

S 598

Chronic Kidney Disease Improvement in Research and Treatment Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Feb 26, 2015

Current Status: Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR S1

Latest Action: Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR S1166; text of measure as introduced: CR S1166-1168) (Feb 26, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/598>

Sponsor

Name: Sen. Cardin, Benjamin L. [D-MD]

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

Cosponsors (10 total)

| Cosponsor | Party / State | Role | Date Joined |
|------------------------------------|---------------|------|--------------|
| Sen. Crapo, Mike [R-ID] | R · ID | | Feb 26, 2015 |
| Sen. Nelson, Bill [D-FL] | D · FL | | Feb 26, 2015 |
| Sen. Mikulski, Barbara A. [D-MD] | D · MD | | Jun 17, 2015 |
| Sen. Vitter, David [R-LA] | R · LA | | Jul 8, 2015 |
| Sen. Stabenow, Debbie [D-MI] | D · MI | | Jul 27, 2015 |
| Sen. Schumer, Charles E. [D-NY] | D · NY | | Jul 28, 2015 |
| Sen. Casey, Robert P., Jr. [D-PA] | D · PA | | Aug 5, 2015 |
| Sen. Peters, Gary C. [D-MI] | D · MI | | Sep 21, 2015 |
| Sen. Gillibrand, Kirsten E. [D-NY] | D · NY | | Sep 25, 2015 |
| Sen. Bennet, Michael F. [D-CO] | D · CO | | Feb 23, 2016 |

Committee Activity

| Committee | Chamber | Activity | Date |
|-------------------|---------|-------------|--------------|
| Finance Committee | Senate | Referred To | Feb 26, 2015 |

Subjects & Policy Tags

Policy Area:

Health

Related Bills

| Bill | Relationship | Last Action |
|-------------|--------------|--|
| 114 HR 1130 | Related bill | Mar 27, 2015: Referred to the Subcommittee on Health. |

Chronic Kidney Disease Improvement in Research and Treatment Act of 2015

Amends title XVIII (Medicare) of the Social Security Act to revise Medicare payments for dialysis services provided to individuals with end stage renal disease (ESRD) and acute kidney injury. Makes individuals with ESRD eligible for Medicare Advantage.

Allows dialysis facilities to provide kidney disease education services and allows physician assistants, nurse practitioners, or clinical nurse specialists to refer individuals to those services.

Requires the Department of Health and Human Services (HHS) to establish an ESRD Care Coordination program to provide higher Medicare payments to nephrologists, dialysis facilities, and other providers that reduce spending on ESRD by being part of a coordinated care organization.

Amends the Public Health Service Act to include dialysis as a service provided by the National Health Service Corps in health professional shortage areas. Makes nephrologists and non-physician practitioners who provide dialysis eligible for the National Health Service Corps Scholarship Program and Loan Repayment Program.

Requires the Government Accountability Office to submit a report identifying gaps in chronic kidney disease research and comparing research funding to expenditures on disease treatment. Requires HHS to report on: (1) the causes of kidney disease and efforts to treat kidney disease in disproportionately affected minority populations, and (2) disincentives in Medicare payment systems that create barriers to kidney transplants and post-transplant care for beneficiaries with ESRD.

Actions Timeline

- **Feb 26, 2015:** Introduced in Senate
- **Feb 26, 2015:** Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR S1166; text of measure as introduced: CR S1166-1168)