



Kidney Health in America

Kidney disease affects 37 million American adults and costs Medicare over \$130 billion annually. Expensive to treat, kidney disease is preventable and manageable if diagnosed early. Unfortunately, almost 40% of kidney patients only receive focused kidney treatment once they reach kidney failure, where they rely on dialysis or transplant for survival. Kidney disease patients, especially kidney disease patients of color, also have some of the highest rates of COVID-19 infection, hospitalization, and mortality.

Kidney Disease is A Significant Burden on Patients and our Health System

Chronic kidney disease (CKD) affects 37 million adults in the US. Another 80 million adults in the US are at risk for developing kidney disease because they have diabetes, hypertension, or a family history of kidney disease. Early diagnosis and interventions like lifestyle management, dietary changes, blood pressure and glucose control, and other therapies can slow or even prevent the progression of CKD to kidney failure. However, 90% of people living with CKD are unaware that their kidneys are impaired and almost 40% of CKD patients don't receive pre-kidney failure nephrology care. By the time their kidney disease is diagnosed - at an advanced and costly stage -- treatment choices are limited to transplant or dialysis.

While dialysis replaces kidney function for more than 550,000 patients, it is not a cure for kidney failure. The five-year survival rate is only 35% - approximately half that of the survival rate for all cancers. According to the US Renal Data Service, for dialysis patients aged 66-74 mortality rates are more than twice as high for dialysis than for heart failure and more than three times as high as cancer. Beyond mortality, dialysis takes a significant toll on quality of life, causing side effects such as fatigue, pain, bone disease, blood clots, and infection.

Dialysis treatment can also be very time consuming and burdensome. Eighty-five percent of dialysis patients must travel to a dialysis center three to four times a week for several hours at a time. Transportation to and from dialysis can be a challenge for patients, and the frequency of treatment prevents many of them from maintaining employment. Other options, such as home peritoneal dialysis and home hemodialysis, provide more flexibility and lifestyle improvement, however they are not as widely utilized.

Transplant is the preferred treatment option for kidney failure. It frees patients from dialysis, improves life expectancy, and greatly improves quality of life. According to a 2018 study in the American Journal of Transplantation, transplantation not only increases life expectancy and quality, it is cost effective even if non-ideal kidneys are transplanted. A sub-optimal kidney transplant is still preferable and more cost effective than additional years on dialysis.¹

Unfortunately, our current transplant system does not meet the demand. While approximately 100,000 Americans are awaiting a kidney transplant, only 23,400 received one in 2018, and less than one-

¹ Axelrod DA, Schnitzler MA, Xiao H, et al. An economic assessment of contemporary kidney transplant practice. Am J Transplant. 2018;18:1168–1176. <https://doi.org/10.1111/ajt.14702>

third of those came from living donors. Further, almost 35% of donated kidneys are discarded, even as 12 people die on the transplant wait list every day. The average wait time for a kidney transplant is 5 years but can be as long as 10 years in some states.

Kidney Disease Patients Are Immensely Vulnerable to COVID-19

Patients on dialysis are at particularly high risk from COVID-19, due to the increased age of the population, numerous underlying comorbidities, community exposure, and the inability of in-center dialysis patients to social distance in the dialysis facility. According to Medicare's COVID-19 Data Snapshot, Medicare beneficiaries with kidney failure are nearly four times as likely to have contracted COVID-19 as aged or disabled beneficiaries and more than seven times more likely to be hospitalized. Dialysis patients who contract COVID-19 are at extremely high risk of short-term mortality, possibly higher than 20 percent. Specifically, USRDS data indicates that patients dialyzing in-center were up to four times more likely to be hospitalized with COVID-19 than those dialyzing at home. Kidney disease patients who have not reached kidney failure are at similarly high risk. Patients with more serious forms of CKD are at high risk of death, higher even than patients with more commonly cited risk factors for poor COVID-19 outcomes such as hypertension, chronic heart disease, chronic lung disease, or obesity.

