

Dialysis & Nephrology

DIGEST

A monthly report by Benesch on the Dialysis & Nephrology Industry

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Please contact us if you would like to post

information regarding our upcoming events or if you'd like to guest author an article for this newsletter.

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Calendar of Events

JANUARY 11–12, 2025

ASN Kidney Week Highlights: Translating Kidney Week Into Clinical Practice

Bengaluru, India

For more information, please click [here](#).

JANUARY 18–19, 2025

ASN Kidney Week Highlights: Translating Kidney Week Into Clinical Practice

Berlin, Germany

For more information, please click [here](#).

JANUARY 30–FEBRUARY 1, 2025

44th Annual Advanced Nephrology: Nephrology for the Consultant

San Diego, CA

For more information, please click [here](#).

FEBRUARY 2–5, 2025

The International Symposium on Endovascular Therapy

Hollywood, FL

For more information, please click [here](#).

FEBRUARY 7–9, 2025

ASDIN: 21st Annual Scientific Meeting

Grapevine, TX

For more information, please click [here](#).

FEBRUARY 16–19, 2025

American Venous Forum: Annual Meeting

Atlanta, GA

For more information, please click [here](#).

FEBRUARY 20–21, 2025

4th Annual Vanderbilt Renal Translational Pathology Workshop

Nashville, TN

For more information, please click [here](#).

FEBRUARY 27–MARCH 1, 2025

12th Annual UC San Diego Essentials & Advances in Apheresis Therapies

San Diego, CA

For more information, please click [here](#).

MARCH 29–APRIL 2, 2025

SIR: 2025 Annual Scientific Meeting

Nashville, TN

For more information, please click [here](#).

APRIL 3–6, 2025

Renal Physicians Association 2025 Annual Meeting

Las Vegas, NV

For more information, please click [here](#).

APRIL 23–24, 2025 | VIRTUAL

RHA Virtual Spring Meeting Empowering Solutions: Current Trends & Challenges in Dialysis

Join us for an impactful event where dialysis providers address key challenges in renal healthcare. Designed for all levels of experience, this meeting offers practical insights to advance your dialysis services.

For more information, please click [here](#).

MAY 1–3, 2025

2025 OEIS Scientific Meeting

Orlando, FL

For more information, please click [here](#).

MAY 1–4, 2025

ANNA National Symposium

Portland, OR

For more information, please click [here](#).

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Calendar of Events (cont'd)

MAY 14, 2025

RHA Day on the Hill

Washington, DC

The Renal Healthcare Association advocates for dialysis providers and ESRD patients by shaping policy and engaging lawmakers to address key challenges. Save the date for Day on the Hill 2025 on May 14, where kidney care professionals can join us to advance critical advocacy efforts.

For more information, please click [here](#).

SEPTEMBER 26–28, 2025

ANNA: 2025 Nephrology Nursing Summit

Charlotte, NC

For more information, please click [here](#).

SEPTEMBER 17–19, 2025

RHA Annual Conference

Orlando, FL

For more information, please click [here](#).

SEPTEMBER 17–19, 2025

RHA Annual Conference

Orlando, Florida

[Disney's Contemporary Resort](#)

The RHA Annual Conference brings together dialysis professionals, industry leaders, and vendors from across the U.S., offering valuable education, expert insights, and networking opportunities to support the entire renal care community.

For more information, please click [here](#).

NOVEMBER 5–9, 2025

ASN Kidney Week 2025

Houston, TX

For more information, please click [here](#).

MARCH 19–21, 2026

2026 OEIS Scientific Meeting

Las Vegas, NV (*details to come*)


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Calendar of Events (cont'd)

**Dialysis &
Nephrology**
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SAVE THE DATE

Benesch Healthcare+ Fifth Annual Nephrology & Dialysis Conference



June 26, 2025
8 a.m. to 4:30 p.m.
Cocktail reception to follow

Sheraton Grand Riverwalk
301 East North Water Street | Chicago, IL

Please join us for this full-day conference addressing business and legal issues facing nephrology and dialysis providers. Hear from industry leaders discussing current and future trends in care delivery, business and payment models and legal and regulatory issues.

Please contact MEGAN THOMAS (mthomas@beneschlaw.com) for more information about this event or if you require assistance.

