

# Dialysis provider shuts five centers in D.C. area

## Lack of government cash cited; more closures likely

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The nation's largest kidney-care provider has closed five dialysis centers in the greater Washington area, which has one of the highest rates of kidney disease in the country.

In addition, the dialysis provider -- Fresenius Medical Care North America -- says more closures can be expected because of a lack of reliable government funding.

"When the patients are on Medicare and Medicaid, we can't survive," company Vice President Robert Ward said. "We're losing money every treatment."

Fresenius Medical, based in Lexington, Mass., has closed one dialysis center in Prince George's County, two in the District and two in the Baltimore area. The closures affect about 5,000 local patients who have end-stage renal disease and rely on dialysis to survive.

Of the nearly 20 million kidney patients nationwide, more than 375,000 live between Baltimore and Fredericksburg, Va., according to the National Kidney Foundation of the National Capital Area.

"Based on our population, we're right at the top," said Dr. Andy Howard, a former kidney foundation chairman.

Mr. Ward said the number of kidney patients in the region has more than doubled since 1990 and is expected to rise further.

Health care providers said dialysis centers are closing because Medicare reimbursements have not kept pace with the increase in kidney patients and treatment costs over the past two decades.

"The funding [for dialysis] comes straight out of Medicare," said Nancy J. Sharp, a registered nurse with the American College of Nurse Practitioners.

"Medicare pays approximately \$130 [per treatment]. It hasn't raised from that since about 1983. The rest of the world keeps getting more money from inflation, but the dialysis rate has just kept the same."

Kidneys, or renal glands, remove waste products from the blood. When kidneys fail, the body fills with waste and extra water, and extremities swell, leading to seizures, coma and death.

Common causes of kidney failure include injury, blood loss and diseases such as diabetes and high blood pressure.

Dialysis is a mechanical blood-cleansing process that patients undergo three times a week for about three or four hours per session.

Though Medicare is usually for the elderly, end-stage kidney patients qualify regardless of age. About 75 percent of them use Medicare, which covers about 80 percent of treatment costs. Others rely on Medicaid or forms of health insurance.

Health care providers and advocates said they hope legislation in Congress will raise awareness about kidney disease and provide more Medicare funding.

"We have to focus our campaign on two main areas: Congress and Medicare," Mrs. Sharp said.

The Kidney Care Quality and Improvement Act, which was reintroduced in March, aims to educate people about kidney disease and promote regular doctor visits.

"Education is a huge, huge factor," Mr. Ward said. "Once patients are educated on their condition, they can take the appropriate steps to delay or prevent the disease."

Kathleen Smith, a vice president of government affairs for Fresenius Medical, said most kidney-dialysis centers are independent and not represented by such groups as the Centers for Medicare and Medicaid Services.

"We don't have that, so we have to go to Congress on our own every year," she said.

"We're trying to close centers in D.C. where the impact won't be as severe. We used to never think about that. We've started down a road we never expected to be on."