

Join the American Kidney Fund in supporting the Coordination, Accountability, Research, and Equity for All Kidneys Act of 2021 (H.R. 3893)

Kidney disease—one of the top 10 causes of death in the United States—is the fastest-growing noncontagious disease in the country. There are 37 million Americans living with it and millions more who are at risk. Of the Americans with kidney disease, 809,000 are living with kidney failure (end-stage renal disease, or ESRD), a life-altering condition that comes with enormous physical and emotional burdens.

Kidney failure is also a very costly condition for patients and society. One out of every six kidney failure patients cannot afford the cost of care.

In 2019, Medicare spent \$51 billion on ESRD beneficiaries.¹ Underlying conditions like diabetes and hypertension, which account for 75% of all new cases of kidney disease, have led to nearly 570,000 Americans with kidney failure currently relying on life-sustaining dialysis treatments. Studies project that the number of people living with kidney failure will increase by about 200,000–500,000 by 2030, driving up Medicare costs further.²

Kidney disease needs to be addressed head-on because of the disease's toll on patients and the high costs to Medicare, Medicaid and private insurance.

The Coordination, Accountability, Research, and Equity for All Kidneys Act of 2021 (CARE for all Kidneys Act of 2021)

The CARE for All Kidneys Act would:

- Create a national action plan to address kidney disease in communities of color, rural communities and underserved communities
- Improve research, data collection and kidney transplant rates in communities of color, rural communities and underserved communities
- Develop interventions and an understanding of environmental and occupational causes of kidney disease
- Conduct a study on the treatment patterns associated with providing care and treatment for kidney failure in all underserved populations

Rural areas have limited access to care

People living in rural areas have higher incidence of kidney failure.

- 22% of dialysis patients live in rural areas, compared to 19% of the general population³
- Dialysis patients who live more than 100 miles away from a dialysis center have a higher mortality rate than those who live closer⁴

Underserved communities face barriers to receiving a transplant

Steps must be taken to address kidney disease in underserved communities. Understanding why kidney disease affects these communities is crucial to preventing kidney failure.

- Those with lower socioeconomic status, inadequate insurance or living in rural areas face barriers to kidney transplantation⁵
- Black and Hispanic Americans are significantly less likely than non-Hispanic white people to receive a kidney transplant

Health disparities

Historically underserved communities of color are disproportionately impacted by kidney failure, and patients in rural communities face challenges in accessing health care. Researchers believe that various factors create health disparities, including genetic factors, access to health insurance coverage in earlier stages of kidney disease and access to pre-dialysis nephrology care.

- Black Americans make up just 13% of the U.S. population, but they account for 35% of Americans with kidney failure
- Black Americans are nearly 4 times more likely than white Americans to develop kidney failure

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Research: The National Institutes of Health (NIH) would be directed to research the causes of kidney disease, including socioeconomic, geographic, clinical, environmental, genetic, racial, ethnic and other factors that contribute to the social determinants of health. NIH will provide a report to Congress, which will detail ways to address kidney disease in communities of color, rural communities and underserved communities. The report will explain why kidney failure affects these communities at higher rates, as well as provide guidelines for prevention, data collection, ways to educate the public and training and education programs for health care professionals. NIH will also expand inclusion of participants of color in clinical trials.



National action plan: The Department of Health and Human Services (HHS) would be directed to work in consultation with patients, caregivers, health professionals, patient advocacy groups, researchers, public health professionals and other stakeholders to develop an action plan to address kidney disease in the U.S. Once the plan is developed, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) will conduct public awareness and education activities, and the Centers for Disease Control and Prevention (CDC) will provide grants to state and local jurisdictions, Indian Tribes and nonprofit organizations to help reduce the burden of kidney disease.



Report on home dialysis: HHS would be directed to provide an annual report to Congress on how the ESRD treatment choices model impacts communities of color, rural communities and underserved communities. The report will contain the number and percentages of individuals in home dialysis, categorized by race, ethnicity, gender, geographic location and age.



Increasing kidney transplants in underserved communities: NIH would be directed to research the causes of lower rates of kidney transplants in communities of color, rural communities and underserved

communities—including socioeconomic, clinical, environmental and geographic factors—and to create a plan to address them.



Environmental and occupational health programs: The CDC would be directed to support research on the environmental, occupational and biological mechanisms that contribute to kidney disease, and to develop and distribute interventions.



Kidney failure treatment patterns in underserved communities: HHS would be directed to conduct a study on treatment patterns associated with providing care in communities of color, rural communities and underserved communities that are disproportionately affected by kidney failure. The study will look at treatment patterns in Medicare, Medicaid and private insurance.



Improving access to underserved communities: The bill would expand the National Health Service Corps Scholarship and Loan Repayment Programs to include nephrologists. Nephrologists will receive a scholarship or loan repayment for working in an underserved community, including Federally Qualified Health Centers, Indian Reservations and health provider shortage areas, among others.

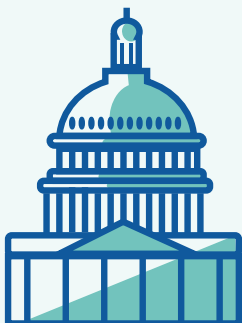
1 United States Renal Data System. 2020 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2020. <https://adr.usrds.org/2021>

2 Keith P. McCullough, Hal Morgenstern, Rajiv Saran, William H. Herman, & Bruce M. Robinson (2019). Projecting ESRD Incidence and Prevalence in the United States through 2030. JASN, 30 (1) 127-135. <https://jasn.asnjournals.org/content/30/1/127>

3 Rural and Minority Health Research Center (2012). Dialysis Availability in Rural America. <https://www.ruralhealthresearch.org/projects/100002186#:~:text=The%20disease%20disproportionately%20affects%20poor,or%20leave%20a%20particular%20area>

4 Aminu Bello, John Gill, Scott Klarenbach, Raj Padwal, Rick Pelletier, Marcello Tonelli, Stephanie Thompson, Xiaoming Wang (2012). Higher mortality among remote compared to rural or urban dwelling hemodialysis patients in the United States. *Kidney International*, Volume 82 (3), 352-359. <https://www.sciencedirect.com/science/article/pii/S0085253815555476>

5 David A. Axelrod, Mary K. Guidinger, Samuel Finlayson (2008). Rates of Solid-Organ Wait-listing, Transplantation, and Survival Among Residents of Rural and Urban Areas. *JAMA*, 299(2):202-207. <https://jamanetwork.com/journals/jama/fullarticle/1149365>



The American Kidney Fund is asking you to cosponsor the CARE for All Kidneys Act (H.R. 3893). To become a cosponsor, please contact:

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