

April 3, 2020

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Azar:

On behalf of the National Renal Administrators Association (NRAA), I write to thank you for your leadership as the Nation confronts the unprecedented COVID-19 public health crisis and to respectfully urge you to ensure that dialysis providers receive the resources they need from the new funding made available by the Coronavirus Aid, Relief, and Economic Security (CARES) Act to safely care for patients with severe kidney disease on dialysis.

The NRAA appreciates the Administration's efforts to enact the CARES Act, which provides critical support and assistance for healthcare providers on the front lines of the COVID-19 pandemic. As the U.S. Department of Health and Human Services (HHS) implements this important legislation, we urge you to prioritize dialysis providers caring for the more than 450,000 Americans with end-stage renal disease (ESRD) on dialysis across the U.S. in the disbursement of funds from the Public Health and Social Services Emergency Fund (the "Fund") and the Child Care Development Block Grant (CCDBG). Financial assistance from both the Fund and CCDBG is available to all healthcare providers and it is critical that dialysis facilities can access this funding to safely treat the especially vulnerable ESRD patient population.

Indeed, the risk of COVID-19 exposure is particularly high for ESRD patients on dialysis and the healthcare providers that care for them. ESRD patients require medically necessary dialysis at least three times per week and typically suffer from multiple underlying conditions beyond ESRD that place them at particularly high risk for contracting COVID-19 and experiencing severe adverse health outcomes, including death. The vast majority of ESRD patients across the U.S. receive treatment in dialysis facilities – with ongoing frequent entry and exit into such facilities exposing these particularly vulnerable patients and their healthcare providers to especially high levels of risk for contracting and spreading virus.

Dialysis providers simply do not have the existing resources necessary to pay for the unprecedented and substantial surge in costs required to safely treat ESRD patients during the pandemic. Items and services expressly identified as eligible for reimbursement under the Fund and CCDBG represent some of the most critical and essential resource needs dialysis providers have as the pandemic continues and scales into the foreseeable future, including:

- **Medical equipment and supplies:** Dialysis providers have purchased significant amounts of personal protective equipment (PPE) and other medical equipment and supplies at costs far in excess of typical rates to protect our patients and healthcare providers from COVID-19 exposure. We also have acquired telehealth technology, remote monitoring technology, and related internet and broadband services to help avoid in-person visits when possible so as to protect both patients and staff. Providers additionally are purchasing home dialysis machines, portable water treatment systems, and specialized home dialysis supplies at significantly higher

costs to provide patients with individualized treatments when medically appropriate that minimize risk of virus exposure.

- **Construction of temporary structures and retrofitting of facilities:** To keep ESRD patients as healthy as possible and out of hospitals overwhelmed by the pandemic, dialysis providers are working diligently together across the renal community to build new structures and retrofit existing facilities to safely deliver treatment to patients. And, to make these reconfigured and temporary facilities safe and clean for patients and their caregivers, dialysis providers have incurred substantial cleaning expenses far beyond budgeted rates both due to increased frequency and increased labor costs. These efforts are assisting providers to shift patients amongst facilities so that patients can receive dialysis in facilities specifically reconfigured to align with patients' COVID-19 status in another critical effort to lessen COVID-19 exposure risk for both patients and providers.
- **Increased workforce and training:** Labor is the most significant expense dialysis providers bear because limited numbers of physicians, nurses, and other staff have the specialized training necessary to deliver high-quality treatment to patients. Surging labor needs arising from the COVID-19 pandemic have caused dialysis providers to incur substantial costs to hire and train additional staff at rates much higher than normal labor costs. We have had to provide significant amounts of overtime pay and, in certain cases, hazard pay given the risk of exposure to COVID-19. We also have incurred substantial unbudgeted costs for extended sick leave paid to facility staff members exposed to or diagnosed with the virus. Additionally, dialysis providers have hired a significant number of nurses who can deliver care at home such as blood draws, medication administration, and overall patient assessments – with the costs of these nurses particularly high for rural providers that must pay for long travel times – to help patients avoid entering dialysis facilities for care when medically appropriate.
- **Childcare:** Many dialysis facilities have incurred significant childcare expenses – in many cases entirely unbudgeted – to ensure that sufficient staff are available to deliver safe and high-quality dialysis treatment to patients.

Receipt of funding from the Public Health and Social Services Fund and CCDBG is simply critical for dialysis providers to continue deliver medically necessary treatment to ESRD patients during this public health crisis in a manner that best protects patients and providers. The NRAA therefore respectfully urges that HHS ensure dialysis providers receive funding from both of these funds that are available to all healthcare providers caring for COVID-19 patients.

The NRAA very much appreciates your consideration of our urgent request. We again wish to express our appreciation for your leadership and the tireless efforts of you and your staff during this unprecedented time. We stand ready to work with you as the crisis continues and best ensure that ESRD patients continue to receive high-quality dialysis treatment. If you have any questions concerning our comments, please do not hesitate to call NRAA Executive Director Marc Chow at (831) 234-1299.

Sincerely,

Maria Regnier, RN, MSN, CNN
NRAA President