Dear Chairman Aderholt and Ranking Member DeLauro:

As you begin consideration of the FY 2024 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill, the Coalition for Kidney Health respectfully requests that the Subcommittee increase funding to the National Institutes of Diabetes, Digestive, and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH), and provide $15 million for the Chronic Kidney Disease Initiative (CKDI) at the Centers for Disease Control and Prevention (CDC). This funding increase is necessary to stem the tide of increasing federal costs for treating late-state kidney disease, and expand kidney disease research, awareness, detection, management, and monitoring.

The Coalition for Kidney Health is a multi-stakeholder group of partners working to transform the landscape of chronic kidney disease (CKD) by generating awareness, increasing screening of at-risk patients, and driving forward high-quality coordinated care focused on delaying CKD progression.

More than 38 million Americans have CKD, including nearly 800,000 with irreversible kidney failure. Another 80 million Americans are at risk for developing kidney disease from hypertension, diabetes, and other risk factors. Unfortunately, 90 percent of those with CKD have not been diagnosed. If we do not address kidney disease early and work to slow or stop the progression to kidney failure, the expense of treating kidney failure could bankrupt the Medicare Trust Fund. The Medicare program spends more than $136 billion – more than 24 percent of total spending – on patients with kidney disease. Furthermore, end stage kidney disease affects only 1 percent of Medicare beneficiaries but accounts for 6 percent of Medicare spending.

While treatments for chronic kidney disease (CKD) have seen some advances, the pace of innovation lags far behind that of other diseases and is insufficient to meet the growing burden that CKD is placing on patients and the American health system. Treatment options for end stage kidney disease -- dialysis, transplant, or palliative care and hospice -- have not seen meaningful change in more than 40 years. Fiscal Year 2021 funding for NIDDK increased by less than 1%, the smallest percentage increase of any disease Institute under NIH. From FY 2017-2021, NIH monetary support for kidney research increased at half the rate of NIH funding increases overall. While NIDDK funding improved for FY 2022 and 2023, it is not enough to make the radical change kidney patients need. Additionally, the CDC Chronic Kidney Disease Initiative comprehensive public health strategy was created at the urging of Congress and NKF more than fifteen years ago to support public awareness, outreach, and tracking of CKD. Annual funding has fluctuated between
$1.6 million and $4.5 million. With a sustained increase in funding to $15 million in five years or less, this program could accelerate and amplify its activities to a robust fifty-state strategy to educate the public about their risk for kidney disease, educate clinical professionals and spur innovation by entities serving the kidney disease community, helping to slow disease progression.

It is time for an exponential investment in kidney health. For these reasons, we strongly urge the Committee to provide an increase in kidney-specific research funding for NIDDK to be greater than or commensurate with the increase to NIH. We similarly request $15 million for the CDC’s Chronic Kidney Disease Initiative to accelerate and expand activities aimed at increasing kidney disease awareness, early detection, and access to care.

Thank you for your consideration of our request and your support of kidney patients nationwide.

Sincerely,

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COALITION FOR KIDNEY HEALTH