



March 20, 2023

The Honorable Bernard Sanders  
Chair  
Senate HELP Committee  
428 Senate Dirksen Office Building  
Washington, DC 20510

The Honorable Bill Cassidy, M.D.  
Ranking Member  
Senate HELP Committee  
428 Senate Dirksen Office Building  
Washington, DC 20510

**RE: Senate Committee on Health, Education, Labor, and Pensions (HELP) hearing “Examining Health Care Workforce Shortages: Where Do We Go From Here?”**

Dear Senators Sanders and Cassidy,

The National Kidney Foundation (NKF) commends the Senate Committee on Health, Education, Labor, and Pensions (HELP) for recognizing the need to thoroughly understand the root causes of our current health care workforce shortages and exploring opportunities to fill these considerable gaps in care and training. NKF is the largest, most comprehensive and longstanding, patient centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S.

NKF agrees with the Senate HELP Committee that improving patient care, reducing health disparities, and promoting health equity should continue to be top priorities. These values align seamlessly with administrative priorities outlined in both the *CMS Framework for Health Equity* and the *Advancing American Kidney Health Initiative*. It is imperative that legislative solutions to restore the deficit in the current health care workforce address the needs of Medicare beneficiaries with End Stage Renal Disease (ESRD) or kidney failure.

Our comment letter provides insights into the staffing shortage’s impact on kidney failure patients and proposes solutions that might alleviate this burden by expanding access to home dialysis and taking steps to address shortages in the nephrology workforce. Specifically, we recommend that the HELP committee explore legislative and policy solutions that:

1. Maximize utilization of home dialysis access modalities through:
  - a. Expansion of qualifications for healthcare professionals who provide home dialysis training.
  - b. Expansion of reimbursement through Medicare for in-home staff assistance and training for home dialysis.
  - c. Creation of elastic home dialysis modality educational opportunities for patients.

2. Examine long-term challenges and opportunities to strengthen the kidney health workforce:
  - a. Implementation of telehealth reform for home dialysis training and routine service plasticity.
  - b. Dismantling of barriers for International Medical Graduates (IMGs) to diminish clinical labor shortage in dialysis clinics.

### **Impacts of the Health Care Workforce Shortage on Kidney Care and the Exacerbation of Preventable Barriers to Home Dialysis**

Of the 37 million adults with CKD, more than 800,000 have irreversible kidney failure and require life-saving treatment such as dialysis or transplantation. Stark inequities associated with worsening CKD progression into ESRD disproportionately affects diverse populations. Black individuals are affected at a rate “nearly double that of Hispanic individuals, nearly triple that of Asian individuals, and more than quadruple that of White individuals.”<sup>1</sup> Further inequities in referral for nephrology care, transplant evaluation, and consideration of home dialysis leave most Black and Hispanic kidney failure patients reliant on in-center dialysis.

Over 85 percent of the 558,000 Americans on dialysis travel to a facility multiple times per week for several hours at a time. The travel and time burden prevents many patients from maintaining employment and heavily restricts their social engagement and family time. Kidney failure patients, who are already immune compromised, are also at an increased risk of contracting communicable diseases if they routinely visit a congregate care setting, especially if they take public transportation to do so. For the first time in 50 years since the enactment of the Medicare End Stage Renal Disease (ESRD) benefit, the greatest decline in the total number of patients on dialysis within a single year occurred in 2021 due to COVID-19 related deaths.<sup>2</sup>

Home dialysis, comprised of the home hemodialysis and peritoneal dialysis modalities, is an alternative option to in-center dialysis. It is widely accepted that home dialysis leads to a better quality of life and improved health by providing patients autonomy, allowing them to pursue economic opportunities, and providing for more flexible and personalized care, which impacts patient outcomes and symptom burden.<sup>3</sup>

Home dialysis is used heavily in other countries, yet only 13.3 percent of patients participate in home hemodialysis or peritoneal dialysis in the U.S.<sup>4</sup> Only 54 percent of dialysis facilities were

