Innovation Isn't Enough

A Dialysis Patient's Case for Real Access

By Pesh Patel,
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In 2017, I was visiting Melbourne, Australia as part of my career as a global hospitality executive. While walking around the city, I suddenly had to stop four separate times over the course of just three city blocks because I couldn't breathe. I thought I was out of shape. What I didn't know was that I had been living with a single kidney since birth, and that kidney was functioning at 2%. If I hadn't gone to the ER when I did, I would have died within 20 hours. Two hours later, I was in the ICU on a 24-hour dialysis machine. It was the first time I had ever heard the word "transplant" outside of a movie.

I started hemodialysis in Australia and continued in-center treatment when I returned to the United States. Fifteen months later, on August 7, 2018, I received a kidney transplant. However, two and a half years later, my body rejected the kidney. I was diagnosed with antibody-mediated rejection combined with BK virus, a cruel combination because treating one condition can worsen the other. Despite every effort, the transplant couldn't be saved. By August 2024, I was back on dialysis.

My care team insisted I get a fistula. I said no. Instead I chose to keep my catheter and manage the risks carefully. I became meticulous about protection. I kept every surface clean, followed every protocol, and stayed vigilant at every treatment session.

That's why, when I attended the American Society of Nephrology Kidney Week conference in October 2024, a chance encounter changed everything. I was introduced to DefenCath, an antimicrobial lock solution (CLS) that reduces the risk of catheter-related bloodstream infections (CRBSIs) by up to 71% in adult hemodialysis patients. I knew immediately that this was what I needed.

What followed was a 10-month journey. My dialysis center had never heard of DefenCath. I reached out to senior staff, the manufacturer, and anyone who could help, and kept pushing until I finally received it in August 2025.

What started as a personal pursuit became something bigger when I realized I couldn't be the only one fighting this battle. Around 360 people a day begin some form of treatment for kidney failure in the United States. How many of them even know DefenCath exists?

DefenCath is currently covered under TDAPA, which reimburses providers each time it is dispensed, But that coverage ends in June. Beginning in July, it moves into the bundled payment system, a flat fee intended to cover all patients who could benefit. If that reimbursement rate isn't adequate, providers may be financially disincentivized from using it, even for high-risk catheter patients like me.

Innovation means nothing if patients can't access the innovations. That's why I support legislation like the Kidney Care Access Protection Act, which would create sustainable payment pathways for groundbreaking treatments and ensure that breakthroughs actually reach the patients in dialysis chairs. One in three Americans is at risk for kidney disease. It's a silent killer that rarely gets the attention it deserves. It's time for that to change.

I'm still waiting for my next transplant. But most importantly, I'm still fighting, not just for myself, but for every patient who deserves better access, faster innovation, and a healthcare system that keeps up with what science offers.