



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

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

May 19, 2026

Dear Chair Capito and Ranking Member Baldwin,

The Coalition for Kidney Health thanks you for your leadership in advancing federal programs that support kidney disease awareness, prevention, and early treatment research needed to improve outcomes for patients affected by our nation'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), a common and burdensome condition marked by progressive loss of kidney function over time. Overall, more than 1 in 3 Americans is at risk for kidney disease and more than 1 in 7 Americans has kidney disease. CKD is more common in people with 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; for example, glomerulonephritis is mostly caused by rare diseases but accounts for 10–15 percent of kidney failure. CKD is closely associated with cardiovascular disease and other comorbidities, contributing 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 (LHHHS) 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 can change the trajectory of kidney disease before it becomes kidney failure, giving the one in three U.S. adults at risk the opportunity to preserve their kidney health, avoid costly complications, and live longer, healthier lives. When combined with medical advancements that emerge from NIH-supported kidney research, can shift kidney care from late-stage crisis response to earlier, more effective prevention and treatment.

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:

- **Pre-clinical 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 U.S. 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