



**FRESENIUS  
MEDICAL CARE**

**FRE-PAC**  
Political Action Committee

## Legislative Update

### ACCREDITATION

Fresenius Medical Care is proud to announce that H.R. 3166, which would create an opportunity under the Medicare program for independent accreditation for dialysis facilities, has been introduced and is actively moving forward in the House of Representatives. Under current law, dialysis facilities are one of the few provider types that cannot access independent accreditation to become certified by the states and the Centers for Medicare & Medicaid Services (CMS) to serve Medicare beneficiaries. In many states, this represents a prolonged process that historically has taken months, and in many cases years, to complete, leaving many new, state-of-the-art facilities dormant while awaiting a government certification.

This bill would allow dialysis facilities, much like hospitals and other health care providers that serve Medicare beneficiaries today, to pursue accreditation at their own cost through independent quality assurance organizations.

After 10 years of our support, this bill will finally provide this option and assist dialysis providers in cutting through regulatory red tape and long wait times to accelerate the approval of new facilities that can serve beneficiaries without extensive delay.

Access to independent accreditation is a critical and much needed policy improvement for the End Stage Renal Disease (ESRD) community that will alleviate longer drive and wait times for beneficiaries, and promote the most convenient access to care.

### TELEHEALTH

In addition to the accreditation bill, another bill, H.R. 3164 was introduced. This bill would expand access to home dialysis therapy by allowing ESRD patients receiving home dialysis to receive monthly ESRD-related visits. Both a renal dialysis facility and a patient's home are included in the definition of originating site, for the purposes of monthly ESRD-related visits. The bill also provides that all home dialysis patients are eligible to receive monthly telehealth visits despite where they live.

The bill is not without a few restrictions: it requires a face-to-face visit (in person) for patients within the first 3 months of home therapy, and a face-to-face visit thereafter every 3 months. This is exciting news for our patients, who would potentially be able to seek more services with less burden, hopefully ensuring more compliance and care.

## **PATIENTS ACT**

One of FMC's top legislative priorities is to pass and enact into law the PATIENTS Act. This act is the most promising way of moving away from Fee for Service toward a fully sustainable model — with better care, outcomes, and lowered costs for patients. FMC believes ESRD patients should be allowed to participate in any number of care models: traditional FFS, ESCOs, Medicare Advantage, as well as this fully capitated model. Put simply, the more care choices the ESRD patient has, the better. We are continuing to work with other dialysis providers to include comments and suggestions into the soon-to-be introduced House and Senate legislation.