## **HEALTH AND HUMAN SERVICES**

Resolution HHS-17-08

## A RESOLUTION PROMOTING POLICIES TO DECREASE THE DISPROPORTION-ATE ACCESS TO HOME DIALYSIS FOR MINORITIES LIVING WITH END STAGE RENAL DISEASE

WHEREAS, End Stage Renal Disease (ESRD), which is also called kidney failure, currently impacts 661,000 Americans, and more than 89,000 Americans die from ESRD annually;

WHEREAS, more than 115,000 new ESRD cases are diagnosed each year;

WHEREAS, dialysis or transplant are the only treatments for ESRD and 70 percent of patients are on dialysis;

WHEREAS, a patient can obtain treatment in their home with either home hemodialysis (HHD) or peritoneal dialysis (PD), or transport to dialysis center 3 times a week for hemodialysis;

WHEREAS, home dialysis provides significant economic and lifestyle advantages such as greater autonomy and flexibility over when a patient dialyzes, reduced dependence on transportation, as there is no need for travel to a clinic for treatments, and is more conducive for work, demonstrated by higher rates of employment among home dialysis patients;

WHEREAS, the first three months of dialysis cost, on average, upwards of \$43,000 per patient;

WHEREAS, access to a home dialysis training program allows for Medicaid patients to move to Medicare as their primary payer on day one of treatment and not at month four which is called the "Medicare waiting period" and therefore saving the state Medicaid's significant costs;

WHEREAS, this three-month Medicare waiting period creates significant costs for states and if there are 1,000 new Medicaid cases of ESRD in a state, this could mean as much as \$43 million in annual Medicaid costs during the waiting period;

WHEREAS, only 10 percent of dialysis patients receive treatment at home;

WHEREAS, End Stage Renal Disease disproportionately affects Americans of color and incidence among African Americans is 3.7 times greater than in Caucasians;

WHEREAS, Hispanic patients are 13 percent less likely than average to receive PD and 37 percent less likely than average to receive HHD, while African American patients are 29 percent less likely than average to receive PD and 17 percent less likely than average to receive HHD;

WHEREAS, there is less home hemodialysis and in-home training in poorer counties, and counties with fewer minorities offer greater access to home hemodialysis;

WHEREAS, there are many barriers that preclude many patients from accessing home dialysis

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which include the lack of sufficient provider education about home dialysis, insufficient reimbursement for home dialysis, limited patient awareness of the home modality, and potentially burdensome requirements for care partner support and most of these barriers were also noted in a report by the U.S. Government Accountability Office issued fall of 2015; and

WHEREAS, policymakers can alleviate these burdens by focusing on telehealth, medical waste laws, reimbursement, enable and encourage providers to offer more home dialysis to more of their patients and to provide a pathway for staff-assisted home hemodialysis.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) recognize the importance of equal access to all dialysis modalities for ESRD to preserve state funds by enabling more patients who can benefit from home dialysis to get access to it; and

BE IT FURTHER RESOLVED, that NBCSL urges state legislators, state agencies and policymakers to implement policies to decrease the disproportionate number of African- Americans and other minorities' lack of access to home dialysis modalities by improving access to home dialysis; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the president of the United States, the vice president of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR: Representative Rep. Mia Jones (FL)

Committee of Jurisdiction: Health and Human Services Policy Committee

Certified by Committee Co-Chair: Representative Mia Jones (FL)
Ratified in Plenary Session: Ratification Date is December 3, 2016
Ratification is certified by: Senator Catherine Pugh (MD), President