April 8, 2022

Ashish K. Jha, MD, MPH
COVID-19 Response Coordinator
The White House
1600 Pennsylvania Avenue, N.W
Washington, D.C. 20500

Dear Dr. Jha:

On behalf of the American Nephrology Nurses Association (ANNA), the American Society of Nephrology (ASN), the National Kidney Foundation (NKF), and the Renal Healthcare Association (RHA), we write to thank the Biden-Harris Administration for all of its work to ensure the health of all Americans during the COVID-19 pandemic—especially the 37 million Americans living with kidney diseases—and to congratulate you on your appointment to serve as the White House COVID-19 Response Coordinator. Throughout the pandemic, you have been a strong and tireless voice for the public health community.

As you begin officially advising the White House on combating SARS-CoV-2, we urge you and your colleagues at the Department of Health and Human Services and across the federal government to prioritize the needs of people living with kidney diseases—particularly the more than 800,000 Americans who require dialysis or a kidney transplant to live—in the Biden-Harris Administration's pandemic planning and response, as outlined in our January 26, 2022 letter.[i] Unfortunately, the situation for these Americans is still dire.

Our organizations are grateful for your efforts to increase global vaccination against COVID-19 and for your attention to the unique needs of people living with kidney diseases during the COVID-19 pandemic. During your presentation at ASN Kidney Week 2021, you remarked that "people living with kidney disease remain a growing population, but also a population that's much more vulnerable…to infections, and because of their immunosuppressed state, vulnerable to bad outcomes from COVID-19." We share your commitment to mitigating the impact of the COVID-19 pandemic on immunocompromised individuals with kidney diseases and kidney transplants. As the COVID-19 Response Coordinator, we pledge our support to your efforts and look forward to working with you to ensure the health of this vulnerable population.

Put simply, the COVID-19 pandemic has had a devastating impact on people with kidney diseases, who are at increased risk of infection, serious illness, and death. For the first time in the 50-year history of the Medicare ESRD program, the United States has experienced a decline in the number of patients on dialysis. Unfortunately, the effects of COVID-19 on kidney health may only grow, as increased rates of kidney injury in hospitalized COVID-19 patients have the potential to increase the prevalence of kidney diseases and kidney failure.[ii]

We are grateful for the progress that has been made in our understanding of the impact of COVID-19 on kidney health and the provision of optimal care during the pandemic. For example, through close partnership with the federal government, COVID-19 vaccinations and monoclonal antibody therapies are now provided at dialysis clinics and clinicians can utilize regulatory flexibility to provide care via telehealth. Unfortunately, gaps in the collective response to the pandemic perpetuate. Despite their vulnerability, individuals with advanced kidney diseases have not been prioritized along with others who are moderately to severely immunocompromised resulting in delays in access to vaccines within dialysis units last year and, despite clear evidence of reduced antibody response and decline in antibody titers, a failure to prioritize individuals on dialysis and with advanced kidney disease for third—and now fourth—doses of vaccines.

Ensuring an adequate response to the COVID-19 pandemic is also of paramount importance for achieving equity in kidney health. People of Black/African American, Hispanic/Latino, American Indian/Alaska Native, Asian American, or Native Hawaiian/Other Pacific Islander are significantly more likely than White Americans to experience kidney diseases and kidney failure, and are disproportionately impacted by COVID-19.[iii] For instance, Black Americans experience a 60% higher prevalence of kidney diseases than White Americans, are three times more likely to develop kidney failure than White Americans, and represent 34% of COVID-19 related deaths despite making up 12% of the population.[iv, v] Our organizations are fully committed to making every effort possible to promote diversity, equity, and inclusion among kidney health professionals as well as pursue health care justice for people with kidney diseases.

The BA.1 Omicron subvariant has been widespread among dialysis patients and staff, causing serious illness, supply and staff shortages, and strain on kidney health professionals. These shortages have resulted in facility closures, shortened treatment times, and backlogs in moving patients among dialysis, hospitals, and Skilled Nursing Facilities (SNFs), ultimately impacting the care of dialysis patients who rely on the continuity and stability of facilities that provide a treatment that patients cannot live without.

As the United States prepares for future variants, including the BA.2 Omicron subvariant surging across China and Europe and quickly becoming dominant in the United States, our organizations renew our call for the Biden-Harris Administration to prioritize the needs of people with kidney diseases to protect this vulnerable population. Specifically, we urge the administration to work with stakeholders to:

- Alleviate supply crises at dialysis facilities due to supply chain challenges and staff shortages. This situation has varied widely by geography and by facility size; therefore, we stand ready to work with your office and dialysis providers to ensure a streamlined process alleviating stress points along the supply chain and at facilities.
- Ensure dialysis facilities continue to receive high-level, government-approved face masks and other personal protective equipment as the federal government considers ending the COVID-19 public health emergency declaration.

- Support accelerated manufacturing and distribution of monoclonal antibodies for COVID-19 infection that provide additional prophylactic benefit to immunocompromised populations, including individuals with advanced kidney diseases and kidney failure.
- Prioritize dialysis patients and staff for access to novel COVID-19 therapeutics.
- Urge the Food and Drug Administration to recognize waning immunity in vaccinated people with kidney failure and provide additional guidance for prescribing treatments and vaccines that are specific for the immunocompromised, including people on dialysis and people living with a kidney transplant.
- Encourage state and federal governments to allow reciprocity for nurses to allow for interstate practice, regardless of whether the state is a compact state, during this acute crisis.
- Provide dedicated research funding to the National Institutes of Diabetes and Digestive and Kidney Diseases to study the impact of COVID-19 on people with kidney diseases. Inconceivably, dedicated kidney health research funding has been excluded in prior COVID-19 funding packages, limiting support for this important research.

ANNA, ASN, NKF, and RHA applaud your commitment to increasing COVID-19 vaccination among people with kidney diseases across the world to "dramatically lower mortality and suffering from this virus." Our organizations urge you to keep people with kidney diseases and those that provide care in mind as you prepare for future COVID-19 variants and surges, and we stand ready to partner with you, your colleagues, policymakers, and other stakeholders to prevent needless suffering and provide the best possible care for the nation's most vulnerable citizens during the pandemic.

Again, thank you and the Biden-Harris Administration. If you have questions or require additional information about these recommendations, please contact Sharon Pearce (NKF) at sharon.pearce@kidney.org, David White (ASN) at dwhite@asn-online.org, Marc Chow (RHA) at mchow@renalhealthcare.org, or Jim Twadell (ANNA) at JWTwaddell@Venable.com.

Sincerely,

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[i] Palevsky, P. M., Quaggin, S. E., Vanderkolk, C., Walz, D. *Letter to Secretary Becerra and Jeffrey Zients* [Letter]. 2022. https://www.asn-online.org/policy/webdocs/22.1.16JointNephrologyLettertoHHS_.pdf?msclkid=de415666b44a11ecb73cedf88df2342. Accessed April 4, 2022.

[ii] United States Renal Data System. 2021 *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, 2021.

[iii] National Center for Immunization and Respiratory Diseases, Division of Viral Diseases. *Introduction to COVID-19 Racial and Ethnic Health Disparities*. 2020. Retrieved 3/21/22 at https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html.

[iv] United States Renal Data System. 2021 *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, 2021.

[v] Holmes L Jr., et al. Black–White Risk Differentials in COVID-19 (SARS-COV2) Transmission, Mortality and Case Fatality in the United States: Translational Epidemiologic Perspective and Challenges. *International Journal of Environmental Research and Public Health*. 2020; 17(12):4322. https://doi.org/10.3390/ijerph1712432