ASN’s Policy Priorities in 2024

By Ryan Murray

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SN looks to build off the momentum of the policy success the kidney community experienced in 2023 and to advance several key goals this year across the following policy priority areas: intervening earlier, transforming transplant, accelerating innovation, achieving equity, and bolstering the kidney health workforce.

Intervening Earlier

Ensure that the US Preventive Services Task Force (USPSTF) establishes a screening recommendation for kidney diseases.

With 90% of people living with kidney diseases remaining unaware that they are affected due to the asymptomatic nature of the early stages of kidney disease, ASN recognizes the importance of and advocating for intervening earlier through routine screening. In 2023, ASN and the entire kidney community clearly articulated concerns that any USPSTF decision that takes a step back from early disease detection and intervention would negatively impact patients with kidney diseases. This year, ASN will continue to coordinate with the kidney community and in developing new approaches to inform USPSTF’s research and recommendation development process and promote kidney health by delaying the progression to kidney failure in addition to finding cures and examining the management of kidney failure.

Transforming Transplant

Secure fiscal year (FY)25 funding for the Health Resources and Services Administration’s (HRSA’s) Organ Procurement and Transplantation Network (OPTN) Modernization Initiative.

Only 37 pieces of legislation became law in 2023, which included the Securing the US OPTN Act through the advocacy of ASN and the entire kidney community. The law calls on the HRSA to bring transformational changes to the US transplant network, including improvements in the OPTN governance that will increase accountability as well as reforms to ensure patients are served by best-in-class operators in each of the many functions of the OPTN—such as information technology management, policymaking, and research and evaluation. Recognizing that the nation’s transplant system has been under-resourced for decades, the legislation also lifted the statutory cap on the amount of funding Congress could legally allocate to the HRSA to support transplant activities.

The HRSA and the Biden administration, which support and requested these statutory reforms, are implementing the aims of the Securing the US OPTN Act under the auspices of the “OPTN Modernization Initiative,” centered around increasing transparency, accountability, and overall system performance on behalf of patients. However, for the HRSA to fulfill the aims of the Securing the US OPTN Act and reform the nation’s organ donation and transplantation system, it must receive the appropriate funding from Congress. Securing funding for HRSA’s OPTN Modernization Initiative in FY25 is ASN’s top appropriations advocacy goal this year.

ASN will continue to work closely with the HRSA and the OPTN Modernization Initiative this year, focusing on maximizing patient access to transplantation and ensuring that access is equitable.

Establish a unified Office of Kidney Health and Transplantation (OKHT) within the US Department of Health and Human Services (HHS).

Today, at least 10 separate agencies or offices within the HHS have a role in helping the nation achieve kidney health. ASN believes that an opportunity exists for stronger coordination on kidney and transplant research across the federal government and in particular across the National Institutes of Health. ASN is proposing and evaluating the feasibility of the HHS establishing an OKHT. A potential OKHT, situated in the HHS Immediate Office of the Secretary, could ensure that all components that have a role in kidney health would work in coordination while bringing additional emphasis to and creating efficiencies across the care continuum.

Influence development of a new Center for Medicare and Medicaid Innovation (CMMI) model for transplant.

For several years, ASN has advocated for the creation of a CMMI model that focused on transplantation. After intense kidney community dialogue in 2022 and 2023 with CMMI and other kidney health stakeholders, the community has excitedly received confirmation that such a model is imminent. At the time of publication, the model was currently being reviewed by the Office of Management and Budget before it will be released to the public. If and when a new model is released for public comment this year, ASN will provide feedback to the CMMI to influence its development before it is fully enacted.

Accelerating Innovation

Socialize approaches to payment pathways for new and innovative technology.

ASN has emphasized the importance of innovation within the kidney space and its ability to advance kidney care for patients by including funding for the Kidney Innovation Accelerator (KidneyX) and the National Institute of Diabetes and Digestive and Kidney Diseases in its annual congressional appropriations advocacy. However, the payment system within which kidney care operators is extremely constrictive and stifles innovation. As innovators reimagine what a kidney looks like and explore ways to bioengineer a kidney or successfully conduct xenotransplantation, among other groundbreaking opportunities, the payment system must be prepared for when these new therapies are safely approved and ready to be brought to market. Patients will ultimately suffer if they are unable to access the latest advances, so ASN will socialize novel approaches to payment pathways for new and innovative technologies.

