



September 24, 2026

Re: Comprehensive Request for Information on Policy Proposals to Improve Access, Quality and Affordability of Health Coverage for All Americans

Dear Senator Wyden,

The National Kidney Foundation (NKF) is writing in response to the Request for Information (RFI) of July 30, 2026, on policy proposals aimed at improving health care for all Americans. As the Senate Finance Committee ("the Committee") considers reforms to lower families' health care costs and expand meaningful coverage choices, NKF respectfully requests that you address a longstanding gap in Medicare by guaranteeing access to affordable Medigap coverage for people under age 65 who qualify for Medicare due to End-Stage Renal Disease (ESRD).

People with kidney failure illustrate why having health insurance does not necessarily mean having affordable or comprehensive health coverage. Federal law does not guarantee ESRD beneficiaries under the age of 65 the opportunity to buy a Medigap policy. Under Original Medicare, ESRD beneficiaries owe 20 percent of the Medicare-approved amount for outpatient dialysis, with no annual limit on that coinsurance. Medigap coverage is essential for covering those coinsurance costs, which in 2026, exceed \$50 per treatment, \$150 per week, and an out-of-pocket amount of more than \$732.446 per month and \$8,789.352 annually simply to stay alive. As a result, medical bankruptcy is common among individuals with kidney failure despite what is commonly believed to be comprehensive coverage for individuals with kidney failure.

Whether a beneficiary under 65 can protect themselves from these costs can depend largely on where they live. **At least 15 states do not guarantee Medigap coverage for this population.** Twelve states have no requirement that insurers offer coverage to Medicare beneficiaries under 65, while three others have protections that exclude people with ESRD. Even where coverage is available, premiums can place it beyond patients' reach. Few states cap premiums relative to what insurers charge Medicare beneficiaries age 65 and older, though a cap does not necessarily make the premium affordable to every patient.

The state-by-state patchwork undermines both affordability and meaningful consumer choice. Some ESRD beneficiaries may choose a Medicare Advantage plan with a \$0 additional premium. That can be the right choice for some, but it carries tradeoffs, including narrow provider networks and prior authorization rules that patients must navigate when seeking a kidney transplant. Medicare itself advises prospective transplant patients to check whether their transplant providers are in a plan's network and whether prior authorization applies. Patients should be able to make this choice based on their care needs, rather than being pushed toward a plan because affordable Medigap coverage is unavailable in their state.

People living with ESRD should be able to choose between Original Medicare and Medicare Advantage based on which coverage arrangement best meets their health care needs, not the availability and cost of supplemental coverage in their state. As the Committee considers policies to make health coverage more affordable, please close this state-by-state gap by establishing a



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federal guaranteed-issue right to Medigap for Medicare beneficiaries under 65 with ESRD, paired with protections that keep premiums affordable. A kidney failure diagnosis should not leave someone exposed to unaffordable costs or limit their coverage choices because of their ZIP code. Should you have any questions or require further information, please contact Miriam Godwin at Miriam.godwin@kidney.org.

Sincerely,

Dr. Jesse Roach
Senior Vice President, National Kidney Foundation