

Policy Update

KCP Legislation

By Rachel Meyer

Increasing kidney research. Improving our understanding of kidney failure in minority populations. Expanding access to kidney disease education. Addressing the nephrology workforce crisis. These important goals, and many other patient care and research objectives, are addressed in a new kidney bill that ASN strongly supports.

Congressional Kidney Caucus co-chair Rep. Tom Marino (R-PA)—himself a kidney patient—and longtime friend of the kidney community Rep. John Lewis (D-GA) jointly introduced the Chronic Kidney Disease Improvement in Research and Treatment Act (HR 4814) in June 2014. Since that time, ASN and other kidney community stakeholders have been advocating in support of the bill on Capitol Hill, highlighting how the more than 20 million Americans who have kidney disease and the nearly 600,000 who rely on dialysis stand to benefit from the provisions in this bill. In a letter urging their fellow members of Congress to support the bill, Reps. Marino and Lewis observed that “despite such a

significant population, medical breakthroughs have been slow to materialize.”

“ASN commends Rep. Marino and Rep. Lewis for making support for medical research such a key component of this bill,” said ASN Public Policy Board chair Thomas H. Hostetter, MD. “This legislation helps call attention to the fact that kidney disease receives less federal research funding compared to other major chronic diseases, despite the fact that the federal government spends so much covering virtually all dialysis care. ASN believes the Government Accountability Report the bill requests will help the kidney community make the case for why greater funding is needed. And in calling for further investigation into why certain minority populations are at greater risk for kidney disease and how best to treat them, this bill helps advance a top ASN policy priority.”

Beyond the kidney research provisions, the bill also addresses several access-to-care issues. For example, the bill would expand the types of nephrology health professionals who may provide the Medicare kidney disease

education benefit and allow people who have later stage kidney disease but who are not yet on dialysis to receive the education benefit. These changes will make it possible for more patients to access this care as well as access it earlier in the course of their disease, slowing progression and helping them prepare for a smooth transition to dialysis or transplant.

The bill would also make changes to reimbursement for physicians who are caring for home dialysis patients and designate dialysis centers as approved telehealth sites. To address the lack of interest among trainees in nephrology as a career, the bill would provide loan repayment to nephrology health professionals who deliver care in underserved rural and urban areas. This incentive may help improve patient access and make it possible for more trainees to consider careers in nephrology.

For more details about the bill and how you can get involved to help ASN advocate for congressional support, please visit the ASN Advocacy and Public Policy webpage at <http://www.asn-online.org/policy/>.

1. Why did Homer Smith initially fail to embrace the hairpin turn of the loop of Henle?
2. How was it established that filtration, secretion and reabsorption all contribute to the formation of urine?

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