

Congress of the United States
Washington, DC 20515

April 28, 2021

The Honorable Rosa L. DeLauro
Chairwoman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
H-307, U.S. Capitol
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

As you begin consideration of the FY 2022 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill, we respectfully request the Subcommittee expand federal investment in kidney health by providing a large increase in funding to the National Institutes of Health (NIH) to support the work of the National Institute for Digestive, Diabetes, and Kidney Diseases (NIDDK) and \$15 million for the Centers for Disease Control and Prevention's (CDC) Chronic Kidney Disease (CKD) Initiative to expand activities that promote kidney disease awareness, detection, management, and monitoring.

More than 37 million adults in America have kidney disease — including nearly 750,000 Americans who have irreversible kidney failure — and as many as 80 million more Americans are at risk of developing kidney disease. Because early-stage kidney disease can be asymptomatic, 90 percent of patients with chronic kidney disease do not realize they have the condition. The Centers for Medicare and Medicaid Services (CMS) estimates that up to 35 percent of patients do not receive any nephrology care — or in some cases, even know they have kidney disease — before beginning dialysis.

Kidney disease also disproportionately affects communities of color. African-Americans are almost four times more likely and Hispanics and Latinos are 1.3 times more likely to have kidney failure compared to white Americans. Although they make up only 13.5 percent of the population, African-Americans make up more than 35 percent of dialysis patients. Although a kidney transplant is the optimal treatment for kidney failure, Black patients face barriers to access at every step of the process and on average wait a year longer than white patients to receive a kidney transplant.

Further, COVID-19 wreaks havoc on both kidney patients *and* causes kidney damage in patients who recover from COVID-19. Patients on dialysis are at particularly high risk from COVID-19, due to the increased age of the population, numerous underlying comorbidities, community exposure, and the inability of in-center dialysis patients to social distance in the dialysis facility. According to Medicare's COVID-19 Data Snapshot, Medicare beneficiaries with kidney failure are nearly four times as likely to have contracted COVID-19 than other Medicare beneficiaries and more than seven times more likely to be hospitalized. Furthermore, a recent study completed by the VA in St. Louis, Missouri indicates that 32 percent of veterans hospitalized

with COVID-19 developed Acute Kidney Injury, and many of those did not fully recover their kidney function by discharge. It is essential that patients know and understand their kidney health status so they can make the right choices to protect their health.

Kidney disease is also a drain on the Medicare system, which spends 24 percent of its annual budget — \$130 billion— on care for kidney patients. Although only one percent of Medicare beneficiaries have kidney failure, over seven percent of the Medicare fee-for-service budget is spent on those patients. Prevention, early detection, and early treatment would not only improve patient lives, but also save the government millions of dollars per year.

Unfortunately, since 2008, investment in kidney disease at the NIH has barely outpaced inflation. According to the CDC, kidney disease was the 8th leading cause of death nationwide in 2019 and affected 11 percent of adults in the US. However, as funding for the NIH rose 37 percent between Fiscal Years 2015 and 2020, kidney research funding only increased 19 percent during that same period.

For these reasons, we strongly urge the Committee to provide an increase in funding for NIDDK to be greater than or commensurate with the increase to NIH as a whole. 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 these important requests.

Sincerely,



Bobby L. Rush
Member of Congress



Bill Posey
Member of Congress

/s/
Peter A. DeFazio
Member of Congress

/s/
Eddie Bernice Johnson
Member of Congress

/s/
Nydia M. Velázquez
Member of Congress

/s/
Bennie G. Thompson
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Danny K. Davis
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Diana DeGette
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John B. Larson
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Donald Norcross
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Earl L. "Buddy" Carter
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Trent Kelly
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