

Chairman Frank Pallone Energy and Commerce Committee 2125 Rayburn House Office Building Washington, D.C. 20515

Ranking Member Greg Walden Energy and Commerce Committee 2322 Rayburn House Office Building Washington, D.C. 20515 Chairman Richard Neal Ways and Means Committee 1102 Longworth House Office Building Washington, D.C. 20515

Ranking Member Kevin Brady Ways and Means Committee 1139 Longworth House Office Building Washington, D.C. 20515

Dear Chairman Neal, Chairman Pallone, Ranking Member Brady, and Ranking Member Walden:

The Alliance for Home Dialysis is a coalition of kidney dialysis stakeholders representing patients, clinicians, providers, and industry. We have come together to promote activities and policies to facilitate treatment choice in dialysis care while addressing systemic barriers that limit access for patients and their families to the many benefits of home dialysis. These issues have always been critical for the Americans living with ESRD and dependent on regular dialysis for survival. Given the high correlation between COVID-19 and kidney damage, facilitating dialysis modality that is safe and allows patients to self-isolate or avoid group settings has taken on a unique urgency.¹

The Alliance asks that you consider including the establishment of a grant program to hospitals for the adoption of urgent start home dialysis programs in the next COVID-19 response package. Hospitals play a crucial role in triaging renal failure patients and in coordinating the care and services necessary for efficient and expedited placement of a dialysis catheter. As such, they must be supportive of home dialysis through the ways that they triage and treat ESRD patients to minimize their potential exposure to COVID-19. A hospital grant program targeting the adoption of home dialysis would give hospitals the resources they need to efficiently triage and treat patients presenting with an immediate need for dialysis. These grants could include, among other services, urgent modality education, instruction in home catheter placement techniques, and enhanced home training at discharge.

Home dialysis—peritoneal dialysis and home hemodialysis—is a vitally important treatment option that offers patients significant quality of life advantages, including clinically meaningful improvements in their physical and mental health. However, only 11.5% of patients dialyze at home, with the rest

¹ https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30558-4/fulltext

receiving in-center dialysis three times per week at a treatment facility. Currently, as many as 38% of dialysis patients "crash" into dialysis into a hospital, meaning that they find they are in end-stage renal disease without preexisting knowledge. An additional 33-63% of patients initiate dialysis in an "unplanned fashion," meaning they do not crash into dialysis but receive dialysis during hospitalization. These patients are most likely started on dialysis with a central venous catheter, instead of clinically superior and permanent access like a PD catheter. They are also highly likely to default to hemodialysis in a dialysis center. It is particularly important that we reduce, as much as possible, patient exposure to large groups of people, such as at an in-center dialysis unit, as we work to control the spread of COVID-19.

Thank you for your consideration of this letter. We strongly believe that a hospital grant program, as described above, can not only help to increase home dialysis uptake, but can also be used as a critical tool to reduce patient exposure to COVID-19. Should you need any more information of have questions, please feel free to reach out to Michelle Seger at michelle@homedialysisalliance.org or 202-733-7326.

Sincerely,

Stephanie Silverman

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Executive Director

Alliance for Home Dialysis



Alliance for Home Dialysis 2020 Members

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