Just one missed dialysis appointment means a 30% increase in mortality. Sixty thousand Californians with kidney failure require dialysis at least three days a week for 3 to 4 hours for the rest of their lives or until transplant.

SB 349 would result in fewer available appointment times and dialysis clinic closures. According to a statewide survey conducted by the California Dialysis Council (CDC):

- 15,379 patients could lose their current access to dialysis care.
- 121 dialysis clinics are at risk of closing statewide.
- 63% of evening and overnight (nocturnal dialysis) treatment shifts are at risk of elimination.

Individuals on dialysis already have difficulty finding available treatment options. SB 349 will reduce the availability of treatment slots, increasing hospitalizations and emergency room visits and creating less flexibility for working patients as evening and nighttime treatments would be jeopardized.

SB 349 would increase costs to California’s healthcare system by hundreds of millions of dollars per year. In fact, an analysis by California’s former Director of Finance found SB 349 would increase costs to care for Medi-Cal patients by as much as $270,000,000 per year. This means higher costs for an already strained Medi-Cal system, higher costs for patients and reduced clinic access.

In fact, 90% of dialysis patients in California rely on a combination of Medi-Cal and Medicare for coverage.

California’s dialysis clinics currently rank among the highest in the nation for quality and patient satisfaction, according to the federal Centers for Medicare & Medicaid Services (CMS). In fact, according to CMS data, on average, California dialysis clinics outperform states with mandatory ratios in both clinical quality and patient satisfaction.

Caregivers at dialysis clinics are in the same room with their patients – never more than a few feet away, unlike other healthcare facilities where caregivers rotate visits to patients in different rooms.

Dialysis clinics are already highly regulated and regularly inspected, consistent with federal regulations. In addition, the CMS-affiliated End-Stage Renal Disease (ESRD) Networks of Southern and Northern California actively collect and monitor real-time clinic data on patient outcomes, and have established a formal grievance system for any patient complaints.

Patient outcomes continue to improve. The two most important clinical metrics for individuals on dialysis – hospitalizations and mortality rate – have both improved over the past ten years (hospitalizations down by 21%, mortality rates down by 25%).


3 According to industry estimates, patients covered by Medi-Cal and Medicare.

4 United States Renal Data System (https://www.usrds.org/)

No on SB 349:
Increased Costs for Medi-Cal.
Reduced Access for Patients with Kidney Failure.

SB 349 IS DANGEROUS
IT WILL DISRUPT ACCESS TO LIFE-SAVING DIALYSIS TREATMENT

SB 349 IS COSTLY
IT WILL ADD HUNDREDS OF MILLIONS IN COSTS ANNUALLY TO AN ALREADY FRAGILE HEALTHCARE DELIVERY SYSTEM, INCLUDING MEDI-CAL

SB 349 IS UNNECESSARY
CALIFORNIA DIALYSIS CARE RANKS AMONG THE HIGHEST IN THE NATION FOR CLINICAL QUALITY AND OUTCOMES

NO on SB 349
#DialysisPatients1st
www.dialysispatients1st.com

8/23
Senate Bill 349 Would Jeopardize Patient Access to Life-Saving Dialysis Treatment

According to data collected by the California Dialysis Council (CDC), the cost increases associated with SB 349 could force significant reductions in appointment times and clinic closures. According to the CDC survey:

- **15,379 patients** could lose their current access to dialysis care.
- **121 of 441 CDC member dialysis clinics are at risk of closing.**
- **63%** of California’s evening and overnight patient treatment shifts are at risk of elimination.

JUST ONE MISSED DIALYSIS TREATMENT INCREASES MORTALITY BY **30%**


www.dialysispatients1st.com
California Dialysis Clinics Outperform Clinics in Other States

**California patients are more satisfied with dialysis center staff than other states**

<table>
<thead>
<tr>
<th>Percentage of patients who rated their dialysis staff a 9 or a 10 on a 0-10 scale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>California</strong></td>
</tr>
<tr>
<td><strong>National Average</strong></td>
</tr>
<tr>
<td><strong>Ratio States Average</strong></td>
</tr>
</tbody>
</table>

**Hospitalizations and Mortality Have Dropped Over the Last Ten Years**

<table>
<thead>
<tr>
<th>Hospitalizations</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21%</strong></td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>

**California patients are more satisfied with dialysis center facilities than other states**

<table>
<thead>
<tr>
<th>Percentage of patients who rated their dialysis facility a 9 or a 10 on a 0-10 scale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>California</strong></td>
</tr>
<tr>
<td><strong>National Average</strong></td>
</tr>
<tr>
<td><strong>Ratio States Average</strong></td>
</tr>
</tbody>
</table>


SOURCE: Data from USRDS 2016 report, usrds.org, Figure 5.1 and Figure 6.1.

www.dialysispatients1st.com
SB 349 (Lara) would harm patients on dialysis by reducing access to dialysis care while increasing costs to Medi-Cal and the overall healthcare system in California. Here are answers to common questions about SB 349.

