

Independent Dialysis Foundation (IDF), a Non Profit Chain of dialysis clinics affiliated with the University of Maryland School of Medicine, **opposes** HB1417. Our small chain has been in business for over 40 years. My name is Tracey Mooney; I have been the CFO for 30 years. I have served at the pleasure of 2 Governors on the Maryland Commission on Kidney Disease and have been the President of the Maryland Renal Administrative Association for many years that represents all providers in the community.

This bill calls for singling out transportation to Dialysis. Roughly 80% of our patients are Medicare Beneficiaries, the rest are VA and Medical Assistance with only a small fraction who have Private Insurance. The reimbursement for a single treatment is priced based on Medicare rules that restrict providers from providing transportation to patients. The patient population is mostly elderly and disabled, and the majority of our patients are African American.

The bill's focus violates Federal Law which mandates entitlement to transportation to Medical Assistance Beneficiaries. Non-emergent transport to medical appointments has been a mandatory Medicaid benefit since the program's inception in 1965. Currently, states have to obtain a waiver from the CMS if they don't offer non-emergent transportation services. This bill is counter intuitive to the Maryland Model for care which creates initiatives that will keep people out of the hospital and create cost savings. Any change to the resources for transportation will be impacting the frailest and poor of our population.

As a snapshot, we studied our patient population and the majority self transport to treatment. Again it is the most medically and economically disadvantaged who require government assistance to care. Here is our data:

	Self	MA	Local MTA	VA	Other	Total
Chestnut	22	2	26			50
Parkview	51	15	35	2		103
Arundel	63	13	15	3	1	95
Garrett	14		6		1	21
Calvert	37	5	5		2	49
Total	187	35	87	5	4	318
Percentage	59%	11%	27%	2%	1%	100%
Projected Annual Rides		10920	27144			38064
Cost of \$20 Per Ride		\$ 20	\$ 20			
Total Annual Cost		\$ 218,400	\$ 542,880			\$ 761,280

For the benefit of understanding how this will impact our small Nonprofit, we would be out of business very quickly if we have to cover \$761,000 annually. The average reimbursement for dialysis provides less than \$3 per treatment in income to IDF. There may be some misconception that my for profit colleagues have deeper pockets. I can attest that reimbursement is the same for all of us. Also, Maryland costs are the highest in the nation due to increased staffing ratios mandated by specific Maryland law.

We believe this bill discriminates against some of the most vulnerable in our state and will result in decreased access to care for patients throughout Maryland if it is successful. IDF has already closed a clinic in Allegany county after 25 years of operation because it was not financially sustainable. Patients in Cumberland have only one choice for care and receive it with obstacles that exist when monopolies occur.

We have met with Delegate Krimm concerning this bill, it is written with a focus on “counties” and silent on Baltimore City. In Maryland, we count Baltimore City as a county. Delegate Krimm indicates she has excluded Baltimore City by indicating “Counties” in her bill. We also recognize that her home county of Frederick, which represents roughly 2% of the state’s population of dialysis patients, is struggling with growth that is creating more demand for local rides to dialysis. We are aware that other counties create constraints or have limited resources to address the demands. Each geographic area has variable needs. We have provided below a breakdown of outpatient dialysis patients by geographic City or County.

COUNTY	Patients	COUNTY	Patients
Allegany	107	Harford	246
Anne Arundel	640	Howard	233
Baltimore	1,362	Kent	29
Baltimore City	2,276	Montgomery	944
Calvert	100	Prince Georges	2,639
Caroline	35	Queen Annes	29
Carroll	109	Somerset	59
Cecil	98	St. Marys	139
Charles	291	Talbot	39
Dorchester	81	Washington	167
Frederick	194	Wicomico	189
Garrett	17	Worcester	77

In conclusion, we are interested in participating in a Work Group with Delegate Krimm, not a Task Force. Otherwise, we cannot support any model where providers pay for rides to treatment whether it is for dialysis, primary care, or cancer treatment, etc.