

7 April 2026

Dear Vice Chair Lauria and honorable member of the Senate Committee on Health & Human Services:

My name is Leslie Kennedy. I am a resident of Cranston, Rhode Island, a mother, a first-year medical student at the Warren Alpert Medical School of Brown University, and a Family Nurse Practitioner with over seven years of experience working in community health settings.

I am submitting a testimony in support of Senate Bill 2119. This bill is an important step to allow all Rhode Island residents suffering from end-stage kidney disease to receive a life-saving kidney transplant regardless of immigration status, the current standard of care for young patients with end-stage kidney disease.

As a Family Nurse Practitioner, I have had the privilege of building relationships with and caring for many of the patients who would be impacted by this decision. These folks are members of our community, parents, and partners, among many other things.

I recall when I had a new patient present to the clinic for some nonspecific concerns of dizziness and nausea. Him being in his 30s, I did not think much of it, but after some routine blood work it was discovered he was in kidney failure, likely contributing to his symptoms. While he had no specific risk factors like diabetes or high blood pressure, the underlying cause of his kidney failure was not clear, but the known standard of care for someone of his age was a kidney transplant. Unfortunately because of his immigration status and insurance eligibility, this “standard of care” quickly shifted to be dialysis.

In medicine, variation in standard of care is typically driven by resource availability such as differences between rural settings and academic medical centers. However, in Rhode Island, we have the clinical infrastructure to provide kidney transplantation. Denying this care based on immigration status represents not a limitation of resources, but a departure from equitable medical practice.

As a young patient with end-stage kidney disease, his survival rate would significantly improve if he received a kidney transplant as opposed to dialysis. Not only would his survival rate improve, but also his quality of life and his ability to show up for himself, his family, and the community. In addition to improving health outcomes, a kidney transplant is more cost-effective to the healthcare system than long-term dialysis, making this policy both medically and economically sound.

As a Family Nurse Practitioner and future physician, I have firsthand experience of feeling like the system prevents me from providing optimal patient care. By supporting bill S2119, I intend to relieve a barrier for a vulnerable patient population and their care teams involved. I hope that you can also support this important step in making healthcare more equitable in the state of Rhode Island.

Thank you for your time and attention.