COALITION FOR KIDNEY HEALTH

Kenneth (Ken) Callahan
Chief Policy Advisor, Intermediate Office of the Secretary (IOS), Department of Health and Human Services (HHS)
200 Independence Ave SW
Washington, DC 20201

April 3rd, 2026

Dear Ken,

The Coalition for Kidney Health is writing today in support of a proposed chronic kidney disease (CKD) and cardio-kidney-metabolic syndrome (CKM) Action Plan focused on early identification and diagnosis of chronic kidney disease. CKD is an underrecognized public health crisis, with 1 in 3 US adults at risk, and more than 1 in 7 who already have the disease. The Coalition for Kidney Health was founded with a simple mission of the recognition of kidney disease as a critical public health crisis and to its early diagnosis and management. We are a multi-stakeholder group of partners committed to using every tool at our disposal to achieve these goals.

In 2019, the first Administration of President Donald J. Trump signed the transformative Executive Order on Advancing American Kidney Health. The Advancing American Kidney Health initiative stated that it would be the policy of the nation to "prevent kidney failure whenever possible through better diagnosis, treatment, and incentives for preventive care" as well as to improve patient choice of treatment modality for end-stage renal disease (ESRD) and increase access to kidney transplantation. [1] Unfortunately, the current Administration did not adequately invest in the Advancing American Kidney Health initiative. Accordingly, we believe there is more work to do to emphasize prevention and early detection of kidney disease, including through lifestyle and nutrition interventions.

CKD the progressive loss of kidney function over time, is common and burdensome. Kidney disease is a silent disease, so as it progresses, catalyzing a cascade of ill health effects, most of those who have it remain unaware. Even at its latest stages, awareness remains low. CKD is more common in people with risk factors such as diabetes, hypertension, heart disease, and obesity, as well as in the elderly.[2] CKD can also be caused by inherited conditions like polycystic kidney disease (PKD), glomerular diseases, and autoimmune conditions like lupus, among other conditions and circumstances.[3] Many of these conditions are rare diseases, further complicating efforts for patients to secure diagnoses and access to care, but in total they drive a significant share of the burden caused by CKD (e.g., glomerulonephritis is mostly caused by rare diseases but in total accounts for 10–15 percent of kidney failure[4]). CKD is closely related to a range of comorbidities, especially to cardiovascular disease, which leads to high morbidity and

[1] https://trumpwhitehouse.archives.gov/presidential-actions/executive-order-advancing-american-kidney-health/
[2] https://www.kidney.org/kidney-topics/chronic-kidney-disease-ckd
[3] *Ibid.*
[4] https://www.ncbi.nlm.nih.gov/books/NBK560644/

mortality.[5] People with CKD who survive its comorbidities may eventually lose all kidney function (ESRD). Once someone has reached kidney failure, he or she depends on dialysis or a kidney transplant to survive.

The consequences of underdiagnosed and undermanaged CKD are extraordinary. The 15 percent of aged Medicare beneficiaries with CKD account for more than a quarter of total fee-for-service Medicare spending ($86.4 billion).[6] Beneficiaries with ESRD account for more than another $50 billion annually.[7] As more Medicare beneficiaries with kidney disease migrate to Medicare Advantage (MA), MA spending on kidney disease is rapidly increasing. In 2021, Medicare Advantage spend on ESRD increased by 46.4% in one year.[8] For the Medicare program alone, the implications of kidney disease are extreme given that by 2060, the number of people age 85 years and older is projected to triple from its current estimate of 6.7 million to 19.0 million.[9] Rare kidney diseases can be especially costly because they can cause ESRD at younger ages, representing a disproportionate share of children and adolescents with ESRD. [10] [11] All Americans are affected by CKD, whether by the disease itself which robs patients of their opportunities for good health and productivity, or as taxpayers responsible for financing the Medicare program's responsibility to fund the care of the chronically ill.

Consistent with the Administration's commitment to Making America Healthy Again, the Coalition for Kidney Health recommends the Centers for Medicare and Medicaid Services (CMS) implement the CKD/CKM Action Plan outlined below. Each of the policies described in the Action Plan would have material impacts on the health of the nation. We thank CMS for its attention and prompt action.

