

109TH CONGRESS
1ST SESSION

S. 635

To amend title XVIII of the Social Security Act to improve the benefits under the medicare program for beneficiaries with kidney disease, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 16, 2005

Mr. SANTORUM (for himself, Mr. CONRAD, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to improve the benefits under the medicare program for beneficiaries with kidney disease, and for other purposes.

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 “Kidney Care Quality and Improvement Act of 2005”.

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

See. 1. Short title.

TITLE I—RECOGNIZING AND IMPROVING QUALITY FOR PATIENTS

Sec. 101. Modification of physician surgical reimbursement for dialysis access procedures to align incentives for cost and quality.

Sec. 102. Demonstration project for outcomes-based ESRD reimbursement system.

Sec. 103. Required training for patient care dialysis technicians.

TITLE II—ENSURING QUALITY THROUGH IMPROVEMENTS IN THE ESRD PAYMENT SYSTEM

Sec. 201. Establishment of annual update framework for the medicare ESRD composite rate.

Sec. 202. Extension of medicare secondary payer.

Sec. 203. GAO study and report on impact of G-codes.

TITLE III—IMPROVING QUALITY THROUGH PATIENT EDUCATION, ACCESS, AND SAFETY INITIATIVES

Sec. 301. Support of public and patient education initiatives regarding kidney disease.

Sec. 302. Medicare coverage of kidney disease patient education services.

Sec. 303. Blood flow monitoring demonstration projects.

TITLE IV—IMPROVING QUALITY THROUGH IMPROVED COVERAGE

Sec. 401. Improving the home dialysis benefit.

Sec. 402. Institute of Medicine evaluation and report on home dialysis.

Sec. 403. Establishment of an End-Stage Renal Disease (ESRD) Advisory committee.

1 TITLE I—RECOGNIZING AND IM- 2 PROVING QUALITY FOR PA- 3 TIENTS

4 SEC. 101. MODIFICATION OF PHYSICIAN SURGICAL REIM-
5 BURSEMENT FOR DIALYSIS ACCESS PROCE-
6 DURES TO ALIGN INCENTIVES FOR COST AND
7 QUALITY.

8 (a) FULL COVERAGE OF DIALYSIS ACCESS PRO-
9 DURES IN THE AMBULATORY SURGICAL CENTER SET-
10 TING.—Not later than January 1, 2007, the Secretary of
11 Health and Human Services shall—

12 (1) review the surgical procedures specified
13 under section 1833(i)(1) of the Social Security Act

1 (42 U.S.C. 1395l(i)(1)) and evaluate whether to in-
2 clude in such procedures the full range of dialysis
3 access procedures, including all reasonable and nec-
4 essary intervention procedures for the repair and
5 maintenance of an individual's dialysis access, such
6 as the placement, insertion, and maintenance serv-
7 ices related to fistulas, synthetic grafts, tunnel cath-
8 eters, and peritoneal dialysis catheters; and

11 (b) REVISION OF RBRVS TO REFLECT THE DIF-
12 FICULTY OF VASCULAR ACCESS PROCEDURES.—Not later
13 than January 1, 2007, the Secretary of Health and
14 Human Services shall—

20 (2) revise such units to accurately reflect the
21 difficulty of such procedures.

22 SEC. 102. DEMONSTRATION PROJECT FOR OUTCOMES-
23 BASED ESRD REIMBURSEMENT SYSTEM.

24 (a) ESTABLISHMENT.—Subject to the succeeding
25 provisions of this section, the Secretary of Health and

1 Human Services (in this section referred to as the “Sec-
2 retary”) shall establish demonstration projects under
3 which the Secretary shall evaluate methods that improve
4 the quality of care provided to medicare beneficiaries with
5 end-stage renal disease.

6 (b) OUTCOMES-BASED ESRD REIMBURSEMENT SYS-
7 TEM.—

8 (1) IN GENERAL.—Under the demonstration
9 projects, the Secretary shall provide financial incen-
10 tives to providers of services and renal dialysis facili-
11 ties that demonstrate improved quality of care to
12 such beneficiaries.

