#### SUBMITTED ELECTRONICALLY

The Honorable Mike Kelly
U.S. House of Representatives
1707 Longworth House Office Building
Washington, DC 20515

The Honorable Neal Dunn, M.D. U.S. House of Representatives 466 Cannon House Office Building Washington, DC 20515

The Honorable John Joyce, M.D. U.S. House of Representatives 2102 Rayburn House Office Building Washington, DC 20515 The Honorable Yvette Clarke U.S. House of Representatives 2058 Rayburn House Office Building Washington, DC 20515

The Honorable Danny Davis U.S. House of Representatives 2159 Rayburn House Office Building Washington, DC 20515

The Honorable Raul Ruiz, M.D. U.S. House of Representatives 2342 Rayburn House Office Building Washington, DC 20515

# RE: <u>Disability Community Support for H.R. 2199, the Restore Protections for Dialysis Patients Act</u>

Dear Representatives Kelly, Clarke, Dunn, Davis, Joyce, and Ruiz:

On behalf of the undersigned organizations, we write to thank you for your leadership in reintroducing H.R. 2199, the *Restore Protections for Dialysis Patients Act* ("Restore Act"). This bipartisan and bicameral bill seeks to restore long-standing health insurance protections for individuals with end-stage renal disease ("ESRD"), a life-threatening condition that requires kidney dialysis at least three times per week. More specifically, this bill would restore the intent of the Medicare Secondary Payer Act ("MSPA") and protect individuals with ESRD from discriminatory practices that single out renal dialysis patients for disfavored insurance treatment compared to individuals with other conditions.

The undersigned organizations represent individuals, organizations, and health professionals who are deeply concerned with how this loophole could negatively impact access to care for individuals with kidney failure. We are concerned that without the protections of the MSPA, longstanding health inequities will be exacerbated, especially as providers are now allowed to implement discriminatory practices.

The MSPA has been in place for over 40 years to ensure that individuals who require kidney dialysis have continued and full access to the healthcare services they need. Because individuals with ESRD are eligible for Medicare coverage below age 65, the MSPA was designed to ensure that employers did not limit kidney dialysis benefits, effectively forcing dialysis patients onto Medicare prematurely and off employer coverage. These discriminatory practices have been illegal under the MPSA since 1981 until a recent U.S. Supreme Court decision, known as the *Marietta* holding, opened a loophole that could prematurely force individuals in the United

States with kidney failure off employer-sponsored health insurance and onto Medicare as their sole payer, despite the intended protections of the MPSA.

Without a legislative fix to reverse the impact of the loophole created by the *Marietta* holding, employer-sponsored plans are now—and will continue to be—able to disregard the "anti-differentiation" requirement under the MSPA. This will permit employer plans to openly discriminate in the dialysis benefits they provide to their enrollees, which could significantly limit access to care for people with kidney failure. This also upends health insurance coverage for family members of those requiring dialysis covered by private employer plans.

H.R. 2199 would reestablish protections for individuals with ESRD and prevent discriminatory practices by employer-sponsored health plans. Discrimination in health insurance against individuals with one health condition should be considered discrimination against all individuals with health conditions. For these reasons, we thank you for reintroducing this important bill and look forward to working with you and your colleagues in the House to pass and enact it into law as soon as possible in the 119<sup>th</sup> Congress.

Sincerely,

## The Undersigned National Organizations in Support of Passage of the Restore Act:

Access Ready, Inc.

