

109TH CONGRESS
2D SESSION

H. R. 5321

To establish a pilot project to demonstrate the impact of payment for more frequent hemodialysis treatment under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2006

Mr. BASS (for himself, Mr. McDERMOTT, and Mr. SAM JOHNSON of Texas) 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 establish a pilot project to demonstrate the impact of payment for more frequent hemodialysis treatment under the Medicare Program.

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 “Access to Better
5 Choice in Dialysis Act of 2006”.

1 **SEC. 2. MEDICARE PILOT PROJECT FOR PAYMENT FOR**
2 **MORE FREQUENT HEMODIALYSIS TREAT-**
3 **MENT.**

4 (a) IN GENERAL.—Not later than 6 months after the
5 date of the enactment of this Act, the Secretary of Health
6 and Human Services shall implement a 5-year pilot project
7 to measure the impact of increasing the payment amount
8 otherwise provided under section 1881(b) of the Social Se-
9 curity Act (42 U.S.C. 1395rr(b)), based upon the provi-
10 sion of hemodialysis treatment more frequently than 3
11 times per week.

12 (b) INCREASED PAYMENT AMOUNT.—

13 (1) IN GENERAL.—Under the pilot project, sub-
14 ject to paragraph (2), the increase in payment
15 amount shall be, in the case of hemodialysis treat-
16 ment provided—

17 (A) for a 4th session in a week, 70 percent
18 of the full composite rate;

19 (B) for a 5th session in a week, 40 percent
20 of the full composite rate;

21 (C) for a 6th session in a week, 30 percent
22 of the full composite rate;

23 (D) for a 7th session in a week, 20 percent
24 of the full composite rate; and

25 (E) for any subsequent session in a week,
26 no additional payment amount.

1 (2) FUNDING LIMITATION.—The pilot program
2 shall be structured in a manner so that the total ad-
3 ditional amounts paid under the program for hemo-
4 dialysis treatment during—

5 (A) its first year of operation does not ex-
6 ceed \$15,000,000;

7 (B) its second year of operation does not
8 exceed \$30,000,000;

9 (C) its third year of operation does not ex-
10 ceed \$50,000,000;

11 (D) its fourth year of operation does not
12 exceed \$75,000,000; and

13 (E) its fifth year of operation does not ex-
14 ceed \$90,000,000.

15 No expenditures shall be made for hemodialysis
16 treatment under the pilot program after its fifth
17 year of operation.

18 (3) FUNDING FROM SMI TRUST FUND.—Funds
19 from the Federal Supplementary Medical Insurance
20 Trust Fund under section 1841 of the Social Secu-
21 rity Act (42 U.S.C. 1395t) shall be available, in ad-
22 vance of appropriations, to meet obligations arising
23 from the pilot program under this section.

24 (c) DATA COLLECTION AND ANALYSIS.—

1 (1) DATA COLLECTION.—The Secretary shall
2 provide for the collection of data to measure the
3 clinical and financial impact of higher frequency
4 hemodialysis treatments, including its impact on—

5 (A) health status and on the utilization of,
6 and expenditures for, other health care services,
7 including for separately-billable drugs, such as
8 erythropoietin (also known as Epogen), iron,
9 and hospitalizations; and

10 (B) patients' working status, resulting
11 in—

12 (i) a reduction in Social Security Dis-
13 ability Insurance payments;

14 (ii) increased Federal and State in-
15 come and employment tax payments; and

16 (iii) a reduction in Medicare payments
17 due to increased coverage under employer
18 group health plans.

19 (2) REPORTS TO CONGRESS.—The Secretary
20 shall periodically submit to Congress reports on the
21 pilot program under this section. The Secretary shall
22 submit a final report to Congress and to the Medi-
23 care Payment Advisory Commission no later than 6
24 months after the completion of the program. Such
25 final report shall include findings regarding the clin-

1 ical and financial impact of more frequent hemo-
2 dialysis treatment.

3 (3) MEDPAC ANALYSIS.—The Medicare Pay-
4 ment Advisory Commission shall evaluate the Sec-
5 retary’s findings in the final report under paragraph
6 (2) and shall submit to Congress, no later than 6
7 months after the date of the Commission’s receipt of
8 such final report, and shall include in the report its
9 analysis of the desirability of expanded medicare
10 payment for more frequent hemodialysis treatment.

11 (d) DEFINITIONS.—In this section:

12 (1) FULL COMPOSITE RATE.—The term “full
13 composite rate” means the rate determined under
14 section 1881(b)(7) of the Social Security Act (42
15 U.S.C. 1395rr(b)(7)).

16 (2) HEMODIALYSIS TREATMENT.—The term
17 “hemodialysis treatment” includes equivalent ther-
18 apy requiring blood access, but does not include
19 treatment administered on an emergency or acute
20 basis.

21 (3) SECRETARY.—The term “Secretary” means
22 the Secretary of Health and Human Services.

○