

November 26, 2024

The Honorable Charles E. Schumer
Majority Leader, U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Mike Johnson
Speaker, U.S. House of Representatives
568 Cannon House Office Building
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader, U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Hakeem S. Jeffries
Minority Leader, U.S. House of Representatives
2433 Rayburn House Office Building
Washington, DC 20510

Dear Congressional Leaders:

On behalf of the National Community Pharmacists Association (NCPA), representing pharmacists committed to improving the health of patients, communities, and the broader healthcare system, we urge your support for the Kidney PATIENT Act (H.R. 5074 / S. 4510).

Currently, patients access phosphate-lowering therapies (PLTs) through Medicare Part D, an essential lifeline for individuals managing kidney disease. However, CMS plans to include these therapies in the End Stage Renal Disease Prospective Payment System (ESRD bundle) starting January 1, 2025. This shift threatens to limit access to these therapies at community pharmacies, raise out-of-pocket costs, and undermine care quality for vulnerable patients.

PLTs are critical treatments for managing kidney disease, but [recent studies](#) have shown past experience with bundled ESRD medications shows significant declines in the use of innovative and more effective therapies, especially for minoritized patients. Moving PLTs into the ESRD bundle would likely replicate this trend, restricting access to vital medications and jeopardizing patient outcomes.

Moreover, this change would require PLTs to be dispensed through dialysis centers instead of community pharmacies. Unlike pharmacies, dialysis centers are not best-equipped to manage the high volume of oral medications ESRD patients require—often 100-300 pills per month. Furthermore, pharmacists are highly trained healthcare professionals with in-depth knowledge of medications, their effects, interactions, and proper usage. We are trained to catch potential errors in prescriptions, such as incorrect dosages, dangerous drug interactions, or conflicting treatments. This expertise significantly reduces the risk of harm to patients. Community pharmacists' personalized care is vital to ensuring patients receive appropriate medications tailored to their needs.

This proposed shift would disproportionately harm underserved communities. Chronic kidney disease disproportionately affects Black, Hispanic, and Native American populations and those with limited healthcare access in rural communities. Community pharmacies, often the only accessible healthcare provider in both remote and urban areas, play a crucial role in addressing these disparities.

The Kidney PATIENT Act offers a solution by delaying CMS' plan, preserving patients' access to essential PLTs through Medicare Part D and safeguarding pharmacists' ability to deliver personalized, high-quality care. We strongly urge Congress to pass this critical legislation to protect patients and support community pharmacists in their indispensable role.

Thank you for your leadership and attention to this pressing issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Cassidy". The signature is fluid and cursive, with a large loop at the end of the last name.

Anne Cassidy
Senior Vice President of Government Affairs
National Community Pharmacists Association (NCPA)

CC: The Honorable Buddy Carter, House Energy and Commerce Committee
The Honorable Ann Kuster, House Energy and Commerce Committee
The Honorable Carol Miller, House Ways and Means Committee
The Honorable Terri Sewell, House Ways and Means Committee