

Dear Stakeholders and The Department of Health,

The most recent proposal of allowing full unit an automatic expansion of + 2 seems like a step in the right direction to improve access to dialysis for our patients. I continue to be impressed with the need to focus on patient care in this stake-holder process. Decisions evolving from our discussions will be lived out in the real world - in many cases by elderly and medically vulnerable individuals. In Clark County I continue to encounter on a daily basis compromises in care due the constrained access to dialysis services. Today at one unit two patients were unable to receive normal treatment because of access problems. There are no openings tomorrow for extra out-patient dialysis. One will likely need receive dialysis in the hospital following resolution of their access problem and the other will try to get by until their next regular treatment. If there is an extra out-patient opening it is typically from 11pm-3am - a time which many people balk at. This situation is unacceptable! If the department can mediate a rule-based solution that will address and prevent this situation in the future, it will reflect convincingly on the ability of the Department of Health to legitimately assert it is protecting the public health. Patient care matters, and it ultimately in some way or other will be the house we inherit years down the road.

Each discussion and decision should come back to the question, "Whose interests are we representing?" If the patient's - then, and only then, have we done what we were mandated to do at the outset.

Natalie Baxter PA-C