

115TH CONGRESS  
1ST SESSION

# H. R. 2644

To improve the understanding of, and promote access to treatment for,  
chronic kidney disease, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

MAY 24, 2017

Mr. MARINO (for himself, Mr. LEWIS of Georgia, and Mr. ROSKAM) 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

---

## A BILL

To improve the understanding of, and promote access to  
treatment for, chronic kidney disease, and for other purposes.

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 “Chronic Kidney Dis-  
5       ease Improvement in Research and Treatment Act of  
6       2017”.

7       **SEC. 2. TABLE OF CONTENTS.**

8       The table of contents of this Act is as follows:

- Sec. 1. Short title.  
 Sec. 2. Table of contents.

TITLE I—IMPROVING PATIENT LIVES AND QUALITY OF CARE  
 THROUGH RESEARCH AND INNOVATION

- Sec. 101. Improving patient lives and quality of care through research and innovation.  
 Sec. 102. Enhancing care through new technologies.  
 Sec. 103. Understanding current utilization of palliative care services.  
 Sec. 104. Understanding the progression of kidney disease and treatment of kidney failure in minority populations.

TITLE II—EMPOWER PATIENT DECISION MAKING AND CHOICE

- Sec. 201. Providing individuals with kidney failure access to managed care.  
 Sec. 202. Medigap coverage for beneficiaries with end-stage renal disease.  
 Sec. 203. Promoting access to home dialysis treatments.  
 Sec. 204. Allowing individuals with kidney failure to retain access to private insurance.

TITLE III—IMPROVING PATIENT CARE AND ENSURING QUALITY  
 OUTCOMES

- Sec. 301. Maintain an economically stable dialysis infrastructure.  
 Sec. 302. Improve patient decision making and transparency by consolidating and modernizing quality programs.  
 Sec. 303. Increasing access to Medicare kidney disease education benefit.  
 Sec. 304. Certification of new facilities.  
 Sec. 305. Improving access in underserved areas.

1 **TITLE I—IMPROVING PATIENT**  
 2 **LIVES AND QUALITY OF CARE**  
 3 **THROUGH RESEARCH AND IN-**  
 4 **NOVATION**

5 **SEC. 101. IMPROVING PATIENT LIVES AND QUALITY OF**  
 6 **CARE THROUGH RESEARCH AND INNOVA-**  
 7 **TION.**

8 (a) STUDY.—The Secretary of Health and Human  
 9 Services (in this section referred to as the “Secretary”)  
 10 shall conduct a study on increasing kidney transplantation  
 11 rates. Such study shall include an analysis of each of the  
 12 following:



1 shall seek to enter into an agreement with the National  
2 Academy of Sciences within six months of the date of the  
3 enactment of this Act under which the National Academy  
4 of Sciences will conduct a study on the design of payments  
5 for renal dialysis services under the Medicare program  
6 under title XVIII of the Social Security Act, including an  
7 analysis of whether adjustments to such payments are  
8 needed to allow for the incorporation of new technologies  
9 and therapies.

10 (b) CONTENTS.—In conducting the study under sub-  
11 section (a), the National Academy of Sciences shall evalu-  
12 ate the current payment system for renal dialysis services  
13 under the Medicare program, identify barriers to adopting  
14 innovative items, services, and therapies, and make rec-  
15 ommendations as to how to eliminate such barriers.

16 **SEC. 103. UNDERSTANDING CURRENT UTILIZATION OF PAL-**  
17 **LIATIVE CARE SERVICES.**

18 (a) STUDY.—

19 (1) IN GENERAL.—The Comptroller General of  
20 the United States (in this section referred to as the  
21 “Comptroller General”) shall conduct a study on the  
22 utilization of palliative care in treating individuals  
23 with advanced kidney disease, from stage 4 through  
24 stage 5, including individuals with kidney failure on

1 dialysis through any progression of the disease. Such  
2 study shall include an analysis of—

3 (A) how palliative care can be utilized to  
4 improve the quality of life of those with kidney  
5 disease and facilitate care tailored to their indi-  
6 vidual goals and values;

7 (B) the successful use of palliative care in  
8 the care of patients with other chronic diseases  
9 and serious illnesses;

10 (C) the utilization of palliative care at any  
11 point in an illness, including when used at the  
12 same time as curative treatment; and

13 (D) other areas determined appropriate by  
14 the Comptroller General.

