



June 8, 2017

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

Re: SB 349, Regarding Mandated Staffing Ratios in Dialysis Facilities

Dear Assembly Member Wood:

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with kidney disease. Part of RPA's mission is to promote excellence in the delivery of high quality kidney care within an environment that supports patient safety.

We are writing in opposition to SB 349 on behalf of our nearly 200 nephrologist members in California, who care for many of the approximate 65,000 of the state's residents with end-stage renal disease (ESRD). We believe the proposed legislation to create staffing requirements in California's dialysis facilities is unnecessary and distracting from more important factors, and unworkable in operations of a dialysis facility.

RPA fully supports all efforts to improve health outcomes in dialysis, and there is no group more aware of the crucially important role that nurses play in delivering high quality care to ESRD patients. Nurses provide patient care as part of a team of health professionals. Having adequate numbers of staff is important, but there is no evidence that regulations with specific nurse to patient staffing ratios, or technician staffing ratios, have led to greater safety or improved outcomes in states where those regulations exist. Indeed, focusing on specific staffing ratios may detract from what we believe is more important emphasis on teamwork and adherence to comprehensive policies and procedures related to patient care. Additionally, strict staffing requirements without flexibility (including explicit allowances for unexpected exceptions such as efforts to prevent hospitalizations and other adverse outcomes, or instances of staff illness), could limit patient access to their regular life-sustaining dialysis treatment.

RPA is also deeply concerned by the provisions in SB 349 mandating that a chronic dialysis clinic shall ensure that the transition time between patients is at least 45 minutes. We believe this facet of the proposed legislation is unnecessarily intrusive to clinic operations, impractical with today's operational models, and harmful to patients who desire to be able to be put on and taken

off dialysis efficiently to minimize their time at the facility and maximize their quality of life. Mandating “turnover time” makes no sense when CMS already requires facilities to have policies which ensure safe transition from one patient to the next. At best, specifying an arbitrary time for this transition will slow operations in well performing facilities and unnecessarily inconvenience patients. At worst, it will limit patient access to care as facilities reduce the number patients served each day.

**For these reasons outlined above, RPA urges opposition to SB 349.**

RPA welcomes the opportunity to work collaboratively with the California state legislature in its efforts to improve the quality of care provided to California’s kidney patients, and we stand ready as a resource to the legislature on issues related to the care of kidney patients. Any questions or comments regarding this correspondence should be directed to RPA’s Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at [rblaser@renalmd.org](mailto:rblaser@renalmd.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Michael D. Shapiro". The signature is fluid and cursive, with a large initial "M" and "S".

Michael D. Shapiro, MD, MBA, FACP, CPE  
La Jolla, California  
RPA President