



Improving Access to Home Dialysis Act, H.R. 5426

Of the over 550,000 kidney patients receiving dialysis in the US, almost 85% travel to a dialysis clinic for their required three treatments each week. Each treatment takes, on average, four hours to complete. This travel and time burden prevents most of these patients from maintaining employment and heavily restricts their social and family time. Kidney patients who routinely visit a congregate care setting are also at an increased risk of catching communicable diseases, especially if they take public transportation to do so. **Recently, the US Renal Data System estimated that patients who received their dialysis treatments in a facility were up to four times as likely to be hospitalized for COVID-19 as patients who dialyzed at home.**

Additionally, access to reliable transportation is often cited as a major barrier to accessing dialysis treatments. Studies indicate that home dialysis, including peritoneal dialysis and home hemodialysis, can improve patient quality of lifeⁱ and flexibility in customizing care options. **Unfortunately, not all patients are afforded the opportunity to utilize this care model and some face socioeconomic barriers to successⁱⁱ.**

To address these concerns, Representatives Bobby Rush (D-IL) and Jason Smith (R-MO) introduced the *Improving Access to Home Dialysis Act* which aims to increase access to home dialysis by providing trained, professional staff assistance to patients in the home and **ensuring that all patients are given the education and support they need to utilize this modality** if they so choose. Specifically, the bill:

1. Provides for reimbursement through Medicare for in-home assistance by staff of the dialysis facility to patients on home hemodialysis and peritoneal dialysis for the first 90 days of their regimen;
2. Provides for in-home respite staff assistance under certain circumstances outside the initial 90 days;
3. Provides for the possibility of continuous staff assistance without a time limit for patients with certain disabilities;
4. Expands the types of healthcare professionals who can provide home dialysis training;
5. Provides for additional educational opportunities for patients to learn about the entirety of their dialysis options, including opportunities that can be provided in group settings or via telehealth;
6. Provides for training on home dialysis to occur, when possible, in the location the patient intends to use to dialyze;

Additionally, the bill also:

1. Authorizes a government study to examine the racial disparities in the utilization of home dialysis and make recommendations on how to improve access to home dialysis for communities of color.
2. Clarifies that provision of staff assistance for home dialysis would not violate anti-kickback laws.
3. Directs HHS to create a patient-centered decision tool for dialysis patients to evaluate their lifestyle and goals and be assisted in choosing the dialysis modality that best suits them.
4. Directs CMMI to create a patient quality of life metric for all dialysis patients.

This bill is widely supported by the kidney community, including the American Society of Nephrology and Home Dialyzers United. Please contact Lauren Citron (lauren.citron@mail.house.gov) in Rep. Rush's office or Hilary Pinegar (hilary.pinegar@mail.house.gov) in Rep. Smith's office to be added as a cosponsor

ⁱ [https://www.kidney-international.org/article/S0085-2538\(15\)55594-4/fulltext](https://www.kidney-international.org/article/S0085-2538(15)55594-4/fulltext)

ⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7380419/>