

STATEMENT OF THE NATIONAL KIDNEY FOUNDATION

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**SUBMITTED TO THE HOUSE COMMITTEE ON APPROPRIATIONS;
SUBCOMMITTEE ON LABOR, HHS, EDUCATION, AND RELATED AGENCIES**

March 8, 2017

The National Kidney Foundation (NKF) is pleased to submit testimony regarding the impact of Chronic Kidney Disease (CKD) and funding necessary to build upon the success of the existing programs at the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), \$2.165 billion for NIDDK, and increases for the HRSA Division of Transplantation (DoT) and Bureau of Primary care to fight kidney disease.

About CKD

CKD is a condition characterized by a gradual loss of kidney function over time. CKD impacts 26 million American adults, while 1 in 3 (73 million) are at risk. Diabetes and high blood pressure are responsible for up to two-thirds of all cases of irreversible kidney failure (end stage renal disease). Kidney disease can be detected through a simple blood and urine test, yet can go undetected until very advanced because kidney disease often has no symptoms. When kidney disease progresses, it may lead to kidney failure, which requires dialysis or a kidney transplant to maintain life. African Americans develop ESRD at a rate of 4 to 1 compared to Whites and Hispanic Americans developing it at a rate of 2 to 1.

The Importance of Early Detection of CKD

Astonishingly, 90% of individuals with CKD are unaware they have it.¹ Because CKD is often asymptomatic it goes undetected without laboratory testing. Some people are not diagnosed until they have reached end-stage renal disease (ESRD) and must begin dialysis immediately.

Over 675,000 Americans have ESRD; over 475,000 receive dialysis at least 3 times per week to replace kidney function and 200,000 Americans live with a kidney transplant. Complicating the cost and human toll is the fact that it is a disease multiplier, with patients very likely to be diagnosed with cardiovascular disease. Medicare spends more than \$100 billion annually on the care of people with CKD, including \$87,000 per dialysis patient and \$32,500 for a transplant patient.

Cost-effective early identification and treatment options exist which can slow the progression of kidney disease, delay complications, and prevent or delay kidney failure. Intervention at the earliest stage is vital to improving outcomes, lowering health care costs, and improving patient experience, yet in a recent clinical study only 12% of primary care clinicians were properly detecting CKD in their patients with diabetes who are at the highest risk of kidney disease.²

There often is a misconception that once someone is diagnosed with CKD, there must be a referral to a nephrologist. However, it is not necessary in most instances for referral to a nephrologist in early stages.

The CKD Intercept Initiative

NKF's CKD Intercept initiative aims to transform PCP detection and care of the growing numbers of Americans with CKD by deploying evidence based clinical guidelines into primary care settings through education programs, symposia and practical implementation tools. In

¹ Tuot DS, Plantinga LC, Hsu CY, et al. Chronic kidney disease awareness among individuals with clinical markers of kidney dysfunction. Clin J Am Soc Nephrol. Aug 2011;6(8):1838-1844.

² Szczech LA, et al. Primary Care Detection of Chronic Kidney Disease in Adults with Type-2 Diabetes: The ADD-CKD Study (Awareness, Detection and Drug Therapy in Type 2 Diabetes and Chronic Kidney Disease), PLOS One November 26, 2014.

support of this effort, NKF is advocating for Congress to enact legislation that directs the Secretary of Health and Human Services to design a voluntary pilot program that ties payments to clinicians with improvements in the early detection of chronic kidney disease and the care these patients receive. The pilot will be practitioner-led, and supported by a multidisciplinary healthcare team. In addition, this legislation will provide primary care practitioners and nephrologists with the resources they need to better care for people with CKD, while also ensuring they are accountable for measurable improvements in care. Practitioners will be rewarded for identifying kidney disease early so that the progression of the disease can be slowed resulting in better, long-term, patient outcomes, such as a reduction in the number of patients dying early, requiring dialysis or needing kidney transplantation.

