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February 4, 2020

House Health Care Committee

RE: Testimony supporting House Bill 4114, Coverage of renal dialysis

Chair Salinas and members of the committee, for the record my name is Nancy Trumbo. I'm a registered nurse and serve as the regional director for inpatient care management at Providence Health & Services in Oregon. Thank you for the opportunity to join you today and discuss this important issue.

As an organization driven by our Mission to serve the poor and vulnerable, Providence Health & Services fundamentally believes that access to health care is a basic right. As such, we have supported efforts to ensure all Oregonians have access to health care and advocate for solution oriented policies that serve the needs of families in our communities, and the long-term economic success of Oregon. Extending coverage for renal dialysis is one of those issues.

For people with health insurance and end stage renal disease, standard treatment is three times a week hemodialysis in a community based clinic, or home, with a path to transplant for some. Typically these individuals are able to maintain a stable family and work life.

Families without insurance, face devastating physical consequences of untreated end stage renal disease and the family instability that comes with a future that is at risk. These families live in a continual state of uncertainty. Particularly undocumented people, who don't have access to health insurance, they typically do not have resources to obtain community based care. The only option for these people is emergency only hemodialysis through emergency departments, a couple times a month when they are critically ill.

When these patients present and are treated in an emergency department, hospitals are reimbursed through emergency Medicaid for emergency only hemodialysis. Studies suggest that the cost for providing these services in an emergency department when a patient is critically ill are as much as 3.7 times more expensive than providing scheduled care in an outpatient setting (Kensal, Voskoboynik). This is due to frequent and prolonged hospitalization arising from untreated end stage renal disease complications.

An example to help grasp the significant financial impact, a patient without insurance that presented to our emergency department with critical lab values indicating kidney failure, is admitted for between 47 hours and 4 days. In that time they receive cycles of hemodialysis and acute care stabilization for a cost of nearly $15,000. If you consider this level of care is necessary every week, the total cost to serve this individual is around $780,000 a year. If this patient was appropriately treated through community-based hemodialysis the total cost of their care would be about $70,000 per year.

Providence encourages this committee to consider changing our funding structure to include community based hemodialysis through emergency Medicaid for this population. This change would reflect the state's commitment to reducing health care spending and, it's the right thing to do for the people that live and work in our communities. In the U.S. there are 29 states that have changed emergency Medicaid funding to include community hemodialysis, or have found another way to pay for that standard of care. Washington and California are two states that have change their emergency Medicaid funding to include this population (Cervants, Mundo, Powe).

Thank you for the opportunity to provide comment. We hope you will join Providence in support of House Bill 4114.