

Congress of the United States

Washington, DC 20515

June 3, 2024

Robert Otto Valdez, Ph.D., M.H.S.A.
Director, Agency for Healthcare Research and Quality
Room 6.00E41
5600 Fishers Lane
Rockville, MD 20857

Wanda Nicholson, M.D., M.P.H., M.B.A.
Chair, U.S. Preventive Services Task Force
Mail Stop 06E53A
5600 Fishers Lane
Rockville, MD 20857

Dear Director Valdez and Chair Barry,

We write to express support for the development of a federal screening recommendation for people at high-risk of chronic kidney disease (CKD). CKD is the 10th leading cause of death in the United States and exacerbates the risk of cardiovascular disease, particularly in people with diabetes. Importantly, cardiovascular disease is the leading cause of death in patients with CKD. An estimated 40%-50% of all deaths in patients with CKD stages 4 and 5 are attributable to cardiovascular-related mortality, highlighting the critical need for early detection and management of this condition.ⁱ Notably, the disease's impact is heavily skewed towards certain racial groups, with Black Americans experiencing significantly higher rates of CKD and kidney failure.

Medicare's expenditure on CKD and its progression underscore a severe financial and public health burden, borne most heavily by the federal government. This situation calls for a strategic federal response, particularly targeting high-risk groups such as those with hypertension and diabetes. Annually, Medicare spends more than \$136 billion managing the care of people with CKD, and over \$50 billion managing kidney failure through the Medicare ESRD benefit.ⁱⁱ

The United States Preventive Services Task Force (USPSTF) is currently considering a screening recommendation for CKD. There is a crucial need to ensure that the methodological approach adopted by USPSTF does not inadvertently restrict access to essential screening for vulnerable populations. To the extent practicable, USPSTF's framework should recognize clinical diseases like diabetes and hypertension as independent risk factors for CKD, allowing for a more inclusive and effective screening strategy.

Recent clinical research and current Clinical Practice Guidelines support the need for targeted screening of people at high risk for CKD. Further, breakthrough therapies, such as sodium glucose transporter 2 (SGLT2) inhibitors and non-steroidal mineralocorticoid receptor

antagonists (ns-MRAs) save kidneys, hearts, and lives. Yet, 90 percent of people with CKD are unaware of their condition and only 30 percent of people with common clinical risk factors like diabetes and hypertension are screened for CKD.ⁱⁱⁱ Consequently, more than 80 percent of eligible patients cannot access SGLT2 inhibitors, ns-MRAs, or other lifesaving therapies which could prevent or slow their progression of kidney diseases.^{iv} A federal kidney disease screening recommendation would increase early detection and improve quality-of-life and physical functioning for millions of people, while preventing costly consequences including deaths, kidney failure, and cardiovascular complications.

Given the federal government's unique role and responsibility in the care of people with kidney diseases and kidney failure, the lack of success of current screening approaches, and the urgency of this public health crisis disproportionately burdening underserved Americans, a federal screening recommendation would improve care by enabling earlier diagnosis and intervention to prevent and delay costly kidney failure. Such a recommendation would significantly contribute to early diagnosis and timely intervention, potentially preventing the progression to advanced stages of kidney disease and reducing the overall healthcare burden. We urge the Agency for Healthcare Research and Quality (AHRQ) to and USPSTF to consider these facts.

Sincerely,



Larry Bucshon, M.D.
Member of Congress



Suzan K. DelBene
Member of Congress



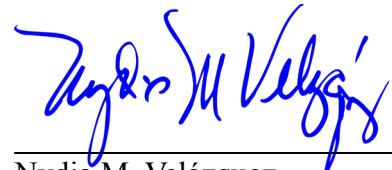
Carol D. Miller
Member of Congress



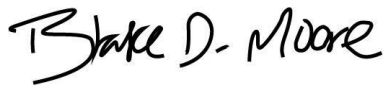
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Member of Congress



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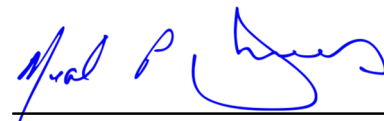
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Joe Wilson
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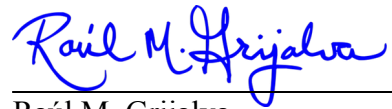
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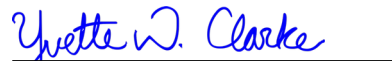
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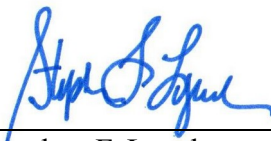
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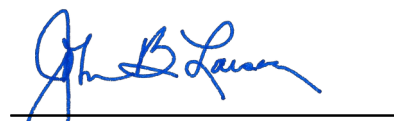
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Robin L. Kelly
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Thomas R. Suozzi
Member of Congress

- ⁱ Yu, A. S., Pak, K. J., Zhou, H., Shaw, S. F., Shi, J., Broder, B. I., & Sim, J. J. (2023). All-Cause and Cardiovascular-Related Mortality in CKD Patients With and Without Heart Failure. *Kidney Medicine*, 5(5), 100624. <https://doi.org/10.1016/j.xkme.2023.100624>
- ⁱⁱ <https://usrds-adr.niddk.nih.gov/2022/end-stage-renal-disease/9-healthcare-expenditures-for-persons-with-esrd>
- ⁱⁱⁱ Silvia Ferrè, Amy Storfer-Isser, Kelsy Kinderknecht, Elizabeth Montgomery, Miriam Godwin, Ashby Andrews, Stephan Dunning, Mary Barton, Dan Roman, John Cuddeback, Nikita Stempniewicz, Chi D. Chu, Delphine S. Tuot, Joseph A. Vassalotti. Fulfillment and Validity of the Kidney Health Evaluation Measure for People with Diabetes. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*. 2023;7(5):382-391. doi.org/10.1016/j.mayocpiqo.2023.07.002.
- ^{iv} Tuttle KR, Wong L, St Peter W, Roberts G, Rangaswami J, Mottl A, Kliger AS, Harris RC, Gee PO, Fowler K, Cherney D, Brosius FC 3rd, Argyropoulos C, Quaggin SE; Diabetic Kidney Disease Collaborative Task Force. Moving from Evidence to Implementation of Breakthrough Therapies for Diabetic Kidney Disease. *Clin J Am Soc Nephrol*. 2022 Jul;17(7):1092-1103. doi: 10.2215/CJN.02980322. Epub 2022 Jun 1. PMID: 35649722; PMCID: PMC9269635