

Testimony in support of SB 956: An Act Providing Medical Assistance to Certain Individual's Regardless of Immigration Status

By: Jillian K. Warejko, MD

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Dear Distinguished Members of the Human Services Committee,

My name is Dr. Jillian K. Warejko. I am a pediatric nephrologist at Yale-New Haven Children's Hospital, taking care of children in Connecticut with kidney disease for the last 3.5 years. I also serve as the pediatric transplant physician for our pediatric kidney transplant program. Prior to this, I practiced in Massachusetts and Missouri, before settling in Connecticut, a place I have come to call home. This testimony reflects my own personal opinions and does not reflect the opinion of Yale University/Yale-New Haven Children's Hospital.

I am writing in support of S.B. 956: An act providing medical assistance to certain individuals regardless of immigration status.

As a pediatric nephrologist, I take care of children with kidney disease that can be congenital (meaning you are born with abnormalities of the kidney and urinary tract) or acquired (due to inflammatory/autoimmune conditions, medication exposure, diabetes, high blood pressure, or obesity, amongst other causes). Due to the diversity of causes, kidney disease is common amongst children and in my practice, I frequently take care of undocumented and uninsured children.

Kidney disease, once present, cannot be reversed, and the majority of our therapies center around preventing progression of kidney disease to avoid kidney failure. These therapies can include simple practices such as blood pressure assessment and growth assessment at well child visits. These are visits that we know undocumented children rarely receive due to lack of insurance.

Without adequate insurance, children with kidney disease remain at risk for progression of their kidney disease and ultimately may suffer from kidney failure, requiring dialysis and kidney transplant to sustain life. Additionally, even in the absence of the extreme (kidney failure) children with mild and moderate kidney disease are at higher risk for life limiting conditions such as cardiovascular disease, as well as academic challenges, amongst others. In the absence of insurance, these children often do not get the care they need, and can present in kidney failure, at which point their only option for survival is dialysis. Hospitals in Connecticut provide care for these uninsured, undocumented children, who often have to remain hospitalized to receive life sustaining dialysis. This limits the quality of life for the child and the family, as well as significant emotional distress. It is also well known to cause significant distress for healthcare providers, a distress I am personally well acquainted with.

Supporting this bill may help prevent children from ever needing dialysis, as good access to quality primary care has been shown to lower the rates of high blood pressure, diabetes, and obesity, three of the major cause of kidney disease in the United States. This will help ensure these children grow and flourish in our state.

Respectfully,
Jillian K. Warejko, MD