15 (2) DEFINITION OF PALLIATIVE CARE.—In this  
16 section, the term “palliative care” means patient  
17 and family centered care that optimizes quality of  
18 life by anticipating, preventing, and treating suf-  
19 fering. Such term includes care that is furnished  
20 throughout the continuum of the illness that ad-  
21 dresses physical, intellectual, emotional, social, and  
22 spiritual needs and that facilitates patient autonomy,  
23 access to information and choice.

24 (b) REPORT.—Not later than 1 year after the date  
25 of the enactment of this Act, the Comptroller General shall

1 submit to the Congress a report on the study conducted  
2 under subsection (a), together with such recommendations  
3 as the Comptroller General determines to be appropriate.

4 **SEC. 104. UNDERSTANDING THE PROGRESSION OF KIDNEY**  
5 **DISEASE AND TREATMENT OF KIDNEY FAIL-**  
6 **URE IN MINORITY POPULATIONS.**

7 (a) STUDY.—The Secretary of Health and Human  
8 Services (in this section referred to as the “Secretary”)  
9 shall conduct a study on—

10 (1) the social, behavioral, and biological factors  
11 leading to kidney disease;

12 (2) efforts to slow the progression of kidney dis-  
13 ease in minority populations that are disproportion-  
14 ately affected by such disease; and

15 (3) treatment patterns associated with pro-  
16 viding care, under the Medicare program under title  
17 XVIII of the Social Security Act, the Medicaid pro-  
18 gram under title XIX of such Act, and through pri-  
19 vate health insurance, to minority populations that  
20 are disproportionately affected by kidney failure.

21 (b) REPORT.—Not later than 1 year after the date  
22 of the enactment of this Act, the Secretary shall submit  
23 to Congress a report on the study conducted under sub-  
24 section (a), together with such recommendations as the  
25 Secretary determines to be appropriate.

1     **TITLE II—EMPOWER PATIENT**  
2     **DECISION MAKING AND CHOICE**

3     **SEC. 201. PROVIDING INDIVIDUALS WITH KIDNEY FAILURE**  
4             **ACCESS TO MANAGED CARE.**

5             (a) PERMANENT EXTENSION OF MEDICARE ADVAN-  
6     TAGE ESRD SPECIAL NEEDS PLANS AUTHORITY.—Sec-  
7     tion 1859(f)(1) of the Social Security Act (42 U.S.C.  
8     1395w–28(f)(1)) is amended by inserting “, in the case  
9     of a specialized MA plan for special needs individuals who  
10    have not been determined to have end stage renal dis-  
11    ease,” before “for periods before January 1, 2019”.

12            (b) ACCELERATED ACCESS TO MEDICARE ADVAN-  
13    TAGE.—Section 17006(a)(3) of the 21st Century Cures  
14    Act (Public Law 114–255) is amended by striking “2021”  
15    and inserting “2020”.

16            (c) ACCELERATED MEDPAC RISK ADJUSTMENT RE-  
17    PORT.—Section 17006(f)(2)(A)(i)(II) of the 21st Century  
18    Cures Act (Public Law 114–255) is amended by striking  
19    “2020” and inserting “2019”.

20     **SEC. 202. MEDIGAP COVERAGE FOR BENEFICIARIES WITH**  
21             **END-STAGE RENAL DISEASE.**

22            (a) GUARANTEED AVAILABILITY OF MEDIGAP POLI-  
23    CIES TO ALL ESRD MEDICARE BENEFICIARIES.—

1           (1) IN GENERAL.—Section 1882(s) of the So-  
2           cial Security Act (42 U.S.C. 1395ss(s)) is amend-  
3           ed—

4                   (A) in paragraph (2)—

5                           (i) in subparagraph (A), by striking  
6                           “is 65” and inserting the following: “is—

7                                   “(i) 65 years of age or older and is  
8                                   enrolled for benefits under part B; or

