



Kidney Health in America

Kidney disease affects 37 million adults in the US and costs Medicare over \$130 billion annually. Expensive to treat, kidney disease is preventable and manageable if diagnosed early.

Unfortunately, almost 40% of kidney patients only receive focused kidney treatment once they reach kidney failure, where they rely on dialysis or transplant for survival. Kidney disease patients, especially kidney disease patients of color, also have some of the highest rates of COVID-19 infection, hospitalization, and mortality.

Kidney Disease is A Significant Burden on Patients and our Health System

Chronic kidney disease (CKD) affects 37 million adults in the US. Another 80 million adults in the US are at risk for developing kidney disease because they have diabetes, hypertension, or a family history of kidney disease. Early diagnosis and interventions like lifestyle management, dietary changes, blood pressure and glucose control, and other therapies can slow or even prevent the progression of CKD to kidney failure. However, 90% of people living with CKD are unaware that their kidneys are impaired and almost 40% of CKD patients don't receive pre-kidney failure nephrology care. By the time their kidney disease is diagnosed - at an advanced and costly stage -- treatment choices are limited to transplant or dialysis.

While dialysis replaces kidney function for more than 550,000 patients, it is not a cure for kidney failure. The five-year survival rate is only 35% - approximately half that of the survival rate for all cancers. According to the US Renal Data Service, for dialysis patients aged 66-74 mortality rates are more than twice as high for dialysis than for heart failure and more than three times as high as cancer. Beyond mortality, dialysis takes a significant toll on quality of life, causing side effects such as fatigue, pain, bone disease, blood clots, and infection.

Dialysis treatment can also be very time consuming and burdensome. Eighty-five percent of dialysis patients must travel to a dialysis center three to four times a week for several hours at a time. Transportation to and from dialysis can be a challenge for patients, and the frequency of treatment prevents many of them from maintaining employment. Other options, such as home peritoneal dialysis and home hemodialysis, provide more flexibility and lifestyle improvement, however they are not as widely utilized.

Transplant is the preferred treatment option for kidney failure. It frees patients from dialysis, improves life expectancy, and greatly improves quality of life. According to a 2018 study in the American Journal of Transplantation, transplantation not only increases life expectancy and quality, it is cost effective even if non-ideal kidneys are transplanted. A sub-optimal kidney transplant is still preferable and more cost effective than additional years on dialysis.¹

Unfortunately, our current transplant system does not meet the demand. While approximately 100,000 Americans are awaiting a kidney transplant, only 23,400 received one in 2018, and less than one-

¹ Axelrod DA, Schnitzler MA, Xiao H, et al. An economic assessment of contemporary kidney transplant practice. Am J Transplant. 2018;18:1168–1176. <https://doi.org/10.1111/ajt.14702>

third of those came from living donors. Further, almost 35% of donated kidneys are discarded, even as 12 people die on the transplant wait list every day. The average wait time for a kidney transplant is 5 years but can be as long as 10 years in some states.

Kidney Disease Patients Are Immensely Vulnerable to COVID-19

Patients on dialysis are at particularly high risk from COVID-19, due to the increased age of the population, numerous underlying comorbidities, community exposure, and the inability of in-center dialysis patients to social distance in the dialysis facility. According to Medicare's COVID-19 Data Snapshot, Medicare beneficiaries with kidney failure are nearly four times as likely to have contracted COVID-19 as aged or disabled beneficiaries and more than seven times more likely to be hospitalized. Dialysis patients who contract COVID-19 are at extremely high risk of short-term mortality, possibly higher than 20 percent. Specifically, USRDS data indicates that patients dialyzing in-center were up to four times more likely to be hospitalized with COVID-19 than those dialyzing at home. Kidney disease patients who have not reached kidney failure are at similarly high risk. Patients with more serious forms of CKD are at high risk of death, higher even than patients with more commonly cited risk factors for poor COVID-19 outcomes such as hypertension, chronic heart disease, chronic lung disease, or obesity.

Kidney Disease Sits at the Junction of Racism and COVID-19

Black or African Americans are almost four times more likely and Hispanics or Latinos are 1.3 times more likely to have kidney failure compared to White Americans. Although they make up only 13.5% of the population, Black or African Americans make up more than 35% of dialysis patients. Although a kidney transplant is the optimal treatment for kidney failure, Black patients face barriers to access at every step of the process and on average wait a year longer than White patients to receive a kidney transplant. Major causes of and contributors to kidney disease such as hypertension, diabetes, and obesity, are all more prevalent among Black Americans when compared to White Americans, likely due to socioeconomic factors like poverty that unduly affect people of color.

