Dear Chairman Kingston, Chairman Harkin, Representative DeLauro, and Senator Moran:

The undersigned organizations, representing patients and health professionals, are committed to advancing research, prevention, and treatment options for the more than 20 million adults, children, and adolescents with kidney disease in the United States today. We write to urge the House Appropriations Committee to include at least $2.066 billion for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH) as part of the Fiscal Year 2015 Labor, Health and Human Services, and Education Appropriations bill.

Our organizations also urge your support for an additional $150 million/year over 10 years for kidney research above current funding for NIDDK. We believe this is a crucial and necessary investment that would bolster your commitment to preventing illness and maintaining fiscal responsibility. Investing in research to slow the progression of kidney disease and identify new therapies for patients will save Medicare spending for the End-Stage Renal Disease (ESRD) Program in the long run.

In 1972, Congress made a commitment to treat all Americans with kidney failure through the Medicare ESRD Program—the only health entitlement program that provides coverage regardless of age or disability. Today, ESRD patients account for less than 1% of the Medicare population but 7% of the Medicare budget. Meanwhile, at approximately $650 million per year, total federal funding for kidney research is equivalent to less than 1% of the nearly $77 billion Medicare spends annually for the care of patients with kidney disease.

Given that the Medicare ESRD Program is unique in that it covers treatment for all Americans with kidney failure regardless of age or disability, preventing kidney disease and improving all types of therapies—starting with innovative research at NIDDK—would yield significant savings to the Centers for Medicare and Medicaid Services.

The vast majority of federal research leading to advances in the care and treatment of patients with kidney disease is funded by NIDDK. Examples of critical discoveries arising from NIDDK-funded research are numerous.

For instance, investigative studies supported by NIDDK led to a groundbreaking discovery that helps explain racial and ethnic disparities that increase risks for kidney disease, which can lead
to earlier detection and treatment. The finding that African Americans with two variants of the APOL1 gene are likely to progress to kidney failure faster than other ethnicities paves the way for future research to unlock better preventive therapies and gene-based cures.

Recent findings from NIDDK’s Chronic Renal Insufficiency Cohort (CRIC) Study led to the discovery that the progression of kidney disease is associated with less efficient pumping of blood by the heart. Further research exploring the mechanisms for this development could lead to new interventions that could slow down the progression of kidney disease.

Scientists supported by NIDDK have pursued cutting-edge basic, clinical, and translational research. While our organizations fully understand the difficult economic environment, we firmly believe that funding NIDDK is a sound investment to create jobs, support the next generation of investigators, and ultimately provide quality care that is less expensive in order to improve the public health of Americans.

Medical research is a major force in the economic health of communities nationwide: every dollar invested in medical research generates $2.60 in economic activity. America must continue to capitalize on previous investments to drive research progress, train the next generation of scientists, create new jobs, promote economic growth, and maintain leadership in the global innovation economy—particularly as other countries increase their investments in scientific research. Most important, a failure to maintain and strengthen NIDDK’s ability to support the groundbreaking work of researchers across the country carries a palpable human toll, denying hope to the millions of patients awaiting the possibility of a healthier tomorrow.

Our organizations recommend that the Fiscal Year 2015 Labor-HHS-Education Appropriations bill uphold its longstanding legacy of bipartisan support for biomedical research. Should you have any questions or wish to discuss NIDDK or kidney research in more detail, please contact Katie Schubert with the American Society of Pediatric Nephrology at (202) 484-1100 or kschubert@dc-crd.com or Rachel Meyer with the American Society of Nephrology at (202) 640-4659 or rmeyer@asn-online.org.

Signed,

Alliance for Home Dialysis
Alport Syndrome Foundation
American Association of Kidney Patients
American Kidney Fund
American Nephrology Nurses’ Association
American Renal Associates
American Society of Diagnostic and Interventional Nephrology
American Society of Nephrology
American Society of Pediatric Nephrology
Baxter
Centers for Dialysis Care
DaVita HealthCare Partners, Inc.
Dialysis Clinic, Inc.
Dialysis Patient Citizens
Fresenius Medical Care North America
Halpin Foundation
Home Dialyzors United
IGA Nephropathy Foundation of America