Essential Elements for Home Dialysis Policy

The Alliance for Home Dialysis supports policies that expand access to home dialysis, educate patients on their treatment options, encourage parity between PD and HHD, reduce barriers to care, encourage innovation, and prevent "crash" dialysis starts. The Alliance advocates for policies including, but not limited to, patient-centered modality-neutral reimbursement policies, remote monitoring and safety technologies, continuity of care, and staff-assisted home dialysis.

Patient-Centered Choice

- Preserve patient choice for ESKD among all dialysis modalities, including PD, HHD, and in-center dialysis, transplantation, and conservative kidney management.
- Ensure patients receive comprehensive modality education and shared decision-making support from a knowledgeable care team before initiating treatment plans.
- Recognize that the appropriate modality varies based on clinical condition, home environment, caregiver availability, patient preference, and lifestyle considerations.
- Avoid policies that create incentives favoring one home modality over another.

Home Dialysis Modality Neutrality

- Maintain reimbursement parity and policy neutrality between PD and HHD whenever possible.
- Ensure legislative and regulatory changes do not unintentionally shift utilization toward one modality.
- Recognize that PD and HHD serve different patient populations and clinical and lifestyle needs.
- Evaluate all payment, training, equipment, and technology provisions for differential impacts on PD versus HHD patients.

Access

- Expand access to home dialysis for rural, underserved, elderly, disabled, medically complex patients, and other at-risk populations.
- Reduce barriers related to housing, caregiver support, transportation, broadband connectivity, and workforce shortages.
- Support time-limited staff-assisted home dialysis models for patients who cannot independently perform treatments but could otherwise benefit from home therapies.
- Address disparities in home dialysis utilization across geographic and socioeconomic groups.

Budget Neutrality & Program Integrity

- Recognize the potential for home dialysis to reduce hospitalization and other downstream costs.

- Minimize unnecessary administrative burden on providers and suppliers.
- Align payment incentives with patient outcomes rather than modality-specific volume targets.
- Recognize that clinical capacity is finite. Policies that expand access should be accompanied by adequate support and should not diminish resources elsewhere in the dialysis program.

Innovation and Technology

- Support reimbursement pathways for emerging home dialysis technologies and connected devices.
- Encourage adoption of remote patient monitoring technologies and other advances that enhance patient safety and experience.
- Promote access to safety technologies that improve patient confidence and reduce treatment risks.
- Facilitate incorporation of digital health tools, telehealth, and data-sharing capabilities into home dialysis care models.

Continuity of Care

- Ensure uninterrupted access to supplies, equipment, medications, and clinical support.
- Support policies that strengthen home dialysis resilience during emergencies, disasters, public health crises, and supply chain disruptions.
- Preserve continuity when patients transition between dialysis modalities, care settings, or insurance coverage arrangements.
- Maintain access to clinical support services, including training, retraining, and ongoing patient monitoring.