The National Kidney Foundation is pleased to submit comments for the record in response to the June 17, 2020, House Energy and Commerce Committee Hearing on the *Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System.*

The National Kidney Foundation (NKF) is the largest, most comprehensive and longstanding, patient-centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S. In addition, NKF has provided evidence-based clinical practice guidelines for all stages of chronic kidney disease (CKD), including transplantation since 1997 through the Kidney Disease Outcomes Quality Initiative (KDOQI).

Overview

COVID-19 has amplified health disparities that disproportionately affect minority communities. Many of those disparities also contribute to higher rates of kidney disease among many racial and ethnic minorities. For example, African Americans, Hispanics, and American Indians are at high risk of kidney failure due in part to the high rates of diabetes and high blood pressure, inadequate access to primary care, lack of health insurance, and other factors.

At the same time, patients with chronic kidney disease (CKD), end-stage renal disease (ESRD), or who have received kidney transplants are all at risk for more severe COVID-19 infection. Mortality rates for patients on chronic dialysis who develop COVID-19 are in the range of 10-20%. For kidney transplant patients who have been hospitalized with COVID-19, mortality appears to be in the range of 18-30%.[i]

Against this backdrop, persons of color with kidney disease are particularly vulnerable to COVID-19. The National Kidney Foundation is working to address the unique needs of these populations, and calls on Congress to enact a series of policies to address underlying inequities in the health care system so that every patient can get the care that they need.

The Burden of Kidney Disease

More than 37 million American adults are affected by kidney disease, though roughly 90 percent of patients are unaware of their condition. Chronic kidney disease describes the gradual loss of kidney function that can lead to the build-up of dangerous levels of fluid, electrolytes, and wastes in your body. Left untreated, kidney disease can progress to irreversible kidney failure, which is fatal without dialysis or a kidney transplant. ESRD affects nearly 750,000 Americans, and severely limits a patient's quality of life.[ii] ESRD patients must accept a number of lifestyle, dietary, and fluid restrictions in order to accommodate their illness, and display higher rates of depression, chronic pain, biochemical imbalance, physiological changes, neurological disturbances, and cognitive impairments than the average population.[iii]

CKD is also a "disease multiplier": it aggravates other chronic conditions and increases the risk of emergency department visits, hospitalizations, cardiovascular events, kidney failure, and death. It is commonly a comorbid condition with other chronic diseases such as diabetes, hypertension, and heart disease; for example, approximately 40% of individuals with CKD also have diabetes, 32% have hypertension, and 40% have self-reported cardiovascular disease.[iv] Chronic kidney disease can affect almost every part of your body, so while comorbid conditions like those mentioned above can cause CKD, they can also be caused by CKD.[v]

Unfortunately, the burden of kidney disease is only increasing. In 2016, there were nearly 2 million healthy life-years lost owing to CKD (52.6% increase from 2002), and nearly 83,000 deaths due to CKD (58.3% increase from 2002).[vi] All states saw their burdens increase, but the southern states (including Mississippi and Louisiana) exhibited more than twice the burden seen in other states.[vii] Additionally, patients with ESRD are less likely to be employed and more likely to be on federal disability than their healthy counterparts.[viii]

Kidney disease places a significant strain on our nation's healthcare system. The Medicare program spends more than $120 billion – approximately 25 percent of total spending – on patients with kidney disease.[ix] Further, ESRD affects only 1 percent of Medicare beneficiaries but accounts for 7 percent of Medicare spending.[x] Hemodialysis care alone costs the Medicare system an average of $90,000 per patient annually in the United States, for a total of $28 billion.[xi]

Kidney Disease and Minority Communities

While approximately 33% of Americans are at risk for kidney disease, African American, Hispanic, Asian American, Pacific Islanders, Native American, or an Alaska Native, are at an even higher risk for kidney disease. They are also less likely to obtain pre-ESRD nephrology care, less likely to maintain employment while on dialysis, and less likely to be considered for and obtain a living donor kidney transplant.

According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), while African Americans make up about 13 percent of the general population, they account for 35 percent of Americans with kidney failure, and are almost four times more likely than Whites to progress to End-Stage Renal Disease (ESRD).[xii] Since 2000, the number of Hispanics with kidney failure has increased by more than 70 percent.[xiii] Another 80 million Americans are at risk for developing kidney disease from hypertension, diabetes, and other risk factors that disproportionately affect minority populations.[xiv] Diabetes and high blood pressure are the leading causes of kidney failure among African Americans.[xv]

Overall, minority groups are at increased risk of progressing from CKD and experience a more rapid progression of CKD to ESRD. Non-Hispanic African-Americans and Hispanic populations experience more rapid decline of kidney function than non-Hispanic Whites.[xvi] African Americans and Hispanics are also less likely to receive a kidney transplant than Whites. While African Americans made up almost 32% of patients on the kidney transplant waitlist in 2019, they received only 21% of total transplants.[xvii] African Americans and Hispanics are also less likely than their white counterparts to have received care from a nephrologist before being diagnosed with ESRD.[xviii]

Kidney Disease, Minority Communities and COVID-19

It has been well-documented that communities of color are disproportionately impacted by the COVID-19 pandemic. Communities of color on average have a higher incidence of co-morbidities and a disadvantaged socioeconomic status that both contribute to higher COVID-19 mortality. Those same risk factors —such as high blood pressure, diabetes, heart disease, and obesity—increase risk for CKD.

