

CHAMBER HILL

INSIGHTS

House Ways &
Means Health
Subcommittee
Hearing on
Improving Kidney
Health

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On March 18, 2026, the House Ways and Means Health Subcommittee held a [hearing](#) focused on improving kidney health. Both Republicans and Democrats recognized the need to increase funding for and awareness of kidney disease in order to better address the needs of the community. Democrats also took the opportunity to argue that provisions within the One Big Beautiful Bill Act will reduce health care coverage and therefore harm this community.

OPENING STATEMENTS

- [Subcommittee Chair Vern Buchanan \(R-FL-16\)](#)
- [Subcommittee Ranking Member Lloyd Doggett \(D-TX-37\)](#)

WITNESSES

- Ms. Ashli Littleton, Home Dialysis Patient – [Testimony](#)
- Dr. Suzanne Watnick, MD, Health Policy Scholar, American Society of Nephrology – [Testimony](#)
- Dr. Robert Taylor, MD, Chief Medical Officer, DCI – [Testimony](#)
- Mr. John P. Butler, President and CEO, Akebia Therapeutics - [Testimony](#)

MEMBER DISCUSSION

Innovation and Education

Both Republicans and Democrats highlighted the lack of innovation in kidney care compared with other chronic illnesses and the need for education. Ranking Member Lloyd Doggett (D-TX-37) and Rep. Suzan DelBene (D-WA-1) both asked how to help incentivize kidney care research and how to encourage providers to use the new practices. Dr. Watnick explained that the National Institutes of Health (NIH) is devoting only \$19 per patient with end-stage kidney disease, despite reports that investments can save money in the long run. She described the importance of KidneyX, a new program that incentivizes people to develop innovative solutions for kidney disease, in encouraging people to think more about prevention, treatments, and cures. In response from a question from Rep. Brian Fitzpatrick (R-PA-1) about why kidney innovation hasn't kept pace with that of other chronic illnesses, Mr. Butler explained that the dollars currently don't follow the patient, so a small provider risks the survival of a dialysis center if they administer new practices.

Subcommittee Chair Vern Buchanan (R-FL-16) and Rep. Judy Chu (D-CA-28) asked about preventing kidney disease and ensuring patients were well educated on their care options. Dr. Watnick expressed the importance of starting upstream in primary care offices to ensure providers are screening their patients for kidney disease and educating them on the possible signs. She also explained the importance of providers detailing all of the care options for a patient once diagnosed with kidney disease, so they can make the best choice for them.

At-Home Dialysis vs In-Center Dialysis

The Committee spent time working to better understand the differences between at-home and in-center dialysis treatment. Rep. Adrian Smith (R-NE-3) and Rep Carol Miller (R-WV-1) asked Ms. Littleton about her personal experience on home dialysis and how it has impacted her life. She explained that it is much more flexible and allows her to continue working while receiving her treatments on her own schedule. She also highlighted the importance of the staff-assisted program, which gives her more confidence in her own abilities and in the support she would receive should anything go wrong at home.

Rep. Greg Murphy (R-NC-3) and Rep. Rudy Yakym (R-IN-2) asked about the requirements and hurdles patients face in accessing home dialysis. Dr. Watnick identified the main barrier as education for not only patients, but also providers who do not know to mention it to their patients as an option. She explained that a lot of patients are very interested in the opportunity to receive dialysis at home once the treatment is explained to them. Dr. Taylor also explained that providers are incentivized to offer only in-center dialysis because they receive higher reimbursement rates for that care than for at-home dialysis.

Coverage of Care

Both Republicans and Democrats brought up the costs associated with accessing care. Ranking Member Doggett (D-TX-37) expressed concerns regarding changes to Medicare and Medicaid made by the One Big Beautiful Bill Act and how it would impact patients. He also brought up other concerns about access to care for Medicare beneficiaries, including those enrolled in Medicare Advantage. Dr. Watnick raised concerns about needing prior authorization in Medicare Advantage to receive life-saving dialysis and the lack of data-sharing within Medicare fee-for-service payments, which makes it difficult to provide correct care. Full Committee Chair Jason Smith (R-MO-8) asked about coverage of the Medicare payment policies in terms of innovation. Mr. Butler discussed the shortcomings of the Medicare payment policy, which are below what is typically spent caring for the patient, leading to care centers drowning in costs. He also discussed the lack of reimbursements for innovative care, which he said discourages providers, despite the two-year Transitional Drug Add-on Payment Adjustment (TDAPA) program. Rep. Claudia Tenney (R-NY-24) also asked if TDAPA would function better if it was patient driven rather than facility driven. Mr. Butler explained this would help spread the money across all types of care and give providers more stability as the money would follow the patient.

Kidney Transplants

While most of the focus was on dialysis, some Committee members emphasized the importance of ensuring access to transplants and improving that process. Rep. Murphy (R-NC-3) asked about the barriers to transplant. Dr. Taylor explained that the current regulatory controls restrict the ability to get kidneys to every patient until they are in kidney failure, which means a long dialysis process prior to the transplant. Rep. Danny Davis (D-IL-7) asked how to best help patients who need a transplant. Ms. Littleton voiced that there needs to be more accessible information on why kidneys are needed and what the donor process looks like. Rep. DelBene (D-WA-1) raised concerns about living donor costs and how best to address them. Dr. Watnick explained that living donations have remained stagnant while deceased donations have increased over the past 2 decades. She described the need for wage reimbursement and child-care expenses to allow people to donate their kidneys.

Care in Rural Communities

Multiple members focused on rural communities and the unique challenges they face when getting kidney care. Full Committee Chair Smith (R-MO-8) asked what the specific challenges are in delivering care in rural areas. Dr. Taylor explained that yearly adjustments to Medicare are not meeting needs, and clinics need higher reimbursement rates to keep their doors open. He further explained that there is typically only one clinic in a rural county, which is already difficult for patients to access, so it is vital that they remain open. Rep. Steven Horsford (D-NV-4) asked which policies Congress could pursue to strengthen the rural health infrastructure to address kidney care. Dr. Watnick described the need to ensure affordable healthcare, education for providers and patients, and the availability of providers whom people in rural communities can relate to.

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