

June 6, 2025

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
House Democratic Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable John Thune
Senate Majority Leader
United States Senate
Washington, DC 20510

The Honorable Chuck Schumer
Senate Minority Leader
United States Senate
Washington, DC 20510

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Thune, and Minority Leader Schumer:

As a patient advocacy organization and a health professional organization that focus on the health of people with and at-risk for kidney disease, the American Kidney Fund (AKF) and the American Society of Nephrology (ASN) oppose policies in H.R. 1 that would reduce access to affordable health insurance coverage and vital nutrition benefits.

The “One Big Beautiful Bill Act,” passed by the House of Representatives on May 22, will cut more than \$700 billion in funding for Medicaid and require changes to the Affordable Care Act (ACA) Marketplaces that would make it harder to enroll in coverage and make coverage more expensive for those who do enroll. The combination of Medicaid cuts and changes to the ACA Marketplaces would result in 16 million more uninsured people in the next decade, according to an analysis by the nonpartisan Congressional Budget Office.¹ Access to comprehensive, affordable health coverage through these critical programs is a crucial lifeline for individuals with and at-risk for kidney disease, offering access to preventive care, essential treatments, and services.

H.R. 1 also reduces funding for the Supplemental Nutrition Assistance Program (SNAP) by \$300 billion, the largest cut by far in the program’s 50-year history.² SNAP helps millions of Americans every year feed themselves and their families, including low-income people on dialysis and their families.

¹ Phillip L. Swagel, Director Congressional Budget Office. Letter to Senator Ron Wyden, Senator Richard Neal, and Representative Frank Pallone. June 4, 2025. https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf

² Congressional Budget Office (CBO), “Estimated Budgetary Effects of a Bill to Provide for Reconciliation Pursuant to Title II of H. Con. Res. 14, the One Big Beautiful Bill Act, as ordered reported by the House Committee on the Budget on May 18, 2025,” May 20, 2025, <https://www.cbo.gov/publication/61420>, and CBO, Letter to the Honorable Amy Klobuchar and the Honorable Angie Craig, May 22, 2025, https://www.cbo.gov/system/files/2025-05/Klobuchar-Craig-Letter-SNAP_5-22-25.pdf

However, AKF and ASN recognize and appreciate that the reconciliation bill takes a crucial step in addressing the unsustainable trend of declining Medicare physician payment, which AKF and ASN believe is essential to ensuring a sufficient workforce to care for Americans with and at-risk for kidney diseases.

Medicaid:

Medicaid is a lifeline for millions of people, including those with and at risk for chronic kidney disease (CKD) and dually eligible (Medicare and Medicaid) dialysis patients, who comprise 45 percent of all dialysis patients on Medicare.³ In addition, nearly 20 percent of people living with a kidney transplant are Medicaid beneficiaries.⁴

Medicaid coverage helps patients manage kidney disease, access dialysis, and potentially receive transplants, which are life-sustaining for many ESRD patients. Without adequate Medicaid funding, many people with kidney disease would face increased costs, reduced access to care, and potentially life-threatening consequences.

Medicaid cuts would also affect hospitals in rural communities, which have been closing at an alarming rate. The Medicaid cuts in H.R. 1 could push some over the edge; 190 rural hospitals in 34 Medicaid expansion states are already at immediate risk of closure.

Medicaid helps people at all stages of CKD including kidney failure, also referred to as end-stage renal disease (ESRD):

- CKD: Medicaid provides access to physicians and medicines so that people with CKD can manage their disease to halt or slow progression. Diabetes and high blood pressure are responsible for two out of three new cases of kidney failure; Medicaid provides the care needed to manage these two underlying illnesses. Slowing down progression and preventing kidney failure not only protects the health and well-being of patients, but it also saves taxpayers millions of dollars that would otherwise have to be spent for dialysis, transplantation and other conditions related to kidney failure.
- Dialysis: Medicaid also ensures that those on dialysis and those who are covered by Medicare but cannot afford their copay or coinsurance can be dually eligible for both programs and their dialysis, physician, tests, and medications are covered.
- Transplant: Medicaid covers dually eligible kidney failure patients so they can receive a kidney transplant.

³ MedPAC and MACPAC. “Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid.” January 2024. https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf

⁴ United States Renal Data System. Figure 9.3b. 2024 *USRDS Annual Data Report: Epidemiology of kidney disease in the United States*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2024.

