



Rhode Island Hospital

BROWNHealth
UNIVERSITY

Outpatient Dialysis

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Dear Members of the House Committee,

I am writing in support of House Bill Number 8139.

My name is Eric Kerns. I have worked as a nephrologist in Providence for over ten years, taking care of patients with kidney disease at Rhode Island Hospital and Miriam Hospital, and teaching students, internal medicine residents, and nephrology fellows at Brown Medical School. This was my first job out of training, and I love working in the Providence community.

A large portion of my time is spent at the dialysis center of Rhode Island Hospital – about one mile away from the hospital. Here, over 100 patients receive in-center and home dialysis treatments under the care of physicians, nurses, dietitians, and a social worker. Dialysis is life sustaining for these patients – it is a treatment to clean the blood, remove metabolic byproducts and toxins, in patients who would otherwise die from kidney failure in a matter of days or weeks. Despite our best efforts, many of these patients do die from cardiovascular disease and infections – about 20% per year.

As nephrologists, we all try to provide the best possible care for our patients, and part of this is advocating for kidney transplantation in those who are young and otherwise healthy. Kidney transplantation improves quality and quantity of life dramatically. The five-year survival on dialysis is around 50%, whereas the five-year survival after kidney transplant is close to 90%. Additionally, the annual costs of medical care after kidney transplantation are lower than chronic dialysis, whereas Medicare pays over \$70,000 per year for in-center dialysis, post-transplant care costs about \$30,000 per year after the surgery.

I support Bill Number 8139 because, for the entire time I have worked in Rhode Island, I see that we are systemically excluding non-US citizens and non-US residents, or undocumented immigrants, from kidney transplantation. The overwhelming majority of these patients are younger and healthier than the average dialysis patient. Many of them have lived in the United States for more than a decade, work full or part-time jobs, and are active members of the community. Few of them came to the United States with pre-existing medical conditions or in search of medical care.

These patients can and do receive dialysis through a charitable fund at Rhode Island Hospital. However, they are denied access to kidney transplantation at Rhode Island Hospital because they have no insurance. Other states, including Massachusetts, Connecticut, New York, California, and Illinois, provide statewide dialysis coverage through Emergency Medicaid, and several of these (Massachusetts, California, and Illinois) provide statewide transplantation through Medicaid.

House bill 8139 would give undocumented Rhode Islanders with end-stage kidney disease the opportunity to undergo kidney transplantation at Rhode Island Hospital. These patients would then become more active, productive members of the community. Perhaps most importantly, the healthcare system in Rhode Island would save money. This is the right decision on ethical and economic grounds and now more than ever we need to advocate for the rights of this vulnerable population.

Sincerely,

Eric Kerns, MD

Assistant Professor of Medicine

Brown University Health, Providence, Rhode Island