



ANNA
American Nephrology
Nurses Association

American Nephrology Nurses Association 2026 HEALTH POLICY STATEMENT

PREAMBLE

The American Nephrology Nurses Association (ANNA) is a national organization of nurses practicing in the field of nephrology, which includes but is not limited to chronic kidney disease (CKD), hemodialysis, peritoneal dialysis, transplantation, and continuous kidney replacement therapies. ANNA members play a key role in the supervision and delivery of care to both children and adults who have, or are at risk for, kidney disease. ANNA supports the interdisciplinary approach to healthcare and emphasizes the critical role of Registered Nurses (RNs) in the planning, delivering, and evaluating patient care.

As a professional organization, ANNA has the obligation to set and update standards of patient care, educating practitioners, initiating research and disseminating findings, promoting interdisciplinary communication and collaboration, and addressing issues that may impact nephrology nursing practice.

This Health Policy Statement:

- Represents ANNA's viewpoints on important health policy issues relevant to the treatment of people with kidney disease and the practice of professional nephrology nursing.
- Serves to give ANNA direction as legislative and regulatory issues arise at the local, state, and national levels.
- Has been developed based on a comprehensive review of current health policy issues and with input from ANNA members, health policy leaders, and the Federal Health Policy Consultants.

NURSING

1. ANNA is committed to ensuring that individuals living with kidney disease have access to highly educated, well trained, and experienced RNs.
2. ANNA encourages and supports the nurse's role in health policy advocacy through educational efforts, grassroots outreach, and other activities that seek to promote the health and well-being of individuals, families, and communities affected by kidney disease.
3. ANNA supports the inclusion of RNs in policy development at all levels of government and on all boards, commissions, technical expert panels, task forces, and other groups setting policies and standards impacting nursing practice, the Medicare End Stage Renal Disease (ESRD) program, and its beneficiaries.
4. ANNA supports efforts to resolve the nursing shortage, including, but not limited to, measures to ensure appropriate funding to address the shortage of nursing faculty and the availability of RN mentors for new graduates and nurses with limited practice experience.

5. Congruent with the Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage, ANNA believes that Registered Nurses, due to their extensive experience and knowledge of dialytic therapy, must be present to assess and directly supervise patient care activities. This includes oversight of licensed personnel, such as Licensed Practical Nurses (LPNs) and Licensed Vocational Nurses (LVNs), and unlicensed personnel, such as patient care technicians during dialysis treatments.
6. ANNA believes that a RN must be actively involved in determining staffing requirements in settings providing care to individuals with kidney disease. Decisions in staffing should consider patient acuity, including consideration for all medical and/or psychosocial needs. ANNA believes that the personnel ratio of RNs to licensed and unlicensed personnel should be based on patient individualized needs and acuity.
7. ANNA further believes the use of Advanced Practice Registered Nurses (APRNs) in the management of individuals with kidney disease can result in cost-efficient, high-quality care, benefiting the health care delivery system in general, including the Medicare ESRD program. ANNA supports the recognition of full compensation for APRNs by both public and private payers.
8. ANNA believes that a sound education program is essential to develop, maintain, and augment clinical and technical competence and therefore supports the idea that all nurses must complete a standardized nephrology education program reflecting evidence-based practice and the ANNA *Nephrology Nursing Scope and Standards of Practice*.
9. ANNA endorses the certification of qualified nephrology RNs as defined by the Nephrology Nursing Certification Commission and continuing certification to advance the knowledge and expertise of RNs providing care to individuals in all stages and types of kidney disease throughout the life span.
10. ANNA supports a nurse's right to refuse to perform an act or take an assignment that in the nurse's judgment is not safe or is not within that nurse's skill, experience, qualifications, or capability.
11. ANNA believes that all nephrology nurses should advocate for policies and programs that promote and ensure health care environments that provide humane and dignified person-centered care.
12. ANNA supports continued dialogue, education, and research on end-of-life issues and appropriate decision-making related to discontinuation or withdrawal from dialysis treatment.
13. In accordance with our commitment to compassionate end-of-life care, ANNA believes that nurses should not participate in assisted suicide or active euthanasia and that such acts are in direct violation of the American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* and the ethical traditions of the profession (ANA, 2025). ANNA supports the importance of carefully considered decisions regarding resuscitation status, withholding, and withdrawing life-sustaining therapies, including declining nutrition and hydration, palliative care, and advance directives. Nurses should assist individuals with these complex decisions. Nurses should take an active role and facilitate conversations about advance care planning understand directive documents. The core role of the RN is to provide comprehensive compassionate care at the end of life (ANA, 2025).

