

May 22, 2025

Senator Shelley Moore Capito  
Chair  
Senate LHHS Appropriations Subcommittee  
170 Russell Senate Office Building  
Washington, DC 20510

Representative Robert Aderholt  
Chair  
House LHHS Appropriations Subcommittee  
272 Cannon House Office Building  
Washington, DC 20515

Senator Tammy Baldwin  
Ranking Member  
Senate LHHS Appropriations Subcommittee  
Hart Senate Office Building  
Washington, DC 20510

Representative Rosa DeLauro  
Ranking Member  
House LHHS Appropriations Subcommittee  
2413 Rayburn House Office Building  
Washington, DC 20515

Dear Chair Capito, Chair Aderholt, Ranking Member Baldwin, and Ranking Member DeLauro:

On behalf of the undersigned organizations, representing kidney patients, care partners and health professionals dedicated to improving patient care, thank you for your steadfast commitment to kidney health research and innovation. As you draft the Labor, Health and Human Services, Education and Related Agencies appropriations legislation for FY 2026, we respectfully request you continue your commitment to kidney health research funding by providing \$51.303 billion for the National Institutes of Health (NIH), including a proportional robust funding increase for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of no less than \$207 million.

An estimated 90 percent of people with kidney diseases are undiagnosed, even though kidney diseases are the ninth leading cause of death in the United States and kidney patients are at a significantly higher risk of cardiovascular hospitalization and death versus the general population. Increased research funding is essential help us prevent this prevalent chronic condition and improve the lives of Americans living with it today.

People who progress to kidney failure require either dialysis or a kidney transplant to live. Chronic dialysis, the most common therapy for kidney failure, has a five-year survival rate of 40 percent—worse than most forms of cancer. Patients seeking a kidney transplant, the optimal therapy for most people with kidney failure, face a nearly 90,000 person-long waitlist, and the wait can be as long as 10 years in some areas of the country. As a result, 12 Americans die every day waiting for a kidney. These statistics underscore why it is imperative for the federal government to invest in kidney disease research and innovation. Further, in 2019, during the first Trump Administration, President Trump signed an executive order— the Advancing American Kidney Health initiative – one of the few Executive Orders on healthcare, which specifically called for the development of innovative technologies which including investment in foundational therapies at the NIH.

Despite this, kidney research is underfunded and undervalued kidney research, with an estimated \$18.13 invested for each American with kidney diseases versus \$305.57 per cancer patient. Further, from FY 2017-2021 NIH support for kidney research increased at half the rate of NIH funding increases overall. Increased investment in research and innovation is also important for reducing the cost of kidney health management. More than 800,000 Americans are living with kidney failure, and Medicare spends more than \$50 billion annually managing kidney failure, approximately 6% of all Medicare spending on only 1% of Medicare beneficiaries. Increased investment in research and innovation has brought better outcomes for people living

with many other chronic diseases, and Americans with kidney diseases should be afforded the same opportunity.

NIDDK funds the vast majority of federal research in kidney diseases, and despite the immense gap between the federal government's expenditures on kidney care and its investment in kidney research, NIDDK-funded scientists have produced several major breakthroughs in the past several years that require further investment to stimulate therapeutic advancements. For example, kidney researchers have made advances to slow the progression of kidney diseases, with entire new classes of medications such as SGLT2 inhibitors and GLP1-agonists, setting the stage for improved kidney and cardiovascular health in America.

This request comes amid the backdrop of the Office of Management and Budget releasing an overview of The President's FY 2026 Discretionary Budget Request. The proposed budget includes drastic funding cuts to the National Institutes of Health which threaten to undermine these efforts and contradict the goals of addressing chronic diseases and improve health outcomes. Our objective to increase investment in kidney disease research aligns with Secretary Kennedy's vision to improve the health of the American people and fight chronic disease. Reducing investments in research, particularly kidney research, jeopardizes progress and runs counter to the mission of improving kidney health. These proposed cuts would seriously undermine the nation's ability to remain a global leader in developing the next generation of treatments and cures.

Additional sustained funding is needed to accelerate novel opportunities to improve the care of patients with kidney disease and bring better value to the Medicare program, rather than draconian cuts. We urge you to provide \$51.303 billion for NIH, including a proportional robust funding increase of no less than \$207 million for NIDDK, in FY26.

Thank you again for your leadership and for your consideration of our request.

Sincerely

**Alport Syndrome Foundation**  
**American Kidney Fund**  
**American Nephrologists of Indian Origin**  
**American Nephrology Nurses Association**  
**American Society of Diagnostic and Interventional Nephrology**  
**American Society of Nephrology**  
**American Society of Pediatric Nephrology**  
**Atlantic Dialysis Management Services**  
**Atypical HUS Foundation**  
**Children's Organ Transplant Association**  
**Dialysis Clinic, Inc.**  
**Dialysis Patient Citizens**  
**IgA Nephropathy Foundation**  
**Kidney Care Partners**  
**Kidney Transplant Collaborative**  
**National Kidney Foundation**  
**NephCure Kidney International**  
**Nephrology Nurses Certification Commission**  
**Nonprofit Kidney Care Alliance**  
**Northwest Kidney Centers**

**Oxalosis and Hyperoxaluria Foundation**  
**PKD Foundation**  
**Renal Physicians Association**  
**Renal Support Network**  
**The Rogosin Institute**  
**Transplant Recipients International Organization**  
**U.S. Renal Care, Inc.**  
**UNOS**  
**Waitlist Zero**