Roger D. Klein, M.D., J.D., Director, Agency for Healthcare Research and Quality (AHRQ)
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW.
Washington, D.C. 20201

Cc: Beatriz Canas

May 19, 2026

Dear Dr. Klein,

We are writing about the recently announced solicitation for new members of the U.S. Preventive Services Task Force to recommend that the Agency for Healthcare Research and Quality (AHRQ) appoint a new member of the Task Force with specific expertise in kidney disease.

Ensuring there is appropriate representation of the needs of the one in three U.S. adults at risk for kidney disease is consistent with the grassroots movement to Make America Healthy Again and with the mission of the USPSTF to improve the health of the nation by focusing on preventive services for people without signs and symptoms of disease.

Chronic kidney disease (CKD) is a largely invisible public health crisis. One in seven U.S. adults has chronic kidney disease. Unlike many related conditions such as diabetes, hypertension, overweight and obesity, CKD often remains undetected because it is usually asymptomatic in its early stages. As a result, 90 percent of people with CKD are unaware of their condition until its latest stages. CKD is often framed in the context of irreversible end-stage renal disease (ESRD), in which patients depend on dialysis or a kidney transplant to survive. However, individuals with CKD are more likely to die than progress to ESRD. Kidney disease is already the eighth leading cause of death in the United States. The true burden is likely much higher when accounting for deaths attributed to cardiovascular disease, stroke, or diabetes in which undiagnosed or unmanaged kidney disease may have contributed to worsening health. These patients die without ever knowing their kidneys were at risk.

CKD is diagnosed and staged based on two widely available, low-cost laboratory tests: estimated glomerular filtration rate (eGFR) and urine albumin-to-creatinine ratio (uACR). Despite the prevalence of CKD, the severity of disease progression, the availability of low-cost diagnostic testing, and an arsenal of effective tools to preserve kidney health, kidney disease is not routinely screened, diagnosed, and staged in the primary care setting.

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Patient Story: "For ages, we have waited for sickness to tell the story of kidney disease. A patient-centered approach fueled by early prevention rewrites the story. It will ensure that every person with kidney disease not just lives longer but has a much better quality of life."

– **Mary Baliker**, *Kidney Patient, Co-Chair of the National Kidney Foundation Public Policy Committee, and member of the Coalition for Kidney Health*

The persistent lack of endorsement of a USPSTF screening recommendation for CKD contributes to cross-health-system barriers that leave kidney disease invisible and unmanaged. This gap may be compounded by the absence of Task Force representation from a nephrologist or a primary care or internal medicine physician with specific expertise in kidney disease.

Specific expertise in kidney disease is essential because CKD is now recognized as a major contributor to the multi-system chronic disease cascade known as cardio-kidney-metabolic (CKM) syndrome. Adding additional primary care clinicians without consideration of chronic kidney disease expertise to the Task Force will not close this gap.

We encourage AHRQ to use this appointment opportunity to address a critical gap in preventive care experience. We cannot allow kidney disease to remain undiagnosed and unmanaged while opportunities to optimize chronic disease care continue to be missed.

We thank the Agency for Healthcare Research and Quality (AHRQ) for its consideration. We would be pleased to offer our expertise on the kidney disease knowledge and clinical perspectives that would be most helpful to the work of the USPSTF.

Sincerely,

The Coalition for Kidney Health