

United States Senate

WASHINGTON, DC 20510

COSPONSOR THE CHRONIC KIDNEY DISEASE IMPROVEMENT IN RESEARCH AND TREATMENT ACT OF 2019 (S. 1676)

September 10, 2019

Dear Colleagues,

Kidney disease is the 9th leading cause of death in the United States. Today, 14 percent of Americans suffer from some form of kidney disease, and more than 661,000 Americans are living with kidney failure or end-stage renal disease (ESRD) – an irreversible condition that is fatal without a kidney transplant or life-sustaining dialysis.

Although the scientific understanding of kidney disease has progressed immensely, significant gaps remain. Research on kidney failure is extremely underfunded when compared with the costs of treating Chronic Kidney Disease (CKD) and ESRD. The total federal investment in research is equivalent to less than 1 percent of the cost of treating the diseases that cause kidney failure.

The need for legislation is clear. We invite you to join us as cosponsors of S. 1676, the *Chronic Kidney Disease Improvement in Research and Treatment Act of 2019*. This legislation is focused on promoting research on kidney disease, expanding patient choice, and improving care coordination for the hundreds of thousands of patients suffering from kidney failure.

S. 1676 would require the Department of Health and Human Services (HHS) to identify barriers or payment disincentives for kidney transplantation and post-transplant care, which is a crucial step toward better understanding and solving problems with the Medicare payment system. The bill would also direct HHS to study and report on the adequacy of bundled payment to cover the cost of new, innovative drugs or biologicals, and would direct the Secretary to increase the payment amount if determined that the current payment rate is not adequate to cover such costs.

Our legislation would improve access to pre-dialysis kidney education programs to better manage patients' kidney disease, an effort that, in some cases, could actually prevent kidney failure. In addition, the bill incentivizes nephrologists and other health professionals to work in underserved rural and urban areas, modifies current payment policies to encourage home dialysis, and allows dialysis centers to use national accrediting bodies to certify that they meet participation guidelines.

Perhaps most importantly, our legislation would guarantee access to Medigap policies to all ESRD Medicare beneficiaries, regardless of age. Currently, Medicare patients under 65, whether disabled or ESRD beneficiaries, do not have access to Medigap plans, even though Medicare is their primary insurance.

We ask that you join us in supporting research and treatment of kidney disease by becoming a cosponsor of this important legislation. Please contact Lauren Jee in Senator Cardin's office at Lauren_Jee@cardin.senate.gov or 8-6169 or Caitlin Wilson in Senator Blunt's office at Caitlin_Wilson@blunt.senate.gov or 4-2077 if you have any questions or wish to cosponsor this bill.

Sincerely,



Benjamin L. Cardin
United States Senator



Roy Blunt
United States Senator