

**STATEMENT OF THE NATIONAL KIDNEY FOUNDATION**  
**30 EAST 33<sup>RD</sup> STREET NEW YORK, NY 10016**  
**SUBMITTED TO THE HOUSE COMMITTEE ON APPROPRIATIONS**  
**SUBCOMMITTEE ON LABOR, HHS, EDUCATION, AND RELATED AGENCIES**  
**IN SUPPORT OF FY 2020 FUNDING FOR CDC, NIDDK, AND HRSA PROGRAMS**  
April 8, 2019

The National Kidney Foundation (NKF) is pleased to submit testimony regarding the impact of Chronic Kidney Disease (CKD) and requests \$5 million to expand on the successes of the CDC CKD Initiative, sustained funding for Million Hearts, \$2.165 billion for the National Institute of Diabetes, Digestive and Kidney Diseases, \$27.5 million for HRSA Division of Transplantation (DoT) and increases necessary for the HRSA Bureau of Primary care to fight kidney disease. We also support a new funding item within HHS to support innovation in new renal replacement therapies through KidneyX.

**About CKD**

The National Kidney Foundation is encouraged by Secretary Azar's goal to reduce the burden of CKD, including an emphasis on awareness and early detection. New CDC data shows that CKD impacts 37 million American adults, while 1 in 3 adults (73 million) are at risk. Kidney disease can be detected through simple blood and urine tests yet often goes undetected until very advanced because it often has no symptoms (more than 90% of individuals with CKD are unaware they have it). Over 725,000 Americans have ESRD, 511,000 of whom receive dialysis at least 3 times per week to replace kidney function, and 215,000 Americans live with a kidney transplant. 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. Medicare spends nearly \$114 billion annually on the care of people with CKD, including \$71 billion for individuals with CKD who have not progressed to kidney failure.

The impact of CKD is further amplified as the disease burden is growing. A study published by researchers leading the CDC's 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. CKD also 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 only 6% of patients with high blood pressure and 40% with diabetes (which are responsible for two-thirds of all cases of ESRD) receive 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**

Nearly 15 years ago, the National Kidney Foundation worked with Congress to address the social and economic impact of kidney disease through the establishment of the CDC Chronic Kidney Disease Initiative. Results of the initiative include a heightened awareness of and information about CKD, a surveillance program, and educational resources for health professionals and the public. To enhance the fight against CKD, the National Kidney Foundation requests \$5 million for the CKD program to establish and implement activities between national, state, and local public health networks and national partners to (1) develop strategies to identify and address gaps in CKD early detection and monitor progress; (2) support strategies to improve CKD early detection and treatment by primary care providers and; (3) facilitate the dissemination of information through state and local public health networks..

Another key to improving public health is addressing the link between kidney disease and cardiovascular disease. The National Kidney Foundation is collaborating with Million Hearts to improve assessment for CKD among those with hypertension. We urge Congress to continue support for Million Hearts in its goal to reduce heart attack and stroke by 1 million by 2022.

### **NIH NIDDK**

NKF supports the Friends of NIDDK request of \$2.165 billion for FY 2020. Despite the impact of CKD on Medicare, 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 kidney diseases, which has the potential to provide cost savings to the government like that of no other chronic disease.

### **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 inadequate 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 Living Donor Assistance Program which helps offset living donors' expenses that are not reimbursed by insurance or other programs. We support the President's request of \$27.5 million to help ensure more ESRD patients have access to the therapy associated with the best outcomes. Despite an increase in the number of transplants, the wait list has remained relatively constant with nearly 115,000 people waiting for a life-saving organ, including 95,000 who are waiting for a kidney. Transplant experts agree the best opportunity to significantly increase the number of transplants is through living donation. To make the most of this opportunity, barriers to living donation, including financial barriers so that individuals are not burdened with out of pocket expenses related to their donation, must be addressed. The President's FY 2020 Budget Request for DoT will help support a five-year pilot that will launch this Summer to test the impact covering lost wages for living donors has on increasing organ donation. We further request \$1.5 million be used for social and behavioral interventions by community-based organizations to empower and educate kidney patients to seek a transplant from a living donor.

In October 2018 NKF issued the report of our Consensus Conference to Reduce Kidney Discards which brought transplant experts and government agencies together to address ways to remove barriers on the use of deceased donor kidneys that many believe are suitable for transplant. We have shared opportunities such as changes to transplant program metrics used by OPTN and changes to Medicare reimbursement for high-risk kidneys with the Administration. We also developed the Big Ask Big Give, a community-based program for patients, families and potential kidney donors designed to increase living kidney donation.

The National Kidney Foundation does not ask 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 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 a "Kidney Profile" which combines the blood and urine testes needed to calculate the eGFR, and assess kidney function and urine ACR, which assesses kidney damage. We also developed and submitted recommendations to CMMI 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. 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.

Thank you for your past support and your consideration of our requests for Fiscal Year 2020.