

Joint Committee on Health Care Financing 2025-2026 (194th) Bill Summary

<u>Bill Number:</u>	House, No. H4425
<u>Title:</u>	AN ACT RELATIVE TO MEDICARE COVERAGE FOR END-STAGE RENAL DISEASE
<u>Sponsor:</u>	Representative Thomas Stanley (Waltham)
<u>Hearing Date:</u>	January 15, 2026
<u>Reporting Deadline:</u>	January 28, 2026
<u>Prior History:</u>	New Bill
<u>Similar Matters:</u>	S737 (Gómez – Identical)

Current Law:

Chapter 176k § 1 – Definitions: Terms governing Medicare supplemental insurance plans (often referred to federally referred as Medigap). Current law defines an “eligible person” for these plans as any person who resides in the Commonwealth for at least six consecutive months of each calendar year, is eligible or enrolled in Medicare coverage for both hospital and physician services due to age or disability, and who is not eligible for employer-sponsored health care coverage; however, individuals whose Medicare eligibility is solely the result of end-stage renal disease are excluded from the definition of eligible person. Defines “Medicare supplement insurance” as private insurance issued by an approved carrier that works alongside Medicare Parts A and B, and is designed to supplement Medicare reimbursements by helping to cover hospital, medical, and surgical costs that are not fully paid by Medicare, including deductibles, copayments, and coinsurance.

Summary:

This bill expands eligibility for Medicare supplement insurance to include residents who qualify for Medicare solely due to end-stage renal disease (ESRD). Under current law, individuals whose eligibility is based only on ESRD are excluded from the definition of an “eligible person,” and therefore, insurers are not required to offer them Medicare supplement coverage plans. This bill removes the exclusion, allowing individuals who have Medicare only because they have end-stage renal disease to be eligible for Medicare supplement plans and requiring insurers make such coverage available.