

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5321

To establish a pilot project to demonstrate the impact of payment for more frequent hemodialysis treatment under the Medicare Program.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2006

Mr. BASS (for himself, Mr. McDERMOTT, and Mr. SAM JOHNSON of Texas) 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 establish a pilot project to demonstrate the impact of payment for more frequent hemodialysis treatment under the Medicare Program.

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 “Access to Better  
5 Choice in Dialysis Act of 2006”.

1 **SEC. 2. MEDICARE PILOT PROJECT FOR PAYMENT FOR**  
2 **MORE FREQUENT HEMODIALYSIS TREAT-**  
3 **MENT.**

4 (a) IN GENERAL.—Not later than 6 months after the  
5 date of the enactment of this Act, the Secretary of Health  
6 and Human Services shall implement a 5-year pilot project  
7 to measure the impact of increasing the payment amount  
8 otherwise provided under section 1881(b) of the Social Se-  
9 curity Act (42 U.S.C. 1395rr(b)), based upon the provi-  
10 sion of hemodialysis treatment more frequently than 3  
11 times per week.

12 (b) INCREASED PAYMENT AMOUNT.—

13 (1) IN GENERAL.—Under the pilot project, sub-  
14 ject to paragraph (2), the increase in payment  
15 amount shall be, in the case of hemodialysis treat-  
16 ment provided—

17 (A) for a 4th session in a week, 70 percent  
18 of the full composite rate;

19 (B) for a 5th session in a week, 40 percent  
20 of the full composite rate;

21 (C) for a 6th session in a week, 30 percent  
22 of the full composite rate;

23 (D) for a 7th session in a week, 20 percent  
24 of the full composite rate; and

25 (E) for any subsequent session in a week,  
26 no additional payment amount.

1           (2) FUNDING LIMITATION.—The pilot program  
2 shall be structured in a manner so that the total ad-  
3 ditional amounts paid under the program for hemo-  
4 dialysis treatment during—

5           (A) its first year of operation does not ex-  
6 ceed \$15,000,000;

7           (B) its second year of operation does not  
8 exceed \$30,000,000;

9           (C) its third year of operation does not ex-  
10 ceed \$50,000,000;

11           (D) its fourth year of operation does not  
12 exceed \$75,000,000; and

13           (E) its fifth year of operation does not ex-  
14 ceed \$90,000,000.

15 No expenditures shall be made for hemodialysis  
16 treatment under the pilot program after its fifth  
17 year of operation.

18           (3) FUNDING FROM SMI TRUST FUND.—Funds  
19 from the Federal Supplementary Medical Insurance  
20 Trust Fund under section 1841 of the Social Secu-  
21 rity Act (42 U.S.C. 1395t) shall be available, in ad-  
22 vance of appropriations, to meet obligations arising  
23 from the pilot program under this section.

24           (c) DATA COLLECTION AND ANALYSIS.—

1           (1) DATA COLLECTION.—The Secretary shall  
2 provide for the collection of data to measure the  
3 clinical and financial impact of higher frequency  
4 hemodialysis treatments, including its impact on—

5                   (A) health status and on the utilization of,  
6                   and expenditures for, other health care services,  
7                   including for separately-billable drugs, such as  
8                   erythropoietin (also known as Epogen), iron,  
9                   and hospitalizations; and

10                   (B) patients' working status, resulting  
11                   in—

12                           (i) a reduction in Social Security Dis-  
13                           ability Insurance payments;

14                           (ii) increased Federal and State in-  
15                           come and employment tax payments; and

16                           (iii) a reduction in Medicare payments  
17                           due to increased coverage under employer  
18                           group health plans.

19           (2) REPORTS TO CONGRESS.—The Secretary  
20 shall periodically submit to Congress reports on the  
21 pilot program under this section. The Secretary shall  
22 submit a final report to Congress and to the Medi-  
23 care Payment Advisory Commission no later than 6  
24 months after the completion of the program. Such  
25 final report shall include findings regarding the clin-

1 ical and financial impact of more frequent hemo-  
2 dialysis treatment.

3 (3) MEDPAC ANALYSIS.—The Medicare Pay-  
4 ment Advisory Commission shall evaluate the Sec-  
5 retary’s findings in the final report under paragraph  
6 (2) and shall submit to Congress, no later than 6  
7 months after the date of the Commission’s receipt of  
8 such final report, and shall include in the report its  
9 analysis of the desirability of expanded medicare  
10 payment for more frequent hemodialysis treatment.

11 (d) DEFINITIONS.—In this section:

12 (1) FULL COMPOSITE RATE.—The term “full  
13 composite rate” means the rate determined under  
14 section 1881(b)(7) of the Social Security Act (42  
15 U.S.C. 1395rr(b)(7)).

16 (2) HEMODIALYSIS TREATMENT.—The term  
17 “hemodialysis treatment” includes equivalent ther-  
18 apy requiring blood access, but does not include  
19 treatment administered on an emergency or acute  
20 basis.

21 (3) SECRETARY.—The term “Secretary” means  
22 the Secretary of Health and Human Services.

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