

119TH CONGRESS
2D SESSION

H. R. 9509

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.

IN THE HOUSE OF REPRESENTATIVES

JUNE 29, 2026

Ms. DELBENE (for herself and Mr. JOYCE of Pennsylvania) 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

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

(ii) by inserting “(and, at the option of the individual, in the presence of such individual’s caregiver)” before the semicolon at the end.

(B) EXPANDING SCOPE OF SERVICES.—
Section 1861(ggg)(1)(C)(i) of the Social Security Act (42 U.S.C. 1395x(ggg)(1)(C)(i)) is amended—

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

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

“(IV) therapeutic options to slow kidney function decline in individuals with kidney disease who are at risk of kidney disease progression or kidney failure;

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

“(VI) basic transition assistance for individuals who have received a kidney transplant, including education on general post-transplant self-care, coordination of follow-up care, and referral to a transplant nephrologist or other appropriate transplant 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.

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