

# SENATE BILL REPORT

## SJM 8025

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As Reported By Senate Committee On:  
Health & Long-Term Care, January 16, 2006

**Brief Description:** Requesting Congress to enact the Kidney Care Quality Improvement Act of 2005.

**Sponsors:** Senators Pridemore, Brandland, Deccio, Keiser, Benson and Thibaudeau.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/11/06, 1/16/06 [DP].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Benson, Brandland, Franklin, Johnson, Kastama, Kline, Parlette and Poulsen.

**Staff:** Edith Rice (786-7444)

**Background:** Over four hundred thousand Americans have irreversible kidney failure or End Stage Renal Disease (ESRD). Approximately sixteen thousand are Washington State residents. ESRD occurs in older individuals and is caused by adult onset diabetes, obesity, and high blood pressure (hypertension). ESRD disproportionately impacts minorities with one-third of all patients being African-American.

Treatment for ESRD requires patients to undergo a kidney transplant through organ donation or hemodialysis treatment in order to stay alive. Transplantation is rare due to the limited availability of organ donors. The majority of ESRD patients undergo hemodialysis treatment. Although the vast majority of patients undergo hemodialysis treatment in outpatient settings, treatment can also be administered at home and there are financial incentives to do so. Few patients undergo hemodialysis at home in spite of the obvious benefits, such as allowing patients to remain active and employed. Advocates believe that at-home treatment is rarely utilized because patients lack access to information about treatment options.

There is currently no coordination between federal and state governments, health care professionals, providers, educators, and advocates to help identify those who might be at risk for ESRD or improve treatment for those suffering from ESRD. Finally, although Congress has provided for Medicare coverage of dialysis, there is currently no payment update mechanism to adjust for increases. This means that unlike other prospective payment systems, providers must ask Congress for increases.

**Summary of Bill:** The Washington State Legislature requests that the United States House of Representatives and Senate enact the Kidney Care Quality Improvement Act of 2005 (the Act). The Act updates treatment of End Stage Renal Disease (ESRD) by adding Medicare coverage for kidney disease patient education services, improving the home dialysis benefit,

and adding an annual update mechanism for payment rates. The Act creates a demonstration project for an outcome-based ESRD reimbursement system, and a study of barriers to the use of home dialysis, and will increase public awareness about the disease. The goal is to improve services and decrease the incidence of people who will need kidney dialysis.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Committee/Commission/Task Force Created:** No.

**Testimony For:** End Stage Renal Disease is fatal unless a patient has access to a kidney transplant or dialysis. It is critical that the quality of care be improved and this joint memorial is aimed at doing that. Kidney centers have been doing more for less payment for a long time. Proper reimbursement will ensure that quality outcomes for patients will be supported.

**Testimony Against:** None.

**Who Testified:** PRO: Senator Craig Pridemore, Linda Hull, Northwest Kidney Centers, Jean Stevens, Renal Care Group, Sydney Hansen, Renal Care Group.

CON: None.