



August 23, 2019

Senate President Toni Atkins
State Capitol
Room 205
Sacramento, CA 95814

Re: Assembly Bill 290 on Charitable Premium Assistance in Dialysis

Dear Senate President Atkins:

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 access to care and safety.

We are writing 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), in strong opposition to Assembly Bill 290 (AB 290), legislation that will eliminate third party payment for dialysis patients in California and would inappropriately limit reimbursement for dialysis services.

RPA fully supports efforts to provide dialysis care in a fiscally responsible and prudent manner. On a national level, we have traditionally worked with the Centers for Medicare and Medicaid Services (CMS) to ensure that reimbursement rates for dialysis facilities under the End-Stage Renal Disease (ESRD) Prospective Payment System are developed equitably and appropriately and which honors CMS' fiduciary responsibilities.

However, RPA firmly believes that AB 290 if enacted will be harmful to a large proportion of California's dialysis patients as well to dialysis patient care broadly in California. The legislation allows third party premium payments for patients in the Ryan White HIV/AIDS Program under Title XXVI of the federal Public Health Service Act, and those patients who are part of an Indian tribe, tribal organization, or urban Indian organization, and RPA fully supports the decision-making underlying these determinations. Patients with ESRD are among the most vulnerable sub-populations of chronically ill patients, and no less vulnerable than AIDS patients or those with an affiliation with an Indian tribe or organization, and to eliminate sources of financial means for these patients because it is contingent on the need for dialysis would penalize this equally vulnerable population. Arbitrarily limiting the resources available to treat dialysis

patients (to the benefit of the health insurance industry) will result in reduced availability of clinical and administrative staff, and is likely to force dialysis facilities to decrease the hours during which they will be open to provide care. Further, these cutbacks will disproportionately affect rural and low-income areas where the need for these services is most acute.

Given that this bill does not account for the vulnerable nature of California's dialysis patient population and is certain to threaten ESRD patient care in the state rather than enhance it, RPA urges opposition to AB 290.

RPA welcomes the opportunity to work collaboratively with policymakers in California to improve the quality of care provided to California's kidney patients, and we stand ready as a resource to the state 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.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey A. Perlmutter MD". The signature is written in a cursive style with a long horizontal stroke at the end.

Jeffrey A. Perlmutter, MD

President