

## S 2163

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

**Congress:** 112 (2011–2013, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Mar 6, 2012

**Current Status:** Read twice and referred to the Committee on Finance.

**Latest Action:** Read twice and referred to the Committee on Finance. (Mar 6, 2012)

**Official Text:** <https://www.congress.gov/bill/112th-congress/senate-bill/2163>

### Sponsor

**Name:** Sen. Conrad, Kent [D-ND]

**Party:** Democratic • **State:** ND • **Chamber:** Senate

### Cosponsors

*No cosponsors are listed for this bill.*

### Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 6, 2012

### Subjects & Policy Tags

**Policy Area:**

Health

### Related Bills

Bill	Relationship	Last Action
112 HR 6011	Related bill	<b>Jul 2, 2012:</b> Referred to the Subcommittee on Health.

Kidney Disease Equitable Access, Prevention, and Research Act of 2012 - Amends title XVIII (Medicare) of the Social Security Act to direct the Secretary of Health and Human Services (HHS), in specified circumstances, to accept the results of a state licensure survey for purposes of determining federal certification of the compliance of a renal dialysis facility (RDF) with the conditions of Medicare participation.

Allows the Secretary to assess and collect reasonable fees for the initial Medicare survey from an RDF.

Revises Medicare requirements for group health plans to extend from 12 to 42 months after an individual becomes eligible for Medicare part A (Hospital Insurance Benefits for the Aged and Disabled) benefits the period during which a group health plan is a primary payer (and Medicare the secondary payer) for ESRD patients.

Requires such a plan to: (1) provide adequate, advanced, written notice to patients regarding changes to dialysis service benefits, new restrictions on out-of-network access, or reductions in rates paid for out-of-network benefits; (2) allow patients to continue using their existing provider or facility for dialysis services for at least 24 months after a plan or issuer notice of any change; (3) hold patients harmless from a provider network change if the change requires unreasonable drive time or disrupts the physician-patient relationship; (4) ensure that out-of-pocket payments for such services apply to the Medicare part C (Medicare+Choice Program) out-of-pocket maximums and are treated as non-routine for copayment purposes; and (5) meet minimum network adequacy standards.

Prohibits such a plan from: (1) restricting the duration or number of dialysis sessions for patients to less than the number for which payment may be made; (2) requiring assignment of benefits for such services; or (3) denying or limiting coverage for patients for such services if premiums, copayments, or other payments are made by third parties on their behalf.

Directs the Secretary to study: (1) the social, behavioral, and biological factors leading to kidney disease; and (2) efforts to slow the progression of kidney disease in minority populations that are disproportionately affected by it.

Directs the Secretary to report to Congress on the research gaps with respect to the development of quality metrics and care management metrics for ESRD patients.

Directs the Comptroller General to evaluate the transportation barriers facing dialysis patients that result in less than 100% compliance with their plan of care under the Medicare program.

Includes as a person qualified to furnish kidney disease education services an RDF with a physician or a physician assistant, nurse practitioner, or clinical nurse specialist.

Declares that the mandatory single payment to an RDF or other provider of renal dialysis services shall not take into account the amount of payment for kidney disease education services.

Revises the definition of “kidney disease education services” to specify education services furnished to individuals: (1) with stage V (as well as those with stage IV) chronic kidney disease, and (2) who are not receiving dialysis services.

---

## **Actions Timeline**

- **Mar 6, 2012:** Introduced in Senate
- **Mar 6, 2012:** Sponsor introductory remarks on measure. (CR S1425)
- **Mar 6, 2012:** Read twice and referred to the Committee on Finance.