

108TH CONGRESS  
1ST SESSION

# H. R. 1004

To amend title XVIII of the Social Security Act to provide for payment under the Medicare Program for more frequent hemodialysis treatments.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 27, 2003

Mr. McDERMOTT (for himself, Ms. DUNN, Mr. LEWIS of Georgia, Mr. CUMMINGS, Mr. DICKS, Mr. RANGEL, Mr. McNULTY, Mr. GOODE, Mr. HASTINGS of Washington, Mr. INSLEE, Mr. KIRK, and Mrs. CHRISTENSEN) 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

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## A BILL

To amend title XVIII of the Social Security Act to provide for payment under the Medicare Program for more frequent hemodialysis treatments.

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.**

4 This Act may be cited as the “Kidney Patient Daily  
5 Dialysis Quality Act of 2003”.

1 **SEC. 2. COVERAGE OF MORE FREQUENT HEMODIALYSIS**  
2 **TREATMENTS.**

3 (a) IN GENERAL.—Section 1881(b) of the Social Se-  
4 curity Act (42 U.S.C. 1395rr(b)) is amended—

5 (1) in the first sentence of paragraph (7), by  
6 inserting before the period the following: “, including  
7 payment for more frequent hemodialysis furnished to  
8 qualified individuals under paragraph (12)”; and

9 (2) by adding at the end the following new  
10 paragraph:

11 “(12)(A)(i) Not later than the date that is 1 year  
12 after the date of enactment of this paragraph, the Sec-  
13 retary shall cause to have published in the Federal Reg-  
14 ister final regulations for equivalent per treatment pro-  
15 spective payment rates for more frequent hemodialysis  
16 furnished at home and furnished in a facility (commonly  
17 known as composite ‘Method I’ rates and ‘Method II Cap’  
18 payment rates), and prospective payment rates for in-facil-  
19 ity training for more frequent hemodialysis.

20 “(ii) For the year beginning more than 12 months  
21 after the date described in clause (i), and for each subse-  
22 quent year, the Secretary shall provide for an appropriate  
23 update to the per treatment prospective payment rates de-  
24 veloped under clause (i).

1 “(B) In developing per treatment prospective pay-  
2 ment rates under subparagraph (A), the Secretary shall  
3 consider—

4 “(i) actual reasonable costs of operating more  
5 frequent hemodialysis programs; and

6 “(ii) data from the Health Care Financing Ad-  
7 ministration on actual expenditures under this title  
8 for more frequent hemodialysis patients, compared  
9 to—

10 “(I) data on expenditures for the same pa-  
11 tients before those patients underwent more fre-  
12 quent hemodialysis, and

13 “(II) data on expenditures for patients un-  
14 dergoing hemodialysis treatment 3 times per  
15 week with similar clinical and demographic  
16 characteristics.

17 “(C) Not later than 1 year after the date of enact-  
18 ment of this paragraph, the Secretary shall develop, in  
19 consultation with the renal community, a standard of care  
20 and quality standards for more frequent hemodialysis. The  
21 Secretary shall periodically review and update as necessary  
22 such standards.

23 “(D) The Secretary shall collect data with respect  
24 to—

1           “(i) documented savings in expenditures under  
2           this title by reason of more frequent hemodialysis  
3           that are attributable to reduced medications, hos-  
4           pitalizations, outpatient services, and such other fac-  
5           tors as the Secretary determines appropriate; and

6           “(ii) the improved quality of care and improved  
7           outcomes more frequent hemodialysis may bring to  
8           patients.

9           “(E) In this paragraph:

10           “(i) The term ‘more frequent hemodialysis’  
11           means hemodialysis treatment sessions, or equivalent  
12           therapy requiring blood access, performed at least 5  
13           times per week.

14           “(ii) The term ‘qualified individual’ means an  
15           individual who, in the clinical judgment of the physi-  
16           cian of the individual, is likely to achieve better clin-  
17           ical outcomes, quality of life outcomes, or both from  
18           more frequent hemodialysis.”.

19           (b) CONFORMING AMENDMENTS.—(1) Section  
20 1881(b)(8) of the Social Security Act (42 U.S.C.  
21 1395rr(b)(8)) is amended by inserting “and more frequent  
22 hemodialysis supplies and equipment” after “home dialy-  
23 sis supplies and equipment”.

24           (2) Section 1881(b)(9) of such Act (42 U.S.C.  
25 1395rr(b)(9)) is amended by inserting “and more frequent

1 hemodialysis support services” after “self-care home dialy-  
2 sis support services”.

3 (c) EFFECTIVE DATE.—The amendments made by  
4 this section shall take effect on the date of the enactment  
5 of this Act and shall apply with respect to items and serv-  
6 ices furnished on or after the date that is 1 year after  
7 such date of enactment.

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