



May 8, 2026

Eric J. Gertler
Executive Chairman and Chief Executive Officer
U.S. News & World Report
1400 Crystal Drive
Suite 1200
Arlington, VA 22202

Attn: Health Analysis and Editorial Leadership

Subject: Reconsideration of the Inclusion of Nephrology in the Best Hospitals Specialty Rankings

Dear Mr. Gertler:

Representing more than 20,000 nephrologists, scientists, and kidney health professionals worldwide, the American Society of Nephrology (ASN) formally requests that U.S. News & World Report (USNWR) reconsider its 2021 decision to exclude nephrology as a standalone specialty in the “Best Hospitals” rankings. ASN requests that nephrology be reinstated as a ranked specialty to fully capture the complexity of conditions the specialty manages and provide vital information to patients with kidney disease navigating care delivery decisions.

In the attached editorial from the May 2026 issue of ASN Kidney News—and in our roles as ASN President and ASN Chief Executive Officer and Executive Vice President—we write, “by disenfranchising the more than 37 million Americans living with kidney diseases, USNWR degraded the credibility of its ranking system,” Highlighting that the current USNWR rating for acute kidney failure is applicable to fewer than 2% of the millions of Americans living with kidney diseases.

This disenfranchisement is compounded by the reality that kidney diseases impact historically disadvantaged populations with low levels of awareness of their conditions. USNWR’s decision to focus entirely on adult acute kidney failure leaves patients with chronic kidney diseases unable to access information to guide nephrology care decisions that focus on preventing chronic kidney progression while promoting optimal therapies to treat kidney failure when it does occur. This exclusion is not a simple balancing of the scales; instead, it disenfranchises millions of Americans who already struggle with the lack of screening, awareness, and resources to improve their clinical outcomes and identify the care pathways they need.

While ASN and its members—including approximately 90% of U.S. nephrologists—understand the transition toward data-driven “Procedures & Conditions” ratings, the removal of nephrology as a distinct specialty overlooks the profound complexity of kidney care and the critical role that clinical divisions play in advancing medical science and patient outcomes.

USNWR's decision to move away from ranking adult nephrology divisions impacts the healthcare landscape in several significant ways:

- **Ignores Complexity of Care Beyond Procedures:** Unlike many surgical specialties, nephrology is defined by the management of complex, severe, chronic, and multisystem diseases. While useful for discrete events like 'Kidney Failure', the "Procedures & Conditions" model does not fully capture the sophisticated diagnostic and longitudinal care provided by top-tier nephrology divisions.
- **Provides a Disincentive for Innovation:** The annual rankings serve as a benchmark for excellence that drives institutional investment in research, fellowship training, and clinical infrastructure. By removing this metric, there is a risk of diminished visibility for the innovations required to combat the global crisis of kidney disease.
- **Creates an Information Gap for Patients, Physicians, and Health Professionals:** Patients facing both common and rare kidney conditions, complex glomerular diseases, or transplant complications rely on these rankings to identify centers of excellence. A procedural rating alone does not provide sufficient data for a patient seeking a multidisciplinary team capable of managing kidney disease.

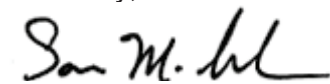
Nephrology remains at the center of hospital medicine, intersecting with cardiology, oncology, surgery, and critical care. This focus occurs in a real time environment, with cardiovascular-kidney-metabolic syndrome becoming the first superspecialty in medicine. USNWR should instead consider moving toward a holistic approach of evaluating health systems that treat the constellation of kidney diseases rather than ranking artificially atomized elements of medicine.

ASN believes that a methodology incorporating both rigorous data and the expert reputation of peer-recognized institutions provides the most comprehensive view of hospital quality for all Americans. Instead, USNWR "historically underweights or ignores conditions like kidney diseases and sickle cell disease (disproportionately and primarily affecting Black Americans)."

ASN welcomes the opportunity to collaborate with your data and editorial teams to refine the metrics used for nephrology. Together, ASN and USNWR can ensure that patients, families, and the medical community have access to the most accurate and meaningful evaluations of kidney care programs, which will benefit the more than 37 million Americans living with kidney diseases.

Thank you for your time and for your commitment to transparency in healthcare quality. On behalf of ASN, we look forward to your response.

Sincerely,



Samir M. Parikh, MD, FASN
President



Tod Ibrahim
Chief Executive Officer and Executive Vice President

cc: Ben Harder
Managing Editor and Chief of Health Analysis