

February 25, 2021

Sean McCluskie
Chief of Staff
U.S. Department of Health and Human Services
200 Independence Avenue
Washington, DC 20210

Marcella Nunez-Smith, MD, MSc
Chair
Biden-Harris Administration COVID-19 Health Equity Task Force
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. McCluskie and Dr. Nunez-Smith:

On behalf of the nation's 37 million Americans living with kidney diseases and the tens of thousands of kidney health professionals who care for them, we, the undersigned organizations, stand ready to work with the Biden-Harris Administration to protect people with kidney diseases receiving dialysis, their families, and dialysis staff from COVID-19.ⁱ

Our organizations are dedicated to improving the lives of people affected by this costly and under-recognized public health epidemic—an epidemic marked by its disproportionate effect on ethnic and racial minorities.

Given the Biden-Harris Administration's commitment to a safe, accelerated, and fair COVID-19 response, we urge a swift release of a federal COVID-19 vaccine allocation to all dialysis patients and frontline health workers in all dialysis units, improving access for a vulnerable population that is more than one-half Black, Hispanic, Asian, Native American, and Native Hawaiian or other Pacific Islanders (NHPIs) people.

Among the most vulnerable Medicare beneficiaries to COVID-19 are Americans with kidney failure who are receiving dialysis. People dependent on dialysis are extremely susceptible to the effects of COVID-19, with COVID-associated mortality exceeding 20%, comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱ In addition to similar vulnerability to COVID-19, people on dialysis and residents of long-term care facilities have similar relationships with their dialysis facilities and long-term care facilities, respectively. For example, approximately 90 percent of dialysis patients receive in-center treatment three times a week for three to four hours during each visit. Since mid-November 2020, the kidney care community has been prepared to expeditiously, equitably, and safely distribute and administer COVID-19 vaccinations.

People on dialysis and the frontline staff and clinicians who treat them urgently need direct access to the vaccine. Vaccinating in the dialysis facility where patients receive dialysis three times a week is the most expeditious, fair, and safe approach. In addition, patients would be vaccinated as part of their dialysis treatment and are thus guaranteed to receive the second dose. Most patients on dialysis have multiple co-morbidities, heightened vulnerability to COVID-19 infection, and poor outcomes if infected: they are simply unable to safely go to a separate vaccination center or pharmacy and wait in line. Dialysis organizations are also highly experienced vaccinating patients for seasonal influenza annually and are prepared to vaccinate patients for COVID-19 at this time.

With approximately 50 percent of dialysis patients in the United States being Black, Hispanic, Native American, or NHPs, providing a direct federal allocation of COVID-19 vaccines to these patients through the known, trusted care environments of their dialysis units will expedite their access and help address the racial inequity in vaccine rollout.^{iv} In the context of overcoming vaccine hesitancy within these communities, acceptance depends on the patients' trust and confidence in the safety and efficacy of the vaccine, as well as in the healthcare professionals. We believe that the established trusting relationships with the staff within the dialysis units will accelerate vaccine acceptance within these communities, similar to seasonal influenza vaccinations.

The kidney community's priority is securing a direct federal allocation to dialysis patients and frontline workers. While these discussions are ongoing, we encourage the federal government to urge states to prioritize these patients and staff and clinicians in their state vaccine allocation practices.

Our organizations thank you for your focus on both COVID-19 and health equity, two paramount issues affecting Americans with kidney diseases and the health professionals who care for them. We offer our collective and individual expertise in service of tackling these challenges and improving the kidney health of all Americans in partnership with you and your administration.

Sincerely,

Akebia
American Kidney Fund
American Nephrologists of Indian Origin
American Nephrology Nurses Association
American Renal Association
American Society of Diagnostic and Interventional Nephrology
American Society of Nephrology
American Society of Pediatric Nephrology
Atlantic Dialysis Management Services
Aurinia Pharmaceuticals Inc.
Baxter
Centers for Dialysis Care
Central Florida Kidney Centers
Children's Organ Transplant Association
DaVita
Dialysis Center of Lincoln
Dialysis Clinic, Inc
Fresenius Medical Care
Greenfield Health Systems
Home Dialyzors United
IGA Nephropathy Foundation of America
Independent Dialysis Foundation, Inc
Kidney Care Council
Kidney Care Partners
Lowe Syndrome Association
National Kidney Foundation
NephCure Kidney International
Nephrology Nursing Certification Commission, NNCC
Nonprofit Kidney Care Alliance
Northwest Kidney Centers
Olympic Peninsula Kidney Center

**Outset Medical
Organize
Oxalosis and Hyperoxaluria Foundation
Polycystic Kidney Disease Foundation
Puget Sound Kidney Centers
Rare Kidney Disease Foundation
Renal Healthcare Association
Renal Physicians Associations
Renal Support Network
Rogosin
Satellite Healthcare
U.S. Renal Care
Vasculitis Foundation
Veterans Transplantation Association**

CC: Rohini Kosoglu
Christen Linke Young
Cyrus Shahpar, MD
Ben Wakana
Cameron Webb, MD
Rochelle Walensky, MD, MPH

i United States Renal Data System. 2020 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2020. <https://adr.usrds.org/2020>

ii Sim JJ, et al. COVID-19 and survival in maintenance dialysis. *Kidney Med* [published online ahead of print November 24, 2020]. doi: 10.1016/j.xkme.2020.11.005; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7685033/>

iii Federal Register Vol 85 No 217 November 9, 2020, p. 71476 Table 1

iv United States Renal Data System. 2020 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2020.

v United States Renal Data System. 2020 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2020. <https://adr.usrds.org/2020>

vi Watson TH, Weiner DE, Yee J, Silberzweig J, for the Outpatient Dialysis Subcommittee of the American Society of Nephrology COVID-19 Response Team. Prioritizing COVID-19 Vaccination in Dialysis. *ASN Kidney News*. Available at <https://www.kidneynews.org/policy-advocacy/leading->