Medicaid and Kidney Disease

Medicaid helps people with low incomes who meet Medicaid eligibility requirements at all stages of chronic kidney disease (CKD), including kidney failure, also referred to end-stage renal disease (ESRD). Kidney failure is treated with dialysis or a kidney transplant.

- CKD: Medicaid provides access to health care services and medicines, so people with CKD who qualify for Medicaid can manage their disease to halt or slow progression. One percent of Medicaid beneficiaries have chronic kidney disease (CKD).1
- Dialysis: Medicaid also ensures that those on dialysis who are on Medicaid and are also covered by Medicare (also known as dual eligibles) have coverage for services that they otherwise would have to pay out of pocket for, such as dialysis, physician visits, tests and medications. Forty-five percent of ESRD patients are dual eligibles.²
- Transplant: Medicaid covers costs for dually eligible kidney failure patients so they can receive a kidney transplant

Kidney patients with access to Medicaid have better health outcomes

We have seen the difference in health status in the states that expanded Medicaid compared to states that did not expand Medicaid. For example:

- Access to Medicaid resulted in lower mortality rates in the first year among people who started dialysis compared to those in states that did not expand Medicaid.3
- More patients in states with Medicaid expansion were preemptively placed on the transplant list so they could be on dialysis for a shorter time.4

Medicaid Improved diabetes and hypertension numbers

Diabetes and high blood pressure are responsible for two out of three new cases of kidney failure. People who live in states that expanded Medicaid had improved blood pressure and blood glucose levels compared to those states that did not expand. Medicaid provides the care needed to manage these two underlying diseases to make it less likely they will result in kidney disease or slow the progression if they are diagnosed.

Please oppose Medicaid cuts

- Protect funding for Medicaid.
- Oppose block grants, per capita caps and financing changes that threaten program sustainability.
- Ensure continued investment in programs that support early detection, treatment and management of chronic illnesses like CKD.

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¹ United States Renal Data System. 2024 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2024. https://usrds-adr.niddk.nih.gov/2024/chronic-kidney-disease/2-identification-and-care-of-patients-with-ckd#~:text=in%20administrative%20claims.-;Among%20individuals%20aged%2018-64%20years%2C%20the% 20prevalence%20of%20CKD,men%20(7.7%25)%20had%20CKD.

² MedPAC and MACPAC. 'Data Book Seneficiaries Dually Eligible for Medicare and Medicaid.' January 2024.https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf 3 Swaminathan S, Sommers BD, Thorsness R, Mehrotra R, Lee Y, Trivedi AN. Association of Medicaid Expansion With 1-Year Mortality Among Patients with End-Stage Renal Disease. JAMA. 2018;320(21):2242–2250. doi:10.1001/jama.2018.16504.https://jamanetwork.com/journals/jama/fullarticle/2710505