

CHAPTER 63**(HJR 52)**

A JOINT RESOLUTION directing the Cabinet for Health and Family Services to estimate the cost of care per month that must be borne by Kentucky taxpayers for a Kentucky Medicaid dialysis patient.

WHEREAS, the Commonwealth of Kentucky recognizes that healthy citizens are essential for strong communities to thrive; and

WHEREAS, End Stage Renal Disease (ESRD) is a state of permanent kidney failure, a condition that is irreversible and fatal without chronic life-long dialysis treatment or a kidney transplant; and

WHEREAS, Kentucky citizens receiving life-sustaining dialysis treatment are an extraordinarily vulnerable population with significant clinical needs that must receive dialysis treatment three or more times per week for sessions lasting up to five hours; and

WHEREAS, the Commonwealth ranks 20th in the United States in the prevalence rate of ESRD, with growth from 705 people in 1980 to 6,280 people with ESRD in 2006; and

WHEREAS, continued access to high quality care is of paramount importance to this unique population and their families; and

WHEREAS, many of those on dialysis and their families have paid premiums for years for the right to have their health care needs met when it matters most; and

WHEREAS, private insurers enjoy only a short-term obligation to beneficiaries who experience kidney failure since that is the only disease state where, regardless of age, Medicare assumes primary coverage after 33 months on dialysis; and

WHEREAS, private insurers are in effect subsidized by taxpayers since insurers' short-term obligation to beneficiaries on dialysis means that state and federal governments assume primary responsibility in the form of Medicare and Medicaid coverage after the 33 month coordination of benefits period; and

WHEREAS, despite their short-term responsibility for kidney care, insurers have taken actions that could result in increased drive times, disruption of continuity of care, interference with beneficiaries' ability to work and care for their families, and increased transportation and related costs; and

WHEREAS, the 2008 legislature brought focus to the issue on behalf of all Kentuckians to protect those on dialysis from being exposed to actions by insurers that were not consistent with their role in protecting patients' health;

NOW, THEREFORE,

Be it resolved by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. The Cabinet for Health and Family Services is directed to estimate the cost of care per month that must be borne by Kentucky taxpayers for a Kentucky Medicaid dialysis patient. The Cabinet for Health and Family Services analysis must be made public no later than December 31, 2009.

➔Section 2. Those parties responsible for the delivery and financing of kidney care services are hereby expected to ensure that none of the above hardships are placed on Kentuckians and their families now and in the future. These parties are encouraged to come together to ensure that access to high quality kidney care services is honored and preserved.

➔Section 3. Insurers are strongly encouraged to honor the long-standing commitment to their policyholders to ensure continuity of care, irrespective of where they fall during their benefits period, similar to providers' demonstrated commitment to ensuring high-quality uninterrupted care irrespective of which payor funds the care.

➔Section 4. Failure by the interested private parties to reach resolution resulting in lasting protections for Kentuckians on dialysis will necessitate legislative review to preserve access to the life-saving care that population requires.

Signed by the Governor March 20, 2009.