

**Statement for the Record
House Health Care Committee
February 4, 2020
HB 4114 Coverage of Renal Dialysis**

Chair Salinas and members of the committee, please accept this statement for the record on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

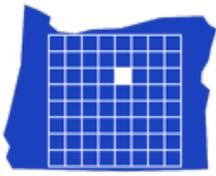
OR-ACEP strongly supports dialysis coverage in the CAWEM program for undocumented patients with end stage renal disease. These patients are currently ineligible for federal assistance from Medicare. The lack of coverage for life-saving dialysis treatment means that some undocumented dialysis patients are forced to resort to emergency dialysis in the emergency department when their condition meets a critical and dangerous threshold. This is at odds with the standard of care for people living with end stage renal disease (ESRD) and results in higher mortality rates (3 percent for scheduled dialysis vs. 17 percent for emergency dialysis) and increased monthly costs for emergency only dialysis of \$4,316 per person per month vs. \$1,452. While this provision is not in the bill, it's our understanding that the Chair is working with the Oregon Health Authority to have it added by Oregon Administrative Rule. Thank you for your leadership.

The chapter does have concerns with HB 4114 as written. The bill requires medical assistance and health benefit plan coverage of renal dialysis but ties reimbursement for commercial plans to Medicare rates. These rates were never designed to represent the fair market value of health care services or even to cover provider costs. While the reimbursement methodology is specific to dialysis providers, our concern is with the impact to the health care safety net in Oregon. If cuts to reimbursement cause closures or reduced hours for dialysis clinics, people with no other option will go to the emergency department for their care, creating extreme hardship for vulnerable patients and imposing a burden for over crowded hospitals meant to serve the community at large. The appropriate standard of care should be scheduled dialysis rather than waiting until the life of the patient is threatened.

Chapter President- Michael McCaskill, MD FACEP

Chapter Executive- Liz Mesberg

President-Elect- Chris Strear, MD FACEP **Government Relations Director-** Katy King



Oregon Chapter
American College of
Emergency Physicians

Benchmarking provider reimbursement to Medicare is a fundamentally flawed approach in general. Consider also that emergency physicians in Oregon, pursuant to the EMTALA mandate, do most of the indigent medical care and two-thirds of Medicaid acute care in EDs. As such, they have little to no operating margins and cannot significantly reduce their commercial rates. We urge the committee to remove this provision from the bill.

Thank you for your consideration and for your efforts to improve access to care for life saving dialysis services for some of the most vulnerable people living and working in our state.

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