Whereas, There are 6,480 undocumented immigrants with end-stage renal disease (ESRD) living in the United States; and

Whereas, Scheduled hemodialysis is the standard of care in patients with ESRD and is an effective treatment for prolonging survival and improving quality of life; and

Whereas, Undocumented immigrants with ESRD are more likely to be employed than US citizens with ESRD, and they contribute more to the Medicare Trust Fund than they withdraw; and

Whereas, Despite this substantial financial contribution to the US economy, undocumented immigrants are unable to obtain health benefits through Medicaid and Medicare, which cover dialysis for beneficiaries with ESRD; and

Whereas, In most states, there is no public funding for undocumented immigrants to receive scheduled dialysis so they must resort to emergency-only dialysis, meaning they must wait until they develop critical illness before presenting to the emergency department, where they undergo dialysis and are often admitted to a medical ward; and

Whereas, While emergency departments are mandated to provide emergent dialysis through the 1986 Emergency Medical Treatment and Active Labor Act (EMTALA), they can provide only 1-2 sessions per week (rather than the recommended 3 sessions per week) and even then, high demand compromises the availability of dialysis chairs; and

Whereas, Without consistent access to dialysis, many patients have experienced multiple cardiac arrests and severe psychosocial distress leading to debilitating, long-term health consequences that add further cost and burden to the healthcare system; and

Whereas, Emergency-only hemodialysis patients experienced a 5-year mortality rate >14-fold higher than patients undergoing scheduled maintenance dialysis, more ICU admissions, and an almost 10-fold greater use of acute-care days; and

Whereas, Compared with emergency-only dialysis, scheduled dialysis involves cost savings of $72,000 per person per year; extending dialysis coverage to 6,480 undocumented immigrants nationwide could lead to cost savings of more than $400 million over 1 year; and

Whereas, 11 states and the District of Columbia offer scheduled hemodialysis to undocumented immigrants through state emergency Medicaid programs; and
Whereas, H.R. 2644 Chronic Kidney Disease Improvement in Research and Treatment Act of 2017 was proposed “to understand the progression of kidney disease and the treatment of kidney failure in minority populations and improve access to kidney disease treatment for those in underserved rural and urban areas\textsuperscript{14,15}; and

Whereas, The Renal Physicians Association’s position on dialysis of undocumented individuals states that “the federal government has a responsibility to provide care for all patients within the borders of the United States, and the financial burden of care provided to citizens and noncitizens is both a federal and state responsibility… difficult access to or denial of dialysis services will invariably hasten the patient’s demise and ultimate death\textsuperscript{16}; therefore be it

RESOLVED, That our American Medical Association support expanded access to scheduled dialysis for undocumented persons with end-stage renal disease. (New HOD Policy)

Fiscal Note:

Received: 08/28/19

References:

RELEVANT AMA POLICY

Health Care Payment for Undocumented Persons D-440.985
Our AMA shall assist states on the issue of the lack of reimbursement for care given to undocumented immigrants in an attempt to solve this problem on a national level.
Citation: Res. 148, A-02; Reaffirmation A-07; Reaffirmed: CMS Rep. 01, A-17; Reaffirmation: A-19

Federal Funding for Safety Net Care for Undocumented Aliens H-160.956
Our AMA will lobby Congress to adequately appropriate and dispense funds for the current programs that provide reimbursement for the health care of undocumented aliens.