Sincerely,

The Coalition for Kidney Health

Proposed CMS Action Plan

Chronic Kidney Diseases and Cardio-Kidney-Metabolic Syndrome

Introduction

For too long, individuals with chronic kidney disease(CKD)—35.5 million Americans—have seen their health grow worse and progress to end-stage renal disease (ESRD) and kidney failure at tragically early ages.[12,13] CKD is a

[5] https://usrds-adr.niddk.nih.gov/2023/chronic-kidney-disease/3-morbidity-and-mortality-in-patients-with-ckd
[6] https://usrds-adr.niddk.nih.gov/2023/chronic-kidney-disease/6-healthcare-expenditures-for-persons-with-ckd
[7] https://usrds-adr.niddk.nih.gov/2023/end-stage-renal-disease/9-healthcare-expenditures-for-persons-with-esrd
[8] *Ibid.*
[9] *Kidney disease in the elderly a case-based guide*. (2024). SPRINGER INTERNATIONAL PU.
[10] https://journals.lww.com/cjasn/fulltext/2023/11000/a_policy_call_to_address_rare_kidney_disease_in.22.aspx
[11] https://usrds-adr.niddk.nih.gov/2023/end-stage-renal-disease/8-esrd-among-children-and-adolescents
[12] Centers for Disease Control and Prevention. *Chronic Kidney Disease in the United States, 2023*. Centers for Disease Control and Prevention, US Department of Health and Human Services; 2023
[13] United States Renal Data System. 2025 *USRDS Annual Data Report: Epidemiology of kidney disease in the United States.* National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2025.

significant burden both on Americans' health and on the budgets of Medicare and Medicaid, with individuals with CKD representing 36 percent of costs for Medicare fee-for-service (FFS) beneficiaries—accounting for over $140 billion of Medicare FFS spending and even more in Medicare Advantage.[14] Beneficiaries with ESRD account for more than another $55 billion annually.[15]

These costs are even more significant when considering comorbidities across the cardio-kidney-metabolic (CKM) syndrome affecting well over 130 million Americans.[16] It is well recognized that individuals with CKD are at high risk of developing cardiovascular disease (CVD) or type 2 diabetes (T2D).[17] Meanwhile, individuals with a combination of these conditions are at a higher risk of hospitalization, and account for a significant portion of the cost burden. Indeed, individuals with one condition of CKD, CVD, or T2D account for almost double the average healthcare spending per capita, while the average cost for an individual with all three conditions is approximately four times that of the average American.[18]

CKD is marked by missed opportunities to close gaps in care, and the consequences of underdiagnosed and undermanaged CKD are extraordinary. In 2019, President Trump issued an executive order focused on improving care for individuals with end-stage kidney disease. However, in the interim, there has been an exciting wave of clinical research on novel diagnostics and therapeutics, which can more timely identify kidney disease, slow the progression of CKD, and help Americans live healthier, longer lives. Americans deserve access to these health-promoting and life-extending innovations but often are consigned to out-of-date protocols that result in the human and economically costly options of dialysis or transplant.

As noted by the National Kidney Foundation, "CKD doesn't just impact the kidneys. It's a powerful disease multiplier that significantly raises the risk of cardiovascular disease, drives up health care costs, and increases hospitalizations—even in its earliest stages. But despite this, CKD often flies under the radar in population health initiatives."[19] The National Committee for Quality Assurance (NCQA) recently published white papers regarding improving quality of care and accountability for individuals with CKD and with CKM syndrome, highlighting the importance of increasing diagnosis, improving access to ideal care, and closing care gaps across these conditions.[20,21]

The proposed CMS CKD and CKM Action Plan could address these challenges specific to CMS programs and is designed to improve health outcomes and could reduce barriers to access for individuals with CKM, with a particular focus on CKD.

