

Reject AB 290: Bill Prioritizes Insurance Company Profits Over Dialysis Patient Access to Life-Saving Care

Bill discriminates against low-income dialysis patients by limiting what health insurance companies pay for patients who receive charitable premium assistance (CPA). Wealthier dialysis patients, those who can afford to pay their insurance premiums out of their own pockets, are not affected by this bill whatsoever.



> **AB 290 attacks vulnerable dialysis patients receiving charitable premium assistance (CPA) to maintain commercial health insurance.**

A small number of Californians on dialysis (about 5%) use financial assistance from non-profit charitable organizations to help pay health insurance premiums. These patients are largely minority (59% Latino, African-American and Asian) and low-income (average income less than \$20,000/yr). Premium assistance is important for patients on dialysis who prefer to maintain private health insurance but cannot maintain employment. In fact, federal law requires dialysis providers to notify patients of the availability of premium assistance as part of patients' rights under the Conditions for Coverage for End-Stage Renal Disease Facilities.

> **AB 290 slashes what insurance companies pay for dialysis care, below the cost of care.**

AB 290 allows insurance companies to slash reimbursements to Medicare rates for patients who receive CPA. According to a January 2019 report by the payment advisory committee for the federal government (MedPAC), Medicare reimbursement levels are 1.1% *below* the actual cost of providing dialysis care.

> **AB 290 treats wealthy patients differently.**

Under AB 290, the only patients affected are low-income dialysis patients who need charitable premium assistance to help pay their insurance premiums. Patients who can afford to pay their insurance premiums out of their own pockets are not affected by this bill.

> **AB 290 jeopardizes access to care for ALL dialysis patients who need dialysis three days a week, four hours at a time, to survive.**

- Because government payors reimburse at or below the cost of care, private insurance payments help subsidize ALL dialysis clinics, especially those in low-income and rural areas of the state.
- 90% of dialysis patients rely on government coverage (Medicare, Medi-Cal) at rates that are below cost. Because no business can afford to keep its doors open if reimbursements do not cover the cost of care, AB 290 would cause long-term access to care issues.
- AB 290 would exacerbate the slowed investment in new dialysis facilities – at a time when demand for dialysis is growing at a rate of 5% per year.

> **AB 290 is opposed by doctors, caregivers, patients, business and taxpayer groups and dialysis providers.**

This dangerous bill will jeopardize patient access to life-saving dialysis care.

**Reject insurance company profiteering.
Protect patient access to life-saving dialysis care.**

No on AB 290