



CHRONIC KIDNEY DISEASE IMPROVEMENT IN RESEARCH AND TREATMENT ACT OF 2015

Section by Section

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 (GAO) to develop a comprehensive report, due one year after enactment, that assesses the adequacy of federal investments in chronic kidney disease research relative to federal expenditures for chronic kidney disease care.

102. Coordinating Research on Chronic Kidney Disease. Requires the Secretary of the Department of Health and Human Services to improve coordination of chronic kidney disease research by establishing an interagency coordinating committee.

103. Understanding the Progression of Kidney Disease and Treatment of Kidney Failure in Minority Populations. Requires the Secretary of Health and Human Services, no later than one year after enactment, to submit a report to the Congress on: (1) the social, behavioral, and biological factors leading to kidney disease; (2) efforts to slow the progression of kidney disease in minority populations that are disproportionately affected by such disease; and (3) treatment patterns associated with providing care to minority populations that are disproportionately affected by kidney failure.

104. Identifying Barriers or Payment Disincentives for Transplant and Post-Transplant Care. Requires the Secretary of Health and Human Services, not later than two years after enactment, to submit a report to the Congress on any disincentives in the Medicare payment systems that create barriers to kidney transplants and post-transplant care for beneficiaries with end-stage renal disease.

Title II: Promoting Access to Chronic Kidney Disease Treatments

201. Expanding Access to Pre-Dialysis Kidney Disease Education Services. Expands the Medicare Kidney Disease Education program to: (1) allow dialysis facilities to provide kidney disease education services under certain circumstances; (2) permit physician assistants, nurse practitioners, and clinical nurse specialists, in addition to physicians, to serve as referral sources

for the benefit; and (3) to provide 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. Clarifies that nephrologists and non-physician practitioners providing renal dialysis services in underserved rural and/or urban areas may participate in the National Health Service Corp loan forgiveness program.

203. Promoting Access to Home Dialysis Treatments. Expands access to telemedicine services for home dialysis patients by allowing dialysis facilities to be approved sites of service for telemedicine.

204. Expand access for Patients with Acute Kidney Failure. Allows dialysis facilities be reimbursed for providing services to beneficiaries with acute kidney failure 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. Requires the Secretary to eliminated the co-morbidity case-mix adjustors and outlier adjustment and return the dollars to the ESRD PPS. Requires the Secretary to recalculate standardization factor used to adjust the base rate to ensure budge neutrality. Instructs the Secretary to adjust the cost reports for dialysis facilities to include the Network fee as an allowable cost and to rely upon nephrologist rates as the basis for setting the allowable costs for medical director fees, eliminating the current limitation on the amount that can be claimed as an allowable medical director fee.

302. Providing Individuals with Kidney Failure to Access Managed Care and Coordinated Care Programs. Allows individuals diagnosed with ESRD to enroll in the Medicare Advantage program. Reauthorizes on a permanent basis the Special Needs plan for ESRD. Requires the Secretary to establish 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 but not limited to a discharge summary and patient comorbidity information, to dialysis facilities.