By Senator Braynon

35-02776-17

Senate Resolution

A resolution recognizing the need for, and encouraging policies that improve access to, home dialysis for minorities living with end-stage renal disease.

WHEREAS, end-stage renal disease (ESRD), also known as kidney failure, currently impacts 661,000 Americans, and more than 89,000 Americans die from ESRD annually, and

WHEREAS, more than 117,000 new ESRD cases are diagnosed each year, with 7,500 of those cases diagnosed in Florida, and

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

WHEREAS, when dialysis is the method of treatment, a patient may either obtain treatment in his or her home with home hemodialysis (HHD) or home peritoneal dialysis (PD) or be transported to a dialysis center three times each week for hemodialysis, and

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

WHEREAS, the first 3 months of dialysis cost an average of \$43,000\$ per patient, and

WHEREAS, access to an HHD training program allows Medicaid patients to move to Medicare as their primary payer on the first day of treatment, as opposed to at the beginning of the fourth month of treatment, by eliminating the Medicare waiting period

35-02776-17 20171810

and, therefore, saves taxpayers a significant amount of money, and

WHEREAS, this 3-month Medicare waiting period drives up the cost to states and, assuming 1,000 new Medicaid ESRD cases, could mean as much as \$43 million in Medicaid costs each year, and

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

WHEREAS, ESRD disproportionately affects minority Americans, with incidence among African Americans 3.7 times greater than in Caucasians, and

WHEREAS, Hispanic patients are 13 percent less likely than Caucasians to receive PD and 37 percent less likely to receive HHD, while African-American patients are 29 percent less likely than Caucasians to receive PD and 17 percent less likely to receive HHD, and HHD and HHD home training are less available in poorer counties, and

WHEREAS, significant barriers preclude many patients from accessing HHD, including the lack of sufficient provider education about HHD, insufficient reimbursement for HHD, limited patient awareness of the option of HHD, and potentially burdensome requirements for care partner support, and

WHEREAS, policymakers can alleviate these burdens by focusing on telehealth, medical waste laws, and reimbursement levels; by enabling and encouraging providers to offer HHD to more of their patients; and by providing a pathway for staff-assisted HHD, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

35-02776-17 20171810

59

60

6162

63

64

65

66 67 That the importance of equal access to all dialysis modalities for end-stage renal disease is recognized as a means of preserving state funds by enabling more patients who can benefit from home dialysis to access it.

BE IT FURTHER RESOLVED that state agencies and policymakers are encouraged to implement policies to decrease the disproportionate number of African Americans and other minorities who lack access to home dialysis modalities.