**Is SB 349 needed to “fix dialysis”?**

No. SB 349 is a solution in search of a problem. According to the federal Centers for Medicare & Medicaid Services (CMS), California’s dialysis clinics rank among the highest in the nation for clinical quality and outcomes. SB 349 is NOT about improving patient care. SB 349 is part of a larger union organizing effort that will have negative consequences for the nearly sixty thousand Californians with kidney failure who depend on dialysis treatment to survive.

**Will SB 349 improve dialysis patient safety?**

No. SB 349 puts dialysis patients at risk. The dialysis clinic staffing ratios mandated by SB 349 would ultimately result in fewer appointments, more missing appointments and a dangerous backlog of needed care. **Just one missed dialysis appointment means a 30% increase in mortality.**

**How will SB 349 jeopardize patient access to dialysis?**

The staffing ratios mandated by SB 349 would result in significantly fewer appointment slots available and dialysis clinic closures. According to a statewide survey conducted by the California Dialysis Council (CDC):

- 15,379 patients could lose their current access to dialysis care
- 121 dialysis clinics are at risk of closing statewide
- Nearly two-thirds (63%) of California’s evening and overnight (nocturnal dialysis) treatment shifts are at risk of elimination.

Demand for dialysis has more than doubled since 1997 and is expected to grow rapidly for the foreseeable future. Individuals on dialysis already have difficulty finding available treatment options near their homes and suitable to their schedules. SB 349 will reduce the availability of treatment slots, increasing hospitalizations and emergency room visits and creating less flexibility for working patients as evening and nighttime treatments would be jeopardized.

**Will SB 349 increase costs to the healthcare system?**

Yes. SB 349 would increase costs to provide dialysis care in California by hundreds of millions of dollars per year. In fact, an analysis by California’s former Director of Finance found SB 349 would increase costs to care for Medi-Cal patients by as much as $270,000,000 per year. This means higher costs for an already strained Medi-Cal system, higher costs for patients and reduced clinic access. 90% of dialysis patients in California rely on a combination of Medi-Cal and Medicare for coverage.

**Are California’s dialysis clinics understaffed?**

No. Unlike other healthcare facilities where caregivers visit patients in different rooms on a rotating basis, caregivers at dialysis clinics are in the same room with their patients – never more than a few feet away. SB 349 imposes arbitrary staffing ratios without regard to the actual needs of individuals with dialysis. For example, a clinic with a high number of patients with a Central Venous Catheter (CVC) may staff with more nurses and fewer Patient Care Technicians (PCTs) since only nurses can initiate and terminate treatment for CVC patients. Under SB 349, such a clinic would have to adjust the number of nurses to compensate for the additional PCTs on the floor, in turn reducing the number of patients that could be seen.
Do other states have mandatory ratios and how does their quality of care compare to California?

There are eight other states with mandatory staffing ratios at dialysis clinics, though none as strict as the ratios proposed by SB 349. There is no evidence that staffing ratios improve patient outcomes. In fact, according to CMS data, on average, California dialysis clinics outperform states with mandatory ratios in clinical quality, patient satisfaction and infection rates.

Is there sufficient oversight?

Yes. Dialysis clinics are already highly regulated and regularly inspected, consistent with federal regulations. In addition to periodic mandatory inspections, clinics are subject to routine, unannounced inspections. Dialysis providers already adhere to 376 individual regulations which are set by CMS to ensure clinical quality and safety. In addition, the CMS-affiliated End-Stage Renal Disease (ESRD) Networks of Southern and Northern California actively collect and monitor real-time clinic data on patient outcomes and have established a formal grievance system for any patient complaints.

Wouldn’t more inspections be better?

Not necessarily. There is no evidence that the current inspection and oversight protocol is insufficient. SB 349 would increase required inspections by nearly 400%. Adding inspections only adds to the backlog of new dialysis clinics in California that are on hold to open until they can be inspected. Today, there are dozens of clinics already built and ready to see patients, and awaiting inspection in order to open. The only thing preventing them from opening are lagging state inspections.

Aren’t clinics in rural areas exempt from the ratios?

No. For starters, the bill’s narrow definition of “rural” counties would exclude many of the state’s rural counties from being eligible. Furthermore, the language is not an exemption. The bill only says that clinics, on a clinic-by-clinic basis, may apply to the state Department of Public Health for a waiver. There is no guarantee that a waiver would actually be granted. This exemption if very narrow. Even if every single eligible clinic applied for and was granted a waiver, only about 800 patients - out of 63,000 dialysis patients statewide - would be exempt from the mandated ratios.

More important, this exemption belies union sponsors’ claims when they say that SB 349 is needed to protect patients. If that were true, there should be no exemptions. This underscores that this bill is more about politics than good policy.
Dialysis Caregivers: Within Arm's Reach & With Line of Sight of Patients

Unlike other healthcare facilities where caregivers rotate visits to patients in different rooms, caregivers at dialysis clinics are in the same room with their patients – never more than a few feet away and with a line of sight.

NO on SB 349
#DialysisPatients1st
www.dialysispatients1st.com