

## ASN LEADING THE FIGHT AGAINST KIDNEY DISEASE

## FOR IMMEDIATE RELEASE

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## THE AMERICAN SOCIETY OF NEPHROLOGY ISSUES THE FOLLOWING STATEMENT IN RESPONSE TO THE NIH FUNDING INCREASE IN THE DRAFT FISCAL YEAR (FY) 2019 SPENDING BILL

**Washington, DC (June 15, 2018)** — The American Society of Nephrology (ASN) greatly appreciates the subcommittee's continued support of the National Institutes of Health (NIH) as a key national priority with an increase of \$1.2 billion, or 3.2%, in the FY 2019 Labor-HHS spending bill. ASN is also grateful for the proposed 1.2% increase for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), for a total allocation of \$1.9 billion.

In order to find new therapies and cures for the 40 million Americans living with kidney diseases, it is crucial for the NIH to maintain sustained and meaningful growth above inflation. This growth must also be at least proportional for kidney research at NIDDK and other institutes. A recent GAO report found a significant gap between the burden kidney diseases place on taxpayers and federal investment in research, a gap that is only widening.

We recognize that the subcommittee was limited in its ability to invest more fully in the agency due to its inadequate spending allocation, and we are grateful for the subcommittee's continued efforts to champion medical research that transforms lives. ASN looks forward to continuing to work with lawmakers in both chambers towards a bipartisan bill that avoids problematic policy riders and provides a robust increase over inflation for NIH and NIDDK in FY 2019.

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 18,000 members representing 112 countries. For more information, please visit www.asn-online.org or contact the society at 202-640-4660.

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