Congress of the United States

Washington, DC 20515

March 25, 2026

The Honorable Robert Aderholt
Chairman
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
266 Cannon HOB
Washington, DC 20515

The Honorable Rosa L. DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
2413 Rayburn HOB
Washington, DC 20515

As you begin consideration of the FY 2027 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill, we want to first thank you for your leadership and support in the FY 2026 appropriations package. The kidney community is grateful for the vital investments you secured, including $4.5 million for the CDC's Chronic Kidney Disease (CKD) Initiative, and $48.7 billion in total funding for the National Institutes of Health (NIH). These investments are critical steps toward improving kidney health outcomes and reducing the burden of kidney disease on patients and the Medicare system.

Building on this progress, we respectfully request the Subcommittee's continued support for federal investment in kidney health in FY 2027. 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, we will continue to see increasing rates of kidney failure and escalating costs. Rates of kidney failure increased 40.4 percent from 2009 to 2019, peaking in 2019 with 808,330 people living with kidney failure. Left unchecked, there are expected to be over one million patients in kidney failure by 2030.

Already an estimated 38 million American adults have CKD, and more than 800,000 have progressed to irreversible kidney failure. 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 make a big difference for patients and reduce Medicare spending, but because early-stage CKD is typically asymptomatic, 90 percent of people with CKD do not realize they have the condition.

Additionally, the Centers for Medicare and Medicaid Services (CMS) estimates that up to 35 percent of kidney failure patients do not receive any nephrology care or in some cases, even know they have kidney disease before beginning dialysis. This represents an important opportunity to make a substantive and lasting difference in patient lives, and decrease Medicare expenditures by getting more patients screened, diagnosed, and on a treatment plan before they reach expensive kidney failure.

For FY 2027, we 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.

$1 billion for kidney research at NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) 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.

Kidney disease research at NIDDK, and early detection and intervention programs at the CDC's CKD Initiative are both 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. We strongly urge the Committee to provide robust funding for these essential kidney health priorities in FY 2027.

Thank you for your consideration of these important requests.

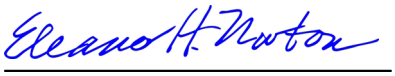
Sincerely,

Marilyn Strickland
Member of Congress

Joe Wilson
Member of Congress

Lucy McBath
Member of Congress

Josh Gottheimer
Member of Congress



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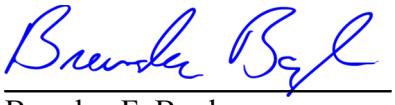

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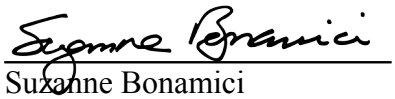

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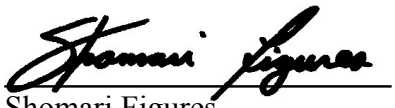

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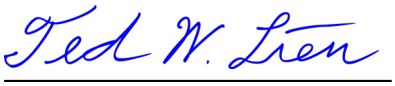

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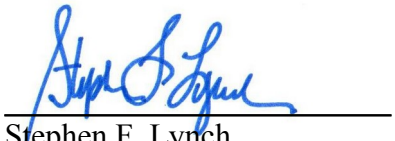

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