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(Original Signature of Member)

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

**H. R.** \_\_\_\_\_

To amend title XVIII of the Social Security Act and title XXVII of the Public Health Service Act with respect to the coverage of kidney disease education services under Medicare and private health insurance.

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IN THE HOUSE OF REPRESENTATIVES

Ms. DELBENE introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To amend title XVIII of the Social Security Act and title XXVII of the Public Health Service Act with respect to the coverage of kidney disease education services under Medicare and private health insurance.

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 “Kidney Disease Edu-  
5 cation Access Expansion Act of 2026”.

1 **SEC. 2. EXPANDING COVERAGE OF KIDNEY DISEASE EDU-**  
2 **CATION SERVICES UNDER MEDICARE.**

3 (a) KIDNEY DISEASE EDUCATION SERVICES AND  
4 KIDNEY DISEASE SCREENING.—

5 (1) PROVIDERS OF KIDNEY DISEASE EDU-  
6 CATION SERVICES.—Section 1861(ggg)(2)(A) of the  
7 Social Security Act (42 U.S.C. 1395x(ggg)(2)(A)) is  
8 amended to read as follows:

9 “(A) The term ‘qualified person’ means—

10 “(i) a physician (as defined in section  
11 1861(r)(1)) or a physician assistant, reg-  
12 istered nurse, nurse practitioner, or clinical  
13 nurse specialist (as defined in section  
14 1861(aa)(5)), who furnishes services for  
15 which payment may be made under the fee  
16 schedule established under section 1848;

17 “(ii) a provider of services located in  
18 a rural area (as defined in section  
19 1886(d)(2)(D));

20 “(iii) a clinical social worker (as de-  
21 fined in section 1861(hh)(1));

22 “(iv) a registered dietitian or nutrition  
23 professional (as defined in section  
24 1861(vv)); or

25 “(v) any other individual, such as a  
26 community health worker, who is trained

1 (in a manner determined appropriate by  
2 the Secretary) to assist in the delivery of  
3 kidney disease education services under the  
4 direction of a qualified entity described in  
5 any of clauses (i), (iii), or (iv).”.

6 (2) ELIGIBILITY FOR KIDNEY DISEASE EDU-  
7 CATION SERVICES.—Section 1861(ggg)(1)(A) of the  
8 Social Security Act (42 U.S.C. 1395x(ggg)(1)(A)) is  
9 amended by striking “an individual with stage IV  
10 chronic kidney disease who, according to accepted  
11 clinical guidelines identified by the Secretary, will re-  
12 quire dialysis or a kidney transplant” and inserting  
13 “an individual with hypertension, diabetes, any stage  
14 of chronic kidney disease, or other risk factors for  
15 kidney disease progression or kidney failure as de-  
16 termined by the qualified entity”.

17 (3) SCOPE OF KIDNEY DISEASE EDUCATION  
18 SERVICES.—

19 (A) PERMITTING GROUP SERVICES AND  
20 PRESENCE OF CAREGIVERS.—Section  
21 1861(ggg)(1)(A) of the Social Security Act (42  
22 U.S.C. 1395x(ggg)(1)(A)), as amended by para-  
23 graph (2), is further amended—

24 (i) by inserting “in an individual or  
25 group setting” after “furnished”; and

1 (ii) by inserting “(and, at the option  
2 of the individual, in the presence of such  
3 individual’s caregiver)” before the semi-  
4 colon at the end.

5 (B) EXPANDING SCOPE OF SERVICES.—  
6 Section 1861(ggg)(1)(C)(i) of the Social Secu-  
7 rity Act (42 U.S.C. 1395x(ggg)(1)(C)(i)) is  
8 amended—

9 (i) in subclause (II), by striking  
10 “and” at the end; and

11 (ii) by adding at the end the following  
12 new subclauses:

13 “(IV) therapeutic options to slow kid-  
14 ney function decline in individuals with  
15 kidney disease who are at risk of kidney  
16 disease progression or kidney failure;

17 “(V) caregiver training and support  
18 for new transplant recipients;

19 “(VI) basic transition assistance for  
20 individuals who have received a kidney  
21 transplant, including education on general  
22 post-transplant self-care, coordination of  
23 follow-up care, and referral to a transplant  
24 nephrologist or other appropriate trans-  
25 plant specialist for ongoing clinical man-

1                   agement of transplant-related medical  
2                   needs; and

3                   “(VII) such other topics as the Sec-  
4                   retary deems appropriate for patient safety  
5                   and optimal transplant outcomes;”.

