

117TH CONGRESS
1ST SESSION

H. R. 3893

To improve kidney disease research, prevention, surveillance, and treatment in minority populations and rural and underserved communities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2021

Ms. BLUNT ROCHESTER (for herself and Mr. WENSTRUP) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To improve kidney disease research, prevention, surveillance, and treatment in minority populations and rural and underserved communities, 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 “Coordination, Account-
5 ability, Research, and Equity for All Kidneys Act of 2021”
6 or the “CARE for All Kidneys Act of 2021”.

1 **SEC. 2. KIDNEY DISEASE RESEARCH IN MINORITY POPU-**
2 **LATIONS AND RURAL AND UNDERSERVED**
3 **COMMUNITIES.**

4 (a) IN GENERAL.—The Director of the National In-
5 stitutes of Health shall expand, intensify, and support on-
6 going research and other activities with respect to kidney
7 disease in minority populations and rural and underserved
8 communities.

9 (b) CONSULTATION.—The Director of the National
10 Institutes of Health shall carry out subsection (a) in con-
11 sultation with the Administrator of the Centers for Medi-
12 care & Medicaid Services, working with personnel of the
13 Centers who are responsible for chronic care management
14 activities and have expertise in kidney care.

15 (c) RESEARCH.—

16 (1) DESCRIPTION.—Research under subsection
17 (a) shall include investigation into—

18 (A) the causes of kidney disease, including
19 socioeconomic, geographic, clinical, environ-
20 mental, genetic, racial, ethnic, and other factors
21 that may contribute to increased rates of kidney
22 disease in minority populations and rural and
23 underserved communities; and

24 (B) the causes of increased incidence of
25 kidney disease complications in minority popu-
26 lations and rural and underserved communities,

1 and possible clinical and nonclinical (such as
2 food security, housing, and access to coverage)
3 interventions to decrease such incidence.

4 (2) INCLUSION OF PARTICIPANTS.—In con-
5 ducting and supporting research described in sub-
6 section (a), the Director of the National Institutes of
7 Health shall seek to include participants from mi-
8 nority populations and rural and underserved com-
9 munities as study subjects in clinical trials.

10 (d) REPORT.—

11 (1) IN GENERAL.—Not later than 6 months
12 after the date of enactment of this section, the Sec-
13 retary of Health and Human Services shall prepare
14 and submit to the Congress a report on Federal re-
15 search and public health activities with respect to
16 kidney disease in minority populations and rural and
17 underserved communities.

18 (2) CONTENTS.—The report under paragraph
19 (1) shall at minimum address each of the following:

20 (A) Research on kidney disease in minority
21 populations and rural and underserved commu-
22 nities, including such research on—

23 (i) socioeconomic, geographic, clinical,
24 environmental, genetic, racial, ethnic, and
25 other factors (such as food security, hous-

1 ing, and access to coverage) that may con-
2 tribute to increased rates of kidney disease
3 in minority populations and rural and un-
4 derserved communities; and

5 (ii) prevention and complications
6 among individuals within these populations
7 and communities who have already devel-
8 oped kidney disease.

9 (B) Surveillance and data collection on
10 kidney disease in minority populations and
11 rural and underserved communities, including
12 with respect to—

13 (i) efforts to better determine the
14 prevalence of kidney disease among Black,
15 Hispanic/Latino, and Asian-American and
16 Pacific Islander subgroups; and

17 (ii) efforts to coordinate data collec-
18 tion on the American Indian population.

19 (C) Community-based interventions to ad-
20 dress kidney disease targeting minority popu-
21 lations and rural and underserved communities,
22 including—

23 (i) the evidence base for such inter-
24 ventions;

1 (ii) the cultural appropriateness of
2 such interventions; and

3 (iii) efforts to educate the public on
4 the causes of kidney disease, the impor-
5 tance of maintaining kidney health, and
6 actions individuals can take to avoid kid-
7 ney disease.

8 (D) Education and training programs for
9 health professionals (including community
10 health workers) on the prevention and manage-
11 ment of kidney disease and its related complica-
12 tions that is supported by the Health Resources
13 and Services Administration, including such
14 programs supported by the Bureau of Health
15 Workforce, the Bureau of Primary Health Care,
16 and the Healthcare Systems Bureau.

17 **SEC. 3. KIDNEY DISEASE ACTION PLAN.**

18 (a) IN GENERAL.—The Assistant Secretary for
19 Health of the Department of Health and Human Services
20 shall conduct, support, and expand public health strate-
21 gies, prevention, diagnosis, surveillance, and public and
22 professional awareness activities regarding kidney disease.

23 (b) NATIONAL ACTION PLAN.—

24 (1) DEVELOPMENT.—Not later than 2 years
25 after the date of the enactment of this Act, the As-

1 sistant Secretary for Health of the Department of
2 Health and Human Services shall develop a national
3 action plan to address kidney disease in the United
4 States with participation from patients, caregivers,
5 health professionals, patient advocacy organizations,
6 researchers, providers, public health professionals,
7 and other stakeholders.