CMS Actions

Access to Kidney Disease Screening and Risk Assessment

---

[14] *Id.*
[15] *Id.*
[16] Centers for Disease Control and Prevention. *Chronic Kidney Disease in the United States, 2023*. Centers for Disease Control and Prevention, US Department of Health and Human Services; 2023
[17] Ndumele CE, Rangaswami J, Chow SL, et al. Cardiovascular-kidney-metabolic health: a presidential advisory from the American Heart Association. *Circulation*. 2023 Oct 9;148(20):1606-1635. https://doi.org/10.1161/CIR.0000000000001184
[18] Nichols GA, Qiao Q, Linden S, et al. Medical Costs of Chronic Kidney Disease and Type 2 Diabetes Among Newly Diagnosed Heart Failure Patients with Reduced and Preserved Ejection Fraction. *Am J Cardiol.* 2023 Jul 1;198:72-78.
[19] Montgomery E, Laue K. Welcome to the CKDintercept Blog: Advancing Early CKD Detection and Care. National Kidney Foundation. Published June 24, 2025. Accessed November 6, 2025. https://www.kidney.org/news-stories/welcome-to-ckdintercept-blogadvancing-early-ckd-detection-and-care
[20] National Committee for Quality Assurance (NCQA), Cardiovascular-Kidney-Metabolic Syndrome: Improving Quality of Care and Accountability, available at: https://wpcdn.ncqa.org/www-prod/2025-NCQA-CKM-WhitePaper-WEB.pdf.
[21] National Committee for Quality Assurance (NCQA), Advancing Care for Chronic Kidney Disease: Using Care Gaps to Inform a Quality Framework, 2025, available at: https://wpcdn.ncqa.org/www-prod/2025-NCQA-ChronicKidneyDisease-WhitePaper.pdf.

- **Add Kidney Screening to Welcome to Medicare Visit.** Kidney disease is highly underdiagnosed because it is a "silent disease" with very few early symptoms. Yet it affects millions, particularly those with diabetes and/or hypertension. Catching kidney disease early is essential for preserving kidney function and improving outcomes across the CKM syndrome. The Welcome to Medicare Visit presents a unique opportunity to assess and find many of these individuals. Each beneficiary entering Medicare is entitled to receive a "Welcome to Medicare" (or Initial Preventive Physical Exam) with their provider, which serves to establish a health baseline, review medical history, educate on services, and create a preventive care plan. CMS could take steps so new Medicare individuals receive a baseline assessment of kidney disease risk as part of their Welcome to Medicare visit. This could allow for the identification of individuals at risk for CKD and kidney failure and the proactive implementation of a preventive care plan to help prevent costly kidney failure and related CKM conditions. The care plan could include a kidney function test with both the estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR) tests. The Medicare Wellness Visit's CMS.gov webpage could serve as an opportunity for CMS to educate providers on preventive services available to them. [22]

- **Facilitate Ongoing Kidney Disease Assessments, Including Through Annual Wellness Visit.** Additional touch points are also needed to identify emergent cases of kidney disease among existing Medicare individuals, including annual visits and other risk assessment services. The Annual Wellness Visit (AWV) is a yearly check-in to create or update a personalized health plan focused on preventive care, health risks, and safety—presenting another critical opportunity to evaluate kidney function with the eGFR and uACR tests and to develop a plan for those individuals at risk for CKM, with a focus on CKD. CMS could take steps so new Medicare individuals receive a kidney health assessment as part of their AWV. In addition, to create additional touchpoints to identify emergent CKM conditions, with a focus on CKD, CMS could explore the creation of risk assessment and risk management codes for CKD, similar to the codes recently created for Atherosclerotic Cardiovascular Disease (ASCVD) and could explore the addition of the eGFR and uACR test to the cardiovascular disease screening test benefit category.

- **Pilot to Support Access to At-Home Testing for Kidney Disease and Related CKM Conditions.** Regular screening of kidney function in at-risk populations is essential to detecting CKD and addressing kidney failure and associated cardiovascular risks. Testing for related CKM conditions (e.g., CVD, CKD, diabetes, obesity) can further serve to identify individuals at risk for kidney disease. To facilitate access to these screening tests, particularly for individuals in rural areas, CMS could run a pilot program to test the efficacy of Medicare covering at-home tests for kidney disease and related CKM conditions without cost-sharing for individuals at risk for CKD. During this initiative, eligible pharmacies and providers can provide at-home tests to individuals enrolled in Part B. Eligible Medicare individuals could get these tests at no cost.