6           (b) INITIAL PREVENTIVE PHYSICAL EXAMINA-  
7 TION.—Section 1861(ww)(2) of the Social Security Act  
8 (42 U.S.C. 1395x(ww)(2)) is amended—

9                   (1) in subparagraph (N), by adjusting the mar-  
10                  gin of such subparagraph 2 ems to the left;

11                  (2) by redesignating subparagraph (O) as sub-  
12                  paragraph (P); and

13                  (3) by inserting after subparagraph (N) the fol-  
14                  lowing new subparagraph:

15                   “(O) Screening for chronic kidney disease, kid-  
16                   ney failure, and rare kidney diseases (as determined  
17                   by the Secretary) and kidney disease education serv-  
18                   ices as described in subsection (ggg).”.

19           (c) ANNUAL WELLNESS VISIT.—Section  
20 1861(hhh)(2) of the Social Security Act (42 U.S.C.  
21 1395x(hhh)(2)) is amended—

22                   (1) in subparagraphs (G) and (H), by adjusting  
23                  the margin of each such subparagraph 1 em to the  
24                  left;

1           (2) by redesignating subparagraph (I) as sub-  
2           paragraph (J); and

3           (3) by inserting after subparagraph (H) the fol-  
4           lowing new subparagraph:

5           “(I) Screening for chronic kidney disease and  
6           kidney failure through routine metabolic and urinary  
7           assessments consistent with standard clinical prac-  
8           tice, as determined by the Secretary, and through  
9           such additional screening tests or assessments  
10          (which may include new and emerging diagnostic  
11          tools) as the Secretary determines appropriate, and  
12          a referral, as appropriate, for kidney disease edu-  
13          cation services as described in subsection (ggg).”.

14          (d) NUMBER OF KIDNEY DISEASE EDUCATION SES-  
15          SIONS.—Section 1861(ggg)(4) of the Social Security Act  
16          (42 U.S.C. 1395x(ggg)(4)) is amended by striking “more  
17          than 6 sessions of kidney disease education services under  
18          this title” and inserting “a number of sessions of kidney  
19          disease education services under this title that exceeds the  
20          number of such sessions that the Secretary, in consulta-  
21          tion with individuals described in paragraph (1)(A), care-  
22          givers, and qualified persons (as defined in paragraph  
23          (2)), determines is appropriate”.

24          (e) FURNISHING KIDNEY DISEASE EDUCATION  
25          SERVICES THROUGH TELEHEALTH.—Section

1 1834(m)(4)(F) of the Social Security Act (42 U.S.C.  
2 1395m(4)(F)) is amended by inserting “, kidney disease  
3 education services (as defined in section 1861(ggg))” be-  
4 fore “, and any additional service”.

5 (f) PAYMENT RULES.—Section 1833(a)(1) of the So-  
6 cial Security Act (42 U.S.C. 1395l(a)(1)) is amended—

7 (1) in subparagraph (GG), by striking “and” at  
8 the end; and

9 (2) by inserting “, and (II) with respect to kid-  
10 ney disease education services (as defined in section  
11 1861(ggg)(1)), the amount paid shall be 100 percent  
12 of the lesser of the actual charge for the services or  
13 the amount determined under the payment basis de-  
14 termined under section 1848” before the semicolon  
15 at the end.

16 (g) EFFECTIVE DATE.—The amendments made by  
17 this section shall apply with respect to services furnished  
18 on or after January 1, 2027.

19 **SEC. 3. KIDNEY DISEASE EDUCATION EFFECTIVENESS**  
20 **WORKING GROUP; KIDNEY DISEASE EDU-**  
21 **CATION ASSESSMENT.**

22 (a) KIDNEY DISEASE EDUCATION EFFECTIVENESS  
23 WORKING GROUP.—

24 (1) IN GENERAL.—Not later than 180 days  
25 after the date of enactment of the Kidney Disease

1 Education Access Expansion Act of 2026, the Sec-  
2 retary of Health and Human Services (in this sec-  
3 tion referred to as the “Secretary”) shall convene a  
4 working group to develop and evaluate methodolo-  
5 gies for measuring patient benefit and educational  
6 effectiveness from kidney disease education services  
7 under section 1861(ggg) of the Social Security Act  
8 (42 U.S.C. 1395x(ggg)).

