



### *Improving Access to Home Dialysis Act*

Of the over 550,000 Americans living with kidney failure who require dialysis, almost 85% travel to an in-center dialysis clinic three times a week for their required treatments. 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, and due to their immune-compromised status, made up a disproportionate amount of COVID-19 fatalities<sup>1</sup>. Additionally, access to reliable transportation is often cited as a major barrier to accessing dialysis treatments, especially in rural and underserved areas.

Home dialysis, including peritoneal dialysis and home hemodialysis, is a treatment modality that can be performed in the patient's residence and has been shown to improve patient quality of life<sup>2</sup> and provide more person-centered care flexibilities. Home dialysis is used successfully around the world and currently by 13% of US dialysis patients. **Unfortunately, despite its better outcomes, not all patients are afforded the opportunity to utilize this care model and some face geographic and socioeconomic barriers to success<sup>3</sup>.** Patients indicate that the number one barrier they face in succeeding on home dialysis is having professional support in the home for their initial stages to assist with the transition and give the patient confidence in support as they begin to dialyze on their own, at home.

To address these concerns, the *Improving Access to Home Dialysis Act* 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. Expands the types of healthcare professionals who can provide home dialysis training;
3. 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;
4. Provides for training on home dialysis to occur, when possible, in the location the patient intends to use to dialyze;
5. 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.
6. Directs HHS to create a patient-centered decision tool for dialysis patients to evaluate their lifestyle and goals and assist them in choosing the dialysis modality that best suits their goals and preferences.
7. 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, Home Dialyzors United, PKD Foundation, and Dialysis Patient Citizens.** Please contact Lauren Drew ([lauren.drew@kidney.org](mailto:lauren.drew@kidney.org)) with any questions.

<sup>1</sup> <https://www.nature.com/articles/s41581-022-00618-4>

<sup>1</sup> [https://www.kidney-international.org/article/S0085-2538\(15\)55594-4/fulltext](https://www.kidney-international.org/article/S0085-2538(15)55594-4/fulltext)

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7380419/>