

ASN's 2009 Legislative Priorities

The American Society of Nephrology (ASN) represents physicians who specialize in kidney disease and is leading efforts to provide expert care to patients, perform cutting-edge medical research, and train the next generation of kidney experts. Kidney disease is serious, harmful and far more common than people think. Up to 26 million people in the U.S. have some form of kidney disease – that is one in every nine adult Americans.

Sustained Funding for Kidney Disease Research

ASN urges a modest inflationary increase –based on the \$40 billion base established under the American Recovery and Reinvestment Bill—for the National Institutes of Health (NIH) in fiscal year (FY) 2010. While appreciative of Congress' dedication to biomedical research, the experience of the past two decades demonstrates the problems caused by cyclical periods of rapid funding growth followed by periods of stagnation. Modest increases over the newly established base are essential to prevent a hard landing in FY 2011 that would stall the discovery, innovation, and economic vitality the stimulus funding intended to support.

- ASN asks Congress to include legislative language in the FY 2010 appropriations bill that urges NIH, and particularly the National Institute of Diabetes and Digestive and Kidney Diseases, to prioritize:
 - Basic and clinical research on kidney disease's relationship with its leading causes, particularly diabetes, hypertension, and obesity.
 - Necessary infrastructure for kidney disease registries as well as multi-center clinical trial networks to better allow investigators to bridge the gap from the bench to the bedside.
 - Training and mentored research grants that support the next generation of investigators.
- ASN encourages Congress to include support for medical research in any legislation addressing health care reform. NIH is poised to uncover new medical responses that improve patient care, reduce medical errors, and stave off disease. Congress must encourage:
 - Greater funding for comparative effectiveness research.
 - Additional support for health services research that assesses how to improve quality of care and reduce medical errors.

Support for Legislation that Improves Transplant Success

ASN urges Congress to expand Medicare Part B coverage of medications needed to reduce the likelihood of organ rejection among transplant recipients. Senators Richard Durbin (D-IL) and Thad Cochran (R-MS) plan to re-introduce legislation to extend immunosuppressive coverage beyond the 36 month ESRD limit. Companion legislation is expected to be introduced in the House.

- Organ transplant recipients must take immunosuppressive drugs daily for the lifetime of their transplant to reduce the likelihood of organ rejection. Failure to take these drugs significantly increases the risk of rejection.
- Kidney transplant recipients pay \$11,000, on average, for immunosuppressive medications per year.
- Medicare spends \$17,000 per year, per beneficiary for a functioning transplant. The program spends \$81,000 per patient for graft failure within the year.

Attention to Alarming Health and Health Care Disparities

ASN asks Congress to recognize that health disparities among the kidney disease population are a significant problem that should be addressed in health care reform legislation.

- African Americans with CKD are four times more likely to progress to ESRD than Caucasians; Hispanics are twice as likely to progress.
- Nearly 70,000 patients are on the waiting list for kidney transplants, with African-Americans alone comprising 35% of those patients.
- Congress must increase support for research in health care disparities with increased attention on the role of biologic and non-biologic factors in creating disparities.
 - NIH should also increase its support for underrepresented minority (URM) investigators. By improving diversity, NIH may also expand the workforce of disparities researchers as URM investigators are more likely to pursue such a pathway.