Invitation to follow.

**Benesch
Healthcare+**

www.beneschlaw.com

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“Trade Secrets/Non-Compete 2024 YEAR IN REVIEW” is now available [here](#).

**Dialysis &
Nephrology**
DIGEST



Trade Secrets/Non-Compete YEAR IN REVIEW

2024

Happy New Year and welcome to our 2024 Trade Secret and Restrictive Covenant Year in Review. 2024 was less stressful and dramatic than most people feared at the start of the year, but there still were some significant rulings and results, as well as some moderate statutory changes.

Despite all the noise, not a lot happened with the FTC, and now nothing is going to happen.

The 2024 restrictive covenant spotlight shined on the FTC's attempt to ban noncompetes on a national basis. As expected, on April 23rd the FTC voted 3 to 2, along party lines, to enact its ban and the lawsuits immediately followed. The United States District Court for the Northern District of Texas granted a preliminary and then permanent injunction that prevented the ban from taking effect on September 4th. The United States District Court for the Middle District of Florida soon followed with an injunction of its own and a Pennsylvania plaintiff dropped its attempt to block the ban after the United States District Court for the Eastern District of Pennsylvania declined to issue an injunction. Although the FTC appealed both decisions enjoining the ban, the ban is dead for two reasons. One, both the Fifth and Eleventh Circuit Court of Appeals will uphold the lower court rulings. Two, it is unlikely that the FTC will continue to pursue the ban once President Trump takes office and Andrew Ferguson, one of two FTC Commissioners who voted against the ban, becomes chair of the FTC and current FTC chair and main proponent of the ban, Lina Khan, is replaced with new Republican appointee Mark Meador, a partner at the antitrust law firm, Kressin Meador Powers LLC.

It will be interesting to see if the NLRB attempts to take on a larger role in the restrictive covenant space once the FTC exits the stage. On October 7th, NLRB General Counsel Jennifer Abruzzo took the position that "make-whole relief" that compensates for economic damages is a proper remedy when the NLRB determines an employer utilized an unlawful noncompete. This is a shift from the NLRB's current practice of ordering rescission of unlawful contract terms to remedy unfair labor practices. Make-whole relief would be available if an employee demonstrates: (1) there was a vacancy available for a job with a better compensation package; (2) they were qualified for the job; and (3) they were discouraged from applying for or accepting the job because of the non-compete provision. Abruzzo also recommended that the NLRB amend its standard notice posting to alert employees that they may be entitled to damages and that they should contact an NLRB regional office if their employment efforts were negatively impacted by a noncompete provision.

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Nephrology and Dialysis

NOVEMBER 26, 2024

CMS and CMMI Updates Policy Impacting Access to TDAPA Drugs for KCC Providers and Their ESRD Patients

The Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI) have announced significant updates to policies for the End-Stage Renal Disease (ESRD) Kidney Care Choices (KCC) model and the Transitional Drug Add-on Payment Adjustment (TDAPA). These changes are aimed at improving access to innovative therapies for Medicare beneficiaries with ESRD. Starting in January 2025, drugs covered under the TDAPA will no longer be factored into financial calculations such as performance benchmarks and expenditure trends within the KCC value-based care model. This adjustment aims to enhance patient access to new and effective therapies by removing financial disincentives for providers. It reflects a broader commitment to aligning care delivery with patient needs, particularly in innovative drug utilization. Over 30% of ESRD patients in the U.S. are enrolled in the KCC model, underscoring the widespread impact of this change. These policy updates also emphasize the role of TDAPA in facilitating the adoption of novel therapies in dialysis settings. By covering costs for innovative drugs and biologics outside existing functional categories, CMS supports the integration of advanced treatments and fosters competition, which can improve outcomes for ESRD patients. Access to Innovative products like DefenCath® (Taurolidine/Heparin) without financial disincentives, will provide practices with more options for patients who are often burden with clinical unmet needs.

For more details, you can explore the CMS policy guidelines and updates on the TDAPA program directly at [CMS's official website](#).

