COALITION FOR KIDNEY HEALTH

January 6, 2026

Dr. Mehmet Oz
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW.
Washington, D.C. 20201

Subject: Overview of the List of Measures Under Consideration

Dear Dr. Oz,

The Coalition for Kidney Health (C4KH) thanks the Agency for the opportunity to submit comments on the 2026 Measures Under Consideration List. The Coalition is writing in support of the measure, Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management (MUC2025-034) being considered for the Merit-based Incentive Payment System. People with CKD are at high risk for atherosclerotic cardiovascular disease (ASCVD), which contributes to high morbidity and mortality for people with CKD. Despite guideline recommendations targeted at reducing cardiovascular risk in people with CKD, gaps in care persist that are particularly pernicious because CKD often goes undiagnosed, even when cardiovascular disease is present.

The Coalition for Kidney Health is a multi-stakeholder group of partners committed to public policies that advance early detection and treatment of chronic kidney disease (CKD). CKD, the progressive loss of kidney function over time, is common and burdensome. Overall, more than 1 in 3 Americans is at risk for kidney disease and more than 1 in 7 Americans have kidney disease.[1] 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 lead to high morbidity and mortality.[5]

People with CKD are more likely to die of cardiovascular disease than progress to kidney failure.[6] ASCVD is highly enriched in populations with CKD and is a leading cause of CVD mortality in people

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[1] *Ibid.*
[2] https://www.kidney.org/kidney-topics/chronic-kidney-disease-ckd
[3] *Ibid.*
[4] https://www.ncbi.nlm.nih.gov/books/NBK560644/
[5] https://usrds-adr.niddk.nih.gov/2023/chronic-kidney-disease/3-morbidity-and-mortality-in-patients-with-ckd
[6] Dalrymple LS, Katz R, Kestenbaum B, Shlipak MG, Sarnak MJ, Stehman-Breen C, Seliger S, Siscovick D, Newman AB, Fried L. Chronic kidney disease and the risk of end-stage renal disease versus death. J Gen Intern

with CKD, along with sudden cardiac death and heart failure. Importantly, LDL is a causal and modifiable risk factor for ASCVD. As a result, the global guideline development organization Kidney Disease Improving Global Outcomes (KDIGO) recommends measuring a lipid profile including LDL-C in all adults with CKD and lipid lowering therapy for adults fifty and older with CKD and adults between 18 and 49 under certain circumstances. The numerator of the measure under consideration is patients aged 18 and older with ASCVD who had an LDL-C test via lipid panel and patients aged 18 and older with clinical ASCVD and had a lipid panel completed during the 12-month measurement period who achieved an LDL-C for <70 mg/dL on the most recent test during the measurement period. While neither KDIGO nor the American Heart Association/American College of Cardiology sets specific LDL targets, we believe it is broadly appropriate for quality programs to encourage LDL-C monitoring and management given the prevalence of kidney disease across our health system and the context that CKD patients have a high absolute risk for ASCVD and lipid lowering therapy reduces cardiovascular event regardless of starting LDL.

The C4KH thanks CMS for its consideration of these comments. Should there be questions or comments on this submission, please contact Miriam Godwin at Miriam.godwin@kidney.org.

Sincerely,
The Coalition for Kidney Health

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