Dialysis for Undocumented Immigrants in the United States

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The United States offers near-universal coverage for treatment of ESRD. Undocumented immigrants with ESRD are the only subset of patients not covered under a national strategy. There are 2 divergent dialysis treatment strategies offered to undocumented immigrants in the United States, emergent dialysis and chronic outpatient dialysis. Emergent dialysis, offering dialysis only when urgent indications exist, is the treatment strategy in certain states. Differing interpretations of Emergency Medicaid statute by the courts and state and federal government have resulted in the geographic disparity in treatment strategies for undocumented immigrants with ESRD. The Patient Protection and Affordable Care Act of 2010 ignored the health care of undocumented immigrants and will not provide relief to undocumented patients with catastrophic illness like ESRD, cancer, or traumatic brain injuries. The difficult patient and provider decisions are explored in this review. The Renal Physicians Association Position Statement on uncompensated renal-related care for noncitizens is an excellent starting point for a framework to address this ethical dilemma. The practice of "emergent dialysis" will hopefully be found unacceptable in the future because of the fact that it is not cost effective, ethical, or humane.

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The United States offers near-universal coverage for treatment of ESRD. Undocumented immigrants with ESRD are the only subset of patients not covered under a national strategy, and dialysis coverage decisions have been made state by state and sometimes city by city. In 2012, an estimated 11.7 million undocumented immigrants resided in the United States, and the states with the largest undocumented immigrant population were California (2.55 million), Texas (1.65 million), Florida (825,000), and New York (625,000).[1] The dialysis treatment strategies employed in Texas and California are good examples of the 2 very divergent approaches to ESRD care. In California, undocumented immigrants with ESRD receive thrice-weekly outpatient dialysis in a fashion consistent with the standard of care for any patient with ESRD. In Texas, most patients are only eligible for emergent dialysis, defined by presenting to the emergency room with urgent indications for dialysis. Emergent dialysis provides care in a manner that would be considered inconsistent with the community standard of care in the United States. These contrasting treatment strategies developed because of inconsistent interpretations of Medicaid coverage along with political influences.[2,3] It is important to note that dialysis stakeholders such as large dialysis organizations have not objected to providing dialysis to undocumented immigrants when sources of reimbursement are available.

Raghavan[4,5] has published descriptions of the emergent dialysis approach for undocumented immigrants in Houston, TX. An estimated 140 patients depend on emergent dialysis at 1 of 2 county public hospitals in Houston. These patients report to a triage area and may receive dialysis if indicated per a hospital protocol. Indications include serum potassium >6.0 mEq/L, severe volume overload, or other emergent indications for dialysis. This system results in some patients dialyzing twice a week, once a week, and others once a month. Standard kidney care for anemia or kidney osteodystrophy is not addressed systematically. This practice that is sometimes referred euphemistically as "compassionate dialysis" was developed to take advantage of Medicaid payments for emergency care. According to Raghavan, Harris County, TX, also has 1 county-funded dialysis clinic that does offer thrice-weekly hemodialysis. This dialysis clinic is funded by the county in recognition of the high cost of the emergent dialysis approach compared with outpatient thrice-weekly dialysis.[6]

In a similar fashion, Atlanta's Grady Hospital, a safety-net hospital, operated a dialysis unit and offered thrice-weekly outpatient dialysis to undocumented immigrants. Grady Hospital had provided uncompensated care for these patients but decided to close the unit in a cost-saving move.[7] The decision to close the Grady Hospital Dialysis Unit became a national media story because of the failure to recognize that the undocumented immigrants with ESRD would have no viable options for continuing chronic outpatient dialysis in Georgia. The publicity contributed to the decision by the county to pay for community dialysis for the abandoned patients. The political nature of these decisions is reflected in the quote by Mark Trail, head of Georgia's Medicaid program, "The Georgia Medicaid program stopped paying for dialysis in 2006 amid rising sentiment in the Legislature that illegal immigrants were a financial drain. Georgia ain't California and New York."[8]

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Portrait of Undocumented Immigrant Population

According to the Pew Research Center, the estimated number of undocumented immigrants in the United States has fallen since 2007 from 12.2 million to the most recent estimate in 2012 of 11.7 million.[1] This estimate is derived from a method called the "residual method." This method simply takes the census and other survey estimates of foreign-born residents who have not become citizens and then subtracts the estimated numbers of known foreign-born residents who have standard documentation of immigration status. The remaining individuals (residual) represent an indirect estimate of the undocumented immigrant population.

