

119TH CONGRESS
2D SESSION

H. R. 9891

To direct the Secretary of Health and Human Services to conduct a demonstration program to share savings with plans that invest in preventing the progression of kidney disease to end-stage renal disease.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2026

Mr. WILSON of South Carolina introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To direct the Secretary of Health and Human Services to conduct a demonstration program to share savings with plans that invest in preventing the progression of kidney disease to end-stage renal disease.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “PREVENT ESRD Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Kidney disease listening session.
Sec. 4. Multipayer kidney care medicare savings demonstration program.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Kidney disease impacts nearly 36,000,000
4 Americans, with many not getting the education,
5 screening, or care that they need to delay or prevent
6 progression to kidney failure or end-stage renal dis-
7 ease (ESRD). Indeed, 9 in 10 United States pa-
8 tients with kidney disease are unaware they have the
9 disease.

10 (2) Kidney disease accounts for
11 \$126,000,000,000 in direct health care spending
12 each year, with an outsized impact on the Medicare
13 program, which covers most patients once they
14 progress to ESRD. Currently, Medicare spends more
15 than \$50,000,000,000 each year on treatment re-
16 lated to ESRD.

17 (3) Given the tremendous burden that ESRD
18 places on Medicare and the Nation's health care sys-
19 tem, the Federal Government has a unique role to
20 play in advancing policies intended to slow or pre-
21 vent progression to ESRD.

22 (4) A voluntary payment model that allows
23 health insurance plans, including group health insur-

1 ance and individual health insurance plans sold in
2 the commercial market, to share in the savings they
3 create for Medicare by preventing or delaying ESRD
4 could help promote earlier screening and enhanced
5 treatment for patients with kidney disease.

6 **SEC. 3. KIDNEY DISEASE LISTENING SESSION.**

7 Not later than 180 days after the date of enactment
8 of this Act, the Secretary of Health and Human Services
9 shall host a listening session to raise awareness regarding
10 kidney disease and to identify policy solutions to improve
11 rates of screening, diagnosis, and treatment of earlier
12 stages of kidney disease in an effort to prevent or delay
13 the onset of ESRD. The Secretary shall include experts
14 in all elements of kidney disease, including clinical experts,
15 patients and patient advocates, health plans, and
16 innovators, as participants in the listening session.

17 **SEC. 4. MULTIPAYER KIDNEY CARE MEDICARE SAVINGS**
18 **DEMONSTRATION PROGRAM.**

19 Title XVIII of the Social Security Act (42 U.S.C.
20 1395 et seq.) is amended by inserting after section 1866G
21 (42 U.S.C. 1395cc–7) the following new section:

22 **“SEC. 1866H. MULTIPAYER KIDNEY CARE MEDICARE SAV-**
23 **INGS DEMONSTRATION PROGRAM.**

24 “(a) IMPLEMENTATION OF DEMONSTRATION PRO-
25 GRAM.—

1 “(1) IN GENERAL.—Not later than January 1,
2 2027, the Secretary of Health and Human Services
3 shall implement a 10-year demonstration program
4 (in this section referred to as the ‘Program’) for the
5 purpose of increasing access for qualifying kidney
6 disease enrollees to specified kidney care services to
7 prevent the progression to end-stage renal disease
8 (ESRD).

9 “(2) SPECIFIED KIDNEY CARE SERVICES DE-
10 FINED.—

11 “(A) For the purposes of this section, the
12 term ‘specified kidney care services’ means
13 items and services furnished to individuals diag-
14 nosed with kidney disease to prevent the pro-
15 gression to ESRD and that would be covered
16 under this title if furnished to an individual en-
17 titled to part A or enrolled in part B, to include
18 prescription drugs eligible for coverage under
19 part D.

20 “(B) The Secretary shall specify the scope
21 of specified kidney care services, which shall in-
22 clude at a minimum items and services within
23 the following categories and align with the typ-
24 ical scope of benefits offered by insurers for

each type of insurance coverage specified in paragraph (3):

“(i) Screening measures, including urinalysis (e.g., proteinuria and kidney-specific dipsticks), blood-based testing, genetic testing, and other forms of screening necessary to screen for and diagnose kidney disease.

“(ii) All drugs approved under section 355 of title 21, United States Code, and all biologicals licensed under section 262 of title 42, United States Code, by the Food and Drug Administration with an indication for slowing the decline or loss of kidney function or to reduce the risk of decline in kidney function.

“(ii) Nutrition services and education.

