

STATEMENT OF THE NATIONAL KIDNEY FOUNDATION
30 EAST 33RD STREET NEW YORK, NY 10016
SUBMITTED TO THE HOUSE COMMITTEE ON APPROPRIATIONS;
SUBCOMMITTEE ON LABOR, HHS, EDUCATION, AND RELATED AGENCIES
IN SUPPORT OF FUNDING FOR CDC, NIDDK, AND HRSA PROGRAMS
April 26, 2018

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 successes of the existing programs at the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), \$2.165 billion for the National Institute of Diabetes, Digestive and Kidney Diseases, and the HRSA Division of Transplantation (DoT) and increases necessary for the HRSA Bureau of Primary care to fight kidney disease.

About CKD

CKD impacts 30 million American adults, while 1 in 3 adults (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) which requires dialysis or a kidney transplant to maintain life. Kidney disease can be detected through simple blood and urine tests yet can go undetected until very advanced because kidney disease often has no symptoms. African Americans develop ESRD at a rate of 4:1 compared to Whites and Hispanic Americans develop it at a rate of 2:1 compared to Whites.

Over 700,000 Americans have ESRD, nearly 500,000 of whom receive dialysis at least 3 times per week to replace kidney function, and over 200,000 Americans live with a kidney transplant. Medicare spends nearly \$100 billion annually on the care of people with CKD, \$64 billion of which is for individuals who do not have kidney failure.

Astonishingly, 90% of individuals with CKD are unaware they have it. Many people are not diagnosed until they have reached ESRD and must begin dialysis immediately. The impact of CKD is further amplified as the disease burden is growing. A study published by researchers leading the CDC's CKD surveillance program shows that over half of U.S. adults age 30-64 are likely to develop CKD. Many with CKD also have cardiovascular disease, bone disease, and other chronic conditions, contributing to poor outcomes and increased health spending for this population. In fact, CKD is an independent risk predictor for heart attack and stroke.

Intervention at the earliest stage is vital to improving outcomes, lowering health care costs, and improving patient experience, yet nationally only 6% of patients with high blood pressure and 40% with diabetes are receiving necessary testing for CKD. To improve awareness, early identification, and optimal treatment for kidney disease, the National Kidney Foundation calls on the Committee to sustain or increase funding for several agencies that are contributing substantially to these improvements.

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 Congress to launch the CKD Surveillance Project. This program has provided information to the public on the scope of CKD and has illuminated gaps in care as well as successful targeted efforts to reduce new cases of ESRD. The National Kidney Foundation is extremely appreciative of Congress's funding increase for the program in FY 2018 and we encourage the Committee to sustain funding in FY 2019. Also, key to improving public health is addressing the link between kidney disease and cardiovascular disease. The National Kidney Foundation has been pleased to

collaborate with Million Hearts to improve assessment for CKD among those with hypertension. We urge Congress to continue funding to support Million Hearts in its goal to reduce heart attack and stroke by 1 million by 2022. While both efforts are helpful in moving forward improvements in earlier identification and treatment, we urge Congress to do more to address this largely silent public health problem by increasing funding for NCCDPHP to promote increased awareness of the important role kidneys have in overall health.

NIH NIDDK

NKF supports the Friends of NIDDK request of \$2.165 billion for FY 2019. Despite Medicare spending of nearly \$100 billion for CKD, NIH funding for kidney disease research is only about \$600 million annually. 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 previous commitments 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 1 in 13 people in underserved communities who otherwise would have little or no access to care. Community Health Centers can serve as a first line of detection and care for people at risk and with CKD. 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 the risk of progression and cardiovascular complications and CKD diagnosis. This would align with Healthy People 2020 objectives related to CKD detection and provide a critical data source for CKD surveillance.

HRSA DoT

The Division of Transplantation supports initiatives to increase the number of donor organs, including the National Donor Assistance Program which helps offset living organ donors' expenses that are not reimbursed by insurance or other programs. We appreciate the increase in FY 18 funding and urge Congress to continue this funding to ensure more ESRD patients have access to the therapy associated with the best outcomes.

The National Kidney Foundation is not asking the Government to bear the responsibility CKD on its own and we have undertaken initiatives to drive forward improvements in kidney care. Our CKDIntercept initiative aims to transform Primary Care Practitioners (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. Through this initiative, we have collaborated with the American Society for Clinical Pathology (ASCP) and the nation's leading commercial laboratories and clinical laboratory societies to help remove barriers to CKD testing. A component of this new collaboration is the recommendation of a new test profile for CKD assessment and diagnosis. The new "Kidney Profile" combines the blood and urine testes needed to calculate the eGFR, which assesses kidney function, and urine ACR, which assesses kidney damage. We also developed recommendations for a patient-focused alternative payment model that will foster collaboration among PCPs and nephrologists to slow progression of CKD and ease transitions

for those that progress to ESRD. In support of this effort, NKF is advocating for Congress to enact legislation (H.R. 3867) 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, it 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.

To foster increased access to kidney transplantation, the National Kidney Foundation hosted the Organ Discard Conference in May 2017, which brought the transplant community, researchers, and government agencies together to address this phenomenon. At our 2018 Spring Clinicals Meeting this month, we announced the results of a study of transplanted kidneys that were previously deemed unfit for transplant. This first-ever study showed a graft survival rate for these kidneys exceeding 90 percent one year after transplant. We also have launched the Big Ask, Big Give, an educational program to help transplant recipients identify willing living kidney donors.

Thank you for your past support and your consideration of our requests for Fiscal Year 2019.