Coalition Statement of Support

Advancing the Reduction of Central Venous Catheter Use in Dialysis Patients Aligned with HHS Healthy People 2030 Initiative

Purpose

This statement reflects a unified commitment among leading medical societies, professional associations, and patient advocacy organizations to support the U.S. Department of Health and Human Services (HHS) ***Healthy People 2030*** initiative to reduce the use of central venous catheters (CVCs) in patients receiving maintenance hemodialysis to its of 10% for the proportion of adult dialysis patients who rely on catheters for dialysis.[1]

Background

According to the 2025 United States Renal Data System (USRDS), catheter use has increased from approximately 16 percent to almost 24 percent in recent years, and nearly 85 percent of patients initiate dialysis with a catheter.[2] Catheters are associated with markedly higher infection rates, hospitalizations, and mortality compared to arteriovenous (AV) fistulas and grafts. Catheter use and mortality trends move together — when catheter dependence rises, patient outcomes worsen. Unfortunately, as noted by the Chronic Kidney Disease Workgroup, the only two objectives for the workgroup which have decreased are 1) mortality and 2) the proportion of adult dialysis patients who rely on catheters for dialysis.

Importantly, the 2025 USRDS also notes a correlation between Medicare rate cuts for dialysis vascular access centers and the subsequent increase in catheter rates. This relationship is not coincidental. When rate cuts limit the ability of vascular access centers to provide needed dialysis access care, patients are subject to increases in catheter rates, thereby increasing the risk of infection, hospitalization, and death.

The United States has successfully addressed this challenge before.

The ***Medicare Fistula First Initiative*** of the 2000s demonstrated that aligning policy, reimbursement, and clinical priorities can dramatically reduce catheter dependence. By promoting AV fistulas for dialysis access and supporting the infrastructure needed to deliver that care, fistula use increased from roughly 30 percent to more than 60 percent in about a decade. Infection rates declined, hospitalizations were reduced, and costs to the Medicare program improved.

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[1] https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/chronic-kidney-disease/reduce-proportion-adult-dialysis-patients-who-rely-catheters-dialysis-ckd-08

[2] https://usrds-adr.niddk.nih.gov/2025/end-stage-renal-disease/4-vascular-access

That progress is now eroding. If Healthy People 2030's catheter reduction goals are to be achieved, policymakers must address the structural drivers behind rising catheter rates.

Statement of Commitment

We, the undersigned organizations, collectively affirm our commitment to:

1. **Stabilize Office-Based Vascular Access Care**
    - Remove practice expense from the Medicare Physician Fee Schedule and align it with other ambulatory practice expenses through the Hospital Outpatient / Ambulatory Surgical Center Fee Schedule.
2. **Promote Vascular Access Care in Ambulatory Surgical Centers**
    - Update ASC packaging requirements to remove disincentives to utilize the best technologies for vascular access creation and repair.
3. **Update Medicare Advantage Policies to Account for ESRD Patient Needs**
    - Ensure that Medicare Advantage policies recognize for all sites-of-service that vascular access is not "elective" and requires a 24 hour authorization review

Signatory Organizations

- Dialysis Vascular Access Coalition (Convener)
- American Association of Kidney Patients (AAKP)
- American Society of Diagnostic and Interventional Nephrology (ASDIN)
- American Society of Nephrology (ASN)
- Renal Physicians Association (RPA)

Conclusion

Reducing central venous catheter use is an achievable and necessary goal to improve survival, safety, and quality of life for individuals with kidney failure. Through coordinated, multidisciplinary action, we can meaningfully advance national health priorities and deliver better outcomes for patients.

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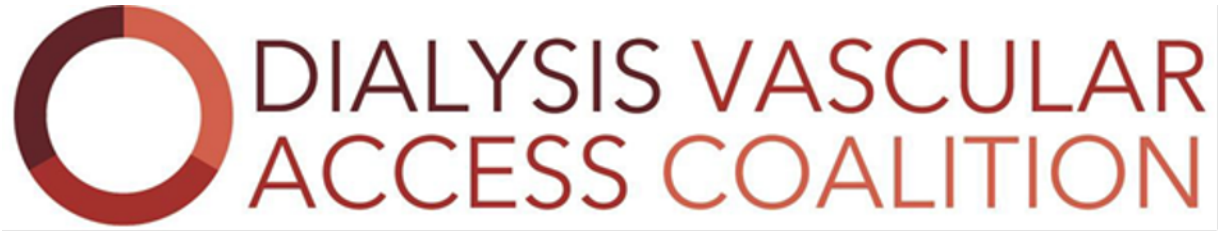
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