Research shows that access to Medicaid leads to better health outcomes for kidney patients. Since the ACA was passed in 2010, 40 states and the District of Columbia expanded their Medicaid programs to all people who make up to 138% of the federal poverty level, which is \$20,783 annual income for an individual in 2025. There are currently 10 states that did not expand Medicaid, and we have seen the difference in health status in the states that expanded Medicaid, including improved blood pressure and blood glucose levels.⁵ Nearly 75% of new cases of kidney failure are due to diabetes and heart disease.

Additionally, in states that expanded Medicaid, data shows lower mortality rates in the first year among people who started dialysis compared to those in states that did not expand Medicaid.⁶ More patients in states with Medicaid expansion were preemptively placed on the transplant list so they could be on dialysis for a shorter time.⁷

ACA Marketplace Coverage:

Access to affordable ACA Marketplace coverage—particularly for the millions of Americans eligible for premium tax credits—allows people to access adequate preventive care, which reduces the risk of someone developing kidney disease or kidney failure. Diabetes and high blood pressure/heart disease are the leading risk factors for kidney disease in the U.S. People with health coverage are much more likely to both seek and receive treatment.

For individuals not eligible for Medicaid and who do not have access to employer-sponsored health insurance, the ACA Marketplaces and premium tax credits enable millions of Americans to enroll in quality, affordable coverage, including healthy individuals and people with chronic conditions or who are at risk for chronic conditions such as CKD.

Having health coverage is essential to accessing preventive care, diagnosing chronic conditions in its earlier stages, and managing conditions such as CKD with treatments that can prevent or delay its progression. It is also a prerequisite for becoming waitlisted for, or

⁵ Berman, Robby. (September 20, 2021) Medicaid expansion improves hypertension and diabetes control. *Medical News Today*.

<https://www.medicalnewstoday.com/articles/medicaid-expansion-improves-hypertension-and-diabetes-control>

⁶ Swaminathan S, Sommers BD, Thorsness R, Mehrotra R, Lee Y, Trivedi AN. Association of Medicaid Expansion With 1-Year Mortality Among Patients with End-Stage Renal Disease. *JAMA*. 2018;320(21):2242–2250. doi:10.1001/jama.2018.16504 <https://jamanetwork.com/journals/jama/fullarticle/2710505>

⁷ Weiner, Janet, PhD, MPH (June 18, 2018) Addressing Kidney Transplant Waiting List Disparities Through Medicaid Expansion. *Leonard Davis Institute of Health Economics*.

<https://ldi.upenn.edu/our-work/research-updates/addressing-kidney-transplant-waiting-list-disparities-through-medicaid-expansion/>

receiving, a kidney transplant. Research has shown that having health coverage improves the management of chronic disease and decreases preventable hospitalizations.⁸

SNAP Benefits:

SNAP provides basic food assistance for more than 40 million people, including 16 million children, 8 million seniors, and 4 million non-elderly adults with disabilities, all of whom would be affected by the \$300 billion cut in SNAP funding in H.R. 1. Food insecurity is a significant challenge to people on dialysis. AKF recently did a survey of over 1,200 low-income dialysis patients, and 61 percent of respondents reported food insecurity.

The biggest cuts to SNAP would come from cutting federal funding for basic food benefits, leaving states with the responsibility to replace that funding. CBO estimates that under this provision, states would cut or terminate SNAP benefits for 1.3 million people in an average month.

Medical Education Loan Repayment:

Lastly, our organizations urge you to protect medical education loan repayment and forgiveness programs to help ensure the future workforce to prevent and treat Americans with and at-risk for kidney diseases.

Conclusion:

Medicaid. Affordable Care Act Marketplace plans and SNAP are crucial for people dealing with chronic diseases and disabilities. The proposed cuts and changes would be devastating for the people that AKF and ASN serve, and we urge Congress to reject them in the final reconciliation bill.

Sincerely,



LaVarne Burton
President and CEO
American Kidney Fund



Tod Ibrahim
Executive Vice President
American Society of Nephrology

cc: Members of Congress

⁸ Myerson R, Crawford S. "Coverage for Adults With Chronic Disease Under the First 5 Years of the Affordable Care Act." *Med Care*. 2020 Oct;58(10):861-866. doi: 10.1097/MLR.0000000000001370. PMID: 32732785; PMCID: PMC7641181.