



April 8, 2025

Chairman Brian Lampton  
House Insurance Committee  
1 Capitol Square  
Columbus, OH 43215  
Room 122

The Honorable Chair Lampton, Vice Chair Craig, Ranking Member Tims, and Members of the Insurance Committee:

**RE: SUPPORT, HB 24 – Provide Medigap policy for certain Medicare-eligible individuals**

I am writing on behalf of the ALS Association and all ALS patients and their families in Ohio in support of HB 24. This legislation will significantly help reduce the out-of-pocket healthcare costs for our community.

Amyotrophic lateral sclerosis (ALS) is a fatal, progressive neurodegenerative disease that slowly robs a person of their ability to walk, talk, eat, and eventually breathe. The cost of care for someone living with ALS is astronomical, with annual out-of-pocket (OOP) expenses reaching upwards of \$200,000. Medicare supplemental insurance policies, also known as Medigap, can dramatically reduce the crushing financial burden of this devastating disease.

As you may already know, most people with ALS become eligible for Medicare Part A and B—regardless of age—the month their Social Security disability benefits begin. Most patients choose to enroll in Medicare as their primary health insurance coverage. Medicare Part A covers hospital care, skilled nursing facility care, nursing home care, hospice, and home health services. Part B covers outpatient care, durable medical equipment, ambulance services, and mental health care.

However, many ALS patients require private supplemental Medigap insurance to afford their deductibles and co-pays, as Medicare Part B covers only 80 percent of medical care and has no cap on OOP expenses. Medigap plans help cover costs not included in Original Medicare, such as copayments, coinsurance, and deductibles. Without supplemental insurance, many individuals face the difficult choice between accessing essential care and facing financial catastrophe.

Federal law does not require private insurance companies to offer Medigap plans to individuals under age 65. Most people diagnosed with ALS fall between the ages of 40 and 70, with the average age at diagnosis being 55. The absence of federal protection for Medicare-eligible patients under 65 has resulted in an inconsistent patchwork of state laws. In Ohio, insurers are not required to offer Medigap plans to ALS patients under 65. If passed, HB 24 would correct this inequity and align Ohio with 17 other states—including Kentucky, Indiana, and Virginia—that have already adopted similar protections.

HB 24 addresses a critical gap in coverage by ensuring that Medicare-eligible Ohioans under 65 with ALS or end-stage renal disease (ESRD) have the same access to affordable, guaranteed-issue Medigap plans as those 65 and older. The bill guarantees access to Medigap policies for newly eligible individuals under 65, provides a one-time, six-month guaranteed issue open enrollment period for those already enrolled in Medicare under age 65, and establishes premium protections by requiring that under-65 enrollees be charged the same rates as those at age 65.

This legislation is modeled on Kentucky's HB 345, which passed with unanimous bipartisan support in 2023. It also mirrors the long-standing and successful protections in Kansas, where these policies have been in place since 1999.



This policy change would have immediate and measurable impacts on both individuals and the state. For many ALS patients, the lack of affordable Medigap coverage under age 65 forces them to spend down their assets or even consider "medical divorce" just to qualify for Medicaid. HB 24 would help prevent such financial ruin by providing access to affordable supplemental coverage. Currently, 26% of Ohioans under 65 with ALS rely on the state's Medicaid program, but this bill could reduce that number significantly—potentially keeping 1 in 4 from needing to enroll in Medicaid and saving the state an estimated \$3.2 million over five years. Importantly, this change would have a minimal impact on the broader insurance market. With more than 609,000 Medigap enrollees in Ohio, adding approximately 410 ALS and 1,772 ESRD patients would result in only a 0.2% premium increase—or about 40 cents per month—if insurers choose to adjust rates.

We believe that expanding Medigap coverage to Ohioans with ALS under the age of 65 is an important and concrete way elected officials can support those with this life-altering and devastating terminal disease.

Thank you for your time and for your consideration of this important legislation. For all these reasons, we respectfully ask for your support for HB 24.

Sincerely,

*Lindsay Jack*

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