ASN has recently advocated for numerous policies that address the current kidney care system as well as the effects of COVID-19 on kidney patients and kidney care professionals.

COVID-19

The COVID-19 pandemic has posed unique challenges for the 37 million Americans affected by kidney disease and the physicians who care for them as parts of the nation transition to various phases of reopening. ASN recently collaborated with the National Kidney Foundation (NKF) on behalf of kidney patients and kidney care professionals in advocacy efforts on two COVID-19 related policies.

Reopening the Nation Safely

While the COVID-19 pandemic has begun to slowly subside in portions of the country, HHS is beginning to consider and establish guidelines to reopen the nation. ASN and NKF sent a list of policy recommendations to HHS Secretary Alex Azar for consideration. These recommendations urge the administration to consider the unique needs of kidney patients, who are particularly vulnerable to COVID-19 infection, and the kidney care professionals who care for them as the country reopens.

In the letter, ASN and NKF encourage the administration to adopt policies and procedures “to ensure kidney patients, their families, and clinicians have adequate access to personal protective equipment, priority access to COVID-19 testing, and early access to a vaccine once it is developed; support end stage renal disease (ESRD) patients’ ability to safely access dialysis services and other related care; prioritize the safe resumption of organ transplantation, which has significantly declined as a result of COVID-19; extend and build upon temporary policy changes that may be required to meet the ongoing needs of kidney patients; and address the needs of patients who develop acute kidney injury (AKI) as a result of COVID-19 infection.”

CMS Regulations on AKI and Peritoneal Dialysis

As reported in the article in this issue, “More Than One-Third of Hospitalized COVID-19 Patients Develop AKI: Study Finds,” the scope of AKI associated with patients hospitalized with COVID-19 is just beginning to be understood and more widely reported. Many of these AKI patients were started in hospital with peritoneal dialysis (PD). Currently, CMS regulations do not allow in-center dialysis facilities to perform PD nor do they allow AKI PD patients to be discharged directly to home. This has complicated care for these patients, often necessitating that they undergo another procedure to switch to hemodialysis. ASN is working with CMS to address this issue in upcoming rulemaking this summer.

NIDDK Replaces Parent T32 Program

In April 2020, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) published two notices (NOT-DK-20-023, NOT-DK-20-024) announcing that the Division of Kidney, Urologic, & Hematologic Diseases (KUH) will no longer participate in the traditional National Institutes of Health (NIH) National Research Service Award (NRSA) T32 Program and instead will participate in a new Institutional Training Program.

This abrupt announcement came as many programs were in the process of completing competitive renewals and will significantly impact the programs currently funded under the T32 mechanism.

Given the gravity and consequences of these unexpected changes, a large number of ASN’s more than 21,000 members contacted the society to articulate their concerns regarding NIDDK’s announcement. The ASN Policy and Advocacy Committee discussed these concerns, identified approaches to address them, and asked the ASN Council to submit these recommendations to NIDDK and KUH. ASN recommended that NIDDK consider the following:

- Providing bridging funding to programs that were/are in the process of proposing a new T32.
- This funding is necessary in enabling the transition for many programs, especially those that have already identified fellows.
- Articulating its rationale for limiting the number of eligible programs to fewer, larger Institutional Network Awards that have at least two tracks that include kidney, urologic, or hematologic research.

ASN believes the new program’s focus on fewer but larger awards will lead to the exclusion of many worthy institutions from the research process, while also exacerbating the declining ranks of successful scientists in nephrology and the recruitment of more junior scientists.

With some current T32s in metro areas ending at different times, ASN is concerned that these institutions will inadvertently receive an advantage in the application process for the new Institutional Network Award. Smaller programs that end sooner, in 2020 or 2021, will be at a significant disadvantage in the application process for the Institutional Network Award. There is no incentive for current T32 programs that end in 2022, 2023, or 2024 to consider joining with those that end in 2020 or 2021 to strengthen the application, so smaller programs that end sooner will face a considerable setback before the application process begins.

Finally, ASN members and the kidney community overall have been stretched thin while addressing the current COVID-19 public health emergency, particularly those in major metropolitan areas or areas highly impacted by COVID-19. The sudden timing of NIDDK’s announcement in April 2020, which was just weeks away from the T32 submission deadline for competitive renewals for which many programs were in the midst of applying, placed another burden on the kidney community. ASN believes that the application window for the new Institutional Network Award does not consider the community’s current circumstances.

NIDDK announced that it would hold a webinar in anticipation of many questions from the community about the Institutional Network Award, but as of press time, the webinar had not occurred.

Extending Immunosuppressive Drug Coverage

ASN is collaborating with the broader kidney and transplant communities in advocacy efforts to pass the bipartisan Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act (H.R. 5534/S. 3535). Currently, Medicare only covers immunosuppressive medications for three years after transplantation. Transplant patients who lose Medicare coverage and are no longer able to access vital immunosuppressive medications are at risk of losing their transplant and returning to dialysis.

The Comprehensive Immunosuppressive Drug Cov-
erage for Kidney Transplant Patients Act would per-
manently remove the three-year limit from Medicare, extend Medicare’s coverage of immunosuppressive medi-
cations beyond the current limit when the individual has no other coverage, and ultimately save lives. The Department of Health and Human Services has predicted that extending Medicare’s coverage of immu-
osuppressive medication would also result in significant savings to Medicare by diverting patients from costly dialysis—a treatment that is 300% more expensive. ASN will continue to advocate for the legislation’s passage on behalf of the more than 700,000 Americans with kidney failure and continue to provide updates to the ASN membership.

Medicare Advantage

In a letter to Administrator Seema Verma of the Centers for Medicare & Medicaid Services (CMS) last month, ASN expressed its support for Medicare Advantage (MA) expanding access to allow patients with kidney failure to enroll in MA beginning in January 2021. These ex-

panded plans could enable patients to access more choices and additional benefits such as transportation assistance, greater care coordination, or even dental care. In the MA setting,ASN has steps affecting network adequacy in MA plans with some provisions potentially affecting kidney care coverage. The step that has drawn the most attention in the kidney community is CMS’ decision to not include maximum time and distance standards for outpatient dialysis to achieve net-
work adequacy in MA plans. ASN has supported CMS’ bold language in the pro-
posed rule to reconsider how to achieve network ade-
quacy allowing for the inclusion of innovation in care delivery, increased use of telehealth, and home dialysis. However, the step to totally and immediately remove these in-center facilities from those requirements in MA plans did surprise many.

Members of the kidney community and ASN are voic-
ing some concerns that this step could have unintended consequences that affect dialysis patients. Patients utiliz-
ing home dialysis are sometimes transitioned to in-center hemodialysis or need access to in-center facilities for a limited period of time. In such cases, there is concern that patients may not be able to see their nephrologist, could face higher out-of-network costs under a MA plan, and could have a substantial transportation burden.