



# NATIONAL GRANGE

*Elevating rural interests since 1867*

1616 H St. NW, Suite 300, Washington, DC 20006

August 28, 2025

The Honorable Mehmet Oz, MD, MBA  
Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20001

Dear Administrator Oz:

On behalf of the National Grange and our state chapters, I appreciate the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) proposed rule updating the End-Stage Renal Disease (ESRD) Prospective Payment System for calendar year 2026 (CMS-2025-0240).

As part of the Administration's commitment to lowering costs and eliminating policies that unintentionally harm patients, we respectfully but urgently call on CMS to reverse its decision to include Phosphate Lowering Therapies (PLTs) in the ESRD Prospective Payment System.

The National Grange has represented rural America since 1867. Our members include farm families and rural communities where chronic kidney disease (CKD) and ESRD occur at higher rates, driven by occupational and environmental exposures such as extreme heat, herbicides, and air pollution. For these patients, PLTs are not optional – they are essential to maintaining phosphorus balance and preventing life-threatening complications during dialysis.

Until 2025, PLTs were covered under Medicare Part D, ensuring that patients could access them reliably at local community pharmacies with predictable out-of-pocket costs. That system worked. The bundling of PLTs into the ESRD payment structure has disrupted this access, creating confusion and hardship for the very populations most at risk.

Rural dialysis centers are often not equipped to manage the frequent, high-volume dispensing requirements of PLTs. Patients now encounter unnecessary logistical and financial barriers, while providers are pressured to prioritize cost-containment over clinical effectiveness. In practice, this discourages use of the most effective therapies and undermines patient care.

The consequences are clear: reduced access, higher administrative burdens, and poorer outcomes – particularly for rural and agricultural communities already carrying a disproportionate burden of ESRD. This result stands in direct conflict with the Administration's stated goals of reducing health disparities, advancing patient-centered innovation, and modernizing outdated policies.

For these reasons, we strongly urge CMS to restore PLTs to Medicare Part D coverage.

Doing so will realign federal policy with its intended purpose: ensuring that all patients, regardless of geography, have timely access to the therapies they need to live healthier, more stable lives.

We appreciate your leadership and commitment to improving health care for every American, and we look forward to working with CMS to advance policies that strengthen, not weaken, the care available to rural patients.

Sincerely,

Christine E. Hamp, President  
The National Grange