

115TH CONGRESS
1ST SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

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

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 under served 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

1 the Social Security Act that create barriers to kid-
2 ney transplants and post-transplant care for bene-
3 ficiaries with end-stage renal disease.

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

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

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

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

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

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

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

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

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

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

16 (a) STUDY.—

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

1 (A) how palliative care can be utilized to
2 improve the quality of life of those with kidney
3 disease and facilitate care tailored to their indi-
4 vidual goals and values;

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

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

11 (D) other areas determined appropriate by
12 the Comptroller General.

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

22 (b) REPORT.—Not later than 1 year after the date
23 of the enactment of this Act, the Comptroller General shall
24 submit to the Congress a report on the study conducted

1 under subsection (a), together with such recommendations
2 as the Comptroller General determines to be appropriate.

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

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

9 (1) the social, behavioral, and biological factors
10 leading to kidney disease;

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

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

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

4 (A) in paragraph (2)—

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

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

9 “(ii) is entitled to benefits under
10 226A(b) and is enrolled for benefits under
11 part B.”; and

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

16 (B) in paragraph (3)(B)—

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

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

22 (2) EFFECTIVE DATE.—The amendments made
23 by paragraph (1) shall apply to medicare supple-
24 mental policies effective on or after January 1,
25 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 (1) IN GENERAL.—Section 1834(m) of the So-
2 cial Security Act (42 U.S.C. 1395m(m)) is amend-
3 ed—

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

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

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

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

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

22 (2) NO FACILITY FEE IF ORIGINATING SITE
23 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-
24 tion 1834(m)(2)(B) of the Social Security (42
25 U.S.C. 1395m(m)(2)(B)) is amended—

12

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

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

8 (C) by striking “SITE.—With respect to”
9 and inserting “SITE.—

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

12 (D) by adding at the end the following new
13 clause:

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

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

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

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

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

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

8 (C) by adding at the end the following new
9 subparagraph:

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

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

18 **TITLE III—IMPROVING PATIENT**
19 **CARE AND ENSURING QUAL-**
20 **ITY OUTCOMES**

21 **SEC. 301. MAINTAIN AN ECONOMICALLY STABLE DIALYSIS**
22 **INFRASTRUCTURE.**

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

1 (1) in subparagraph (D), in the matter pre-
2 ceding clause (i), by striking “Such system” and in-
3 serting “Subject to subparagraph (J), such system”;
4 and

5 (2) by adding at the end the following new sub-
6 paragraph:

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

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

12 “(I) shall not take into account
13 comorbidities; and

14 “(II) shall only take into account
15 age for purposes of distinguishing be-
16 tween individuals who are under 18
17 years of age and those who are 18
18 years of age and older but shall not
19 include any other adjustment for age;

20 “(ii) the Secretary shall reassess any
21 adjustments related to patient weight
22 under such clause;

23 “(iii) the payment adjustment de-
24 scribed in clause (ii) of such subparagraph
25 shall not be included;

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

11 “(v) take into account reasonable
12 costs for determining the payment rate
13 consistent with paragraph (2)(B).”.

14 (b) INCLUSION OF NETWORK FEE AS AN ALLOW-
15 ABLE COST.—Section 1881(b)(14) of the Social Security
16 Act (42 U.S.C. 1395rr(b)(14)), as amended by subsection
17 (a), is amended by adding at the end the following new
18 subparagraph:

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

1 **SEC. 302. IMPROVE PATIENT DECISION MAKING AND**
2 **TRANSPARENCY BY CONSOLIDATING AND**
3 **MODERNIZING QUALITY PROGRAMS.**

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

7 “(F) WEIGHTING LIMITATION.—No single
8 measure specified by the Secretary or individual
9 measure within a composite measure so speci-
10 fied may be weighted less than 10 percent of
11 the total performance score.

12 “(G) STATISTICALLY VALID AND RELI-
13 ABLE.—In specifying measures under subpara-
14 graph (A), the Secretary shall only specify
15 measures that have been shown to be statis-
16 tically valid and reliable through testing.”.

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

20 (1) in clause (ii), by adding at the end the fol-
21 lowing new sentence: “The exception under the pre-
22 ceding sentence shall not apply to a measure that
23 the entity with a contract under section 1890(a) (or
24 a similar entity) considered but failed to endorse.”;
25 and

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

3 “(iii) COMPOSITE MEASURES.—
4 Clauses (i) and (ii) shall apply to com-
5 posite measures in the same manner as
6 such clauses apply to individual meas-
7 ures.”.

