



## Improving Access to Kidney Transplantation for Undocumented Immigrants with End-Stage Renal Disease

*Alein Y. Haro*  
*PhD Student, Health Policy*  
*UC Berkeley School of Public Health*

### EXECUTIVE SUMMARY

This policy brief is aimed at California policymakers and health policy advocates to prioritize policies that assure access to organ transplant waiting lists for undocumented and uninsured patients with end-stage renal disease (ESRD) currently receiving hemodialysis through state programs. California is one of 12 states offering scheduled dialysis to undocumented patients, accounting for 2% of the 61,000 patients receiving dialysis in the state.<sup>1</sup> However, these same patients have almost nonexistent access to kidney transplants. Allowing undocumented dialysis-dependent patients access to kidney transplants is a cost-effective alternative to dialysis. This summary of evidence and recommendations advance the California Initiative for Health Equity and Action's goal of improving access to care for all Californians, irrespective of legal status or socioeconomic position.

## KEY MESSAGES AND RECOMMENDATIONS

### PROBLEM

In California, undocumented immigrants make up 5.6% of the population, 21% of the uninsured, and approximately 2% of the state's dialysis-dependent patients.<sup>2</sup> This population is routinely excluded from transplant lists because they are unable to pay for the surgery, postoperative care and long-term immunosuppressive therapy.<sup>3,4</sup> While states like California, New York, Illinois, Massachusetts, and Washington provide undocumented and uninsured individuals access to maintenance hemodialysis paid for by the states' emergency dialysis program, those patients have shortened life expectancy and lower quality of life compared to patients with insurance. Furthermore, kidney transplantation is an appropriate, cost effective alternative to renal dialysis when medically necessary for ESRD patients.<sup>2</sup> Studies have found that for every patient who receives state-funded hemodialysis for at least two years and nine months, the state would have saved money if that patient had received a kidney transplant instead.<sup>5</sup>

In California, undocumented immigrants do not qualify for kidney transplants if uninsured – even if they have a living donor. Despite the great strides that the State has made in improving access to Medi-Cal for children and soon young adults, most undocumented adults cannot enroll in full-scope Medi-Cal even if they meet the eligibility criteria.

### POLICY RECOMMENDATION 1

*A citizenship-blind process of choosing who gets evaluated and placed on a transplant waiting list is necessary.*

- The US Task Force on Organ Transplantation emphasized that organs should be distributed in a just and equitable manner to people who are medically eligible and not based on insurance, financial ability, or legal status.<sup>6</sup>
- Dialysis-dependent undocumented immigrants are normally younger, have a lower incidence of cardiovascular disease or diabetes, have a strong desire to keep working, and at least 60% of them have a potential kidney donor, making them adequate candidates for a transplant.<sup>7</sup>
- The estimated economic break-even point for a kidney transplant, compared to the cost of dialysis, is 1.5–2.7 years.<sup>8</sup>

### POLICY RECOMMENDATION 2

*Create a state-wide kidney exchange program that includes undocumented immigrants to increase the donor pool by giving people who are unable to receive a kidney from a loved one or friend the opportunity to still receive a kidney through an exchange between incompatible donor-recipient pairs.*

- Studies estimate that the uninsured, including undocumented individuals, donate a disproportionate number of transplanted organs (20%), but receive fewer than 1% of all organs.<sup>9,10</sup>
- In California, the state's organ and tissue registry saw its donor list grow by 30% within the first 9 months of AB 60 going into effect, which grants driver's licenses to undocumented Californians.<sup>11</sup>

### POLICY RECOMMENDATION 3

*Collaboration between policymakers and health researchers is needed to find the best interventions to provide preventive care for disadvantaged patients.*

- Proper screening and primary care need to become more easily accessible to undocumented immigrants and uninsured individuals with chronic kidney disease and other chronic conditions<sup>5</sup>.
- This includes not only treatments to treat or slow the progression of their kidney disease but also treatments focused on their diabetes and cardiovascular disease to prevent progression to ESRD.

#### **POLICY RECOMMENDATION 4**

*Organize immigrant, health policy, and patient advocacy organizations to raise awareness about providing access to living donor organ transplant waitlists for all Californians with ESRD with a live donor. Stakeholders must come together to advocate for and research cost-effective and compassionate solutions to improve access to care for undocumented ESRD patients.*

- California Assembly Bill 810 (Assembly Member Gipson), Undocumented Organ Donors, seeks to convene a working group of stakeholders to help find ways to provide organ transplants to undocumented and uninsured Californians.