8 (2) CONTENTS.—At a minimum, such plan
9 shall include recommendations for—

10 (A) public health interventions for the pur-
11 pose of implementation of the national plan;

12 (B) biomedical, health services, and public
13 health research on kidney disease; and

14 (C) inclusion of kidney disease in the
15 health data collections of all Federal agencies.

16 (c) KIDNEY DISEASE PREVENTION PROGRAMS.—At
17 the conclusion of the development of the national action
18 plan under subsection (b), the Director of the National
19 Institute of Diabetes and Digestive and Kidney Disease
20 shall conduct public education and awareness activities
21 with patient and professional organizations to stimulate
22 earlier diagnosis and improve patient outcomes from treat-
23 ment of kidney disease. To the extent known and relevant,
24 such public education and awareness activities shall reflect
25 differences in kidney disease by cause (such as hyper-

1 tension, diabetes, and polycystic kidney disease) and in-
2 clude a focus on outreach to undiagnosed and, as appro-
3 priate, minority populations and rural and underserved
4 communities.

5 (d) GRANTS FOR REDUCING BURDEN OF KIDNEY
6 DISEASE.—Beginning not later than 2 years after the
7 date of enactment of this Act, the Director of the Centers
8 for Disease Control and Prevention shall supplement and
9 expand upon the activities of the National Institute of Di-
10 abetes and Digestive and Kidney Disease by making
11 grants to nonprofit organizations, State and local jurisdic-
12 tions, and Indian Tribes for the purpose of reducing the
13 burden of kidney disease, especially in disproportionately
14 impacted communities, through public health interventions
15 and related activities.

16 (e) DEVELOPMENT OF BEST PRACTICES FOR DIAG-
17 NOSIS AND MANAGEMENT OF KIDNEY DISEASE.—Begin-
18 ning not later than 2 years after the date of enactment
19 of this Act, the Assistant Secretary for Health of the De-
20 partment of Health and Human Services shall—

21 (1) in coordination with the Centers for Disease
22 Control and Prevention, the Indian Health Service,
23 the Health Resources and Services Administration,
24 the Department of Veterans Affairs, dialysis pro-
25 viders, nephrologists, medical societies, and nursing

1 groups, develop pilot programs to demonstrate best
2 practices for the diagnosis and management of kid-
3 ney disease; and

4 (2) design such pilot programs and best prac-
5 tices for use by—

6 (A) general practitioners, family physi-
7 cians, internal medicine practitioners, nurse
8 practitioners, and physician assistants in pri-
9 vate practice; and

10 (B) Federally qualified health centers, In-
11 dian reservations, prisons, community health
12 centers, and other primary care settings.

13 (f) DATA COLLECTION.—Not later than 180 days
14 after the date of enactment of this Act, the Director of
15 the National Institute of Diabetes and Digestive and Kid-
16 ney Disease and the Director of the Centers for Disease
17 Control and Prevention, acting jointly, shall assess the
18 depth and quality of information on kidney disease that
19 is collected in surveys and population studies conducted
20 by the Centers for Disease Control and Prevention, includ-
21 ing whether there are additional opportunities for informa-
22 tion to be collected in the National Health and Nutrition
23 Examination Survey, the National Health Interview Sur-
24 vey, and the Behavioral Risk Factors Surveillance System
25 surveys. The Director of the National Institute of Diabetes

1 and Digestive and Kidney Disease shall include the results
2 of such assessment in the national action plan under sub-
3 section (b).

4 (g) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this sec-
6 tion—

- 7 (1) \$1,000,000 for fiscal year 2022;
- 8 (2) \$1,000,000 for fiscal year 2023;
- 9 (3) \$1,000,000 for fiscal year 2024;
- 10 (4) \$1,000,000 for fiscal year 2025; and
- 11 (5) \$1,000,000 for fiscal year 2026.

12 **SEC. 4. REPORT ON END-STAGE RENAL DISEASE (ESRD)**

13 **TREATMENT CHOICES (ETC) MODEL.**

14 The Assistant Secretary for Health of the Depart-
15 ment of Health and Human Services shall—

- 16 (1) annually provide to the Congress a report
17 on how the end-stage renal disease treatment choices
18 model has affected minority populations and rural
19 and underserved communities; and
- 20 (2) in each such report, include the number and
21 percentage of people in home dialysis categorized by
22 race, ethnicity, gender, geographic location, and age.

1 **SEC. 5. INCREASING KIDNEY TRANSPLANTS IN MINORITY,**
2 **RURAL, AND UNDERSERVED COMMUNITIES.**

3 (a) IN GENERAL.—The Director of the National In-
4 stitutes of Health shall expand, intensify, and support on-
5 going research and other activities with respect to kidney
6 transplants in minority populations and rural and under-
7 served communities.