14. ANNA endorses the American Association of Critical Care Nurses (AACN) *Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence* (2016), and ANA *Safe Patient Handling and Mobility: Interprofessional National Standards across the Care Continuum, 2nd Ed.* (2021).
15. ANNA believes health care personnel must be protected from occupational risks, violence, and workplace environment health hazards and that standards for safety and protective measures should be identified, developed, and implemented.
16. ANNA believes that efforts to detect or screen for substance abuse or communicable diseases must be consistent with sound medical practice and shall not violate the individual's civil rights.
17. ANNA supports efforts of the National Council of State Boards of Nursing to implement multistate licensure to improve access to care and improve mobility for health professionals through the expansion of the interstate compact.
18. ANNA supports the provision of and access to telehealth services, for both distance learning for professionals and patients, as well as treatment and home monitoring of patients.
19. ANNA supports the adequate reimbursement for providers, cost of care, and the cost of innovation.
20. ANNA concurs with the recommendations articulated in the report published by the Institute of Medicine (IOM) titled, "The Future of Nursing 2020-2030 Charting a Path to Achieve Health Equity" (2021) Specifically, ANNA agrees that:
 - a. Nurses should practice to the full extent of their education and training.
 - b. Nurses should achieve higher levels of education and training through an improved educational system that promotes seamless academic progression.
 - c. Nurses should be full partners to physicians and other health care professionals in redesigning health care in the United States.
 - d. Effective workforce planning and policymaking require better data collection and an improved information infrastructure.
 - e. Effective policies ensuring diversity in workforce.
21. ANNA supports the establishment of a research agenda focused on social determinants of health (SDOH), being mindful to incorporate the perspective and unique social needs of the community impacted.

ELEMENTS OF CARE

1. ANNA believes the practice of nephrology nursing is directed toward assessing and treating the health needs of individuals and their families experiencing the real or threatened impact of compromised kidney function (acute and/or chronic). This practice includes a commitment to help each individual and their significant others achieve an optimal level of functioning. Toward this end, nephrology nurses must establish high standards of patient care that are grounded in evidence and routinely updated.

2. ANNA believes that appropriate, quality, person-centered treatment must be available to all individuals with kidney disease and other disease processes that require replacement therapies. ANNA supports providing these individuals with complete and accurate information about all alternative forms of therapy, including the associated risks and benefits, without regard for their cost. ANNA believes that these individuals and their significant others must be encouraged and allowed to be active participants in this decision-making process.
3. ANNA supports legislative, regulatory, and programmatic efforts that promote kidney health, including management of CKD through prevention, early diagnosis, education, and proactive creation of permanent dialysis access.
4. ANNA supports nephrology nursing participation on initiatives to increase the use of arteriovenous fistula as vascular access for hemodialysis while ensuring an individualized permanent dialysis access plan that supports the individual's life goals.
5. In order to achieve the goal of optimal rehabilitation, ANNA believes individuals must assume responsibility for their overall care, to the extent that their physical and mental status allows.
6. ANNA supports all home and self-dialysis modalities, with training and supervision of individuals choosing these modalities under the direction of a qualified and trained nephrology RN. Additionally, ANNA supports research to identify and address barriers to home dialysis, including access to education for individuals with kidney disease.
7. ANNA believes that all individuals, including health care providers, must be protected from the possible threat of communicable diseases. ANNA endorses the vaccination of all patients against COVID19, hepatitis B, pneumonia, influenza, and RSV (if applicable) and endorses the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) vaccination recommendations for healthcare workers.
8. ANNA supports legislative, regulatory, and programmatic efforts that promote disaster preparedness and early identification, triage, and evacuation, if necessary, of individuals requiring kidney replacement therapy during disaster situations.

TRANSPLANTATION

1. ANNA supports public and private sector efforts to promote organ donation and increase transplantation. ANNA believes this can be accomplished by:
 - a. Continued support for educational programs for the public and health professionals addressing the shortage of donor organs and the appropriate identification of potential donors;
 - b. Continued support for the federally funded Organ Procurement and Transplantation Network (OPTN) and the Scientific Registry of Transplant Recipients (SRTR). In addition, support HRSA's OPTN Modernization Initiative, an effort to strengthen accountability and the performance of the nation's organ transplant system by focusing on improving the OPTN's governance, technology, and operations;
 - c. Implementation of uniform state laws regarding organ donation, procurement, and transplantation:

