



February 9, 2021

The Honorable Nancy Pelosi
Speaker, U.S. House of Representatives
U.S. Capitol Building, H-222
Washington, D.C. 20515

The Honorable Charles E. Schumer
Majority Leader, U.S. Senate
U.S. Capitol Building, S-231
Washington, D.C. 20515

The Honorable Kevin McCarthy
Republican Leader, U.S. House of Representatives
U.S. Capitol Building, H-204
Washington, D.C. 20515

The Honorable Mitch McConnell
Republican Leader, U.S. Senate
U.S. Capitol Building, S-230
Washington, D.C. 20515

Dear Speaker Pelosi, Leader Schumer, Leader McCarthy and Leader McConnell:

On behalf of the members of the Kidney Care Partners (KCP), we thank you for the efforts Congress has taken to help patients with chronic kidney disease (CKD) and End Stage Renal Disease (ESRD) as well as those who treat them during the COVID-19 public health crisis. These patients are among the most vulnerable during the pandemic, as patients with kidney disease often have additional comorbidities, such as heart disease and diabetes, and are at far greater risk than the general population. Additionally, patients with ESRD are at a greater risk of infections for multiple reasons, including frequent visits to health care facilities for life-saving treatments where physical distancing is limited and increased prevalence of an immunosuppressed state. Given the ongoing nature of this crisis and the unique susceptibility and needs of this patient population, we urge you to take additional targeted action to protect this vulnerable patient community in the next COVID-19 relief legislation.

Kidney Care Partners was founded in May of 2003 as a coalition of patient advocates, dialysis professionals, care providers, researchers, and manufacturers dedicated to working together to improve quality of care for individuals living with kidney diseases. While infection control has always been and will continue to be a priority for our members, meeting the needs of the kidney patient population during the COVID-19 outbreak has presented several unique challenges. While CMS and Congress have provided assistance and flexibility, additional congressional action is necessary to ensure this vulnerable patient population is protected amid the surge in cases we have seen this winter.

According to recent [data](#) from the Centers for Medicare & Medicaid Services (CMS), Medicare beneficiaries and beneficiaries dually eligible for Medicare and Medicaid with ESRD had higher incidence of both COVID-19 cases as well as hospitalizations than aged or disabled populations. In addition, hospitalized COVID-19 patients – even without a prior history of kidney diseases – have elevated rates of acute kidney injury (AKI). The situation is also dire for communities of color, who are disproportionately impacted by kidney failure and are experiencing higher rates of

COVID-19 infection and hospitalization. Black, Hispanic and American Indian/Alaska Native individuals have the highest rates of COVID-19 infection among racial and ethnic groups, with each group having case rates that are more than 1.5 times higher than people who are White. Black individuals have been hospitalized 2.6 times, Hispanic individuals 2.1 times, and American Indian/Alaska Native individuals 2.9 times more than people who are White, respectively.

Kidney dialysis providers have continued to care for their patients throughout the pandemic on the frontlines of care during this crisis for nearly a year now. They have implemented protocols to mitigate this increased risk, including increased patient screening and evaluation, enhanced respiratory precautions, isolation and cohorting of patients with dedicated clinical staff to minimize potential spread, and additional dialysis shifts to accommodate patient needs. These protocols have been successful in mitigating the number of patient infections but require increased staffing and resources.

While dialysis providers and clinicians have worked diligently to ensure that COVID-19 is not spread within our healthcare facilities, dialysis patients live and work in our communities and are subject to COVID-19 infection through community spread. Indeed, a [recent study](#) of a national dialysis population found that COVID-19 is, unfortunately, common among patients receiving maintenance dialysis, particularly those residing in congregate settings, such as nursing homes. The study also found that, among maintenance dialysis patients that contracted COVID-19, mortality is high, exceeding 20 percent, which speaks to the disproportionate vulnerability of dialysis patients to serious adverse consequences of COVID-19. These findings are consistent with a [study](#) of Kaiser Permanente Southern California patients receiving maintenance dialysis published in November 2020, where 57 percent of dialysis patients diagnosed with COVID-19 required hospitalization, with a median hospitalization length of 10 days. Twenty-three percent of patients with COVID-19 died, with a median survival of 16 days. In sum, kidney failure patients in the U.S. are at high risk of developing COVID-19, and, when they do, mortality exceeds 20 percent, which is a much higher mortality rate than the general population. It is for these reasons that it is essential that dialysis patients and related clinical staff receive prompt, priority access to COVID-19 vaccines.

