

115TH CONGRESS  
1ST SESSION

# S. 1890

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

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 28, 2017

Mr. CARDIN (for himself, Mr. BLUNT, and Mr. NELSON) introduced the  
following bill; which was read twice and referred to the Committee on Finance

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## 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.

#### 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:

- 13 (1) Any disincentives in the payment systems  
14 under the Medicare program under title XVIII of  
15 the Social Security Act that create barriers to kid-

1       ney transplants and post-transplant care for bene-  
2       ficiaries with end-stage renal disease.

3           (2) The practices used by States with higher  
4       than average donation rates and whether those prac-  
5       tices and policies could be successfully utilized in  
6       other States.

7           (3) Practices and policies that could increase  
8       deceased donation rates of minority populations.

9           (4) Whether cultural and policy barriers exist to  
10      increasing living donation rates, including an exam-  
11      ination of how to better facilitate chained donations.

12          (5) Other areas determined appropriate by the  
13      Secretary.

14      (b) REPORT.—Not later than 18 months after the  
15      date of the enactment of this Act, the Secretary shall sub-  
16      mit to Congress a report on the study conducted under  
17      subsection (a), together with such recommendations as the  
18      Secretary determines to be appropriate.

19      **SEC. 102. ENHANCING CARE THROUGH NEW TECH-**  
20                                      **NOLOGIES.**

21      (a) AGREEMENT WITH NATIONAL ACADEMY OF  
22      SCIENCES.—The Secretary of Health and Human Services  
23      shall seek to enter into an agreement with the National  
24      Academy of Sciences within six months of the date of the  
25      enactment of this Act under which the National Academy

1 of Sciences will conduct a study on the design of payments  
 2 for renal dialysis services under the Medicare program  
 3 under title XVIII of the Social Security Act, including an  
 4 analysis of whether adjustments to such payments are  
 5 needed to allow for the incorporation of new technologies  
 6 and therapies.

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

13 **SEC. 103. UNDERSTANDING CURRENT UTILIZATION OF PAL-**  
 14 **LIATIVE CARE SERVICES.**

15 (a) STUDY.—

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

24 (A) how palliative care can be utilized to  
 25 improve the quality of life of those with kidney

1 disease and facilitate care tailored to their indi-  
2 vidual goals and values;

3 (B) the successful use of palliative care in  
4 the care of patients with other chronic diseases  
5 and serious illnesses;

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

9 (D) other areas determined appropriate by  
10 the Comptroller General.

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

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

1 **SEC. 104. UNDERSTANDING THE PROGRESSION OF KIDNEY**  
2 **DISEASE AND TREATMENT OF KIDNEY FAIL-**  
3 **URE IN MINORITY POPULATIONS.**

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

7 (1) the social, behavioral, and biological factors  
8 leading to kidney disease;

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

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

18 (b) REPORT.—Not later than 1 year after the date  
19 of the enactment of this Act, the Secretary shall submit  
20 to Congress a report on the study conducted under sub-  
21 section (a), together with such recommendations as the  
22 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) IN GENERAL.—Section 1882(s) of the Social Security Act (42 U.S.C. 1395ss(s)) is amended—

(A) in paragraph (2)—

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

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

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

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

(B) in paragraph (3)(B)—

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

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

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply to Medicare supplemental policies effective on or after January 1, 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), by striking “on a comprehensive” and in-  
 13          serting “subject to subparagraph (B), on a com-  
 14          prehensive”;

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

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

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

1 (b) ORIGINATING SITE REQUIREMENTS.—

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

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

7 “(IX) A renal dialysis facility,  
8 but only for purposes of section  
9 1881(b)(3)(B).

