

H.R. 4814: Chronic Kidney Disease Improvement in Research and Treatment Act of 2014

Section-by-Section Summary

Title I: Improving Understanding of Chronic Kidney Disease through Expanded Research and Coordination

101. Identifying Gaps in Chronic Kidney Disease Research. Directs the Government Accountability Office to (GAO) develop a comprehensive report to assess the adequacy of federal investments in chronic kidney disease research relative to expenditures on care and identify knowledge gaps in kidney disease research.

102. Coordinating Research on Chronic Kidney Disease. Requires the Secretary of HHS to improve coordination of chronic kidney disease research by establishing an interagency coordinating committee. The committee will issue public reports that include a strategic plan, a portfolio analysis on research projects, and other topics.

103. Understanding the Progression of Kidney Disease and Treatment of Kidney Failure in Minority Populations. Requires the Secretary of HHS to submit a report to the Congress on: (1) the social, behavioral, and biological factors leading to kidney disease; (2) efforts to slow disease progression in disproportionately affected minority populations; and (3) treatment patterns in Medicare, Medicaid, and private insurance among these populations.

Title II: Promoting Access to Chronic Kidney Disease Treatments

201. Increasing Access to Medicare Kidney Disease Education Benefit. Expands the Medicare Kidney Disease Education (KDE) program to: (1) allow dialysis facilities to provide KDE services under certain circumstances; (2) permit physician assistants, nurse practitioners, and clinical nurse specialists assisting in the treatment of the individual's kidney failure to refer for the benefit; and (3) expand access to these services to Medicare beneficiaries with Stage V chronic kidney disease not yet on dialysis.

202. Improving Access to Chronic Kidney Disease Treatment in Underserved Rural and Urban Areas. Allows nephrologists and non-physician practitioners providing renal dialysis services in underserved rural and urban areas to participate in the National Health Service Corp scholarship and loan repayment programs.

203. Promoting Access to Home Dialysis Treatments. Addresses disincentives in the payment system to promote access to home dialysis treatments by: (1) aligning physician payment policy for physicians seeing home and in-center dialysis patients when they are hospitalized; and (2) allowing dialysis facilities to be approved telemedicine sites of services.

204. Expand Access for Patients with Acute Kidney Injury. Allows dialysis facilities to be reimbursed for providing services to beneficiaries with acute kidney injury under the ESRD PPS.

Title III: Creating Economic Stability for Providers Caring for Individuals with Chronic Kidney Disease

301. Stabilizing Medicare Payments for Services Provided to Beneficiaries with Stage V Chronic Kidney Disease Receiving Dialysis Services. Requires the Secretary to continue to comply with existing statutory requirements related to basing payments on reasonable cost. Eliminates the co-morbidity case-mix adjustors and outlier adjustment and requires the Secretary to recalculate the standardization factor used to adjust the base rate. Revises dialysis facility cost reports to include the per treatment Network fee as an allowable cost and to eliminate the limitation for reporting medical director fees.

302. Allowing Individuals with Kidney Failure to Retain Access to Private Insurance. Extends the Medicare Secondary Payer requirement for ESRD beneficiaries by an additional twelve months to stay on their current health plan.

303. Providing Individuals with Kidney Failure to Access Managed Care and Coordinated Care Programs. Allows individuals eligible for Medicare through an ESRD diagnosis to enroll in the Medicare Advantage program. Permanently reauthorizes the Special Needs Plan for ESRD and establishes a voluntary coordinated care program. Requires hospitals and other health care providers that care for patients on dialysis to provide patient-specific health information, including a discharge summary and patient comorbidity information, to dialysis facilities.