

Dialysis PATIENTS Demonstration Act (S. 2065)

Patient Access To Integrated-care, Empowerment, Nephrologists Treatment and Services Act

More than 650,000 Americans currently receive dialysis to treat the final stage of chronic kidney disease (CKD), or end-stage renal disease (ESRD). These patients spend three days a week at a dialysis clinic, and still must make time to attend to their other medical and social needs. Thus, providing high-quality care to these patients represents both a challenge and an opportunity to reform our fragmented system of care.

Senators Todd Young (R-IN), Bill Nelson (D-FL), Dean Heller (R-NV) and Michael Bennet (D-CO) have introduced the Dialysis Patient Access to Integrated-care, Empowerment, Nephrologists, and Treatment Services (PATIENTS) Demonstration Act to establish an ESRD Integrated Care Demonstration Program within Medicare to deliver high-quality, integrated, and coordinated care to ESRD patients within the dialysis clinic setting.

The ESRD Integrated Care Team: The interdisciplinary care team would be led by a nephrologist and assisted by the dialysis facility, the main point of care for patients. This team, or “organization,” would have the ability to further coordinate care by partnering with Medicare Advantage (MA) plans, Medicare Prescription Drug Plans (PDPs), Medicaid managed care plans, entities deemed by a state as able to bear risk, and/or third-party administrators.

Eligible beneficiaries must:

- (1) Be enrolled in Medicare Parts A and B;
- (2) Receive dialysis services under Medicare Fee-For-Service (FFS);
- (3) Reside in an organization’s service area;
- (4) Receive renal dialysis services primarily from a facility that participates in this demonstration; or
- (5) Have not received a successful kidney transplant, or have experienced a failed transplant.

Patients will have choices in the Demonstration:

- (1) Patients can continue to see any provider that accepts Medicare Fee-for-Service (FFS).
- (2) Patients can choose to remain in or opt out of the demonstration.
- (3) Patients will have access to supplemental benefits exceeding Medicare FFS.
- (4) Patients can rely on a nephrologist-led care team to coordinate their non-dialysis needs.
- (5) Patients will have access to transition and education for transplant, palliative, and hospice care.

General Requirements for ESRD Integrated Care Organizations:

Benefits: Beneficiaries enrolled in an organization would receive all services entitled under Medicare Parts A and B (except hospice), as well as education and transition services into transplantation, palliative care, and hospice care. The program would also give organizations the option to enter into partnerships to cover Part D benefits or additional services.

Promotion of High-Quality Providers and Integrated Care: Organizations would be able to implement performance-based incentives to providers based on clinical and non-clinical measures. Additionally, each organization would have a strategy to deliver high-quality, integrated and coordinated care.

Quality and Reporting Requirements: To assess the quality of care provided, organizations would be required to submit specific clinical measure data as well as report on quality performance standards. When developing these requirements and standards, the Secretary would consider stakeholder input from a variety of experts including nephrologists, renal dialysis facilities, patients, and beneficiary advocates.

Limitations on Marketing: To avoid “poaching” of patients, organizations would not be allowed to send unsolicited marketing materials to program-eligible beneficiaries.

The Dialysis PATIENTS Demonstration Act will provide a new care option for dialysis patients to receive high-quality, integrated and coordinated care.

For questions, or to co-sponsor this legislation, contact Jaymi Light (Sen. Young) at Jaymi.Light@young.senate.gov, Corey Malmgren (Sen. Nelson) at Corey.Malmgren@billnelson.senate.gov, Rachel Green (Sen. Heller) at Rachel.Green@heller.senate.gov, or Rita Habib (Sen. Bennet) at Rita.Habib@bennet.senate.gov.