

January 26, 2022

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services (HHS)  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Jeffrey Zients  
COVID-19 Response Coordinator  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear Secretary Becerra and Mr. Zients,

On behalf of the National Kidney Foundation, the American Society of Nephrology, the American Nephrology Nurses Association, and the Renal Healthcare Association, we write to applaud you for the Biden Administration's recent efforts to combat the Omicron variant of SARS-CoV-2. We also urge you and your colleagues at the Food and Drug Administration, Centers for Disease Control and Prevention, and other federal agencies to prioritize the unique needs of kidney patients – especially dialysis patients – in your response.

Kidney patients have been significantly affected by the COVID pandemic as a result of their high risk for infection, their serious illness, and their comorbidities as well as their greater likelihood to die from the virus. Deaths among dialysis patients were 18% higher in 2020 than in 2019.<sup>1</sup> During the winter 2020 wave, weekly deaths due to COVID-19 peaked at nearly 20%. **The impact of COVID-19 on people with kidney failure has resulted in the first decline in the number of patients on dialysis in the United States in the 50-year history of the Medicare End Stage Renal Disease Program.**

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. For the past two years, the COVID-19 pandemic has compounded the health risks for the millions of Americans who identify as members of these communities.

To some extent, the elevated risk for kidney patients was exacerbated by previous policies' failure to prioritize the 37 million Americans with kidney diseases for access to personal protective equipment, immunization, and antiviral therapies. As the United States responds to the Omicron wave, it is imperative that we protect these most vulnerable individuals.

Specifically, shortages in staff, supplies, and dialysis shifts for COVID-19 positive patients are causing severe stress in many parts of the country—resulting in facility closures, shortened treatment times, and backlogs in moving patients among dialysis, hospitals, and Skilled Nursing Facilities (SNFs). These interruptions are having devastating impacts on dialysis patients, who rely on the continuity and stability of facilities that provide a treatment that patients cannot live

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<sup>1</sup> <https://adr.usrds.org/2021/supplements-covid-19-disparities/13-covid-19-supplement>

without. Meanwhile, Omicron continues to spread among dialysis patients and staff, causing serious illness and exacerbating shortages and strain. To address these staffing and supply shortages, we urge the Biden Administration to work with stakeholders to:

- *Alleviate supply crises at dialysis facilities due to supply chain challenges/breakdowns and staff shortages.*
- *Distribute high-level, government-approved face masks to dialysis facilities.*
- *Issue clarification regarding Centers for Medicare and Medicaid Services (CMS) policies related to the use of pre-filled saline syringes and saline protocols*
- *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.*

Another challenge is the absence of appropriate therapeutics for individuals with kidney failure. While therapeutics that reduce the risk of COVID-19 are emerging, current indications exclude people with kidney failure because these Americans are often excluded from clinical trials. Therefore, NKF, ASN, ANNA and RHA:

- *Urge the Food and Drug Administration to recognize waning immunity in vaccinated people with kidney failure (which is also called end-stage renal failure or end-stage kidney failure) and ensure treatments approved through Emergency Use Authorization (EUA) for the immunocompromised include people with kidney failure.*

Finally, as the Administration purchases novel COVID-19 therapeutics for distribution to the states, it is vital that dialysis patients and staff are prioritized for access.

The US society must do everything in its power to prepare for future surges in COVID-19 cases and prevent needless deaths among our most vulnerable citizens. ANNA, ASN, NKF, and RHA stand ready to partner with you, your colleagues, policymakers, and other stakeholders in service of this goal.

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

Sincerely,

Paul M. Palevsky, MD, FASN, FNKF, President, National Kidney Foundation

Susan E. Quaggin, MD, FASN, President, American Society of Nephrology

Caprice Vanderkolk, MS, RN, BC-NE, President, Renal Healthcare Association

David Walz, MBA, BSN, RN, CNN, FACHE, President, American Nephrology Nurses Association

cc: Chiquita Brooks-LaSure , MPP (CMS)  
ADM Rachel Levine, MD (OASH)  
Dawn O'Connell, JD (ASPR)  
Rochelle Walensky, MD, MPH (CDC)  
Janet Woodcock, MD (FDA)