Alliance Activities

Alliance Urges KDE Expansion to CMS
The Alliance for Home Dialysis submitted a letter to the Kidney Affinity Group at CMS as a follow-up from our meeting. The Alliance focused the asks between regulatory and legislative options for further Kidney Disease Education (KDE) expansion and promotion. The letter is attached to this email. Some highlights include:

- Designation of KDE as a Preventive Service
- KDE in Alternative Payment Models (APMs)
- Expansion of Patients Eligible to Receive KDE

Legislative Action Center Refresh!
If you haven’t visited the Alliance’s website (www.homedialysisalliance.org) recently, we have updated our legislative action center campaign to continue to encourage patients and advocates to contact Congress regarding more frequent dialysis and the recent MAC LCDs. The updated language reflects the urgency and continued patient interest in this decision. Please share the updates with your concerned networks!

Alliance Signs Appropriations Letter
The Alliance for Home Dialysis has agreed to support the attached appropriations letter regarding kidney research funding.

Similar to last year’s letter, the attached draft urges Congress to 1) appropriate a $2 billion increase over FY 2018 levels for the NIH as outlined in the Senate mark, including a robust funding increase for NIDDK that is at least proportional, and 2) establish a Special Statutory Funding Program for Kidney Research at $150 million per year over 10 years.

As many of you know, a January 2017 GAO report highlighted the pressing need for kidney research: the Medicare End-Stage Renal Disease (ESRD) program exceeded the budget allocation for the entire NIH, and Congress allocated the equivalent of about 1 percent of the annual total cost of care for kidney failure for kidney research at the NIH in 2017. The attached draft letter highlights the findings from this report as further need to invest in research.

Regulatory Update
MEDPAC Report
On March 15, MedPAC published its March 2018 report, including recommendations related to End Stage Renal Disease (ESRD). The report is attached to this email.

Specifically, MedPAC recommended that Congress update the 2018 dialysis PPS base rate by the amount determined under current law.

In addition to this recommendation, MedPAC also commented on a few issues relevant to home dialysis. As always, they included updated information on home dialysis uptake rates and potential barriers (pages 167-168, among others) and discussed the history of dialysis payment, such as the implementation of the bundle. Furthermore, though MedPAC referenced More Frequent Dialysis, they did not delve deeply into the recent MAC actions, stating simply: “Currently, several Medicare administrative contractors have each issued local coverage determinations on the conditions that would constitute medical justification.”

Finally, MedPAC spent considerable time discussing the data from the Comprehensive ESRD Care Initiative (CEC), or ESCO program (beginning on page 171). Of interest, all 13 ESCOs who participated in the first round of the program produced enough savings to earn shared savings payments, totaling $51 million. In the second round of the project, there are 37 total ESCOs.

Home Dialysis in the News