9                                   “(ii) is entitled to benefits under  
10                                   226A(b) and is enrolled for benefits under  
11                                   part B.”; and

12                                   (ii) in subparagraph (D), in the mat-  
13                                   ter preceding clause (i), by inserting “(or  
14                                   is entitled to benefits under 226A(b))”  
15                                   after “is 65 years of age or older”; and

16                   (B) in paragraph (3)(B)—

17                           (i) in clause (ii), by inserting “(or is  
18                           entitled to benefits under 226A(b))” after  
19                           “is 65 years of age or older”; and

20                           (ii) in clause (vi), by inserting “(or  
21                           under 226A(b))” after “at age 65”.

22           (2) EFFECTIVE DATE.—The amendments made  
23           by paragraph (1) shall apply to Medicare supple-  
24           mental policies effective on or after January 1,  
25           2020.



1 (b) ADDITIONAL ENROLLMENT PERIOD FOR CER-  
2 TAIN INDIVIDUALS.—

3 (1) ONE-TIME ENROLLMENT PERIOD.—

4 (A) IN GENERAL.—In the case of an indi-  
5 vidual described in subparagraph (B), the Sec-  
6 retary of Health and Human Services shall es-  
7 tablish a one-time enrollment period during  
8 which such an individual may enroll in any  
9 Medicare supplemental policy under section  
10 1882 of the Social Security Act (42 U.S.C.  
11 1395ss) of the individual's choosing.

12 (B) ENROLLMENT PERIOD.—The enroll-  
13 ment period established under subparagraph  
14 (A) shall begin on January 1, 2020, and shall  
15 end June 30, 2020.

16 (2) INDIVIDUAL DESCRIBED.—An individual de-  
17 scribed in this paragraph is an individual who—

18 (A) is entitled to hospital insurance bene-  
19 fits under part A of title XVIII of the Social  
20 Security Act under section 226A(b) of such Act  
21 (42 U.S.C. 426–1);

22 (B) is enrolled for benefits under part B of  
23 such title XVIII; and

24 (C) would not, but for the provisions of,  
25 and amendments made by, subsection (a) be eli-

1           gible for the guaranteed issue of a Medicare  
2           supplemental policy under paragraph (2) or (3)  
3           of section 1882(s) of such Act (42 U.S.C.  
4           1395ss(s)).

5 **SEC. 203. PROMOTING ACCESS TO HOME DIALYSIS TREAT-**  
6                                   **MENTS.**

7           (a) IN GENERAL.—Section 1881(b)(3) of the Social  
8 Security Act (42 U.S.C. 1395rr(b)(3)) is amended—

9                   (1) by redesignating subparagraphs (A) and  
10           (B) as clauses (i) and (ii), respectively;

11                   (2) in clause (ii), as redesignated by subpara-  
12           graph (A), strike “on a comprehensive” and insert  
13           “subject to subparagraph (B), on a comprehensive”;

14                   (3) by striking “With respect to” and inserting  
15           “(A) With respect to”; and

16                   (4) by adding at the end the following new sub-  
17           paragraph:

18           “(B) For purposes of subparagraph (A)(ii), an indi-  
19           vidual determined to have end-stage renal disease receiv-  
20           ing home dialysis may choose to receive the monthly end-  
21           stage renal disease-related visits furnished on or after  
22           January 1, 2018, via telehealth if the individual receives  
23           a face-to-face visit, without the use of telehealth, at least  
24           once every three consecutive months.”.

25           (b) ORIGINATING SITE REQUIREMENTS.—

1           (1) IN GENERAL.—Section 1834(m) of the So-  
2           cial Security Act (42 U.S.C. 1395m(m)) is amend-  
3           ed—

4                   (A) in paragraph (4)(C)(ii), by adding at  
5           the end the following new subclauses:

6                           “(IX) A renal dialysis facility,  
7                           but only for purposes of section  
8                           1881(b)(3)(B).