“(iii) Disease management support, including patient education, follow-up support to link diagnoses to care, genetic counseling, access to community health workers, and referrals to services to support health-related social needs.

“(iv) Consultation and evaluation regarding kidney health.

1 “(v) Other items and services speci-
2 fied by the Secretary.

3 “(C) The specified kidney care services
4 shall include items and services furnished via
5 telehealth if medically appropriate and con-
6 sistent with other applicable requirements.

7 “(3) ELIGIBLE PLANS.—In this section, the
8 term ‘eligible plan’ means a group health plan (as
9 defined under section 2791(b)(4) of the Public
10 Health Service Act), a plan offered by a health in-
11 surance issuer (as defined under section 2791(b)(2)
12 of such Act), a State Medicaid program, a Medicaid
13 managed care plan, a plan that enrolls individuals
14 under part C of this title, or any other type of plan
15 specified by the Secretary.

16 “(4) PARTICIPATING PLANS.—In this section,
17 the term ‘participating plan’ means an eligible plan
18 that voluntarily applied for the Program, was se-
19 lected to participate pursuant to an application and
20 selection process established by the Secretary, and
21 signs an agreement with the Secretary to participate
22 in the Program.

23 “(5) ELIGIBLE ENROLLEES.—In this section,
24 the term ‘qualifying kidney disease enrollee’ means
25 an individual who is enrolled in a participating plan,

1 has a current diagnosis of kidney disease, and meets
2 such other criteria as the Secretary determines ap-
3 propriate.

4 “(b) PROGRAM DESIGN.—

5 “(1) PROGRAM AGREEMENT.—Under the Pro-
6 gram, the Secretary shall enter into agreements with
7 participating plans, pursuant to which the partici-
8 pating plans—

9 “(A) must implement certain activities, as
10 specified by the Secretary, designed to ensure
11 access to specified kidney care services, includ-
12 ing to develop a screening plan to ensure reg-
13 ular screening of all enrollees for kidney disease
14 during annual exams with primary care pro-
15 viders and otherwise;

16 “(B) must submit historical and plan year
17 data, including protected health information, as
18 necessary (as defined in regulations issued pur-
19 suant to section 17921(12) of title 42, United
20 States Code), in a form and manner specified
21 by the Secretary, subject to verification and
22 audit by the Secretary, including—

23 “(i) the prevalence and incidence of
24 kidney disease and ESRD and the stage of

1 chronic kidney disease (CKD) or other
2 type of kidney disease;

3 “(ii) the rate of transition to the next
4 stage of CKD (if applicable) and from
5 CKD to ERSD among its enrollee popu-
6 lation;

7 “(iii) the utilization of specified kid-
8 ney care services by qualifying kidney dis-
9 ease enrollees;

10 “(iv) the quality of care and health
11 outcomes among qualifying kidney disease
12 enrollees; and

13 “(v) kidney disease screening rates for
14 all plan enrollees and for specific at-risk
15 subpopulations as the Secretary may speci-
16 fy, such as enrollees diagnosed with diabe-
17 tes or hypertension and enrollees residing
18 in rural areas;

19 “(C) must cover all specified kidney care
20 services and must apply the lowest level of cost
21 sharing under the plan’s benefit design to such
22 services and shall not apply utilization manage-
23 ment to specified kidney care services that are
24 drugs and biologicals in a manner more restric-

1 tive than the Food and Drug Administration-
2 approved labeling;

3 “(D) must provide coverage without cost-
4 sharing for all plan enrollees for screening for
5 kidney disease; and

6 “(E) may be eligible to receive payment for
7 a portion of the savings that accrue to Medi-
8 care, as estimated by the Secretary under sub-
9 section (c)(3), if the number of the plan’s quali-
10 fying kidney disease enrollees who progress to
11 the next stage of CKD or to ESRD is below the
12 risk-adjusted benchmark established by the Sec-
13 retary under subsection (c)(1)(C).

14 “(2) TERMINATION.—

15 “(A) TERMINATION BY THE SECRETARY.—
16 The Secretary may terminate an agreement
17 with a participating plan if the plan fails to
18 comply with the terms of the program agree-
19 ment described in paragraph (1).

