Dialyzing the Undocumented: Translating Research to Policy

In many U.S. states, undocumented immigrants with kidney failure rely on emergency-only dialysis (dialysis only after presenting critically ill to an emergency department). This occurs because access to standard of care kidney replacement therapy varies throughout the country for undocumented immigrants. They are excluded from benefits such as Medicare, most Medicaid programs, and the provisions of the Affordable Care Act. Dr. Cervantes has demonstrated that patients who rely on emergency dialysis, experience physical and psychosocial distress and the interdisciplinary clinicians who are compelled to provide this type of care, experience emotional exhaustion from witnessing needless suffering and high mortality as well as moral distress. Additionally, Dr. Cervantes demonstrated that compared to undocumented immigrants who receive standard of care, those relying on emergency dialysis have a mortality that is 14-fold higher and care is more expensive. Dr. Cervantes engaged various stakeholders including patients, community-based organizations, and key health policy decision-makers. By creating a coalition of stakeholders, Dr. Cervantes successfully modified Medicaid health policy in Colorado and expanded access to standard kidney replacement therapy for undocumented immigrants.