9                           “(X) The home of an individual,  
10                          but only for purposes of section  
11                          1881(b)(3)(B).”;

12                   (B) by adding at the end the following new  
13           paragraph:

14                   “(5) TREATMENT OF HOME DIALYSIS MONTHLY  
15           ESRD-RELATED VISIT.—The geographic require-  
16           ments described in paragraph (4)(C)(i) shall not  
17           apply with respect to telehealth services furnished on  
18           or after January 1, 2018, for purposes of section  
19           1881(b)(3)(B), at an originating site described in  
20           subclause (VI), (IX), or (X) of paragraph  
21           (4)(C)(ii).”.

22                   (2) NO FACILITY FEE IF ORIGINATING SITE  
23           FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-  
24           tion 1834(m)(2)(B) of the Social Security Act (42  
25           U.S.C. 1395m(m)(2)(B)) is amended—

1 (A) by redesignating clauses (i) and (ii) as  
2 subclauses (I) and (II), and indenting appro-  
3 priately;

4 (B) in subclause (II), as redesignated by  
5 subparagraph (A), by striking “clause (i) or  
6 this clause” and inserting “subclause (I) or this  
7 subclause”;

8 (C) by striking “SITE.—With respect to”  
9 and inserting “SITE.—

10 “(i) IN GENERAL.—Subject to clause  
11 (ii), with respect to”; and

12 (D) by adding at the end the following new  
13 clause:

14 “(ii) NO FACILITY FEE IF ORIGI-  
15 NATING SITE FOR HOME DIALYSIS THER-  
16 APY IS THE HOME.—No facility fee shall  
17 be paid under this subparagraph to an  
18 originating site described in paragraph  
19 (4)(C)(ii)(X).”.

20 (e) CONFORMING AMENDMENT.—Section 1881(b)(1)  
21 of the Social Security Act (42 U.S.C. 1395rr(b)(1)) is  
22 amended by striking “paragraph (3)(A)” and inserting  
23 “paragraph (3)(A)(i)”.

24 (d) EXCLUSION FROM REMUNERATION FOR PUR-  
25 POSES OF APPLYING CIVIL MONETARY PENALTIES.—

1           (1) IN GENERAL.—Section 1128A(i)(6) of the  
2       Social Security Act (42 U.S.C. 1320a–7a(i)(6)) is  
3       amended—

4           (A) in subparagraph (H)(iv), by striking “;  
5       or” at the end;

6           (B) in subparagraph (I), by striking the  
7       period at the end and inserting “; or”; and

8           (C) by adding at the end the following new  
9       subparagraph:

10          “(J) the provision of telehealth or remote  
11       patient monitoring technologies to individuals  
12       under title XVIII by a health care provider for  
13       the purpose of furnishing telehealth or remote  
14       patient monitoring services.”.

15          (2) EFFECTIVE DATE.—The amendments made  
16       by this subsection shall apply to services furnished  
17       on or after the date of the enactment of this Act.

18       **SEC. 204. ALLOWING INDIVIDUALS WITH KIDNEY FAILURE**  
19                               **TO RETAIN ACCESS TO PRIVATE INSURANCE.**

20          (a) IN GENERAL.—Section 1862(b)(1)(C) of the So-  
21       cial Security Act (42 U.S.C. 1395y(b)(1)(C)) is amend-  
22       ed—

23           (1) in the last sentence, by inserting “and be-  
24       fore January 1, 2018” after “prior to such date”;  
25       and

1           (2) by adding at the end the following new sen-  
2           tence: “Effective for items and services furnished on  
3           or after January 1, 2018 (with respect to periods  
4           beginning on or after the date that is 42 months  
5           prior to such date), clauses (i) and (ii) shall be ap-  
6           plied by substituting ‘42-month’ for ‘12-month’ each  
7           place it appears.”.

8           (b) **EFFECTIVE DATE.**—The amendments made by  
9           this subsection shall take effect on the date of enactment  
10          of this Act. For purposes of determining an individual’s  
11          status under section 1862(b)(1)(C) of the Social Security  
12          Act (42 U.S.C. 1395y(b)(1)(C)), as amended by sub-  
13          section (a), an individual who is within the coordinating  
14          period as of the date of enactment of this Act shall have  
15          that period extended to the full 42 months described in  
16          the last sentence of such section, as added by the amend-  
17          ment made by subsection (a)(2).

