

HHS's Kidney Care Plan Puts Hospitals in the Spotlight: A Policy Playbook for Transplant Centers and Donor Hospitals

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Transplant centers and donor hospitals should take notice. HHS's [Kidney Care National Plan](#) (October 20, 2026) points the transplant system toward tougher accountability, new payment incentives and closer federal oversight. Organ procurement organizations (OPOs) have already felt it. Hospitals are next.

What the Plan signals

- **A roadmap with real levers.** The Plan is not a rule, but HHS can act through CMS rulemaking and certification, HRSA and Organ Procurement and Transplantation Network (OPTN) policy, and CMS Innovation Center models.
- **Accountability over mandates.** The Plan favors accountability, competition and innovation over layering on new regulations. Expect performance metrics, payment incentives and transparency requirements.
- **A numbers case for acting.** ASPE credits the [2019 Executive Order](#) with 1,055 to 2,110 additional transplants a year and up to \$206 billion in benefits through 2040, though it concedes attribution is uncertain. With [roughly 90,000 Americans on the kidney waiting list](#), HHS has every reason to press further.

Transplant centers: the policy levers

HHS says centers control waitlist eligibility, organ acceptance and post-operative care, and that practice varies widely. The sharpest contrast: [living-donor rates have been flat since 2000](#), while deceased-donor kidney transplant rates among dialysis patients rose 33 percent from 2018 to 2024. HHS suggests this may warrant “additional accountability or a push from HHS and the OPTN.”

- **Payment is the lever.** The [IOTA model](#) already ties payment to transplant volume, organ use and graft survival, and tests whether incentives change center behavior. *Action step:* compare your volume, acceptance and waitlist data against peers.
- **Living donation is a policy priority.** The [HOLD Act](#) and [revised HRSA reimbursement rules](#) ease donors' financial barriers, and HHS is building a National Transplant Expansion Strategy around living donation. *Action step:* invest in donor navigation and set targets.
- **Oversight is converging.** CMS certifies and surveys, HRSA oversees the OPTN, and HHS wants them aligned. *Action step:* name one executive accountable for transplant metrics.
- **Referral patterns will shift.** Models like [Kidney Care Choices](#) and [ACCESS](#) aim to delay kidney failure and steer patients toward transplant. *Action step:* strengthen nephrology partnerships and size your capacity, which the Plan does not address.

Donor hospitals: the policy levers

The Plan says little about donor hospitals directly. Its OPO and OPTN reforms will reach you anyway.

- **OPO enforcement is real.** HHS announced the first performance-based decertification since 1984 in [September 2025](#) and is moving to **decertify a second**. *Action step:* review your OPO's performance and your agreement, and plan for a transition.
- **Patient safety is a policy trigger.** The Plan cites allegations of procurement from patients not yet dead. *Action step:* test death-determination and donor-management practices.
- **Standards keep rising.** HHS credits the 2020 OPO standards with 21 percent more donors from 2019 to 2023, and CMS has proposed more. *Action step:* monitor referral timeliness and conversion.
- **The OPTN is being rebuilt.** [Modernization](#) means new vendors, governance and data systems. *Action step:* check your data readiness.

The bottom line

The [Kidney Care National Plan](#) is light on detail, but its direction is unmistakable: more transplants and more accountability. Transplant centers and donor hospitals that engage early with CMS, HRSA and the OPTN will help shape the rules rather than simply absorb them.

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