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<sup>1-2</sup> United States Renal Data System. 2022 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2022. <https://usrds-adr.niddk.nih.gov/2022>

<sup>3-4</sup> Chan C, Collins K, Ditschman E, et al. Overcoming Barriers for Uptake and Continued Use of Home Dialysis: An NKF-KDOQI Conference Report. *Am J Kidney Dis.* 2020; 75(6):926-934. <https://doi.org/10.1053/j.ajkd.2019.11.007>

certified to provide home dialysis in 2020, yet many of them had fewer than 10 home dialysis patients despite it being the preferred course of dialysis for many patients.<sup>5</sup>

While up to 40 percent<sup>6</sup> of patients express interest in dialyzing at home, most patients are not afforded the opportunity to utilize this care model due to geographic and socioeconomic barriers, further exacerbated by health care staff shortages, on their path to success.

Staffing shortages interfere with home dialysis uptake early in patients' treatment trajectory. Patients report that they often must wait several months to obtain the requisite training to go on home dialysis. Additionally, staff assistance at the start of dialysis gives patients confidence and support as they begin to dialyze on their own and reinforces habits that can prevent infection, equipment malfunction, or other potentially negative outcomes. Unfortunately, current reimbursement and regulatory requirements create barriers to staff assistance for patients who need added support.

### **Recommendation 1: Maximize utilization of home dialysis access modalities**

#### ***Expand qualifications of healthcare professionals who provide home dialysis training***

Vacancies across nephrology nursing positions are steadily increasing due to a growing elderly population and limitations in nursing school capacity, a gap that could contribute to a deficit of nearly 900,000 nurses by 2023.<sup>7</sup> High turnover rates of newly licensed nurses cost the U.S. health care system nearly \$2 billion dollars.<sup>8</sup> The expansion of qualified healthcare professionals within a multidisciplinary team who provide home dialysis training would help to meet the needs of patients and alleviate the nursing shortage. This would further allow more attention to be augmented towards patient outcomes, empowerment, and safety.

NKF recommends that the definition of a qualified provider be expanded to include other members of the in-center dialysis healthcare team in addition to nephrology nurses, such as social workers, advance practice nurses, and certified patient technicians. Renal dialysis patient technicians regularly furnish in-center services and meet certification requirements that ensure competency in patient care and modality usage. In an effort to reduce the barriers to the expansion of home dialysis, technicians would provide in-person assistance to a patient for an appropriate number of

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<sup>5</sup> United States Renal Data System. 2022 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2022. <https://usrds-adr.niddk.nih.gov/2022>

<sup>6</sup> Maaroufi A, Fafin C, Mougel S, et al. Patient preferences regarding choice of end-stage renal disease treatment options. *Am J Nephrol.* 2013; 37(4): 359-369.

<sup>7-8</sup> Boyle S, Washington R, McCann, et al. The Nephrology Nursing Shortage: Insights From a Pandemic. *Am J Kidney Dis.* 2022; 79(1):113–116. <https://doi.org/10.1053/j.ajkd.2021.07.007>

dialysis sessions as determined by the patient's interdisciplinary care team with regard to patient need, caregiver availability, prescription, and modality of home dialysis.

***Expand reimbursement through Medicare for in-home staff assistance and training for home dialysis***

NKF champions equalizing provider and staff reimbursement for training and utilization between in-center and home dialysis that may help increase home dialysis uptake and patient success. NKF supports the creation of an add-on payment to the ESRD Medicare bundle to cover paid professional staff assistance in the home of dialysis patients participating on home hemodialysis or peritoneal dialysis. Beneficiaries beginning home dialysis would be eligible to receive up to 90 days of in-home staff assistance with up to two 30-day renewal periods. All home dialysis patients, including those patients who are already successful on home dialysis, would be eligible for up to 30 days of in-home staff assisted respite care, in addition to their currently allowed in-center respite care. This care may be post-hospitalization, or due to illness or injury of the patient or the care partner, or absence of the care partner.

