The National Kidney and Urologic Diseases Advisory Board Report

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It is fitting that the inaugural issue of the Journal of the American Society of Nephrology highlights the 1990 Long Range Plan of the National Kidney and Urologic Diseases Advisory Board. The release of this historic report in March 1990 signalled the beginning of a critical period for the future of nephrology. Achievement of the major recommendations outlined in this long-range plan would substantially improve the health of our patients and reduce the burden of renal and urologic disease on the nation and the world.

Heretofore it has been difficult to provide a comprehensive summary of the extent of renal and urologic diseases and their impact on American society. The absence of data and the failure to enunciate objectives for future strategies have precluded the development of a coordinated and comprehensive plan to squarely address these problems. To correct this situation, Congress authorized the establishment of the National Kidney and Urologic Diseases Advisory Board; and in 1987, the Board began its congressionally mandated task of developing the first national ten-year plan to combat kidney and urologic disease.

The American Society of Nephrology was very well represented on the Board, and the Board’s Chairman, Dr. Stuart A. Kleit, adroitly combined leadership, patience, and determination to coordinate the Board’s activities and hearings. This major effort included gathering testimony from nearly 1,000 individuals representing patients, health professionals, researchers, and members of relevant voluntary and professional organizations.

The report contains an extraordinary analysis of the challenges facing us and clearly enunciates achievable goals and objectives to prevent renal disease and to improve the diagnosis and therapy of nephrologic and urologic conditions. The problems are immense! Kidney and urologic diseases affect over 13 million Americans with minorities suffering disproportionately. In 1987, over a quarter million people died from kidney and urologic diseases, and 8% of the total of all health-care costs in the United States, about 850 billion, was spent on the management of kidney and related diseases. Although 8% of health expenditures are attributed to renal and urologic diseases, only 2.5% of the NIH research budget is spent for renal and urologic research. In 1989, the Health Care Financing Administration spent $3 billion for the treatment of end stage renal disease. In addition, millions of dollars are spent by private insurers and individual patients. The indirect costs of these diseases, although precisely incalculable, are estimated to be in the billions.

The Council of The American Society of Nephrology, speaking for its members, wholeheartedly supports all of the recommendations in the long-range planning document. Furthermore, we believe that major emphasis should be placed on fundamental and clinical research to prevent or effectively treat these conditions, prior to the development of end stage renal disease. Hence, the ASN places primary emphasis on the following recommendations of the report:

1. To promote fundamental and applied research efforts that will serve as a basis for new preventive, diagnostic, and therapeutic strategies, including expansion of current federal and private sector grant programs for individual investigators.

2. To establish additional George M. O’Brien Kidney (Adult & Pediatric) and Urologic Research Centers.

3. To improve funding for nephrology and urology training programs, and to establish a separate renal study section at the NIH.

4. To support a separate Institute of Kidney and Urologic Disease at the NIH.

Unfortunately, the fiscal 1991 budget request from President Bush is woefully inadequate for the National Institutes of Health and, more specifically, for the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK). The recommendation for NIDDK of $605 million is only an increase of $24 million. This level of funding at NIDDK would result in a decrease in individual research grants, a continued implementation of "downward negotiations" (non-negotiated budget cuts), a reduction of funding for the George M. O’Brien Research Centers, and the level of funding of research training at its present inadequate status. In constant dollars, the extra-mural research of NIDDK has actually decreased each...
year for the past 4 years. This trend has affected virtually every aspect of adult and pediatric kidney research including training, basic as well as clinical research, and support for renal centers. The American Society of Nephrology supports funding for the NIDDK at 8770 million in fiscal 1991 and has presented testimony before the House and Senate Appropriations Committees in support of this funding level.

The American Society of Nephrology will work to implement the majors goals of the National Kidney and Urologic Diseases Advisory Board in three major ways. We will continue to work through the Inter-Society Council for Research in Nephrology and Urinary Tract Disease. This collaborative effort with other renal and urologic organizations will petition Congress to support the 1990 Long Range Plan.

We have also established a new Public Policy Committee of the ASN, chaired by Dr. Thomas Andreoli, with eight members geographically distributed throughout the United States. The goal of the Public Policy Committee is to work with Congress to achieve the major recommendations of the National Kidney and Urologic Diseases Advisory Board. In May, the Public Policy Committee and our government relations representatives met with more than a dozen congressmen and congressional staffers to present the arguments in favor of improved funding for NIH to increase research and training expenditures in Nephrology and Urology.

Lastly, we will be developing a national, 50-state network of ASN representatives who can serve as an extension of the Public Policy Committee. This network can then be alerted to initiate congressional contacts by members of the ASN in every state and major region of the country. Each member of the ASN can provide important support to educate and work with members of Congress. It is crucial that we begin immediately. I ask that each of you contact your representatives and senators and invite them to tour your labs or clinical facilities and to visit your dialysis units or transplant divisions in order to gain perspective on the scope and impact of kidney and related diseases on the health of their constituents.