Based on these circumstances, KCP urges Congress to consider the following targeted legislative actions:

- **COVID-19 Vaccine Administration** – Congress should provide adequate funding to ensure that patients with CKD and ESRD as well as the frontline staff who treat them are able to receive COVID-19 vaccines. Vaccination efforts should be prioritized so that dialysis facilities receive COVID-19 vaccines directly to administer to patients and staff. As we have outlined, patients with ESRD are among the most vulnerable and they typically receive dialysis several times a week. Ensuring that dialysis facilities receive and can distribute these vaccines to patients can reduce unnecessary exposure for patients by allowing them to receive the vaccine when they are already receiving treatment.

Congress should also ensure that needed outreach and education to communities of color are prioritized. A recent survey, supported by the NAACP and UNIDOS US, showed that only

14 percent of over 1,000 Black respondents and 34 percent of the 258 Hispanic/LatinX respondents ‘mostly or completely trust that a vaccine will be safe’.¹ As these communities have been the most adversely impacted by the COVID-19 pandemic, it is vital that Congress fund special public awareness campaign grants through the Centers for Disease Control and Prevention (CDC). The grants should be available to trusted organizations in underserved communities and health care providers working with these populations.

- **Additional financial relief to health care providers caring for patients on dialysis** – Given workforce shortages, greater demands in supplies and equipment, and patient support services that providers are using, some critical steps to ensure that providers can continue to care for patients include:
 - Extend the waiver of the two percent Medicare Sequester beyond March 31, 2021.
 - Provide relief to providers for reimbursement for Personal Protection Equipment (PPE) due to the COVID pandemic.
 - Allow dialysis facilities to be reimbursed for 100 percent of allowable “bad debt” under the ESRD PPS.
 - Grant full forgiveness to all payments received through the Medicare Advance and Accelerated Payment Program.
- **Permanent Expansion of Telehealth** - We request that Congress permanently expand the telehealth flexibilities that CMS put in place in response to the pandemic. It is important that patients are allowed not only to continue to utilize these services through the remainder of the public health emergency but also to continue to choose telehealth services after the pandemic if it meets their needs and works with their care plan. As with all care choices, the decision to conduct care visits in-person or via telehealth should remain between the patient and the clinician.
- **Ensure Part D Coverage for FDA-approved Drugs for CKD Patients** – Congress should ensure Medicare Part D coverage for oral agents indicated by the Food and Drug Administration (FDA) to treat conditions associated with CKD (patients who do not require dialysis). Many patients with CKD require treatments such as infusions in hospital outpatient departments. In certain circumstances, new FDA-approved therapies have been indicated for conditions associated with CKD but lack Medicare Part D coverage, such as an oral drug to treat iron deficiency anemia, because of unduly narrow interpretation by CMS. If Congress were to ensure coverage for such oral drugs, it would allow patients with CKD to receive treatment at home, maintain social isolation and mitigate their risk of contracting COVID-19, and free hospitals to treat severely ill patients.

KCP appreciates your consideration of the unique needs of this vulnerable patient population. The COVID-19 public health emergency has had a disproportionate impact on people with CKD and ESRD. We stand ready to help Congress as it continues its work to respond to the COVID-19 crisis.

Sincerely,



John P. Butler
Chairman

cc: House Energy and Commerce Committee Chair Frank Pallone
House Ways and Means Committee Chair Richard Neal
Senate Finance Committee Chair Ron Wyden
Senate Health, Education, Labor, and Pensions Committee Chair Patty Murray
House Energy and Commerce Committee Ranking Member Cathy McMorris Rodgers
House Ways and Means Committee Ranking Member Kevin Brady
Senate Finance Committee Ranking Member Mike Crapo
Senate Health, Education, Labor, and Pensions Committee Ranking Member Richard Burr

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