NKF also seeks to extend the period for covered disabled patients eligible for staff assistance indefinitely. Staff assisted home dialysis may also be available without time limitation for certain patients with disabilities that would impact their ability to self-dialyze safely. These disabilities may include but are not limited to vision impairment, stroke, ALS, Alzheimer's, Dementia, cerebral palsy, spinal cord injury, TBI, etc.

***Create elastic home dialysis modality educational opportunities for patients***

The Kidney Disease Education (KDE) benefit is the only educational benefit in the Medicare program focused on kidney disease. The benefit is intended to provide reimbursement for education on modality choice, in addition to management of comorbidities, prevention of uremic complications, and active participation in all aspects of care. An essential component of successful kidney disease comprehensive education that it is provided early and consistently. Successful early education provides basic information about the kidneys and what they do, is relevant to the patient's ESRD diagnosis and is meaningful (i.e., internalized by the patient such that the information is actionable). Persistent gaps in provider knowledge on home dialysis significantly impact patient awareness and education on home dialysis. To address these gaps, providers can participate in multimodal educational programs and engage in mentorship programs with experts from high-performing home dialysis facilities to increase their knowledge on the home dialysis infrastructure, unique patient populations, dialysis access creation and maintenance, home dialysis training and prescription, infectious complications, telemedicine, and transitions between home hemodialysis and peritoneal dialysis.

NKF supports efforts to significantly improve patient education on modality options and training on home dialysis administration. Modality education transformation would include facilities being required to provide patient education on the option of home dialysis beginning 30 days after initiation of dialysis through 90 days after initiation. Once home dialysis has been selected as the modality of choice, training on the skills and procedures needed to perform home dialysis regularly and independently can be provided in a group setting and via telehealth, where HIPPA compliant. This training could also occur in the home or residence of a patient, in a dialysis facility, or the place in which the patient intends to receive staff-assisted home dialysis.

**Recommendation 2: Examine long-term challenges and opportunities to strengthen the kidney health workforce**

***Implementation of telehealth reform for home dialysis training and routine service plasticity***

In support of the modernization of federal regulations to innovate home dialysis and reduce clinical administrative burdens, we recommend that certain portions of home dialysis training occur virtually, with the exception of mandatory in-person trainings, such as cannulation. Implementation of telehealth reform for home dialysis training and routine service plasticity would allow the multidisciplinary care team to provide services via telehealth and allow patients increased flexibility to access their care team at home, while ensuring consistent quality care and essential oversight. Additionally, telehealth implementation would allow patients impacted by dialysis clinic closures to receive care through the elimination of extended travel to the next available site. Specific data on the most recent dialysis clinic closures as a result of staffing shortages across the country are forthcoming, but NKF is committed to partnership with the National Forum of ESRD Networks to address this need. We also look forward to the opportunity to follow up with the HELP committee once this data is received.

***Dismantling of barriers for International Medical Graduates (IMGs) to diminish clinical labor shortage in dialysis clinics***

In support of partnering kidney organizations representative of nephrology providers and other clinicians, NKF supports the removal of barriers for IMG entries into the kidney health workforce. Addressing the current backlog of applicants and reducing visa approval wait times will significantly affect the clinical labor shortage and increase equitable access to dialysis care, particularly for communities that are currently underserved and negligibly resourced.

In closing, the National Kidney Foundation reaffirms our appreciation for your leadership and commitment to the care for some of our nation's most vulnerable populations. NKF is proud to offer support and partnership as a patient advocacy organization throughout the duration of this



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endeavor. Please contact Ivory Harding, Quality and Regulatory Affairs Director, at [ivory.harding@kidney.org](mailto:ivory.harding@kidney.org) with any questions.

A handwritten signature in black ink, appearing to read "K. Longino".

Kevin Longino  
CEO and Transplant Recipient