13 (2) CONSIDERATION OF OUTCOMES AND CASE-
14 MIX.—In determining whether a provider or facility
15 has demonstrated an improved quality of care under
16 paragraph (1), the Secretary shall take into account
17 the outcomes of individuals receiving services from
18 the provider or facility and the case-mix of the pro-
19 provider or facility, paying particular attention to im-
20 proved patient safety, better vaccination rates, and
21 improved care for diabetes.

22 (3) INCENTIVES DESCRIBED.—The financial in-
23 centives provided under paragraph (1) shall—

1 (A) reflect the interactions of payments
2 under parts A and B of title XVIII of the So-
3 cial Security Act; and

4 (B) recognize improvements based on high
5 quality outcomes during previous periods as
6 well as recent changes in performance to re-
7 ward long-term improvements.

8 (c) DURATION.—The Secretary shall conduct the
9 demonstration project under this section for a period that
10 is not longer than 5 years that begins on January 1, 2007.

11 (d) EVALUATION AND REPORT.—

12 (1) EVALUATION.—The Secretary shall conduct
13 an evaluation of the demonstration projects con-
14 ducted under this section.

22 (e) WAIVER AUTHORITY.—The Secretary shall waive
23 compliance with the requirements of title XVIII of the So-
24 cial Security Act (42 U.S.C. 1395 et seq.) to such extent

1 and for such period as the Secretary determines is nec-
2 essary to conduct the demonstration projects.

3 (f) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) IN GENERAL.—Payments for the costs of
5 carrying out the demonstration project under this
6 section shall be made from the Federal Supple-
7 mentary Medical Insurance Trust Fund under sec-
8 tion 1841 of such Act (42 U.S.C. 1395t).

9 (2) AMOUNT.—There are authorized to be ap-
10 propriated from such Trust Fund such sums as may
11 be necessary to carry out this section.

12 **SEC. 103. REQUIRED TRAINING FOR PATIENT CARE DIALY-
13 SIS TECHNICIANS.**

14 (a) IN GENERAL.—Section 1881 of the Social Secu-
15 rity Act (42 U.S.C. 1395rr) is amended by adding the fol-
16 lowing:

17 “(h)(1) Except as provided in paragraph (3), begin-
18 ning January 1, 2007, a provider of services or a renal
19 dialysis facility may not use any individual as a patient
20 care dialysis technician for more than 4 months unless the
21 individual—

22 “(A) has completed a training program in the
23 care and treatment of an individual with chronic
24 kidney failure who is undergoing dialysis treatment;

1 “(B) has been certified by a nationally recog-
2 nized certification entity for dialysis technicians; and
3 “(C) is competent to provide dialysis-related
4 services.

5 “(2) Beginning January 1, 2008, a provider of serv-
6 ices or a renal dialysis facility may not use on a tem-
7 porary, per diem, leased, or on any basis other than as
8 a permanent employee, any individual as a patient care
9 dialysis technician unless the individual meets the require-
10 ments described in subparagraphs (A), (B), and (C) of
11 paragraph (1).

12 “(3) A provider of services or a renal dialysis facility
13 may permit an individual enrolled in a training program
14 described in paragraph (1)(A) to serve as a patient care
15 dialysis technician while they are so enrolled.

16 “(4) For purposes of paragraph (1), if, since the most
17 recent completion by an individual of a training program
18 described in paragraph (1)(A), there has been a period
19 of 24 consecutive months during which the individual has
20 not performed dialysis-related services for monetary com-
21 pensation, such individual shall be required to complete
22 a new training program or become re-certified as described
23 in paragraph (1)(B).

24 “(5) A provider of services or a renal dialysis facility
25 shall provide such regular performance review and regular

1 in-service education as assures that individuals serving as
2 patient care dialysis technicians for the provider or facility
3 are competent to perform dialysis-related services.”.

