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March 2, 2021

Senator Kate Lieber, Co-Chair
Representative Rob Nosse, Co-Chair
Joint Committee On Ways and Means Subcommittee On Human Services
Oregon State Capitol
Salem OR 97301

RE: Medicaid coverage of renal dialysis

Dear Senator Lieber, Representative Nosse, and Members of the Subcommittee:

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.

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

In contrast, people 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 or the resources to obtain community-based care. The only option for these individuals is emergency only hemodialysis through a hospital emergency department, 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) 1. 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)[2].

Thank you for the opportunity to provide comment.

Sincerely,

Nancy Trumbo, R.N. MN NE-BC
Regional director for inpatient care management
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References
1. Robert H. McKinney School of Law, Dialysis Access for Undocumented immigrants in Indiana [Internet]. 2016 [cited 2020 Feb 7]; Available from: https://mckinneylaw.iu.edu/practice/clinics/_docs/DialysisAccess_WhitePaper_HHRC.pdf
2. Cervantes, L. Mundo, W. Powe, N. The Status of Provision of Standard Outpatient Dialysis for US Undocumented Immigrants in ESKD: American Society of Nephrology 2019; V.14:1258-1260