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

13 “(E) REQUIREMENTS FOR ANY DIALYSIS
14 FACILITY COMPARE STAR RATING PROGRAM.—
15 To the extent that the Secretary maintains a
16 dialysis facility compare star rating program,
17 under such a program the Secretary—

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

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

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

4 (d) HOSPITALS REQUIRED TO PROVIDE INFORMA-
5 TION.—Section 1881 of the Social Security Act (42 U.S.C.
6 1395rr) is amended by adding at the end the following
7 new subsection:

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

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

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

19 “(A) the request for the health information
20 may be initiated by the individual prior to dis-
21 charge or upon request by the renal dialysis fa-
22 cility after the patient is discharged; and

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

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

5 “(D) INCENTIVE PAYMENTS.—

6 “(i) IN GENERAL.—In the case of a
7 provider of services or a renal dialysis fa-
8 cility that the Secretary determines exceeds
9 the attainment performance standards
10 under paragraph (4) with respect to a
11 year, the Secretary may make a bonus
12 payment to the provider or facility (pursu-
13 ant to a process established by the Sec-
14 retary).

15 “(ii) FUNDING.—The total amount of
16 bonus payments under clause (i) in a year
17 shall be equal to the total amount of re-
18 duced payments in a year under subpara-
19 graph (A).

20 “(iii) NO EFFECT IN SUBSEQUENT
21 YEARS.—The provisions of subparagraph
22 (C) shall apply to a bonus payment under
23 this subparagraph in the same manner
24 subparagraph (C) applies to a reduction
25 under such subparagraph.”.

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

4 **SEC. 303. INCREASING ACCESS TO MEDICARE KIDNEY DIS-**
5 **EASE EDUCATION BENEFIT.**

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

8 (1) in paragraph (1)—

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

11 (B) in subparagraph (B), by inserting “or
12 of a physician assistant, nurse practitioner, or
13 clinical nurse specialist (as defined in section
14 1861(aa)(5)) assisting in the treatment of the
15 individual’s kidney condition” after “kidney
16 condition”; and

17 (2) in paragraph (2)—

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

19 (B) in subparagraph (A)—

20 (i) by striking “(A)” after “(2)”;
21

22 (ii) by striking “and” at the end of
23 clause (i);

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

1 (iv) by redesignating clauses (i) and
2 (ii) as subparagraphs (A) and (B), respec-
3 tively; and

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

5 “(C) a renal dialysis facility subject to the
6 requirements of section 1881(b)(1) with per-
7 sonnel who—

8 “(i) provide the services described in
9 paragraph (1); and

10 “(ii) is a physician (as defined in sub-
11 section (r)(1)) or a physician assistant,
12 nurse practitioner, or clinical nurse spe-
13 cialist (as defined in subsection (aa)(5)).”.

14 (b) PAYMENT TO RENAL DIALYSIS FACILITIES.—
15 Section 1881(b) of the Social Security Act (42 U.S.C.
16 1395rr(b)) is amended by adding at the end the following
17 new paragraph:

18 “(15) For purposes of paragraph (14), the sin-
19 gle payment for renal dialysis services under such
20 paragraph shall not take into account the amount of
21 payment for kidney disease education services (as
22 defined in section 1861(ggg)). Instead, payment for
23 such services shall be made to the renal dialysis fa-
24 cility on an assignment-related basis under section
25 1848.”.

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

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

5 (a) CERTIFICATION.—

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

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

14 (b) TIMING FOR ACCEPTANCE OF REQUESTS FROM
15 ACCREDITATION ORGANIZATIONS.—Not later than 6
16 months after the date of the enactment of this Act, the
17 Secretary of Health and Human Services shall accept a
18 completed application from any national accreditation
19 body for providers and facilities that provide services
20 under 1881(b), in accordance with section 1865(3)(A).
21 Any application received pursuant to the preceding sen-
22 tence shall be deemed approved unless the Secretary, with-
23 in 90 days after the date of the submission of the applica-
24 tion to the Secretary, either denies such request in writing
25 or informs the applicant in writing with respect to any

1 additional information that is needed in order to make a
2 final determination with respect to the application. If the
3 Secretary requests additional information pursuant to the
4 preceding sentence and the applicant submits such infor-
5 mation, the application shall be deemed approved unless
6 the Secretary, within 90 days of date of receiving such
7 information, denies such request.

8 **SEC. 305. IMPROVING ACCESS IN UNDER SERVED AREAS.**

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

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

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