

# MARYLAND COMMISSION ON KIDNEY DISEASE

## THE CONNECTION

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### MESSAGE FROM THE COMMISSION CHAIR SUMESKA THAVARAJAH, MD

#### Xenotransplantation

There are 37 million adults in the US with chronic kidney disease (CKD) and about 800,000 of these individuals have End Stage Kidney Disease (ESKD) requiring dialysis or transplantation to replace kidney function. The number of individuals with kidney disease have increased over the years tracking along with increasing rates of diabetes, obesity and older age. Kidney transplantation can provide better survival and quality of life in comparison to dialysis. With close to 90,000 individuals on the US wait list for a kidney transplant and about 26,000 kidney transplants being performed per year since 2022, there is a significant gap between available organs and the number of those waiting for an organ offer. 34 people are removed from the wait list each day due to death or worsening health not allowing for transplant. Numerous efforts have been initiated including changes in the allocation system over the last 10 years, novel protocols such as use of newer antiretroviral agents to clear hepatitis C to allow use of hepatitis C positive organs in hepatitis C negative recipients, increased

education efforts, and development of new technology to rescue kidneys that would otherwise be discarded. Another area being pursued is xenotransplantation.

Xenotransplantation refers to the direct transplantation, implantation or infusion of animal products into humans. While we are hearing more about xenotransplantation at this time, the first studies date back to 1906. These earlier efforts have provided valuable lessons in the development of current protocols for xenotransplantation of pig organs into humans

So why the choice of organs from pigs versus other animals. Kidneys from pigs have similar size and function with similar amounts of blood flow and GFR. There is an ability to have a reliable supply of genetically modified, quality-controlled kidneys. Tissue from pigs are already in medical use with heart valves, corneas and skin. The pig kidneys can be modified genetically to reduce the risk of infection transmission and rejection episodes.

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#### COMMISSION MEETINGS



The Commission will meet virtually on the following dates in 2026:

**April 23, 2026**

**July 23, 2026**

**October 29, 2026**

The Open Session of the meeting begins at 2:00pm

and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 - 4799.

Open Meetings Agendas and Minutes are accessible at: MDCKD website at [mdckd.org](http://mdckd.org)

#### COMMISSIONERS:

**Sumeska Thavarajah, M.D.**  
*Chairman*

**Sonal Korgaonkar, M.D.**  
*Vice Chairman*

#### *Members:*

**Adam Berliner, MD**

**Nadiesda Costa, MD**

**Donna Hanes, MD**

**Arul Vigg, MD**

**Olawanle Turton, RN**

**Jacqueline Hires, LCSW NSW-C**

**Tisha Guthrie, LMSW**

**Jerome Chiat**

#### STAFF:

**Eva H. Schwartz, MS, MT, SBB(ASCP)**  
*Executive Director*

**Alice Pun, MSN, RN, CDN**  
*Health Facilities Nurse Surveyor*

**Leslie Schulman, AAG**

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## COMMISSION NEWS

### CITATION FREE SURVEYS

The Commission is commending a record number of facilities for achieving citation free surveys:

#### 2025

- FMC Robinwood
- FMC Hagerstown
- FMC Middle River
- FKC Southern Maryland
- Johns Hopkins Transplant Center
- UMMC Transplant Center
- Western Maryland Regional Dialysis Center

#### 2024

- DaVita Deer Creek
- IDF Chestnut Square
- DaVita Washington County

It is an achievable goal, and should be the goal of each facility.