4 **TITLE II—ENSURING QUALITY**
5 **THROUGH IMPROVEMENTS IN**
6 **THE ESRD PAYMENT SYSTEM**

7 **SEC. 201. ESTABLISHMENT OF ANNUAL UPDATE FRAME-**
8 **WORK FOR THE MEDICARE ESRD COMPOSITE**
9 **RATE.**

10 (a) IN GENERAL.—Section 1881(b)(12)(F) of the So-
11 cial Security Act (42 U.S.C. 1395rr(b)(12)(F)) is amend-
12 ed to read as follows:

13 “(F) Beginning with 2006, the Secretary shall annu-
14 ally increase the basic case-mix adjusted payment amounts
15 established under this paragraph—

16 “(i) with respect to the component of the basic
17 case-mix adjusted system described in clause (ii) of
18 subparagraph (B), by—

19 “(I) applying the estimated growth in ex-
20 penditures for drugs and biologicals (including
21 erythropoietin) that are separately billable to
22 such component; and

23 “(II) converting the amount determined in
24 subclause (I) to an increase applicable to the

1 basic case-mix adjusted payment amounts es-
2 tablished under such subparagraph; and

3 “(ii) with respect to the composite rate compo-
4 nent of the basic case-mix adjusted system described
5 in subparagraph (B)(i), for dialysis services fur-
6 nished—

7 “(I) during 2006, by 2.5 percent above
8 such payment amounts for such services fur-
9 nished on December 31, 2005;

10 “(II) during 2007 through 2014, by an
11 amount equal to 1 percent of the ESRD market
12 basket percentage increase (as defined in para-
13 graph (14)(A), and including any additional
14 factors that may increase costs described in
15 paragraph (14)(B)) above such composite rate
16 payment amounts for such services furnished on
17 December 31 of the previous year; and

18 “(III) during 2015 and subsequent years,
19 by the ESRD market basket percentage in-
20 crease (as defined in paragraph (14)(A) and in-
21 cluding any additional factors that may increase
22 costs described in paragraph (14)(B)) above
23 such composite rate payment amounts for such
24 services furnished on December 31 of the pre-
25 vious year.”.

1 (b) ESRD MARKET BASKET PERCENTAGE INCREASE
2 DEFINED.—Section 1881(b) of the Social Security Act
3 (42 U.S.C. 1395rr(b)) is amended by adding at the end
4 the following new paragraph:

5 “(14)(A) For purposes of this title, the term ‘ESRD
6 market basket percentage increase’ means, with respect to
7 a calendar year, the percentage (estimated by the Sec-
8 retary before the beginning of such year) by which—

9 “(i) the cost of the mix of goods and services
10 included in the provision of dialysis services (includ-
11 ing the costs described in subparagraph (D)) that is
12 determined based on an index of appropriately
13 weighted indicators of changes in wages and prices
14 which are representative of the mix of goods and
15 services included in such dialysis services for the cal-
16 endar year; exceeds

17 “(ii) the cost of such mix of goods and services
18 for the preceding calendar year.

19 “(B) In addition to determining the percentage up-
20 date under subparagraph (A), the Secretary shall also take
21 into account any change in the costs of furnishing the mix
22 of goods and services described in such subparagraph re-
23 sulting from—

24 “(i) the adoption of scientific and technological
25 innovations used to provide dialysis services;

1 “(ii) changes in the manner or method of deliv-
2 ering dialysis services;
3 “(iii) productivity improvements in the provi-
4 sion of dialysis services; and
5 “(iv) any other relevant factor.

6 “(C) The Secretary shall annually review and update
7 the items and services included in the mix of goods and
8 services used to determine the percentage under subpara-
9 graph (A).

10 “(D) The costs described in this subparagraph in-
11 clude—

12 “(i) labor costs, including direct patient care
13 costs and administrative labor costs, vacation and
14 holiday pay, payroll taxes, and employee benefits;

15 “(ii) other direct costs, including drugs, sup-
16 plies, and laboratory fees;

17 “(iii) overhead costs, including medical director
18 fees, temporary services, general and administrative
19 costs, interest expenses, and bad debt;

20 “(iv) capital costs, including rent, real estate
21 taxes, depreciation, utilities, repairs, and mainte-
22 nance; and

23 “(v) such other allowable costs as the Secretary
24 may specify.”.