Kidney Disease Sits at the Junction of Racism and COVID-19

Black or African Americans are almost four times more likely and Hispanics or Latinos are 1.3 times more likely to have kidney failure compared to White Americans. Although they make up only 13.5% of the population, Black or African Americans make up more than 35% of dialysis patients. Although a kidney transplant is the optimal treatment for kidney failure, Black patients face barriers to access at every step of the process and on average wait a year longer than White patients to receive a kidney transplant. Major causes of and contributors to kidney disease such as hypertension, diabetes, and obesity, are all more prevalent among Black Americans when compared to White Americans, likely due to socioeconomic factors like poverty that unduly affect people of color.

Non-White, socioeconomically disadvantaged populations have borne the worst effects of the COVID-19 pandemic, a fact that is exacerbated in the dialysis setting. As COVID-19 infects dialysis patients, it takes a disproportionate toll on people of color. The most vulnerable of dialysis patients, those who are dual eligible, elderly and people of color, are the most likely to be hospitalized. The legacy of COVID-19 will be its devastation on kidney patients of color, worsening existing disparities and creating new ones.

Kidney Disease is Bankrupting the Medicare Hospital Insurance Trust Fund

The Congressional Budget Office estimates that the Medicare Hospital Insurance Trust Fund will become insolvent by 2024. In the coming years, the Medicare program will not be able to pay claims for hospital, hospice, and skilled nursing services, resulting in a lower level of benefits. In 2018, 22.3% of traditional Medicare dollars were spent on chronic kidney disease (CKD) *not including spending on kidney failure, known as end-stage kidney disease (ESKD)*. When combined with the traditional Medicare spend on kidney failure beneficiaries of \$49.2 billion dollars, expenditures on kidney disease exceed \$130 billion dollars annually. In 2018, the total inflation adjusted traditional Medicare spend was \$507.9 billion dollars. That means that more than 1 in 4 Medicare dollars is spent on kidney disease.

Legislative Priorities for the 117th Congress

Appropriations Priorities

Provide funding for the Kidney Risk Campaign

Ninety percent of individuals with kidney disease don't know they have the condition. Another 80 million Americans are at risk for kidney disease due to diabetes, hypertension, or family history of the disease. Unfortunately, up to 35 percent of patients do not know they have kidney disease until their kidneys have failed. At the same time, the COVID-19 pandemic has taken a disproportionate toll on kidney patients. According to one study out of the UK, of COVID patients admitted to the ICU, 37 percent of patients with ESRD died from their infection, compared to 21 percent of patients with healthy kidneys.

In November 2019, the previous Administration signed a Memorandum of Understanding with the National Kidney Foundation to partner on a campaign aimed at increasing Americans' awareness about their kidney health and risk factors for developing kidney disease. Increased awareness will help patients access diagnosis and early intervention to slow the progression of their disease. Further, increasing awareness of kidney disease will also help inform vulnerable populations and avert additional infections and severe outcomes associated with COVID-19. We seek a \$10 million appropriation to fund this public/private partnership.

Significantly increase federal investment in kidney disease

NKF has convened a group of leading researchers to assess and identify key areas of research that will lead to improvements in the lives of patients and their families with kidney disease and/or accelerate the development of new therapies. This panel will publish its findings in Spring, 2021, and these recommendations will serve as a roadmap for additional federal funding.

Legislation to Improve the Lives of Kidney Patients

The Living Donor Protection Act

This bill eliminates discrimination against living donors in the procurement of life, disability, and long-term care insurance. Insurance companies cannot drop a living donor, change their premiums, or refuse coverage based on their status as a living kidney donor.

The Covering All Reasonable Expenses (CARE) for Home Dialysis Act

This bill seeks to remove barriers to accessing home dialysis and ensure that patients who do choose home dialysis have the support they need to be successful.

Address Racial and Ethnic Disparities

The National Kidney Foundation supports efforts to reduce the burden of kidney disease in diverse and underserved communities. Specifically, we encourage Congress to:

- Expand programs that improve kidney disease awareness, diagnosis, and treatment among diverse and underserved populations
- Strengthen and refine kidney disease education to meet the unique needs of diverse communities
- Enact policies that expand access to home dialysis and meet the needs of individuals who live in suboptimal housing
- Reduce out-of-pocket costs for low-income populations, and
- Address and mitigate social determinants of health

The National Kidney Foundation looks forward to serving as resource and an ally. Please contact Lauren Drew, Director of Congressional Relations, at lauren.drew@kidney.org with any questions.