

H.R. 6011

Kidney Disease Equitable Access, Prevention, and Research Act of 2012

Title I: PROVIDING EQUITABLE ACCESS TO CARE FOR INDIVIDUALS WITH KIDNEY DISEASE

Sec. 101 – Revises the survey and certification requirements for dialysis facilities to accept the results of a state licensure survey for purposes of determining federal certification of a dialysis facility's compliance with the conditions of Medicare participation and eliminates the prohibition on user fees for initial Medicare surveys for new dialysis facilities and requires that these fees be used exclusively for this purpose.

Sec. 102 – Amends the Social Security Act by extending the Medicare Secondary Payer requirement by an additional twelve months. Provides for application of MSP in health insurance exchanges to individual insurance plans and allows enrollees with End Stage Renal Disease to maintain access to premium and cost-sharing subsidies available to assist in purchasing health insurance coverage in the health insurance exchanges after the diagnosis of kidney failure.

Sec. 103 – Protects patients in the private insurance market and health care exchanges with kidney disease from unfair practices by private insurers. The bill: (1) requires insurers to provide adequate out-of-network access; (2) prohibits unreasonable restrictions as a result of any change by the plan or issuer in the dialysis services network; (3) requires insurers to hold patients harmless for provider network changes that require unreasonable drive time or disrupt the physician-patient relationship; (4) requires equality in terms of out-of-pocket payments; (5) prohibits the restriction of the number or duration of dialysis sessions; (6) requires assignment of benefits; (7) treats out-of-pocket payments for Medicare Part C out-of-pocket maximums as routine for the purposes of calculating beneficiary copayments; (8) prohibits the denial or limitations of coverage if premiums, copayments, or other payments are made by third parties on behalf of patients; and (9) establishes minimum network adequacy standards.

Title II: SUPPORTING RESEARCH TO IMPROVE ACCESS TO HIGH QUALITY KIDNEY CARE

Sec. 201 – Directs the Secretary of HHS to evaluate and report on the biological, social, and behavioral factors that affect care and the barriers to improving health and reducing disparities among minorities.

Sec. 202 – Provides for an HHS study on the research to evaluate and report on gaps in quality and care management metrics and to make recommendations to establish kidney disease research priorities no later than two years after enactment.

Sec. 203 – Directs the Comptroller General to evaluate and report to Congress on the transportation barriers facing dialysis patients that result in less than 100 percent compliance with a Medicare plan of care.

Title III: IMPROVING ACCESS TO PREVENTIVE CARE WITH KIDNEY DISEASE

Sec. 301 – Amends title XVIII (Medicare) of the Social Security Act (SSA) to extend coverage for kidney disease education services furnished by a qualified person upon a managing physician's referral to Medicare beneficiaries with Stage V chronic kidney disease and who will require dialysis or a kidney transplant. Expands the definition of the term "qualified person" that can provide these services to include as a renal dialysis facility subject to the requirements of section 1881(b)(1) with personnel who provide the educational services and are a physician, a physician assistant, nurse practitioner, or clinical nurse specialist.