



# KCP 2021 Priorities

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

**February 2021**

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The scope of CKD is significant and goes far beyond ESRD and dialysis. KCP members are committed to meeting patients' needs at every stage along the care continuum, and our diverse membership shares a broad vision of KCP policy priorities. These priorities range across the full spectrum of the disease cycle, from education and prevention to transplant and post-transplant care.

These 2021 policies focus on supporting patient choice, modernizing the Medicare ESRD benefit, advancing quality, and ensuring access to care for individuals living with kidney disease during COVID-19.

## 2021 Policies

### Support Patient Choice of Treatment Options and Coverage

#### *Expanding access to kidney care*

- Seek coverage of kidney disease screening in Medicare wellness visit.
- Make efforts to support and improve the placement of dialysis access for patients transitioning to dialysis.
- Advocate for policies promoting transplant, including pre-emptive transplant, options for patients.
- Maintain telehealth options for patients with kidney disease and for living donation evaluation and follow up for kidney transplant.
- 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, including:
  - Expanding the Medicare Kidney Disease Education benefit;
  - Removing regulatory barriers to coordinating patient care and education between providers and facilities; and
  - Supporting activities to increase home dialysis.

### ***Innovation***

- Develop and advocate for policies to promote and encourage innovation and eliminate barriers to the long-term adoption of innovative products and services in the ERSD 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:
  - Expanding the Medicare Kidney Disease Education benefit, and
  - Provide funding for living donor education through the HRSA annual appropriations legislation.
- Support appropriate implementation of comprehensive coverage of immunosuppressive drugs for kidney transplant patients.
- 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 MA to dialysis patients and protect

access by opposing any policy that would discriminate against or provide inadequate networks for dialysis patients.

- 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.

## Modernize the Medicare ESRD Benefit

- Continue efforts to seek the appropriate implementation of policies related to incorporating new products into the ESRD PPS, including the addition of calcimimetics.
- 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 modes:
  - Are structured to 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.

- 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, etc.

## 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. 1676/H.R. 3912 in the 116<sup>th</sup> Congress).
- Determine ways to leverage the expertise of the Kidney Care Quality Alliance (KCQA) to develop metrics that improve patient outcomes, including:
  - Review existing measures to determine if there are measures in certain

domains, such as anemia management, that should be developed or revised, and consider development of consensus-based home dialysis and transplant measures 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.
- 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) who are 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 to help address the COVID-19 pandemic in kidney care, including CKD patients, dialysis patients, and kidney transplant recipients.
- Educate policymakers and Members of Congress about the impact of COVID-19 on individuals living with kidney disease.
- Work 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.
- Advocate for prioritization of patients on dialysis and the health care professionals and staff who care for them.

## Tactical Strategies to Advance 2021 Priorities

### Continue Building Strong Relationships with the Congress and Administration and Enhance KCP Credibility and Advocacy

- Develop a coordinated, systematic, and programmatic approach (including Congressional briefings, fly-ins, etc.) to educating legislators and government officials, tailoring the message to focus on KCP 2021 Priorities impacting individuals with kidney disease and promoting access to care and innovations across the full care continuum.
- Recognizing the unique situation presented by the COVID-19 pandemic, identify opportunities to engage KCP membership in virtual fly-ins or other events that provide the opportunity for continued engagement while acknowledging the modified environment.
- Organize meetings, visits and/or tours of member facilities or operations for Congressional leadership. Similarly, explore the idea of a tour/visit with senior White House health policy staff or HHS Department leaders.
- Engage with Congressional allies and staff of the House Ways and Means Committee, House Energy and Commerce Committee, Senate Finance Committee, and the Senate Health, Education, Labor, and Pensions Committee.
  - Focus particular attention on the new members of the committee.
- Empower Congressional Kidney Caucus, once reorganized, to act on behalf of patients with chronic kidney disease by continuing to brief Caucus leadership and identify opportunities for proactive policy change, either through Congressional action or the executive branch.
- Increase the number of Congressional champions for the kidney community.

- Expand allies by supporting stand-alone legislation that reflects the priorities identified in the Kidney Care FIRST framework and the House and Senate community legislation and improving transplant policies.
- Broaden the targets for education to include communities disproportionately impacted by kidney disease, including Congressional Black Caucus, the Congressional Hispanic Caucus, the Congressional Asian Pacific American Caucus, and the Rural Caucus.
- Seek introduction of a community bill and expand co-sponsorship beyond levels achieved in the 116<sup>th</sup> Congress.
  - Work with co-sponsors on joint media products.
- Introduce KCP and our community's priorities to the new administration, as well as continued engagement with key administration staff in the White House, OMB, HHS, CMS, and consultants (when possible) in an effort to achieve community-supported policies.
  - Ensure patient and physician involvement in these efforts.
- Speak with a unified voice and a consistent message to federal policymakers on priority issues through continued joint by-lined media products with select KCP member organizations advocating for KCP priorities.

## **Strengthen KCP's Representation of the Kidney Care Community and Political Effectiveness.**

- Increase KCP membership to represent the growing members of the kidney care community.

### ***Political Action***

- In a post-COVID-19 environment encourage KCP members to expand upon existing community-driven grassroots program that includes facility tours, in-district meetings, earned and social media.
- Promote KCP's 2021 Policy Priorities to a policymaker audience through a March World Kidney Month webinar or briefing event.
  - Create and promote media availability, press release, complementary op-ed and social media.
- Increase participation of individuals and KCP member PACs in the KCP PAC.

### ***Digital Content- Social Media and Website***

- Ensure KCP website, materials and messaging are updated to reflect 2021 priorities.
- Ask KCP membership to post/shared earned media products advocating for our collective community priorities.
- Support Members of Congress who co-sponsor KCP endorsed legislation with paid thank-you ads on social media.
- Use social media to complement/supplement in-person and virtual interactions with the White House, OMB, HHS, CMS, and Members of Congress.
- Seek to support efforts from others in the kidney care community where there is alignment on issues through social media.

### ***Paid and Earned Media***

- Encourage KCP membership to participate in communication and lobbying efforts via the ongoing op-ed development and placement program.
- Use earned media to complement/supplement in-person and virtual interactions with the White House, OMB, HHS, CMS, and Members of Congress.
- Seek to support efforts from others in the kidney care community where there is alignment on issues through earned media placements.

