

TESTIMONY OF THE NATIONAL KIDNEY FOUNDATION
SUBMITTED TO THE HOUSE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON LABOR, HHS, EDUCATION, AND RELATED AGENCIES
IN SUPPORT OF FY 2027 FUNDING FOR HRSA, CDC AND NIDDK

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April 16, 2026

The National Kidney Foundation (NKF) appreciates the opportunity to share our recommendations on how the Federal Government can address the burden that chronic kidney disease (CKD) places on patients, families and caregivers, society, and our nation's public and private health care systems. NKF respectfully requests increased funding for kidney disease activities supported by the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Specifically, NKF requests:

- \$77 million for HRSA's Organ Procurement and Transplantation Network activities.
- \$5.5 million for CDC to undertake a portfolio review and to develop a strategic plan to outline how additional resources to the Chronic Kidney Disease Initiative could be leveraged to combat CKD.
- Increased funding of \$1 million for NIDDK to expand investment in research that bridges existing deficits in CKD management and treatments to reduce incidence, manage progression and fund new opportunities.

Overview

Kidney disease affects more than 37 million adults in the U.S. and is the nation's 8th leading cause of death. Another 86 million adults, or 1 in 3, are at risk for developing CKD, most commonly because they have diabetes, hypertension, cardiovascular disease, obesity, or a family history of kidney disease. Despite the prevalence and risk of CKD, 90% of kidney disease is undiagnosed in primary care settings and patients receive little or no nephrology care prior to their kidney failure, including as many as 40% whose kidney disease is advanced (CKD Stage 4 or Stage 5). By the time most kidney diseases are diagnosed—*at an advanced and costly stage*—treatment choices are limited to a kidney transplant, dialysis, or conservative management.

Reducing the Burden of Kidney Disease

While dialysis replaces kidney function for more than 555,000 people, it is a treatment rather than a cure for kidney failure. According to the United States Renal Data System (USRDS) 2025 Annual Data Report, the adjusted five-year survival for patients who began hemodialysis or peritoneal dialysis in 2008 was less than 50 percent and the 10-year survival was less than 25 percent. Dialysis patients ages 66-74 had a four-fold higher likelihood of mortality compared to people with cancer or stroke and a three-fold higher mortality rate compared to people with heart

failure or a heart attack. Beyond their risk for kidney failure, individuals with advanced kidney disease are at significantly greater risk of developing cardiovascular disease. Approximately half of all individuals with CKD Stages 4 or 5 have cardiovascular disease, which contributes to the deaths of 40-50 percent of people with kidney disease.

Quality of life is a significant concern for kidney patients and caregivers. People with kidney failure often experience cognitive challenges, depression, infection, dietary restrictions, anemia, post-dialysis fatigue, itching, cramping, and bone loss. Kidney failure also can impact employment prospects, financial stability, and a sense of independence. This is precisely why early detection and intervention — made possible through robust CDC CKD Initiative funding — is so critical: catching kidney disease before it reaches advanced stages protects not only patients' health, but their livelihoods and independence.

Medicare spends more than \$200 billion annually on the care of adults with a kidney disease diagnosis, including \$55 billion for those with end stage kidney disease. Medicare fee-for-service per-person spending on beneficiaries over age 18 with kidney disease is 2.5 times as high for those without CKD, and the hospitalization rate for Medicare kidney patients over age 65 is 2.7 times higher than for Medicare beneficiaries without CKD. Medicare fee-for-service beneficiaries with both diabetes and CKD cost approximately 44 percent more than people with diabetes alone, and beneficiaries with heart failure and CKD cost approximately 36 percent more than people with heart failure alone. Medicare fee-for-service per-person spending for people with CKD and heart failure is nearly twice that of people with CKD alone. Individuals with kidney failure represent 1% of Medicare beneficiaries but accounted for 5.7% of Medicare fee-for-service expenditures in 2022. *The need for an increased federal commitment to address the societal and economic burdens of CKD is undeniable.*

Simple interventions like medical nutrition therapy, blood pressure control, diabetes control, and common, affordable drugs such as statin-based therapies can improve kidney and cardiovascular disease outcomes. Further, sodium-glucose co-transporter-2 (SGLT-2) inhibitors and non-steroidal Mineralocorticoid Receptor Antagonists (nsMRAs), show extraordinary efficacy at attenuating risk of dialysis and CVD, particularly heart failure in patients with diabetes and CKD, and in people with CKD without diabetes. Observational studies have shown multidisciplinary care that may include a dietitian, pharmacist and nephrologist is also associated with improved outcomes for the T2D with CKD population.

Implementing targeted therapies can significantly improve patient outcomes by slowing the progression of CKD to kidney failure and reducing risk for CVD, and death, especially for at-risk communities. Successful CKD management, however, hinges on patient access to timely awareness, diagnosis, and management.

