

S 3090

Dialysis PATIENT Demonstration Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 23, 2016

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

Latest Action: Read twice and referred to the Committee on Finance. (Jun 23, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/3090>

Sponsor

Name: Sen. Heller, Dean [R-NV]

Party: Republican • State: NV • Chamber: Senate

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Nelson, Bill [D-FL]	D · FL		Jun 23, 2016
Sen. Bennet, Michael F. [D-CO]	D · CO		Sep 14, 2016
Sen. Heinrich, Martin [D-NM]	D · NM		Nov 16, 2016

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 23, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 5942	Related bill	Sep 8, 2016: Ordered to be Reported (Amended) by Voice Vote.
114 HR 5506	Identical bill	Jun 16, 2016: Referred to the Subcommittee on Health.

Dialysis PATIENT Demonstration Act of 2016 or the Patient Access to Integrated-care, Empowerment, Nephrologists and Treatment Demonstration Act of 2016

This bill amends title XVIII (Medicare) of the Social Security Act to establish a demonstration program for the provision of integrated care to Medicare beneficiaries with end-stage renal disease (ESRD).

Under the voluntary program, eligible participating providers may form organizations to offer ESRD integrated care models and serve as medical homes for program-eligible beneficiaries. Such a model: (1) shall cover medical and hospital services, other than hospice care, under Medicare; (2) must include benefits for transition into palliative care; and (3) may cover prescription drug benefits. An organization must offer at least one open network model but may also offer one or more preferred network models.

An organization shall return savings achieved under the models to program-eligible beneficiaries.

A beneficiary shall have the opportunity to: (1) opt out of the program, (2) make an assignment change into an open network model offered by a different organization, or (3) elect a preferred network model.

The bill establishes requirements regarding: (1) benefits for program-eligible beneficiaries who are also eligible for Medicaid benefits, (2) program quality and reporting, (2) ESRD integrated care strategy, (3) program operation and scope, (4) beneficiary notification, and (5) payment.

Actions Timeline

- **Jun 23, 2016:** Introduced in Senate
- **Jun 23, 2016:** Read twice and referred to the Committee on Finance.