Influence the future of End-Stage Renal Disease Treatment Choices (ETC) and Kidney Care Choices (KCC) models.

The ETC and KCC models were designed to incentivize delaying dialysis and to encourage home dialysis and kidney transplants for Medicare beneficiaries. As the Centers for Medicare & Medicaid Services (CMS) reviews and refines each model, ASN will continue to seek to impact the future of both models through annual comment periods. Specifically, ASN will advocate that the 10% “stretch goal” achievement threshold escalators for the later model years be removed, that participants within the ETC are credited for a kidney transplant for the life of the transplant, and that all models factor in and prepare for the impact of Medicare Advantage so that they are not entirely based on participants with fee-for-service plans.

Achieving Equity

Develop and promote specific policies to address the impact of climate change on kidney health, and advance climate health.

People living with kidney diseases are uniquely vulnerable to the effects of climate change, which itself threatens to increase the incidence and prevalence of kidney diseases, disrupt access to care, and widen inequity in kidney health. ASN will advocate for the collection and distribution of data that identify the direct impact of climate change on kidney health (i.e., increased heat exposure, dehydration, degrading air quality, and secondary effects that arise from disruptions in care caused by the increasing pace of severe weather events) and will evaluate the contributions kidney care has on climate change, drawing attention to the large environmental footprint of existing therapies to manage kidney failure.

Ensure appropriate access to sodium-glucose cotransporter-2 inhibitor (SGLT2i)/agonists.

For decades the kidney community has seen a dearth of new drugs and therapies compared with other diseases. Now that new therapeutic options are on the horizon and several, such as SGLT2i/agonists, have already entered the marketplace and begun to improve patients’ lives, it is essential that every patient be able to access these new therapies. ASN will advocate for equitable access to SGLT2i/agonists and any other future therapeutic.

Advance racial equity in health care.

On January 20, 2021, President Biden signed Executive Order 13985—Advancing Racial Equity and Support for Underserved Communities Through the Federal Government—which charged the federal government with advancing equity for all communities that have long been underserved, and addressing systemic racism in the nation’s policies and programs. ASN will continue to work across all of the HHS to further the goals of this order to ensure equitable access to kidney care for all Americans from early detection, encourage efforts to slow kidney diseases’ progression, and secure choice of modalities for those who reach kidney failure to access kidney transplantation. ASN will also continue working with the CMS to promote the collection of data on social determinants of health (SDOH), the development of policies to address the impact of SDOH, and other strategies to reduce health care disparities for all.

Bolstering the Kidney Health Workforce

Sustain and expand funding for physician training.

A robust, highly qualified, and diverse workforce is necessary to meet the nation’s kidney care needs. To attract the best and brightest talent to the nephrology specialty, ASN will explore opportunities to expand funding for physician training through programs like Medicare Graduate Medical Education and HRSA Health Workforce (Title VII).

Ensure stability in the physician workforce by addressing physician payment.

The 20% decline over the past 2 decades in physician payment via the Medicare Physician Fee Schedule must be reversed. A 3.4% payment cut is expected to take place in 2024, resulting in approximately 1% payment reduction for nephrology. ASN seeks to reverse these cuts through the Medicare Physician Fee Schedule with congressional action. ASN will also advocate to expand access to federal student loan forgiveness for kidney health professionals.
As a new member of the American Medical Association, ASN will also coordinate its efforts with the broader health professional community.

**Shape the future of the Merit-Based Incentive Payment System (MIPS).**

ASN will provide feedback to the CMS on improving MIPS and its quality payment program, during the annual open comment period. During the beginning of the COVID-19 pandemic, the CMS automatically applied a hardship exemption for MIPS. In 2022, the hardship exemption was no longer automatic, and physicians had to apply. With a 2-year lag in payment, 2024 MIPS payments will be based on 2022 costs of care data. That data have not been as readily available as they were before the COVID-19 pandemic, and ASN is monitoring the impact of the data without a hardship exemption and advocating for appropriate payment policy adjustments.

