



H.R. 5027: The Chronic Kidney Disease Improvement in Research and Treatment Act

Section-by-Section

Title I: Prevent Kidney Disease and Expanding Awareness and Education

Section 101: Expanding Medicare Annual Wellness Benefit to Include Kidney Disease Screening

Often patients do not realize they have kidney diseases until their kidneys fail and they crash onto dialysis. This section would add Chronic Kidney Disease (CKD) screening to the annual wellness benefit to allow Medicare beneficiaries at risk for kidney disease and kidney failure to learn if they in fact have the disease and seek treatment to slow the progression toward kidney failure or better prepare for transplant or dialysis.

Section 102: Increasing Access to Medicare Kidney Disease Education Benefit

Currently, the ESRD Kidney Disease Education (KDE) benefit is woefully underutilized. This section would expand the benefit to: (1) allow dialysis facilities to provide kidney disease education services; (2) permit physician assistants, nurse practitioners, and clinical nurse specialists, in addition to physicians, to serve as referral sources for the benefit; and (3) to provide access to these services to Medicare beneficiaries with Stage 5 CKD not yet on dialysis.

Title II – Incentivizing Kidney Care Innovation

Section 201: Support Kidney Care Innovative Therapies

The ESRD program also has no sustainable pathway to incentivize improvements in kidney care for patients. This section would require the Secretary to adjust the ESRD PPS bundled rate when the current rate would not cover the cost of adding a new drug, biologic, device, or other technology into the bundle after the transitional payment period ends. It requires the Secretary of HHS to implement this no later than January 1, 2024.

Section 202: Ensuring Medicare Advantage Supports Kidney Care Innovative Therapies

Currently, the Transitional Drug Add-On Payment Adjustment (TDAPA) and Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPANIES) do not apply to drugs and devices taken by patients who have ESRD and are enrolled in Medicare Advantage (MA). This provision would require the Secretary of HHS to provide direct payment adjustments to providers or facilities if it is found that the cost of covering drugs and devices covered under TDAPA and TPANIES increases the cost to MA plans above the contracted benefit.

Section 203: Improving Patient Lives and Quality of Care Through Research and Innovation

This section would require the Secretary of HHS, not later than 18 months after enactment, to submit a report to Congress on increasing kidney transplantation rates. The study would look at any disincentives in the Medicare payment systems; practices used by states with higher than average donation rates; increasing deceased donation rates among minority populations; and barriers to increasing living donor rates.

Title III: Addressing the Kidney Care Workforce Crisis

Section 301: Ensuring Accuracy and Stability in Kidney Care Payment

Healthcare providers across the nation have long experienced an incredibly tight labor market due to the persistent workforce shortage, which was exacerbated by the COVID-19 pandemic. This has led to significantly higher costs to kidney care providers for wages, benefits, and training to attract skilled caregivers.

Currently, CMS must forecast annual payment updates and uses the latest available historical data to do so. However, the actual payment update for a given period can be higher or lower than the forecast and during times of economic uncertainty, the methodology can produce large forecast errors in either direction. This provision would require the Secretary of HHS to calculate the forecast error for a previous year and make an adjustment—up or down—to the annual payment update for kidney care providers.

Section 302: Encouraging Kidney Care Workforce in Under Served Areas

This section clarifies that nephrologists and non-physician practitioners providing renal dialysis services in underserved rural and/or urban areas may participate in the National Health Service Corp loan forgiveness program.

Title IV: Expanding Patient Choice of Coverage

Section 401: Providing Medigap Access to ESRD Beneficiaries

The Social Security Act guarantees that Medicare beneficiaries over age 65 have access to Medigap plans – recognizing the role these plans have in helping patients plan and defray the cost of Medicare services. This section would guarantee access to Medigap policies to all ESRD Medicare beneficiaries, regardless of age.