The top 5 countries of origin of undocumented immigrants include Mexico (60%), El Salvador (5%), Guatemala (3.7%), Philippines (2.5%), and Honduras (2.5%). It is important to note that in 2010, there were 5.5 million children (<18 years old) with at least 1 undocumented parent in the United States and 4.5 million of these children were US-born children. Therefore, a significant number of undocumented immigrant families are mixed families that include US citizens and undocumented immigrants.

Approximately 60% of undocumented immigrant adults are men, and 35% of the undocumented immigrant population are men aged 18 to 35 years, compared with 14% of US-born population and 18% of documented immigrants. The undocumented immigrant population tends to be young and healthy that explains the low incidence rate of ESRD in this population. For example, only 1.2% of the undocumented immigrant population is 65 years or older compared with 12% of the US-born population or 16% of documented immigrants.[9] The median age of US-born adults in 2009 was 46.3 years, 45.9 years for documented immigrants, and 35.5 years for undocumented immigrants.[10] The nation's undocumented immigrant population has a high employment rate, 94% of working age men.[9]

A significant number of workers in certain occupations are undocumented immigrants, and the percentage of undocumented immigrants among all US workers is 25% in farming; 19% in building, ground-keeping, and maintenance; 17% in construction; 12% in food preparation and serving; and 5% of the total civilian labor force. The median household income is $35,000 to $38,000 with 21% of adults living below poverty and 33% of children living below poverty compared with United States of $50,000, 10% and 18%, respectively. In addition, there is low educational attainment in this adult population with 29% less than the ninth grade level compared with only 2% of the US population.[1,9]

CLINICAL SUMMARY

- The United States offers near-universal insurance coverage for treatment of ESRD, and undocumented immigrants with ESRD represent one of the few subsets of patients not covered under a national strategy.
- Emergent dialysis, offering dialysis only when urgent indications exist, is the treatment strategy in certain states for undocumented immigrants with ESRD.
- The Patient Protection and Affordable Care Act of 2010 did not include the health care of undocumented immigrants and will not provide relief to undocumented patients with catastrophic illness like ESRD, cancer, or traumatic brain injuries.
- A national conversation is urgently needed to address the practice of emergent dialysis for undocumented immigrants with ESRD.

CKD Population

In 2009, Barry M. Straube, MD, who at that time was the Chief Medical Officer and the Director of the Office of Clinical Standards and Quality Centers for Medicare and Medicaid Services acknowledged the lack of data to help inform national and state policies regarding undocumented patients with ESRD, and he recommended more evidence-based comparative analysis and cost-effectiveness analysis to better understand the possible solutions.[3] Undocumented patients are not included in US Renal Data System data, and there is a lack of state-level data. We are left to speculate about the national costs and scope of the problem. In 2008, undocumented immigrants accounted for about 1350 of the 61,000 people on dialysis at a cost of $51 million in California.[8] With California being the home of approximately 2.5 million undocumented immigrants, the prevalence can be calculated at 540 patients per million in California. According to the US Renal Data System, the prevalence rate of ESRD among Hispanics is close to 3000 patients per million. The discrepancy between the crude prevalence of ESRD rates among US Hispanics and the California numbers for undocumented immigrants is possibly explained by the demographics of the undocumented population, a healthy and young population. Using the prevalence estimates of "540 patients per million" in California, Texas, with an estimated population of 1.65 million undocumented immigrants, would be expected to have 891 undocumented immigrants with ESRD.

According to data from Houston, TX, the cost of the emergent dialysis approach is 3.7 times higher than the outpatient dialysis approach.[6] These data compared the costs of "emergent care" in 13 patients and "chronic care" care in 22 patients, and the cost of emergent dialysis was more expensive in terms of hemodialysis, hospital and emergency room, and a number of other costs. This more costly and inhumane approach is still preferred in some states like Texas because of the ability to receive at least partial reimbursement from the Emergency Medicaid program. Using the prevalence and cost estimates from California, there could be an estimated 6480 undocumented immigrant patients in the United States with ESRD and the approximate cost of providing outpatient dialysis to this population would be approximately $260 million. To put this cost into perspective, the Social Security "earnings suspense file" is growing by well more than $50 billion a year. The earnings suspense file accounts for the W-2 earning reports with incorrect Social Security numbers that are thought to represent earnings of undocumented immigrants.[11]