1 **SEC. 202. EXTENSION OF MEDICARE SECONDARY PAYER.**

2 Section 1862(b)(1)(C) of the Social Security Act (42
3 U.S.C. 1395y(b)(1)(C)) is amended—

4 (1) in the last sentence, by inserting “, and be-
5 fore January 1, 2006” after “prior to such date”;
6 and

7 (2) by adding at the end the following new sen-
8 tence: “Effective for items and services furnished on
9 or after January 1, 2006 (with respect to periods
10 beginning on or after the date that is 30 months
11 prior to such date), clauses (i) and (ii) shall be ap-
12 plied by substituting ‘33-month’ for ‘12-month’ each
13 place it appears in the first sentence.”.

14 **SEC. 203. GAO STUDY AND REPORT ON IMPACT OF G-
15 CODES.**

16 (a) STUDY.—The Comptroller General of the United
17 States shall conduct a study on the impact of the tem-
18 porary codes for nephrologists’ services applicable under
19 the fee schedule for physicians’ services under section
20 1848 of the Social Security Act (42 U.S.C. 1395w-4)
21 (commonly known as “G-codes”).

22 (b) REPORT.—Not later than the date that is 6
23 months after the date of enactment of this Act, the Com-
24 troller General shall submit to Congress a report on the
25 study conducted under subsection (a) together with rec-

1 ommendations for such legislation and administrative ac-
2 tion as the Comptroller General determines appropriate.

3 **TITLE III—IMPROVING QUALITY**
4 **THROUGH PATIENT EDUCATION, ACCESS, AND SAFETY**
5 **INITIATIVES**
6

7 **SEC. 301. SUPPORT OF PUBLIC AND PATIENT EDUCATION**

8 **INITIATIVES REGARDING KIDNEY DISEASE.**

9 (a) CHRONIC KIDNEY DISEASE DEMONSTRATION
10 PROJECTS.—

11 (1) IN GENERAL.—The Secretary of Health and
12 Human Services (in this section referred to as the
13 “Secretary”) shall establish demonstration projects
14 to—

15 (A) increase public awareness about the
16 factors that lead to chronic kidney disease, how
17 to prevent it, how to treat it, and how to avoid
18 kidney failure; and

19 (B) enhance surveillance systems and ex-
20 pand research to better assess the prevalence
21 and incidence of chronic kidney disease.

22 (2) SCOPE AND DURATION.—

23 (A) SCOPE.—The Secretary shall select at
24 least 3 States in which to conduct demonstra-
25 tion projects under this subsection. In selecting

1 the States under this subparagraph, the Sec-
2 retary shall take into account the size of the
3 population of medicare beneficiaries with end-
4 stage renal disease and ensure the participation
5 of individuals who reside in rural and urban
6 areas.

7 (B) DURATION.—The demonstration
8 projects under this subsection shall be con-
9 ducted for a period that is not longer than 5
10 years that begins on January 1, 2007.

11 (3) EVALUATION AND REPORT.—

12 (A) EVALUATION.—The Secretary shall
13 conduct an evaluation of the demonstration
14 projects conducted under this subsection.

15 (B) REPORT.—Not later than 6 months
16 after the date on which the demonstration
17 projects under this subsection are completed,
18 the Secretary shall submit to Congress a report
19 on the evaluation conducted under subpara-
20 graph (A) together with recommendations for
21 such legislation and administrative action as the
22 Secretary determines appropriate.

1 this subsection \$2,000,000 for each of fiscal years
2 2007 through 2011.

3 (b) ESRD SELF-MANAGEMENT DEMONSTRATION
4 PROJECTS.—

5 (1) IN GENERAL.—The Secretary shall establish
6 demonstration projects to enable individuals with
7 end-stage renal disease to develop self-management
8 skills.

9 (2) SCOPE AND DURATION.—

10 (A) SCOPE.—The Secretary shall select at
11 least 3 States in which to conduct demonstra-
12 tion projects under this subsection. In selecting
13 the States under this subparagraph, the Sec-
14 retary shall take into account the size of the
15 population of medicare beneficiaries with end-
16 stage renal disease and ensure the participation
17 of individuals who reside in rural and urban
18 areas.

19 (B) DURATION.—The demonstration
20 projects under this section shall be conducted
21 for a period that is not longer than 5 years that
22 begins on January 1, 2007.

