The Chronic Kidney Disease Improvement in Research & Treatment Act of 2017

(S. 1890)

The Chronic Kidney Disease Improvement in Research and Treatment Act (S. 1890) is designed to protect the delivery of high-quality care for patients with kidney disease. Senators Benjamin Cardin (D-MD), Roy Blunt (R-MO), and Bill Nelson (D-FL) introduced the bill in the Senate, and a House companion bill was introduced in the House (H.R. 2644) by Representatives Tom Marino (R-PA) and John Lewis (D-GA). Both bills support improvements in the research and treatment of chronic kidney disease to benefit more than 645,600 Americans living with kidney failure. The legislation would do the following:

Improving Quality of Care Through Research and Innovation

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 CKD by requiring several of evaluations to improve care and quality of life for those with ESRD. Specifically, the legislation:

- Requires the Secretary of Health and Human Services to conduct a study on any disincentives in the Medicare payment systems that create barriers to kidney transplants and post-transplant care and examine best practices to increase deceased and living organ donation rates.
- Requires the National Academy of Sciences to evaluate the ESRD payment system to identify barriers to adopting innovative technologies and make recommendations to eliminate the barriers.
- Requires the Government Accountability Office to issue a report on the use and impacts of palliative care on those with ESRD.
- Requires the Secretary to conduct a study to better understand the progression of kidney disease and treatment of kidney failure in minority populations.

Patient Empowerment, Access and Choice

Like other Medicare beneficiaries, patients living with kidney failure should have access to preventive services and treatment options, and should be allowed to maintain their existing insurance even after diagnosed with kidney failure. The legislation seeks to improve care, access, and the ability of ESRD beneficiaries to make decisions about their care by:

- **Providing Increased Access to Medicare Advantage Plans**
    - The bill would permanently reauthorize Medicare Advantage (MA) Chronic Special Needs Plans (C-SNPs). C-SNPs have shown how better care coordination can improve patient outcomes. However, short-term extensions for C-SNPs fail to provide the certainty needed to invest in maintaining ESRD SNPs. Permanently reauthorizing ESRD C-SNPs would ensure stability and protect patient access to these plans.

  - The bill would move up by one year the effective date of the provision adopted in 21st Century Cures that allow ESRD beneficiaries access to MA plans from plan year 2021 to 2020.

- **Guaranteeing Access to Medigap Policies:** The bill would guarantee ESRD beneficiary access to Medigap plans. Medigap coverage is guaranteed only for Medicare beneficiaries age 65 and over and is not available in every state to those 64 and younger, leaving some ESRD Medicare beneficiaries under 65 facing the serious financial strain of having to afford Medicare Part B's 20 percent cost sharing.

- **Promoting Access to Home Dialysis:** The legislation seeks to promote expanded patient access to home dialysis treatment options through telemedicine.

Additionally, the House bill 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 these individuals the ability to decide whether to keep their insurance for up to 42 months. The Senate bill does not have this provision.

Improving Care and Quality Outcomes

The bill aims to maintain the economic stability of the dialysis infrastructure. MedPAC projects a -1.0 percent overall Medicare margin for dialysis facilities in 2017. The average Medicare margin 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 payment rates with the cost of providing care. The legislation would require the Secretary to make these corrections to the PPS.

The bill includes provisions to consolidate and modernize quality programs. The current multiple ESRD quality programs have a great deal of redundancies and inconsistencies. The bill would provide for a more transparent process for measure adoption that ensures the Secretary is focusing on the most important aspects of dialysis care.

The bill will also increase access to the Medicare Kidney Disease Education benefit, allowing dialysis facilities to use national accrediting bodies to certify it meets participation guidelines, and allow nephrology health professionals to participate in the National Health Services Corp loan forgiveness program.