SOURCE: CorMedix

DECEMBER 18, 2024

Continuing resolution averting federal government shutdown includes temporary Medicare fee relief for physicians

One of the consequences of the last-minute continuing resolution passed by Congress just before Christmas to keep the federal government open was the reversal of almost the entire 2.8% cut to physician fees under Medicare proposed by CMS. The final figure for 2025 is a 0.3% reduction, which is welcomed with some reservation by physicians. The Medical Group Management Association is **frustrated** federal lawmakers didn't completely reverse the fee reduction, a stance echoed by the Radiology Business Management Association, which claims its membership is falling behind economically due to years of cuts. The American Society of Nephrology **cited** the fee cuts in its lobbying priorities for the next Congress, saying it'll press Washington for a permanent inflationary adjustment to the Medicare Physician Fee Schedule.

SOURCE: Radiology Business

Nephrology and Dialysis (cont'd)

DECEMBER 19, 2024

Bill expanding financial support for living kidney donors passes U.S. House; moves to Senate

The proposed legislation was **approved** by the U.S. House of Representatives and a companion bill is **before** a Senate committee. If passed during the Congressional lame-duck session, the legislation would expand financial support for living kidney donors by eliminating the recipient's income from eligibility calculations for reimbursements. Currently, the Living Organ Donation Reimbursement Program provides up to \$6,000 for incidental expenses but only if the combined income of the donor and recipient is below \$53,000. The HOLD Act would remove financial barriers for living donors to increase organ donations.

SOURCE: Healio (sub. rec.)

DECEMBER 9, 2024

Ohio Supreme Court denies DaVita petition for tax refund related to out-of-state services

The state's highest court ruled Total Renal Care, a subsidiary of DaVita, won't receive a refund of \$394,000 paid for commercial activity tax on services provided to dialysis patients. The tax was imposed on gross receipts from lab testing and administrative services performed out of state for Ohio patients between 2012 and 2014. The court sided with the state's tax commissioner, who had ruled the purchaser's physical location was paramount in determining tax attribution.

SOURCE: Bloomberg Law (sub. rec.)

DECEMBER 9, 2024

Federal judge signs off on settlement of DaVita pension plan members who sued over excessive fees

A federal judge in CO granted final approval of a \$2-million class action settlement against DaVita. The company was sued by employees, alleging higher-than-normal fees for mutual funds in DaVita's 401(k) plan. The agreement covers about 56,000 people who were part of the company's pension plan since 2016, according to the settlement motion agreed to by both parties almost a year ago.

SOURCE: Bloomberg Law (sub. rec.)

Nephrology and Dialysis (cont'd)

DECEMBER 20, 2024

FMC reports return to Germany's highest stock market index after nearly two-year absence

Fresenius Medical Care (FMC) was bumped down to the second-largest German stock market index in Mar. 2023 after 24 years on the nation's largest index. The DAX 40 includes the 40 largest publicly-traded companies listed on the Frankfurt Exchange and accounts for 80% of Germany's market cap. FMC is emerging from several years of volatility resulting from the pandemic. It sold off some of its non-core units and decreased its stake in its dialysis business to 32% to overcome its financial difficulties. FMC expects its 2024 bottom line will be above its initial projection, with YoY revenue growth in the range of 16%-18%.

Related: [Fresenius Medical Care listed in the Dow Jones Sustainability World Index and for the 15th time in the Dow Jones Sustainability Europe Index](#)—Fresenius Medical Care

SOURCE: Fresenius Medical Care

DECEMBER 10, 2024

Interwell Health's Value-Based Kidney Care Earns NCQA Accreditation

Interwell Health received a three-year Population Health Program (PHP) Accreditation from the National Committee for Quality Assurance (NCQA) for its [Interwell 360](#) program, which manages care for CKD patients. Interwell collaborates with regional and national payers and partners with physicians to provide value-based care, to improve patient health outcomes and reduce costs. The company uses predictive models to identify high-risk patients and prevent hospital readmissions. Interwell Health was formed after a merger with Fresenius Health Partners, which had previously achieved NCQA PHP Accreditation for its KidneyCare 365 program.

SOURCE: Interwell Health

Nephrology and Dialysis (cont'd)

DECEMBER 30, 2024

CA dialysis provider Care Dialysis Center chooses NDAC for accreditation

Care Dialysis Center (CDC) operates an 11-station clinic in Glendale and says the switch to National Dialysis Accreditation Commission (NDAC) will improve service quality, survey timeliness and operational effectiveness. IL-based NDAC signed a multi-year agreement to provide accreditation services to CDC, claims to be entering 2025 with a strong tailwind of growth and expects to “expand in all markets nationally.”

