

March X, 2026

The Honorable John Thune
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader Thune, Leader Schumer, Speaker Johnson, and Leader Jeffries

The Alliance for Home Dialysis is a coalition of kidney patients, clinicians, dialysis providers, and manufacturers. We work to expand access to home dialysis and protect patient choice. We urge congressional leadership to make home dialysis a clear national priority in 2026.

This letter is particularly timely as March is National Kidney Month, and World Kidney Day falls on March 12.

Home dialysis gives people more freedom, stability, and dignity. Peritoneal dialysis (PD) and home hemodialysis (HHD) can drastically improve a patient's quality of life and, for many, clinical outcomes. Home treatment gives people more control over their schedules and their care. It helps patients keep working, pursue education, and maintain family caregiving responsibilities. When patients can stay active and productive, they support their families and strengthen their communities. An empowered and involved patient is a healthier patient.

Yet too often, patients do not get a real choice. System barriers, a lack of education, and misaligned incentives steer people into in-center hemodialysis even when home dialysis fits their needs and preferences. Congress can help fix this. We ask you to focus on the priorities below.

Expand Kidney Disease Education to empower patients early

Kidney Disease Education (KDE) helps people understand chronic kidney disease and plan for treatment. It supports earlier decisions, better preparation, and more informed choices. Uptake remains low because eligibility rules are narrow and Medicare requires a 20 percent coinsurance fee.

We ask Congress to:

- Expand eligibility and allow more clinicians to provide KDE.
- Allow patients to access KDE in CDK stages 3b and 5, in addition to 4.
- Reduce or waive patient cost-sharing so education is accessible.
- Encourage CMS to treat KDE as preventive care so patients can access it early and consistently.

Ensure timely access to peritoneal dialysis catheters

Patients cannot start PD without a catheter. Today, delays happen because hospitals struggle to schedule operating room time, too few clinicians have training, and payment policies favor vascular access procedures over PD catheter placement. These delays push patients into avoidable hospital starts and into in-center dialysis.

We ask Congress to direct and support CMS efforts that:

- Align payment with clinical goals by strengthening incentives for timely PD catheter placement, including urgent start programs.
- Reduce “crash starts” that begin in the hospital with little planning.
- Protect access in outpatient and ambulatory surgery settings so policy changes do not unintentionally reduce catheter placement.

Remove barriers to digital tools and remote monitoring

Telehealth and remote patient monitoring help clinicians detect problems early and support patients at home. These tools improve safety, prevent complications, and reduce avoidable emergency care. They also help the patient stay connected to their care team and provide a sense of safety and security, supporting modality retention.

We urge Congress to direct CMS to clarify that nephrologists can bill appropriate remote patient monitoring services alongside the monthly capitated payment when clinically appropriate.

Create a patient-centered pathway for staff-assisted home dialysis

Some patients need help to start home dialysis safely, especially those who lack a care partner or have functional limitations. Staff-assisted home dialysis can expand access and can serve as a bridge to independent home dialysis. It can also pair well with remote monitoring to improve safety and confidence.

There have been a number of legislative proposals in this space. As Congress considers coverage for staff-assisted home dialysis, we urge an approach that:

- Centers on the patient and clinical appropriateness.
- Expands access without unintended consequences.

- Supports clear CMS implementation and oversight.

Ensure skilled nursing facility patients have access to PD

Many patients in skilled nursing facilities still travel off-site to receive in-center dialysis. This travel burdens patients and raises costs. PD often fits skilled nursing care well because it can run overnight or more frequently for shorter durations. This supports daytime rehabilitation and reduces transportation needs and costs. It may also ease staffing pressure.

We ask Congress to encourage CMS to:

- Create stronger incentives for skilled nursing facilities to offer PD when clinically appropriate.
- Support training and care coordination so facilities can implement these programs effectively.

When patients can dialyze at home, they gain time, control, and independence. In short, they take their lives back from this devastating disease and put themselves on the best pathway towards transplantation and recovery. By supporting increased access to home dialysis, lawmakers can strengthen patient choice, reduce avoidable hospital starts, and improve outcomes while helping more people stay healthy, active, and engaged in their communities. We would welcome the opportunity to brief your staff and share practical options for action this year.

Thank you for your consideration and for your commitment to Americans living with kidney failure.

Sincerely,