### NEW FACILITY CERTIFICATIONS

- DaVita Towson Home Center (2024)

### FACILITY CLOSURE

- FMC Baltimore Dialysis Center (2025)



### CONTINUING EDUCATION EVENT

The Commission held a Renal Educational Summit (Summit) at Bayview Medical Center on 03/09/2025 in collaboration with the Baltimore Chapter of the American Nurses Association (ANNA). Attendees awarded 7.5 CEUs for the Summit. The Summit was an educational seminar provided to the staff in the renal community who were interested in learning the most updated trends and information and best practices in renal nursing. The following topics were addressed with a phenomenally positive review:

- **Hepatitis B in the Dialysis Unit**
- **Ensuring Excellence: The Dialysis Facility Survey Process**
- **Patient Engagement**
- **Involuntary Discharge Strategies**
- **Water Treatment Fundamentals**
- **Fluid Fundamentals with Demonstration**
- **Understanding Motivational Interviewing**
- **Why Home: Home Panel Discussion**

The Commission received 100% positive feedback from this Renal Summit, citing great speakers, interesting topics and having the opportunity to learn applicable information from this Summit.

The Commission was very appreciative for the participation of these excellent guest speakers, including the Commission Chairperson, Dr. Sumeska Thavarajah, Commissioner Jacqueline Hires, Amanda Lauzau, LCSW-C, Elyse Aracich, RD and Gary Smith, Biomedical Operation Manager from DaVita, Renee Bova-Collis from Network 5, Towanda Maker, Nurse Manager and Jamie McNeill, Renal Operations Manager from Grace Medical Center and Dewayne McNeill, the Home Hemodialysis patient. Their wonderful presentations, and their precious time joining in this Summit, were heartfelt by all the participants. The Commission also acknowledged Susan Leon, RN and Donna Richmond, RN from the Baltimore Chapter of the ANNA, for their tremendous support to make this event so successful and memorable.

Submitted by :

Alice Pun, RN, *Health Facilities Nurse Surveyor*  
& Eva Schwartz, *Executive Director*

### PAST COMMISSIONER'S CORNER BY SUSAN LEON, RN

As a past Commissioner on the Maryland Kidney Commission, I want to say thank you for the opportunity to serve our nephrology and transplant community. I felt it was a privilege to work with a group of professionals and consumers where the primary focus is to protect the health of a vulnerable population.

As a nurse in a privately owned dialysis unit, it was important and valuable to me to be aware of upcoming regulations. Being on the Commission made sure I was current on legislation affecting standards of care.

I enjoyed interacting with professionals from across the state, whom I would not have encountered otherwise.

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## KDP FISCAL YEAR 2025 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) enhanced the Program's website with information and updates related to the Program. The address of this website is: <https://health.maryland.gov/pha/Pages/maryland-kidney-disease-program.aspx>

This website includes helpful information, such as: KDP notices of updates/changes, information resources, web links, phone numbers, e-mail address for questions about KDP, billing instructions, KDP COMAR regulations and the KDP drug formulary.

This website will undergo continuing development in an effort to provide the renal community with the most up to date information available with regard to the Kidney Disease Program. The KDP Brochure has also been updated. The brochure may be viewed at <https://health.maryland.gov/pha/Documents/KDPBrochure%2010312018.pdf> Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Conduent pharmacy point-of-sale system (POS) continue in an effort to provide more efficient and timelier processing of claims. These systems continue to allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers.

ESKD providers of service continue to be granted access to the KDP Portal. User agreements must be submitted online through the updated portal. Approval of user agreements has improved to a 48 hour or less processing window. To gain access to the current KDP Provider Portal, users must utilize their username and password to log into: <https://mdkdp.my.site.com/provider/s/>

The KDP portal allows providers to verify claims' status and view detailed payment information, which includes check numbers, check dates and voucher numbers. This information assists providers in maintaining an accurate and up to date accounts receivable system and minimizes duplicate billing. In addition, providers of service may access up to date eligibility information for all ESKD patients certified with the Kidney Disease Program of MD. Any problems related to the provider portal should be addressed to [crmsd@mdthink.maryland.gov](mailto:crmsd@mdthink.maryland.gov)

The Kidney Disease Program is successfully transmitting a

KDP recipient eligibility file, resource file and COB Connect document to HMS (Health Management Services) monthly to gather patients' third-party insurance information to maximize collection efforts and ensure that KDP is the payer of last resort. KDP is working with HMS under a new contract, to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP has transitioned to working with MDThink to implement a new workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Recovery and Recoupment capabilities, Premium Management system, Online Provider and Patient Portals and additional functionalities. The Salesforce operational system is scheduled to go live July 1, 2025, FY 2026.

