Bonnie Cullison
Legislative District 19
Montgomery County

Health and Government
Operations Committee

Chair, Insurance and Pharmaceuticals
Subcommittee

The Maryland House of Delegates
6 Bladen Street, Room 312
Annapolis, Maryland 21401
410-841-3883 · 301-858-3883
800-492-7122 *Ext.* 3883
Fax 410-841-3882 · 301-858-3882
Bonnie.Cullison@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in Support of HB 484
Dialysis Treatment Services – Training (David Selby Dialysis Parity Act)

Good afternoon, Chairman Pendergrass, Vice Chairman Pena-Melnyk and honorable members of the committee. Thank you for this opportunity to present HB 484, **Dialysis Treatment Services – Training (David Selby Dialysis Parity Act)**. This bill is in response to the need to assure that the high standards for the delivery of dialysis are consistent across all healthcare settings.

For those of us who do not regularly experience dialysis, either as a patient or a caretaker, it may seem like a routine procedure. The fact is that for those that get it need it to survive. It is a serious medical procedure that involves vascular ports or abdominal catheters and is used for people in a very vulnerable medical state, End Stage Renal Disease (ESRD). In addition to the actual process, the risk of infection is high. Given that, it is absolutely critical that we maintain high standards of training for those health care professionals who are responsible for performing and monitoring patients who are under this treatment.

The reason for this bill is because the specific standards of care for individuals who receive dialysis are not consistent across healthcare settings, putting patients at risk. Simply put, dialysis is the primary treatment for ESRD; this process filters the toxins, waste and fluid from the blood through a semipermeable membrane. The 2 types of dialysis, hemodialysis and peritoneal dialysis, use different methods to filter blood. In hemodialysis, which is done in kidney dialysis centers, the filtering membrane is called a dialyzer and is inside a dialysis machine, which the blood is cycled through. Most of us have at least a basic understanding of this modality.

The second type, is used less often and can be done at home with the family or caregiver's support. Peritoneal dialysis uses an internal filtering agent to complete the process and can be done at home. In this modality a bag of dialysate (about two quarts) is put into the peritoneal cavity (abdomen) through a catheter that has been surgically implanted. The dialysate stays there for about four or five hours before it is drained back into the bag and thrown away. An important differentiation between the two modalities is that the dialysate stays in the body until it is actively drained and if that is not done correctly, it will cause complications.

The fiscal note refers to the training and certification that is required of staff at kidney dialysis centers in Maryland. However, in some instances, especially urgent situations, dialysis must be done on other settings, such as hospitals and private provider offices. In these cases, the individuals doing the dialysis are not required to have the same training, oversight or regulation

under current Maryland law. In these instances, the procedure is considered "acute" and therefore falls under Joint Commission on Accreditation of Healthcare Organizations (JCAHO). However, this a general accreditation and does not include standards for inpatient dialysis. There is a JCAHO Disease Specific Care certification in ESRD, but to my knowledge, no hospital in Maryland has that certification. This bill seeks to require the same level of standards for treatment in all settings, so patients with ESRD can feel confident that they will be safe.

The standards for training and care already exist—the kidney dialysis centers have successfully treated patients for decades. This bill would require the development of regulations to implement those standards in other medical settings where dialysis is performed.

Thank you very much for your consideration of this bill and on behalf of all patients who need dialysis, I respectfully request a favorable report.