



Maryland
Hospital Association

March 14, 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 the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 627. MHA supports updating emergency Medicaid to include scheduled outpatient dialysis for undocumented immigrants as it would improve health outcomes and promote health equity as well as ease feelings of professional burnout.

There are approximately 6,500 undocumented immigrants with end-stage renal disease in the United States.¹ Since their undocumented status renders them ineligible for Medicaid and unable to purchase qualified health plans through the Maryland Health Benefit Exchange, for many undocumented immigrants their only source of dialysis is the hospital emergency department. Emergency dialysis, however, is a poor substitute for scheduled outpatient dialysis. Compared with standard dialysis, emergency-only dialysis has a 14-times higher mortality rate.²

Undocumented immigrants receiving emergency-only dialysis also experience more physical pain, have a lower level of physical function, and suffer severe physical symptoms and mental suffering.³ Scheduled outpatient dialysis would improve this group's health outcomes and quality of life.

Enabling Medicaid outpatient dialysis for undocumented immigrants would also promote health equity. The undocumented immigrant population tends to be Latino, younger, and less educated when compared to the documented Latino immigrant community.⁴ This group also potentially has heightened morbidity and mortality risks if infected with COVID-19.⁵ Expanding emergency Medicaid coverage to include standard dialysis would help remove the disproportionate burden on this vulnerable population.

Finally, 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

¹ "Not Yet Sick Enough to Qualify for Care," AMA Journal of Ethics, February 2021. journalofethics.ama-assn.org/article/not-yet-sick-enough-qualify-care/2021-02

² "Hemodialysis Care for Undocumented Immigrants with ESRD in the United States," National Library of Medicine, November 2019. ncbi.nlm.nih.gov/pmc/articles/PMC9352150/

³ *ibid*

⁴ "Dialysis Care for Undocumented Immigrants With Kidney Failure in the COVID-19 Era: Public Health Implications and Policy Recommendations," National Library of Medicine, August 2020. ncbi.nlm.nih.gov/pmc/articles/PMC7217077/

⁵ *ibid*

found that the providers suffered signs of burnout.⁶ Providers were distressed that patients were unable to access the available routine dialysis care they need.⁷ Maryland continues to experience health care workforce shortages, and preventing or reducing burnout helps maintain a robust health care workforce.

Maryland hospitals and MHA began raising access concerns for dialysis patients who rely on emergency departments in late 2019. At that time, MHA, hospital social workers teams, and the Department of Health presented to the Maryland Commission on Kidney Disease on the need to ensure greater access to outpatient dialysis for special populations, including undocumented immigrants. Work on these issues was beginning when the COVID-19 pandemic started. This legislation would create a sustainable solution for a population to get the care they need in the most appropriate setting.

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

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

⁶ “Getting dialysis for undocumented patients,” “ACP Internist, February 2021.
acpinternist.org/archives/2021/02/getting-dialysis-for-undocumented-patients.htm

⁷ *ibid*