

May 20, 2026

The Honorable Shelley Moore Capito
Chair, Subcommittee on Labor, Health and Human
Services,
Education, and Related Agencies
170 Russell Senate Office Building
Washington, DC 20510

The Honorable Tammy Baldwin
Ranking Member, Subcommittee on Labor, Health
and Human Services,
Education, and Related Agencies
141 Hart Senate Office Building
Washington, D.C. 20510

Dear Chair Capito and Ranking Member Baldwin:

As you begin consideration of the Fiscal Year (FY) 2027 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill, the undersigned organizations want to first thank you for your leadership and support for greater investment in programs that support kidney disease in the FY 2026 appropriations package and urge you to build upon this progress in FY 2027. These FY 2026 investments in the Center 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, are critical steps toward improving kidney health outcomes and reducing the burden of kidney disease on patients and the Medicare system.

Medicare expenditures on kidney patients account for a disproportionate amount of Medicare fee-for-service spending; 24 percent of its annual budget, or over \$141 billion, goes to beneficiaries with a kidney disease diagnosis. Without intervention, America will continue to see increasing rates of kidney failure and escalating costs. Left unchecked, nearly one million patients will be in kidney failure by 2030. As many as 80 million Americans are at risk of developing kidney disease due to common comorbidities like diabetes, hypertension, and cardiovascular disease. Early detection and intervention can improve the lives of people living with kidney diseases and reduce Medicare spending, but because early-stage CKD is typically asymptomatic, 90 percent of people living with CKD do not realize they have the condition.

Federal investments in early detection and awareness, medical research, and the transplant system can reverse these trends and improve the health of millions of Americans living with chronic kidney disease. For FY 2027, our organizations respectfully request:

- \$5.5 million for the CDC's Chronic Kidney Disease Initiative to expand programs aimed at increasing kidney disease awareness, early detection, and access to care. Most individuals with early-stage disease continue to be undiagnosed and untreated until their disease advances and interventions are more costly and less effective. To disrupt this cycle, support is needed to identify at-risk populations earlier and prevent progression to kidney failure, the costs of which are borne by the Medicare program.
- \$51.3 billion for the NIH and robust funding for kidney disease research, specifically with \$1 billion for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) designated to pursue research that advances early detection, prevention, novel therapeutics, and transformative approaches to kidney diseases and kidney failure. Currently, federal research investment for kidney health equates to less than 1 percent of Medicare fee-for-service expenditures for Americans with kidney disease. Outcomes for advanced kidney disease research have seen only modest gains, particularly for patients on dialysis as more than 50% of patients starting dialysis die within five years. The limited number of disease modifying therapies and slow adoption of new technologies reflect the lack of investment in this field.

The kidney community—including patients, scientists, and clinicians—have identified critical research priorities that require increased federal investment, including:

- o Preclinical Research Priorities: Expanding data science capabilities by establishing nationwide integrated platforms for kidney research where datasets can be shared across institutions; defining kidney disease mechanisms and utilizing genetic tools to identify new therapeutic targets; developing better models of human disease; and testing cell-specific drug delivery systems and gene editing approaches.
 - o Clinical Research Priorities: Expanding the number and inclusivity of clinical trials to ensure all patients benefit from new therapies; developing and testing interventions to reduce health disparities in kidney disease, which disproportionately affects communities of color and lower socioeconomic populations; and supporting implementation science to accelerate the translation of research discoveries into clinical practice.
 - o Workforce Development: Funding NIDDK-Kidney Precision Medicine Project opportunities to train, attract, and support young cross-disciplinary researchers and junior faculty members in bioinformatics and kidney disease research. The underfunding of kidney research has contributed to an exodus of talent from the nephrology research workforce, threatening future innovations. Increased investment in these research priorities 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 emerging areas such as xenotransplantation. With over 90,000 Americans waiting for a kidney transplant, federal investment could expand the pool of available organs and save lives by helping extend graft life, reduce organ discards, and advance xenotransplantation. Recent innovation in xenotransplantation holds promise for addressing the critical shortage of organs available for transplant. Federal support for this innovative field could help expand the pool of available organs and save lives.
 - \$77 million for the Health Resources and Services Administration (HRSA) OPTN Modernization to support the critical modernization of the nation’s organ transplantation system. Despite the role OPTN plays in every organ transplant in the United States, it has relied on aging technology and limited operational flexibility largely because of funding constraints. To fulfill the promise of modernization, this increased investment is needed to implement necessary technological improvements, enhance data systems, hasten policy development, such as more dynamic matching algorithms, and improve patient safety and transplant outcomes across the country. For example, because of a historical lack of federal investment in foundational technology upon which to improve organ allocation systems, and a lack of dynamic matching algorithms, the current matching system is inefficient, and critical time is lost in matching an available organ to the most appropriate candidate, causing some organs to go unused.
 - Living Donation: Our organizations commend the \$1,000,000 increase for reimbursing qualifying living organ donors’ donation-related expenses in FY2026 and call for an equally robust increase for this program in FY2027 as part of HRSA’s organ transplant funding.
 - \$25 million for KidneyX to catalyze innovation in kidney care prevention, diagnosis, and treatment through prize competitions. Congress has shown bipartisan commitment to innovation through KidneyX since the program’s inception.

Kidney disease research at NIDDK, early detection and intervention programs at the CDC’s CKD Initiative, modernization of the organ transplant system and living donor support through HRSA, and ongoing investment in KidneyX are all critical to addressing the rising tide of kidney disease and kidney failure. These investments will not only improve patient outcomes and reduce health disparities but also reduce the long-term burden on Medicare. Our organizations strongly urge the Committee to provide robust funding for these essential kidney health priorities in FY 2027.

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 and Rachel Meyer with the American Society of Nephrology at rmeyer@asn-online.org.

Thank you for your consideration of these important requests.

Sincerely,

Alport Syndrome Foundation
American Kidney Fund
American Nephrologists of Indian Origin
American Nephrology Nurses Association
American Society for Diagnostic and Interventional Nephrology
American Society of Nephrology
American Society of Pediatric Nephrology
American Society of Transplant Surgeons
American Society of Transplantation
Atlantic Dialysis Management Services, LLC
DaVita Kidney Care
Dialysis Patient Citizens
Donor Outreach for Veterans, Corp.
Fresenius Medical Care
Georgia Council of Nephrology Social Workers
IGA Nephropathy Foundation
International Society for Hemodialysis
Kidney Care Council

Kidney Care Partners
Kidney Transplant Collaborative
Lowe Syndrome Association
National Forum for Heart Disease & Stroke Prevention
National Kidney Foundation
NephCure
Nephrology Nursing Certification Commission
Nonprofit Kidney Care Alliance
Northwest Kidney Centers
NY Kidney Hypertension Medicine
Oxalosis and Hyperoxaluria Foundation
PKD Foundation
Renal Physicians Association
The Rogosin Institute
Transplant Recipients International Organization
U.S. Renal Care
United Network for Organ Sharing (UNOS)
Vasculitis Foundation