



School of  
Public Health  
BROWN UNIVERSITY

To: Representative Marvin L. Abney, Chair of the House Finance Committee  
Honorable Members of the House Finance Committee

From: Daven Crossland, Brown University Graduate Public Health Researcher  
Departments of Epidemiology and Health Services, Policy, and Practice

Date: May 10, 2024

Re: **Support for House Bill 7398 to Support Undocumented Patients with ESRD**

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I am a graduate student at Brown University School of Public Health, and this testimony reflects my own views. I am grateful to testify in **strong support for H-7398 (Rep. Morales)**. This bill provides treatment for Rhode Islanders with End Stage Renal Disease (ESRD), regardless of documentation through the state's Emergency Medicaid program. Passing this bill would give access to life-saving treatments and improve the health of this community.

**40% of undocumented Rhode Islanders do not have health insurance.**<sup>1</sup> This puts people in danger: patients with ESRD **survive at most several weeks without dialysis**. If patients rely on dialysis in the Emergency Department instead of routine dialysis, they are fourteen times more likely to die within five years.<sup>2</sup> Kidney transplants are the preferred care choice: **patients live twenty years longer, compared to ten years with routine dialysis.**<sup>3</sup>

Providing this care would save RI money over time. Dialysis costs approximately \$80,000-100,000 per patient, per year. Kidney transplants cost approximately \$100,000-200,000 per patient for the first year, and \$20,000-30,000 per patient, per year after that. **Kidney transplants pay for themselves after 2.7 years.**<sup>4</sup> This population is younger, and more likely to be employed, leading to increased years of productivity.<sup>5</sup> Paying for dialysis for undocumented patients through Emergency Medicaid would also reduce administrative burden for the state in payments to hospitals. Currently, any dialysis provided may be considered uncompensated care by hospitals, and later reimbursed by the state. Formalizing any payment through the Emergency Medicaid program may streamline and clarify the state's payments to hospitals for this care.

Undocumented Rhode Islanders deserve quality and affordable healthcare. Without access to routine dialysis and kidney transplants, the lives of these patients are being put at risk. **Increasing access to these services is cost-effective and lifesaving, and I urge the committee to support H-7398.**

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<sup>1</sup> Profile of the Unauthorized Population - RI. migrationpolicy.org.

<sup>2</sup> 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 internal medicine*. 2018;178(2):188-195.

<sup>3</sup> Abecassis M, Bartlett ST, Collins AJ, et al. Kidney transplantation as primary therapy for end-stage renal disease. *Clinical Journal of the American Society of Nephrology*. 2008;3(2):471-480.

<sup>4</sup> Voelker R. Cost of transplant vs dialysis. *JAMA*. 1999;281(24):2277-2277.

<sup>5</sup> Jawed A. Transplantation for Undocumented Immigrants: Time to Change the Way the Story Ends