20 “(B) TREATMENT OF SHARED SAVINGS IN
21 THE EVENT OF TERMINATION.—If the agree-
22 ment between the Secretary and a participating
23 plan is terminated in the middle of a year of
24 the Program, the participating plan is not eligi-
25 ble for any shared savings payments under the

1 Program for that year and the Secretary may
2 recoup shared savings paid for a prior year.

3 “(3) EVALUATION.—The Secretary shall design
4 the Program in a manner to enable independent
5 evaluation, using novel methods, of the extent to
6 which the Program—

7 “(A) preserves kidney function or other-
8 wise delays the development of ESRD among
9 qualifying kidney disease enrollees in partici-
10 pating plans and matched control groups from
11 nonparticipating plans, with controls selected
12 based on demographic, clinical, and geographic
13 characteristics; and

14 “(B) reduces expenditures under the Medi-
15 care program, as estimated through a compari-
16 son between participating plans and appropriate
17 control groups, adjusting for relevant demo-
18 graphic, clinical, and geographic factors.

19 “(4) CONSULTATION.—In designing the Pro-
20 gram, including in implementing the definition of
21 specified kidney care services as described in sub-
22 section (a)(2), the Secretary shall, not later than 3
23 months after the date of enactment of this section,
24 solicit public input in the form of a request for infor-
25 mation and public listening sessions and shall con-

1 sult with specialists in the field of kidney care, spon-
2 sors and administrators of eligible plans, and rep-
3 resentatives of patient advocacy groups.

4 “(c) SHARED SAVINGS PAYMENTS.—

5 “(1) ELIGIBILITY FOR SHARED SAVINGS PAY-
6 MENTS.—

7 “(A) IN GENERAL.—Under the Program,
8 subject to the prohibition in this subsection on
9 avoidance of at-risk individuals and any other
10 conditions established by the Secretary, for each
11 year a participating plan has an agreement in
12 effect under the Program, the plan shall be eli-
13 gible to receive a shared savings payment under
14 paragraph (3), provided that—

15 “(i) the participating plan covers
16 specified kidney care services, including
17 kidney disease screening as described in
18 subsection (a)(2)(B)(i); and

19 “(ii) the participating plan’s CKD and
20 ESRD progression rates, adjusted for en-
21 rollee characteristics, are below the bench-
22 mark described in subparagraph (B) by at
23 least the minimum percentage specified by
24 the Secretary. This minimum percentage

1 shall reflect normal variation in kidney dis-
2 ease progression rates.

3 “(B) BENCHMARK.—For each year of the
4 Program, the Secretary shall establish a bench-
5 mark for each participating plan based on—

6 “(i) the plan’s historical progression
7 rates to the next stage of CKD or from
8 CKD to ESRD over the most recent 3
9 years using data submitted by the plan,
10 which may be subject to verification and
11 audit by the Secretary to validate its accu-
12 racy;

13 “(ii) national and regional disease
14 prevalence over the most recent 3 years;

15 “(iii) adjustments for enrollee charac-
16 teristics;

17 “(iv) adjustments for increased
18 screening rates during the plan’s participa-
19 tion in the Program; and

20 “(v) such other factors as determined
21 appropriate by the Secretary.

22 The benchmark shall be reset at the start of
23 each year of the Program.

24 “(2) QUALITY PERFORMANCE STANDARDS.—

25 The Secretary shall establish quality performance

1 standards to assess the quality of care furnished by
2 participating plans. The Secretary shall seek to im-
3 prove the quality of care furnished by participating
4 plans over time by specifying higher standards, new
5 measures, or both for purposes of assessing such
6 quality of care.

7 “(3) AMOUNT OF SHARED SAVINGS PAY-
8 MENT.—

9 “(A) For each year of the Program for
10 each participating plan, the Secretary shall de-
11 termine, and the Chief Actuary of the Centers
12 for Medicare and Medicaid Services shall cer-
13 tify, the savings that accrue to Medicare as a
14 result of the participating plan’s performance
15 exceeding the benchmark as calculated under
16 paragraph (1)(B), for example as a result of an
17 individual not obtaining Medicare eligibility
18 under section 1881 on the basis of progressing
19 to ESRD during that year.

20 “(B) Subject to performance with respect
21 to the quality performance standards estab-
22 lished by the Secretary under paragraph (2), if
23 a participating plan meets the eligibility re-
24 quirements described above for a given year of
25 the Program, the participating plan shall be

1 paid 25 percent of the Medicare savings amount
2 described in subparagraph (A) for that plan.

3 “(4) PROHIBITION ON AVOIDANCE OF AT-RISK
4 PATIENTS.—If the Secretary determines that a par-
5 ticipating plan has taken action to avoid enrolling
6 kidney disease patients at elevated risk of developing
7 ESRD, or failed to adhere to the terms of the par-
8 ticipation agreement specified in subsection (b)(1),
9 or takes other actions in order to increase the likeli-
10 hood of receiving shared savings payments under the
11 Program, the Secretary may reduce, recoup, or deny
12 shared savings payments or terminate the partici-
13 pating plan from the Program.

