



March 30, 2026

The Honorable Shelley Moore Capito, Chair
Senate Appropriations, LHHS Subcommittee
170 Russell Senate Office Building
Washington, DC 20510

The Honorable Robert Aderholt, Chair
House Appropriations, LHHS Subcommittee
272 Cannon House Office Building
Washington, DC 20515

The Honorable Tammy Baldwin, Ranking Member
Senate Appropriations, LHHS Subcommittee 141
Hart Senate Office Building
Washington, DC 20510

The Honorable Rosa DeLauro, Ranking Member
House Appropriations, LHHS Subcommittee
2413 Rayburn House Office Building
Washington, DC 20515

Dear Chairs Capito and Aderholt and Ranking Members Baldwin and DeLauro:

The Coalition for Kidney Health is writing to thank you for your leadership advancing programs that support awareness, prevention, early treatment of kidney disease, and the medical research that will transform lives for patients who will benefit from early intervention in our country's kidney disease crisis.

The Coalition for Kidney Health is a multi-stakeholder group of partners committed to public policies that advance early detection and treatment of chronic kidney disease (CKD). CKD, the progressive loss of kidney function over time, is common and burdensome. Overall, more than 1 in 3 Americans is at risk for kidney disease and more than 1 in 7 Americans have kidney disease. CKD is more common in people with risk factors such as diabetes, hypertension, and heart disease. CKD can also be caused by inherited conditions like polycystic kidney disease (PKD), glomerular diseases, and autoimmune conditions like lupus, among other conditions and circumstances. Many of these conditions are rare diseases, further complicating efforts for patients to secure diagnoses and access to care, but in total they drive a significant share of the burden caused by CKD (e.g., glomerulonephritis is mostly caused by rare diseases but in total accounts for 10–15 percent of kidney failure). CKD is closely related to a range of comorbidities, especially to cardiovascular disease, which leads to high morbidity and mortality. In fact, people with CKD are more likely to die of cardiovascular disease than progress to kidney failure. Those who do progress to kidney failure depend on dialysis or a kidney transplant to survive. Astonishingly, despite the prevalence, clinical implications, and downstream costs associated with kidney disease, most people who have CKD are unaware of their condition.

As you begin consideration of the Fiscal Year (FY) 2027 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill, the Coalition for Kidney Health is writing in support of funding for the Centers for Disease Control and Prevention (CDC)'s Chronic Kidney Disease Initiative and for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health. Federal investments in early screening, diagnosis and treatment of kidney disease will give the one in three US adults at risk for kidney disease the opportunity to preserve their kidney health. When combined with medical advancements that emerge from investments in kidney research at the National Institutes of Health, we will transform the trajectory of millions of lives.

Specifically, for FY 2027, the Coalition for Kidney Health supports:

\$5.5 million for the CDC's Chronic Kidney Disease Initiative to expand programs aimed at increasing kidney disease awareness, early detection, and access to care. Most individuals with early-stage disease

continue to be undiagnosed and untreated until their disease advances and interventions are more costly and less effective. To disrupt this cycle, support is needed to identify at-risk populations earlier and prevent progression to kidney failure, the costs of which are borne by the Medicare program.

\$51.3 billion for the NIH and robust funding for kidney disease research, specifically with \$1 billion for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) designated to pursue research that advances early detection, prevention, novel therapeutics, and transformative approaches to kidney diseases and kidney failure. Currently, federal research investment for kidney health equates to less than 1 percent of Medicare fee-for-service expenditures for Americans with kidney disease. Outcomes for advanced kidney disease research have seen only modest gains, particularly for patients on dialysis as more than 50% of patients starting dialysis die within five years. The limited number of disease modifying therapies and slow adoption of new technologies reflect the lack of investment in this field.

The kidney community—including patients, scientists, and clinicians—have identified critical research priorities that require increased federal investment, including:

- **Preclinical Research Priorities:** Expanding data science capabilities by establishing nationwide integrated platforms for kidney research where datasets can be shared across institutions; defining kidney disease mechanisms and utilizing genetic tools to identify new therapeutic targets; developing better models of human disease; and testing cell-specific drug delivery systems and gene editing approaches.
- **Clinical Research Priorities:** Expanding the number and inclusivity of clinical trials to ensure all patients benefit from new therapies; developing and testing interventions to reduce health disparities in kidney disease, which disproportionately affects communities of color and lower socioeconomic populations; and supporting implementation science to accelerate the translation of research discoveries into clinical practice.

On behalf of the 37 million US adults with kidney disease and the 1 in 3 US adults at risk, we thank you for your consideration of these important requests. Please contact Miriam Godwin (Miriam.godwin@kidney.org) with questions.

Sincerely,

The Coalition for Kidney Health