

CDC Report

Thursday, May 16, 2003

Los Angeles, California

Legislative Report and State Budget: Michael Arnold discussed the current status of California's budget. The May revision was released on Wednesday, the 14th. The current statement of deficit (which appears subject to increase) is \$38 billion. Non-emergency medical transportation services will continue but are subject to a potential 15% cut. The California Medical Association is leading a coalition to prevent cuts in the Medi-Cal program. At some point it may be necessary for us to separate ourselves from this coalition and request that ESRD patients, who are receiving life-sustaining therapy, be exempted from cuts. Michael stated that the ESRD community needs to re-contact legislators so that our earlier efforts will not be forgotten. He asked that the Grassroots committee implement another plan of action.

This budget is extremely difficult. Governor Davis wants to roll-over \$10.7 billion of the deficit into future fiscal years (as proposed by Republicans). Additionally, in order to assure bondholders of security of their bonds, he plans to add ½ cent sales tax for a period of five years. He would downscale realignment to cities and counties and increase cigarette tax. Under Proposition 98, 40 cents of every new dollar collected into the General Fund has to go to education, so the Governor plans to shift the money to local governments so that it will not be in the General Fund and therefore not subject to Proposition 98. Finally, the Vehicle License Fee will revert to 1998 levels, increasing the fee by approximately \$150 per car. Michael will send out a summary of the budget May revision next week.

There is an additional \$3 billion deficit beyond what was believed at the beginning of this year. Legislators are being bombarded by special interest groups. Our efforts have dwindled at this time and other areas of health care are pushing to be sure that they receive as little cuts as possible. The dialysis community needs to be a "squeaking wheel."

Recall

Governor Davis' ratings are the lowest in the history of a sitting Governor and he is worried. 900,000 valid signatures are needed to put forth the recall question. If the proponents of recall are successful, a 2-fold ballot will be proposed which will ask if the governor should be recalled, and, if so, which of the listed candidates should replace him. In order to alleviate some of the alienation he has caused, Governor Davis has restored \$1 million back to education and has left money in the budget for police and firefighters.

AB 1739 Hemodialysis Technician Training Act

The proposed legislation was reviewed page by page as this would be the last opportunity to make changes. The following areas were identified as needing clarification/ change.

1. 1247.41 needs to have language added that would include an equivalent foreign secondary education that would be similar to U. S. high school education.
2. 1247.45(5): "Any other information required by the department for the proper administration and enforcement of this article." The Board wishes to have this statement defined more clearly or deleted.
3. 1247.61 Michael noted that this is a "title" statute that prohibits anyone else from using the title, *CHT*. He said this is an important bonus for California Certified Hemodialysis Technicians.
4. 1247.71(d) should have "in-service education" added to "employer-sponsored continuing education."
5. 1247.76 should reference the National Nephrology Certification Organization as well as BONENT. Additionally, the language in 1247.64(e)(2) that describes challenging the examination should be included in this section with reference to out-of-state or out-of-country experienced technicians.

Regulatory Report: Karen Dyer introduced the following regulatory issues.

1. At a November 27, 2001, meeting between representatives of the DHS, CMS, State Board of Behavioral Sciences and representatives of CDC, the issue of qualifications of a "qualified social worker" were discussed. The DHS representative, Melissa Reyes, agreed to provide CDC with a written description of their interpretation of the federal provisions at the January 2002 Board meeting. The aforementioned description has never arrived and Melissa Reyes is no longer in her position. Lori McLean is acting in the position currently. The CDC would like to have the official interpretation from the DHS, as facilities remain unclear regarding exactly what functions an MSW under the supervision of an LCSW can perform. Doug Marsh agreed to bring the question to the joint quarterly meeting with the State agency and CMS Region IX. Karen Dyer will forward the question to him for follow-up.
2. Regarding LVNs in dialysis, Mary Brattich reported that Ann Shuman (BVNPT) stated that the OAL judge is reviewing whether the BVNPT has legal authority to make changes in the law. Michael Arnold stated that he will follow up on this issue, as he believed that the status was closed with OAL and that BRN needed to decide whether or not to litigate.
3. Procedural changes: L.A. County EMT. Karen Dyer provided a copy to attendees of the procedure implemented in 2001 along with a partial training program, that allows EMT-1 personnel to access dialysis catheters. A facility managed by Innovative Dialysis experienced a problem when the EMTs were summoned for a hypoglycemic

patient. The EMT accessed the patient's dialysis catheter and heparinized the patient in addition to only using an alcohol wipe to disinfect the area. In light of the large scale difficulties with the BRN regarding licensed nurses not being able to access dialysis catheters, it is problematic that significantly less trained EMT personnel would be allowed to do so. Ms. Dyer will attempt to have a representative of the EMT program attend the next L.A. Board Meeting.