KDP, along with MD Medicaid, BCCDT and MADAP, has a contract with Conduent for a pharmacy point-of-sale electronic claims management system (POSECMS). The latest contract went into effect October 31, 2022. This enhanced system provides updates and adds compliance to the existing pharmacy point-of-sale claims processing system.

KDP, along with BCCDT and CMS, extended the Santeon contract, the current KDP electronic claims processing (eCMS) vendor, to June 30, 2025, to continue the KDP claims functioning processes, financial payments and recoveries, in addition to reporting requirements.

Customer service in the areas of patient certification, accounts payable and accounts receivable continue to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible, adjudicating claims in a timely manner, assist with explaining the calculation and billing of program participation fees, and providing guidance to members of the renal community to assist them in receiving the most accurate information possible. Training occurs with Free Standing Dialysis Unit (FSDU) social workers and Senior Health Insurance Program (SHIP) personnel to educate the ESKD personnel and community in the KDP patient certification process, advise those personnel of KDP, Medicare and Medicaid regulations, and address frequent problems and concerns occurring with those processes.

## MESSAGE FROM THE COMMISSION CHAIR - CONTINUED FROM PAGE 1

The genetic modifications include “knocking out” of 4 pig genes and incorporating 6 human genes. This process would potentially eliminate the risk of certain viruses that are found in pigs from being transmitted to the recipient. Additionally, the changes would make the transplanted organ more similar to human tissue and less likely to trigger a severe immune response that would result in a rejection episode. These genetically modified pigs would be raised in a highly controlled, clean environment to reduce further risk of infections.

In 2025, the FDA had approved the first clinical trials. While earlier work has helped guide the immunosuppressive agent use, reduction of zoonotic infections, and reduction of rejection episodes, there is still further lessons to be learned. There seem to be differences in the production of hormones that help drive production of blood cells, changes in the ability to concentrate and dilute urine, and the increased growth of kidney size post transplant. The genetic modification of pig kidneys has helped reduce the risk of immediate rejection but does not eliminate the potential of later rejections.

As with any new therapeutic agent or technology, safety and impact for patients needs to be considered. In November 2023, there was an Externally Led Patient Focused Drug Development Meeting on Kidney Xenotransplantation hosted by the NKF. The goal of this meeting is to provide the FDA, transplant companies, academic centers and the public to learn from kidney disease and kidney transplant recipients and their caregivers about their views on kidney transplantation. The patients’ perspectives on whether they would accept a xenotransplant, the risks and challenges anticipated with xenotransplantation, and factors that would influence the willingness to enter kidney xenotransplantation trials. Key themes from the patient and caregiver groups answers to questions were challenges with dialysis, the toll of living with kidney disease, waitlist concerns, and urgency of clinical trials. This meeting reflected the importance of pursuing clinical trials to advance the science, that while dialysis was helping survival there was a desire to look for an alternative, and that there was a certain amount of willingness to participate in trials depending on their current situation.

It is unclear what the overall role of xenotransplantation will have in kidney disease. This will not be the only solution for the shortage of available organs for transplantation but may

provide options for those who may need a bridge pending a routine transplantation or those who may not be medically stable for a routine transplant. The clinical trials in xenotransplantation will help gather the information needed for future decision making for health care teams and patients and will continue to help improve outcomes. Xenotransplantation will be just one part of the effort to improve access to transplantation.

