



Scott Harris, MD, MPH, FACP, FIDSA
State Health Officer
Alabama
scott.harris@adph.state.al.us

Dear Dr. Scott Harris,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Alabama health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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>

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Adam Crum
Commissioner of Health and Social Services
Alaska
adam.crum@alaska.gov

Dear Commissioner Crum,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Alaska health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

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Dr. José R. Romero
Cabinet Secretary of Health
Arkansas
Jose.romero@arkansas.gov

Dear Dr. José R. Romero,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Arkansas health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

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ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

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Mark Ghaly MD, MPH
Secretary of Health
California
chhsmail@chhs.ca.gov

Dear Dr. Mark Ghaly,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with California health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

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ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

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Jill Ryan, MPH
Executive Director of Health
Colorado
jill.ryan@state.co.us

Dear Jill Ryan,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Colorado health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

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ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

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Deidre S. Gifford, MD, MPH
Acting Commissioner of Health
Connecticut
deidre.gifford@ct.gov / COVID19.DPH@ct.gov

Dear Dr. Deidre S. Gifford,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Connecticut health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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Molly Magarik
Secretary of Health
Delaware
molly.magarik@delaware.gov

Dear Molly Magarik,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Delaware health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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Ron DeSantis
Governor
Florida
Governorron.desantis@eog.myflorida.com

Dear Governor DeSantis,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Florida health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

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Susan E. Quaggin, MD, FASN
President

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Kathleen E. Toomey, M.D., M.P.H.
Commissioner of Health
Georgia
fanny.vazquez@dph.ga.gov

Dear Dr. Toomey,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Georgia health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Elizabeth Char, MD
Director of Health
Hawaii
sharon.tangonan@doh.hawaii.gov

Dear Dr. Elizabeth Char,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Hawaii health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Elke Shaw-Tulloch
Administrator of Health
Idaho
dphinquires@dhw.idaho.gov

Dear Elke Shaw-Tulloch,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Idaho health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Kris Box, MD, FACOG
Commissioner of Health
Indiana
healthcommissioner@isdh.in.gov

Dear Dr. Box,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Indiana health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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Kelly Garcia
Director of Health
Iowa
director@dhs.state.ia.us

Dear Director Garcia,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Iowa health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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Lee A. Norman, MD
Director of Health
Kansas
Denise.Schimmel@ks.gov

Dear Dr. Norman,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Kansas health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

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Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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Steven J. Stack, MD, MBA
Commissioner of Health
Kentucky
carla.west@ky.gov

Dear Dr. Steven J. Stack,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Kentucky health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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Sincerely,



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Monica Bharel, MD, MPH
Commissioner of Health
Massachusetts
monica.bharel@mass.gov

Dear Dr. Monica Bharel,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Massachusetts health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Dennis Schrader
Secretary of Health
Maryland
dhmh.izinfo@maryland.gov

Dear Secretary Schrader,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Maryland health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Jeanne M. Lambrew, Ph.D.
Commissioner of Health
Maine
Jeanne.m.lambrew@maine.gov

Dear Dr. Jeanne M. Lambrew,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Maine health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Robert Gordon
Director of Health
Michigan
GordonR3@Michigan.gov

Dear Robert Gordon,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Michigan health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Jan Malcolm
Commissioner of Health
Minnesota
Health.Covid19@State.mn.us

Dear Commissioner Malcolm,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Minnesota health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

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President

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Randall W. Williams, MD, FACC
Director of Health
Missouri
randall.williams@health.mo.gov

Dear Dr. Randall W. Williams,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Missouri health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

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ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Dr. Thomas Dobbs
State Health Officer
Mississippi
jenny.griffin@msdh.ms.gov

Dear Dr. Thomas Dobbs,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Mississippi health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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Erica Johnston
Acting Director of Health
Montana
Erica.Johnston@mt.gov

Dear Erica Johnston,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Montana health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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President

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Mandy Cohen M.D., MPH
Secretary of Health
North Carolina
amanda.parks@dhhs.nc.gov

Dear Dr. Mandy Cohen,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with North Carolina health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Dirk Wilke, JD, MBA
Interim State Health Officer
North Dakota
Ddwilke@nd.gov

Dear Dirk Wilke,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with North Dakota health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Dannette R. Smith
Chief Executive Officer of Health
Nebraska
Emily.dodson@nebraska.gov

Dear Dannette R. Smith,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Nebraska health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Tracie Collins, MD, MPH
Secretary of Health
New Mexico
Traciec.collins@state.nm.us

Dear Dr. Collins,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with New Mexico health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Howard Zucker, M.D.
Commissioner of Health
New York
dohweb@health.ny.gov

Dear Dr. Zucker,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with New York health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Lori Shabinette
Commissioner of Health
New Hampshire
Kelly.cote@dhhs.nh.gov

Dear Lori Shabinette,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with New Hampshire health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Richard Whitley
Director of Health
Nevada
tawny.chapman@dhhs.nv.gov

Dear Richard Whitley,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Nevada health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

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Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Lance Frye, M.D.
Interim Commissioner of Health
Oklahoma
Commissioner@health.ok.gov

Dear Dr. Lance Frye,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Oklahoma health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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Patrick Allen
Director of Health
Oregon
OHA.DirectorsOffice@state.or.us

Dear Director Allen,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Oregon health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Nicole Alexander-Scott, MD, MPH
Director of Health
Rhode Island
Nicole.alexanderscott@health.ri.gov

Dear Dr. Nicole Alexander-Scott,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Rhode Island health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Marshall Taylor Jr.
Acting Director of Health
South Carolina
agencydirector@dhec.sc.gov

Dear Marshall Taylor Jr.,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with South Carolina health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Kim Malsam-Rysdon
Secretary of Health
South Dakota
Doreen.kayser@state.sd.us

Dear Kim Malsam-Rysdon,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with South Dakota health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Lisa Piercey, MD, MBA, FAAP
Commissioner of Health
Tennessee
lisa.piercey@tn.gov

Dear Dr. Piercey,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Tennessee health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
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John Hellerstedt, MD
Commissioner of Health
Texas
Carolyn.geter@dshs.texas.gov

Dear Dr. John Hellerstedt,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Texas health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

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Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Richard Saunders
Interim Executive Director of Health
Utah
Rlakin@utah.gov

Dear Richard Saunders,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Utah health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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Sincerely,



Susan E. Quaggin, MD, FASN
President

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Mark Levine
Commissioner of Health
Vermont
Mark.Levine@vermont.gov

Dear Commissioner Levine,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Vermont health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



Susan E. Quaggin, MD, FASN
President

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M. Norman Oliver, MD, MA
Commissioner of Health
Virginia
healthcommissioner@vdh.virginia.gov

Dear Dr. Oliver,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Virginia health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

Sincerely,



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President

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Umair A. Shah, MD, MPH
Secretary of Health
Washington
secretary@doh.wa.gov

Dear Dr. Shah,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with Washington health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.ⁱ This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.^{iv}

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session. Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician. People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19 vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

Your consideration of this request is greatly appreciated. ASN Senior Director of Policy and Government Affairs Rachel Meyer stands ready to discuss this request or provide more information at your convenience. Ms. Meyer may be reached at rmeyer@asn-online.org or (202) 640-4659.

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President

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Bill J. Crouch
Secretary of Health
West Virginia
DHHRSecretary@wv.gov

Dear Secretary Crouch,

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with West Virginia health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.ⁱ People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,ⁱⁱ comparable to or even higher than COVID-associated mortality in long-term care facilities.ⁱⁱⁱ

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President

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