November 23, 2026

The Honorable Susan Collins
413 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Shelley Moore Capito
170 Russell Senate Office Building
Washington, DC 20510

The Honorable Tammy Baldwin
141 Hart Senate Office Building
Washington, DC 20510

The Honorable Tom Cole
2207 Rayburn House Office Building
Washington, DC 20515

The Honorable Robert Aderholt
272 Cannon House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
2413 Rayburn House Office Building
Washington, DC 20515

Dear Chairs and Ranking Members:

On behalf of the undersigned organizations representing people living with kidney disease, transplant recipients, living donors, care partners, kidney health professionals and researchers, and health systems, we urge you to prioritize kidney health as Congress completes fiscal year (FY) 2027 appropriations and other must-pass legislation before the 119th Congress adjourns.

This spring, the kidney community wrote to thank you for the FY 2026 investments in the Centers for Disease Control and Prevention's (CDC) Chronic Kidney Disease (CKD) Initiative, the National Living Donor Assistance Center (NLDAC), the Organ Procurement and Transplantation Network (OPTN), the National Institutes of Health (NIH), and KidneyX, and to ask you to build on that progress.

Decisions made in the coming weeks will determine funding for the remainder of the fiscal year and determine the outcome for long-pending bipartisan bills. As you make these policy decisions, we wish to remind you that the stakes are high. Medicare spends more than $141 billion a year, 24 percent of its fee-for-service budget, on beneficiaries with a kidney disease diagnosis. As many as 80 million Americans are at risk of developing kidney diseases, and 90 percent of people with kidney diseases do not know they are affected. Without intervention, nearly one million Americans are projected to be in kidney failure by 2030. Targeted federal investments in early detection, research, and the transplant system are among the most direct ways to change that course and reduce long-term Medicare costs.

As you finalize funding for the remainder of the fiscal year, we respectfully reiterate our priority FY 2027 appropriations requests, and ask that you aim for these funding levels and priorities as you conference House and Senate bills or otherwise work towards a path forward to fund the federal government such as a continuing resolution:

- **$5.5 million for the CDC's Chronic Kidney Disease Initiative.** Most people with early-stage kidney disease are undiagnosed and untreated until interventions are more costly and less effective. This funding expands awareness, early detection, and access to care so that at-risk

people are identified before they reach kidney failure, the costs of which fall largely on Medicare.

- **$51.3 billion for the NIH and robust funding for kidney disease research, specifically $1 billion for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) designated for research that advances early detection, prevention, novel therapeutics and transformative approaches to kidney diseases and kidney failure.** Federal investment in kidney health research is less than 1 percent of Medicare fee-for-service spending on Americans living with kidney diseases. Gains in outcomes for advanced kidney diseases have been modest, particularly for people on dialysis, more than 50 percent of whom die within five years of starting dialysis. Few disease-modifying therapies exist, and new technologies are adopted slowly. The kidney community, including patients, scientists and clinicians, has identified priorities that need increased federal investment: shared, nationwide data platforms, better models of human disease and new therapeutic targets; more inclusive clinical trials, interventions to reduce disparities and implementation science to bring discoveries into practice; and workforce development, including NIDDK Kidney Precision Medicine Project opportunities to train, attract, and support young cross-disciplinary researchers and junior faculty in research of bioinformatics and kidney diseases. Underfunding has contributed to an exodus of talent from the kidney research workforce, threatening future innovation. This investment is essential to realizing the goals of the 2019 Advancing American Kidney Health Initiative and developing breakthrough treatments that can slow disease progression, reduce the need for dialysis, and expand transplantation options.
- **Support for innovation in kidney transplantation, including xenotransplantation.** With more than 90,000 Americans waiting for a kidney transplant, federal investment can expand the pool of available organs and save lives by helping extend graft life, reduce organ discards, and advance xenotransplantation, which holds promise for addressing the critical shortage of organs.
- **$77 million for the Health Resources and Services Administration's (HRSA) OPTN Modernization.** The OPTN touches every organ transplant in the United States, yet it relies on aging technology and limited operational flexibility largely because of funding constraints. This investment funds the technology and data systems, and faster policy development such as more dynamic matching algorithms, needed to improve patient safety and transplant outcomes nationwide. Without foundational technology to improve organ allocation, matching is inefficient, critical time is lost in matching an available organ to the most appropriate candidate, and some organs go unused.
- **Living donation.** We commend the $1,000,000 increase for reimbursing qualifying living organ donors' donation-related expenses in FY 2026 and call for an equally robust increase for this program in FY 2027 as part of HRSA's organ transplant funding.
- **$25 million for KidneyX** to catalyze innovation in the prevention, diagnosis and treatment of kidney diseases through prize competitions. Congress has shown bipartisan commitment to innovation through KidneyX since the program's inception in 2018.

If Congress instead adopts another continuing resolution rather than enacting full-year bills, we ask that the extension provide the increases above for the OPTN Modernization , KidneyX funding, and the CDC Chronic Kidney Disease Initiative.

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In addition to these funding priorities, we strongly urge Congress to pass the bipartisan Living Donor Protection Act (LDPA) (S. 1552, H.R. 4582 and H.R. 4583) before the end of the 119th Congress by including it in any year-end health package. It is bipartisan, cost-neutral, and widely supported by the patient, transplant, health professional, and insurance communities. Living donors give someone else a chance at a longer, healthier life, and they should not be penalized for it. Yet donors can face higher premiums, or be denied life, disability or long-term care insurance, because they donated an organ. The LDPA would prohibit that discrimination and ensure protected FMLA leave for their donation and recovery.

If you have questions about these requests or kidney health more broadly, please contact Lauren Drew with the National Kidney Foundation at lauren.drew@kidney.org, Rachel Meyer with the American Society of Nephrology at rmeyer@asn-online.org, or representatives from any of the undersigned organizations.

Thank you for your leadership and for your consideration of these requests. We would welcome the chance to meet with your staff.

Sincerely,

Alport Syndrome Foundation
American Kidney Fund
American Nephrologists of Indian Origin
American Nephrology Nurses Association
American Society of Pediatric Nephrology
American Society of Nephrology
American Society of Transplantation
Atlantic Dialysis Management Services
DaVita Kidney Care
Dialysis Patient Citizens
eGenesis
Fresenius Medical Care
IgA Nephropathy Foundation
Kidney Care Partners
National Kidney Foundation
NephCure
Nephrology Nursing Certification Commission
Nonprofit Kidney Care Alliance
Northwest Kidney Centers
Oxalosis and Hyperoxaluria Foundation
PKD Foundation
Renal Physicians Association
U.S. Renal Care, Inc.