



The Chronic Kidney Disease Improvement in Research & Treatment Act

The Chronic Kidney Disease Improvement in Research and Treatment Act (H.R. 1130) is designed to protect the delivery of high-quality care for patients with kidney disease. Representatives Tom Marino (R-PA) and John Lewis (D-GA) introduced the bill supporting improvements in the research, treatment and care of chronic kidney disease to benefit more than 636,000 Americans living with kidney failure. The legislation would:

Improve Care Coordination

Many individuals with kidney failure are also living with several comorbidities, such as diabetes and hypertension, which impacts their care and health outcomes. Traditional Medicare creates silos among the health care providers that make it difficult to coordinate treatments for these various conditions. Yet, as the Congress has already recognized, improving care coordination leads to better patient outcomes. The legislation seeks to incentivize improving the coordination of care in three ways:

1. **Providing Access to Medicare Advantage Plans.** Under current law, individuals who develop kidney failure are not permitted to enroll in Medicare Advantage (MA) plans. However, the Medicare Payment Advisory Commission (MedPAC) has recommended that Congress eliminate the restriction against ESRD beneficiaries enrolling in MA plans to provide ESRD beneficiaries with the same freedom of choice and access to improved coordinated services as other Medicare-enrolled individuals.
2. **Making the Medicare Advantage Special Needs Plans (SNPs) Permanent.** SNPs have shown how better coordination of care can improve patient outcomes. However, the annual need for reauthorization fails to provide the certainty needed to invest in maintaining ESRD SNPs. Permanently reauthorizing ESRD SNPs would ensure stability and protect patient access to these plans.
3. **Establishing a Voluntary Coordinated Care Program.** The most direct way to improve care is to incentivize nephrologists, renal dialysis facilities, and providers of services to develop innovative coordinated care organizations that provide the full range of clinical and support services to patients receiving dialysis treatments. It is important that the structure of this program focuses on the savings achievable from non-dialysis-related services and includes market-based benchmarks to establish appropriate and meaningful incentives.

Promote Patient Access and Choice

Like other Medicare beneficiaries, patients living with kidney failure should have access to preventive services and treatment options, as well as be allowed to maintain their existing insurance even after diagnosed with kidney failure. The legislation seeks to promote expanded patient access to kidney disease education programs and home dialysis treatment options through telemedicine, as well as create incentives for nephrologists and other dialysis health care professionals to work in underserved rural or urban areas. It also would establish renal dialysis facilities as a cost-effective alternative to hospital

outpatient departments for individuals diagnosed with acute kidney injury. Finally, it would further patient access and choice by allowing individuals who have commercial insurance through an employer to retain that insurance for an additional 12 months, giving them the ability to decide whether to keep their existing insurance for up to 42 months.

Expand Research and Enhance Coordination

KCP supports improving the understanding of chronic kidney disease (CKD) through expanded research and coordination. The legislation seeks to expand and enhance the current research efforts related to Chronic Kidney Disease. First, it would require the GAO to assess the adequacy of federal funding for CKD research relative to the expenditures for CKD care and identifying gaps in research. Second, it would require improved coordination among the various federal agencies conducting CKD research by requiring the development of a strategic plan. Third, it would require the Secretary to conduct a study to better understand the progression of kidney disease and treatment of kidney failure in minority populations.

Create Economic Stability

The average Medicare margins for dialysis facilities remains negative, despite the successful rollout of the ESRD Prospective Payment System (PPS) in 2011. There are a series of technical fixes that if made would help to better align the payment rates with the cost of providing care. The legislation would require the Secretary to make these corrections to the PPS.