

Robert Rope, MD
Assistant Professor
Division of Nephrology and Hypertension
Oregon Health and Science University

February 4, 2020
Oregon Legislature
House Health Care Committee
Chair: Representative Andrea Salinas

Regarding: House Bill 4114 and the extension of Medicaid funding for outpatient dialysis to non-citizens with ESRD.

Thank you Chair Salinas and members of the Committee for allowing me to speak today regarding section one of House Bill 4114 and the extension of public funds to cover outpatient dialysis for non-citizens.

Since 1972, US citizens have qualified for Medicare funding for outpatient dialysis. Non-citizens such as undocumented immigrants are not eligible for Medicare. In the State of Oregon, they are not eligible for Medicaid either.

In the absence of charity care from a dialysis organization or the ability to afford expensive insurance premiums, non-citizens must rely on emergency-only hemodialysis via a local ED.

At times referred to as compassionate dialysis, emergency-only hemodialysis is costly, morbid, and deadly. National data indicate that individuals relying on emergency-only hemodialysis are:

- 14 times more likely to die than those receiving standard hemodialysis while requiring more expensive care.^{1,2}
- More likely to lose the ability to work after starting dialysis.³
- Forced to endure recurrent life-threatening experiences with significant personal and family stress.^{4,5}

Several states use state Medicaid funds to cover scheduled hemodialysis for undocumented immigrants. They do this by declaring kidney failure an emergency requiring outpatient treatment at a dialysis center. These states include California, Colorado, and Washington among others. Importantly, states can apply for federal reimbursement of these costs.

In 2009, Washington State extended emergency Medicaid coverage to include dialysis, cancer treatment, and post-transplant immunosuppressive medications, for undocumented patients, and a subsequent federal OIG audit determined the program was appropriate as the expenditures met the state's emergency definition.⁶

Section one of House Bill 4114 will permit the Oregon Health Authority to use Medicaid funds for outpatient dialysis for these patients who are unable to obtain alternative methods of dialysis payment.

This will allow Oregon to join a growing list of states providing truly compassionate care to non-citizens burdened with kidney failure by avoiding emergency-only hemodialysis and allowing patients to remain healthy productive members of society.

Thank you for your time.

Robert Rope,

Assistant Professor
Division of Nephrology and Hypertension
Oregon Health and Science University

1. Cervantes L, Tuot D, Raghavan R, et al. Association of Emergency-Only vs Standard Hemodialysis With Mortality and Health Care Use Among Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med* 2018;178(2):188–95.
2. Sheikh-Hamad D, Paiuk E, Wright AJ, Kleinmann C, Khosla U, Shandera WX. Care for immigrants with end-stage renal disease in Houston: a comparison of two practices. *Tex Med* 2007;103(4):54–8, 53.
3. Raghavan R, Sheikh-Hamad D. Descriptive analysis of undocumented residents with ESRD in a public hospital system. *Dial Transplant* 2011;40(2):78–81.
4. Cervantes L, Fischer S, Berlinger N, et al. The Illness Experience of Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med* 2017;177(4):529.
5. Cervantes L, Hull M, Keniston A, Chonchol M, Hasnain-Wynia R, Fischer S. Symptom Burden among Latino Patients with End-Stage Renal Disease and Access to Standard or Emergency-Only Hemodialysis. *J Palliat Med* 2018;21(9):1329–33.
6. Washington State Legislature. WAC 182-507-0120 Alien medical for dialysis and cancer treatment, and treatment of life-threatening benign tumors.