8 (b) CONSULTATION.—The Director of the National
9 Institutes of Health shall carry out this section in con-
10 sultation with the Administrator of the Centers for Medi-
11 care & Medicaid Services, working with personnel of the
12 Centers who are responsible for chronic care management
13 activities and have expertise in kidney care.

14 (c) RESEARCH.—Research under subsection (a) shall
15 include investigation into—

16 (1) the causes of lower rates of kidney trans-
17 plants in minority, rural, and underserved commu-
18 nities, including socioeconomic, geographic, clinical,
19 environmental, genetic, racial, ethnic, and other fac-
20 tors that may contribute to lower rates of kidney
21 transplants in minority populations and rural and
22 underserved communities; and

23 (2) possible interventions to increase kidney
24 transplants.

25 (d) REPORT; COMPREHENSIVE PLAN.—

1 (1) IN GENERAL.—The Secretary of Health and
2 Human Services shall—

3 (A) prepare and submit to the Congress,
4 not later than 6 months after the date of enact-
5 ment of this section, a report on Federal re-
6 search and public health activities with respect
7 to kidney transplants as a treatment for end-
8 stage renal disease in minority populations and
9 rural and underserved communities; and

10 (B) develop and submit to the Congress,
11 not later than 1 year after the date of enact-
12 ment of this section, an effective and com-
13 prehensive Federal plan (including all appro-
14 priate Federal health programs) to increase the
15 number of kidney transplants in minority popu-
16 lations and rural and underserved communities.

17 (2) CONTENTS.—The report under paragraph
18 (1)(A) shall at minimum address each of the fol-
19 lowing:

20 (A) Research on kidney transplants in mi-
21 nority populations and rural and underserved
22 communities, including such research on finan-
23 cial, insurance coverage, genetic, behavioral,
24 and environmental factors.

1 (B) Surveillance and data collection on
2 kidney transplants in minority populations and
3 rural and underserved communities, including
4 with respect to—

5 (i) efforts to increase kidney trans-
6 plants among Black, Hispanic/Latino,
7 Asian-American, and Pacific Islander sub-
8 groups with end-stage renal disease; and

9 (ii) efforts to increase kidney trans-
10 plants in the American Indian population.

11 (C) Community-based efforts to increase
12 kidney transplants targeting minority popu-
13 lations and rural and underserved communities,
14 including—

15 (i) the evidence base for such in-
16 creases;

17 (ii) the cultural appropriateness of
18 such increases; and

19 (iii) efforts to educate the public on
20 the kidney transplants.

21 (D) Education and training programs for
22 health professionals (including community
23 health workers) on kidney transplants that are
24 supported by the Health Resources and Serv-
25 ices Administration, including such programs

1 supported by the Bureau of Health Workforce,
2 the Bureau of Primary Health Care, and the
3 Healthcare Systems Bureau.

4 **SEC. 6. ENVIRONMENTAL AND OCCUPATIONAL HEALTH**
5 **PROGRAMS.**

6 The Director of the Centers for Disease Control and
7 Prevention shall—

8 (1) support research into the environmental and
9 occupational causes and biological mechanisms that
10 contribute to kidney disease; and

11 (2) develop and disseminate public health inter-
12 ventions that will lessen the impact of environmental
13 and occupational causes of kidney disease.

14 **SEC. 7. UNDERSTANDING THE TREATMENT PATTERNS AS-**
15 **SOCIATED WITH PROVIDING CARE AND**
16 **TREATMENT OF KIDNEY FAILURE IN MINOR-**
17 **ITY POPULATIONS AND RURAL AND UNDER-**
18 **SERVED COMMUNITIES.**

19 (a) STUDY.—The Secretary of Health and Human
20 Services (in this section referred to as the “Secretary”)
21 shall conduct a study on treatment patterns associated
22 with providing care, under the Medicare program under
23 title XVIII of the Social Security Act (42 U.S.C. 1395
24 et seq.), the Medicaid program under title XIX of such
25 Act (42 U.S.C. 1396 et seq.), and through private health

1 insurance, to minority populations, and rural and under-
2 served communities, that are disproportionately affected
3 by kidney failure.

4 (b) REPORT.—Not later than 1 year after the date
5 of the enactment of this Act, the Secretary shall submit
6 to the Congress a report on the study conducted under
7 subsection (a), together with such recommendations as the
8 Secretary determines to be appropriate.

9 **SEC. 8. IMPROVING ACCESS IN UNDERSERVED AREAS.**

10 (a) DEFINITION OF PRIMARY CARE SERVICES.—Sec-
11 tion 331(a)(3)(D) of the Public Health Service Act (42
12 U.S.C. 254d(a)(3)(D)) is amended by inserting “renal di-
13 alysis,” after “dentistry,”.

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

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

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