SOURCE: National Dialysis Accreditation Commission

DECEMBER 10, 2024

Dallas Nephrology Associates: Three-fourths of patients experience optimal planned start to dialysis under VBC model

Dallas Nephrology Associates invested millions of dollars in a population health division, which includes nurse navigators and data analysts focused on managing CKD while promoting transplantation and home-based dialysis. In a retrospective analysis of the value-based care model it introduced, the company reports:

- Seventy-three percent of patients experience an optimal planned start to dialysis;
- Preemptive transplantation referrals increased from 7% in 2017 to 61% in 2023;
- Referral of patients with Stage 4 CKD to educational workshops increased from 38% in 2017 to 68% in 2023; and
- Medical nutrition therapy referrals increased from 23% in 2017 to 67% in 2023.

Future initiatives include encouraging patients receiving in-center hemodialysis to convert to home-based dialysis, addressing behavioral health and focusing on preventable complications in high-risk patients. Dallas Nephrology Associates concludes a patient-centered, VBC model offers better healthcare outcomes and value for payers.

SOURCE: AJMC

Nephrology and Dialysis (cont'd)

DECEMBER 18, 2024

NV health network opens kidney transplant clinic

The Renown Transplant Institute was initiated by Reno-based [Renown Health](#), the largest health network in the region. The multidisciplinary clinic includes surgeons, physicians and affiliated healthcare professionals. The Nevada Donor Network reports 644 patients in the state are on a waiting list to receive a kidney transplant. Renown says the Reno clinic will cut into the number of patients waiting for a new kidney, adding fewer NV residents will have to go out-of-state for care.

SOURCE: Renown Health

DECEMBER 19, 2024

Baxter says 80% of production lines at NC plant shuttered after hurricane back on line

Baxter International claims significant progress in restoring capacity at a NC manufacturing facility damaged by Hurricane Helene. The company resumed operations for all PD-solution manufacturing lines and three-liter irrigation manufacturing lines. Additionally, Baxter restarted two IV-solution manufacturing lines, reaching 85% of the site's pre-hurricane capacity for one-liter IV solutions. It activated nine plants globally to boost product inventory and received FDA approval to extend expiration dates for several products.

SOURCE: Baxter

DECEMBER 17, 2024

Research by Panoramic Health suggests standardized care pathway linked to optimized dialysis starts

Kidney care company [Panoramic Health](#) conducted a retrospective cohort study of the impact of an intensive value-based care educational program on optimal dialysis starts within kidney contracting entities (KCE). Medicare patients in a Comprehensive Kidney Care Contracting program were assessed across four KCEs. Results from 2022 showed an increase in optimal starts, defined as dialysis initiation without a central venous catheter, from 43% in the first half of the year to 58% in the second half. Additionally, the proportion of patients starting on peritoneal dialysis increased from 19% to 28% after implementing a standardized care pathway for high-risk patients transitioning to ESRD.

SOURCE: AJMC

Nephrology and Dialysis (cont'd)

DECEMBER 13, 2024

Expert says KCC model shows promise for future of value-based kidney care

Dr. Carney Taylor, associate chief medical officer at [Interwell Health](#), points out the Kidney Care Choices (KCC) model, now in its fourth year, shows promising results in year one. Reports from the Center for Medicare and Medicaid Innovation (CMMI) and the Lewin Group suggest KCC improved care quality while maintaining costs, particularly for home peritoneal dialysis and optimal dialysis starts, Taylor notes the model provides shared savings incentives to providers who reduce care costs while meeting quality targets for Medicare patients with late-stage CKD and ESKD. This model is seen as a bellwether for the continued adoption of value-based kidney care and specialty care more broadly.

SOURCE: Healio (sub. rec.)

