April 28, 2020

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, HHS, and Education Committee on Appropriations
U.S. Senate
260 Russell Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, HHS, and Education Committee on Appropriations
U.S. Senate
154 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Blunt and Ranking Member Murray:

On behalf of all of the members of Kidney Care Partners (KCP), I want to thank you for the funding and other relief that the Committee on Appropriations (Committee) has provided to our members who are battling on the frontlines of the COVID-19 pandemic. KCP is an alliance of more than 30 members of the kidney care community, including patient advocates, health care professionals, providers, and manufacturers to advance policies that support the provision of high quality care for individuals with chronic kidney disease (CKD), including those living with End-Stage Renal Disease (ESRD).

We write today to ask the Committee to appropriate $100 million in emergency supplemental funding for the National Institute for Diabetes, Digestive, and Kidney Disease (NIDDK) to study the impact of COVID-19 on patients with CKD (including ESRD), as well as obtain a better understanding of how COVID-19 leads to acute kidney injury. We believe it is critically important to make sure that at least $100 million of additional funding for NIDDK is dedicated to research in these areas.

Recognizing that the current pandemic has impacted the kidney community in many ways, including high infection rates among patients receiving dialysis and high numbers of patients with acute kidney injury requiring dialysis, the kidney care community understands how important it is to understand as quickly as possible any unique aspects of how the disease presents and progresses in CKD patients. We also need to identify any treatment options for these patients that may differ from other subsets of patients and the role of immunity in the outbreak within this patient population. While these questions have immediate impact on how we can treat patients, addressing them will also help the community to be better prepared for the next outbreak of this disease, which Dr. Anthony Fauci and others suggest could be this fall. Examples of such research include:
• Studies designed to understand the natural history of COVID-19 related AKI and to evaluate interventions to prevent or treat COVID-19-induced AKI, as well the epidemiology, mechanisms of kidney injury, short and long-term prognosis, optimization of management of kidney replacement therapy during the scarcity of supplies/staff, development of kidney biopsy and biosample and repository (build on existing Kidney Precision Medicine Project infrastructure);
• Studies to understand if there are any differences in the way antibody and other COVID-19 tests work for testing patients with kidney disease/failure and if there are leading indicators that could identify COVID-19 in patients with kidney disease/failure using CKD or ESRD-related standard lab tests;
• Studies to gather data from health care systems and ongoing clinical trials to better understand whether patients with kidney disease/failure who have contracted COVID-19 have different outcomes based on underlying disease factors or therapies for their condition;
• Studies to evaluate optimal immunization strategies in patients with kidney disease/failure, particularly given existing limited data from influenza and hepatitis B that suggest less efficacy with traditional immunization approaches;
• Studies to identify novel pathogenic pathways and potential translational targets for the development of kidney diseases associated with COVID-19 infection using relevant in vitro and in vivo studies of the kidney;
• Studies to identify risk factors that could lead to modification of therapy in high risk individuals, such as patients with acute kidney injury and organ transplantation, that are treated with immunomodulators or biologic pathway inhibitors;
• Studies that focus on patients with kidney disease/failure assessing the various therapeutics being studied to treat COVID-19 to evaluate which are appropriate for use in this patient population;
• Studies of the epidemiology of COVID-19 in CKD/ESKD/Transplant populations to better understand the: (1) incidence; (2) associated organ system involvement (different patterns than general populations); (3) outcomes; (4) practices to minimize transmission of disease; and
• Collection of biosamples that could inform the pathogenesis of COVID-19 associated kidney diseases, including aspects such as the cytokine storm and significant pneumonia.

While some of these projects are already underway, it is important to ensure that there are sufficient funds to support these projects and others that NIDDK determines are appropriate.
KCP appreciates all of the efforts the Committee has undertaken to support funding for research relate to kidney disease and kidney failure. Please do not hesitate to reach out to Robb Walton at (202) 661-6350 or rwalton@bgrdc.com or Elizabeth Barnett at (202) 347-8724 or ebarnett@dcvenuesolutions.com if you have any questions about this request.

Sincerely,

[Signature]

John Butler
Chairman
Appendix: Kidney Care Partner Members

Akebia Therapeutics
American Kidney Fund
American Nephrology Nurses’ Association
American Renal Associates, Inc.
Ardelyx
American Society of Nephrology
American Society of Pediatric Nephrology
Amgen
AstraZeneca
Atlantic Dialysis
Baxter
Board of Nephrology Examiners and Technology
BBraun
Cara Therapeutics
Centers for Dialysis Care
DaVita
DialyzeDirect
Dialysis Patient Citizens
Fresenius Medical Care North America
Fresenius Medical Care Renal Therapies Group
Greenfield Health Systems
Kidney Care Council
Medtronic
National Kidney Foundation
Nephrology Nursing Certification Commission
National Renal Administrators Association
Renal Physicians Association
Renal Support Network
Rockwell Medical
Rogosin Institute
Satellite Healthcare
U.S. Renal Care
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