August 26, 2026

The Honorable John Thune
Majority 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 Charles E. Schumer
Minority Leader
United States Senate
Washington, DC 20510

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:

As the end of the year and the 119th Congress quickly approaches, the Alliance for Home Dialysis urges you to advance a focused set of reforms that would expand patient choice, strengthen care at home, and remove persistent barriers for Americans with kidney failure – either as stand-alone legislation or as part of any year-end legislative package.

About 815,000 Americans are living with kidney failure, and nearly 555,000 rely on dialysis,[1] yet less than 15 percent of patients use home dialysis.[2] That rate remains well below the U.S. Government Accountability Office (GAO) target or at least 25 percent.[3]

Peritoneal dialysis (PD) and home hemodialysis (HHD) can give patients greater control over their schedules and help them remain employed, pursue education, care for family members, and stay active in their communities. Too many patients, however, never receive timely education or cannot access the clinical support, technology, and procedures needed to begin and remain on home treatment. Legislative policy changes can help to address these barriers and provide the support needed for patients who want to receive their treatment at home.

We respectfully ask Congress to complete the following priorities before the end of the year.

First, advance H.R. 8875, the Improving Home Dialysis Act of 2026. The House Ways and Means Committee favorably reported H.R. 8875 by a vote of 28-13.[4] The bill would provide

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[1] American Kidney Fund, "Quick Kidney Disease Facts and Stats," updated July 17, 2026, citing the U.S. Renal Data System Annual Data Report. American Kidney Fund.
[2]] U.S. House Committee on Ways and Means, "What They Are Saying: Ways & Means Policies Expand and Protect Access to Health Care for Seniors, Rural and Underserved Communities," June 23, 2026. Ways and Means.
[3] GAO-16-125. Published: Oct 15, 2015. Publicly Released: Nov 16, 2015. GAO.
[4] U.S. House Committee on Ways and Means, markup of H.R. 8875, May 21, 2026. Ways and Means.

Medicare coverage for staff-assisted home dialysis and renal mental health support services. These services can help patients with clinical or functional limitations begin or remain on home dialysis and can address the significant psychosocial challenges associated with kidney failure. We also support funding these new services outside existing budget-neutral payment structures so that expanding access does not diminish resources available for current patient care. Implementation should remain patient-centered, clinically appropriate, and neutral between PD and HHD. Importantly, we urge lawmakers to refine the proposed payment rate to reflect the true cost of delivering these services.

Second, advance H.R. 8319, the KIDNEY Remote Monitoring Act. This bipartisan legislation would permit separate Medicare reimbursement for remote physiologic monitoring furnished by nephrologists to patients with end-stage renal disease who receive home dialysis.[5] Remote monitoring can help clinicians identify problems earlier, keep patients connected to their care teams, reduce avoidable emergency care, and provide patients with greater confidence and support at home.

Third, advance H.R. 9509, the Kidney Disease Education Access Expansion Act of 2026. This bipartisan bill would expand Medicare kidney disease education to more patients, broaden the professionals who may provide it, improve telehealth access, and eliminate beneficiary cost-sharing.[6] Earlier education can help patients better understand their treatment options, plan for kidney failure, and choose home dialysis when clinically appropriate.

Finally, consider other targeted, complementary reforms to increase access to home dialysis. Beyond the specific bills outlined above, Congress should also address practical policies that remove barriers patients face before and after selecting home dialysis:

- Improve access to peritoneal dialysis catheters. Direct CMS to implement payment and delivery reforms that support timely catheter placement, urgent-start PD programs, clinician training, and access through outpatient and ambulatory surgery settings. Patients should not be pushed into an avoidable hospital start or in-center treatment because they cannot obtain a catheter in time.
- Support clinically appropriate PD in skilled nursing facilities. Encourage training, care coordination, and payment incentives that allow residents to receive PD rather than endure repeated transportation to outside dialysis centers.

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[5] Office of Rep. Rudy Yakym, "Yakym Introduces Bipartisan Bill to Modernize Home Dialysis Care," April 16, 2026. Rudy Yakym.

[6] H.R. 9509, Kidney Disease Education Access Expansion Act of 2026, 119th Cong. (2026), introduced June 29, 2026. Congress.

- Protect continuity during emergencies. Support policies in future legislation like virtual buffer stocks, vendor-managed inventory, priority delivery of dialysis supplies, emergency refill policies, and temporary coverage flexibility for patients who must receive treatment in a dialysis facility during a disaster.

These proposals do not mandate home dialysis, or in any way interfere with the patient-clinician relationship. No single modality is right for every patient. But lawmakers can help make patient choice more meaningful by ensuring that individuals have the education, support, technology, and continuity of care needed to select the treatment that best fits their clinical needs and their lives.

Congress has an opportunity before the end of the year to move kidney care away from crisis-driven starts and toward planned, supported, and connected care that allows patients to choose the modality that best meets their medical needs and treatment goals. The Alliance stands ready to work with both chambers and both parties to advance these priorities.

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

Sincerely,

Margaret French
Managing Director, Legislative Affairs
Alliance for Home Dialysis