

## House Resolution 1861

By: Representatives Randall of the 142<sup>nd</sup>, Mosby of the 83<sup>rd</sup>, Bennett of the 94<sup>th</sup>, and Stephenson of the 90<sup>th</sup>

## A RESOLUTION

1 Promoting policies to decrease the disproportionate access to home dialysis for minorities  
2 living with end stage renal disease; and for other purposes.

3 WHEREAS, end stage renal disease (ESRD), also known as kidney failure, currently impacts  
4 661,000 Americans, and more than 89,000 Americans succumb to it annually; and

5 WHEREAS, more than 115,000 new ESRD cases are diagnosed each year, and more than  
6 4,300 of those live in Georgia; and

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

9 WHEREAS, when dialysis is the method of treatment, a patient can obtain treatment in their  
10 home with either home hemodialysis or peritoneal dialysis, or a patient can travel to a  
11 dialysis center three times a week for hemodialysis; and

12 WHEREAS, home dialysis provides significant economic and lifestyle advantages, such as  
13 greater autonomy and flexibility over when a patient dialyzes; reduces dependence on  
14 transportation; and is more conducive for work, which is demonstrated by higher rates of  
15 employment among home dialysis patients; and

16 WHEREAS, the first three months of dialysis cost, on average, upwards of \$43,000.00 per  
17 patient; and

18 WHEREAS, access to a home dialysis training program allows for Medicaid patients to  
19 move to Medicare as their primary payer on day one of treatment instead of month four,  
20 therefore saving the State of Georgia significant costs; and

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

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

25 WHEREAS, ESRD disproportionately affects minority Americans, and incidence among  
26 African Americans is 3.7 times greater than in Caucasians; and

27 WHEREAS, Hispanic patients are 13 percent less likely to receive peritoneal dialysis and 37  
28 percent less likely to receive home hemodialysis, while African American patients are 29  
29 percent less likely to receive peritoneal dialysis and 17 percent less likely to receive home  
30 hemodialysis; and

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

33 WHEREAS, there are many barriers that preclude many patients from accessing home  
34 dialysis, including lack of sufficient provider education about home dialysis, insufficient  
35 reimbursement for home dialysis, limited patient awareness of the home modality, and  
36 potentially burdensome requirements for care partner support; most of these barriers were  
37 also noted in a report by the United States Government Accountability Office that was issued  
38 in the fall of 2015; and

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

42 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that  
43 the members of this body recognize the importance of equal access to all dialysis modalities  
44 for ESRD patients and encourage state agencies and policymakers to implement measures  
45 to decrease the disproportionate number of minorities who lack access to these modalities.

46 BE IT FURTHER RESOLVED that the Clerk of the House of Representatives is authorized  
47 and directed to make appropriate copies of this resolution available for distribution to the  
48 public and the press.