lifesaving blood cancer research around the world, provides free information and support services, and is the voice for all blood cancer patients seeking access to quality, affordable, coordinated care.

Before age 65, most people get to weigh their options and future needs to pick a plan. But when they turn 65, that process changes. They can select either traditional Medicare and a Medicare Supplement, or Medicare Advantage. But, with limited exceptions, they can't get a Medigap again without facing medical underwriting.

So, if you have cancer, autism, depression, or high blood pressure, you might be denied coverage. That means patients may not be able to see a doctor when needed.

Those on Medicare Advantage might also want to switch because they face narrow networks and prior authorizations that delay and deny care for patients.

Meanwhile, providers are increasingly deciding not to contract with Medicare Advantage. Which is exactly what happened this year at St. Charles and Samaritan Health.

In addition, there is a 20% co-insurance and no out-of-pocket max in Medicare Part B. That is why patients get a Medigap. If you are a Multiple Myeloma patient, you will likely pay \$31,000 a year in out-of-pocket expenses without supplemental coverage.

To stay alive, patients might liquidate savings, delay treatment, or go into debt.

To be clear – pre-existing condition limitations are effective at one thing – preventing patients from getting the care they need. Most Americans agree that pre-existing conditions should not count against a patient.

If this bill passes, every Medicare beneficiary in Oregon will again be able to get the health insurance they need each year.

That is fair. Nobody can perfectly predict their health needs years in advance.

The states that have enacted this policy continue to have robust Medigap Markets.

So please consider supporting SB 1181. Thank you.