

Complexities of the Undocumented Living Donor

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Case Study



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Undocumented Immigrants as Living Donors

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Case: CE

- ABO compatible pair: 46 y.o. Latino man in eval for LUKT to pt's wife, a 40 y.o. Latino woman
- Disclosed he is an undocumented immigrant
- Job requires physical labor and provides no PTO or benefits
- Anxious about financial impact & fearful of immigration consequences
- Attends low-cost clinic for primary care
- Identified caregiver lives in Peru
- Highly motivated



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Summary

- Culturally-competent care and use of translation services
- Consider KPD program for lost wage reimbursement
- Letter provided to support caregiver's visa application and explored local support options
- Referrals for legal assistance and hospital's benefits office
- Pt able to process emotions with SW, including anxiety and disappointment about deferral while logistics are confirmed.
- Discussion of risks and shared decision making



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Important Considerations

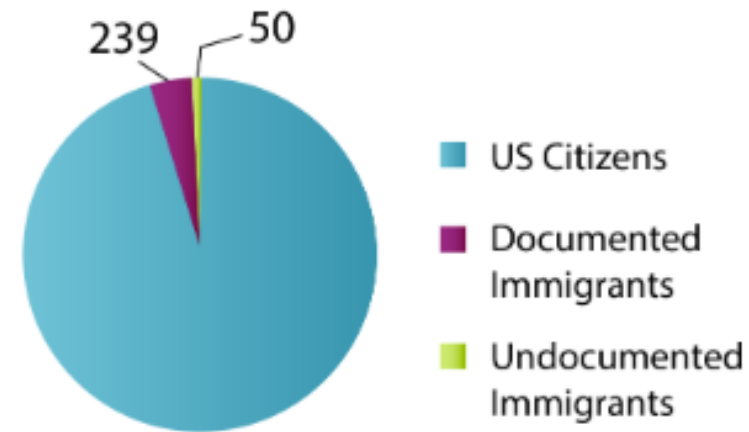


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Important Facts:

- Undocumented immigrants comprise 23% of the U.S. population (ilctr.org)
- Majority reside in California, Florida, Illinois, New Jersey, New York and Texas
- Majority immigrating from: Mexico, Central America, Asia
- More than 4.7 million immigrants in the US were facing deportation in FY 2022.
- Undocumented immigrants represent 27% of all people living in this country without the benefit of health insurance
- Undocumented recipients (~ 60%) have a family member willing to donate a kidney.

Donors



Informat HRSA - Immigrant Issues

- In the U.S., 50 of all living kidney donors in 2011 were undocumented immigrants
- In the U.S., 239 of all living kidney donors in 2011 were documented immigrants



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Relevant Questions:

Should Legal Status be a consideration during a Living Donor's Evaluation?

Should we treat Undocumented Donors differently?

Should we consider the nature of the undocumented status and the country they are immigrating from?



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All donors must be able to demonstrate knowledge and understanding of living donation and give Informed Consent



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Program Guidelines and Pre-screening



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Health Insurance Coverage:

Most undocumented immigrants do not have health coverage apart from emergency care provided under EMTALA.

Ineligible for federal health coverage or access to the Federal Health Insurance Marketplace under the Affordable Care Act

In certain states, some are eligible for limited state-specific benefits

[Immigrant Access to Medi-Cal — Mental Health Advocacy Services \(mhas-la.org\)](http://mhas-la.org)

Can purchase private health coverage

In some cases, they can access insurance through their employers.



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Financial Concerns while in the U.S.

- **Health Maintenance**
- **Post operative care and Post donation Complications:**
 - Charity Care
 - Low-Cost/No Cost healthcare options
- **KPD participation**
- **Minimal assistance with Out-of-pocket expenses**
- **Employment concerns:**
 - Stability
 - Labor intensive jobs
 - Loss of wages
 - No protection for disability and paid family leave



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Financial standing and stability

Community support

Access to Medical Care



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Economic and Geographic Considerations:

Home Country's
Level of
Development



Degree of
available
infrastructure



Access to
ESRD Care



Psychosocial Considerations:

Undocumented Donors may:

Experience additional stress and anxiety related to their legal status

Have limited Caregiver and Community support

Be unwilling to pursue social services or psychosocial support

Have untreated or undertreated psychiatric conditions

Have challenges pursuing psychosocial support and intervention post donation

Experience loss of employment = heavy burden on the donor



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Relationship

Motivation

**Ethical
Considerations**

Evidence of prior Altruism

Ability to give Informed
Consent



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If Deported: Lack of protection

- Loss of protections:
 - Inability to have the assurance of UNOS priority status
 - Inability to use KPD protection
- May be unable to enter the U.S. legally for a period of 3-10 years, if ever!



