



KCP Policy Priorities

Supporting Patient-Centered Care
and Promoting Innovations Across
the Full Kidney Care Continuum

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KCP Policy Priorities

The scope of kidney disease is significant and goes far beyond End Stage Renal Disease (ESRD) and dialysis. Our diverse membership shares a broad vision of KCP policy priorities, and each are committed to meeting patients' needs at every stage along the care continuum. These priorities range across the full spectrum of the disease cycle, including education, prevention, early intervention, dialysis treatment, transplant, and post-transplant care.

The following policy priorities focus on supporting patient choice, equity and access in coverage options, treatment modalities, and innovative treatments and services. KCP is also committed to transforming the Medicare ESRD benefit into a more patient-centered program, advancing quality to promote greater transparency and patient-centered decision-making, and ensuring equitable access to care for individuals living with kidney disease as the COVID-19 pandemic continues.

Support Patient Choice of Treatment Options and Coverage

Expand Access

- Advocate for coverage of kidney disease screening in Medicare wellness visit.
- Identify inequities in the delivery of kidney care and develop recommendations to support policies to address them.
- Identify barriers that interfere with dialysis access for patients transitioning to dialysis and develop recommendations to remove these barriers.
- Support policies promoting transplant, including accessing pre-emptive transplant, expanding access to waitlists, and supporting efforts to increase the supply of organs.
- Maintain telehealth options for patients with kidney disease, as well as for living donation evaluation and kidney transplant follow-up.
- Support efforts to address workforce and staffing issues, including policies that provide early exposure to the nephrology field for medical students.

Expand Home Dialysis Choice

- Support policies to remove barriers for patients selecting home dialysis by:
 - advocating for expansion of the Medicare Kidney Disease Education benefit, and
 - identifying and seeking removal of regulatory barriers to coordinating patient care and education between providers and facilities.

Innovation

- Develop policies to promote and encourage innovation and eliminate barriers to the long-term adoption of innovative products and services in the ESRD Prospective Payment System (PPS) and Medicare Advantage (MA) program.
- Support efforts to increase both NIH funding for kidney disease research and expanded funding for KidneyX.

Transplant

- Support policies to remove barriers to transplant, including advocating for:
 - Expansion of the Medicare Kidney Disease Education benefit,
 - Funding for living donor education through the HRSA annual appropriations legislation; and
 - Reducing barriers patients face regarding waitlists.
- Support legislation and regulatory actions to increase accountability for organ procurement organizations and remove barriers for living donation, including efforts to exclude living donors from insurance coverage because of their donation.

Coverage

- Ensure the proper implementation of the expansion of Medicare Advantage (MA) to dialysis patients, protect access by opposing any policy that would discriminate against or provide inadequate insurance networks for dialysis patients, and support CMS releasing the same data on this population, including quality, utilization, and payment data, that it provides for beneficiaries enrolled in traditional Medicare, to enable the continuing mission of the United States Renal Data System (USRDS).
- Ensure that individuals with kidney disease have the same insurance options as other Americans and continue to work with the kidney care community to protect charitable premium assistance and preventing insurer from discriminating against patients with kidney disease/ kidney failure.
- Expand access to Medigap policies to patients who qualify for Medicare because of ESRD.
- Extend the Medicare Secondary Payer provision options for ESRD patients.

Reform the Medicare ESRD Benefit

- Continue efforts to seek the appropriate implementation of policies related to incorporating new products into the ESRD PPS, including further delaying or permanently excluding oral-only drugs for the treatment of ESRD.
- Identify and seek elimination of policies that create barriers to promoting high quality care, such as inappropriate patient-level adjusters, facility adjusters, and cost-report-related policies.
- Ensure that new payment models, such as the ESRD Treatment Choices (ETC) model and the Voluntary ESRD models:
 - Effectively incentivize improvements in patients' outcomes and avoid penalties that would undermine the delivery of high-quality care;
 - Do not create barriers to innovative products and services;
 - Include appropriate metrics and benchmarks that drive improvement while honoring and respecting patient choice and creating accountability of all kidney care providers in influencing the adoption of home dialysis and transplant. This includes transplant centers and organ procurement organizations.
- Identify and work with organizations (e.g., MedPAC) and individuals (e.g., academics, former CMS officials) aligned with KCP on payment issues.
- Provide opportunities for clinicians, providers, and facilities of all types, sizes, and geographic locations to participate in innovative payment models.
- Prevent Congress from using ESRD-specific offsets for other policies, such as budget deals, entitlement reform efforts, among others.

Advance Kidney Care Quality

- Seek to streamline the quality programs and appropriate implementation of the Quality Incentive Program (QIP) and Five Star.
 - Engage the Administration to eliminate or align duplicative or inconsistent measures and structural concerns in the various ESRD-related quality programs and have Medicare programs rely upon a parsimonious set of valid, reliable measures that matter to patients and that will promote quality improvement; work to eliminate measure bloat and focus on "measures that matter."

- Seek policies that implement the intent of the Congress that CMS rely upon measures endorsed by the National Quality Forum (NQF) and not use measures that the NQF has considered, but not recommended for endorsement.
- Seek passage of the quality provisions in the Chronic Kidney Disease Improvement in Research and Treatment Act (S. 1971/H.R. 4065 in the 117th Congress).
- Determine ways to leverage the expertise of the Kidney Care Quality Alliance (KCQA) to develop metrics that improve patient outcomes, including:
 - Continue efforts begun in 2021 to develop measures in the domains of transplant, home dialysis, anemia management, bone mineral, and infection control and seek their adoption in the ETC, QIP, and other ESRD quality programs, as appropriate.
 - Determine appropriate level of support for KCP to assist in the testing of the Home Dialysis “CAHPS” instrument.
 - Together with CMS, consider developing a patient-reported outcomes measure.
- Ensure all stakeholders, and especially patients, play active roles in quality issues.
- Identify and work with organizations (e.g., MedPAC) and individuals (e.g., academics, former CMS officials) aligned with KCP on quality issues.
- Seek alignment of measures across various Medicare quality programs.

COVID-19

- Continue to support and advocate for flexibilities and other policies that help best address the COVID-19 pandemic for those living with chronic kidney disease (CKD), individuals receiving dialysis treatments, and kidney transplant recipients, by:
 - educating policymakers and Members of Congress about the impact of COVID-19 on individuals living with kidney disease.
 - educating Congress on the healthcare workforce shortage, particularly as it relates to the vaccine mandates.
 - working with the Congress and the administration to break down legislative and regulatory barriers to promote patient access to therapies available in the home setting when available during the pandemic.
 - advocating for the prioritization of patients on dialysis and the health care professionals and staff who care for them.
 - support policies protecting individuals with kidney disease from being denied medical care based on their need for dialysis.