DECEMBER 10, 2024

Research finds patients on dialysis since ACA launch choose private insurance over Medicare

A [study](#) led by Duke University School of Medicine finds between 2012 and 2017, the rate of switching from private insurance to Medicare one year after dialysis initiation declined from 68% in FY2012-2013 to 46% in FY2016-2017. In the years after the ACA launched, a lower number of participants with the disease who were starting dialysis signed up for Medicare. That compares with more people signing up for Medicare two years before the ACA launched. Meanwhile, the rate of switching from Medicaid to Medicare one year after beginning dialysis went from 69% in FY2012-2013 to 55% in FY2016-2017. Researchers add quarterly dialysis spending in the first year of dialysis among patients with private insurance was between \$26,351 and \$29,781, 2.5 times higher than for those with Medicare.

SOURCE: McKnights

DECEMBER 17, 2024

AL woman undergoes successful kidney xenotransplantation procedure

A pig kidney, genetically-modified to resemble a human organ, was successfully implanted into a woman with kidney failure who had been on a waitlist for a donor organ for eight years. The procedure was conducted at NYU Langone Health and after 11 days in observation, the woman was discharged with wearable health monitors for physical activity, heart rate and blood pressure. She had daily outpatient evaluations and may require inpatient care for acute antibody sensitivity treatment.

SOURCE: Healio (sub. rec.)

Nephrology and Dialysis (cont'd)

DECEMBER 11, 2024

Canadian survey finds two-thirds of kidney donors want life-long follow-up care

A transplant nephrologist at the Toronto General Hospital says donors experience a 30% permanent reduction in kidney function after a nephrectomy. Dr. Sunita Singh led a survey of patients who donated kidneys in Vancouver and Toronto and reports in the first year after donating, 73% of patients had a primary care follow-up, while 70% had annual blood and urine tests. Other findings include:

- Seventy-one percent of donors got follow-up reminders from their transplant center, which resulted in a higher follow-up rate, 86%, than those without notices (68%);
- Seventy percent of donors were satisfied with follow-up care; and
- Sixty-six percent wanted lifelong annual assessments, including clinical assessments and laboratory tests.

Donors also expressed a desire for more information about lifestyle and long-term outcomes.

SOURCE: Healio (sub. rec.)

DECEMBER 18, 2024

U.K.: Extending wait time between treatment withdrawal, death to 3 hours may boost number of available donor kidneys

The U.K.'s National Institute of Health (NIH) tested the correlation between the length of time between the cessation of life-saving treatment and donor death and outcomes for patients who received a kidney from a deceased donor. While the median time for donor death once treatment was removed was 15 minutes, the data show no significant difference in outcomes for kidney recipients if the time frame was stretched to three hours. Researchers says the longer wait time resulted in a 14% increase in kidney donations. They add the three-hour time frame was arbitrary and don't suggest using it as a hard cutoff, stating a balance must be struck "between organ donation organizations logistics and the likelihood of proceeding."

SOURCE: Healio (sub. rec.)

Nephrology and Dialysis (cont'd)

DECEMBER 22, 2024

Crackdown on Private Equity in Health Care Flops in State Houses

A series of health-care bankruptcies has sparked public outrage at financial dealmakers, leading lawmakers across the U.S. to propose stringent new regulations. However, these efforts are losing momentum. California Governor Gavin Newsom vetoed a bill to block private equity deals for most health-care facilities, and similar initiatives in other states have stalled. In Massachusetts, political backlash intensified after Steward Health Care's bankruptcy, but legislation to increase scrutiny of investors remains in limbo. Critics argue that financial firms are unfairly blamed for broader issues in the health-care industry, while proponents call for more oversight to prevent future crises.

SOURCE: Bloomberg

JANUARY 8, 2025

Who gets hurt when physician reimbursements decline?

On Nov. 1, CMS finalized a 2.83% physician pay **cut** for its 2025 Medicare hospital outpatient prospective payment system and ASC payment system, marking the fifth consecutive year of cuts to physician reimbursements.

Physicians claim that additional reimbursement cuts, on top of inflation and other market **pressures**, have a ripple effect on their practices and patients. "Unfortunately, physicians are losing money in multiple scenarios in medicine," Taif Mukhdomi, MD, interventional pain physician at Columbus, Ohio-based Pain Zero, told *Becker's*. "The most prominent loss of physician revenue is Medicare's consistent decreasing of physician reimbursement in office settings while supporting hospital-setting healthcare services. This trend affects all insurances, as Medicare is the benchmark of most if not all healthcare insurance reimbursement."

