



Opposition to Mandated Staffing Ratios in Dialysis Clinics – SB 349

1. Mandated ratios will harm dialysis patients, especially those reliant on Medi-Cal

- ***Will restrict facility flexibility***—no flexibility to account for facility-specific conditions such as patient acuity, length of treatment, and the number of new patients among other factors not addressed by a “one size fits all” ratio
- ***Will reduce available shifts for patients***—ratio requirements will require facilities to staff up, and as labor costs increase many clinics will have to reduce available shift times causing severe disruption to individuals who arrange their lives around their treatment schedule (3x/week, 3-4 hrs./txt)
- ***Will result in center closures***—as facilities are required to staff up, many will no longer be able to sustain themselves, especially those centers with a majority Medi-Cal and Medicare patient census, forcing patients to treat at alternative facilities, sometimes farther from their homes
- ***Will reduce patient access to certain treatments***—new modalities like Nocturnal Dialysis—which allows patients to treat as they sleep so as to maintain employment or an active lifestyle—will not be viable under mandated staffing ratios

2. Mandated ratios will increase costs for the Medi-Cal program unnecessarily

- Medi-Cal patients will have less access to their dialysis care—either through a reduction in available patient shifts or center closures.
- As access points are reduced—and especially as available clinics are a greater driving distance away—there will be a greater potential for Medi-Cal patients to miss treatment or seek treatment in the ER, which is more costly to Medi-Cal (hospitalizations cost CMS ~\$30k per dialysis patient per year)

3. Dialysis facility operations already tightly regulated

- All new dialysis centers must be surveyed and “certified” to treat patients and are regularly re-surveyed to ensure compliance with state and federal regulations
- Federal guidance includes 376 specific regulations set forth to ensure safety and quality standards, compliance with Federal/State/Local Laws, infection control, physical environment among many other items
- Additional surveys are performed when a center relocates, expands, adds services, or receives patient complaints
- Results fall into three tiers of issues that come up in surveys: deficiency (minor), condition-level deficiency, immediate jeopardy (most severe)

4. Mandated ratio bill: a solution in search of a problem

- Patient access reduced, loss of facility-specific, clinically-driven flexibility
- Greater cost to Medi-Cal
- Federal standards exist, are adhered to; no record of patient or worker safety concerns