5. A copy was distributed of an internal CMS letter to survey agencies explaining that there is neither need for a Business Associate Agreement (HIPAA) nor a need for patient authorization for surveyors to perform their survey/certification responsibilities.

Medi-Cal Report: Michael Arnold reported for Sean Graham stating that we continue to work with DHS and Amgen for revision of the hemoglobin levels required for EPO reimbursement.

Network Report: Doug Marsh delivered a brief Network #18 up-date.

1. All 18 Networks received contract renewal letters today with no opportunity to negotiate. Networks have until May 30, 2003 to accept or the contract will be subject to competitive bidding.
2. The new quality improvement project will be focus on increasing fistula placement. Working with the Institute for Healthcare Improvement (IHI), the Networks will employ a new approach to work with facilities that think they can improve most quickly rather than those who's outcomes can improve the most. This will be a 3-year project and CMS is committed to developing a partnership between Networks and providers for implementation of the project. Data collection will be standardized and kept to a minimum and facilities will work with the Networks to identify best practices on an individual bases.
3. A study involving twelve Networks (including Network #18) was performed regarding patients who were discharged involuntarily. Network #18 had the largest number of patients (raw number equaled 70 in 2002). The Network has 220 facilities which means that approximately one facility in three will have to deal with involuntary discharge. CMS is very mindful of this as a beneficiary issue and intends to build on the work that has already been done.
4. The VISION project for independent facilities has begun. Corporate facilities will work directly with CMS on VISION. Eight facilities have received training to date and the Network staff will be training twelve more in coming months.
5. Effective 12-31-2002, there were 23,383 patients in Network #18, an increase of 1,600 from 2001. Network #18 experienced the largest increase in the P.D. population in years- from 1950 to 2093 patients. The transplant volume remained about the same at 1125. More data will be available in the coming weeks.
6. The Network is contemplating a change in the format of their Annual Meeting. Rather than one large meeting, they are considering having multiple regional meetings. Carol DiRaimondo, chairperson for the Network #17 MRB, stated that Network #17 is anticipating spending their annual meeting resources this coming year in holding multiple training sessions for the Vascular Access Project and will probably not have one Annual Meeting either.

Medicare Report: Carol DiRaimondo gave an up-date regarding NHIC. Nancy Ann James was not present to deliver her Medicare report.

There was a Carrier Advisory Committee (CAC) meeting last month and the agenda did not include anything directly applicable to the dialysis community. The fact that CDC is represented at NHIC has had a spin off with RPA. The RPA is now interested in participating in the process with carriers. Brian Wong is going to an RPA special national meeting regarding CAC representation by nephrologists in June. Regional and national RPA reps were invited, as were CAC reps and alternates from around the country. It would not be in our best interest if the RPA replaces the CDC as the California "renal" NHIC CAC representative organization, as the RPA region is not California-dedicated. Brian will report back report back at the CDC June meeting in detail.

Dr. Barry Straube attended the last Network #17 Board of Directors meeting and mentioned that something will be coming out soon regarding the bundling of dialysis rates/services.

Michael Turek is no longer at UGS and Dr. Cope from Wisconsin is handling California until Dr. Turek can be replaced.

Annual Conference and Meeting: Mike Paget stated that a summary of evaluations from the Annual Meeting was sent to Board Members. The meeting was a success both by attendee evaluation and financially.

Suggestions for next year's agenda included pain management, pain assessment and involuntary discharge.

Mike presented two sets of possible dates. April 14-18 and May 19-22 were both available at the Wyndham Hotel. The April dates apparently conflict with the annual ANNA meeting and were ruled out. There was a suggestion that we hold the May dates but check into the availability of dates in March as well. Also, it was suggested that someone confirm that our proposed dates do not conflict with any of the corporate dialysis regional meetings.

**Next Meeting:
Friday June 20, 2003
Hilton Hotel Oakland Airport**