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December 14, 2020

The Honorable Joseph R. Biden, Jr.  
1402 Constitution Avenue, N.W.  
Washington, D.C. 20230

Dear Mr. Biden:

The American Kidney Fund (AKF) would like to take this opportunity to share our policy priorities. AKF fights kidney disease on all fronts as the nation's leading kidney nonprofit working on behalf of the 37 million Americans living with kidney disease and the millions more at risk.

We were started in 1971 by a group of neighbors who joined together to raise money for one person in their community who had gone bankrupt because of her dialysis costs. They saw there was a need and that is how AKF began. For the past half-century, AKF has existed to help people fight kidney disease and live healthier lives. We provide a complete spectrum of programs and services: top-rated education materials; free kidney disease screenings in numerous cities across the nation; clinical research funding; and need-based financial assistance enabling one in six U.S. dialysis patients to access lifesaving medical care, including dialysis and transplantation.

Our top priorities fall into two main areas: addressing health disparities and protecting and enhancing access to affordable and high-quality health insurance.

### **Addressing Health Disparities**

Kidney failure (end-stage renal disease or ESRD) disproportionately impacts minority populations: Black Americans make up just 13 percent of the U.S. population, but they account for 35 percent of Americans with kidney failure. Hispanic Americans are 1.6 times more likely than non-Hispanics to develop kidney failure and Native Americans are 1.2 times more likely than white Americans to develop kidney failure. Kidney disease and COVID-19 have adversely affected the same communities. Seventy-five percent of new kidney failure cases are due to diabetes and hypertension, and these are the same underlying chronic illnesses that have led to higher fatality rates from COVID-19 in communities of color.

COVID-19's impact on minority and underserved populations and ESRD patients: Data from the Centers for Medicare and Medicaid Services 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 and Hispanic Americans have the highest rates of infection among racial/ethnic groups with case rates two times more than white Americans. Black Americans have been hospitalized 3.5 times and Hispanic Americans have been hospitalized 2.7 times more than white Americans. Medicare beneficiaries with ESRD have the highest rate of hospitalization among all Medicare beneficiaries, with 3,583 hospitalizations per 100,000 beneficiaries. That is seven times higher than the hospitalization rate for Medicare beneficiaries generally.

**Efforts to address health disparities should focus on the following:**

- The social determinants of health (SDOH), which are 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.
- Ensuring equitable access to affordable and comprehensive health insurance coverage.
- Improving the health care delivery system to make it more equitable, accessible and inclusive, and to ensure high quality care across demographics and geographic regions, including rural areas.
- Investing in kidney-related research, particularly research on kidney disease in minority populations.
- Improving the public health surveillance infrastructure to modernize reporting on COVID-19 and other diseases and conditions, and to improve the collection and reporting of race and ethnicity data.
- Mandate that insurers must accept health insurance premiums from charities, as these programs disproportionately help communities of color.

**Protecting and Enhancing Access to Health Insurance**

**Charitable premium assistance:** Among our many programs and resources for kidney patients, we raise money and distribute it to low-income and financially-struggling dialysis and recently transplanted kidney patients. Low-income patients with high-cost chronic conditions often have health care needs that far exceed their ability to pay. Charitable premium assistance is a means by which nonprofit organizations can help make coverage affordable and ensure that low-income patients have reliable access to necessary care. Without this assistance, patients forego needed care and suffer from poor health outcomes.

Our Health Insurance Premium Program (HIPP) pays health insurance premiums for low-income ESRD and recent transplant patients. The population we help is disproportionately minority compared to the U.S. population; over 60 percent of our grant recipients are from communities of color. When insurers reject AKF HIPP payments, people of color are disproportionately affected.

Protect and expand access to coverage under the Affordable Care Act: The Affordable Care Act (ACA) has enabled patients with chronic diseases, including kidney disease, to enroll in private commercial health plans that provide comprehensive coverage. Prior to the ACA, kidney patients could be denied coverage due to their pre-existing conditions.

