National Kidney Foundation®

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Secretary Alex M. Azar II
HHS Office of the Secretary
200 Independence Ave SW
Washington, DC
20201

March 18, 2020

Dear Secretary Azar,

The National Kidney Foundation (NKF) is extremely concerned about guidance to hospitals that will recommend limiting "non-essential" elective medical procedures. Hospitals are already ceasing surgical procedures of the utmost importance to kidney patients, including organ recovery surgeries and kidney transplants as a result of guidance from medical societies and public health officials.

Transplant surgeries from a deceased donor are, by their nature, unpredictable and cannot be scheduled in advance. The median wait time for a kidney is 4 years, during which time a patient's health and quality of life is significantly diminished.[1] While some might argue that prospective transplant patients can remain on dialysis until the threat of COVID-19 has passed, this might not be in the patient's best interest. Preliminary data from Wuhan suggest that hemodialysis facilities are exceptionally high risk areas for coronavirus transmission and dialysis patients at high risk of poor outcomes including death from infection.[2] **If a hospital feels they have the staff and resources to safely transplant a patient and free that patient from dialysis, we believe the hospital should have the option of proceeding with the surgery.**

We anticipate more actions over the next few days that pertain to guidance on "elective" and "non-essential" procedures. Already, states are issuing directives to cease elective surgeries. It is critically important that HHS distinguish which procedures are truly elective and non-essential versus those – like organ recovery and kidney transplant - that are not. Without this clarification, the organizations responsible for procuring and transporting deceased donor organs to transplant centers may not be able to enter the hospital, let alone facilitate the organ recovery surgery. This alone will eliminate the majority of kidney transplants.

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[1] United States Renal Data System. 2018 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, 2018.

[2] https://www.medrxiv.org/content/10.1101/2020.02.24.20027201v2

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In addition, we want to emphasize the importance of hospitals being able to proceed with vascular access procedures for patients with kidney failure who care currently on hemodialysis using a central venous catheter (CVC) and patients with advanced chronic kidney disease (CKD) who are rapidly approaching dialysis (e.g., with anticipated need to start within 2-3 months) who do not yet have a an access placed. We know that nephrologists and vascular surgeons are already unable to secure operating room time for these procedures, likely because they are not viewed as priorities in the COVID-19 environment. Unfortunately, delay in placement of optimal vascular access will have substantial deleterious effects on the health of these already vulnerable patients. Delay in access placement will result in increased utilization of CVC with an associated increased risks of bloodstream infection and death. In addition, for patients not yet on dialysis, delay in placement of vascular access may result in patients beginning dialysis in the hospital, rather than at home or in a dialysis center. This will only serve to strain hospital resources, especially emergency room resources, as the outbreak continues. To the extent that hospitals can balance surgical procedures as usual with commonsense preparations for the growing threat of coronavirus, we believe it is prudent and in the best interest of patients to do so.

We request that HHS clarify that, at minimum, organ recovery, kidney transplant, and vascular access procedures, are essential procedures. This will enable these critical procedures to proceed until each hospital determines their own unique circumstances to be extenuating. We ultimately seek the flexibility for hospitals and transplant centers to make the decisions during this public health crisis that best meet the needs of their local populations. We do note that clarification is required for both procedures, the organ donation kidney recovery and kidney transplant. Without organ donation, kidney transplantation cannot proceed.

We would be happy to help HHS devise communications to hospitals that help them to triage patients and procedures during this time of intense strain on our health system infrastructure. Please contact Miriam Godwin (miriam.godwin@kidney.org) with questions.

Sincerely,

Kevin Longino *Holly Mattix Kramer*

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CEO and transplant patient

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