

## Ohio Medigap

House Bill 400, House Insurance Committee, 6/12/24

### Diana Arevalo Oral Testimony

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Good morning, Chair Lampton, Vice Chair Barhorst and Members of the Insurance Committee:

Thank you for the chance to testify in support of House Bill 400. My name is Diana Arevalo, and I am the Managing Director of Advocacy at the ALS Association, and we are proud to serve families with ALS in Ohio. Thank you to Representatives Callender and Sweeney for introducing this important legislation.

ALS (Amyotrophic Lateral Sclerosis), is a progressive and relentless neurodegenerative disease that robs people of their ability to walk, talk, eat, speak, and eventually breathe. There is currently no cure.

As ALS progresses, it presents unique healthcare challenges. People living with ALS often require extensive medical care and support, leading to significant financial strain. Out-of-pocket costs for people living with ALS and their families can be as high as \$250,000 per year, causing families to empty retirement accounts and accrue mountains of debt. Families have difficult conversations about protecting their children's future finances, college tuition and generational wealth. This conversation always includes insurance.

HB 400 would make a significant stride in closing the healthcare coverage gap for Ohioans living with ALS who are under the age of 65. If enacted, this legislation will guarantee access to affordable Medicare supplemental insurance plans, also known as "Medigap," for people living with ALS, providing much-needed financial relief and healthcare security.

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 start. 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.

However, for many people with ALS, private supplemental Medigap insurance is needed to afford their deductibles and co-pays, as Medicare Part B only covers 80 percent of medical care with no cap on out-of-pocket (OOP) expenses. Medigap plans may cover some of the costs that fee-for-service Medicare does not cover such as copayments, coinsurance, and deductibles.

Federal law does not require private insurance companies to sell Medigap plans to people under age 65. Most people who develop ALS are diagnosed between the ages of 40 and 70 with the average age being 55 at the time of diagnosis. The lack of federal protection for Medicare eligible patients under 65 has resulted in an uneven patchwork of state laws on this issue. 17 other states, including Kentucky, Virginia, and most recently, Indiana, have enacted similar legislation.

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

For all these reasons I respectfully ask for your support for House Bill 400. Thank you for your time.