



Ascension Saint Agnes Hospital

March 13, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 627- Maryland Medical Assistance Program - Emergency Dialysis Services

Dear Chair Griffith:

On behalf of Ascension Saint Agnes Hospital (ASA), in Baltimore, Maryland, we appreciate the opportunity to comment in **support of Senate Bill 627**. The Bill requires the Maryland Medical Assistance Program to provide coverage for dialysis services to noncitizens under certain circumstances. Ascension Saint Agnes supports coverage of outpatient dialysis for noncitizen immigrants under the Maryland Medical Assistance Program as we have seen many patients who would greatly benefit from regular and consistent care that would improve their overall health outcomes.

The Ascension Saint Agnes mission states “...we commit ourselves to serving all persons with special attention to those who are poor and vulnerable.” Because of this mission, we serve those noncitizen immigrants who reach our Emergency Department (ED) in dire need of dialysis services. These patients are unable to seek routine services at local dialysis centers due to their lack of insurance coverage. These patients coming to the ED routinely require and receive *three-times-weekly* dialysis treatment. These patients should be receiving a level of care that includes a sustainable plan for ongoing dialysis in an environment that supports their continuing needs.

Emergency dialysis is a poor substitute for scheduled outpatient dialysis. From the patients’ standpoint, it is unsafe as these patients at discharge are provided instructions on symptoms that should trigger a visit to the ED for urgent dialysis. This is a poor way to manage the patient as it puts them at greater risk for morbidity and mortality since, for example, “hyperkalemia,” which can lead to life-threatening heart arrhythmias, may not have any symptoms at all until it causes harm. Discharging patients without a sustainable safe plan for ongoing dialysis services places unnecessary stress on physicians and discharge planners that have a primary duty to ensure a safe discharge. Scheduled outpatient dialysis would improve this group’s health outcomes and quality of life.

Emergency dialysis is a really poor use of our healthcare resources as these patients cycle through our EDs for what should be routine outpatient dialysis. One example is that of a young 51 year old man who has been visiting our ED for dialysis since July 2021 with a total of 245 visits for dialysis as of the writing of this testimony. With a cost of \$415 per treatment, the total cost in 2022 for all of our patients seeking this care was about \$210,000 for the year. And in our attempt to ensure ongoing care for those most in need, we incurred an additional \$130,000 for that year for contracts with community providers. Under the fiscal environment that we and other hospitals are coping with in the past few years, the financial burden of ED dialysis weighs heavily as we attempt to turn the corner on not only our financial health but also our workforce crisis.

Providing access to routine outpatient dialysis would help improve workforce morale. A study of clinicians experienced in providing emergency-only dialysis in a safety-net hospital found that the providers suffered signs of burnout.¹ Providers were distressed that patients were unable to access the available routine dialysis care they need.² Maryland continues to experience health care workforce shortages, and preventing or reducing burnout helps maintain a robust health care workforce.

It is important to finally note that this particular issue has been a growing concern since 2019. Continued financial support of emergency dialysis, for those who require routine dialysis, is an unsustainable model and in the end diverts hospital charity dollars from supporting patients who can only receive support in the hospital and not in the community. Routine care that can be achieved in the community serves the patient and our healthcare system best.

For these reasons, we request a *favorable* report on Senate Bill 627.

For more information, please contact:

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¹ “Getting dialysis for undocumented patients,” “ACP Internist, February 2021.
acpinternist.org/archives/2021/02/getting-dialysis-for-undocumented-patients.htm

² *ibid*