

May 15, 2024

I am writing in support of H 7398.

My name is Douglas Shemin. I have been a practicing physician in Rhode Island for 42 years, since the first day of my internship at Rhode Island Hospital in 1982. For the past 35 years, I have been a kidney disease specialist, a nephrologist, at Rhode Island Hospital, the Miriam Hospital, the Providence VA Hospital and Kent Hospital. I am an associate professor of medicine at the Brown Medical School and the director of the Division of Kidney Diseases at Brown and at Lifespan and the Dialysis Program at Rhode Island Hospital. Most of my time is spent taking care of men and women who have end stage kidney disease.

There isn't any other kind of disease like end stage kidney disease. It can happen from diabetes, or high blood pressure, or an autoimmune process. It also can be hereditary. Whatever the cause, when it hits you, you lose the ability to get rid of waste products that you make just by living, and the ability to get rid of extra fluid. The initial treatment is dialysis, either hemodialysis, when the blood is filtered by a machine four hours a day, three days a week, or peritoneal dialysis, done at home, when the abdominal cavity is lavaged, every day, around the clock. It's a tough treatment, and despite our best efforts, about 20% of patients will die every year while receiving it. It is also expensive, about 50 – 80 thousand dollars per year. The best treatment for most patients with end stage kidney disease is a kidney transplant, and when that happens, dialysis can stop, and patients do feel much better, and the death rate goes down.

If you pay into the Medicare system, Medicare covers the cost of dialysis or a transplant. Transplants are substantially less expensive, over the course of a patient's life, than dialysis. But they still cost money, and in Rhode Island, transplants are not available to men and women who have come here from other countries to make a life for themselves and their families and develop end stage kidney disease. I take care of a lot of those patients. They are in their 20's, 30's, 40's, 50's. All of them work despite their illnesses. They mow lawns and landscape the neighborhoods we live in, they clean office buildings we work in, they repair roofs in our houses, they wash dishes and mop floors in restaurants we eat in, they take care of little kids in our state so their parents can work, and then after working a full day, they do dialysis. They pay gas tax when they fill their cars, sales tax when they buy clothes, real estate tax when they pay their landlords. But they can't get a kidney transplant. House Bill 7398 would allow the Rhode Island Medicaid program to cover kidney transplants for our neighbors with end stage kidney disease who are currently ineligible for the Medicare, and allow them to be healthier, to continue work and contribute to their families and communities. I urge members of the legislature to support House Bill 7398.

Douglas Shemin, MD