23 (3) EVALUATION AND REPORT.—

1 (A) EVALUATION.—The Secretary shall
2 conduct an evaluation of the demonstration
3 projects conducted under this subsection.

4 (B) REPORT.—Not later than 6 months
5 after the date on which the demonstration
6 projects under this subsection are completed,
7 the Secretary shall submit to Congress a report
8 on the evaluation conducted under subpara-
9 graph (A) together with recommendations for
10 such legislation and administrative action as the
11 Secretary determines appropriate.

16 SEC. 302. MEDICARE COVERAGE OF KIDNEY DISEASE PA-
17 TIENT EDUCATION SERVICES.

18 (a) COVERAGE OF KIDNEY DISEASE EDUCATION
19 SERVICES —

20 (1) COVERAGE.—Section 1861(s)(2) of the So-
21 cial Security Act (42 U.S.C. 1395x(s)(2)) is amend-
22 ed—

23 (A) in subparagraph (Y), by striking
24 "and" after the semicolon at the end:

3 (C) by adding at the end the following new
4 subparagraph:

5 “(AA) kidney disease education services (as de-
6 fined in subsection (bbb));”.

7 (2) SERVICES DESCRIBED.—Section 1861 of
8 the Social Security Act (42 U.S.C. 1395x) is amend-
9 ed by adding at the end the following new sub-
10 section:

11 “Kidney Disease Education Services
12 “(bbb)(1) The term ‘kidney disease education serv-
13 ices’ means educational services that are—

14 “(A) furnished to an individual with kidney dis-
15 ease who, according to accepted clinical guidelines
16 identified by the Secretary, will require dialysis or a
17 kidney transplant;

18 “(B) furnished, upon the referral of the physi-
19 cian managing the individual’s kidney condition, by
20 a qualified person (as defined in paragraph (2)); and

21 “(C) designed—

22 “(i) to provide comprehensive information
23 regarding—

24 “(I) the management of comorbidities;

1 “(II) the prevention of uremic com-
2 plications; and

3 “(III) each option for renal replace-
4 ment therapy (including home and in-cen-
5 ter as well as vascular access options and
6 transplantation); and

7 “(ii) to ensure that the individual has the
8 opportunity to actively participate in the choice
9 of therapy.

10 “(2) The term ‘qualified person’ means—

11 “(A) a physician (as described in subsection
12 (r)(1));

13 “(B) an individual who—

14 “(i) is—

15 “(I) a registered nurse;

16 “(II) a registered dietitian or nutri-
17 tion professional (as defined in subsection
18 (vv)(2));

19 “(III) a clinical social worker (as de-
20 fined in subsection (hh)(1));

21 “(IV) a physician assistant, nurse
22 practitioner, or clinical nurse specialist (as
23 those terms are defined in subsection
24 (aa)(5)); or

25 “(V) a transplant coordinator; and

1 “(ii) meets such requirements related to
2 experience and other qualifications that the
3 Secretary finds necessary and appropriate for
4 furnishing the services described in paragraph
5 (1); or

6 “(C) a renal dialysis facility subject to the re-
7 quirements of section 1881(b)(1) with personnel
8 who—

9 “(i) provide the services described in para-
10 graph (1); and

11 “(ii) meet the requirements of subpara-
12 graph (A) or (B).

13 “(3) The Secretary shall develop the requirements
14 under paragraphs (1)(C)(i) and (2)(B)(ii) after consulting
15 with physicians, health educators, professional organiza-
16 tions, accrediting organizations, kidney patient organiza-
17 tions, dialysis facilities, transplant centers, network orga-
18 nizations described in section 1881(c)(2), and other
19 knowledgeable persons.

20 “(4) In promulgating regulations to carry out this
21 subsection, the Secretary shall ensure that each bene-
22 ficiary who is entitled to kidney disease education services
23 under this title receives such services in a timely manner
24 to maximize the benefit of those services.

1 “(5) The Secretary shall monitor the implementation
2 of this subsection to ensure that beneficiaries who are eli-
3 gible for kidney disease education services receive such
4 services in the manner described in paragraph (4).

5 “(6) No individual shall be eligible to be provided
6 more than 6 sessions of kidney disease education services
7 under this title.”.