#### **The Current State**

As of January 2016, there are currently 121,678 people waiting for lifesaving organ transplants in the U.S. Of these, 83% await kidney transplants. Through the 1972 End Stage Renal Disease Program, all US citizens with advanced kidney failure qualify for Medicare or Medicaid to defray the related high costs of dialysis and transplantation. However, undocumented individuals are systematically denied access to a transplant despite their \$14 billion annual contribution to Social Security <sup>12</sup> and \$3 billion annual contribution to state and local taxes. Furthermore, undocumented immigrants contribute to the state's organ and tissue donor list facilitated by AB 60, which grants undocumented Californians access to driver's licenses.<sup>11</sup>

Most transplant centers will not list uninsured patients for an organ transplant, thus a vast majority of undocumented patients cannot be waitlisted. The American Society of Transplants cites lack of insurance coverage as a barrier that keeps patients with ESRD from getting a transplant – especially for minority and low socioeconomic populations.<sup>13</sup> Moreover, transplantation for this population rarely occurs due to decreased donor organ shortage, United Network for Organ Sharing policies on the number of noncitizens listed per center (<5% can be undocumented), <sup>14</sup> and the general anti-immigrant climate in the nation.<sup>9</sup>

The US Task Force on Organ Transplantation also acknowledges that all medically suitable people should receive the transplant they need, without having their income status considered. Studies have found that undocumented immigrants with ESRD are normally younger, have fewer comorbidities, and have a potential living donor, making them adequate candidates for a transplant.<sup>2,7</sup> Living kidney transplantation for young undocumented patients with no major comorbid conditions is economically beneficial to both patients and society, as evidenced from increased life expectancy, ability to return to work, potential growth of the live donor pool, and a less expensive alternative to life-long dialysis.<sup>2</sup>

About 1,350 of 61,000 (2%) patients currently receiving scheduled dialysis in California are undocumented.<sup>1</sup> However, despite the improved quality of life at a lower cost of kidney transplantation compared with long-term hemodialysis, undocumented patients do not have equitable access to kidney transplantations. Although emergency Medi-Cal does not cover transplantations, anecdotally, some patients have received transplants by securing full-scope Medi-Cal as immigrants permanently residing in the United States under color of law (PRUCOL).<sup>2</sup> It is estimated that approximately 245 undocumented patients have received a

kidney transplant in California through PRUCOL from 1990 to 2011.<sup>2</sup> This option, however, is absent for most undocumented immigrants.

State innovators like Illinois are leading the way to providing kidney transplant to undocumented dialysis-dependent patients. In 2014, Illinois became the first state in the nation to provide coverage for kidney transplantation for all patients through Senate Bill 741, the Comprehensive Medicaid Legislation.<sup>15</sup> The collaborative advocacy of immigrant rights organizations, physicians, and state legislator engagement led to SB-741 subsidizing kidney transplantation to undocumented patients already enrolled in the state-funded dialysis program.

## Evidence Review

Research has found that providing kidney transplants to undocumented immigrants is not only a compassionate and humane response, but it is also associated with better health outcomes, lower costs, and lower health care utilization compared with scheduled hemodialysis and emergency-only dialysis.<sup>9</sup>

For example, the projected savings after the passage of SB-741 in Illinois would be \$321,000 per patient based on an 8-year life expectancy as transplantation is more cost-effective than dialysis after less than 2 years of surgery.<sup>15</sup>

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*“When you are receiving dialysis and the state is paying \$80–85,000 a year, it just makes more sense for the state to spend \$30–45,000 for a transplant. You are not spending all that money on dialysis, but you are curing someone,” Illinois Assemblywoman Cynthia Soto said.<sup>15</sup>*

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In 2016, two years after SB-974 went into effect, 50 undocumented patients underwent kidney transplantation in Illinois. According to the Gift of Hope, a nonprofit organization that provided financial support for post-transplantation medication, the average age of these patients was 38 years and >75% of transplants were from a living donor.<sup>9</sup> At the time of transplantation, all patients were receiving dialysis at outpatient facilities using off-exchange plans.

Type of Treatment	Cost	Outcomes
Emergency Room Dialysis	\$280,000/year per patient	No long-term solution; frequent and prolonged hospital admissions <sup>16</sup>
Scheduled Dialysis	\$77,000/year per patient	<b>COMPARED TO ER DIALYSIS</b> - 6 fewer ED visits per month; lower 1-year mortality rate (3% compared to 17%); 10 fewer hospital days per 6 months. <sup>17</sup>
Kidney Transplant	\$262,900 for surgery, follow-up, and monitoring	<b>Compared to Scheduled Dialysis</b> - Based on an 8-year life expectancy, the projected savings would be \$321,000 per patient <sup>15</sup> ; lower risk of transplant loss at 5 years as compared with permanent residents and US citizens. <sup>7</sup>

## **Implications**

Availability of kidney transplants for undocumented immigrants could save lives and reduce health care costs, signifying the need for a careful examination and potential change of existing health care policies. Moreover, equitable access to kidney transplants to uninsured undocumented ESRD patients is a feasible and cost-effective alternative to renal dialysis when medically necessary. Together, these strategies can help achieve health equity in California.

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