

S 2065

Dialysis PATIENTS Demonstration Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Nov 2, 2017

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

Latest Action: Read twice and referred to the Committee on Finance. (Nov 2, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/senate-bill/2065>

Sponsor

Name: Sen. Young, Todd [R-IN]

Party: Republican • **State:** IN • **Chamber:** Senate

Cosponsors (9 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Bennet, Michael F. [D-CO]	D · CO		Nov 2, 2017
Sen. Heller, Dean [R-NV]	R · NV		Nov 2, 2017
Sen. Nelson, Bill [D-FL]	D · FL		Nov 2, 2017
Sen. Cassidy, Bill [R-LA]	R · LA		Nov 7, 2017
Sen. Gardner, Cory [R-CO]	R · CO		Nov 7, 2017
Sen. Shaheen, Jeanne [D-NH]	D · NH		Nov 7, 2017
Sen. Heinrich, Martin [D-NM]	D · NM		Dec 21, 2017
Sen. Wicker, Roger F. [R-MS]	R · MS		Jan 25, 2018
Sen. Hyde-Smith, Cindy [R-MS]	R · MS		Aug 1, 2018

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Nov 2, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 HR 4143	Related bill	Oct 27, 2017: Referred to the Subcommittee on Health.

Dialysis Patient Access to Integrated-care, Empowerment, Nephrologists, Treatment, and Services Demonstration Act of 2017 or the Dialysis PATIENTS Demonstration Act of 2017

This bill establishes 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 transplantation, palliative care, or hospice; 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.

The Medicare Payment Advisory Commission must, before 2025, submit to Congress an interim report on the program.

Actions Timeline

- **Nov 2, 2017:** Introduced in Senate
- **Nov 2, 2017:** Read twice and referred to the Committee on Finance.