

Congress of the United States

Washington, DC 20515

April 1, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C., 20201

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Secretary Kennedy and Administrator Oz,

The Committee on Ways and Means Health Subcommittee held a hearing on March 18, 2026, entitled “Improving Kidney Health Through Better Prevention and Innovative Treatment,” that examined the barriers the 37 million Americans with Chronic Kidney Disease (CKD) experience in accessing care to slow the progression of the disease before it becomes irreversible.¹ In her written testimony, Suzanne Watnick, M.D., representing the American Society of Nephrology, called on the Department of Health and Human Services (HHS) to establish an Officer of Kidney Health and Transplantation that could “coordinate kidney care, research, education, value, and quality across the myriad HHS agencies with a role in kidney health, aligning incentives, reducing duplicative or misaligned efforts, and ensuring a shared strategy for kidney health in the United States.” Such an individual could work closely with the Centers for Medicare & Medicaid Services (CMS) to reduce the need for End-Stage Renal Disease (ESRD) services covered through Medicare and ultimately improve patients’ long-term outcomes, while reducing costs.

Across statements from the four witnesses who participated in the hearing, one theme was clear: Innovation in the kidney sector is virtually non-existent, with treatment modalities remaining largely unchanged since Medicare began paying for dialysis treatment services for individuals with ESRD in 1973. This reality stems from both the lack of research investment in this sector, as well as market and payment incentives that support the status quo. Kidney disease costs the federal government \$150 billion annually, and yet research in cures is drastically underfunded, representing just two percent of National Institutes of Health funding.² And even when innovation comes to market, the incentives in place limit meaningful patient access. We can and should do more to support the millions of individuals who suffer from kidney disease, through investing in research while also ensuring access to preventive medical care, proper screening, and lifestyle- and diet-related education to advance early detection and halt the disease before it turns into ESRD.

A central office at HHS expressly focused on advancing kidney health could provide much-needed holistic oversight of CKD prevention work, while advancing innovation in a sector that is so desperately in need of change. As the risk factors for CKD include many common chronic conditions that are on the rise across the United States—including diabetes, high blood pressure, heart disease, and obesity—the work of such an office will become all the more relevant in the coming years, aligning with an agenda to advance prevention broadly.³

We think this officer could be a step toward helping the millions of Americans who suffer from kidney disease every year, and we hope you will seriously consider this suggestion. We look forward to hearing from you and stand ready to support this important initiative.

Sincerely,



Lloyd Doggett
Member of Congress



Vern Buchanan
Member of Congress

¹ <https://www.yalemedicine.org/news/why-is-chronic-kidney-disease-ckd-on-the-rise>

² <https://www.healthaffairs.org/content/forefront/innovation-stagnation-plight-dialysis-patients-us>

³ <https://www.yalemedicine.org/news/why-is-chronic-kidney-disease-ckd-on-the-rise>