

## OPINION

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# Dialysis patients need legislature's protection

By John Robinson

In Kentucky, 4,300 people suffer from kidney disease or kidney failure and rely on dialysis machines to stay alive. Kidney failure results when kidneys lose most of their ability to remove waste and maintain fluid and chemical balances in the body.

Patients who are faced with kidney failure have only two choices: undergo regular dialysis or have a kidney transplant. These choices aren't optional. Without one or the other, patients like me with kidney failure, will die.

Dialysis is one of the most time-consuming and invasive treatments in our health care system. Like other dialysis patients, I am required to spend at least three days a week at a local dialysis center where I am hooked up to a machine that cleans my blood for more than four hours at a time.

The process is tedious, but I can tell you firsthand that my dialysis center does everything it can to make treatments as easy as possible.

So I have found it difficult to listen to state lawmakers justify the actions of health insurers who have turned their backs on patients by asking them to switch facilities and drive further distances for life-sustaining health care.

Dialysis patients deserve to be protected against health insurers who are trying to renege on their promises, and I am incredibly disappointed to learn, after attending three House and Senate Banking and Insurance Committee hearings over the last two weeks, that state lawmakers are bowing to pressures from health insurance companies.

I also found it completely ironic that during the hearings, insurers were speaking about consumer protection. Most people need protection from their insurance companies' actions, not the other way around.

For years, other patients and I have paid for insurance coverage despite big premium increases year after year. Last year, insurance companies began limiting what they pay for out-of-network dialysis in the name of controlling costs. But my premiums went up again this year, so where did the cost savings go?

Now that we are sick and most vulnerable, insurance companies are cutting payments for our care and trying to take away our choice of where we can get that care.

Recognizing the life-or-death nature of kidney disease, Congress passed legislation in 1972 making people of any age with kidney failure eligible for Medicare. As a result of this foresight, Medicare covers more than 85 percent of dialysis patients. The other 15 percent are covered by private insurance companies for the first 30 months of dialysis. After that, Medicare assumes their costs, too.

If insurance companies already have these protections, why is it so hard for them to be responsible for paying for quality care for patients' first 30 months on dialysis? All we want is for them to pay for the care we deserve before Medicare assumes the responsibility for paying for our care and ensuring our survival.

House Bill 433 would ensure that dialysis patients are protected. The question should not be whether to support the Dialysis Patients Bill of Rights, but how it is possible to not support it.

Insurance companies have found so many ways around delivering the care they promise. HB 433 creates real consumer protections that we need to get care and survive our illness.

Please do the right thing and help protect Kentucky's dialysis-dependent population.

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*John Robinson of Louisville is on dialysis.*

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