



## NKF Priorities for the First 100 Days of the Biden/Harris Administration

**Kidney disease is a public health crisis. Affecting 37 million Americans, kidney disease sits at the intersection of three forces that will shape U.S. health care during the Biden/Harris Administration: kidney disease is one of the premier examples of low-quality care causing preventable human suffering and enormous spending, it exemplifies the long shadow of racism on public health, and kidney disease patients, especially kidney disease patients of color, continue to bear the brunt of the COVID-19 pandemic.**

### Kidney Disease is Preventable

At the point of kidney failure, patients require either dialysis or a kidney transplant to survive. Incredibly, up to the time their kidneys fail, 90% people are unaware they have chronic kidney disease (CKD). The most common causes of CKD are diabetes and hypertension. Simple, free, or low-cost interventions like lifestyle management, dietary changes, pharmaceutical intervention, and blood pressure and glucose control can prevent the need for dialysis. Despite the possibility of implementing proven population health and health care strategies for improving CKD outcomes, little attention is paid to kidney disease until a patient is dependent on dialysis to survive.

### Kidney Disease Patients Are Immensely Vulnerable to COVID-19

Patients on dialysis are at particularly high risk from COVID-19, due to the increased age of the population, numerous underlying comorbidities, community exposure, and the inability of dialysis patients to social distance in the dialysis facility, where patients spend 11 to 12 hours a week in close contact with others. As identified by Medicare's COVID-19 Data Snapshot, Medicare beneficiaries with ESRD are nearly four times as likely to have contracted COVID-19 as aged or disabled beneficiaries and more than seven times more likely to be hospitalized. Dialysis patients who contract COVID-19 are at extremely high risk of short-term mortality, possibly higher than 20 percent. Kidney disease patients who have not reached kidney failure are at similarly high risk. Patients with more serious forms of CKD are at high risk of death, higher even than patients with more commonly cited risk factors for poor COVID-19 outcomes such as hypertension, chronic heart disease, chronic lung disease, or obesity.

### Kidney Disease Sits at the Junction of Racism and COVID-19

Black or African Americans are almost 4 times more likely and Hispanics or Latinos are 1.3 times more likely to have kidney failure compared to White Americans. Although they make up only 13.5% of the population, Black or African Americans make up more than 35% of dialysis patients. While a life-preserving treatment, dialysis often comes with significant side effects such as fatigue, pain, bone disease, and others. It also significantly and negatively impacts on quality of life, with 85 percent of patients relying on in-center dialysis, a treatment that requires 3-4 hour sessions, three times a week, and makes fulltime employment difficult to maintain. Although a kidney transplant is the optimal treatment for kidney failure, Black patients face barriers to access at every step of the process and must wait a year longer than White patients to receive a kidney transplant. Major causes of and contributors to kidney disease such as hypertension, diabetes, and obesity, are all more prevalent among Black Americans when compared to White Americans, likely due to socioeconomic factors like poverty that unduly affect people of color.

Non-White, socioeconomically disadvantaged populations have borne the worst effects of the COVID-19 pandemic, a fact that is crystallized in the dialysis setting. As COVID-19 runs rampant among dialysis patients, it takes an unjust toll on people of color. The most vulnerable of dialysis patients, those who are dual eligible, elderly and people of color, are the most likely to be hospitalized. The legacy of COVID-19 will be its devastation on kidney patients of color, worsening existing disparities and creating new ones.

### Kidney Disease is Bankrupting the Medicare Hospital Insurance Trust Fund

The Congressional Budget Office estimates that the Medicare Hospital Insurance Trust Fund will become insolvent by 2024. During the Biden/Harris Administration, Medicare program will not be able to pay claims for hospital, hospice, and skilled nursing services, resulting in a lower level of benefits. In 2018, 22.3% of traditional Medicare dollars were spend on chronic kidney disease (CKD) *not including spending on kidney failure, known as end-stage renal disease (ESKD)*. When combined with traditional Medicare spend on ESRD beneficiaries of \$49.2 billion dollars, expenditures exceed \$130 billion dollars annually. In 2018, total inflation adjusted traditional Medicare spend was \$507.9 billion dollars. That means that more than 1 in 5 Medicare dollars is spent on kidney disease.

**Kidney Disease is actionable. The National Kidney Foundation urges the Biden/Harris Administration to undertake the following activities in its first 100 days in office to reduce the burden of kidney disease in the short, medium and long term.**

**Recommendation #1: Prioritize kidney patients in your national response to the COVID-19 resurgence.** Ensure that kidney patients have access to personal protective equipment, can transition to home dialysis where appropriate, access telehealth and other services to minimize their risk of exposure, and have priority access to vaccines and therapeutics.

**Recommendation #2: Invest in kidney health.** Our current federal investment in kidney health is inadequate, especially when compared to the significant financial toll that kidney disease takes on the Medicare program and other federal health programs. Funding for kidney related research has not kept pace with other diseases, and investment in prevention, public awareness and population health is negligible. We call on the Biden/Harris Administration to create and fully fund a Special Kidney Disease fund to address gaps in kidney-related research, awareness, innovation, and prevention. A central component of a Special Kidney Disease fund would be to fund research, prevention, and outreach activities aimed at reducing racial and ethnic disparities in kidney care.

**Recommendation #3: Promptly implement plans to create an Office of Transplantation within the Department of Health and Human Services.** The nation's complex organ transplantation system is siloed, inefficient, and lacks accountability. This inefficiency contributes to the fact that twelve kidney patients die each day awaiting a lifesaving transplant. By creating an Office of Transplantation within the Department of Health and Human Services, you can better coordinate and align the diverse and sometimes competing interests that contribute to the inefficiencies in our current system. A specific focus of this office should be to address the significant disparities facing Black and Non-white patients in accessing a transplant.

**Recommendation #4: Expand and build upon the Advancing American Kidney Health initiative.** In July 2019, the current Administration launched the *Advancing American Kidney Health* initiative (AAKH), a public health initiative focused on improving the lives of Americans suffering from kidney disease, expanding options for patients, and reducing healthcare costs. We encourage you to maintain the SRD Treatment Choices Model (ETC) and the Kidney Care Choices Models, which are designed to slow the progression of kidney disease, expand patient access to home dialysis, and increase kidney transplantation. We also encourage you to build on its main pillars, and expand the initiative's focus on public health infrastructure for kidney disease, kidney care disparities, access to kidney transplant, caregiver support for home dialysis patients and innovative approaches to treatment kidney failure.

The National Kidney Foundation looks forward to serving as resource and an ally. We welcome the opportunity to meet with you and your health policy team to discuss the policies outlined above and identify strategies to build on the important work of improving kidney health for all Americans. Please contact Sharon Pearce, Senior Vice President for Government Relations, at [Sharon.Pearce@kidney.org](mailto:Sharon.Pearce@kidney.org) to schedule this meeting.