

Dialysis Patients Need Congressional Action Now!



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It is no secret that health inequities and barriers to quality care contribute to adverse outcomes within America's Black community.

I am the Senior Pastor of St. Paul Church of God in Christ MKE and the Superintendent of the Calvary District. I have seen the inequity first-hand amongst my parishioners. I take very seriously my role of caring for both the spiritual and physical health of my predominantly Black congregation, and my parishioners experience disparities in both health care and health outcomes.

As a result, my mission includes fighting policies that threaten to worsen outcomes. One of the most devastating diseases to the Black community is chronic kidney disease (CKD), and there is a federal policy on the horizon that would absolutely devastate these patients. According to the Centers for Disease Control and Prevention, 20% of the non-Hispanic Black population has CKD versus only 14% of non-Hispanic white adults.[1] Poorly managed CKD often progresses to kidney failure, requiring individuals to undergo dialysis a few times weekly to stay alive. While Blacks make up about 13% of the population, they account for 35% of the people with kidney failure, or end stage renal disease (ESRD) and 33% of those on dialysis in the United States.[2] Here is where the trouble begins. Most individuals with CKD who are on dialysis receive dialysis and needed medication through the federal Medicare program. The Centers for Medicare and Medicaid Services (CMS) is now finalizing a policy change to be implemented in January 2025 that would severely limit dialysis patient access to certain medications, known as orally administered phosphate lowering therapies (PLTs). Dialysis patients take orally administered PLTs to prevent hyperphosphatemia and receive those essential medications at their community pharmacy through Medicare Part D. Patients often need a combination of different medications to control their phosphorus level adequately, and there is no one-size-fits-all solution; the combination varies from patient to patient.

The new CMS policy would prohibit PLTs from being paid for and provided under Medicare Part D. The result: access to these essential medications at community pharmacies will be denied. Instead, CMS plans to move PLTs into the "ESRD bundle." This is a pre-set and often inadequate amount paid to the dialysis center to cover the cost of all services and therapies administered during dialysis. There is no question that this action by CMS would further worsen health inequities experienced by Black dialysis patients. It is well-known that dialysis centers are already underfunded and typically operate using one size-fits-all protocols. This runs counter to the needs of dialysis patients, who must have access to a wide range of PLTs, along with frequent monitoring of their phosphorus levels. These two critical components of hyperphosphatemia management will not exist for dialysis patients if CMS moves orally administered PLTs into the ESRD bundle.

As a result, CKD patients may experience treatment complications, worse health outcomes, and reduced quality of life. Consider for a moment: approximately 4 out of 5 dialysis patients depend on PLTs. It is vital to their health and wellbeing. This CMS policy will significantly harm the ESRD community. All this will come to pass unless Congress acts! There is a bill health and lives of dialysis patients. I urge the members of Wisconsin's Congressional delegation to lead on this issue. Co-sponsor the Kidney PATIENT Act of 2023 and get the bill passed this year.

It's not too late. Black dialysis patients in Milwaukee and throughout the nation desperately need your support. Together we can take a step forward that protects all, rather than harming those among us who are already vulnerable and need our help

[1] <https://www.cdc.gov/kidneydisease/publications-resources/ckd-national-facts.html#:~:text=CKD%20is%20slightly%20more%20common,of%20Hispanic%20adults%20have%20CKD>.

[2] <https://www.niddk.nih.gov/health-information/kidney-disease/race-ethnicity>



About Dr. Walter L. Fields, Jr.: Pastor Fields founded the Enduring Truth Fellowship Church of God In Christ in Milwaukee in 2008; in 2012, Pastor Fields was appointed to the St. Paul Family Worship Center, COGIC, one of Wisconsin's historic churches in the Milwaukee area Churches Of God In Christ, where he currently serves as Shepherd. Pastor Fields also currently serves as an Administrative Assistant in the Wisconsin First Jurisdiction and the Superintendent of the Calvary District of the Churches of God In Christ in Milwaukee.