

107TH CONGRESS  
1ST SESSION

# S. 1303

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

---

IN THE SENATE OF THE UNITED STATES

AUGUST 2, 2001

Mr. KERRY 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 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 2001”.

6 **SEC. 2. COVERAGE OF MORE FREQUENT HEMODIALYSIS**  
7 **TREATMENTS.**

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

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

5           (2) by adding at the end the following new  
6           paragraph:

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

16          “(ii) For the first year beginning more than 12  
17          months after the date described in clause (i), and for each  
18          subsequent year, the Secretary shall provide for an appro-  
19          priate update to the per treatment prospective payment  
20          rates developed under clause (i).

21          “(B) In developing per treatment prospective pay-  
22          ment rates under subparagraph (A), the Secretary shall  
23          consider—

24                  “(i) actual reasonable costs of operating more  
25                  frequent hemodialysis programs; and

1           “(ii) data from the Centers for Medicare &  
2 Medicaid Services on actual expenditures under this  
3 title for more frequent hemodialysis patients, com-  
4 pared to—

5           “(I) data on expenditures for the same pa-  
6 tients before those patients underwent more fre-  
7 quent hemodialysis, and

8           “(II) data on expenditures for patients un-  
9 dergoing hemodialysis treatment 3 times per  
10 week with similar clinical and demographic  
11 characteristics.

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

18       “(D) The Secretary shall collect data with respect  
19 to—

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

1           “(ii) the improved quality of care and improved  
2 outcomes more frequent hemodialysis may bring to  
3 patients.

4           “(E) In this paragraph:

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

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

14           (b) CONFORMING AMENDMENTS.—(1) Section  
15 1881(b)(8) of the Social Security Act (42 U.S.C.  
16 1395rr(b)(8)) is amended by inserting “and more frequent  
17 hemodialysis supplies and equipment” after “home dialy-  
18 sis supplies and equipment”.

19           (2) Section 1881(b)(9) of such Act (42 U.S.C.  
20 1395rr(b)(9)) is amended by inserting “and more frequent  
21 hemodialysis support services” after “self-care home dialy-  
22 sis support services”.

23           (c) EFFECTIVE DATE.—The amendments made by  
24 this section shall take effect on the date of the enactment  
25 of this Act and shall apply with respect to items and serv-

- 1 ices furnished on or after the date that is 1 year after
- 2 such date of enactment.

○