AKF supports proposals that would help strengthen the ACA Marketplace, such as funding reinsurance programs, cost-sharing reduction payments, and ACA enrollment outreach and education activities. We also support proposals that would expand eligibility for cost-sharing reduction subsidies and advanced premium tax credits beyond the current income thresholds of 250 percent and 400 percent of the federal poverty level, respectively. By compensating insurers for high-cost patients, providing subsidies for a greater number of people to help them purchase coverage, and increasing enrollment through outreach efforts, these measures will further strengthen the ACA Marketplace and ensure access to comprehensive, affordable coverage options.

AKF opposes efforts to reduce health coverage because insurance is so important to individuals with chronic diseases. We oppose expansion of less comprehensive insurance options, such as association health plans and short-term limited duration plans, which are exempt from covering the essential health benefits or can deny or limit coverage for people with preexisting conditions. The development of such plan options has siphoned healthier individuals from the risk pool, leading to higher premiums for individuals who purchase comprehensive ACA coverage. Now, during a national pandemic, enrollees in these subpar plans can find themselves with no coverage for needed health care services due to a COVID-19 infection. These plans are not required to cover COVID-19 testing, treatments, or vaccines. Indeed, if COVID-19 leads to a long hospital stay, the patient would be responsible for essentially the entire bill.

Assist people who have lost their health insurance: The COVID-19 pandemic has led to millions of Americans losing their jobs. They have had to choose between paying for rent, food, or other bills. Qualified Health Plans bought through the ACA Marketplace should be required to continue coverage through the end of the pandemic regardless of ability to pay. Some states have required insurance plans to extend coverage, even when someone [cannot pay for their health insurance premium](#). In these cases, a payment plan would be worked out so the person can begin paying their premiums once the COVID-19 emergency is over. Making this a national policy would ensure that people do not lose their coverage during the global pandemic.

COBRA allows people who have recently lost their jobs to keep their employer's health insurance for 18 months by paying the entire health insurance premium. During the financial crisis of 2009, a 65 percent COBRA subsidy was created to help people retain their insurance, which lasted until May 31, 2010. The federal government should implement an expanded version of this policy so people can keep their doctors and have continuity of care, especially when remaining insured is so important.

Protecting and Expanding Medicaid: Medicaid is a critical source of health coverage and an important safety net for over 68 million people – which is one in five Americans. Medicaid plays a vital role in helping enrollees prevent and manage chronic conditions such as chronic kidney disease and its leading causes, diabetes and hypertension.

Your Administration can take steps to rescind policies that undermine Medicaid’s core objective, such changes to Medicaid eligibility and benefits that would impose work or service requirements, lifetime coverage limits, lock-out penalties, elimination of retroactive eligibility, and elimination of non-emergency medical transportation. Any policies that have created barriers to coverage for eligible individuals and lead to fewer people, especially vulnerable and minority populations, with access to health care should be rescinded.

The COVID-19 pandemic and the resulting economic downturn has also demonstrated once again the importance of Medicaid as a lifeline for people who have lost their jobs and their employer-sponsored coverage. As Medicaid enrollment rises and state economies weaken, it is essential that states receive enhanced federal Medicaid funding. AKF supports proposals that would automatically increase federal support to state Medicaid programs during economic downturns and link Federal Medical Assistance Percentage (FMAP) adjustments to state unemployment levels. Federal support during an economic crisis would be more responsive, timely and effective.

Protect patients from surprise medical bills: When people need medical care, they typically look for providers who are in-network for their insurance. But sometimes – especially in emergency situations – patients are not able to choose which provider treats them and can end up being cared for by an out-of-network provider. These situations can result in “surprise” charges. Too often, these surprise bills are costly and can cause a significant financial burden. Because kidney disease patients have a chronic condition and possibly other comorbidities that may necessitate emergency care, the issue of surprise medical bills is a concern for AKF. As legislators consider ways to address surprise medical bills, AKF believes proposals should ensure that patients are held financially harmless from additional costs associated with out-of-network care that the patient cannot control.

Thank you for your consideration of these important issues and we look forward to working with you and your Administration.

Sincerely,



LaVarne A. Burton  
President and CEO