18       **TITLE III—IMPROVING PATIENT**  
19       **CARE AND ENSURING QUAL-**  
20       **ITY OUTCOMES**

21       **SEC. 301. MAINTAIN AN ECONOMICALLY STABLE DIALYSIS**  
22       **INFRASTRUCTURE.**

23           (a) **IN GENERAL.**—Section 1881(b)(14) of the Social  
24          Security Act (42 U.S.C. 1395rr(b)(14)) is amended—

1 (1) in subparagraph (D), in the matter pre-  
2 ceding clause (i), by striking “Such system” and in-  
3 serting “Subject to subparagraph (J), such system”;  
4 and

5 (2) by adding at the end the following new sub-  
6 paragraph:

7 “(J) For payment for renal dialysis serv-  
8 ices furnished on or after January 1, 2018,  
9 under the system under this paragraph—

10 “(i) the payment adjustment de-  
11 scribed in clause (i) of subparagraph (D)—

12 “(I) shall not take into account  
13 comorbidities; and

14 “(II) shall only take into account  
15 age for purposes of distinguishing be-  
16 tween individuals who are under 18  
17 years of age and those who are 18  
18 years of age and older but shall not  
19 include any other adjustment for age;

20 “(ii) the Secretary shall reassess any  
21 adjustments related to patient weight  
22 under such clause;

23 “(iii) the payment adjustment de-  
24 scribed in clause (ii) of such subparagraph  
25 shall not be included;

1           “(iv) the standardization factor de-  
2           scribed in the final rule published in the  
3           Federal Register on November 8, 2012 (77  
4           Fed. Reg. 67470), shall be established  
5           using the most currently available data  
6           (and not historical data) and adjusted on  
7           an annual basis, based on such available  
8           data, to account for any change in utiliza-  
9           tion of drugs and any modification in ad-  
10          justors applied under this paragraph; and

11                   “(v) take into account reasonable  
12                   costs for determining the payment rate  
13                   consistent with paragraph (2)(B).”.

14          (b) INCLUSION OF NETWORK FEE AS AN ALLOW-  
15          ABLE COST.—Section 1881(b)(14) of the Social Security  
16          Act (42 U.S.C. 1395rr(b)(14)), as amended by subsection  
17          (a), is amended by adding at the end the following new  
18          subparagraph:

19                   “(K) Not later than January 1, 2018, the  
20                   Secretary shall amend the ESRD facility cost  
21                   report to include the per treatment network fee  
22                   (as described in paragraph (7)) as an allowable  
23                   cost or offset to revenue.”.



1 **SEC. 302. IMPROVE PATIENT DECISION MAKING AND**  
2 **TRANSPARENCY BY CONSOLIDATING AND**  
3 **MODERNIZING QUALITY PROGRAMS.**

4 (a) MEASURES.—Section 1881(h)(2) of the Social  
5 Security Act (42 U.S.C. 1395rr(h)(2)) is amended by add-  
6 ing at the end the following new subparagraphs:

7 “(F) WEIGHTING LIMITATION.—No single  
8 measure specified by the Secretary or individual  
9 measure within a composite measure so speci-  
10 fied may be weighted less than 10 percent of  
11 the total performance score.

12 “(G) STATISTICALLY VALID AND RELI-  
13 ABLE.—In specifying measures under subpara-  
14 graph (A), the Secretary shall only specify  
15 measures that have been shown to be statis-  
16 tically valid and reliable through testing.”.

17 (b) ENDORSEMENT.—Section 1881(h)(2)(B) of the  
18 Social Security Act (42 U.S.C. 1395rr(h)(2)(B)) is  
19 amended—

20 (1) in clause (ii), by adding at the end the fol-  
21 lowing new sentence: “The exception under the pre-  
22 ceding sentence shall not apply to a measure that  
23 the entity with a contract under section 1890(a) (or  
24 a similar entity) considered but failed to endorse.”;  
25 and

1           (2) by adding at the end the following new  
2 clause:

3                   “(iii) COMPOSITE MEASURES.—  
4           Clauses (i) and (ii) shall apply to com-  
5           posite measures in the same manner as  
6           such clauses apply to individual meas-  
7           ures.”.

