



The Honorable Andrea Salinas
Chair, House Committee on Health Care
State Capitol, Room E
Salem, Oregon 97301

RE: Chronic Disease Coalition opposes HB 4114, blatant discrimination against kidney patients

Dear Chair Salinas and members of the House Committee on Health Care,

The Chronic Disease Coalition is a nonprofit organization that advocates for patients with a wide range of chronic health conditions, including diabetes, multiple sclerosis, rheumatoid arthritis and kidney disease, to name just a few. Because of the need for regular and often expensive treatment, these patients frequently face disease-based discrimination from large health insurers and other related interest groups. On behalf of our members and allies in Oregon, we urge you to reject efforts by SEIU and the insurance lobby to target kidney patients who rely on specialty care to stay alive.

Patients with end-stage renal disease (ESRD), or kidney failure, are physically attached to dialysis machines for multiple hours three to five times a week. Dialysis is a lifesaving treatment, filtering toxins from the patient's blood because their kidneys no longer can. The severity of this condition led federal policymakers to grant ESRD patients access to Medicare before the age of 65, as going without treatment would lead to death.

It's no secret that Medicare and Medicaid programs only cover a portion of the actual cost of providing health care for ESRD patients and others¹. As a result, all health care providers must treat enough commercially insured patients to subsidize care for the rest of their populations, or simply not accept patients who utilize Medicare or Medicaid. Although this is an imperfect system, all patients benefit from quality care.

HB 4114 would in fact lead to significant patient hassle and harm for people with ESRD. The bill has no positive benefits for ESRD patients. None. The bill would only serve to ensure that insurance companies pay less (less than the actual cost) for dialysis treatments. Patients receive none of the financial benefits that would be handed to insurers under HB 4114. Worse, the artificial constraints that the bill places on providers would mean diminished access to quality care for ESRD patients.

If HB 4114 were to pass, it would collapse the dialysis treatment model and severely impact patient access to care. The bill would achieve the following:

- Aid insurance industry profiteering by directly targeting low-income, vulnerable patients, who also disproportionately represent minority populations

- Allow insurers to reimburse providers at the Medicare rate – below the actual cost of care – regardless of a patient’s commercially insured status and contractual agreements
- Force dialysis clinics to close, jeopardizing patient access to lifesaving treatment
- Force some patients to dialyze in hospitals that do not have the trained staff or support services that ensure they receive safe, optimal care
- Increase health care costs, as patients may experience complications with irregular treatment frequency that results in hospitalizations or increased emergency room visits
- Leave Oregon’s health care system ill equipped to provide high-quality treatment for a growing population of people battling kidney disease

While a small number of ESRD patients are utilizing commercial insurance now, Medicare will automatically become their primary payer after a 30-month period as required by federal regulation. For the insurance industry to suggest that increasing their profit margins on the few commercially insured patients in Oregon will result in lower health care costs for everyone, is absurd. The stark reality is that by collapsing this treatment model, we will not only provide patients with a lower quality of care, but it will result in increased costs for hospitals and emergency rooms.

We urge you to prioritize the well-being of Oregon’s most vulnerable patients over insurance industry profits. Vote “NO” on HB 4114.

Sincerely,



Scott Bruun, Executive Director
Chronic Disease Coalition

¹ <https://www.forbes.com/sites/peterubel/2013/11/07/why-many-physicians-are-reluctant-to-see-medicaid-patients/#1c0f35071045>

² <https://olis.leg.state.or.us/liz/2019R1/Downloads/CommitteeMeetingDocument/179079>