



July 23, 2021

The Honorable Lisa Blunt Rochester
U.S. House of Representatives
1724 Longworth House Office Building
Washington, D.C. 20515

The Honorable Brad Wenstrup
U.S. House of Representatives
2419 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Blunt Rochester and Representative Wenstrup:

On behalf of the Kidney Care Partners (KCP), I want to thank you for the introduction of the *Coordination, Accountability, Research and Equity for All Kidneys Act of 2021* (CARE for All Kidneys Act) (H.R. 3893). The bill will improve kidney disease research, prevention, surveillance, and treatment in minority populations and rural and underserved communities. These are all policy goals that KCP members have been committed to achieving.

KCP 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 the quality of care for individuals living with kidney diseases. In 2019, KCP released [*Kidney Care First: A Framework for Improving Renal Disease Support & Treatment*](#), which outlines the community's policy priorities for improving the quality of care for patients with chronic kidney disease. That includes improving research, enhancing prevention, increasing surveillance, and improving treatment. The framework highlights the need to address the disparities with respect to kidney disease.

Kidney disease has a disproportionate impact on communities of color. Black Americans are almost four times as likely as whites to develop kidney failure, accounting for 35 percent of the people in the U.S. with kidney failure despite making up 13 percent of the population.¹ Hispanics are nearly 1.3 times more likely to be diagnosed with kidney failure compared to non-Hispanics.² Twenty-two percent of dialysis patients live in rural areas, compared to 19 percent of the general population.³ Dialysis patients who live more than 100 miles away from a dialysis center have a higher mortality rate than those who live closer.⁴ The bill would create a national action plan to address kidney disease in historically underserved populations, including minority and rural communities. The plan will be developed with participation from patients, caregivers, health

¹National Institute of Diabetes and Digestive and Kidney Diseases; Race, Ethnicity, & Kidney Disease.

<https://www.niddk.nih.gov/health-information/kidney-disease/race-ethnicity>

² ibid

³ Rural and Minority Health Research Center (2012). Dialysis Availability in Rural America.

<https://www.ruralhealthresearch.org/projects/100002186#:~:text=The%20disease%20disproportionately%20>

⁴ Aminu Bello, John Gill, Scott Klarenbach, Raj Padwal, Rick Pelletier, Marcello Tonelli, Stephanie Thompson, Xiaoming Wang (2012). Higher mortality among remote compared to rural or urban dwelling hemodialysis patients in the United States. *Kidney International*, Volume 82 (3), 352-359.

<https://www.sciencedirect.com/science/article/pii/S0085253815555476>

professionals, patient advocacy organizations, researchers, providers, public health professionals, and other stakeholders.

The studies required in the legislation and the patient and stakeholder engagement will provide some much-needed attention on the potential causes and solutions to these existing disparities. Policymakers will have additional information on health equity when making decisions about improving the treatment of kidney disease.

KCP appreciates your work on behalf of individuals living with kidney diseases and your dedication to addressing disparities and improving care for those in underserved communities. We are committed to working with you as this legislation makes its way through the legislative process.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Butler', with a long, sweeping horizontal line extending to the right.

John Butler, Chairman