Transplantation

A transplant is the preferred kidney replacement therapy for most people with kidney failure. NKF believes everyone who needs a kidney should get a kidney. Our Transplants for All initiative has a goal to double living and deceased donations by 2030. More than 94,000 individuals are on a kidney waitlist, due in part to a transplant system designed over 40 years ago that has failed to keep pace with patients' needs. Our transplant system relies on antiquated technology and inefficient systems that create life-threatening bureaucracy and delays. Additionally, the system lacks the ability to provide information to the transplant candidate about

his or her status on the wait list. Eleven people die every day waiting for a kidney transplant, even as more than one in four donor kidneys are thrown away (“discards”) in part due to system inefficiencies. *Organ discards are a disservice to patients who endure many years on a kidney wait list, and a disservice to deceased organ donors and their families.*

The bipartisan “Securing the U.S. Organ Procurement and Transplantation Network Act” (P.L. 118-14) strengthened HRSA’s ability to achieve this critical mission by making improvements to OPTN in technology, governance, data transparency and analytics, operations, quality improvement and innovation, and accountability. These enhancements will improve access to transplantation for all Americans by modernizing technology to maximize the number of organs that can be transplanted. Congress provided \$67 million to HRSA for organ transplant activities in FY 2026 towards implementing provisions of the new law. NKF requests \$77 million for FY 2027 to enable HRSA to further support the critical work needed to launch the building of a new OPTN infrastructure to utilize modern IT capacity and deliver better support for patients, organ donors, transplant surgeons and the public. Increased funding will also support the new and independent Board of Directors of the OPTN, including a comprehensive review of by-laws and conflict of interest policy, and will support identifying multiple vendors for operations transition contracts to modernize the OPTN.

CKD Prevention and Detection

NKF was a close partner with the Trump Administration in the development and implementation of the 2019 Executive Order on Advancing American Kidney Health and its bold policy proposals to disrupt the kidney care paradigm for all Americans, including as a signatory to a Memorandum of Understanding (MOU) with the Administration to aid the Secretary’s efforts to educate patients and support programs that promote kidney disease awareness. The MOU led to NKF’s “Are you the 33%?” program to help individuals assess their risk of CKD and empower them to take steps to learn more and manage their disease. Preserving funding for the CDC Chronic Kidney Disease Program and reinstating the MOU with NKF would help identify more at-risk individuals and reduce future federal health care expenditures.

The CDC Chronic Kidney Disease Initiative plays a critical role in assuring timely diagnosis and management of CKD. As a result of increased congressional funding for this program, NKF and the National Association of Chronic Disease Directors (NACDD) partnered on *CKD Intercept*, an initiative to increase public awareness, educate clinical professionals, and expand health system capacity to diagnose and manage CKD in primary care settings. Implemented in partnership with local health systems, federally qualified health centers, public health departments, community organizations, and other stakeholders, the program is tailored to the community’s needs. The initiative with NACDD is demonstrating strong results, with a 60 percent increase in CKD testing over a one-year period and 25 percent increase in the number of people with a CKD diagnosis.

The CKD Initiative supports state and community-based programs to improve surveillance, increase awareness, and connect patients to early care — the most cost-effective point of intervention before patients require dialysis or transplant. NKF requests \$5.5 million in FY2027 to expand this high-impact prevention program and reduce long-term costs to patients, families, and the federal government. Every dollar invested in CKD detection today averts far greater costs when patients reach end-stage kidney disease.

CKD Research

In 2021, NKF released a Research Roadmap that highlighted where additional funding could bridge existing deficits in CKD detection and management, reduce incidence and disparities, improve outcomes, and lower healthcare costs. Our roadmap was the culmination of input from nephrology leaders; from kidney patients, family members and caregivers; and from living kidney donors.

Federal research investment for kidney health equates to about 1 percent of Medicare fee-for-service expenditures for people with kidney disease, and outcomes for advanced kidney disease research have seen only modest gains, as evidenced by the mortality rate for patients within five years of starting dialysis. Despite CKD's impact on patients and Medicare, NIH funding for kidney disease research in FY 2024 was estimated at only about \$717 million. NIH support for kidney research increased by only 10% over the 5-year period of FY 2019 - FY 2024, compared to a 24% increase for NIH overall during this time. NKF joins the kidney community to request \$1 billion for NIDDK in FY 2027 to pursue research that advances early detection, prevention, novel therapeutics, and transformative approaches to kidney diseases and kidney failure. This investment would enable NIDDK to accelerate clinical trials for promising CKD therapies, expand kidney disease biomarker research to enable earlier detection, and address racial and socioeconomic disparities that drive disproportionate rates of kidney failure in Black, Hispanic, and low-income communities — reducing both human suffering and long-term federal expenditures.

Together, the investments NKF requests — modernizing the organ transplant system, expanding CKD prevention and detection, and accelerating kidney disease research — represent a meaningful and cost-effective commitment to the 37 million Americans living with kidney disease and the 86 million more at risk. NKF thanks the Subcommittee for its continued leadership on this urgent public health challenge and urges full support for these FY 2027 priorities.