Act Now to Address Health Disparities and Help Kidney Patients

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation’s leading kidney nonprofit and works on behalf of the 37 million Americans living with kidney disease and the millions more at risk. An integral part of our mission is to fight health disparities, which have been brought into sharp focus by the COVID-19 pandemic and its disproportionate impact on communities of color.

Kidney failure (end-stage renal disease or ESRD) disproportionately impacts minority populations:
- Black Americans make up just 13% of the U.S. population, but they account for 35% of Americans with kidney failure.
- Hispanic Americans are 1.6 times more likely than non-Hispanics to develop kidney failure.
- Native Americans are 1.2 times more likely than white Americans to develop kidney failure.

The impact of COVID-19 on minority populations and ESRD patients is not unexpected, given the facts. People of color are at high risk of developing kidney failure due in part to high rates of hypertension and diabetes in their communities. People with ESRD are also more likely to have comorbidities such as heart disease and diabetes, and having one or multiple chronic conditions makes a person more vulnerable to COVID-19 complications and hospitalizations.

Recent data from the Centers for Medicare and Medicaid Services (CMS) on COVID-19 infections and hospitalizations confirms the racial and ethnic disparities among Medicare beneficiaries and the serious impact of COVID-19 on people with ESRD:
- Black people have the highest rates of infection and hospitalization among racial/ethnic groups and have been hospitalized four times more than white people.
- Hispanic people have been hospitalized two times more and Asian people 1.5 times more than white people.
- Medicare beneficiaries with ESRD have the highest rate of hospitalization among all Medicare beneficiaries, with 1,341 hospitalizations per 100,000 beneficiaries. That is eight times higher than the hospitalization rate for Medicare beneficiaries generally.

Congress needs to act now. Please cosponsor the following legislation that will help address health disparities and improve the lives of kidney patients:

- **H.R. 6637, the Health Equity and Accountability Act (HEAA) of 2020.** This bill aims to address many of the root causes of health disparities in a number of ways, such as improving health care access and quality, and enhancing language access and culturally competent care. The kidney disease provisions of HEAA include:
  - Increased research into kidney disease in minority populations and the inclusion of minority participants in clinical trials; would support and expand research into kidney transplant rates in minority populations.
  - Development of an action plan from the National Institutes of Health (NIH) around public health strategies, prevention, diagnosis, disease management and awareness of kidney disease.
  - Adding dialysis to the definition of primary care services, which would increase patients’ access to care in underserved areas.
• **H.R. 6561, Improving Social Determinants of Health Act of 2020.** This bill would create a social determinants of health (SDOH) program at the Centers for Disease Control and Prevention (CDC) to focus on the social, economic and environmental conditions that affect health and wellbeing and are significant contributors to health disparities. SDOH include income level, educational and job opportunities, access to housing and utility services, workplace safety, gender inequity, racial segregation, food insecurity, early childhood experiences, and exposure to violence and pollution.

• **H.R. 5534 / S. 3353, Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act.** This legislation would extend Medicare coverage for immunosuppressive drugs—currently at three years—for the life of the transplanted kidney. For most people with ESRD, a kidney transplant is the best and most desired treatment. However, if a transplant recipient under age 65 cannot obtain other coverage or afford to pay out-of-pocket for their immunosuppressive drugs after their three years of Medicare coverage ends, they risk losing their donated kidney. This extended coverage is especially important right now with millions of Americans facing unemployment and as a consequence, the loss of their health insurance.