8           (c) REQUIREMENTS FOR DIALYSIS FACILITY COM-  
9 PARE STAR RATING PROGRAM.—Section 1881(h)(6) of  
10 the Social Security Act (42 U.S.C. 1395rr(h)(6)) is  
11 amended by adding at the end the following new subpara-  
12 graph:

13                   “(E) REQUIREMENTS FOR ANY DIALYSIS  
14 FACILITY COMPARE STAR RATING PROGRAM.—  
15 To the extent that the Secretary maintains a  
16 dialysis facility compare star rating program,  
17 under such a program the Secretary—

18                   “(i) shall assign stars using the same  
19 methodology and total performance score  
20 results from the quality incentive program  
21 under this subsection;

22                   “(ii) shall determine the stars using  
23 the same methodology used under such  
24 quality incentive program; and

1                   “(iii) shall not use a forced bell curve  
2                   when determining the stars or rebaselining  
3                   the stars.”.

4           (d) HOSPITALS REQUIRED TO PROVIDE INFORMA-  
5 TION.—Section 1881 of the Social Security Act (42 U.S.C.  
6 1395rr) is amended by adding at the end the following  
7 new subsection:

8           “(i) HOSPITALS REQUIRED TO PROVIDE INFORMA-  
9 TION.—

10                   “(1) IN GENERAL.—The Secretary shall estab-  
11                   lish a process under which a hospital or a critical ac-  
12                   cess hospital shall provide a renal dialysis facility  
13                   with health and treatment information with respect  
14                   to an individual who is discharged from the hospital  
15                   or critical access hospital and who subsequently re-  
16                   ceives treatment at facility.

17                   “(2) ELEMENTS.—Under the process estab-  
18                   lished under paragraph (1)—

19                                   “(A) the request for the health information  
20                                   may be initiated by the individual prior to dis-  
21                                   charge or upon request by the renal dialysis fa-  
22                                   cility after the patient is discharged; and

23                                   “(B) the information must be provided to  
24                                   the facility within 7 days of the request being  
25                                   made.”.

1 (e) INCENTIVE PAYMENTS.—Section 1881(h)(1) of  
2 the Social Security Act (42 U.S.C. 1395rr(h)(1)) is  
3 amended by adding at the end the following new subpara-  
4 graph:

5 “(D) INCENTIVE PAYMENTS.—

6 “(i) IN GENERAL.—In the case of a  
7 provider of services or a renal dialysis fa-  
8 cility that the Secretary determines exceeds  
9 the attainment performance standards  
10 under paragraph (4) with respect to a  
11 year, the Secretary may make a bonus  
12 payment to the provider or facility (pursu-  
13 ant to a process established by the Sec-  
14 retary).

15 “(ii) FUNDING.—The total amount of  
16 bonus payments under clause (i) in a year  
17 shall be equal to the total amount of re-  
18 duced payments in a year under subpara-  
19 graph (A).

20 “(iii) NO EFFECT IN SUBSEQUENT  
21 YEARS.—The provisions of subparagraph  
22 (C) shall apply to a bonus payment under  
23 this subparagraph in the same manner  
24 subparagraph (C) applies to a reduction  
25 under such subparagraph.”.

1 (f) EFFECTIVE DATE.—The amendments made by  
2 this section shall apply to items and services furnished on  
3 or after January 1, 2019.

4 **SEC. 303. INCREASING ACCESS TO MEDICARE KIDNEY DIS-**  
5 **EASE EDUCATION BENEFIT.**

6 (a) IN GENERAL.—Section 1861(ggg) of the Social  
7 Security Act (42 U.S.C. 1395x(ggg)) is amended—

8 (1) in paragraph (1)—

9 (A) in subparagraph (A), by inserting “or  
10 stage V” after “stage IV”; and

11 (B) in subparagraph (B), by inserting “or  
12 of a physician assistant, nurse practitioner, or  
13 clinical nurse specialist (as defined in section  
14 1861(aa)(5)) assisting in the treatment of the  
15 individual’s kidney condition” after “kidney  
16 condition”; and

