

**Statement**  
**of the**  
**Alliance for Home Dialysis**  
**for the**  
**Committee on Ways and Means**  
**of the**  
**U.S. House of Representatives**  
**“Enhancing Access to Care at Home in Rural and Underserved Communities”**  
**March 12, 2024**

On behalf of our coalition of patient groups, clinical societies, dialysis providers, and innovators, the Alliance for Home Dialysis (Alliance) thanks you for the opportunity to submit comments to the House Committee on Ways and Means regarding the important topic of increasing access to home dialysis in America.

The Alliance’s mission is to promote policies that facilitate treatment choices—with an emphasis on home dialysis—for individuals in need of dialysis and to address systemic barriers that limit access to the many benefits of home dialysis. Because Medicare covers end-stage kidney disease (ESKD) patients of all ages, not just those 65 and older, Congress has a key role in ensuring choice and quality care.

We believe lawmakers can and should, through a bipartisan, consensus-driven process, use Medicare policy to promote the increased utilization of home dialysis.

Home hemodialysis for ESKD emerged in the early 1960s, and since there was no government funding to pay for treatment at that time, home became an affordable treatment option for patients. In the early ‘70s, Congress passed the Social Security Amendments of 1972 (P.L. 92-603) that extended Medicare coverage to individuals with ESKD who need either dialysis or transplantation to maintain life, regardless of age.

Congress’ stated intent in the creation of the end-stage renal disease (ESRD) benefit was that “the maximum practicable number of patients who are medically, socially, and psychologically suitable candidates for home dialysis or transplantation should be so treated.”<sup>1</sup>

In 1973, about 40 percent of dialysis patients in the U.S. practiced home hemodialysis. However, the percentage of patients who dialyze at home has since decreased to just over 13 percent.<sup>2</sup>

Home dialysis has clear advantages for patients with ESKD. The average ESKD patient receiving in-center dialysis spends between 3-5 hours, 3 times a week dialyzing. ESKD patients are on dialysis for the rest of

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<sup>1</sup> Section 1881(c)(6) of the Social Security Act.

<sup>2</sup> United States Renal Data System. 2022 *USRDS Annual Data Report: Epidemiology of kidney disease in the United States*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2022. <https://usrdp-nidk.nih.gov/2022>

their lives, or until transplanted. This treatment is lifesaving, but the significant burden it places on patients presents real challenges for individuals and their families, especially those living in rural or underserved areas. Further, the quality-of-life advantages of home modality are clear—improved survival rates, significantly more flexibility for patients, the potential to experience fewer dialysis side effects, and even increased options for employment and education, compared to in-center dialysis.

The Government Accountability Office's (GAO) data (from early ten years ago) suggests that barriers remain for optimizing home dialysis's availability and utilization, and GAO estimates that up to 25 percent of dialysis patients could realistically dialyze at home.<sup>3</sup>We believe that this number is even higher today due to advances in medical technology, a large increase in the number of patients needing dialysis, and increased demand for home therapies and may be worth revisiting.

We believe that lawmakers could improve home dialysis rates by adopting polices that:

- remove current restrictions that prevent acute kidney injury (AKI) patients from having access to home dialysis;
- promote primary care interventions upstream including expanding access to appropriate screening for chronic kidney disease (CKD) and ESKD;
- expand access to kidney disease education (KDE) services; and,
- collect and analyze Medicare Advantage ESKD data, including home dialysis data, to better inform future policy and lawmaking.

Thank you for your work to improve the lives of ESKD patients by covering necessary treatment for life-saving care through Medicare. We look forward to continuing to work with you to improve the quality of life and health outcomes for all Americans with ESKD.

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<sup>3</sup> Government Accountability Office. (2015). End-Stage Renal Disease: Medicare Payment Refinements Could Promote Increased Use of Home Dialysis. (GAO Publication No. 16-125). Washington, D.C.: U.S. Government Printing Office.