Quality of Care

- **Expanded Use of the Kidney Health Evaluation Measure.** The eGFR and uACR tests form a comprehensive kidney health evaluation that is essential for both primary detection and ongoing monitoring of CKD progression and treatment. The NCQA Kidney Health Evaluation for Individuals with Diabetes (KED) measure evaluates the percentage of individuals 18–85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined as an eGFR and a uACR, during the measurement year. The KED measure has been adapted by the National Kidney Foundation for use in the Quality Payment

[22] Matsushita K et al, CKD Prognosis Consortium. Estimated glomerular filtration rate and albuminuria for prediction of cardiovascular outcomes: a collaborative meta-analysis of individual participant data. Lancet Diabetes Endocrinol. 2015 Jul;3(7):514-25. doi: 10.1016/S2213-8587(15)00040-6, available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4594193/ (noting that differences in eGFR or uACR can provide information in predictive models "similar or superior to the contributions of most of the individual traditional risk factors including blood pressure, lipids, and smoking").

Program's Merit-based Incentive Payment System (MIPS) Kidney Health Evaluation (Quality ID #488), incentivizing the delivery of kidney disease evaluation to original Medicare individuals by eligible participating providers. To drive similar incentives more broadly, CMS could expand the use of the Kidney Health Evaluation measure into ongoing CKM initiatives underway at the Center for Medicare and Medicaid Innovation, the Medicaid Adult Coreset, Universal Foundation, as well as the Medicare Shared Savings Program.

- **New Kidney Health Evaluation Measures to Address All At-Risk Populations.** While there is a significant overlap between CKM comorbidities, individuals at high risk for developing CKD or with CKD at risk of progression are not limited to those with diabetes. As existing kidney health evaluation measures are focused on diabetes, CMS could support the development of new measures which are designed to evaluate additional high-risk individuals, including those with CVD (including, but not limited to hypertension). Once developed, CMS could explore implementation of these measures in its key quality programs to incentivize broader detection and management.

- **Promote New Measure Concepts to Advance CKD Quality of Care for Use Across CMS Programs.** While significant progress has been made in improving CKD health evaluation among individuals with diabetes, measure gaps in care remain. New measure concepts that can be considered for further development and implementation to close these gaps include the following examples:

    - Utilizing therapies upstream that reduce risk for cardiovascular and kidney disease;
    - CKD medication management (including medication adherence & comprehensive medication review);
    - Educating individuals about the risk enhancing impact of diabetes, hypertension and obesity; and
    - Ordering of eGFR and uACR for individuals at high risk for CKD.

  To expedite the current measure development timeline, CMS could create a process to coordinate with measure developers/stewards, invest directly in new measure development, and explore opportunities to overcome barriers to implementation in CMS quality programs.

- **"Pledge" Opportunity for Providers that Adopt a CKD and/or CKM Health Focus for their Patient Populations.** While many health plans, systems and providers are invested in improving CKM care, additional incentives are needed to promote greater rates of evaluation and management. Similar to the approach taken in other areas, including the "blue button pledge" for electronic health record access and the Health Tech Ecosystem initiative, CMS could develop a pledge to improve rates of kidney health evaluation and treatment across CKM, with a focus on CKD. Under this program, providers can pledge to align their practice patterns with updated clinical practice guidelines to increase rates of CKD health evaluation and evidence-based CKM treatment, as well as to increase awareness among their individuals about the potential for interventions to delay CKD progression through improved CKM care management. In addition, commercial payers could have the opportunity to pledge to align their coverage policies with new guidelines regarding kidney health interventions, and to increase rates of screening for CKD, CVD, and metabolic conditions in their covered populations.

Improving Care Management and Coordination across CKM

- **Provide Ongoing Guidance to the QIN-QIOs regarding CKM Care, with a focus on CKD**. CMS launched the QIO Program's 13th Statement of Work in June 2025 to offer direct technical assistance and resources, advanced data analytics support, evidence-based intervention recommendations, and customized training and education to healthcare providers across the nation to improve health outcomes for Medicare beneficiaries, with a specific focus on the following areas: disease prevention, quality and patient safety, chronic condition management, behavioral health, care coordination, workforce challenges and emergency

preparedness. The seven Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) are leading this five-year initiative, which includes a focus on helping providers to better manage chronic diseases such as diabetes, hypertension, and chronic kidney disease. CMS could provide ongoing guidance to the QIN-QIOs regarding CKD risk factors, screening, diagnosis, management and overarching CKM care through sharing of best practices, tools and resources and awareness of emerging clinical practice guidelines (new and updated). The Center for Clinical Standards & Quality (CCSQ) could consider opportunities to align state-wide QIO efforts with the Center for Medicaid and CHIP Services' External Quality Review Organizations (EQROs).

