Invest in America's Kidney Health

The Burden of Kidney Disease

More than 37 million Americans have chronic kidney disease (CKD), including nearly 800,000 with irreversible kidney failure. Another 80 million Americans are at risk for developing kidney disease from hypertension, diabetes, and other risk factors. Unfortunately, 90 percent of those with CKD have not been diagnosed.

If we do not address kidney disease early and work to slow or stop the progression to kidney failure, the expense of treating kidney failure could bankrupt the Medicare Trust Fund. The Medicare program spends more than $130 billion – more than 24 percent of total spending – on patients with kidney disease. Further, end stage kidney disease, which affects only 1 percent of Medicare beneficiaries, accounts for 7 percent of Medicare spending.

To address this serious challenge, Congress must dramatically increase funding for public awareness, early detection, prevention, and treatment of kidney diseases and significantly increase funding for kidney related research at the National Institutes of Health and CDC's Chronic Kidney Disease Initiative.

CDC Chronic Kidney Disease Initiative

The CDC Chronic Kidney Disease (CKD) Initiative focuses on a comprehensive public health strategy, involving other public health agencies and national organizations, to address CKD. Activities funded under this program support disease surveillance, help raise awareness of CKD and its complications, promote early diagnosis and treatment, and improve the quality of life for people living with CKD. Unfortunately, at its current funding level of $2.6 million, the reach and impact of this program is limited.

With a significant increase in funding, this program could accelerate and amplify its activities to educate the public about their risk for kidney disease, educate clinical professionals, and spur innovation by entities serving the kidney disease community. By increasing our investment in awareness, early detection, and treatment, we can effectively slow the progression of kidney disease, reduce its costlier complications, and dramatically improve the quality of life of patients. NKF has identified three major areas where additional funding would be most impactful:

1. Establishment of a CKD screening program to detect people at high risk of developing CKD, examine the benefits of CKD screening in at-risk individuals, determine changes in provider behavior and care, and monitor patients' health outcomes. This scalable screening program could initially target locations with populations disproportionately at-risk for developing CKD and in consideration of Social Determinants of Health.

2. Expanding the capacity for national CKD prevalence surveillance to allow for repeated laboratory measures in the National Health and Nutrition Examination Survey (NHANES). Current national estimates of CKD prevalence using NHANES have relied on single measurements of both serum creatinine and urinary albumin and expanding that capacity to allow for repeated laboratory measurements will allow estimation of CKD persistence, align with current CKD diagnostic criteria, and improve CKD prevalence estimates and surveillance.

3. Development and implementation of a public awareness campaign to increase knowledge of CKD. Topics would include common causes and comorbidities, how CKD is diagnosed, who is at risk of developing CKD, and encourage CKD testing among those at risk.

NKF requests that $15 million and the following report language be included in the FY23 Labor-HHS Appropriations Subcommittee report under the Chronic Disease Prevention and Health Promotion.

Chronic Kidney Disease (CKD)—Chronic kidney disease affects more than 37 million adults in the United States, with an additional 80 million Americans at risk of developing CKD due to diabetes, cardiovascular disease, or family history. Approximately 25 percent of Medicare's annual budget is spent on care for CKD patients, however CKD is not detected early enough to initiate treatment regimens to reduce death and disability. A public health approach would contribute toward earlier detection to allow more time for interventions targeted to improve outcomes. The Committee includes $15,000,000 to educate the public about their risk for kidney disease, educate clinical professionals and spur innovation by entities serving the kidney disease community. By increasing investment in awareness surveillance and early detection and treatment, the progression of kidney disease can be slowed and complications can be reduced which will dramatically improve the quality of life of patients.

National Institutes of Diabetes, Digestive and Kidney Disease (NIDDK)

The National Institute of Diabetes, Digestive, and Kidney Disease (NIDDK) supports research that has led to significant discoveries and improvements in the treatment and understanding of kidney disease. Unfortunately, COVID-19 has disproportionately affected kidney patients, who have experienced some of the highest rates of hospitalization and mortality from COVID-19. Additionally, COVID-19 has been linked to acute kidney injury and kidney disease in recovering COVID-19 patients with no prior history of kidney disease.

The impact of COVID-19 plus the tremendous impact of kidney diseases on the 37 million Americans with CKD (800,000 of whom have end stage kidney failure), combined with unfunded, potentially high-impact research opportunities warrants an increase in funding. Specifically, NKF requests that an increase in funding for NIDDK be greater than or commensurate with the increase to NIH as a whole. Improvements in prevention and care of kidney patients also can help address the disproportionate impact of CKD and ESRD on Medicare.

NKF requests the following report language be included in the FY23 Labor-HHS Appropriations Subcommittee report, under the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK):

Chronic Kidney Disease (CKD)— The Committee notes that NIH funding for kidney disease research has lagged far behind that of NIH overall; between fiscal years 2015 and 2020, funding for NIH rose 37 percent, compared to just 19 percent for kidney research. Therefore, the Committee strongly urges NIDDK to provide a percentage increase for kidney research funding in fiscal year 2023 that is greater than the overall percentage increase for NIH. Further, the Committee applauds recent changes to clinical practice in the diagnosis of kidney disease and concurs with recommendations that additional resources should be devoted to development of new markers for estimating kidney function. NIDDK should prioritize research into endogenous filtration markers, activities that spur the adoption of new equations for estimating GFR that do not include race as a modifier, and interventions to eliminate racial and ethnic disparities. Finally, the Committee encourages NIDDK to expand investment in research initiatives that bridge existing deficits in CKD management and treatments to reduce incidence and progression, increase the number of CKD clinical trials related to kidney disease (including efforts to enhance participation of under-represented populations), identify strategies to improve the delivery of evidenced-base care in under-represented populations, and address issues related to kidney patients' quality of life. The Committee requests an update on these priorities in the fiscal year 2024 congressional budget justification.

For questions on this or any other kidney health priorities, please contact Lauren Drew at lauren.drew@kidney.org