Statement in Support of ESRD Prevention Legislative Demo

THE CHALLENGE

While advancements in the diagnosis and treatment of chronic kidney disease (CKD) are providing new hope for patients living with this devastating condition, CKD remains a silent national crisis. Over 35 million Americans are living with the disease today, yet nine out of 10 don't know they have it.[i] Tragically, nearly 40% of patients are not diagnosed until their disease has already progressed to kidney failure or end-stage renal disease (ESRD)—when treatment options are limited to dialysis and transplantation, and outcomes are far worse.[ii]

The impact of delayed diagnosis and treatment is devastating for patients and their families and is taking a toll on American businesses. Once patients reach ESRD, most are no longer able to work[iii], forcing many to turn to Social Security disability benefits[iv] while family members take on the heavy burden of caregiving[v]. For employers, the burden is equally stark. CKD impacts 11 million workers, or nearly 7.4% of the total U.S. workforce.[i] Workers in the later stages of CKD (stages 3-5) are responsible for 8% of annual employer health care costs[vi]—equivalent to $107 billion in annual health care spending plus an additional $30 billion in lost productivity each year for American businesses.[i]

The financial strain on public programs is similarly unsustainable. ESRD is one of only two conditions that qualifies individuals for Medicare coverage regardless of age, making it a significant cost driver for the program. Medicare spends over $50 billion annually on ESRD,[vii] with per-patient spending on Medicare's ESRD patients nearly six times higher than the average beneficiary.[viii]

To reduce costs for the federal government, we need to do more to prevent people from getting to the later, more costly stages of kidney disease—when Medicare foots the bill. Advancements in our ability to screen, diagnose and treat CKD earlier have expanded opportunities to slow or even halt disease progression. Yet, too many patients face barriers across the care continuum that result in missed opportunities for early intervention and prevention of the devastating consequences of kidney failure.

OUR OPPORTUNITY

Addressing CKD is a bipartisan opportunity to make meaningful progress on chronic disease prevention. **Preventing late-stage kidney disease could yield an estimated $9 billion in annual Medicare savings and $35 billion in annual savings for employers**[i]. More importantly, it would transform kidney care and improve the lives of millions of Americans.

Legislative action can incentivize both public and private payers to invest in early screening and detection, strengthening care coordination across health plans and providers, and expanding affordable access to comprehensive treatments, such as FDA-approved therapies and nutritional services.

A voluntary kidney care shared savings demonstration would offer a powerful solution. By empowering health plans to invest in a full spectrum of preventive kidney care services and treatments through an up-front payment and the opportunity to share in Medicare savings when they succeed in delaying or preventing ESRD, we can better align financial incentives to prioritize early intervention in CKD.

We urge Congressional leaders to act now to prevent this serious chronic disease, reduce costs for the government and employers, and, most importantly, deliver better care for patients.

References:

[i] American Kidney Fund and National Alliance of Healthcare Purchaser Coalitions, "Healthy Workforces, Sustainable Futures: Why Employers Should Invest in Early Kidney Care," https://www.kidneyfund.org/sites/default/files/media/documents/AKF-and-National-Alliance-Employer-Research-Report-FINAL.pdf

[ii] Gillespie, Brenda *et al.*, "Nephrology care prior to end-stage renal disease and outcomes among new ESRD patients in the USA," https://pubmed.ncbi.nlm.nih.gov/26613038/

[iii] Erickson, Kevin *et al.*, "Employment among Patients Starting Dialysis in the United States," https://journals.lww.com/cjasn/abstract/2018/02000/employment_among_patients_starting_dialysis_in_the.13.aspx

[iv] Plantinga, Laura *et al.*, "Association of CKD with Disability in the United States," https://pmc.ncbi.nlm.nih.gov/articles/PMC3025052/

[v] Shankar, Ravi *et al.*, "Assessing caregiver burden in advanced kidney disease; protocol for a systemic review of the measurement properties of instruments and tools," https://pmc.ncbi.nlm.nih.gov/articles/PMC10900375/

[vi] American Kidney Fund and National Alliance of Healthcare Purchaser Coalitions, "Healthy Workforces, Sustainable Futures: Why Employers Should Invest in Early Kidney Care," https://www.kidneyfund.org/sites/default/files/media/documents/AKF-and-National-Alliance-Employer-Research-Report-FINAL.pdf

[vii] National Institute of Diabetes and Digestive and Kidney Diseases, "Kidney Disease Statistics for the United States," https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease

[viii] National Institute of Diabetes and Digestive and Kidney Diseases, "United States Renal Data System 2024 Annual Data Report," https://usrds-adr.niddk.nih.gov/2024/end-stage-renal-disease/1-incidence-prevalence-patient-characteristics-and-treatment-modalities