10 “(X) The home of an individual,  
11 but only for purposes of section  
12 1881(b)(3)(B).”; and

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

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

23 (2) NO FACILITY FEE IF ORIGINATING SITE  
24 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-

1       tion 1834(m)(2)(B) of the Social Security (42  
2       U.S.C. 1395m(m)(2)(B)) is amended—

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

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

10              (C) by striking “SITE.—With respect to”  
11       and inserting “SITE.—

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

14              (D) by adding at the end the following new  
15       clause:

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

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

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

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

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

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

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

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

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

1 **TITLE III—IMPROVING PATIENT**  
 2 **CARE AND ENSURING QUAL-**  
 3 **ITY OUTCOMES**

4 **SEC. 301. MAINTAIN AN ECONOMICALLY STABLE DIALYSIS**  
 5 **INFRASTRUCTURE.**

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

8 (1) in subparagraph (D), in the matter pre-  
 9 ceding clause (i), by striking “Such system” and in-  
 10 serting “Subject to subparagraph (J), such system”;  
 11 and

12 (2) by adding at the end the following new sub-  
 13 paragraph:

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

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

19 “(I) shall not take into account  
 20 comorbidities; and

21 “(II) shall only take into account  
 22 age for purposes of distinguishing be-  
 23 tween individuals who are under 18  
 24 years of age and those who are 18

1 years of age and older but shall not  
2 include any other adjustment for age;

3 “(ii) the Secretary shall reassess any  
4 adjustments related to patient weight  
5 under such clause;

6 “(iii) the payment adjustment de-  
7 scribed in clause (ii) of such subparagraph  
8 shall not be included;

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

19 “(v) take into account reasonable  
20 costs for determining the payment rate  
21 consistent with paragraph (2)(B).”.

22 (b) INCLUSION OF NETWORK FEE AS AN ALLOW-  
23 ABLE COST.—Section 1881(b)(14) of the Social Security  
24 Act (42 U.S.C. 1395rr(b)(14)), as amended by subsection

1 (a), is amended by adding at the end the following new  
2 subparagraph:

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

8 **SEC. 302. IMPROVE PATIENT DECISION MAKING AND**  
9 **TRANSPARENCY BY CONSOLIDATING AND**  
10 **MODERNIZING QUALITY PROGRAMS.**

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

14 “(F) WEIGHTING LIMITATION.—No single  
15 measure specified by the Secretary or individual  
16 measure within a composite measure so speci-  
17 fied may be weighted less than 10 percent of  
18 the total performance score.

19 “(G) STATISTICALLY VALID AND RELI-  
20 ABLE.—In specifying measures under subpara-  
21 graph (A), the Secretary shall only specify  
22 measures that have been shown to be statis-  
23 tically valid and reliable through testing.”.



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

4 (1) in clause (ii), by adding at the end the fol-  
 5 lowing new sentence: “The exception under the pre-  
 6 ceding sentence shall not apply to a measure that  
 7 the entity with a contract under section 1890(a) (or  
 8 a similar entity) considered but failed to endorse.”;  
 9 and

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

12 “(iii) COMPOSITE MEASURES.—  
 13 Clauses (i) and (ii) shall apply to com-  
 14 posite measures in the same manner as  
 15 such clauses apply to individual meas-  
 16 ures.”.

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

22 “(E) REQUIREMENTS FOR ANY DIALYSIS  
 23 FACILITY COMPARE STAR RATING PROGRAM.—  
 24 To the extent that the Secretary maintains a

dialysis facility compare star rating program,  
under such a program the Secretary—

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

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

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

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

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

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

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

3           “(A) the request for the health information  
4       may be initiated by the individual prior to dis-  
5       charge or upon request by the renal dialysis fa-  
6       cility after the patient is discharged; and

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

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

14           “(D) INCENTIVE PAYMENTS.—

15           “(i) IN GENERAL.—In the case of a  
16       provider of services or a renal dialysis fa-  
17       cility that the Secretary determines exceeds  
18       the attainment performance standards  
19       under paragraph (4) with respect to a  
20       year, the Secretary may make a bonus  
21       payment to the provider or facility (pursu-  
22       ant to a process established by the Sec-  
23       retary).