12 (4) PAYMENT TO RENAL DIALYSIS FACILI-
13 TIES.—Section 1881(b) of the Social Security Act
14 (42 U.S.C. 1395rr(b)), as amended by section
15 201(b), is amended by adding at the end the fol-
16 lowing new paragraph:

17 “(15) For purposes of paragraph (12), the single
18 composite weighted formulas determined under such para-
19 graph shall not take into account the amount of payment
20 for kidney disease education services (as defined in section
21 1861(bbb)). Instead, payment for such services shall be
22 made to the renal dialysis facility on an assignment-re-
23 lated basis under section 1848.”.

(5) LIMITATION ON NUMBER OF SESSIONS.—

Section 1862(a)(1) of the Social Security Act (42 U.S.C. 1395y(a)(1)) is amended—

(A) by striking “and” at the end of sub-

paragraph (L);

(B) by striking the semicolon at the end of

subparagraph (M) and inserting “, and”; and

(C) by adding at the end the following new

subparagraph:

“(N) in the case of kidney disease education services (as defined in section 1861(bbb)), which are performed in excess of the number of sessions covered under such section;”.

(6) ANNUAL REPORT TO CONGRESS.—Not later

than April 1, 2007, and annually thereafter, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall submit to Congress a report on the number of medicare beneficiaries who are entitled to kidney disease education services (as defined in section 1861(bbb) of the Social Security Act, as added by paragraph (2)) under title XVIII of such Act and who receive such services, together with such recommendations for legislative and administrative action as the Secretary determines to be appropriate to fulfill the legislative

1 intent that resulted in the enactment of that sub-
2 section.

3 (b) EFFECTIVE DATE.—The amendments made by
4 this section shall apply to services furnished on and after
5 January 1, 2007.

6 **SEC. 303. BLOOD FLOW MONITORING DEMONSTRATION**
7 **PROJECTS.**

8 (a) ESTABLISHMENT.—The Secretary of Health and
9 Human Services (in this section referred to as the “Sec-
10 retary”) shall establish demonstration projects to evaluate
11 how blood flow monitoring affects the quality and cost of
12 care for medicare beneficiaries with end-stage renal dis-
13 ease.

14 (b) DURATION.—The demonstration projects under
15 this section shall be conducted for a period of not longer
16 than 5 years that begins on January 1, 2007.

17 (c) EVALUATION AND REPORT.—

18 (1) EVALUATION.—The Secretary shall conduct
19 an evaluation of the demonstration projects con-
20 ducted under this section.

21 (2) REPORT.—Not later than 6 months after
22 the date on which the demonstration projects under
23 this section are completed, the Secretary shall sub-
24 mit to Congress a report on the evaluation con-
25 ducted under paragraph (1) together with rec-

1 ommendations for such legislation and administrative
2 action as the Secretary determines appropriate.

3 (d) WAIVER AUTHORITY.—The Secretary shall waive
4 compliance with the requirements of title XVIII of the So-
5 cial Security Act (42 U.S.C. 1395 et seq.) to such extent
6 and for such period as the Secretary determines is nec-
7 essary to conduct the demonstration projects.

8 (e) AUTHORIZATION OF APPROPRIATIONS.—

9 (1) IN GENERAL.—Payments for the costs of
10 carrying out the demonstration project under this
11 section shall be made from the Federal Supple-
12 mentary Medical Insurance Trust Fund under sec-
13 tion 1841 of such Act (42 U.S.C. 1395t).

14 (2) AMOUNT.—There are authorized to be ap-
15 propriated from such Trust Fund \$1,000,000 for
16 each of fiscal years 2007 through 2011 to carry out
17 this section.

18 **TITLE IV—IMPROVING QUALITY**
19 **THROUGH IMPROVED COV-**
20 **ERAGE**

21 **SEC. 401. IMPROVING THE HOME DIALYSIS BENEFIT.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services (in this section referred to as the “Sec-
24 retary”) shall provide appropriate incentives to improve
25 the home dialysis benefit for individuals on behalf of whom

1 payment may be made under section 1881 of the Social
2 Security Act (42 U.S.C. 1395rr).

