

July 8, 2015

The Honorable Pete Sessions  
Chairman  
Committee on Rules  
U.S. House of Representatives  
H-312, The Capitol  
Washington, DC 20515

The Honorable Louise Slaughter  
Ranking Member  
Committee on Rules  
U.S. House of Representatives  
1627 Longworth House Office Building  
Washington, DC 20515

**Re: Amendment No. 29 to the 21<sup>st</sup> Century Cures Act (H.R. 6)**

Dear Chairman Sessions and Ranking Member Slaughter:

On behalf of the American Society of Nephrology (ASN), and the more than 15,000 nephrologists, scientists, and other kidney health professionals the society represents, I urge you and your colleagues on the House Rules Committee to vote no on Amendment No. 29 to the 21st Century Cures Act (H.R. 6) offered by Representative Dave Brat, Representative Scott Garrett, Representative Tom McClintock, and Representative Marlin Stutzman.

If enacted, the amendment would change the funding stream for the Cures Innovation Fund that would benefit the National Institutes of Health (NIH) and Food and Drug Administration (FDA) from mandatory to discretionary, further jeopardizing funding for other important discretionary health programs and activities that are necessary for meeting America's growing health challenges and have already sustained cuts in this era of austerity.

Every health agency, program, and activity supported by the federal government has a unique and critical role in improving and protecting the health of Americans. Health research is certainly a critical function of the federal government, and investments in NIH help discover cures for patients and strengthen the economy. But without a strong health workforce to treat patients, evidence about how to optimally deliver cures to patients, services that enhance patients' access to these cures, and programs that prevent disease and disability, the cures developed by NIH will fall short of their promise.

As just one of many examples, kidney disease affects more than 20 million Americans. Nearly 450,000 of them have kidney failure and rely on the Medicare End-Stage Renal Disease Program for lifesaving dialysis and transplants at an annual cost of \$35 billion to the federal government and taxpayers. In addition to innovative NIH research, Agency for Healthcare Research and Quality (AHRQ) and Centers for Disease Control and Prevention (CDC) programs that translate those innovations into clinical practice are also essential for reducing the significant burden of kidney disease on patients and Medicare.

Changing the Cures Innovation Fund from mandatory to discretionary funding, already subject to austere, sequestered spending caps, would further undermine programs that help patients get the most of new discoveries and provide necessary support while Americans await new cures. Harming patients in such a way is exactly the opposite of the intended goals of 21st Century Cures Act.

For those reasons, please vote no on Amendment No. 29. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Tod Ibrahim". The signature is fluid and cursive, with a prominent initial "T" and a long, sweeping underline.

Tod Ibrahim  
Executive Director