



February 2, 2026  
Partnership for Quality Measurement  
c/o Battelle  
901 D Street, SW  
Suite 900  
Washington, DC 20024

**RE: “New Status for Measure Deferrals Beyond 6 Years” Public Comment Period**

Dear Partnership for Quality Measure (PQM) Staff,

On behalf of the more than 37,000,000 Americans living with kidney diseases and the nearly 22,000 nephrologists, scientists, and other kidney health care professionals who are members of the American Society of Nephrology (ASN), we take seriously the opportunity to provide comments in response to Batelle’s “New Status for Measure Deferrals Beyond 6 Years” public comment period.

ASN expresses deep concern regarding the Partnership for Quality Measurement (PQM)’s proposed “Endorsed by Extension” status. This temporary designation would bypass the current system and allow currently endorsed measures that cannot undergo scheduled maintenance review due to presumed resource constraints to retain endorsement for up to eight years from their most recent review. ASN strongly believes that this proposal threatens the validity of the measure endorsement process because it delays stakeholder input and public comment for an additional two years. This puts patients at risk.

**ASN Opposes the Partnership for Quality Measurement’s “New Status for Measure Deferrals Beyond 6 Years” Proposal**

ASN believes that Battelle’s proposal contradicts the intent of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA, Public Law 110-275). MIPPA requires Consensus-Based Entities (CBEs) to “establish and implement a process to ensure that measures are endorsed are updated (or retired if obsolete) as new evidence is developed.”<sup>i</sup> By extending the endorsement period and postponing scheduled review, Battelle’s proposal directly conflicts with this statutory mandate.

Given the rapid pace of medical innovation and the frequent evolution of clinical standards, stakeholders must review and update quality measures on a regular basis. Independent third-party review remains essential to minimize conflicts of interest and preserve the objectivity, credibility, and trustworthiness of the endorsement process. Battelle’s proposed deferral policy weakens these safeguards by allowing measures to retain endorsement status for up to eight years without undergoing the standard review

and public comment processes. This delay would slow the identification and removal of outdated or obsolete measures, place patients and clinicians at risk, and undermine the integrity of the endorsement framework.

### **ASN Underscores the Importance of Robust and Transparent Quality Measurement in Kidney Care**

Currently, more than 800,000 Americans have kidney failure, including more than 550,000 receiving chronic dialysis and more than 200,000 living with a kidney transplant. Individuals with ESRD have substantial and permanent loss of kidney function and require either a regular course of dialysis or a kidney transplant to survive. In 1972, Congress enacted legislation allowing qualified individuals with ESRD under the age of 65 to enroll in the Medicare program. It is estimated that Medicare now covers 80% of patients with dialysis.

The ESRD Quality Incentive Program (QIP) was the first mandatory federal pay for performance program. Launched on January 1, 2012, the QIP links 2% of the payment that a dialysis facility receives for Medicare patients on dialysis to the facility's performance on quality of care measures. Quality measures are evaluated annually for inclusion on the basis of importance, validity, and performance gap. Critically, these quality measures drive care delivery and resource allocation, and therefore are highly impactful for patients

The Social Security Act requires QIP measures to be endorsed, unless the Secretary determines that no feasible and practical endorsed measure exists for a specified area or medical topic, in which case the Secretary may specify an alternative measure after considering measures endorsed or adopted by a recognized consensus organization. MIPPA strengthened this requirement by expecting the consensus-based entity responsible for measure maintenance to uphold its role and to maintain an ongoing process for updating measures. Section 1881(h) of the Social Security Act explicitly requires the Secretary to establish a process for updating measures in consultation with interested parties, reinforcing the need for continuous review and public engagement<sup>ii</sup>.

Under the new proposal, two ESRD QIP measures would be eligible for the proposed endorsement status: the Standard Readmission Ratio (SRR) and the Percentage of Prevalent Patients Waitlisted (PPPW). We are concerned that this approach would prevent nephrologists and other clinical experts from reviewing and providing ongoing input on these measures. Given anticipated shifts in payer mix, the expansion of mandatory and voluntary value-based care models, and changes to provider reimbursement nationwide over the next several years, ongoing review of measure specifications is essential. Without continued oversight, there is a risk of unintended consequences related to readmissions and transplant waitlisting that could negatively affect patient care.

## Conclusion

ASN urges Battelle and PQM to maintain the existing review and public comment process. Extending the endorsement period would reduce transparency, weaken stakeholder participation, and risk allowing outdated measures to influence patient care and reimbursement. To discuss this letter further, please contact Lauren Ahearn, ASN Policy and Government and Affairs Coordinator, at [lahearn@asn-online.org](mailto:lahearn@asn-online.org).

Thank you,

A handwritten signature in black ink, appearing to read "JL Ibrahim".

Tod Ibrahim  
ASN Chief Executive Officer and Executive Vice President

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<sup>i</sup> <https://www.govinfo.gov/content/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf>

<sup>ii</sup> [https://www.ssa.gov/OP\\_Home/ssact/title18/1881.htm](https://www.ssa.gov/OP_Home/ssact/title18/1881.htm)