ACCSES

American Academy of Physical Medicine and Rehabilitation

American Association of Nurse Practitioners

American Association on Health and Disability

American Medical Rehabilitation Providers Association

American Music Therapy Association

American Nephrology Nurses Association

American Society of Nephrology

American Therapeutic Recreation Association

Amputee Coalition

Autistic Self Advocacy Network

Autistic Women and Nonbinary Network

Black Women's Health Imperative

Brain Injury Association of America

Christopher and Dana Reeve Foundation

Disability Rights Education and Defense Fund

Falling Forward Foundation

Family Voices

Health is for EveryBODY

Justice in Aging

Lakeshore Foundation

Lupus and Allied Diseases Association, Inc

Minority Health Institute

Muscular Dystrophy Association

National Association of Councils on Developmental Disabilities

National Association for the Advancement of Orthotics and Prosthetics

National Association of Hispanic Nurses

National Association of State Head Injury Administrators

National Black Nurses Association

National Council of Asian Pacific Islander Physicians

National Disability Rights Network

National Health Law Program

National Minority Health Association

National Patient Advocate Foundation

RESNA

Spina Bifida Association

The Arc

United Cerebral Palsy

#### SUBMITTED ELECTRONICALLY

The Honorable Bill Cassidy United States Senate 455 Dirksen Senate Office Building Washington, DC 20510

The Honorable Kevin Cramer United States Senate 313 Hart Senate Office Building Washington, DC 20510 The Honorable Cory Booker United States Senate 306 Hart Senate Office Building Washington, DC 20510

The Honorable Martin Heinrich United States Senate 709 Hart Senate Office Building Washington, DC 20510

# RE: <u>Disability Community Support for S. 1173, the Restore Protections for Dialysis Patients Act</u>

Dear Senators Cassidy, Booker, Cramer, and Heinrich:

On behalf of the undersigned organizations, we write to thank you for your leadership in reintroducing S. 1173, the *Restore Protections for Dialysis Patients Act* ("Restore Act"). This bipartisan and bicameral bill seeks to restore long-standing health insurance protections for individuals with end-stage renal disease ("ESRD"), a life-threatening condition that requires kidney dialysis at least three times per week. More specifically, this bill would restore the intent of the Medicare Secondary Payer Act ("MSPA") and protect individuals with ESRD from discriminatory practices that single out renal dialysis patients for disfavored insurance treatment compared to individuals with other conditions.

The undersigned organizations represent individuals, organizations, and health professionals who are deeply concerned with how this loophole could negatively impact access to care for individuals with kidney failure. We are concerned that without the protections of the MSPA, longstanding health inequities will be exacerbated, especially as providers are now allowed to implement discriminatory practices.

The MSPA has been in place for over 40 years to ensure that individuals who require kidney dialysis have continued and full access to the health services they need. Because individuals with ESRD are eligible for Medicare coverage below age 65, the MSPA was designed to ensure that employers did not limit kidney dialysis benefits, effectively forcing dialysis patients onto Medicare prematurely and off employer coverage. These discriminatory practices were illegal under the MPSA since 1981 until a recent U.S. Supreme Court decision, known as the *Marietta* holding, opened a loophole that could prematurely force individuals in the United States with kidney failure off employer-sponsored health insurance and onto Medicare as their sole payer, despite the intended protections of the MPSA.

Without a legislative fix to reverse the impact of the loophole created by the *Marietta* holding, employer-sponsored plans are now—and will continue to be—able to disregard the "anti-

differentiation" requirement under the MSPA. This will permit employer plans to openly discriminate in the dialysis benefits they provide to their enrollees, which could severely limit access to care for people with kidney failure. This also upends health insurance coverage for family members of those requiring dialysis covered by private employer plans.

S. 1173 would reestablish protections for individuals with ESRD and prevent discriminatory practices by private health plans. Discrimination in health insurance against individuals with one health condition should be considered discrimination against all individuals with health conditions. For these reasons, we thank you for reintroducing this important bill and look forward to working with you and your colleagues in the Senate to pass and enact it into law as soon as possible in the 119<sup>th</sup> Congress.

Sincerely,

## The Undersigned National Organizations in Support of Passage of the Restore Act:

Access Ready, Inc.

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American Academy of Physical Medicine and Rehabilitation

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American Nephrology Nurses Association

American Society of Nephrology

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Muscular Dystrophy Association

National Association of Councils on Developmental Disabilities

National Association for the Advancement of Orthotics and Prosthetics

National Association of Hispanic Nurses

National Association of State Head Injury Administrators

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National Health Law Program
National Minority Health Association
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