Kidney patients, including patients with CKD, ESRD and kidney transplant recipients, are especially vulnerable to severe COVID-19 infection due to compromised immune systems, multiple comorbid

conditions that increase their risk for COVID-19 complications, and because patients with kidney failure require in-center dialysis care that requires frequent and close contact with others. Perhaps most concerning, new data suggests that the mortality rate for patients on chronic dialysis who develop COVID-19 is in the range of 10-20% and, as noted above, for kidney transplant patients who have been hospitalized with COVID-19, mortality appears to be in the range of 18-30%.[xix]

Policy Recommendations

Policymakers can take several steps to address the needs of kidney patients who are also persons of color. We encourage Congress to enact legislation or work with the Administration to adopt policies that protect kidney patients – especially minority populations – during this public health epidemic. Specifically, we encourage policymakers to:

- Promote testing for CKD in high-risk communities. Unfortunately, awareness of CKD is low among both clinicians and patients and therefore often goes undiagnosed until its latest stages. Patients with undiagnosed CKD who are at high risk from COVID-19 infection may not be appropriately triaged for COVID-19 testing and subsequent care. CKD is closely related to other chronic diseases like hypertension, diabetes mellitus and obesity, as well as older age. While the Centers for Disease Control and Prevention's (CDC) guidance on people who are at higher risk for severe illness includes people with CKD, people 65 years and older, people with severe obesity, people with diabetes, and people with severe heart conditions, it excludes people with hypertension. Hypertensive patients are independently at risk for more severe disease and may also have or will develop CKD, which may compound their risk. NKF recommends that CDC add patients with hypertension to the list of people who are at higher risk of severe illness.

- Provide resources to state and territorial health departments to facilitate concurrent testing of high-risk patients for both COVID-19 and CKD. Doing so will enhance our national response to COVID-19 and improve population health and our resiliency to future public health threats. NKF would be pleased to work with the federal government and partners at the state and territorial level to facilitate the identification of all high-risk patients and ensure they are managed appropriately, both for the purposes of the COVID-19 pandemic and for improving the health of the nation as a whole.

- Provide $10 million for the Kidney Risk Campaign, a key goal of the Administration's Advancing American Kidney Health Initiative. Too often, patients learn of their kidney disease after it has progressed to late stages, including irreversible kidney failure. Early intervention and treatment can slow or stop the progression of the disease. This public awareness initiative to enhance kidney disease awareness, educate clinical professionals and spur innovation by entities serving the kidney disease community is more necessary than ever, as COVID-19 patients recover only to find out they are now also kidney disease patients. Funding for this initiative will support a series of activities to educate the public about their risk for kidney disease, including post-COVID-19 AKI, and connect them with interventions to slow disease progression.

- Expand access to home dialysis to allow kidney patients to social distance while still maintaining their essential dialysis regimen. The Advancing American Kidney Health Executive Order calls for a significant increase in the percentage of patients who receive dialysis at home. Dialysis patients who typically receive hemodialysis in facilities of 8-25 people are at increased risk of

COVID-19 and its complications. Preliminary data indicates that the spread of COVID-19 is much more prevalent at in-center dialysis facilities, and patients dialyzing at home are at a much lower risk of contracting COVID-19. Home Dialysis also alleviates one of the major barriers that patients face while working to maintain their dialysis regimen: reliable transportation to a dialysis center.

- Ensure patient access to non-emergency medical transportation. Kidney patients, and especially kidney patients of color, routinely report reliable transportation to be one of the largest barriers they face in receiving their dialysis treatments. During this COVID-19 pandemic, with the closure of public transportation and requirements for social distancing, this problem is aggravated. Providing safe, reliable transportation for all kidney patients would be ideal, but an even better solution would be to provide patients with the supports and abilities to dialyze at home and eliminate the need to travel to a dialysis center all together.

- Extend telehealth waivers. Maintaining and expanding telehealth waivers initially started during the pandemic would assist patients in maintaining an open dialogue with their healthcare providers while allowing them to maintain social distancing and alleviating transportation difficulties.

- Allow patients to receive lab-draws at home. Dialysis and transplant patients require monthly lab work to refill prescriptions or to determine whether treatment adjustments are necessary. To avoid exposure to COVID-19, we urge policymakers to receive lab-draws at home, allowing these high-risk patients to maintain their heath while also practicing social distancing and lessening the need for transportation assistance.

In closing, we appreciate the Committee's examination of these important issues and hope our commentary has helped explain the unique nexus of COVID-19, kidney disease, and communities of color. Please contact Lauren Drew (lauren.drew@kidney.org) with any questions.

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