References:

[UNOS Data and Transplant Statistics | Organ Donation Data](#)

[Kidney Xenotransplantation Clinical Trials: A New Step in Transplant Research | National Kidney Foundation](#)

[Xenotransplantation of a Porcine Kidney for End-Stage Kidney Disease - PubMed](#)

[A tipping point for kidney xenotransplantation | Nature Medicine](#)

## PROJECTIONS FOR THE KIDNEY DISEASE PROGRAM

The Kidney Disease Program continues to work with our contractors, Santeon, HMS, Conduent and MDThink, in addition to data processing analysts and programmers, to ensure compliance with State and Federal mandated requirements. KDP will move from Santeon to the Salesforce platform on July 1, 2025, FY 2026. The Kidney Disease Program will strive to deliver the best services possible to ensure that each KDP recipient continues to receive quality medical care and efficient customer service from KDP staff. KDP will continue to work with its colleagues in defining the best possible route to obtaining and developing a new KDP electronic claims processing system and completing the development of the Patient Enrollment, Case Management and Premium Management systems. In addition, the Kidney Disease Program will continue to work with the Commission on Kidney Disease to provide quality service and education to end stage kidney disease (ESKD) patients in the State of Maryland and ESKD community.

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**PAST COMMISSIONER'S CORNER**  
**BY SUSAN LEON, RN**

I am also affiliated with the local chapter of the American Nephrology Nurse Association, and we have collaborated with the Kidney Commission several times to provide pertinent educational programs for facility staff, from clinical staff, to Registered Dietitians, to Social Workers and Bio-Techs, as well Management staff, achieved through each facility's Survey Summary and Instructions for Compliance Letter.

An additional responsibility is to review clinic Surveys and Plans of Correction to help make sure the facilities are headed in the right direction to correct deficiencies - all to protect the patients and staff.

Being a nurse on the Commission allows you to proudly share your knowledge and dedication to our profession. It is a limited engagement and might take a couple of hours of your time each month. Time well spent as you make an impact on the care of our patients in Maryland. And it looks great on your resume!

### IVD PROCESS CRITERIA

Involuntary patient discharge (IVD) should be considered only as a last resort. The Network should be notified before an involuntary discharge is initiated. This will ensure procedure is followed appropriately. The only acceptable reasons for IVD are

- Non-payment
- Facility ceases to operate
- Documented medical needs the facility cannot meet
- Ongoing disruptive, abusive behavior creating impairment of patient care or facility operations

Except for immediate severe threat, the facility must have demonstrated due diligence in assisting the patient as described in the table on the next page.

Please utilize the Network as a resource when trying to manage patient behaviors. We have decades of experience and knowledge and offer an objective perspective to help guide your efforts. Explore the Network website (<https://www.qualityinsights.org/qirn5/dialysis-providers>) for

- Resources for conflict management
- Federal Register: ESRD Medicare Conditions for Coverage: 494.180 Condition: Governance (f) Standard: Involuntary Discharge and Transfer Policies and Procedures
- IVD Process and Packet

#### **Non-adherence**

Non-adherence is NOT an acceptable reason for discharge. And facilities cannot refuse to readmit a patient for non-adherence. There is no magical 30-day rule employed by the Network or the state. Medical Directors are specifically identified in the Conditions for Coverage as responsible for ensuring patients are not discharged inappropriately.

There are many reasons patients shorten or skip treatments including access to resources, boredom, health literacy, depression and mental health. It is important to identify with the patient the root cause(s) to know best how to assist. Life Planning is an excellent strategy to better understand the patient's values, priorities and preferences. Screening the patient for depression and anxiety is important as these disorders cause high risk for non-adherence.

Non-adherence in home dialysis is unique. The attending nephrologist makes determination of whether a patient is appropriate or not for independent self-care. When the determination is made to remove the patient from home dialysis, this is considered a modality change and the home dialysis program's back up ICH facility must accommodate the patient. Due diligence should still be made to identify and address root causes of non-adherence.

