



February 11, 2021

Rochelle Walensky, MD, MPH
Director, Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Walensky:

I am writing on behalf of Kidney Care Partners (KCP) to ask for the Administration's help to make sure that patients receiving dialysis and the health care staff providing care to these patients receive the COVID-19 vaccine as soon as possible. We appreciate that the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) prioritized in Phase 1 distribution of COVID-19 vaccines to patients with chronic kidney disease (CKD) and health care professionals. However, patients and providers are experiencing delays and barriers at the State and local levels that have slowed the distribution of the vaccine to these prioritized groups. The kidney care community needs your help to overcome the problems. Recent studies have shown that "among maintenance dialysis patients with COVID-19, mortality is high, exceeding 20 percent."¹ These findings confirm the critical need to solve the vaccine distribution problems for these patients.

KCP is an alliance of members of the kidney care community that includes patient advocates, dialysis care professionals, providers, and manufacturers organized to advance policies that improve the quality of care for individuals with both CKD and irreversible kidney failure, known as ESRD.

While CDC has recognized the critical importance of vaccinating CKD and dialysis patients and the health care workers who provide care to them, some States and local governments are not following these priorities. Others are experiencing difficulties because of infrastructure issues with efficient vaccine distribution. Therefore, just as HHS has prioritized distribution of vaccines to patients in skilled nursing facilities and facilitated a unique distribution process for these patients, we ask your help in sending vaccines directly to dialysis facilities to allow them to distribute the vaccines among their patients and health care workers. This policy would also be consistent with the President's efforts to expand the providers and suppliers who can administer the vaccine, which is evidenced most recently in expanding distribution sites to include pharmacies.

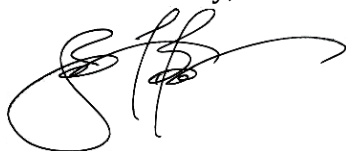
¹CM Hsu, DE Weiner, G Aweh, *et al.*, "COVID-19 Infection Among US Dialysis Patients: Risk Factors and Outcomes From a National Dialysis Provider," *xx Amer. J. Kid. Dis.* xx (2021), doi: <https://doi.org/10.1053/j.ajkd.2021.01.003>; see also John J. Sim, Cheng-Wei Huang, David C. Selevan, *et al.*, "COVID-19 and Survival in Maintenance Dialysis," *3 Kid. Med* 132-35 (January/February 2021); Steven Weiss, Premila Bhat, Maria del Pilar Fernandez, *et al.*, "COVID-19 Infection in ESKD: Findings from a Prospective Disease Surveillance Program at Dialysis Facilities in New York City and Long Island," *31 J. Amer. Soc. Nephrol.* 2517-21 (2020).

ACIP and others have identified patients with CKD, especially those living with kidney failure, as high-risk individuals who should receive vaccines as quickly as possible. Their risk stems from not only their kidney failure, but also because many dialysis patients are living with four or more comorbidities, including obesity, heart disease, and diabetes.² As the National Academies of Science (NAS) report noted, African Americans and Hispanics are disproportionately impacted by COVID-19,³ and both of these groups of Americans are also disproportionately affected by kidney failure.

ACIP's prioritization of dialysis patients recognizes that dialysis patients are especially vulnerable when it comes to the impact of COVID-19. According to CMS' data from June 2020, among those Medicare beneficiaries hospitalized with COVID-19, patients with CKD were among the five most prevalent chronic conditions for Medicare fee-for-service beneficiaries, constituting 50 percent of those beneficiaries hospitalized.⁴ While dialysis facilities have worked diligently to reduce the spread of the disease, patients eligible for Medicare because of ESRD had a COVID-19 hospitalization rate, with 1,341 cases per 100,000 beneficiaries.⁵ Vaccinating these patients as soon as possible will reduce the likelihood they will be hospitalized, which in turn reduces the burden on the hospitals and the healthcare system. It also addresses the access to care problem many communities face in surge areas that result from a shortage of ICU beds.

KCP appreciates the ongoing efforts to facilitate vaccinations during the pandemic. Removing barriers to the vaccination of dialysis patients and their health care professionals and staff is the next essential step necessary to control COVID-19 in this population and reduce overall mortality. Please do not hesitate to reach out to our counsel Kathy Lester, if you have any questions or would like further information about how dialysis facilities are prepared to support distribution of the vaccine for their patients and staff. She can be reached at (202) 534-1773 or klester@lesterhealthlaw.com.

Sincerely,



John Butler, Chairman

cc: Anne Schuchat, MD (RADM, USPHS, RET), Principal Deputy Director
Priti R. Patel, MD, MPH, Dialysis Activity Leader, Division of Healthcare Quality
Promotion

²Lee WC, Lee YT, Li LC, et al. *The number of comorbidities predicts renal outcomes in patients with stage 3–5 chronic kidney disease*. *J Clin Med*. 2018;7:493.

³National Academies of Sciences, at 30.

⁴<https://www.cms.gov/blog/medicare-covid-19-data-release-blog>

⁵<https://www.cms.gov/blog/medicare-covid-19-data-release-blog>