## Congress of the United States

Washington, DC 20515

October 18, 2023

Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

## Dear Administrator Brooks-LaSure:

Giving patients the option to receive dialysis at home can dramatically improve health outcomes and quality of life. Unfortunately, the U.S. ranks far behind other comparable countries in use of home dialysis. As you work to finalize the calendar year 2024 end-stage renal disease (ESRD) prospective payment system rule, we urge you to expand access to home dialysis for the millions of Americans who either have or are at risk of kidney failure. To advance that goal, we believe that the Centers for Medicare & Medicaid Services (CMS) should cover home dialysis for Medicare patients with acute kidney injury (AKI) if they are no longer hospitalized and have decided, along with their doctor, that home dialysis is the right choice for them as they attempt to regain kidney function.

A patient with AKI has experienced a sudden episode of kidney damage or failure due to a build-up of waste in the blood over several hours or days. AKI can have many causes, including direct damage to the kidneys, allergic reactions, low blood pressure or shock, heart attacks, blood loss, or blockage of the urinary tract. Over the past few years, a high percentage of patients in intensive care units (ICUs) with COVID-19 developed AKI that required dialysis. At the height of the pandemic, kidney experts estimated that 20-40% of ICU patients with COVID-19 suffered kidney failure and needed emergency dialysis. <sup>1</sup>

Treatment of AKI often requires a hospital stay where patients receive dialysis in the hope that their kidneys will regain function. Many patients who are stable enough to leave the hospital still require dialysis. While Medicare covers both in-center and home dialysis for ESRD patients with kidney failure, in-center dialysis is the only option available for AKI patients, leaving thousands of patients per year without the option of home dialysis.

The technology and expertise currently exist to provide high-quality care to patients who wish to dialyze at home. Furthermore, many nephrologists and dialysis providers agree that supervised home therapies<sup>2</sup> can be at least equivalent to in-center hemodialysis<sup>3</sup> and in many cases more

<sup>&</sup>lt;sup>1</sup> Abelson, R., Fink, S., Kulish, N., & Thomas, K. (2020, April 18). *An overlooked, possibly fatal coronavirus crisis: A dire need for kidney dialysis*. The New York Times. <a href="https://www.nytimes.com/2020/04/18/health/kidney-dialysis-coronavirus.html">https://www.nytimes.com/2020/04/18/health/kidney-dialysis-coronavirus.html</a>.

<sup>&</sup>lt;sup>2</sup> Cullis B, Al-Hwiesh A, Kilonzo K, et al. ISPD guidelines for peritoneal dialysis in acute kidney injury: 2020 update (adults). *Peritoneal Dialysis International*. 2021;41(1):15-31. doi:10.1177/0896860820970834.

<sup>&</sup>lt;sup>3</sup> American Society of Nephrology, August 2022 Comment Letter in response to CMS–1768–P: End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment

beneficial to patients' health<sup>4</sup> and quality of life.<sup>5</sup> Therefore, we strongly urge Medicare to expand access to home dialysis, including for AKI patients. Increasing access and improving outcomes for AKI patients is especially important because these patients have the potential to recover kidney function and avoid permanent kidney failure requiring years of dialysis or transplant.

Thank you for your attention to this matter.

Sincerely,

Suzan K. DelBene

Member of Congress

Carol D. Miller

Carol D. Miller Member of Congress

Tony Cárdenas

Member of Congress

Larry Bucshon, M.D. Member of Congress

CC: Jonathan Blum, Deputy Administrator and Chief Operating Officer

Choices Model for Calendar Year 2023. Accessed September 22, 2023. <u>ESRDPPSQIPFinalCommentLetter.pdf (asnonline.org)</u>.

<sup>&</sup>lt;sup>4</sup> François K, Bargman JM. Evaluating the benefits of home-based peritoneal dialysis. Int J Nephrol Renovasc Dis. 2014 Dec 4;7:447-55. doi: 10.2147/IJNRD.S50527. PMID: 25506238; PMCID: PMC4260684. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4260684/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4260684/</a>; Walker RC, Howard K, Morton RL. Home hemodialysis: a comprehensive review of patient-centered and economic considerations. Clinicoecon Outcomes Res. 2017 Feb 16;9:149-161. doi: 10.2147/CEOR.S69340. PMID: 28243134; PMCID: PMC5317253. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5317253/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5317253/</a>.

<sup>&</sup>lt;sup>5</sup> Pravoverov LV, Zheng S, Parikh R, et al. Trends Associated With Large-scale Expansion of Peritoneal Dialysis Within an Integrated Care Delivery Model. JAMA Intern Med. 2019;179(11):1537–1542, doi:10.1001/jamainternmed.2019.3155. <a href="https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2749760">https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2749760</a>.