United States Senate
WASHINGTON, DC 20510

April 21, 2026

The Honorable Shelley Moore Capito
Chair
Subcommittee on Labor, HHS, and Education
Senate Appropriations Committee
Washington, D.C. 20510

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor, HHS, and Education
Senate Appropriations Committee
Washington, D.C. 20510

The Honorable Mitch McConnell
Chair
Subcommittee on Defense
Senate Appropriations Committee
Washington, D.C. 25010

The Honorable Christopher Coons
Ranking Member
Subcommittee on Defense
Senate Appropriations Committee
Washington, D.C. 20510

Dear Chairs Capito and McConnell and Raking Members Baldwin and Coons,

As you consider the Fiscal Year 2027 appropriations bills for your respective subcommittees, we respectfully request that you support increased funding for celiac disease research at the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Disease (NIAID). We also respectfully request the inclusion of celiac disease in the list of conditions eligible for research under the FY27 Congressionally Directed Medical Research Program (CDMRP).

Celiac disease is recognized as one of the world's most common genetic autoimmune disorders, affecting 1% of the population. Despite this recognition, most cases remain undiagnosed. Prevalence has increased markedly (fivefold) since 1950 for reasons not fully understood, though large-scale disease awareness campaigns have helped significantly.

Currently, there is no medication or cure for celiac disease, nor is there an effective method for prevention. The only course of action is to follow a strict gluten-free diet. However, studies show that 30 to 50 percent of celiac disease patients on a gluten-free diet continue to report symptoms and/or have intestinal damage. There is a wide range of both gastrointestinal and extraintestinal symptoms, and some patients are asymptomatic entirely. Fatigue and chronic abdominal pain are common symptoms. Increased fracture risk, anemia, and other consequences of malabsorption can have a substantial impact on patients' quality of life.

Innovative research is required to find a cure for any disease, but up until recently, federal funding for celiac disease has been very limited, creating a shortage of resources for researchers. A consensus among top celiac disease researchers has been developed to focus critical resources on research priorities. Including:

- Understanding the immunological basis and pathogenesis of celiac disease
- Identifying triggers for celiac disease and how to prevent it
- Finding a cure for celiac disease: how to induce tolerance, how to inhibit Transglutaminase 2, gluten specific CD4 T cells and/or intraepithelial lymphocytes

Labor, Health, and Human Services

Not only is living with celiac disease a daily struggle, it is also a chronic disease that increases the mortality risks for other diseases, including cancer, cardiovascular disease, and respiratory disease. Beyond mortality risk, celiac disease is also associated with an increased risk of a variety of chronic illnesses including thyroid disease, type 1 diabetes, additional autoimmune diseases, and cancers such as intestinal malignancy and lymphoma.

Given the prevalence and serious nature of celiac disease we respectfully request that the following report language be included for the NIH's NIAID:

Celiac Disease. – *The Committee commends the NIH for supporting celiac disease research through the issuance of a Notice of Special Interest and urges a continuation of NOSI to spur additional research on the study of celiac disease. Today, the only known treatment for this chronic disease is a gluten-free diet; however, recent public and private sector research confirms that such a "treatment" is challenging for many who suffer from celiac disease. Following a gluten-free diet can be difficult, socially restrictive, and up to 500% more expensive than a regular diet, placing a significant burden on individuals with celiac disease and complicating effective management of their condition. Studies show from 30 to 50 percent of celiac disease patients on a gluten-free diet continue to report symptoms and/or have intestinal damage despite attempting to follow a strict gluten-free diet. Novel therapeutics are highly desired by the celiac community. Therefore, the Committee includes sufficient funding for NIH to devote focused research on the study of celiac disease and continues to urge NIAID to: support new research on diagnosis and novel therapeutics for celiac disease; to better coordinate existing research; and, to focus new research efforts to improve understanding of the mechanisms underlying clinical manifestations of celiac disease and to define objective biomarkers that could serve to compliment histology and/or symptoms in pharmaceutical development programs. The Committee directs NIH to include updates on research, projects, and programs in the fiscal year 2028 Congressional Justification for celiac disease.*

Defense

As the incidence of celiac disease has increased in the general population, it has also increased in active service military personnel. The requirement to adhere to a strict gluten-free

diet places a significant hardship on service personnel and veterans as gluten is more than 80-percent of our foodstuffs.

Demographic estimates support the claim that thousands of active, Guard, and Reserve service members are currently suffering from celiac disease or are in danger of developing the disease, making them eligible for a service-connected disability. Based upon TRICARE covered lives, it is estimated that an additional 77,000 veterans and family members may also suffer from celiac disease.

Further research will benefit those suffering from celiac disease by generating strategies to prevent the disease and providing critical guidance on mitigation efforts affecting readiness. Therefore, we request the following report language be included in the Dep:

Celiac Disease. —The Committee recognizes the growing prevalence of celiac disease and its effect on service members. Many patients with celiac disease in the US remain undiagnosed despite suffering symptoms for years and utilizing healthcare resources Currently, there is no medication or cure for celiac disease. Nor is there an effective method for prevention. The only course of action is to follow a strict gluten-free diet. Studies show from 30 to 50 percent of celiac disease patients on a gluten-free diet continue to report symptoms and/or have intestinal damage despite attempting to follow a strict gluten-free diet. Fatigue and chronic abdominal pain are common symptoms. Increased fracture risk, anemia, and other consequences of malabsorption can have a substantial impact on patients' quality of life. Celiac disease increases the mortality risks for other diseases, including cancer, cardiovascular disease, and respiratory disease and is associated with an increased risk of chronic illnesses including additional autoimmune disease and cancers such as intestinal malignancy and lymphoma. The Committee encourages the Department to place a priority on celiac disease research to better understand the magnitude of the problem and improve patient care and long-term outcomes. To assist in these efforts, the Committee includes celiac disease as an eligible condition for study within the Congressionally Directed Medical Research Program.

Increased funding and the inclusion of this report language under NIH, and the support for eligibility of celiac disease the FY27 CDMRP is critical to improving the lives of those who have been or will be diagnosed with celiac disease. Thank you for your consideration of these requests.

Sincerely,

Richard Blumenthal
United States Senator

Alex Padilla
United States Senator

Cory A. Booker
United States Senator

Raphael Warnock
United States Senator

Angela D. Alsobrooks
United States Senator

Edward J. Markey
United States Senator

Chris Van Hollen
United States Senator

Elissa Slotkin
United States Senator

Jack Reed
United States Senator