



June 30, 2023

National Kidney Foundation
1634 Eye Street NW
Suite 1050
Washington, D.C. 20006

To whom it may concern:

On behalf of the Alliance for Home Dialysis (the Alliance), thank you for the opportunity to provide comments to the NKF draft bill to provide for staff assisted home dialysis (staff assist). The Alliance is a coalition of patient groups, clinical societies, industry, facilities, and other advocates who have come together to advocate in favor of policies that increase access to and uptake of home dialysis.

As an overarching matter, we truly appreciate all of NKF's hard work in developing a legislative proposal to allow for reimbursement of staff assisted home dialysis (staff assist). We believe that greater access to this assistance can help more patients dialyze at home as they are given the initial support they need to be successful independently. We would like to thank NKF for your leadership and commitment to increasing both quality of life and clinical outcomes for dialysis patients, including those who dialyze at home.

Comments:

As a preliminary matter, we want to ensure that the decision to apply the staff assist benefit is made collaboratively between patient and nephrologist. It should not be provided as a blanket benefit to every home dialysis patient, as not every patient needs this additional help and guidance. However, some patients will truly benefit from this benefit, and we want to guarantee they are able to use it. Ensuring that approval for staff assist comes through shared decision-making will ensure that the patients who truly need this benefit will have access to it, prevent overuse and abuse of the benefit, and reduce costs relative to a blanket benefit.

Sec. 2(a)(iii)

We are concerned that if staff assist is limited to 4 times per week, the benefit will not be used as much as is intended in the legislation, and we want to ensure that uptake reflects need. This is because staff assist is intended to help patients who otherwise *could not* do any of their dialysis treatments at home, as opposed to respite care (which provides a break and can help burn out) or home training. Specifically,

it is likely that many patients who dialyze 7 times per week, as most peritoneal dialysis patients do, would need assistance each day, exceeding the 4 day weekly cap.

While a limit on usage is key to controlling the costs of the program, we suggest that the limit be based on hours of staff assist per week rather than days. Therefore, the total hours could be spread across dialysis days however the care team decides is appropriate. Additionally, frequency of staff assist should be based on physician recommendation. That would allow patients to have assistance every time they dialyze but would still provide an upper threshold on allowed hours so that the cost is controlled.

Sec. 2(a)(1)(aa)

The draft proposes reimbursing 90 days per year of staff assistance. Our clinicians agree that a 90-day period is clinically appropriate, but also would highlight opportunities within this section of the proposal to cut costs while building in safeguards to ensure regular physician assessment. For example, a 45-day initial benefit period with renewal every 15 days, requiring documentation, would place guardrails around the benefit.

In addition, in order to reduce a potential score for the bill and increase its chances of potential passage, we would accept the removal of the lifetime option for staff assist. We do not believe many patients would need this benefit, but each patient that does would add to the cost exponentially.

Sincerely,



Michelle Seger
Managing Director
Alliance for Home Dialysis

Signed by:

American Association of Kidney Patients
American Kidney Fund
American Society of Nephrology*
American Society of Pediatric Nephrology
Baxter*
Cleveland Clinic
DaVita*
Dialysis Clinic, Inc.*
Dialysis Patient Citizens*
Fresenius Medical Care *
Home Dialyzers United

ISPD North America
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National Renal Administrators Association
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