



Patient advocate and Maine RN, Kathy Day, testifies before the state against a for-profit takeover of dialysis services

machines that many agree should not be used again, and refusing to treat “trouble-maker” patients who are vocal about demanding a high standard of care. Patients say there are also lesser, but still insidious ways that their dialysis company can make life hell for them if they complain, or make life easier if they are complacent, including controlling preferred appointment times and even seats for the treatment. Needless to say, staff at DaVita’s clinics are not unionized and there are no minimum RN-to-patient staffing ratios to ensure safety.

At the hearing, Day presented several stories she collected from patients across the country who have tangled with DaVita over what they charge is unfair treatment and retaliation by the company, usually after they spoke up about unsafe practices or errors by staff. The company in July just settled a whistle-blower complaint originating in Texas for

## For-profit Takeover of Dialysis in Maine

### MAINE

**P**ATIENTS NEEDING regular treatment in chronic dialysis are particularly vulnerable and their health truly at the mercy of these lifesaving treatments. Without dialysis, patients can die in a matter of weeks or even days. That’s one of the reasons Medicare covers end-stage renal disease for all people, regardless of age. And that’s also why it’s so disturbing that a Colorado-based, national, for-profit corporation named DaVita is poised to buy and take over Eastern Maine Medical Center’s dialysis services, making the company the only game in town for a large chunk of the state.

“They want to farm out dialysis, but it’s mind-boggling to me that we’re turning over the control of quality and safety to somebody from Denver, Colorado—a for-profit company,” said Kathy Day, a retired RN who used to work at EMMC and now volunteers as a patient safety advocate. She has been closely following the DaVita case. “We will lose local control over Maine citizens’ care.”

Eastern Maine Medical Center, a nonprofit hospital system based in Bangor, announced in April that DaVita, a Fortune 500 company and the country’s largest dial-

ysis care corporation with more than 1,800 clinics, was paying \$10 million for the rights to provide services to EMMC’s approximately 220 dialysis patients. It is reportedly not buying any of the land that EMMC’s current dialysis clinics sit on, nor the buildings, but simply the dialysis operations and, ostensibly, the Medicare and other revenues that come from billing for those treatments.

RNs and other critics fear that DaVita will cut corners to squeeze profit out of those accounts at the expense of the health and safety of those patients. They have been fighting the sale, most recently testifying at a July 10 certificate of need hearing before the state against DaVita’s takeover. “We have several serious concerns about this sale,” said Cokie Giles, RN and president of the Maine State Nurses Association. “We have heard about DaVita’s uneven record in providing quality patient care. Can we expect better? As a for profit, will DaVita put patients first and will the company keep a fair share of the revenues earned here in Maine?”

According to Day’s research and discussions with dialysis advocates across the country, former DaVita patients have charged that the company engages in numerous practices that save money but potentially jeopardize safety, including reusing supplies and equipment in dialysis

\$55 million, charging that DaVita overused and overbilled for an anemia medication.

Though taxpayers spend more than \$20 billion a year on dialysis services, the United States has one of the industrialized world’s highest mortality rates for dialysis patients. DaVita dominates dialysis services in the United States, and the second largest is Fresenius Medical Care. Together, they control 80 percent of the dialysis market. Critics believe our poor outcomes and the fact that two for-profit dialysis companies have a virtual monopoly over this service are related.

Day, who herself suffers from parathyroid disease and a history of kidney stones, knows that she, too, one day could require dialysis. The thought of only one for-profit company controlling this lifesaving treatment for a vast swath of Maine fills her with dread. “Unforeseen illness, injury, or complications from medications could put any one of us in the same place,” said Day during her testimony before the state. “Please try to remember this as our group of concerned citizens asks questions and makes comments about dialysis, patient safety, trust, healthcare outcomes, and the possible loss of local control in our dialysis treatment clinics. Patients are the priority, not profits or money.” —*Staff report*