



07/13/2021

Governor Ned Lamont
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Re: Request for New Medicaid Policy Covering Dialysis Treatment for Immigrants with End-Stage Renal Disease as an Emergency Medical Condition

Dear Governor Lamont:

We are a coalition of advocacy organizations concerned with access to health care for immigrants in Connecticut. We have contacted you in the past in support of expanding HUSKY coverage to all CT residents regardless of immigration status, and we continue to support CT addressing this critical need.

We write to you today with an urgent related concern about the current policy of the Department of Social Services to deny Medicaid coverage for life-sustaining outpatient dialysis treatment for immigrants with end stage renal disease as an emergency medical condition, even though an increasing number of states, including most of CT's neighboring states, are now covering this treatment on this basis **with federal reimbursement**.

End stage renal disease is cruel. It will result in all cases in an agonizing death in just a few days. The only means to stave off this result is regular renal dialysis or a kidney transplant, the latter of which is very expensive and is barred from coverage under Medicaid for individuals who do not have legal status. Further, it is far less expensive to provide dialysis treatment on an outpatient basis rather than in-patient inside a hospital.

We write today because CT policy regarding Medicaid coverage for outpatient dialysis needs to change. As reported in the media, there are currently several individuals in CT who lack legal status or are subject to the five year bar, who have end stage renal disease and who are unable to get Medicaid payment for this treatment, because of the position of the Department of Social Services to only pay for this treatment if the person appears at an emergency department or is hospitalized, and NOT for outpatient dialysis treatment. At least one of these individuals has essentially been imprisoned in a CT hospital for seven months just to get dialysis they need to stay alive, while another CT hospital is, for now anyway, paying out of pocket for these services for several individuals with no state reimbursement.

This is despite the fact that the federal Medicaid agency, CMS, recognizes the need for ongoing outpatient dialysis as an "emergency medical condition" (EMC) and provides federal reimbursement for this treatment on that basis; EMC treatment is the one kind of treatment for undocumented or five year bar individuals which not only is authorized but is **required** under federal Medicaid law.

An increasing number of states, including such diverse states as Arizona, Florida, North Carolina, Colorado and Utah, have developed formal guidance for providing indefinite Medicaid payment for outpatient dialysis as an EMC. This is in part because it simply is far more economical to provide regular outpatient dialysis than to pay for repeated ED visits, and some resulting very expensive hospitalizations. Indeed, per one recent analysis, emergency department dialysis costs \$285,000 to \$400,000 per person per year, compared with \$76,177 to \$90,971 per person per year for standard dialysis. See “Dialysis Care for Undocumented Immigrants With Kidney Failure in the COVID-19 Era: Public Health Implications and Policy Recommendations” (May 12, 2020 available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7217077/>) These expenditures are eligible for full federal reimbursement, unlike most other services provided to undocumented or five year bar individuals. States also are doing this in recognition of the moral obligation to pay for these life-sustaining services, in the absence of which a premature death is inevitable.

We urge you and the Commissioner of Social Services to formally adopt a new policy expressly providing for ongoing outpatient dialysis coverage under Medicaid for individuals with end-stage renal disease as an emergency medical condition. We urge that you cover these life-sustaining services so that extended expensive hospitalizations and repeated ED visits – and ultimately painful premature deaths -- can finally be avoided, as is the case already in neighboring states.

Thank you for considering this request.

Signed, the following organizations:

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| 1. <i>Comunidades Sin Fronteras CSF-CT</i> | 15. <i>Immigration & Refugee Task Force,</i> |
| 2. <i>Connecticut #Insulin4all</i> | <i>Unitarian Society of New Haven</i> |
| 3. <i>Connecticut Legal Rights Project</i> | 16. <i>IRIS - Integrated Refugee and</i> |
| 4. <i>Connecticut Shoreline Indivisible</i> | <i>Immigrant Services</i> |
| 5. <i>Connecticut Women's Education and</i> | 17. <i>Make The Road CT</i> |
| <i>Legal Fund (CWEALF)</i> | 18. <i>Medicare For All CT</i> |
| 6. <i>Connecticut Worker Center</i> | 19. <i>NARAL Pro-Choice Connecticut</i> |
| 7. <i>CRISOL</i> | 20. <i>National Association of Social Workers</i> |
| 8. <i>CT Immigrant and Refugee Coalition</i> | <i>Connecticut Chapter</i> |
| <i>(CIRC)</i> | 21. <i>National Organization for Women CT</i> |
| 9. <i>CT Mutual Aid: East of the River</i> | 22. <i>People's Center (New Haven)</i> |
| 10. <i>CT Students for a Dream</i> | 23. <i>Semilla Collective</i> |
| 11. <i>CT Working Families Organization</i> | 24. <i>Unidad Latina en Accion CT</i> |
| 12. <i>Hartford Deportation Defense</i> | 25. <i>Uniting for a Safe Inclusive Community</i> |
| 13. <i>HAVEN Free Clinic</i> | <i>- Manchester</i> |
| 14. <i>Hispanic Federation Connecticut State</i> | 26. <i>Universal Health Care Foundation of</i> |
| <i>Office</i> | <i>Connecticut</i> |

cc: Commissioner Deidre Gifford

Josh Geballe

Paul Mounds

Sen. Martin Looney
Speaker Matt Ritter