



Dear Members of the Michigan Congressional Delegation:

On behalf of the Michigan Legislative Black Caucus, a coalition of over 20 state legislators committed to ensuring equity and justice for all, we are writing to urge you to pass the Kidney PATIENT Act (H.R. 5074), a bipartisan bill that delays CMS from shifting phosphate lowering therapies (PLTs) to the end-stage renal disease (ESRD) Medicare bundle. Medicare Part D currently covers PLTs; bundling them as part of Medicare Part B removes the patient's retail pharmacy and trusted nephrologist from the equation in favor of rigid decisions dictated by a strained bundle. PLTs treat hyperphosphatemia, a condition in which one has an overabundance of phosphate in the blood. A majority of the 37 million dialysis patients in America are diagnosed with hyperphosphatemia, and according to recent data from the Cleveland Clinic, the proportion of patients with hyperphosphatemia was higher (78.1%) in dialysis patients compared to nondialysis patients. Thankfully, both the House Ways and Means and Energy and Commerce Committees favorably reported the Kidney PATIENT Act on March 6, 2024, and March 20, 2024 respectively with bipartisan support, a rarity in an increasingly polarized Congress.

Make no mistake: this shift in access to PLTs will be a life-or-death matter for our constituents in renal care. Additionally, Kidney disease disproportionately affects communities of color, particularly Black Americans, who are at a significantly higher risk of developing kidney disease compared to their white counterparts. Despite advancements in treatment options, access to quality care remains a challenge, perpetuating health disparities and exacerbating the burden on affected individuals and families. Alarming, over one million Michiganders – (one in seven) – have chronic kidney disease.

The Centers for Medicare and Medicaid's (CMS) proposal to include PLTs, which are taken with food outside of dialysis treatments, in the ESRD bundle effective January 1 alarms our communities. While these therapies are essential for managing complications associated with kidney disease, their inclusion in the bundle would have adverse effects on patients' access to care, particularly for underserved populations. The ESRD bundle is already extremely stressed, potentially causing reckless medical decisions that defy science and, most important, the patient's best interests. Forcing PLTs to compete with other bundled treatments for coverage only worsens the issue and will cause harm to these patients.

Preserving access to PLTs outside of the ESRD bundle is crucial for ensuring equitable treatment and improving health outcomes for all individuals with kidney disease, especially those from marginalized communities. By maintaining separate reimbursement for these therapies, as Congress has done on three separate occasions, we can prevent barriers to access and ensure that patients receive the comprehensive care they need to manage their condition effectively.

Passing the Kidney PATIENT Act (H.R. 5074) will ensure that our collectively mutual constituents who have kidney disease or may be diagnosed with it will have continued access to the healthcare that they need to best manage their condition. Thank you for your attention to maintaining quality healthcare access to patients that will literally die without it. We stand ready to collaborate with you to advance initiatives that prioritize kidney health equity and address disparities within our state, regardless of race or socioeconomic status. Please contact us with any questions.

In service and justice, we are,

Erika Geiss

Sen. Erika Geiss, Dist. 1
Chair, Michigan Legislative Black Caucus
State Senate

Chris Jackson

Chris Jackson
Executive Director, Michigan Legislative Black Caucus