

2010 Kidney Care Network Adequacy Legislation

Protecting Access to Care for Floridians with Kidney Failure

SB 2184 by Senator Thad Altman/HB 1167 by Representative Mark Pafford

Background

- End Stage Renal Disease (ESRD) refers to permanent kidney failure, a condition that is irreversible and fatal without chronic life-long dialysis treatment or a kidney transplant.
- Nationally, there are more than 350,000 people on dialysis, of whom more than 21,000 are Floridians.
- Across the U.S. and Florida, kidney disease is on the rise, largely related to the increased prevalence of conditions that lead to kidney disease in the population: diabetes, hypertension, and obesity.
- Kidney disease is especially prevalent in minority communities. In 2007, African-Americans were 4.2 times more likely to develop renal failure than whites and the rate in the Hispanic population was 1.5 times higher than non-Hispanics. (USRDS 2009 Annual Data Report.)

Why It Matters

- Dialysis patients are an extraordinarily vulnerable population with significant clinical needs. The vast majority of them must receive hemodialysis treatment 3 times a week in sessions lasting 3-4 hours each in order to survive.
- Because of this, Florida dialysis patients can face a number of hardships related to their treatment, including: long drive times to their center of care, interruption in continuity of care, interference with their ability to work and care for their families, and considerable transportation and related costs. This is particularly true for patients living in rural areas.
- Network adequacy legislation would ensure those suffering from kidney failure are able to access the life-sustaining care they need.

Key Legislative Protections

- **Prohibits Excessive Travel Times:** Extends the 30 minute drive time rule that applies to HMOs for primary care to all insurance products providing ESRD coverage. It prohibits insurers from requiring patients to travel more than 30 minutes from their home to obtain life-sustaining dialysis treatment. If there is not a dialysis center within 30 minutes, the patient would be allowed to go to the nearest treatment facility.
- **Protects Patients Prior to Medicare Coverage:** Prohibits insurers from taking actions that could result in a patient switching to a government insurance program and dropping their private insurance early. Due to Medicare coverage rules, private insurers are only responsible for ESRD coverage for a maximum of 33 months regardless of a patient's age.
- **Notice of Changes in Coverage:** Requires that an insurer give dialysis patients sufficient notice of any changes to covered services, provider network, and changes in reimbursement, including any increased payment responsibility to the patient. Network changes can have a significant impact on dialysis patients due to the frequency of the care they must receive. Any changes must allow patients, caregivers, and their families an appropriate amount of time to adjust their treatment plans.
- **Prior Authorization Limitation:** Limits the number of times insurers can require prior authorization for dialysis treatment to no more than twice a year. Also, each granting of prior authorization would be required to include all components of a patient's treatment ordered by their physician. Absent a kidney transplant, a dialysis patient requires treatment for the remainder of their lives. Requiring monthly prior authorizations is burdensome to patients and caregivers and is completely unnecessary as no patient receives unnecessary dialysis treatments.