24           “(ii) FUNDING.—The total amount of  
25       bonus payments under clause (i) in a year

1 shall be equal to the total amount of re-  
 2 duced payments in a year under subpara-  
 3 graph (A).

4 “(iii) NO EFFECT IN SUBSEQUENT  
 5 YEARS.—The provisions of subparagraph  
 6 (C) shall apply to a bonus payment under  
 7 this subparagraph in the same manner  
 8 subparagraph (C) applies to a reduction  
 9 under such subparagraph.”.

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

13 **SEC. 303. INCREASING ACCESS TO MEDICARE KIDNEY DIS-**  
 14 **EASE EDUCATION BENEFIT.**

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

17 (1) in paragraph (1)—

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

20 (B) in subparagraph (B), by inserting “or  
 21 of a physician assistant, nurse practitioner, or  
 22 clinical nurse specialist (as defined in section  
 23 1861(aa)(5)) assisting in the treatment of the  
 24 individual’s kidney condition” after “kidney  
 25 condition”; and

1 (2) in paragraph (2)—

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

3 (B) in subparagraph (A)—

4 (i) by striking “(A)” after “(2)”;

5 (ii) by striking “and” at the end of  
6 clause (i);

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

9 (iv) by redesignating clauses (i) and  
10 (ii) as subparagraphs (A) and (B), respec-  
11 tively; and

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

13 “(C) a renal dialysis facility subject to the  
14 requirements of section 1881(b)(1) with per-  
15 sonnel who—

16 “(i) provide the services described in  
17 paragraph (1); and

18 “(ii) is a physician (as defined in sub-  
19 section (r)(1)) or a physician assistant,  
20 nurse practitioner, or clinical nurse spe-  
21 cialist (as defined in subsection (aa)(5)).”.

22 (b) PAYMENT TO RENAL DIALYSIS FACILITIES.—

23 Section 1881(b) of the Social Security Act (42 U.S.C.  
24 1395rr(b)) is amended by adding at the end the following  
25 new paragraph:

1           “(15) For purposes of paragraph (14), the sin-  
 2           gle payment for renal dialysis services under such  
 3           paragraph shall not take into account the amount of  
 4           payment for kidney disease education services (as  
 5           defined in section 1861(ggg)). Instead, payment for  
 6           such services shall be made to the renal dialysis fa-  
 7           cility on an assignment-related basis under section  
 8           1848.”.

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

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

13           (a) CERTIFICATION.—

14               (1) IN GENERAL.—Section 1865(a)(1) of the  
 15          Social Security Act (42 U.S.C. 1395bb(a)(1)) is  
 16          amended by striking “or the conditions and require-  
 17          ments under section 1881(b)”.

18               (2) EFFECTIVE DATE.—The amendment made  
 19          by paragraph (1) shall take effect on the date of en-  
 20          actment of this Act and apply to a finding made on  
 21          or after such date.

22           (b) TIMING FOR ACCEPTANCE OF REQUESTS FROM  
 23          ACCREDITATION ORGANIZATIONS.—Not later than 6  
 24          months after the date of the enactment of this Act, the  
 25          Secretary of Health and Human Services shall accept a

1 completed application from any national accreditation  
 2 body for providers and facilities that provide services  
 3 under 1881(b), in accordance with section 1865(3)(A)).  
 4 Any application received pursuant to the preceding sen-  
 5 tence shall be deemed approved unless the Secretary, with-  
 6 in 90 days after the date of the submission of the applica-  
 7 tion to the Secretary, either denies such request in writing  
 8 or informs the applicant in writing with respect to any  
 9 additional information that is needed in order to make a  
 10 final determination with respect to the application. If the  
 11 Secretary requests additional information pursuant to the  
 12 preceding sentence and the applicant submits such infor-  
 13 mation, the application shall be deemed approved unless  
 14 the Secretary, within 90 days of the date of receiving such  
 15 information, denies such request.

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

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

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

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

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