SOURCE: Becker's ASC Review

JANUARY 7, 2025

Senate report slams private equity in healthcare

Private equity investment makes the healthcare system worse, according to the findings of a bipartisan Senate Budget Committee investigation published Tuesday.

Sens. Sheldon Whitehouse (D-R.I.) and Chuck Grassley (R-Iowa) issued the report, which zeroes in on Apollo Global Management and Leonard Green & Partners and their healthcare holdings.

SOURCE: Modern Healthcare

Nephrology and Dialysis (cont'd)

DECEMBER 27, 2024

On Hold AGAIN – CTA Preliminary Injunction Reinstated

As we previously [reported](#), on December 3, 2024, the U.S. District Court for the Eastern District of Texas issued a nationwide preliminary injunction blocking the U.S. Department of Treasury from enforcing the Corporate Transparency Act's (CTA) new beneficial ownership information (BOI) reporting requirements. *Texas Top Cop Shop v Garland et al.*, 4:24-cv-00478 (Dec. 3, 2024). On December 23, 2024, a motions panel of the Fifth Circuit Court of Appeals stayed the Eastern District of Texas's preliminary injunction, restoring the reporting requirements. In response, FinCEN extended the BOI report deadlines.

Source: Benesch

Rendevor Dialysis Appoints Shaun Miller as Chief Operating Officer

Rendevor Dialysis is pleased to announce the recent promotion of Shaun Miller to Chief Operating Officer (COO), effective January 1, 2025.

With more than eight years of healthcare leadership experience, Shaun Miller brings a proven track record of managerial excellence to his new role. He previously served as COO of a similarly-sized healthcare organization and has more than a decade of leadership experience across manufacturing and the public sector.

SOURCE: Rendevor Dialysis

JANUARY 14, 2025

Evergreen Health Executive Abe Sutton May Head CMS

President-elect Donald Trump is likely to select three health policy experts to senior roles at CMS, sources familiar with the matter told [The Washington Post](#) in a Jan. 14 report.

Former Senate staffer [Stephanie Carlton, RN](#), is expected to be chosen as chief of staff to Mehmet Oz, MD, whom Trump picked as CMS administrator. Healthcare entrepreneur Chris Klomp is expected to lead the Medicare program, while Abe Sutton, who served in the first Trump administration, is likely to be chosen to lead the Center for Medicare and Medicaid Innovation.

RESOURCE: Becker's

VAC, ASC and Office-Based Labs

DECEMBER 26, 2024

AIMPA president says fixing Medicare fee schedule crucial for survival of independent practices

Dr. Paul Berggreen, board chair and president of the [American Independent Medical Practice Association](#), says the steady influx of PE in healthcare is making private practices untenable. To protect non-affiliated practices from disappearing altogether, he demands Congress fix the Medicare physician fee schedule. Berggreen notes practices typically get 30% of their revenue from Medicare and several years of cuts, even if they're small, have a greater impact on independent physicians. He adds practices seeking a remedy from the erosion of their bottom lines are turning to larger healthcare entities to survive.

SOURCE: Medical Economics

JANUARY 2, 2025

The Physicians Foundation president worries the era of private practices may be ending

Dr. Gary Price of [The Physicians Foundation](#) says 80% of independent physician practices are already gone and that the system as it's constituted is imperiling the few that are left. He points to reimbursement schedules that favor hospitals over private practices, making it difficult for individual physicians to compete and leading to consolidation. Price notes economic pressures are compounded by time pressures as independent physicians are forced to work longer hours, leading to burnout and doctors leaving the profession.

SOURCE: Medical Economics

JANUARY 7, 2025

Advocate opens new ASC, cardiovascular center in Chicago suburb

The new facility will offer primary and immediate care as well as cardiology, pediatric specialty care, general surgery, urogynecology, rehabilitation services, mammogram screenings, X-rays and ultrasounds. A laboratory is also located onsite. The center will also feature a new additional cardiovascular facility in northern Illinois specifically designed to serve South Asian patients. Through the new center, Advocate seeks to extend culturally sensitive cardiovascular care to the area's South Asian population, who are disproportionately affected by cardiovascular disease, according to the report.

SOURCE: Becker's ASC Review

Dialysis & Nephrology DIGEST

For more information regarding our nephrology, dialysis
and office-based lab experience, or
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