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In the event of Deportation: Availability of Renal Replacement Therapy (RRT)

- Is healthcare universal?
- If not universal, is private insurance affordable, and does it cover ESRD care?
- Does the person's home country have available, attainable, and affordable RRT?
- Does the country have an organ donation system?
- Are there any protections for prior living donors who donate outside of the country?
- Are transplants performed, and how affordable and attainable are they?



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Example: Mexico

- No universal healthcare protection for all of its citizens
- 3% of the population is able to afford private insurance coverage.
- ESRD coverage varies based on the type of insurance.
- The healthcare care system is fragmented
- Social security benefits, including universal access to dialysis and kidney transplantation, are only available to salaried workers employed by the private sector or by the government.
- Lacks a national dialysis registry
- RRT is available but is poor quality, linked with a high mortality rate (3 times higher than in the U.S. and is limited or nonexistent for the uninsured population)
- Transplants are performed.
 - Rates are low
 - Extremely costly
 - only available to insured individuals
 - cost of immunosuppressant medications is prohibitive

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127446/>



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If Deported: Financial Concerns

**General
financial
stability**

**Insurance
coverage**

**Access and
affordability
of medical
care**

**Ability to
manage
complications
post-donation**



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Global Facts per National Kidney Foundation

- Low socioeconomic status is associated with increased risk of CKD no matter the ethnicity
- Access to kidney care is limited in resource poor nations
- Of the 2 million people who receive treatment for kidney failure, the majority are treated in only five countries: United States, Japan, Germany, Brazil, and Italy.
- These five countries represent only 12% of the world population.
- Only 20% are treated in about 100 developing countries that make up over 50% of the world population.
- More than 80% of all patients who receive treatment for kidney failure are in affluent countries with universal access to health care
- For most Low Middle-Income Countries, transplantation is rare due to lack of infrastructure, and survival can be complicated by the affordability of immunosuppressive drugs, malnutrition and infectious disease, in particular tuberculosis



Kidney Disease | National Kidney Foundation

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IN CONCLUSION...

**I'VE LEARNED
THAT I STILL HAVE
A LOT TO LEARN**

MAYA ANGELOU

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Session Survey

Ellen Shukhman, RN, MSN, AMB-BC, CCTC | April 19th 10:45 AM-11:15 AM



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Case Study Sources:

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- Lentine, KL, Motter, JD, Henderson, ML, et al. Care of international living kidney donor candidates in the United States: A survey of contemporary experience, practice, and challenges. *Clinical Transplantation*. 2020; 34:e14064. doi: 10.1111/ctr.14064
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Presentation References:

- [CKD in Disadvantaged Populations - World Kidney Day](#)
- [Dialysis Care around the World: A Global Perspectives Series - PMC \(nih.gov\)](#)
- [Green Card through INA 245\(i\) Adjustment | USCIS](#)
- [End-stage renal disease risk in live kidney donors: what hav... : Current Opinion in Nephrology and Hypertension \(lww.com\)](#)
- [Evaluation and Care of International Living Kidney Donor Candidates: Strategies for Addressing Common Considerations & Challenges - PMC \(nih.gov\)](#)
- [Global Facts: About Kidney Disease | National Kidney Foundation](#)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127446/>
- <https://www.washingtonpost.com/national-security/2022/12/30/immigration-enforcement-trends/>
- [Immigrant Access to Medi-Cal — Mental Health Advocacy Services \(mhas-la.org\)](#)
- [Informate HRSA - Immigrant Issues](#)
- [Quick Immigration Statistics: United States > The Immigrant Learning Center \(ilctr.org\)](#)
- [States Offering Driver's Licenses to Immigrants \(ncsl.org\)](#)



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