Utilize the Network as a resource to brainstorm ways to make an impact in adherence for your patients. Explore the Network's Community Asset Profile (<https://www.qualityinsights.org/qirn5/health-equity/cap-library>) to identify resources such as transportation and mental health services available in your patient(s) county. Check out the Network's new Adherence Toolkit: <https://www.qualityinsights.org/-patient-engagement-interventions-1-75bd03c7-9d53-4b92-8429-05246dce2b3e>

IVD Reason	Facility Responsibility	Notice Requirements	IVD Packet Due
Non-payment	Documented efforts to assist patients with obtaining available coverage	Alert Network of at-risk status  30-day notice to patient	2 weeks before patient's expected last treatment
Facility Ceases to Operate	Ensure all patients are transferred to area units of their preference  Inform the Network of any placement difficulties	Corporate leadership should be involved; permanent closures require formal federal and state notifications  30-day notice to patients	NA
Medical Need	Documented need that cannot be met by facility  Assist patients to obtain appropriate arrangements that can meet needs	As soon as need(s) is identified, communicate with patient/care partner and Network	Determined by Network
Ongoing Abusive/disruptive Behavior	Documented reassessment and care plan meeting with patient to address behavior  Documented 1 <sup>st</sup> person accounts of incidents and actions of facility  Consult with Network regarding options for managing behavior  Efforts (beyond a list of units) must be made to place patient	Alert Network of at-risk status  30-day notice to patient	2 weeks before patient's expected last treatment
Immediate Severe Threat	Call police immediately  Do not initiate treatment on an agitated patient  Involve corporate leadership  Consider whether patient can be issued warning vs IVD	Alert Network immediately  Notify patient immediately	Within 48 hours

## Senate HELP Committee Passage of the Living Donor Protection Act (S. 1552)



Statement from Dr. Jesse Roach, SVP of Government Relations at the National Kidney Foundation Washington DC (February 26, 2026) - "Today's vote by the Senate HELP Committee shows momentum is building around the Living Donor Protection Act (LDPA). Today's progress reflects years of advocacy by living donors, transplant recipients, and patient leaders who have shared their stories and called for fairness.

The LDPA would prohibit life, disability, and long-term care insurers from discriminating against living organ donors and clarify that donors are protected under the Family and Medical Leave Act during their recovery. These common sense protections are essential to ensuring that individuals who step forward to save a life are not penalized for their generosity.

More than 90,000 Americans are currently waiting for a kidney transplant. Twelve people die every day while on a kidney transplant waiting list. Living donation remains the gold-standard therapy for many patients, yet barriers continue to discourage potential donors. Advancing this legislation brings us closer to removing one of those barriers.

Thank you to Senators Tom Cotton and Kirsten Gillibrand for their continued leadership on LDPA and to HELP Committee Chair Senator Bill Cassidy and Ranking Member Senator Bernie Sanders moving this life saving legislation forward. We urge Senate leadership to bring S. 1552 to bring the floor for a vote, and ask House leadership to do the same with companion bills H.R. 4583 and H.R. 4582. Keep the momentum going and continue working in bipartisan fashion to protect and support living donors nationwide."

### About the Living Donor Protection Act

The LDPA would protect living organ donors from discrimination in obtaining life, disability, and long-term care insurance and ensure that they are covered under the Family and Medical Leave Act (FMLA). The National Kidney Foundation has led advocacy efforts on the LDPA for nearly a decade, successfully helping to pass similar protections in more than 30 states. NKF is encouraged to see growing support across the transplant and patient community for this new strategy—splitting the bill into two parts to facilitate smoother passage through Congress. H.R. 4582 and H.R. 4583 represent the House companion bills to S. 1552 in the Senate.

You can read more about H.R. 4582 [here](#) and H.R. 4583 [here](#).

You can read more about the Senate version of LDPA, S. 1552, [here](#).

### About Kidney Disease in the United States

In the United States, more than 37 million adults are estimated to have kidney disease, also known as chronic kidney disease (CKD)—and approximately 90 percent don't know they have it. About 1 in 3 adults in the U.S. are at risk for kidney disease. Risk factors for kidney disease include: [diabetes](#), [high blood pressure](#), [heart disease](#), [obesity](#), and [family history](#). People of Black or African American, Hispanic or Latino, American Indian or Alaska Native, Asian American, or Native Hawaiian or Other Pacific Islander descent are at increased risk for developing the disease. Black or African American people are about four times as likely as White people to have kidney failure. Hispanics experience kidney failure at about double the rate of White people.