While progression of CKD can lead to ESRD, CKD patients are at a greater risk of death, cardiovascular events and adverse drug events. In a most recent study conducted by The Johns Hopkins University, testing for kidney disease – in those with the disease – may be a stronger risk predictor of heart attack and stroke than tobacco use, blood pressure, or high cholesterol.³ . Testing for kidney disease in at-risk populations provides the opportunity for interventions to foster awareness, foster adherence to medications and control risk factors.

With the continued support of Congress, NKF is confident a feasible detection, surveillance and treatment pilot can be advanced as a *vital step* to improve outcomes and lower the costs of kidney disease.

CDC NCCDPHP

NCCDPHP is at the forefront of our nation's efforts to promote and control chronic diseases. To address the social and economic impact of kidney disease, in FY 2006 NKF worked with

³ Matsushita, Kunihiro, Estimated glomerular filtration rate and albuminuria for prediction of cardiovascular outcomes: a collaborative meta-analysis of individual participant data, *Lancet Diabetes Endocrinol*. Published online May 29, 2015, [http://dx.doi.org/10.1016/S2213-8587\(15\)00040-6](http://dx.doi.org/10.1016/S2213-8587(15)00040-6).

Congress to launch the CKD Surveillance Project. We encourage the Committee to sustain funding for the project in 2018. We also urge the committee to increase funding for NCCDPHP overall and to use increased funds to promote quality improvement in CKD detection and care among healthcare payers and practitioners.

NIH NIDDK

NKF supports the Friends of NIDDK request of \$2.165 billion for the Institute in FY 2018. Medicare spent over \$100 billion in 2014 caring for patients with kidney disease, \$70 billion of which was for individuals who do not have kidney failure, yet NIH funding for kidney disease research is only about \$600 million annually. Patients deserve better and we cannot allow these opportunities to slip away.

America's scientists are at the cusp of many potential breakthroughs in improving our understanding of CKD and providing new therapies to delay and treat various kidney diseases. With the unique status of ESRD in the Medicare program, CKD research has the potential to provide cost savings to the federal government like that of no other chronic disease. We urge Congress to again provide strong bipartisan support for NIH to continue building on the success of the FY 17 efforts, and fund NIDDK at this requested level.

HRSA Bureau of Primary Care

The HRSA Bureau of Primary Care supports a national network of more than 9,800 health clinics for people in underserved communities who otherwise would have little or no access to care. 1 in 13 Americans receives care at participating health clinics. Community Health Centers can serve as a first line of detection and care for people at risk and with CKD who have not been diagnosed. Specifically, NKF urges the Committee to increase funding for Federally Qualified Community Health Centers to improve testing of CKD among those with diabetes and

hypertension by including, in the Uniform Data System (UDS), laboratory values for estimated Glomerular Filtration Rate (eGFR) and urine albumin to creatinine ratio (ACR), which provide vital information on kidney function and risk of progression and cardiovascular complications and CKD diagnosis. This move would align with Healthy People 2020 objectives related to CKD detection and provide a critical data source for CKD surveillance.

HRSA DoT

NKF urges the Committee to increase funding for organ donation and transplantation programs. Activities supported by DoT include initiatives to increase the number of donor organs, and the National Donor Assistance Program which helps individuals obtain a transplant by assisting living organ donors with expenses such as travel and subsistence that are not reimbursed by insurance, a health benefit program, or any other state or federal program.

This year NKF launched the “The Big Ask/The Big Give” campaign. This initiative, promotes and supports awareness of living kidney donation. It is designed for both those waiting for a kidney transplant who have trouble asking somebody to consider donation (The Big Ask) and potential kidney donors (The Big Give). The Big Ask/The Big Give provides the necessary education and platform to take the misconceptions and confusion out of what can be a very complex process. The program is offered nationwide to transplant centers, dialysis centers and nephrology practices.

To better understand and develop solutions to the high rate of deceased organs that are donated, but never used – NKF will host the Organ Discard Conference in May, which will bring together the transplant community, researchers, and government agencies to address this phenomenon that if rectified could increase the number of transplants performed in the U.S.

Thank you for your consideration of our funding requests for Fiscal Year 2017.