

109TH CONGRESS  
1ST SESSION

# H. R. 3096

To amend title XVIII of the Social Security Act to provide for payment under the Medicare Program for more frequent hemodialysis treatments.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2005

Mr. McDERMOTT (for himself, Ms. HART, Mr. RANGEL, Mr. KIRK, Mr. DICKS, Mr. SMITH of Washington, Mr. McNULTY, Mr. HASTINGS of Washington, Mr. SCHIFF, Mr. KILDEE, Mr. GOODLATTE, Mr. LEWIS of Georgia, Mr. INSLEE, Ms. JACKSON-LEE of Texas, Ms. BORDALLO, Mr. WEXLER, Mr. SANDERS, Mr. OWENS, and Mr. BRADY of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to provide for payment under the Medicare Program for more frequent hemodialysis treatments.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Kidney Patient More  
5 Frequent Dialysis Quality Act of 2005”.

1 **SEC. 1. COVERAGE OF MORE FREQUENT HEMODIALYSIS**  
2 **TREATMENTS.**

3 (a) IN GENERAL.—Section 1881(b) of the Social Se-  
4 curity Act (42 U.S.C. 1395rr(b)) is amended—

5 (1) in paragraph (12)(B)—

6 (A) by striking “and” at the end of clause  
7 (i);

8 (B) by striking the period at the end of  
9 clause (ii) and inserting “; and”; and

10 (C) by adding at the end the following new  
11 clause:

12 “(iii) more frequent hemodialysis furnished to  
13 qualified individuals under paragraph (14).”; and

14 (2) by adding at the end the following new  
15 paragraph:

16 “(14)(A). Not later than the date that is 1 year after  
17 the date of enactment of this paragraph, the Secretary  
18 shall cause to have published in the Federal Register final  
19 regulations for equivalent per treatment prospective pay-  
20 ment rates for more frequent hemodialysis furnished at  
21 home and furnished in a facility (commonly known as com-  
22 posite ‘Method I’ rates and ‘Method II Cap’ payment  
23 rates), and prospective payment rates for in-facility train-  
24 ing for more frequent hemodialysis.

1 “(B) In developing per treatment prospective pay-  
2 ment rates under subparagraph (A), the Secretary shall  
3 consider—

4 “(i) actual reasonable costs of operating more  
5 frequent hemodialysis programs; and

6 “(ii) data from the Centers for Medicare &  
7 Medicaid Services on actual expenditures under this  
8 title for more frequent hemodialysis patients, com-  
9 pared to—

10 “(I) data on expenditures for the same pa-  
11 tients before those patients underwent more fre-  
12 quent hemodialysis, and

13 “(II) data on expenditures for patients un-  
14 dergoing hemodialysis treatment 3 times per  
15 week with similar clinical and demographic  
16 characteristics.

17 “(C) Not later than 1 year after the date of enact-  
18 ment of this paragraph, the Secretary shall develop, in  
19 consultation with the renal community, a standard of care  
20 and quality standards for more frequent hemodialysis. The  
21 Secretary shall periodically review and update as necessary  
22 such standards.

23 “(D) The Secretary shall collect data with respect  
24 to—

1           “(i) documented savings in expenditures under  
2 this title by reason of more frequent hemodialysis  
3 that are attributable to reduced medications, hos-  
4 pitalizations, outpatient services, and such other fac-  
5 tors as the Secretary determines appropriate; and

6           “(ii) the improved quality of care and improved  
7 outcomes more frequent hemodialysis may bring to  
8 patients.

9           “(E) In this paragraph:

10           “(i) The term ‘more frequent hemodialysis’  
11 means hemodialysis treatment sessions, or equivalent  
12 therapy requiring blood access, performed 4 or 5  
13 times per week.

14           “(ii) The term ‘qualified individual’ means an  
15 individual who, in the clinical judgment of the physi-  
16 cian of the individual, is likely to achieve better clin-  
17 ical outcomes, quality of life outcomes, or both from  
18 more frequent hemodialysis.”.

19           (b) CONFORMING AMENDMENTS.—(1) Section  
20 1881(b)(8) of the Social Security Act (42 U.S.C.  
21 1395rr(b)(8)) is amended by inserting “and more frequent  
22 hemodialysis supplies and equipment” after “home dialy-  
23 sis supplies and equipment”.

24           (2) Section 1881(b)(9) of such Act (42 U.S.C.  
25 1395rr(b)(9)) is amended by inserting “and more frequent

1 hemodialysis support services” after “self-care home dialy-  
2 sis support services”.

3 (c) EFFECTIVE DATE.—The amendments made by  
4 this section shall take effect on the date of the enactment  
5 of this Act and shall apply with respect to items and serv-  
6 ices furnished on or after the date that is 1 year after  
7 such date of enactment.

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