

Written Testimony *in Support* of Senate Bill 2119 titled “Coverage for treatment for end stage renal disease and kidney transplants for resident who does not qualify for full Medicaid”

Dear Vice Chair Lauria and honorable members of the Senate Committee on Health & Human Services,

My name is Petrane Smith, and I am a lifelong Rhode Island resident, a recent graduate of Brown University’s Master of Public Health program, and a first-year medical student at Brown’s Warren Alpert Medical School.

I would like to express my strong support of Senate Bill 2119, which would expand Emergency Medicaid coverage to include dialysis and kidney transplantation for Rhode Island residents with end-stage renal disease who do not qualify for full Medicaid due to their immigration status.

While earning my MPH, I studied the complexity of our healthcare system while working directly with immigrant communities across Rhode Island. Through my work in Pawtucket and Central Falls, and with free clinics in Providence, I have seen firsthand the limitations of our state’s safety-net systems. Although uninsured immigrants can often access primary care through clinics such as Rhode Island Free Clinic and Clínica Esperanza, once their conditions worsen, they are left to rely on charitable care and Emergency Medicaid.

In my public health training, I learned that Emergency Medicaid is intended to cover conditions in which “the absence of immediate medical attention would place a patient’s health in serious jeopardy.” Now, as a medical student studying the pathophysiology of kidney disease, I understand that end-stage renal disease clearly meets this definition. Treatment, including both dialysis and kidney transplantation, is not optional; it is life-sustaining.

Five states (including our neighbor, Massachusetts) have already expanded Emergency Medicaid to cover both dialysis and kidney transplantation, the gold standard of care. An additional twenty states have covered dialysis alone, which, while a step in the right direction, is not sufficient.

Although dialysis may prolong life in the short term, it comes at a significant cost to both quality of life and long-term survival. The five-year survival rate for patients on dialysis is [less than 50%, compared to over 80% for transplant recipients](#). In addition to improving survival and quality of life, kidney transplantation is also more cost-effective, saving an estimated [half a million dollars](#) per patient over an eight-year period.

As I prepare to enter the healthcare system as a physician, I hope to provide the highest standard of care to all of my patients, regardless of immigration status. I have chosen to study and train in

Rhode Island because of our state's commitment to equitable healthcare access. Expanding coverage for dialysis and kidney transplantation represents a critical opportunity to strengthen that commitment and ensure that no Rhode Islander is denied life-saving care.

I urge you to please support Senate Bill 2119 and consider making this improvement in our state's healthcare system.

Thank you for your time and consideration,

Petranea Smith, MPH

Medical Student

The Warren Alpert Medical School of Brown



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