9 (2) COMPOSITION.—The working group shall  
10 consist of—

11 (A) qualified entities that furnish kidney  
12 disease education services;

13 (B) individuals with kidney disease and  
14 their caregivers;

15 (C) health care technology specialists;

16 (D) learning and educational assessment  
17 specialists; and

18 (E) representatives from the Centers for  
19 Medicare & Medicaid Services.

20 (3) DUTIES.—The working group shall—

21 (A) develop evidence-based methodologies  
22 for assessing patient comprehension, behavior  
23 change, and clinical outcomes resulting from  
24 kidney disease education services;

1 (B) account for diverse learning styles and  
2 the impact of kidney disease on cognitive func-  
3 tion in developing assessment tools;

4 (C) recommend standardized metrics for  
5 evaluating the effectiveness of different edu-  
6 cational approaches and delivery methods; and

7 (D) provide recommendations for quality  
8 improvement strategies based on patient-cen-  
9 tered outcomes.

10 (4) REPORT.—Not later than 18 months after  
11 the working group is convened under paragraph (1),  
12 the working group shall submit a report to the Sec-  
13 retary and Congress and make publicly available its  
14 recommendations for measuring and improving kid-  
15 ney disease education effectiveness.

16 (b) KIDNEY DISEASE EDUCATION ASSESSMENT.—

17 (1) ESTABLISHMENT OF ASSESSMENT FRAME-  
18 WORK.—Not later than 2 years after the Secretary  
19 receives the report of the working group under sub-  
20 section (a)(4), the Secretary shall, taking into ac-  
21 count the recommendations included in such report,  
22 establish a comprehensive assessment framework to  
23 evaluate the success and effectiveness of kidney dis-  
24 ease education services provided under section

1 1861(ggg) of the Social Security Act (42 U.S.C.  
2 1395x(ggg)).

3 (2) SCOPE OF AUTHORITY.—In establishing and  
4 implementing the assessment framework under para-  
5 graph (1), the Secretary shall—

6 (A) determine the specific methodologies,  
7 tools, and metrics to be used in assessing pa-  
8 tient outcomes, educational effectiveness, and  
9 program success;

10 (B) establish the frequency and timing of  
11 assessments, which may vary based on qualified  
12 entity type, patient population served, or other  
13 relevant factors;

14 (C) specify data collection requirements  
15 and procedures for qualified entities providing  
16 kidney disease education services;

17 (D) modify assessment criteria and proce-  
18 dures as needed based on evidence, outcomes  
19 data, or changes in clinical practice guidelines;

20 (E) establish reporting requirements for  
21 assessment results and their use in program im-  
22 provement; and

23 (F) coordinate with relevant Federal agen-  
24 cies, professional organizations, and stake-

1 holders to ensure assessment activities align  
2 with broader health care quality initiatives.

3 (3) IMPLEMENTATION FLEXIBILITY.—The Sec-  
4 retary may implement the assessment framework  
5 under paragraph (1) through guidance, regulations,  
6 pilot programs, or other mechanisms as deemed ap-  
7 propriate, and may phase implementation across dif-  
8 ferent qualified entity types or geographic regions as  
9 necessary.

10 (4) CONTINUOUS IMPROVEMENT.—The Sec-  
11 retary shall use assessment results to identify oppor-  
12 tunities for program improvement, best practices,  
13 and evidence-based modifications to kidney disease  
14 education services, and may adjust payment policies,  
15 coverage criteria, or quality measures based on as-  
16 sessment findings.

17 **SEC. 4. INCLUDING KIDNEY DISEASE EDUCATION SERV-**  
18 **ICES AS A PREVENTIVE SERVICE UNDER PRI-**  
19 **VATE HEALTH INSURANCE.**

20 (a) IN GENERAL.—Section 2713(a) of the Public  
21 Health Service Act (42 U.S.C. 300gg—13(a)) is amend-  
22 ed—

23 (1) in paragraph (2), by striking “and” at the  
24 end;

1           (2) in paragraph (3), by striking the period at  
2 the end and inserting a semicolon;

3           (3) in paragraph (4), by striking the period at  
4 the end and inserting a semicolon;

5           (4) in paragraph (5), by striking the period at  
6 the end and inserting “; and”; and

7           (5) by adding at the end the following new  
8 paragraph:

9           “(6) kidney disease education services, as de-  
10 fined in section 1861(ggg) of the Social Security  
11 Act.”.

12       (b) EFFECTIVE DATE.—The amendments made by  
13 this section shall apply with respect to plan years begin-  
14 ning on or after January 1, 2027.