July 31, 2026

Dear Colleague:

This month, the American Society of Nephrology's (ASN's) efforts to advance policies that improve prevention, diagnosis, treatment, and innovation in kidney care focused on defending medical research; improving quality measurement; and advocating for improvements in transplantation access, coordination, and logistics.

1) ASN Urges OMB to Rescind Proposed Rule "Regulation for Federal Financial Assistance" and Coordinates Community Response

ASN urged OMB to rescind or significantly revise the proposed rule, *Regulation for Federal Financial Assistance* to prevent negative impacts on kidney research. ASN and partners within the kidney community share serious concerns that this rule would undermine the peer-review process, threaten long-term research projects, and add new barriers to collaboration and publication. ASN led a similar collaborative effort with the American Kidney Fund, American Society of Pediatric Nephrology, and National Kidney Foundation to advocate for the defense of kidney research within the existing federal framework. ASN will keep members updated with future developments, and continue to advocate for sustained, predictable research funding that is essential to accelerating progress toward ASN's vision of a world without kidney diseases.

2) ASN Quality Committee Meets to Address Regulatory Concerns Affecting Nephrology Care

We were pleased to welcome the ASN Quality Committee to the ASN headquarters in Washington, DC, on July 13 for its annual in-person meeting. Each summer, the committee convenes to review and discuss ASN's responses to the major Medicare proposed rules that shape kidney care, including the End-Stage Renal Disease Prospective Payment System (ESRD-PPS) and Quality Incentive Program (QIP) proposed rule and the Medicare Physician Fee Schedule (PFS) proposed rule.

In this year's ESRD PPS proposed rule, CMS proposes increasing the dialysis base payment rate to $299.55, reflecting a modest 1.1% increase compared to the CY26 base rate. CMS also proposes changes to the post-TDAPA payment calculation methodology, expansion and restructuring of the Low-Volume Payment Adjustment (LVPA), an increase to the home and self-dialysis training add-on payment, and two permanent changes to pediatric ESRD payment. The rule also includes an extensive set of Requests for Information (RFIs) seeking stakeholder input on topics such as home dialysis, palliative dialysis care, and the ESRD Dialysis Patient Life Goals (D-PALS) measure, and other dialysis related policy topics.

This year's Medicare Physician Fee Schedule proposed rule would reduce physician payment conversion factors to $33.17 for clinicians participating in Advanced Alternative Payment Models (APMs) and $32.84 for non-APM clinicians, representing decreases of 1.19% and 1.68%, respectively. While the rule includes the statutory payment updates of 0.75% for APM clinicians and 0.25% for non-APM clinicians, those increases are outweighed by the expiration of the temporary 2.5% physician payment increase enacted by Congress for 2026. Separately, CMS estimates a 0% specialty-specific impact for nephrology based on the proposed RVU and policy changes; this estimate does not reflect the effect of the reduced conversion factors.

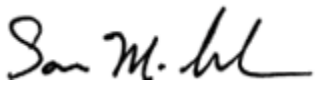
Additional highlights from the proposed Physician Fee Schedule include:

- Proposed G2211 Replacement: CMS proposes replacing add-on code G2211 with two new modifiers—which would offer a 16% payment increase for eligible office visits and a 32% increase for clinicians in the MSSP or the upcoming LEAD Model.
- Proposed Remote Care Changes: The rule proposes tightening standards and requirements for Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM).
- Proposed MIPS Transition: CMS proposes sunsetting traditional MIPS reporting beginning in performance year 2029 to transition clinicians toward MIPS Value Pathways (MVPs).

ASN will continue working with the Quality Committee and other volunteer leaders to develop comments on both proposed rules, with ESRD PPS QIP comments due August 24 and Medicare Physician Fee Schedule comments due September 14.

Thank you for your steadfast commitment to improving outcomes for people living with kidney diseases. ASN looks forward to working together to advance these shared goals in the months ahead.

Sincerely,



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