ASN emphasized that patient safeguards are essential for a patient population that requires ongoing, intensive treatment. Both patients and physicians must retain the option to choose to conduct their monthly clinical assessment visit in-person if that more appropriately meets clinical needs in any given month. The committee's proposal is currently limited to permitting telehealth interactions that take place at dialysis facilities, but ASN continues to support allowing patients to interact with their nephrologist for some monthly visits from their own home.

Permitting patients with ESRD to enroll in Medicare Advantage plans

Under current law, people who develop kidney failure are not permitted to enroll in Medicare Advantage plans—ESRD is the only pre-existing condition that renders patients ineligible to participate in this program. ASN encouraged the committee to grant ESRD beneficiaries the same freedom of choice and access to improved care coordination services as other Medicare-enrolled individuals and will continue to support the committee's interest in including it in the final legislation.

Allowing patients with advanced kidney diseases to benefit from new and existing chronic care management (CCM) payment codes

The committee proposed developing a new code that would reimburse physicians who dedicate time to coordinating care for people with multiple high-severity chronic conditions. This concept builds upon a recently created code that reimburses for care of people with multiple chronic conditions (but which are not necessarily high-severity).

More than 50% of patients with chronic kidney disease have 5 or more co-morbid conditions, and CKD is included among 4 of the 5 most costly chronic condition combination triads in the Medicare program. CKD patients could benefit greatly from the proactive, comprehensive care coordination that the newly proposed high-severity codes would offer—providing them superior quality of life, fewer hospitalizations, and better long-term health.

Current CMS policy excludes patients with end-stage renal disease (ESRD) from eligibility for the existing CCM codes during the same 90-day period during which they receive standard—and lifesaving—dialysis care. This exclusion was not legislatively mandated, but rather, implemented during the CMS rulemaking process. ASN strongly believes that patients with kidney disease deserve equitable access to CCM services, and would be among the most likely to benefit from the new high-severity codes.

Among other beneficial policy recommendations the committee may include in its bill are quality measures for chronic conditions and commissioning of a study on medication synchronization. ASN will continue to interact with committee members and staff to build support for these and other policies as they move forward to drafting and introducing a bill. For more details concerning ASN's recommendations, please visit: http://www.asn-online.org/policy/webdocsAmericanSocietyofNephrologyASN.pdf.

President's 2017 Budget Shortchanges Kidney Research

By Grant Olan

On February 9, 2016, President Barack Obama released his budget proposal for 2017, the official start of the congressional budget process. Although the proposal includes increases for the National Institutes of Health (NIH) and other ASN priorities, it relies on budget gimmicks that some congressional appropriators are calling nonstarters.

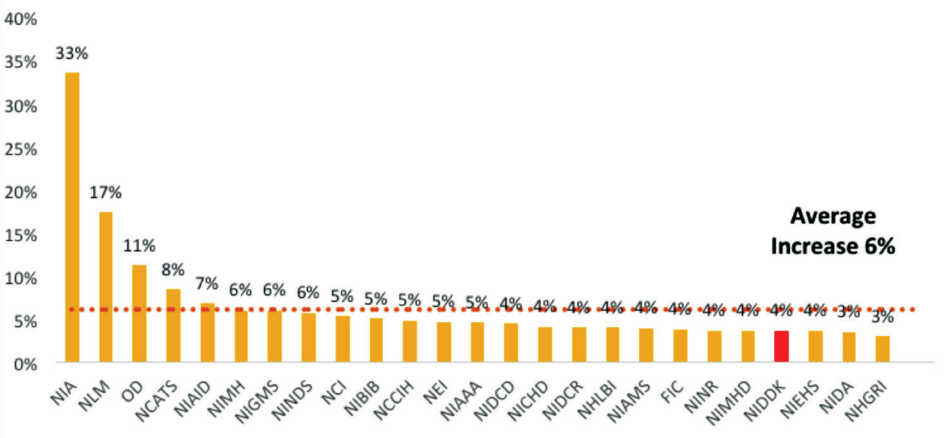
With those budget gimmicks, the President's proposal would increase NIH funding overall by $825 million for a total of $33 billion. However, the entire increase would go to a handful of administration priorities that include the Cancer Moonshot, Precision Medicine Initiative, and BRAIN (Brain Research through Advancing Innovative Neurotechnologies) Initiative. None of the additional funds would go to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and most of the other 26 institutes and centers are similarly shortchanged. Instead, NIDDK's budget for 2017 would remain flat at $1.966 million.

"ASN commended President Obama in 2016 for his bold leadership in securing a budget increase for NIH and NIDDK," ASN President Raymond C. Harris, MD, FASN, recalled. "Regrettably, his 2017 budget proposal would shortchange NIDDK and kidney research. Change is on the way because of advances made through NIDDK-funded kidney research. Additional funding is needed to accelerate these and other novel therapies that could improve the care of patients with kidney disease and result in significant savings to Medicare," Harris said.

ASN, in partnership with more than 200 patient and voluntary health groups, medical and scientific societies, and academic and research organizations, is advocating for a 2017 request for NIH of $34.5 billion, about a 7% increase over 2016. As a leader in Friends of NIDDK, a coalition that advocates collaboratively for increased NIDDK funding, ASN is spearheading the kidney community's efforts to advocate for a 2017 budget request for NIDDK of $2.165 billion, about a 10% increase over 2017. NIDDK ranked near the bottom of the list of NIH 2016 funding increases by institute and center (Figure 1).

"The story of cancer, heart disease, and HIV/AIDs is clear. Researchers go where the dollars are and funding increases drive innovation," ASN Research Advocacy Committee Chair Frank "Chip" Brosius, MD, commented. "HIV/AIDs went from a death sentence in the 1980s to essentially a chronic disease today. That kind of progress is possible with kidney disease if we are visionary enough to provide NIDDK sustainable funding increases for kidney research."

Figure 1. NIH funding increase by institute and center



Statement on President Obama's 2017 Budget Proposal

By ASN President Raymond C. Harris, MD, FASN

Looking back to this time last year, ASN was commending President Obama for his bold leadership in securing a budget increase for NIH and NIDDK in 2016. Regrettably, his 2017 budget proposal would shortchange NIDDK and kidney research. Kidney disease affects more than 20 million Americans and costs Medicare $80 billion. The Medicare End-Stage Renal Disease Program alone costs $35 billion, more than NIH's entire budget. Yet federal investments in kidney research are less than 1% of total kidney care costs.

There have been several major breakthroughs in the past several years thanks to NIDDK-funded research. For example, geneticists focused on the kidney have shaped our understanding of the pathogenesis of nephrotic syndrome and chronic kidney disease. Just last year, scientists announced a method for growing new kidneys in a laboratory as well as a rapid method for screening new prescription medications using kidney cells that would spare the expense and time of conducting human clinical trials.

Change is on the way because of advances made through NIDDK-funded kidney research. Additional, sustained funding is needed to accelerate these and other novel therapies that could improve the care of patients with kidney disease and result in significant savings to Medicare. A failure to maintain and strengthen NIDDK's ability to support the groundbreaking work of researchers across the country carries a palpable human toll, denying hope to the millions of patients awaiting the possibility of a healthier tomorrow.