- **Improve Medical School Training on CKM Syndrome Education.** Similar to recent, related initiatives related to nutrition, CMS, with the support of the U.S. Department of Education and the Health Resources & Services Administration (HRSA), could launch an initiative urging America's leading medical education organizations to immediately implement comprehensive CKM education and training, with a focus on CKD. Specifically, CMS could encourage embedding CKM education requirements across the critical areas of: pre-medical standards; medical school curricula integration; medical licensing examination; residency requirements; board certification; and continuing education.

- **CMMI Model to Move Upstream for earlier screening and care management for those at risk for and with CKD and CKM conditions.** Current and future models (including all-payor models) could move upstream to identify conditions earlier. For example, individuals with high-risk for CKD including those with diabetes and hypertension should be screened and evaluated utilizing eGFR and uACR testing according to clinical guidelines. Primary care models could incorporate incentives for screening, prescribing appropriate guideline-directed medical treatment, and for utilizing multidisciplinary approaches to reach individuals at risk, such as including pharmacists and care managers.

- **Prize Competition to Support Development of New, AI-driven Kidney Risk Assessment Tools.** HHS has the authority to conduct prize competitions and has used this authority to promote innovation in kidney health, including through the KidneyX initiative, a public-private partnership between the US Department of Health and Human Services (HHS) and the American Society of Nephrology (ASN) to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases. As a complement to KidneyX, CMS could develop a prize competition to support new technological solutions to promote CKD screening and diagnosis, to include new approaches to use existing CMS or other government/private sector data to identify individuals at risk of CKD progression or adverse CKM outcomes, as well as new tools for providers or individuals to assess individuals' risk of CKD progression or adverse CKM outcomes. Any such tools could also encourage easy, actionable access to kidney health information in health records, to include incorporation of at-home testing results.

Patient & Provider Engagement

- **Engaging Individuals and Communities with Lived Experience**: CMS is committed to listening to the needs of individuals with CKM and identifying and addressing barriers to high-quality care. In Spring 2026, CMS plans to host dedicated roundtables to hear directly from individuals, caregivers, and providers about CKM, with a focus on CKD, including support and tools that are needed to improve access to care and realize better health outcomes and experience of care.

- **Developing a CKM Toolkit:** In conjunction with the roundtables, CMS could develop a CKM Toolkit that aims to strengthen the infrastructure for primary care and other care settings to care for individuals with CKM, with a focus on CKD; to improve care management, and assist providers with supporting the needs of individuals with CKD, CVD, diabetes, and obesity. Such a toolkit can be used not only directly by providers but can also be offered by payers to providers as part of payor efforts to improve management of

CKM. Building on prior guidance on CKD diagnosis and treatment, the toolkit could include provider-focused content as well as educational materials geared towards individuals with CKD/CKM and providers who serve them.

Legal Authorities to Address Chronic Kidney Diseases and Cardio-Kidney-Metabolic Syndrome

The chart below provides an overview of the legal authorities and policy precedent underlying potential recommendations in a potential CMS kidney or cardiorenal-metabolic diseases action plan.

