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April 7, 2026

Dear Members of the Senate Committee on Health & Human Services:

I am writing in strong support of S2119, which would allow the Rhode Island Executive Office of Health and Human Services to provide coverage for dialysis and kidney transplantation through Emergency Medicaid for residents who do not qualify for full Medicaid because of immigration status.

I have been practicing as a nephrologist for the last 8 years in Rhode Island and in that time have cared for Rhode Islanders with kidney failure both in the hospitals and in the outpatient dialysis units. I have seen during this time, the incredible impact kidney failure has on the lives of people affected by it. Dialysis requires treatments ranging from three times per week to every day or night and each treatment is typically four hours long with a recovery period that can last many more hours. Without dialysis, kidney failure is invariably fatal, often within days to weeks.

However, in the absence of a formal coverage mechanism, hospitals and health systems frequently absorb the cost of these treatments. This creates an unsustainable situation in which essential care is provided without a stable pathway for reimbursement. Currently, for a number of Rhode Islanders, the only option for outpatient dialysis is via charity care at Rhode Island Hospital where they can receive dialysis but not transplantation which is both the optimal treatment for kidney failure and also cost-effective.

S2119 would address this gap by allowing dialysis and kidney transplantation to be covered through Emergency Medicaid for patients whose Medicaid eligibility is limited by federal immigration restrictions. The bill would ensure that patients can receive appropriate treatment in outpatient dialysis facilities and hospitals, including both hemodialysis and peritoneal dialysis when clinically appropriate. Kidney transplantation is also an important component of treatment for kidney failure. For patients who are medically eligible, transplantation offers the best long-term outcomes and often reduces long-term healthcare costs compared with lifelong dialysis.

Establishing a formal coverage pathway has several important benefits. First, it ensures that patients with kidney failure receive consistent, medically appropriate care. Second, it improves stability and sustainability for the healthcare systems that currently provide this care, which are at this very moment threatened. Third, it aligns Rhode Island policy with the reality of how kidney failure must be treated: dialysis is not optional, and patients require reliable access to it in order to survive. Last, it closes the gap between Rhode Island and peer states such as Massachusetts, Connecticut, New York, California, and Illinois which provide statewide dialysis coverage through Emergency Medicaid.

Rhode Island has long taken a pragmatic and patient-centered approach to healthcare policy. S2119 would ensure that residents with kidney failure can receive appropriate treatment while creating a clearer and more sustainable framework for delivering that care.

Thank you for your consideration of this legislation.

Sincerely,

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