To keep track of ASN’s efforts to intervene earlier, transform transplant, accelerate innovation, achieve equity, and bolster the kidney health workforce in 2024, follow coverage in *Kidney News* and the ASN podcast feed, and visit the ASN policy webpage (https://www.asn-online.org/policy/). For real-time updates, follow ASN policy on X @ASNAdvocacy.

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**New Resource Empowers Patients with Diabetic Kidney Disease and Their Families**

*By Karen Blum*

A new, free learning module from ASN’s Diabetic Kidney Disease Collaborative (DKD-C) aims to empower people with DKD to learn more about their condition and become active participants in their care. Health care professionals are encouraged to share this resource, called “Your Kidneys and Your Health: Living with Diabetes,” with their patients to help them understand DKD and improve communication with their health care team.

The module has several sections, starting with a primer chapter called *Kidney Disease 101*, which explains how the kidneys work and what they do, how diabetes impacts the kidneys, and the stages of kidney diseases. Additional chapters are:

- **Engaging with Your Care Team**, which covers questions patients can ask their clinicians, the importance of effective communication, and treatment options. It also features forms to download to track medical test results and medications.
- **Healthy Lifestyles in Diabetic Kidney Disease**, which explains nutrition and diet management; the importance of protein, exercise, and medical nutrition therapy; and advice for parents of children who have diabetes.
- **Progress Towards Health Equity**, which covers how unique life experiences and social determinants of health can impact the care patients need and receive and how they can talk to their physicians.
- **Diabetes, Blood Pressure, the Heart, and the Kidneys**, which presents educational information about chronic kidney disease, diabetes and kidney damage, high blood pressure and diabetes, and the connection between heart disease and kidney diseases.
- **Patient/Pharmacy Assistance Information**, which provides material about how pharmacists can help patients access financial assistance to afford their medications. Upon completing the module, participants can print an attendance certificate and complete an evaluation.
- **In Your Own Words**, which features interviews with experts and patients about their experiences with diabetes and DKD, and how they have adapted their lives to live well with the condition.
- **DKD-C FAQs**, which presents frequently asked questions and answers related to diabetic kidney disease, but they use it as a guide for how to speak with their physician or what questions to ask, what medications they should be on, and what type of lifestyle approaches they could use.

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The module also offers recommendations for patients in the different topic areas, she continued: “There are specific questions provided for patients of what they can ask their physicians to make sure that the experience that they’re receiving and how they interact with their physician are really valuable for them.”

Individuals do not have to complete the course in order, Nicholas said. For example, if they had an upcoming doctor’s appointment, they could go straight to the section on engaging with the care team and review questions to ask clinicians or a glossary of kidney-related medical terms.

We give them the verbiage of how to describe their kidney function, albuminuria, and things like that, so that when they go to their doctors they are really equipped and they have added knowledge,” Nicholas explained. “My hope would be that patients use this not only in terms of educating themselves about the different aspects of their care related to diabetic kidney disease, but they use it as a guide for how to speak with their physician or what questions to ask, what medications they should be on, and what type of lifestyle approaches they could use.”

Mortl, who has spent decades trying to better the knowledge base for patients with diabetes and chronic kidney disease, said participating in the project was personal for her. “With the increase in number of available treatments, I wanted to provide that knowledge base to patients in order to improve outcomes,” she said. “People have better diabetes control and somewhat better hypertension control. But we don’t do a very good job, especially in the United States, in getting people on guideline-driven treatments. I wanted to expand the opportunity to provide these treatments to patients, and what better way to do that than to go to patients themselves?”

The collaborative plans to promote the module with an upcoming publication, Mortl said, and will update the sections as needed using participant feedback.

The DKD-C was launched by ASN in July 2019 in response to the development of new therapies for people with DKD. The collaborative works to increase coordination among primary care physicians, nephrologists, and other specialists to deliver appropriate therapies to people living with DKD. It also aims to provide educational information to help nephrologists and other health professionals provide high-quality care to people with DKD and to address legislative, regulatory, and policy issues that affect the ability of nephrologists and other health professionals to provide high-quality care to people with DKD. DKD remains one of the most common and serious complications of type 2 diabetes.

To view the module or refer the resource to patients, see https://epc.asn-online.org/learning_course/your-kidneys-and-your-health/.