CHRONIC KIDNEY DISEASE PROGRAM

Goal:
Maintain funding for the Chronic Kidney Disease (CKD) Program at the Centers for Disease Control and Prevention (CDC) to help reduce the burden of CKD through early detection and treatment programs aimed at high-risk populations.

Who:
Over 26 million Americans have CKD, nearly 600,000 of whom have kidney failure requiring either dialysis or a kidney transplant to survive, and 73 million more Americans are at risk of CKD primarily due to diabetes or hypertension. In addition, it disproportionately affects racial and ethnic minorities. Kidney disease is the 9th leading cause of death in the U.S.

Why:
Kidney disease is a “silent disease” and is not being detected sufficiently early to initiate treatments to help reduce morbidity and mortality. Early identification and treatment of kidney disease can slow the loss of kidney function, delay complications, and prevent or delay kidney failure. Late detection and treatment of CKD has significant costs: 7.5% of the Medicare population has kidney disease, accounting for 22% of annual Medicare costs.

What:
Since 2006, Congress has provided direct funding for a CKD program within CDC’s Division of Diabetes Translation at approximately $2 million per year. CDC initiated an agreement with NKF to test a community-based screening program to identify people at high risk (individuals with diabetes, hypertension, or over age 50). More than 900 people in four states (California, Florida, Minnesota, and New York) were screened, and the evaluation of this data is under final review. These results will help assess the effectiveness of early detection and intervention.

In addition, CDC has launched www.cdc.gov/diabetes/projects/kidney with information on preventing and controlling risk factors, the importance of promoting early diagnosis, and strategies to improve outcomes and quality of life for those living with CKD.

To enable CDC to continue to identify people at high risk of CKD and track its progression, NKF requests Congress to maintain funding at $2.2 million for FY 2014.