Non-White, socioeconomically disadvantaged populations have borne the worst effects of the COVID-19 pandemic, a fact that is exacerbated in the dialysis setting. As COVID-19 infects dialysis patients, it takes a disproportionate toll on people of color. The most vulnerable of dialysis patients, those who are dual eligible, elderly and people of color, are the most likely to be hospitalized. The legacy of COVID-19 will be its devastation on kidney patients of color, worsening existing disparities and creating new ones.

Kidney Disease is Bankrupting the Medicare Hospital Insurance Trust Fund

The Congressional Budget Office estimates that the Medicare Hospital Insurance Trust Fund will become insolvent by 2024. In the coming years, the Medicare program will not be able to pay claims for hospital, hospice, and skilled nursing services, resulting in a lower level of benefits. In 2018, 22.3% of traditional Medicare dollars were spent on chronic kidney disease (CKD) *not including spending on kidney failure, known as end-stage kidney disease (ESKD)*. When combined with the traditional Medicare spend on kidney failure beneficiaries of \$49.2 billion dollars, expenditures on kidney disease exceed \$130 billion dollars annually. In 2018, the total inflation adjusted traditional Medicare spend was \$507.9 billion dollars. That means that more than 1 in 4 Medicare dollars is spent on kidney disease.

Legislative Priorities for the 117th Congress

Significantly increase federal investment in kidney disease research, prevention and outreach activities

Ninety percent of individuals with kidney disease are unaware they have the condition. About 11% of adults in the US, or 37 million people, have kidney disease, and another 80 million Americans are at risk for kidney disease due to diabetes, hypertension, or family history of the disease. Unfortunately, almost 40 percent of kidney patients do not find out that they have kidney disease until their kidneys have failed. At that point, their only treatment options are lifelong dialysis, or a kidney transplant. Not knowing their kidney disease status prevents patients from accessing the early treatments that can slow their progression to kidney failure and prolong their life.

COVID-19 has also wreaked havoc on both kidney patients and *caused* kidney damage in patients who recover from COVID-19. According to one study out of the UK, of COVID patients admitted to the ICU, 37 percent of patients with ESRD died from their infection, compared to 21 percent of patients with healthy kidneys. A recent study completed by the VA in St. Louis, MO indicates that 32% of veterans hospitalized with COVID-19 developed Acute Kidney Injury, and many of those did not fully recover their kidney function by discharge. It is essential that patients know and understand their kidney health status so they can make the right choices to protect their health.

Since 2008, investment in kidney disease at NIH has barely outpaced inflation. According to the CDC, kidney disease was the 8th leading cause of death nationwide in 2019, and affected 11% of adults in the US, yet investment in kidney disease research at NIH trails breast cancer (1% of the population), liver disease (1% of the population), and Alzheimer's (10% of the population over age 65). Even as funding for NIH rose 37 percent between fiscal years 2015 and 2020, kidney research funding only increased 19 percent in that same time.

To address these issues, NKF is seeking a large increase in funding to the National Institutes of Health to support the work of the National Institutes for Digestive, Diabetes, and Kidney Disease. NKF is also requesting \$15 million for the Centers for Disease Control's Chronic Kidney Disease (CKD) Initiative to expand their activities and capacity for early detection and surveillance, as well as provide for a public awareness campaign to educate the public about kidney disease and encourage screening.

Legislation to Improve the Lives of Kidney Patients

The Living Donor Protection Act

This bill eliminates discrimination against living donors in the procurement of life, disability, and long-term care insurance. Insurance companies cannot drop a living donor, change their premiums, or refuse coverage based on their status as a living kidney donor.

The Covering All Reasonable Expenses (CARE) for Home Dialysis Act

This bill seeks to remove barriers to accessing home dialysis and ensure that patients who do choose home dialysis have the support they need to be successful.

Address Racial and Ethnic Disparities

The National Kidney Foundation supports efforts to reduce the burden of kidney disease in diverse and underserved communities. Specifically, we encourage Congress to:

- Improve CKD Population Health in Underserved Communities
- Increase Public Investment in Kidney Health Equity
- Close the Race and Ethnicity Gap in Access Living Donor Kidney Transplant
- Enhance Understanding of Barriers to Transplant for Racial and Ethnic Minorities
- Ensure Equitable Access to Home Dialysis Success
- Extend Medigap to all ESRD Beneficiaries

Please contact Lauren Drew, Director of Congressional Relations, at lauren.drew@kidney.org with any questions.