

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 803  
(I-19)

Introduced by: Medical Student Section

Subject: Encourage Federal Efforts to Expand Access to Scheduled Dialysis for Undocumented People

Referred to: Reference Committee J  
(\_\_\_\_\_, Chair)

Whereas, There are 6,480 undocumented immigrants with end-stage renal disease (ESRD) living in the United States<sup>1</sup>; 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<sup>2,3</sup>; and

Whereas, Undocumented immigrants with ESRD are more likely to be employed than US citizens with ESRD,<sup>4,5</sup> and they contribute more to the Medicare Trust Fund than they withdraw<sup>6</sup>; 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<sup>1</sup>; 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<sup>1,7,8</sup>; and

Whereas, While emergency departments are mandated to provide emergent dialysis through the 1986 Emergency Medical Treatment and Active Labor Act (EMTALA),<sup>9,10</sup> 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<sup>8</sup>; 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<sup>8</sup>; 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<sup>11,12</sup>; 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<sup>13</sup>; and

Whereas, 11 states and the District of Columbia offer scheduled hemodialysis to undocumented immigrants through state emergency Medicaid programs<sup>8</sup>; 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<sup>14,15</sup>; 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<sup>16</sup>; 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:

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4. Linden EA, Cano J, Coritsidis GN. Kidney transplantation in undocumented immigrants with ESRD: a policy whose time has come? *Am J Kidney Dis.* 2012;60(3):354-359.
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7. Straube BM. Reform of the US healthcare system: care of undocumented individuals with ESRD. *Am J Kidney Dis.* 2009;53(6):921-924.
8. Cervantes L, Fischer S, Berlinger N, et al. The Illness Experience of Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med.* 2017;177(4):529-535.
9. Cervantes L, Tuot D, Raghavan R, et al. Association of Emergency-Only vs Standard Hemodialysis With Mortality and Health Care Use Among Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med.* 2018;178(2):188-195.
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11. Sheikh-Hamad D, Paiuk E, Wright AJ, Kleinmann C, Khosla U, Shandera WX. Care for immigrants with end-stage renal disease in Houston: a comparison of two practices. *Tex Med.* 2007;103(4):54-58, 53.
12. Reps. Marino, Lewis Reintroduce Kidney Disease Bill. [press release]. 2017.
13. Nguyen OK, Vazquez MA, Charles L, et al. Association of Scheduled vs Emergency-Only Dialysis With Health Outcomes and Costs in Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med.* 2019;179(2):175-183.
14. Marino T, Lewis J. H.R.2644 - Chronic Kidney Disease Improvement in Research and Treatment Act of 2017.
15. Ruth L. Ackah, MD, Rohini R. Sigireddi, and Bhamidipati V. R. Murthy MD. Is Organ Retransplantation Among Undocumented Immigrants in the United States Just? *AMA Journal of Ethics.* January 2019 Volume 21, Number 1: E1-118. <https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2019-01/joe-1901.pdf>
16. Renal Physicians Association. Uncompensated Kidney Care for Citizens and Non-Citizens, Position Paper. *RenalMed.Org.* <https://www.renaldmd.org/store/download.aspx?id=A4F484DB-FA91-43AF-BC5C-7BF3444D293A>

## 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.

Citation: Sub. Res. 207, A-93; Reaffirmed BOT Rep. 17 - I-94; Reaffirmed by Ref. Cmt. B, A-96;

Reaffirmation A-02; Reaffirmation A-07; Reaffirmed: BOT Rep. 22, A-17; Reaffirmation: A-19