Statement for the Record

by the

Alliance for Home Dialysis

for the

United States House Committee on Energy and Commerce

Subcommittee on Health

"Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Cybersecurity"

September 15, 2026

The Alliance for Home Dialysis thanks the House Committee on Energy and Commerce and its Subcommittee on Health for convening this hearing. We appreciate Chairman Brett Guthrie, Ranking Member Frank Pallone, Jr., Health Subcommittee Chairman Morgan Griffith, and Ranking Member Diana DeGette for considering legislation to improve care for Americans living with kidney disease and kidney failure.

The Alliance brings together individuals with kidney failure, clinicians, dialysis providers, and industry stakeholders to advance policies that expand access to home dialysis and protect patient choice. We welcome the Committee's consideration of H.R. 8319, the KIDNEY Remote Monitoring Act, and H.R. 6214, the Kidney Care Access Protection Act.

About 815,000 Americans are living with kidney failure, and nearly 555,000 rely on dialysis. 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 people, however, never receive timely education or cannot access the clinical support and technology needed to begin and remain on home treatment. Congress can help address these barriers and provide the support needed for patients who want to receive treatment at home.

KIDNEY Remote Monitoring Act

The Alliance supports H.R. 8319, introduced by Representatives Rudy Yakym, Brad Schneider, Mariannette Miller-Meeks, and Debbie Dingell. This bipartisan legislation would permit separate reimbursement under the Medicare Physician Fee Schedule for remote physiologic monitoring furnished by physicians to patients with end-stage renal disease receiving home dialysis, beginning January 1, 2028. It would allow clinicians to receive payment for these services alongside the monthly capitated payment for dialysis-related physician services.

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. Access to this support can be particularly valuable as patients adjust to home treatment or experience changes in their health. Medicare payment should support the ongoing clinical relationship and the work required to review monitoring information and respond to patient needs. We urge Congress to enact H.R. 8319 before the end of the 119th Congress.

Kidney Care Access Protection Act

We appreciate Representatives Carol Miller and Terri Sewell's work on H.R. 6214. Multiple important provisions align with the Alliance's priorities for expanded education, access to innovation, and adequate support for patient care, including:

- Extending Medicare kidney disease education eligibility to patients with stage 5 chronic kidney disease, broadening referral authority, and allowing qualifying dialysis facilities to furnish education with separate payment. The bill would also add chronic kidney disease screening to the Medicare annual wellness visit. These provisions can help patients better understand their treatment options and prepare for kidney failure. Education should present all appropriate options, including PD and HHD, and support shared decisions that reflect each patient's clinical needs and treatment goals.
- Revising Medicare's add-on payments for new dialysis drugs, equipment, and supplies and providing direct payments to providers for qualifying innovations used by Medicare Advantage enrollees. The Alliance supports payment pathways that help patients access technology and therapies that can improve their care. Implementation should remain patient-centered, clinically appropriate, and neutral between PD and HHD. Policies should account for how different home modalities use new technologies and avoid unintentionally favoring one modality over another.
- Adjusting dialysis payment updates to account for qualifying differences between forecast and actual price growth. The Alliance supports payment policies that reflect the true cost of delivering care, including the staff, equipment, and supplies needed to help patients begin and remain on home dialysis. Consistent with our congressional priorities, new services and technologies should receive adequate support without diverting resources from existing patient care. Expanding access should strengthen the capacity of care teams to serve patients.

No single modality is right for every patient. 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. These principles should guide the Committee's work on both kidney bills.

Congress has an opportunity before the end of the year to help more patients plan for treatment and receive the support they need to remain on their chosen modality. The Alliance thanks the Committee for considering these proposals and stands ready to work with members of both parties to strengthen patient choice and expand access to home dialysis.