

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 420  
(A-24)

Introduced by: Pennsylvania, Mississippi

Subject: Equity in Dialysis Care

Referred to: Reference Committee D

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1 Whereas, kidney disease disproportionately affects communities of color; and  
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3 Whereas, Black or African Americans are almost four times more likely and Hispanic or Latino  
4 Americans are 1.3 times more likely to have kidney failure compared to White or Caucasian  
5 Americans; and  
6  
7 Whereas, although they make up only 13.5% of the population, Black Americans make up more  
8 than 35% of dialysis patients; and  
9  
10 Whereas, the major causes of kidney disease, including diabetes, hypertension, and  
11 cardiovascular disease, are all more prevalent among Black patients; and  
12  
13 Whereas, although a kidney transplant is the optimal treatment for kidney failure, Black patients  
14 face barriers to access at every step of the process and on average wait a year longer than  
15 White patients to receive a kidney transplant; and  
16  
17 Whereas, Black patients are less likely to receive a transplant evaluation, have less access to  
18 the waitlist, spend longer on the transplant waitlist, are less likely to survive on the waitlist, and  
19 have lower rates of graft survival post-transplant; and  
20  
21 Whereas, despite being preferred by many patients, home dialysis is underutilized compared to  
22 dialysis delivered in a facility, particularly among communities of color; and  
23  
24 Whereas, Black and Hispanic patients are less likely to initiate home dialysis and are more likely  
25 to fail on the modality within the first 90 days, after which point disparities in home dialysis  
26 utilization widen; and  
27  
28 Whereas, this may be because common barriers to home dialysis such as unstable living  
29 situations, poor health literacy and lower socioeconomic status may be overrepresented among  
30 Black and Hispanic dialysis patients; and  
31  
32 Whereas, the National Kidney Foundation calls kidney disease ‘the under recognized public  
33 health crisis’; therefore be it  
34  
35 RESOLVED, that our American Medical Association declare kidney failure as a significant public  
36 health problem with disproportionate affects and harm to under-represented communities (New  
37 HOD Policy); and be it further

1 RESOLVED, that our AMA vigorously pursue potential solutions and partnerships to identify  
2 economic, cultural, clinical and technological solutions that increase equitable access to all  
3 modalities of care including home dialysis. (Directive to Take Action)  
4

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 4/24/2024

## RELEVANT AMA POLICY

### **Assuring Patient Access to Kidney Transplantation D-370.983**

1. Our AMA will: (a) work with professional and patient-centered organizations to advance patient and physician-directed coordinated care for End Stage Renal Disease (ESRD) patients; (b) actively oppose any legislative or regulatory efforts to remove patient choice and physician involvement in ESRD care decisions; and (c) actively oppose any legislative or regulatory effort that would create financial incentives that would curtail the access to kidney transplantation.

2. Our AMA House of Delegates will be advised in a timely fashion regarding any legislative or regulatory efforts to abrogate patient and physician-advised decision-making regarding modality of care for ESRD.

3. Our AMA supports federal legislative and regulatory policies that improve kidney transplantation access by using evidence-based outcome measures which do not impede sound clinical judgment of physicians and surgeons.

Citation: Res. 201, A-19; Appended: Res. 210, I-19;

### **Medicaid Dialysis Policy for Undocumented Patients H-290.957**

Our AMA will work with the Centers for Medicare and Medicaid Services and state Medicaid programs to cover scheduled outpatient maintenance dialysis for undocumented patients with end stage kidney disease under Emergency Medicaid.

Citation: Res. 121, A-21;

### **Advancing Quality Coordinated Care for Patients with End Stage Renal Disease H-370.957**

Our AMA will work with Members of Congress and their staffs to ensure that any legislation which promotes integrated and patient-centered care for End Stage Renal Disease (ESRD) patients does not inappropriately impinge on the patient-physician relationship and is in the best interest of ESRD patients.

Citation: BOT Action in response to referred for decision: Res. 219, A-18;

### **UNOS Kidney Paired Donation Program H-370.960**

Our AMA: (1) encourages the continued expansion of the United Network for Organ Sharing's (UNOS) Kidney Paired Donation program which provides a national registry of living donors, carries out ongoing data collection on key issues of concern in transplantation from living donors, and through its operational guidelines provides consistent, national standards for the transplant community; and (2) encourages voluntary coordination among private donor registries and UNOS to enhance the availability of organs for transplantation.

Citation: BOT Action in response to referred for decision Res. 2, A-13; Reaffirmation: I-19;

### **Cost-Saving Public Coverage for Renal Transplant Patients H-370.963**

1. Our AMA supports private and public mechanisms that would extend insurance coverage for evidence-based treatment of renal transplant care for the life of the transplanted organ.

2. Our AMA will continue to offer technical assistance to individual state and specialty societies when those societies lobby state or federal legislative or executive bodies to implement evidence-based cost-saving policies within public health insurance programs.

Citation: Res. 104, A-13; Reaffirmation: I-19;