

## Expanding Access to Care for Immigrants with End-Stage Kidney Disease in Rhode Island

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End-stage kidney disease (ESKD) is a leading cause of morbidity and mortality in the United States. Patients on dialysis spend more time in hospitals and skilled nursing facilities,<sup>1</sup> undergo more surgeries and procedures,<sup>2</sup> and have a five-fold higher mortality compared to the general population.<sup>3</sup> On a per-patient basis, ESKD requiring dialysis is among the most expensive chronic medical conditions in the United States.<sup>4</sup> To control costs and ensure healthcare coverage, the federal government passed legislation in 1972 that expanded Medicare to all US citizens with ESKD. The federal legislation did not address coverage for non-US citizens with ESKD.<sup>5</sup>

There are an estimated 5500 to 9000 undocumented immigrants with ESKD in the US.<sup>6</sup> These patients are excluded from Medicare, the Affordable Care Act, and most state Medicaid programs. Their medical care varies from state to state.<sup>7</sup> In some states, they receive emergency-only dialysis for life-threatening uremia, hyperkalemia, and volume overload,<sup>8</sup> a practice that costs four times as much,<sup>9</sup> is associated with 14-fold higher mortality rate,<sup>10</sup> and puts excess stress on patients and providers.<sup>11</sup> Hospitals receive reimbursement through the provisions of the Emergency Medical Treatment and Labor Act (EMTALA).<sup>12</sup>

In Rhode Island, there is no statewide program to provide healthcare coverage for this vulnerable patient population. They often present late to emergency rooms or urgent care centers with symptomatic, severe, and irreversible chronic kidney disease. At Brown University Health (BUH) hospitals and clinics, they apply for financial assistance because there is no other state mechanism in place to cover their care. Depending on income and financial resources, Community Free Service (CFS) covers a portion of chronic dialysis treatments, vascular access procedures, emergency room and hospital costs. However, CFS does not pay for prescription medications, rehabilitation or skilled nursing, or medical expenses outside of the hospital system, and most importantly, it does not pay for kidney transplantation.

Kidney transplantation is the best treatment for ESKD—there is an 85% five-year survival after transplant, as compared to a 40% five-year survival after starting dialysis. Kidney transplant is also the cheapest. Whereas dialysis costs roughly \$90,000 per patient per year, post-transplant care costs under \$40,000 per year after the initial surgery and hospitalization.<sup>13</sup> For a patient with a life expectancy exceeding three years, transplantation will save the healthcare system tens of thousands of dollars,<sup>14</sup> not accounting for the increase in work force that will result from freeing people of dialysis. In one study, 82% of undocumented immigrants

on dialysis reported that they would return to work if given a kidney transplant.<sup>15</sup> Further, there are data to support that undocumented immigrants pay into the healthcare system more than is paid on their behalf,<sup>16</sup> and that non-US citizens are donating healthy, viable organs to the donor pool that are largely being received by US citizens.<sup>17</sup>

Undocumented Rhode Island residents with ESKD are excluded from kidney transplantation at BUH. All of us who work in the hospitals provide care for these patients, and many of us depend on them outside of work, in the community. They are a vital part of our city and our state, many with children, extended families, and important jobs—drivers, restaurant staff, daycare employees, construction workers, just to name a few. The American Immigration Council estimates that 3% of Rhode Island's 1.1 million people are undocumented immigrants, accounting for 4.2% of the Rhode Island workforce and \$100 million in state and local taxes paid.<sup>18</sup>

In 2024, Representative David Morales introduced a bill aiming to expand Emergency Medicaid to all persons living in Rhode Island suffering from ESKD, regardless of immigration status. The bill stated that Emergency Medicaid coverage shall begin at the point an individual requires a fistula or indwelling catheter for hemodialysis or peritoneal dialysis, and shall also cover kidney transplants for the same persons, and that coverage shall be available to both undocumented individuals and individuals who are qualified non-citizens who have not been present in the US for five years to receive federal benefits such as Medicaid. There is a precedent for use of Emergency Medicaid in neighboring states for immigrant patients with ESKD. In Massachusetts, patients are eligible for a Health Safety Net mechanism through Medicaid, which covers dialysis and transplantation at centers participating in the MassHealth program. In Connecticut and New York, patients can apply for Emergency Medicaid outpatient dialysis coverage. Currently, 20 states have provisions for dialysis, and five states have provisions for transplant. Rhode Island is not one of them.<sup>7</sup>

The bill, re-introduced in the House this session by Rep. Morales, and in the Senate by Sen. Pam Lauria, is a move towards an inclusive, non-discriminatory healthcare system. It ensures that all patients with ESKD receive consistent, medically appropriate care in a stable and sustainable way. Most importantly, it will improve and prolong the lives of our neighbors while saving the healthcare system in Rhode Island hundreds of thousands, potentially millions, of dollars.

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