NATIONAL KIDNEY FOUNDATION®

August 14, 2025

To: The Honorable Muriel Bowser, Mayor of the District of Columbia
Dr. Ayanna Bennett, Director of DC Health
Wayne Turnage, M.P.A., Director, Department of Health Care Finance

Transmitted via email

Re: Urgent Concerns Regarding Proposed DC Healthcare Alliance Elimination and Impact on Kidney Patients

Dear Mayor Bowser, Dr. Bennett, and Director Turnage:

The National Kidney Foundation expresses serious concern regarding the proposed elimination of the DC Healthcare Alliance Program, which provides maintenance dialysis and other coverage of kidney services for low-income residents of the District who have no other health insurance. The impact of the elimination of the program will have an immediate, life-threatening impact on vulnerable individuals with kidney disease. It is not an overstatement that kidney patients will die.

The DC Healthcare Alliance program funds kidney care for individuals with chronic kidney disease (CKD), the progressive damage of the kidneys over time that can lead to kidney failure. Patients with kidney failure rely on dialysis or a kidney transplant to survive. Most dialysis is delivered three times a week in an outpatient dialysis setting or at home ("maintenance dialysis"). Patients with kidney failure who are uninsured can only access dialysis when the need for dialysis is sufficiently serious such that they can be admitted to the Emergency Department (ED). Notably, eliminating the DC Healthcare Alliance program reduces the upstream care from physicians and clinicians that prevents the need for dialysis at all.

Once an uninsured kidney patient has reached the need for dialysis, their trajectory is as follows: if that individual cannot access maintenance dialysis, they must wait to develop a life-threatening indication associated with lack of dialysis, for example a forthcoming fatal arrythmia or serious volume overload with hypoxia to be admitted to the ED. As required by the 1986 Emergency Medical Treatment and Labor Act, the hospital must admit the individual and provide as much dialysis as needed until the patient will not imminently die. The patient is then told to return to the ED when they are facing another life-threatening situation due to lack of dialysis. This may occur within only a few days. The result is that individuals receiving emergency-only dialysis have a 14-fold higher mortality risk compared to those receiving standard outpatient dialysis.[1]

In addition to being clinically inadequate and inhumane, emergency dialysis is an extraordinarily inefficient use of healthcare capacity. Emergency Departments are already under strain from increasing patient volumes, ED "boarding," and staff shortages. Emergency dialysis is also neither cost-effective nor cost-

[1]Cervantes L, Tuot D, Raghavan R, et al. Association of emergency-only vs standard hemodialysis with mortality and health care use among undocumented immigrants with end-stage renal disease. *JAMA Internal Medicine*. 2018;178(2):188-195. doi:10.1001/jamainternmed.2017.7039

efficient. Multiple studies have now confirmed that maintenance dialysis results in substantial savings compared to emergency dialysis, with one study finding estimated net savings of nearly $6000 per person per month (PPPM) or $72,000 per person per year.[2] These savings are driven by fewer ED visits and fewer hospital days.

The recently passed One Big Beautiful Bill Act has already put pressure on the healthcare safety net, stripping Medicaid eligibility from refugees, asylees, and trafficking survivors, reducing federal emergency Medicaid funding starting October 2026 and increasing pressure on local programs like Alliance. Now is not the time to cut funding for programs like the Alliance. Now is the time to increase funding to fill the gaps left by federal withdrawal.

Terminating the DC Healthcare Alliance will result in the most expensive form of care while significantly compromising the health of people with kidney failure. Twenty states, including Arizona, Colorado, and 18 others, have expanded Emergency Medicaid to cover routine dialysis, recognizing it saves both lives and money.[3] The District has traditionally been a national leader in access to care, but this policy moves us backwards.

Kidney failure patients require regular dialysis to survive. The proposed Alliance elimination will have severe consequences for these vulnerable residents while increasing healthcare costs for the District. Therefore, we respectfully urge you to prioritize funding for this life-sustaining program. The National Kidney Foundation stands ready to provide technical assistance and policy expertise to help maintain Alliance coverage for dialysis patients.

Sincerely,

Dr. Jesse Roach,

Senior Vice President, Government Relations
National Kidney Foundation

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[2] Nguyen OK, Vazquez MA, Charles L, Berger JR, Quiñones H, Fuquay R, Sanders JM, Kapinos KA, Halm EA, Makam AN. Association of Scheduled vs Emergency-Only Dialysis With Health Outcomes and Costs in Undocumented Immigrants With End-stage Renal Disease. JAMA Intern Med. 2019 Feb 1;179(2):175-183. doi: 10.1001/jamainternmed.2018.5866. PMID: 30575859; PMCID: PMC6439652.

[3] Santos PMG, Narayan A, Hong AS, et al. Landscape of Emergency Medicaid and Health Care Coverage for Undocumented Immigrants in the US. *JAMA Internal Medicine*. 2025;185(7):866-873. doi:10.1001/jamainternmed.2025.0604