CMS Actions	Legal Authority Descriptions
Access to Kidney Disease Screening and Risk Assessment	
Add Kidney Screening to Welcome to Medicare Visit	**Authority/Precedent:** SSA 1861(ww)(1). Although the IPPE statute excludes clinical laboratory tests, it defines the visit as a physical examination focused on health promotion and disease detection, giving CMS authority to clarify how providers may identify risk factors. CMS can therefore issue guidance clarifying that physicians may use the IPPE to evaluate CKD and cardiovascular–renal risk indicators (such as hypertension or elevated BMI) and refer individuals for appropriate follow-up testing, including urine albumin-creatinine ratio (uACR). This clarification can be issued through updates to the Medicare Claims Processing Manual and/or MLN IPPE guidance.
Facilitate Ongoing Kidney Disease Assessments, Including Through Annual Wellness Visit	**Authority/Precedent:** SSA § 1861(hhh)(1). Because the AWV statute allows the Secretary to designate "any other element" as appropriate, CMS has authority to determine that assessing kidney and CRM risk using urine albumin-creatinine ratio (uACR) qualifies as such an element. CMS can implement this through notice-and-comment rulemaking to amend the AWV regulations at 42 C.F.R. § 410.15, or, because the AWV regulations refer to "any other element determined appropriate through the national coverage determination process," CMS can implement this through the national coverage determination process.
Extend Coverage for Kidney Disease Risk Assessments for Individuals at-risk of Kidney Disease	**Authority/Precedent:** SSA §§ 1848; 1862(a)(1)(A). CMS recently established coding and payment for an atherosclerotic cardiovascular disease (ASCVD) risk assessment service for individuals with risk factors for cardiovascular disease. CMS also established an ASCVD risk management service for those individuals found to be at risk. CMS's adoption of Part B payment for these services is premised on the compelling body of evidence demonstrating the effectiveness of early cardiovascular risk assessment and specific risk reduction interventions. A similarly compelling body of evidence is emerging to support reduction in incidence or severity of CKD through risk assessment and risk management interventions. CMS therefore has authority to establish coding and payment for risk assessment and risk management services analogous to, and on the same grounds as, the ASCVD risk assessment and risk management services through notice-and-comment and rulemaking.
Pilot to Support Access to At-Home Testing for Kidney Disease and Related CKM Conditions	**Authority/Precedent:** Section 402(a)(1)(B) authorizes CMS to develop and engage in demonstration projects to determine whether payments for services not otherwise payable under Medicare (e.g., at-home testing for kidney disease) would result in more economical provision and more effective utilization of Medicare-covered services. CMS used this section 402 demonstration authority during the COVID-19 public health emergency (PHE) for a pilot to test the feasibility and impact of Medicare coverage for over-the-counter COVID-19 tests, which are not normally covered under Medicare, expanding access to at-home testing for Medicare Advantage and FFS beneficiaries. CMS implemented the demonstration to evaluate whether covering these tests improved access, reduced reliance on more costly laboratory testing, and generated potential Medicare savings. While this precedent was in the context of the pandemic, Section 402 authority is broad, does not require a PHE, and could be used to test coverage of other categories of items and services not currently payable under Medicare (e.g., at-home kidney tests).
Quality of Care	
Expanded Use of the Kidney Health Evaluation for Individuals with	**Authority/Precedent for Universal Foundation:** CMS has already established a streamlined set of high priority, cross program quality measures designed to focus provider efforts on prevention, wellness, and chronic disease management while reducing administrative burden, as part of CMS' overall national quality strategy—the

