On behalf of the more than 20 million children, adolescents, and adults living with kidney diseases in the United States, the American Society of Nephrology requests $2.165 billion for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH) for Fiscal Year 2017. The society also requests an additional $150 million per year over 10 years for NIDDK-funded kidney research above the current funding level. These are crucial and necessary investments for preventing illness and maintaining fiscal responsibility. Investing in research to slow the progression of kidney diseases and improve therapies for patients would yield significant savings to Medicare in the long run.

Once kidney disease progresses to end-stage renal disease (ESRD), patients need either costly dialysis treatments or a kidney transplant. Because there are not enough kidney donations for every patient who needs one, most of the 662,000 Americans with ESRD are on dialysis at an annual cost of $85,000 per patient. In 1972, Congress
made a commitment to provide Medicare coverage for every American with ESRD so all Americans who needed dialysis would have access to it.

Consequently, ESRD is the only health condition Medicare automatically provides coverage for regardless of age and income. At an annual cost of $35 billion—more than NIH’s entire budget of $32 billion—the Medicare ESRD Program represents 7 percent of Medicare’s budget even though ESRD patients represent less than 1 percent of the Medicare population. Despite the burden of kidney disease, NIH investments in kidney research are less than 1 percent of total Medicare costs for patients with kidney diseases (approximately $591 million vs. $98.9 billion in 2013).

The vast majority of federal research leading to advances in the care and treatment of Americans with kidney diseases is funded by NIDDK, and there have been several major breakthroughs in the past several years thanks to NIDDK-funded research.

For example, geneticists focused on the kidney have made advances in understanding the biological processes leading to the development of some common kidney diseases. In addition, scientists have announced a method for growing new kidneys in a laboratory, as well as a rapid method for screening new prescription medications using kidney cells that would spare the expense and time of conducting human clinical trials. NIDDK-funded research also led to the development of bioengineered kidneys that are currently undergoing clinical testing.
Change is on the way because of advances made through NIDDK-funded kidney research. Additional, sustained funding is needed to accelerate these and other novel therapies that could improve the care of patients with kidney diseases and result in significant savings to Medicare. A failure to maintain and strengthen NIDDK’s ability to support the groundbreaking work of researchers across the country carries a palpable human toll, denying hope to the millions of patients awaiting the possibility of a healthier tomorrow.

The American Society of Nephrology urges Congress to uphold its longstanding legacy of bipartisan support for biomedical research. Should you have any questions or wish to discuss NIDDK kidney research in more detail, please contact Grant Olan, Senior Policy and Government Affairs Associate of the American Society of Nephrology, at (202) 640-4657 or golan@asn-online.org.

ABOUT AMERICAN SOCIETY OF NEPHROLOGY

The American Society of Nephrology is a 501(c)(3) non-profit, tax-exempt organization that leads the fight against kidney disease by educating the society’s nearly 16,000 nephrologists, scientists, and other healthcare professionals, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. For more information, visit www.asn-online.org.