**KIDNEY DISEASE IS A PUBLIC HEALTH CRISIS**

33% OF U.S. ADULTS ARE AT RISK FOR KIDNEY DISEASE

37,000,000 HAVE KIDNEY DISEASE

Yet 90% are undiagnosed

Black/African-American and Hispanic/Latino people are at **HIGHER RISK** for kidney failure

**KIDNEY DISEASE RISK FACTORS**

- Diabetes
- Hypertension
- Cardiovascular disease
- Obesity
- Family history of kidney disease

808,000 require dialysis or a kidney transplant to live

90,000 are on the wait list for a kidney transplant

12 DIE EVERY DAY waiting for a kidney transplant

**KIDNEY DISEASE**

10th leading cause of death

**KIDNEY DISEASE COULD BANKRUPT MEDICARE**

**1 IN 4** MEDICARE DOLLARS ARE SPENT ON KIDNEY PATIENTS

$136 BILLION/yr SPENT ON KIDNEY PATIENTS (estimated)

Expenditures will increase exponentially

1% of Medicare beneficiaries have end stage kidney disease (ESKD) but accounted for 6% of expenditures ($51 billion)

**KIDNEY DISEASE RESEARCH NEEDS AND OPPORTUNITIES**

Medicare Cost per person

**without kidney disease**

**with kidney disease, diabetes, and heart failure**

24X MORE

**without kidney disease**

**with kidney disease**

2X MORE

**HOSPITALIZATION RATE**

Under age 66

Medicare dollars ARE spent on kidney patients who have kidney disease?

Could Bankrupt Medicare

require dialysis or a kidney transplant to live

with kidney disease

without kidney disease

with kidney disease
Despite contributing to 25% of Medicare costs, in FY 2021, NIH spending on kidney disease was $18 per patient or 2% of NIH spending.

An NKF panel of experts and advocates have identified research needs and opportunities.

Increased kidney research will expand knowledge of early detection and yield new therapies. It will enhance utilization of proven therapies among underrepresented, historically marginalized communities and provide more clinical trial opportunities.

Increased kidney research will improve patients’ quality of life and potentially lower Medicare and other healthcare costs.

**KIDNEY DISEASE RESEARCH OPPORTUNITIES**

**INNOVATION IS LAGGING**
Therapies have not changed in 40 years: dialysis, transplant, or palliative care and hospice

**AWARENESS IS LACKING**
If detected early, kidney disease progression can be slowed

**DIALYSIS**
5-YEAR survival rate 50%

**YEARS OF LIFE LOST (2003–2018)**
Cardiovascular disease ↓800%
Cancer ↓450%
Kidney disease ↑65%

**NIH FUNDING 2017–2021**

- Total funding 25% increase
- Kidney disease research 13% increase

**SUPPORT KIDNEY PATIENTS**
HELP INCREASE KIDNEY RESEARCH FUNDING AT NIH AND NIDDK AND INCREASE PREVENTION FUNDING AT CDC

Sources: CDC; U.S. Renal Data System 2022 Annual Data Report; PLOS Medicine 2020; National Institutes of Health (NIH); Research Portfolio Online Reporting Tools (rePORT); Organ Procurement and Transplantation Network; Bernstein J. Prolonging life for those on dialysis. UC Riverside, June 3, 2021

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