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Guest column: Secure choice for those on dialysis

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Guest Columnist

4,300. This is the number of people in the commonwealth who currently suffer from kidney disease or kidney failure and rely on dialysis machines to stay alive. Kidney failure is a result of 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 but 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.

For those of you who are unfamiliar with dialysis, let me tell you what I go through.

It is one of the most time-consuming and invasive treatments in our health care system. Dialysis patients are required to spend at least three days a week at their local dialysis center, hooked-up to a machine that cleans their blood for more than four hours at a time. The process of receiving dialysis is tedious; however, I can tell you firsthand that my dialysis center does everything it can to make my treatments and all the other patients' treatments as easy as possible.

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

I have found it difficult to sit and listen to our 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. I also found it completely ironic that during the hearings, insurers were speaking about consumer protection.

Protection from insurance companies

Most people need protection from their insurance company's actions, not the other way around. I have paid for years for my insurance coverage despite year after year of big premium increases. Other patients have paid their premiums and also experienced

increases for years. Now insurance companies are limiting what they pay out of network for dialysis in the name of controlling costs. Even though this started in 2007, I can tell you that my premiums as well as others' still went up in 2008, so where did the cost savings go? Now that we are sick and most vulnerable, they 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 now covers more than 85 percent of dialysis patients. It assumes responsibility for those who are commercially insured patients - the 15 percent - after the first 30 months of dialysis.

If insurance companies already have these protections, I ask you, 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.

HB 433 is a crucial bill to ensure dialysis patients are protected. The question should not be whether or not to support the Dialysis Patient's Bill of Rights, rather how it is possible to not support the bill. Insurance companies have found so many ways around delivering the care that they promise. HB 433 creates real consumer protections that we need to get quality care and survive our illness.

So, the bottom line for patients like me is that we need HB 433 to pass, because without it, insurance companies are taking away the very consumer protections we need. Please do the right thing and help protect Kentucky's dialysis population.

***John Robinson** is a dialysis patient living in Louisville who is directly affected by the outcome of this bill.*