



Dear Colleague:

Thank you for being a member of the American Society of Nephrology (ASN).

ASN remains steadfast in its commitment to advancing progress in kidney care through innovation, access, and workforce development, even amid a rapidly shifting policy landscape. This guarantee to you—our members—and the millions of people living with kidney diseases, was on full display in May 2025. To prove this point, I'd like to share five highlights.

1. ASN supported innovation from the bench to the bedside. ASN advocates for robust federal research funding and convenes the community to expedite the development of new therapies for people living with kidney diseases. In addition to advocating for increased funding for the National Institutes of Health—especially the [National Institute of Diabetes and Digestive and Kidney Diseases](#)—and [KidneyX](#), ASN hosted the [Kidney Innovation Conference](#) and the Third Acute Kidney Injury (AKI): Bench to Bedside Conference, "[Artificial Intelligence in AKI Research](#)".

Building on these efforts, ASN also focused on reforming the Medicare End-Stage Renal Disease Program (ESRD) Prospective Payment System bundle, "de-siloing" kidney care, and identifying reforms to ensure advances in treatment for glomerular diseases are compensated appropriately. I look forward to sharing more about these efforts in future letters.

2. ASN defended—while still trying to expand—patient access to health care. Through its [Legislative Action Center](#), ASN urged the society's members to protect the Medicaid program against funding cuts proposed in the One Beautiful Bill Act (HR 1). ASN also met with the Health Resources and Services Administration Division of Transplantation to discuss the society's transplant-related priorities. And finally, the ASN Centers of Excellence in Home Dialysis Workgroup met to develop criteria for recognizing "health care organizations that meet or exceed national standards and evidence-based guidelines in the care and treatment of people on home dialysis."

3. ASN helped influence payment models in the Medicare program. To balance rising costs and increasing therapeutic breakthroughs, ASN advocates for payment reforms focused on value, not volume. Throughout the month, ASN worked directly with the Centers for Medicare & Medicaid Services (CMS) and the CMS Innovation Center to express concerns about the Kidney Care Choices (KCC) Model and the Increasing Organ Transplant Access (IOTA) model (which begins on July 1, 2025).

Recently, CMS announced “a coordinated set of changes to the KCC Model starting in [performance year] 2026,” which CMSS describe as changes “that are expected to improve the model test by adjusting the financial methodology and participation options to improve model sustainability.” The model will extend for one year through 2027. However, ASN has expressed its concerns about these changes—such as the 1% discount in the chronic kidney disease (CKD) benchmark in the Global track, the 1% discount in both the CKD and ESRD benchmarks in the Professional track, and the elimination of the Kidney Transplant Bonus (KTB) for the entire model—to the CMS Innovation Center.

ASN also hosted a webinar—[Nephro-Economics 2025: Advancing Kidney Care in a Changing Environment](#)—in collaboration with Columbia University Irving Medical Center Division of Nephrology. I hope you were one of the more than 400 of your colleagues who participated in this discussion, which addressed kidney care delivery patterns, federal kidney health and transplant policy, and quality initiatives in kidney and transplant care. ASN will distribute a videorecording of the webinar soon.

4. ASN expanded its efforts to address the workforce crisis. The ASN-American Society of Transplantation Task Force on Accreditation Council for Graduate Medical Education (ACGME) Accreditation for Transplant Nephrology drafted transplant nephrology training program requirements. These comments are [open for public comment](#) through Wednesday June 18.

In terms of the workforce crisis, ACGME accreditation of transplant nephrology fellowship training programs is important for at least two reasons. First, only ACGME-accredited residency and fellowship programs are eligible for the estimated \$18 billion in Medicare funding for graduate medical education.

Second, most applicants to transplant nephrology fellowship training programs are graduates of international medical schools (IMGs) who need either J-1 or H1-B visas during their transplant training. Since 2023, ACGME-accredited institutions wishing to host J-1 physicians in non-standard training (NST) programs have been required to obtain ACGME NST recognition, without which they would not be able to hire transplant fellows on J-1 visas. Today, obtaining NST recognition involves substantial application process requiring extraordinary efforts on the part of the program, efforts that will be less onerous once ACGME begins to accredit transplant nephrology training programs (1).

During the past month, ASN also initiated its project with the [Migration Policy Institute](#) to understand how US immigration policies affect IMGs and their ability to transition from temporary to permanent legal statuses. This project focuses on a broad range of policies, including (but not limited to) the Conrad 30 Program, per-country caps on green card accessibility, and restrictions on Pell Grant funding.

In addition to encouraging members to use the [Legislative Action Center](#) to urge Congress to protect medical student loan programs, ASN hosted a Spring Town Hall for Nephrology Fellowship Training Program Directors that included a session, “Navigating Physician Immigration in a Shifting Political Climate.” The Senior Vice President for Regulatory Affairs at Intealth—a private nonprofit organization that brings together the Educational Commission for Foreign Medical Graduates and Foundation for Advancement of International Medical Education and Research—provided an in-depth update on the latest developments in this area of fast-moving changes.

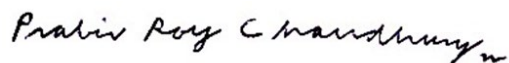
5. ASN continued to think big about the future of kidney health. As I reach the midpoint of my tenure ASN President, I’m most proud of the fact that ASN never stops thinking big. In May, the society continued to advocate for the Department of Health and Human Services (HHS) to establish an Officer of Kidney Health and Transplantation to help set a strategic vision, coordinate, and align kidney health policies across HHS, which includes CMS, NIH, the Food and Drug Administration, and the Centers for Disease Control and Prevention.

Because ASN’s greatest strength is its members—nephrologists, scientists, and other health professionals—and their commitment to “a world without kidney diseases,” I’m also quite proud of the [ASN Fostering Innovative Leadership in Nephrology and Dialysis \(FIND\)](#) program that is “growing future generations of leaders”. The participants and their mentors met in May, and I suspect that this program will produce future HHS Officers of Kidney Health and Transplantation!

As a mission-driven organization, ASN advocates for innovative, evidence-based policies that improve kidney health. My colleagues on the ASN Council, the many volunteers who contribute their valuable time to the society, the staff, and I will always move forward, because we cannot allow progress to stall at the edge of potential.

Again, thank you. If you have any questions about this letter, ASN’s policy efforts, or how the society can help you, please contact ASN at policy@asn-online.org.

Sincerely,



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President

(1) Singh N. *et al.* Should Transplant Nephrology Pursue Recognition from the Accreditation Council for Graduate Medical Education (ACGME)? *Clinical Journal of the American Society of Nephrology* [19\(8\):p 1051-1060, August 2024](#).