17 (2) in paragraph (2)—

18 (A) by striking subparagraph (B); and

19 (B) in subparagraph (A)—

20 (i) by striking “(A)” after “(2)”;  
21

22 (ii) by striking “and” at the end of  
23 clause (i);

24 (iii) by striking the period at the end  
of clause (ii) and inserting “; and”;

1 (iv) by redesignating clauses (i) and  
2 (ii) as subparagraphs (A) and (B), respec-  
3 tively; and

4 (v) by adding at the end the following:

5 “(C) a renal dialysis facility subject to the  
6 requirements of section 1881(b)(1) with per-  
7 sonnel who—

8 “(i) provide the services described in  
9 paragraph (1); and

10 “(ii) is a physician (as defined in sub-  
11 section (r)(1)) or a physician assistant,  
12 nurse practitioner, or clinical nurse spe-  
13 cialist (as defined in subsection (aa)(5)).”.

14 (b) PAYMENT TO RENAL DIALYSIS FACILITIES.—  
15 Section 1881(b) of the Social Security Act (42 U.S.C.  
16 1395rr(b)) is amended by adding at the end the following  
17 new paragraph:

18 “(15) For purposes of paragraph (14), the sin-  
19 gle payment for renal dialysis services under such  
20 paragraph shall not take into account the amount of  
21 payment for kidney disease education services (as  
22 defined in section 1861(ggg)). Instead, payment for  
23 such services shall be made to the renal dialysis fa-  
24 cility on an assignment-related basis under section  
25 1848.”.

1 (c) EFFECTIVE DATE.—The amendments made by  
2 this section apply to kidney disease education services fur-  
3 nished on or after January 1, 2018.

4 **SEC. 304. CERTIFICATION OF NEW FACILITIES.**

5 (a) IN GENERAL.—Section 1865(a) of the Social Se-  
6 curity Act (42 U.S.C. 1395bb(a)) is amended—

7 (1) in paragraph (1), by striking “or the condi-  
8 tions and requirements under section 1881(b)”; and

9 (2) by adding at the end the following new  
10 paragraph:

11 “(5) Not later than 6 months after the date of enact-  
12 ment of the Chronic Kidney Disease Improvement in Re-  
13 search and Treatment Act of 2017, the Secretary shall,  
14 for purposes of this subsection, accept a completed appli-  
15 cation from any national accreditation body for purposes  
16 of accrediting provider entities required to meet the condi-  
17 tions and requirements under section 1881(b). Any appli-  
18 cation received under this paragraph shall be deemed ap-  
19 proved unless the Secretary, not later than 90 days after  
20 the date of the submission of the application to the Sec-  
21 retary, either denies such request in writing or informs  
22 the applicant in writing with respect to any additional in-  
23 formation that is needed in order to make a final deter-  
24 mination with respect to the applicant. After the date the  
25 Secretary receives such additional information, the Sec-

1 retary, not later than 90 days after such date, shall ap-  
2 prove or deny such request.”.

3 (b) **EFFECTIVE DATE.**—The amendment made by  
4 subsection (a) shall take effect on the date of enactment  
5 of this Act and apply to a finding made on or after such  
6 date.

7 **SEC. 305. IMPROVING ACCESS IN UNDERSERVED AREAS.**

8 (a) **DEFINITION OF PRIMARY CARE SERVICES.**—Sec-  
9 tion 331(a)(3)(D) of the Public Health Service Act (42  
10 U.S.C. 254d(a)(3)(D)) is amended by inserting “and in-  
11 cludes renal dialysis services” before the period at the end.

12 (b) **NATIONAL HEALTH SERVICE CORPS SCHOLAR-**  
13 **SHIP PROGRAM.**—Section 338A(a)(2) of the Public Health  
14 Service Act (42 U.S.C. 254l(a)(2)) is amended by insert-  
15 ing “, including nephrology health professionals” before  
16 the period at the end.

17 (c) **NATIONAL HEALTH SERVICE CORPS LOAN RE-**  
18 **PAYMENT PROGRAM.**—Section 338B(a)(2) of the Public  
19 Health Service Act (42 U.S.C. 254l–1(a)(2)) is amended  
20 by inserting “, including nephrology health professionals”  
21 before the period at the end.

○