Diabetes (KED) Measure (i.e., add to Universal Foundation and Medicaid Core Set)	Universal Foundation does not rely on statutory authority to bind specific programs but provides a target for them. CMS reviews the Universal Foundation each year and makes updates via sub-regulatory policymaking. **Authority/Precedent for Medicaid Core Sets:** SSA § 1139B(b)(3)(B) directs the Secretary to identify, publish, and update a core set of adult health quality measures for Medicaid-eligible adults. While CMS must report annually on behavioral health measures, other Adult Core Set measures are discretionary, and such measures can be updated through sub-regulatory guidance.
Developing New Kidney Health Evaluation Measures for use in Medicare & Medicaid	**Authority/Precedent:** SSA § 1890 directs the Secretary to contract with a consensus-based entity to set priorities and endorse evidence-based, reliable quality measures, while SSA § 1848(q) authorizes quality-based payments to physicians and, as mentioned in the cell above, SSA § 1139B directs the Secretary to establish the Medicaid Adult Core Set. These authorities allow CMS to support the development of and then incorporate into Medicare high-priority quality measures in various care settings through notice-and-comment rulemaking. In the same way CMS has endorsed work by the Kidney Health Foundation to develop the KED measure, CMS can work with measure stewards to develop new kidney health evaluation measures.
Promote New Measure Concepts to Advance CKD Quality of Care for Use Across CMS Quality Programs	**Authority/Precedent:** See above cell for HHS quality authority.
"Pledge" Opportunity for Providers that Adopt a CKM Health focus for Their Patient Populations	**Authority/Precedent:** The Trump Administration has undertaken multiple "pledge" initiatives where private sector actors pledge to follow certain guidelines or goals set forth by the administration: • Health plans voluntarily committed to streamline and improve prior authorization processes across Medicare Advantage, Medicaid managed care, and commercial markets. • Major health records and technology companies made various pledges to create more patient-friendly EHR systems, facilitate data exchange, and follow CMS' Interoperability Framework criteria to become CMS Aligned Networks.
Improving Care Management and Coordination across CKM	
Provide Ongoing Guidance to the QIN-QIOs regarding CKD and CKM Care	**Authority/Precedent:** SSA §§ 1151-1163 authorizes CMS' use of quality improvement organizations (QIOs) and their functions. CMS recently released the updated QIO SOW in line with its Make America Healthy Again (MAHA) initiative, directing QIOs to collaborate with healthcare providers nationwide to improve outcomes for Medicare beneficiaries. A major focus area for QIOs is centered around chronic condition management and prevention for at-risk communities, providing precedent for incorporating issues like kidney and CRM health.
Improve Medical School Training on Kidney Disease Education	**Authority/Precedent:** Last year, HHS and the Department of Education (Ed) announced a high-profile initiative urging all major medical education organizations to implement comprehensive nutrition training across the full medical-education continuum and directing institutions to submit formal implementation plans and aligning the effort with a national chronic-disease-prevention agenda. Ed and HHS also have indirect authority over medical school curricula and residency programs if a more direct approach were desired: HHS has authority over the design of residency programs, because most residency slots are funded either through Medicare-

	funded Graduate Medical Education or other avenues (e.g., Teaching Health Centers residencies), and, generally speaking, federal funding is only provided to residencies accredited by private accreditors, which are selected/approved by HHS. Similarly, Ed has indirect authority over the design of medical school curricula because federal graduate student loan eligibility is contingent on accreditation of a given medical school, so accreditors could be required to improve standards surrounding kidney education.
CMMI Model to Involve Additional Care Partners in CKD and CKM Care Management, Including Pharmacists	**Authority/Precedent:** SSA Sec. 1115A gives the Secretary broad authority through CMMI to test innovative care-delivery models, including those that add new types of providers or expand who may bill for Medicare services when doing so improves quality or lowers costs. Numerous CMMI models have already used this authority to broaden provider roles—for example, the Enhanced Medication Therapy Management (Enhanced MTM) Model explicitly expanded pharmacists' participation and payment to improve chronic disease outcomes.
Prize Competition to Support Development of New, AI-driven Kidney Risk Assessment Tools	**Authority/Precedent:** 42 U.S.C. § 3719 authorizes HHS, alongside other Cabinet departments, to run prize competitions. The authority has been used several times to address kidney health or similar issues: KidneyX has run multiple competitions that defined kidney-care technology needs and awarded prizes to dozens of innovators, while LymeX has used prize-based challenges to accelerate next-generation diagnostics and human-centered solutions.
Patient & Provider Engagement	
Engaging Individuals and Communities with Lived Experience	**Authority/Precedent:** The HHS Office of the Secretary and CMS have often convened national roundtables—such as CMS's sickle cell disease forums and HHS's Lyme disease roundtable—to hear directly from individuals, caregivers, providers, and advocates about their lived experiences and barriers to high-quality care. These engagements are used to elevate patient voices, surface real-world challenges, and inform federal policy and program design.
Developing CKD and CKM Toolkit	**Authority/Precedent:** CMS has previously developed condition-specific toolkits, including: • a CKD guide which offered primary care teams practical steps, protocols, and curated resources to identify individuals with CKD, monitor their condition, and connect them to appropriate care. • CMS followed a similar approach for sickle cell disease (SCD), developing a toolkit to support primary care and other settings in improving care management and infrastructure for individuals with SCD.