



PRESIDENT

Jeffrey A. Perlmutter, M.D.
Rockville, Maryland

PRESIDENT-ELECT

Timothy A. Pflederer, M.D.
Peoria, Illinois

SECRETARY/TREASURER

Keith A. Bellovich, D.O.
Detroit, Michigan

IMMEDIATE PAST PRESIDENT

Michael D. Shapiro, M.D., M.B.A.,
F.A.C.P., C.P.E.
La Jolla, California

BOARD OF DIRECTORS

Shaun D. Conlon, M.D.
Atlanta, Georgia

Joseph T. Flynn, M.D., M.S.
Seattle, Washington

Robert A. Fuld, M.D.
Baltimore, Maryland

Harold E. Giles, M.D.
Birmingham, Alabama

Sallie E. Israelit, M.D.
Portland, Oregon

Nishant B. Jalandhara, M.D.
Colleyville, Texas

Robert J. Kenney, M.D.
Baton Rouge, Louisiana

Terry L. Ketchersid, M.D.
Johns Island, South Carolina

Katherine W. Kwon, M.D., F.A.S.N.
Saint Joseph, Michigan

Carole Ann Norman, RT
Columbia, South Carolina

Rajiv D. Poduval, M.D.
Phoenix, Arizona

David A. Roer, M.D., F.A.S.N.
Middlebury, CT

Gary G. Singer, M.D.
Saint Peters, Missouri

Lawrence S. Weisberg, M.D.
Camden, New Jersey

COUNSELOR

Rebecca J. Schmidt, D.O., F.A.C.P.
Morgantown, West Virginia

EXECUTIVE DIRECTOR

Dale Singer, M.H.A.
Rockville, Maryland

April 15, 2020

Charles N. Kahn
President and CEO
Federation of American Hospitals
750 9th St NW # 600
Washington, DC 20001
ckahn@fah.org

Richard J. Pollack
President and CEO
American Hospital Association
155 N Upper Wacker Drive
Chicago, IL 60606
rick@aha.org

Matthew Eyles
President and CEO
America's Health Insurance Plans
601 Pennsylvania Ave., NW
South Building, Suite Five Hundred
Washington, DC 20004
meyles@ahip.org

To Whom It May Concern:

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with kidney disease. Part of RPA's mission is to promote excellence in the delivery of high-quality kidney care within an environment that supports patient access to care and safety.

RPA is writing with regard to reports that policies are under consideration that would uniformly exclude patients with end stage renal disease (ESRD) from receiving services in intensive care units (ICUs). Such policies are unacceptable, and RPA adamantly opposes them. While we acknowledge that health care delivery systems are under tremendous strain during the current COVID-19 crisis, preventing care from being provided to a specific patient population, providing these people care in sub-optimal settings, and thus putting that group of patients at additional risk is not the answer. While ESRD is a determinant in prognosis and life expectancy, it cannot be a reason per se to deny care. Specifically, many ESRD patients are either excellent candidates for a kidney transplant, or are young patients who in spite of and apart from their disease are relatively healthy, and thus have reasonable hope for extended life expectancy; therefore, arbitrarily denying them ICU or other emergent care must not occur.

Additionally, policies of this nature are patently inequitable and discriminatory. Nephrologists and other physicians must be able to provide individualized care to individual patients. RPA concurs with the following statement included in an interpretation of the Department of Health and Human Services' Office of Civil Rights (OCR) Bulletin on Civil Rights, HIPAA, and the Coronavirus Disease issued March 28, 2020, which states:

Generalized assumptions must be avoided and doctors must instead focus on the most current and best available objective medical evidence available to determine an individual patient's ability to respond to treatment. Doctors must not assume that any specific diagnosis or disability automatically indicates a poor prognosis for near-term survival or an inability to respond to treatment: people with disabilities regularly outlive the prognoses doctors ascribe to them, often by decades. There must be a thorough, individualized review of each patient.

RPA therefore urges the nation's hospitals and health systems to eliminate consideration of any policies that would exclude ESRD patients from ICU or other emergent care, or to rescind them if they have been implemented. Any questions or comments regarding this correspondence should be directed to RPA's Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at rblaser@renalmd.org.

Sincerely,

A handwritten signature in black ink, reading "Jeffrey A. Perlmutter" with a stylized flourish at the end.

Jeffrey A. Perlmutter, MD
President