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## Why Business & Taxpayer Groups Oppose Prop 23, the Dangerous & Costly Dialysis Proposition

**Prop 23 Unnecessarily Increases Health Care Costs & Jeopardizes the Lives of Dialysis Patients**

Business and taxpayer groups, patient advocates, health care advocates and underserved communities all strongly **OPPOSE** Prop 23 – the special interest proposition that would seriously jeopardize access to care for tens of thousands of vulnerable dialysis patients, make our state’s physician shortage and ER overcrowding worse, all while increasing health care costs for taxpayers and consumers by hundreds of millions annually. Here are the facts:



### **Prop 23 would increase health care costs for taxpayers and consumers by hundreds of millions annually.**

- ▶ Prop 23 would force dialysis clinics to have a physician administrator on staff at all times, even though they would not be involved in direct patient care.
- ▶ This bureaucratic mandate would require clinics in California to hire thousands of doctors, unnecessarily driving up health care costs by hundreds of millions every year.
- ▶ California’s independent, nonpartisan Legislative Analyst warns Prop 23 would result in “Increased state and local health care costs ... resulting from increased dialysis treatment costs.”
- ▶ These higher costs will be passed along to all Californians in the form of higher insurance premiums and higher taxes for government-sponsored health care.
- ▶ At a time when our economy is in crisis and families are struggling to make ends meet, a dramatic increase in health care costs would be a real burden for many California families.
- ▶ According to a study by the independent Berkeley Research Group, Prop 23 would increase dialysis treatment costs by \$320 million every year.



“This initiative is costly for every taxpayer in California, whether a dialysis patient or not. Higher health care for state and local governments get passed on to the rest of us and we end up footing the bill.”

**Thomas N. Hudson, President,  
California Taxpayer Protection  
Committee**



### **Prop 23 is unnecessary. Dialysis clinics are strictly regulated and provide high quality care.**

- ▶ The federal and state governments already extensively regulate dialysis clinics. According to the federal Centers for Medicare & Medicaid Services, California dialysis clinics outperform other states in clinical quality and patient satisfaction.



### **Prop 23 requires government approval before changing operations or closing a dialysis clinic, even if the measure puts clinics in the red.**

- ▶ This proposition takes operating decisions out of the hands of dialysis providers by mandating that clinic operators receive government approval prior to closing or reducing services at clinics.
- ▶ Dialysis providers and independent businesses should not be forced to go through a lengthy and bureaucratic government process in order to make operational changes needed to ensure viable care.



## Prop 23 would force community dialysis clinics to cut services and close – putting the lives of vulnerable dialysis patients at serious risk.

- ▶ Nearly 80,000 Californians with failed kidneys receive dialysis treatment three days a week, four hours at a time to stay alive. Dialysis treatment does the job of the kidneys by removing toxins from the body. Missing a single treatment increases patient risk of death by 30%.
- ▶ Prop 23 would force dialysis clinics to have a physician administrator on site at all times, even though they would not be involved in patient care.
- ▶ Nearly half of the 600 clinics in California would become financially unsustainable – resulting in clinic closures and cutbacks that would dangerously jeopardize access to dialysis care that these patients need to survive.



## Prop 23 would make our physician shortage worse and lead to more emergency room overcrowding.

- ▶ Prop 23 would take thousands of doctors away from caring for patients – making our physician shortage worse and forcing all Californians to wait longer to see our doctors.
- ▶ And, because Prop 23 would force many dialysis clinics to shut down, dialysis patients will get very ill without regular treatments and wind up in the emergency room. Sending tens of thousands of vulnerable patients to emergency rooms will exacerbate emergency room overcrowding and reduce capacity to deal with other emergencies and pandemics like the coronavirus.



## Prop 23 is the worst kind of special interest ballot box abuse that uses patients as pawns.

- ▶ The Service Employees International Union-United Healthcare Workers West (SEIU-UHW) spent \$20 million in 2018 trying to pass a similar dialysis ballot measure (Prop 8), and voters overwhelmingly rejected that deeply flawed proposition.
- ▶ Now, they're at it again, pushing another harmful proposition that puts dialysis patient lives at risk. Especially now, in the face of a public health crisis, it's not right that special interests are playing political games with our health care system and putting patient lives at risk.



## Prop 23 is opposed by:

- California Taxpayer Protection Committee
  - Latin Business Association
  - Los Angeles County Business Federation (BizFed)
  - Bay Area Council
  - California Medical Association
  - American Nurses Association\California
  - American Academy of Nephrology PAs
  - Chronic Disease Coalition
  - Dialysis Patient Citizens
  - Network of Ethnic Physician Organizations
  - Renal Physicians Association
  - National Hispanic Medical Association
  - California State Conference NAACP
  - Latino Diabetes Association
  - Minority Health Institute
  - Women Voters Alliance
- (partial list)



“Proposition 23 would take thousands of doctors away from hospitals and clinics – where they’re needed – and place them into bureaucratic jobs at dialysis clinics where they aren’t. This is not the time to make our physician shortage worse.”

**Peter N. Bretan, MD,**  
President, California Medical Association

“Every dialysis patient is under the care of a physician kidney specialist, and dialysis treatments are administered by specially-trained nurses and technicians. It makes no sense to require physician administrators on site full-time.”

**Jeffrey A. Perlmutter, MD,**  
President, Renal Physicians Association, representing 3,500 kidney doctors

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a coalition of dialysis providers, nurses, doctors and patients

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