Undocumented individuals with ESKD

Kidney Commission Meeting –January 26, 2023

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Scope

- As of 2017- 10.5 million undocumented immigrants in the US
- As of 2021- 15 million undocumented immigrants in the US
- 5500-8857 of these individuals have ESKD requiring dialysis support
- Undocumented individuals make up the largest proportion of the uninsured population
- Most of these individuals do not have access to routine dialysis (three times weekly maintenance).

How we got here

- 1972- Federal law passes to guarantee access to renal replacement therapy to all individuals (there was no mention of citizenship)
- 1986- Omnibus Reconciliation Act- prohibits use of federal funds for care of undocumented through inpatient setting unless emergency
- EMTALA- Emergency Medical Treatment and Active Labor Act – hospitals receiving Medicare funding are mandated to provide emergency care regardless of status
- Personal Responsibility and Work opportunity reconciliation Act (Welfare Reform Act) in 1995- restricts eligibility requirements for federal funding, though states independently can decide about use of public funding

- So with the exception of about 10 states that have made the designation that the ESKD is an emergency to allow for regular dialysis coverage, everywhere else dialysis is through the emergency room
- Many undocumented individuals are not eligible through the Affordable Care Act
- Many not able to afford private insurance
- There have been some opportunities from charitable foundations/private funds but this is not a guaranteed resource for everyone

- For many undocumented individuals- dialysis is provided through the ER presentations
  - Variable indications: hyperkalemia, volume overload, acidosis, uremic symptoms (but no specifications about the parameters)
  - Typical scenario- admitted for 1-2 days, return in 6-7 days
  - Can be in situation where someone presents to the ER but if the labs are not significantly altered- the dialysis would not be offered

Implications of the emergency only dialysis

- Poor quality of life- poor functional status, anxiety about what may happen if not getting regular dialysis
- Longer duration of stay when presenting
- Greater amount of medical complications
- Cost of ER evaluations
- Impact on hospital operations

Safety net hospital experience- Parkland Hospital in Dallas

- Between 2013-2014- there were 45 pts without regular outpt dialysis spot that would present to the ER for evaluation
- Accounted for 35% of the ER volume over the year
- Resulted in
  - More frequent hospitalizations
  - Increased access complications
  - Increased mortality
  - Average cost of care-$ 105, 259 /year
  - Sickest patients cost of care- $945,828 /yr

Emergency only dialysis impact

- Study looking at 3 groups of patients from CA (receiving 3x week dialysis), CO (safety net hospital), and TX- (emergency only dialysis)
  - 14 x higher mortality rate at 5 year mark
  - 9.8x higher number of inpatient days
- Emergency only dialysis in Houston
  - 2 groups – Emergency only dialysis vs scheduled treatments
    - 162 hospital days vs 10 days
    - 26 ER visits vs 1.4 /yr
    - 24.9 blood transfusion vs 7.2
    - Cost of care per year- 284,654 dollars per year vs. 76,906 dollars per year

Other considerations

- Undocumented individuals make significant contributions to federal government vs number of benefits received
- Social security accounting between 2002-2009- undocumented immigrants have contributed about 12 billion dollars/yr to the Social Security Trust
- Small percentage of funds ever used by this group
- Kidney transplantation
  - Account for 17% of the donated kidneys in certain areas of the country but receive less than 1% of the transplants
  - UNOS has no specific recommendations about listing of undocumented individuals- dependent on the center
  - As transplant candidates- they are often younger with less health issues and report higher numbers of potential donors
  - Cost of care for transplant recipient lower than dialysis maintenance after the first 18 months

- The cost of care with the current setup long term may be more expensive and burdensome to the healthcare system
- Warrants discussion with the number of stakeholders