

March 19, 2015

The Honorable Tom Cole, Chair
Subcommittee on Labor-HHS-Education
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro, Ranking Member
Subcommittee on Labor-HHS-Education
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Roy Blunt, Chair
Subcommittee on Labor-HHS-Education
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Patty Murray, Ranking Member
Subcommittee on Labor-HHS-Education
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chairman Cole, Chairman Blunt, Representative DeLauro, and Senator Murray:

The undersigned organizations, representing patients and health professionals, are committed to advancing research and improving therapies for the more than 20 million adults, children, and adolescents with kidney disease in the United States today. We write to urge the House and Senate Appropriations Committees 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 2016 Labor, Health and Human Services, and Education Appropriations bill.

Our organizations also urge your support for an additional \$150 million per year over 10 years for NIDDK kidney research above the current funding level. 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 or halt the progression of kidney disease and improve therapies for patients would yield significant savings to Medicare and taxpayers in the long run.

In 1972, Congress made a commitment to treat all Americans with kidney failure through the Medicare End-Stage Renal Disease (ESRD) Program—the only health condition Medicare automatically provides coverage for regardless of age or disability. The ESRD Program represents nearly 7% of Medicare’s budget even though patients with kidney failure represent less than 1% of the Medicare population. Despite the burden of kidney disease, NIH investments in kidney research were less than 1% of total Medicare costs for patients with kidney disease (\$585 million vs. \$80 billion in 2014).

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 better 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 is helping uncover why patients with kidney disease are at greater risk for heart disease, the leading

cause of death among patients with kidney failure. Further research exploring the mechanisms for this development could lead to new interventions for preventing heart disease.

Scientists supported by NIDDK have pursued cutting-edge basic, clinical, and translational research. While our organizations fully understand the difficult fiscal climate, 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 \$2-3 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 remain the world leader in innovation and discovery—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 2016 Labor-HHS-Education Appropriations bills uphold the longstanding legacy of bipartisan support for medical 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 Grant Olan with the American Society of Nephrology at (202) 640-4659 or golan@asn-online.org.

Signed,

***Alport Syndrome Foundation
American Association of Kidney Patients
American Kidney Fund
American Nephrology Nurses' Association
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
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Nephrology Nursing Certification Commission
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