3 (b) CONSIDERATIONS.—In developing the incentives
4 under subsection (a), the Secretary shall consider revising
5 the fee schedule for physicians' services under section
6 1848 of the Social Security Act (42 U.S.C. 1395w-4) so
7 that the amount paid for services related to end-stage
8 renal disease furnished to home dialysis patients is equal
9 to the amount paid for services related to end-stage renal
10 disease furnished to other patients with 4 or more face-
11 to-face physician visits per month.

12 **SEC. 402. INSTITUTE OF MEDICINE EVALUATION AND RE-**
13 **PORT ON HOME DIALYSIS.**

14 (a) EVALUATION.—

15 (1) IN GENERAL.—Not later than the date that
16 is 2 months after the date of enactment of this Act,
17 the Secretary of Health and Human Services (in this
18 section referred to as the “Secretary”) shall enter
19 into an arrangement under which the Institute of
20 Medicine of the National Academy of Sciences (in
21 this section referred to as the “Institute”) shall con-
22 duct an evaluation of the barriers that exist to in-
23 creasing the number of individuals with end-stage
24 renal disease who elect to receive home dialysis serv-

1 ices under the medicare program under title XVIII
2 of the Social Security Act (42 U.S.C. 1395 et seq.).

3 (2) SPECIFIC MATTERS EVALUATED.—In con-
4 ducting the evaluation under paragraph (1), the In-
5 stitute shall—

6 (A) compare current medicare home dialy-
7 sis costs and payments with current in-center
8 and hospital dialysis costs and payments;

9 (B) catalogue and evaluate the incentives
10 and disincentives in the current reimbursement
11 system that influence whether patients receive
12 home dialysis services;

13 (C) evaluate patient education services and
14 how such services impact the treatment choices
15 made by patients; and

16 (D) consider such other matters as the In-
17 stitute determines appropriate.

18 (3) SCOPE OF REVIEW.—The Institute shall
19 consider a variety of perspectives, including the per-
20 spectives of physicians, other health care profes-
21 sionals, hospitals, dialysis facilities, health plans,
22 purchasers, and patients.

23 (b) REPORT.—Not later than the date that is 18
24 months after the date of enactment of this Act, the Insti-
25 tute shall submit to the Secretary and appropriate com-

1 mittees of Congress a report on the evaluation conducted
2 under subsection (a)(1) describing the findings of such
3 evaluation and recommendations for implementing incen-
4 tives to encourage patients to elect to receive home dialysis
5 services under the medicare program.

6 (c) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated such sums as may be
8 necessary for the purposes of conducting the evaluation
9 and preparing the report required by this section.

10 **SEC. 403. END-STAGE RENAL DISEASE (ESRD) ADVISORY
11 COMMITTEE.**

12 (a) ESTABLISHMENT.—Pursuant to section 222 of
13 the Public Health Service Act (42 U.S.C. 217a), the Sec-
14 retary of Health and Human Services shall establish with-
15 in 1 year of the date of enactment of this Act an inde-
16 pendent, multidisciplinary, nonpartisan End-Stage Renal
17 Disease Advisory Committee (in this section referred to
18 as the “Committee”).

19 (b) MEMBERSHIP.—The Committee shall consist of
20 such members as the Secretary may appoint who shall
21 serve for such term as the Secretary may specify. In ap-
22 pointing members of the Committee, the Secretary shall
23 consult with the dialysis community and shall include indi-
24 viduals drawn from diverse backgrounds, such as medi-
25 cine, nursing, health care policy, the dialysis patient com-

1 munity, the dialysis provider community, and health eco-
2 nomics.

3 (c) PURPOSE OF THE COMMITTEE.—

4 (1) DUTIES.—The Committee shall provide a
5 forum for expert discussion and deliberation and the
6 formulation of advice and recommendations to the
7 Secretary about medicare coverage for End-Stage
8 Renal Disease patients, as described under section
9 1881 of the Social Security Act (42 U.S.C. 1395rr).

10 (2) REPORT.—The Committee shall provide the
11 Secretary with periodic reports that summarize the
12 Committee's activities and its recommendations for
13 such legislation and administrative action as it con-
14 siders appropriate.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated such sums as may be
17 necessary to carry out the purposes of this section.

○