



TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB 627: Maryland Medical Assistance Program- Emergency Dialysis Services

POSITION: Support

BY: Nancy Soreng, President

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The League of Women Voters Maryland supports **Senate Bill 627: Maryland Medical Assistance Program- Emergency Dialysis Services**, which would classify End-Stage Renal Disease (ESRD) as an emergency medical condition. This change would enable dialysis-dependent undocumented individuals to receive standard outpatient dialysis care, instead of being forced to rely on intermittent “emergency-only” dialysis in hospital Emergency Departments, paid for by emergency Medicaid funds.

ESRD is the final, permanent stage of chronic kidney disease. It is a fatal condition, and dialysis is life support. When a patient’s kidneys are no longer functioning, only ongoing dialysis or kidney transplantation will keep that patient alive.

Because undocumented immigrants in Maryland with ESRD are ineligible for Medicare, Medicaid, or coverage through the Health Benefit Exchange, at present they can only receive dialysis under EMTALA regulations when they are taken to hospital EDs in critical condition.

Patients who rely on this emergency-only weekly dialysis describe recurrent near-death experiences that terrify them and their families. Without functioning kidneys, patients can gain fifteen pounds of extra fluid weight in a week, which accumulates in their limbs, face, lungs and heart. They feel like they’re drowning. Toxins and excessive salts in their blood can lead to fatal heart arrhythmias. If they are able to reach a hospital ED, they’re admitted to the ICU and given back-to-back dialysis sessions over two days. Some don’t reach the ED, and die at home, or en route, from cardiac arrest.

Patients receiving emergency-only hemodialysis are 14 times more likely to die than those receiving standard dialysis.¹ These are desperately ill patients. As one physician said: “People...can die within two seconds because they go into an arrhythmia.”² Clinicians experience emotional exhaustion and burnout, knowing that because of a legal technicality they are repeatedly delivering substandard care.

Hilda was an undocumented immigrant in her early thirties who lived in Colorado with her two young sons. She had ESRD, but because of her documentation status was forced to rely on intermittent, emergency-only dialysis. She suffered three cardiac arrests, witnessed by her children, who called 911 each time. After deciding she could no longer subject her children to that constant level of fear and trauma, Hilda found a loving family to adopt them. She then stopped going to the ER, accepted palliative care, and died.

¹ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2665387>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9352150/>

After her death, Hilda’s medical providers went to the Colorado state legislature to try to protect other patients. Five years later, ESRD was added to Colorado’s list of emergency medical conditions, thus enabling the state’s 90 undocumented immigrants with ESRD to receive scheduled outpatient dialysis.

This change was not only humane, it made fiscal sense. By covering outpatient dialysis for those 90 patients, **Colorado’s emergency Medicaid program saved \$1.6 million per month³, or \$19.2 million per year.** Studies in other states have shown that costs for emergency-only dialysis “**can be as high as \$400,000 per person per year, more than four times the \$90,971 that Medicare spends per patient per year on hemodialysis patients.**”⁴

Emergency-only hemodialysis is costly for Maryland hospitals, which are penalized for readmissions, and is a great burden on their ED’s and ICU’s.

And it is also very costly for the State of Maryland and its taxpayers. If we extrapolate from Colorado’s numbers (190,000 undocumented individuals, 90 of which have ESRD), we can estimate that of Maryland’s 275,000 undocumented population, perhaps 130 of them have ESRD. Based on Colorado’s experience of saving \$19.2 million per year by switching 90 patients from emergency-only to standard hemodialysis, **we can estimate that Maryland could save \$27.7 million per year by doing the same with our patients.**

“It is clear that states who are providing emergency-only rather than standard dialysis to undocumented immigrants are providing less efficient care with worse clinical outcomes, all at a much higher cost.”⁵

Twelve states⁶ (CA, WA, AZ, CO, MN, WI, IL, NC, VA, PA, NY, MA) and Washington D.C. **have changed the scope of their Emergency Medicaid coverage to include outpatient dialysis.** CMS defers to states to determine which conditions qualify as emergencies, and those emergencies don’t have to be treated in an inpatient setting.

Three of those states (PA, VA, and NC) are Maryland’s neighbors, and have comparable undocumented populations (170,000-325,000) to Maryland (275,000). And **“evidence from California suggests that...allowing coverage for scheduled hemodialysis does not lead to an influx of undocumented patients needing dialysis.”**⁷

Adding ESRD to the list of emergency medical conditions covered by emergency Medicaid would enable the small numbers of undocumented immigrants in Maryland with ESRD to receive standard outpatient dialysis, rather than being forced to rely on emergency treatment when they are on the brink of death. While this change would affect a relatively small number of Maryland residents, it would save our state Medicaid system millions of dollars per year. This is humane, fiscally responsible policy.

One physician noted: “I don’t think [legislators] understand how tragic it is. I don’t think they understand how easy it would be to fix.”⁸

The League and its over 1,500+ members urge a favorable report on Senate Bill 627.

³ <https://centerforhealthprogress.org/blog/changing-dialysis-policy-saved-lives-and-money/>

⁴ https://www.kidney.org/sites/default/files/support_letter_for_dialysis_for_undocumented_people_20210929.pdf

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9352150/>

⁶ https://www.kidney.org/sites/default/files/support_letter_for_dialysis_for_undocumented_people_20210929.pdf

⁷ https://www.asn-online.org/publications/kidneynews/archives/2021/KN_2021_09_sep.pdf

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9352150/>