14 “(5) OPTIONAL ADVANCE INVESTMENT PAY-
15 MENT.—The Secretary may provide, in an amount
16 determined by the Secretary, an advance investment
17 payment to each participating plan for each quali-
18 fying kidney disease enrollee for each year of the
19 plan’s participation with respect to such enrollee. A
20 participating plan must use such advance investment
21 payment to improve the quality, efficiency, or uptake
22 of specified kidney care items and services furnished
23 to beneficiaries, which may include coming into com-
24 pliance with the plan’s participation requirements
25 under the Program described in this section. The

1 participating plan must report to the Administrator
2 of the Centers for Medicare and Medicaid Services
3 how the plan used such funds not later than 180
4 days after the end of the relevant year in a form and
5 manner specified by the Secretary. The total amount
6 of any such advance investment payment in a given
7 year shall be deducted from the shared savings pay-
8 ment received by the participating plan for the rel-
9 evant year, if any, up to the amount of such shared
10 savings in the event the amount of the advance in-
11 vestment payment exceeds the amount of the shared
12 savings payment.

13 “(d) PROHIBITION ON DUPLICATE PAYMENTS.—The
14 Secretary shall ensure that no duplicate payments under
15 this section are made by Medicare with respect to a quali-
16 fying kidney disease enrollee.

17 “(e) MONITORING, EVALUATION, AND REPORTING BY
18 THE SECRETARY.—

19 “(1) MONITORING AND EVALUATION.—The
20 Secretary shall monitor and evaluate the Program
21 on an ongoing basis and shall conduct an inter-
22 mediate and final evaluation of the Program in ac-
23 cordance with the requirements described in sub-
24 section (b)(3). Each such evaluation shall determine
25 the extent to which the purpose of increasing access

1 for qualifying kidney disease enrollees to specified
2 kidney care services to prevent the progression to
3 ESRD has been accomplished under the Program.

4 “(2) REPORTING.—The Secretary shall submit
5 to Congress—

6 “(A) not later than 3 years after the date
7 of the implementation of the Program, a report
8 with respect to the intermediate evaluation; and

9 “(B) a report with respect to the final
10 evaluation not later than 6 years after such
11 date.

12 “(f) FUNDING.—

13 “(1) ADMINISTRATIVE FUNDING.—For pur-
14 poses of administering and carrying out the Pro-
15 gram, other than for payments for items and serv-
16 ices furnished under this title, advance investment
17 payment under subsection (c)(5), and shared savings
18 payment under subsection (c)(3), in addition to
19 funds otherwise appropriated, there shall be trans-
20 ferred to the Secretary for the Centers for Medicare
21 and Medicaid Services Program Management Ac-
22 count from the Federal Hospital Insurance Trust
23 Fund under section 1817 and the Federal Supple-
24 mentary Medical Insurance Trust Fund under sec-
25 tion 1841 (in proportions determined appropriate by

1 the Secretary) \$5,000,000 for each of fiscal years
2 2026 through 2038. Amounts transferred under this
3 subsection for a fiscal year shall be available until
4 expended.

5 “(2) SHARED SAVINGS PAYMENTS.—The shared
6 savings payments and advance investment payments
7 under the Program, for each of program years 2027
8 through 2037, shall be made from the Federal Hos-
9 pital Insurance Trust Fund established under sec-
10 tion 1817 and the Federal Supplementary Medical
11 Insurance Trust Fund established under section
12 1841 in such proportion as the Secretary determines
13 reflects the relative weight that benefits under part
14 A and under part B represents of the actuarial value
15 of the Medicare savings determined under subsection
16 (c)(3) and the advance investment payments deter-
17 mined under subsection (c)(5).

18 “(g) WAIVER AND IMPLEMENTATION AUTHORITY.—

19 “(1) The Secretary may implement provisions
20 of this section by program instruction, agreement, or
21 otherwise.

22 “(2) The Secretary may waive any requirement
23 of titles XI or XVIII and of sections 1902(a)(1),
24 1902(a)(13), and 1903(m)(2)(A)(iii) of this Act as
25 may be necessary to carry out the Program.

1 “(3) The Paperwork Reduction Act (44 U.S.C.
2 3501 et seq.) shall not apply to implementation and
3 administration of the Program.”.

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