- i. Support that a desire to donate or not to donate expressed in any form (a donor card, driver's license check-off, placement of name on a registry, or verbal statement) cannot be revoked by the next of kin. (Indication of a desire to not donate would prohibit approaching families when there is clear evidence that the individual did not want to donate);
 - ii. Support the facilitation of the Medical Examiner/Coroner consent for "John Doe" donations following a diligent search for identification and legal next of kin;
 - iii. Include organ/tissue donation language in all legislative and regulatory proposals related to advance directives, living wills, and durable powers of attorney; and
 - iv. Support of state registries for persons wishing to donate organs at the time of their death and federal funding for these registries.
 - d. Continued federal support of transplant activities, including medical research and coverage of immunosuppressive drug therapy;
 - e. Education of insurers and other payers regarding the success and cost effectiveness of organ transplantation and encourage activities that decrease actual or perceived barriers to transplantation;
 - f. Removal of financial barriers/disincentives to live organ donation, including funding for transportation and loss of income;
 - g. Studies to review the ethical implications of proposals to increase living non-related donation that may disproportionately affect certain populations;
 - h. Support for research into the use of financial incentives for deceased donors as a potential mechanism to increase organ donation; and
 - i. Supporting and actively seeking opportunities to promote equitable access of all people in the provision of quality health care while eradicating disparities in transplantation.
2. ANNA opposes coercive behavior in the solicitation of organs for transplantation and live donation when the donor's decision is based primarily on financial gain.
3. ANNA supports updates to the national kidney allocation system to enhance graft survival, increase utilization of donated kidneys, and improve access for biologically disadvantaged candidates.

MEDICARE ESRD PROGRAM MANAGEMENT

1. ANNA supports payment policies for all areas of CKD management that support delivery of care and are consistent with both the standards of professional nephrology nursing established by ANNA and current professionally accepted clinical practice guidelines and standards established by the kidney community.
2. ANNA believes that patients with CKD, regardless of health plan, should have access to education, support services, and clinical care that focuses on prevention, improving kidney function, delaying disease progression or improving health status, and readiness for the initiation of kidney replacement therapies.
3. ANNA believes that oversight of ESRD facilities should be an ongoing, collaborative effort between CMS and its contractors, including state agencies, ESRD Network Organizations, and accreditation organizations. Members of the on-site survey teams should be knowledgeable about the various aspects of the delivery of care to individuals with kidney disease.

4. ANNA supports the timely inspection and approval of ESRD facilities that will increase access to care.
5. As the RN is accountable for the provision of care for individuals with ESRD, ANNA believes that a successful and comprehensive Medicare Quality Incentive Program (QIP) must recognize the value of the RN in the nurse/patient relationship. ANNA encourages CMS to limit measures to those that are valid, reliable evidence-based, and promote the delivery of high-quality care and improved patient outcomes.
6. ANNA supports the Medicare ESRD Prospective Payment System (PPS) and continues to play an active role in commenting on revisions and changes to the PPS and QIP. ANNA supports flexibility in the provision of daily or more frequent dialysis and any other safe and effective emerging treatment modalities for CKD, including incentives for patient self-management.

COVERAGE AND PAYMENT AND THE END STAGE KIDNEY DISEASE (ESKD) POPULATION - (including Medicare and Medicaid)

ANNA believes that all health plans must:

1. Develop a process to ensure access to care for individuals diagnosed with CKD or ESKD.
2. ANNA supports amending Title XIX of the *Social Security Act of 1965* (P.L. 89-97) to include dialysis as a mandatory service in state Medicaid programs.
3. Develop a protocol or incentives to promote kidney health by routine screening of individuals for kidney disease with early referral for evaluation and interventions.
4. Have a mechanism for providing access for members with ESRD to dialysis and transplant providers that are geographically accessible, whose outcomes and waiting times are known to meet acceptable national standards and averages, and that are able to provide all forms of currently available dialytic therapies and provides a dialysis schedule that conforms with the members' employment or other rehabilitation needs.
5. Involve nephrology professionals, including APRNs, and utilize evidence-based clinical practice guidelines in the development of care delivery models for members with CKD.
6. Provide case management services that collaborate with nephrology providers for a comprehensive, person-centered plan of care that provides optimal kidney replacement therapy, kidney transplant, and palliative care when necessary.
7. Provide coverage for dialysis services for individuals who travel outside the health plan's normal domestic coverage area.
8. As with Medicare, provide coverage for immunosuppressive agents for all transplant recipients for the life of the transplanted organ(s).
9. Provide coverage for hospice care allowing the continuation of dialysis for comfort measures.
10. Continued support for the coverage for dental care services for individuals with CKD.

11. Prohibit discrimination against any policy holder, in any way, on the basis of a diagnosis of CKD, ESKD, or condition that leads to CKD.

***Adopted by the ANNA Board of Directors in March 1997
Revised and/or reaffirmed annually from 1998-2025
Most recently revised: March 2026***

The Health Policy Statement is reviewed and reaffirmed annually.

References

- American Association of Critical Care Nurses. (2016). *Standards for establishing and sustaining healthy work environments: A journey to excellence* (2nd ed.).
- American Nurses Association. (2025). *Code of ethics for nurses*.
- American Nurses Association. (2021). *Safe patient handling and mobility: Interprofessional national standards across the care continuum* (2nd edition).
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. Washington, DC: The National Academies Press.