### About the National Kidney Foundation

The National Kidney Foundation is revolutionizing the fight to save lives by eliminating preventable kidney disease, accelerating innovation for the dignity of the patient experience, and dismantling structural inequities in kidney care, dialysis, and transplantation. For more information about NKF, visit [www.kidney.org](http://www.kidney.org).

## Message from Network 5

### Staying Healthy This Respiratory Season: Why Vaccines Matter for ESRD Patients

Vaccinations play a critical role in protecting individuals with End-Stage Renal Disease (ESRD), particularly during respiratory season when viruses such as influenza, RSV, COVID-19, and pneumococcal infections circulate widely. Because ESRD affects immune function and requires patients to receive frequent in-center care, this population faces significantly higher risks of infection, severe illness, hospitalization, and mortality. Immunizations are one of the most effective tools available to safeguard their health and reduce preventable complications.

Patients with ESRD experience compromised immune responses due to uremia, chronic inflammation, and the effects of dialysis treatment. This makes them more susceptible not only to contracting respiratory illnesses, but also to experiencing more serious symptoms and slower recovery times. Even routine viral infections can escalate rapidly, leading to pneumonia, hospitalization, or other dangerous complications. Vaccines help stimulate an immune response strong enough to provide meaningful protection, even when the immune system is weakened.

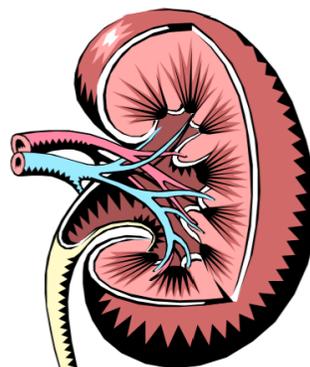
Frequent healthcare exposure is another reason vaccination is essential. Because dialysis care occurs in shared spaces, patients cannot isolate and face higher exposure to respiratory viruses. Unlike the general population—who can limit contact or isolate more easily during peak respiratory season—dialysis patients cannot postpone treatment. Facilities benefit from higher vaccination coverage because it reduces facility-wide outbreaks, protecting not only the vaccinated individual but also other vulnerable patients.

Respiratory illnesses also pose serious secondary risks for people with ESRD. Conditions such as influenza or RSV can exacerbate cardiovascular issues, worsen fluid balance, and contribute to acute complications that may require intensive treatment. Pneumococcal disease is particularly concerning, as it can lead to severe pneumonia or bloodstream infections. Vaccination reduces the severity of illness and prevents complications that could threaten long-term health and stability.

From a public health perspective, vaccination is a key strategy to maintain continuity of care. Respiratory season often brings higher rates of healthcare utilization and staffing shortages. When ESRD patients are vaccinated, they are less likely to require

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emergency care or hospitalization, and more able to maintain their regular dialysis schedule. This supports better clinical outcomes and reduces strain on healthcare systems already challenged by seasonal surges.

It is also important to recognize that vaccination helps protect families, caregivers, and the broader community. ESRD patients often rely on support networks, and any disruption in health can place additional burden on loved ones. By staying up to date on recommended vaccines—including influenza, COVID-19, RSV (when eligible), and pneumococcal immunizations—patients take an active step in safeguarding themselves and those around them.

Ultimately, vaccination is a simple yet powerful intervention. For individuals with ESRD, it provides essential protection during a season when their vulnerability is heightened. By prioritizing immunization, dialysis facilities, care teams, and patients work together to prevent illness, reduce complications, and promote safer, healthier outcomes throughout respiratory season. Visit the Network's website for resources to support vaccination this season <https://www.qualityinsights.org/qirn5>