

May 25, 2017

Hon. Jim Wood  
Chair, Assembly Health Committee  
State Capitol, Room 6005  
Sacramento, CA 95814

Re: SB 349

Dear Chairman Wood:

With more than 29,000 dialysis and pre-dialysis patients comprising our membership, including 4,785 in California, Dialysis Patient Citizens (DPC) works to improve the quality of life for all dialysis patients through education and advocacy. We are a nationwide, non-profit, patient-led organization with membership open only to dialysis and pre-dialysis patients and their families. Our policies and our mission are guided solely by our membership.

Historically, DPC has not gotten involved in staffing policy issues, which implicate areas appropriate for labor/management negotiations and clinical expertise we do not possess. However, we have three specific concerns about provisions of SB 349 that could put patient access at risk.

First, the magnitude of fines under proposed Section 1240.1, which could amount to many thousands of dollars, far exceed the Medicare reimbursement rate for a dialysis treatment. These penalties seem designed to induce a clinic to send patients away without treatment in the event that a sick staff member causes the mandated ratio to be exceeded. That is not a calculation that patients want their caregivers to make.

Second, we are worried about the 45-minute transition time mandated in proposed Section 1226.4(b)(4). It would be harder for clinics to provide a fourth shift under this regulation. That would virtually eliminate the option for nocturnal dialysis, which is perhaps the most effective (and under-used) renal replacement modality.

Third, with regard to inspections, priority should be given to ensuring that new clinics are inspected in a timely manner before increasing the burden on state surveyors. Inasmuch as California has the third highest incidence rate of end-stage renal disease among the 50 states, we feel the Legislature should emphasize access to care, including efforts to bring more capacity and more patient choices online as quickly as possible.

Making good health policy is difficult because it involves trade-offs among costs, quality, and access. SB 349 would sacrifice convenient access to dialysis treatments for potential quality improvements that appear speculative at this point. Our analysis of statewide average satisfaction ratings for dialysis facilities in ICH-CAHPS surveys finds that the eight states with staffing ratio laws do not have systematically higher or lower patient satisfaction. Further, California patients' average ratings of their dialysis center staff (64.62) and dialysis center overall (67.27) are actually higher than the national average for those ratings (61.78 and 64.59 respectively).

Sincerely,

A handwritten signature in black ink, appearing to read "Hrant Jamgochian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Hrant Jamgochian, J.D., LL.M.  
Chief Executive Officer