

**Explanation of Changes Reflected in the Chairman’s  
Amendment in the Nature of a Substitute to  
H.R. 5074, *Kidney PATIENT Act***

March 6, 2024

The Chairman’s amendment in the nature of a substitute includes the following changes to H.R. 5074 as introduced:

1. Page 2, line 12 strike “shall” and insert “may”
2. Page 2, line 16 strike “to incorporate the payment for oral drugs” and insert “with respect to such drugs”
3. Page 2, line 19 strike “until the earlier of January 1, 2033” and insert “before January 1, 2027”
4. Page 2, line 19 strike everything after “or such time”
5. Page 2, line 24 add a new subsection (b) “STUDY -- not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress and make available on the public website of the Centers for Medicare & Medicaid Services a report containing data from 2022 through 2024 on—

(1) The number of individuals entitled to benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) or enrolled under part B of such title (42 U.S.C. 1395j et seq.) with end-stage renal disease who are enrolled under a prescription drug plan under part D of such title (42 U.S.C. 1395w–101 et seq.) or under an MA–PD plan under part C of such title (42 U.S.C. 1395w– 21 et seq.), along with a specification of any gaps in coverage under such prescription drug plans or MA–PD plans;

(2) the amount of expenditures under such part D attributable to oral-only drugs related to the treatment of end-stage renal disease and the amount of cost sharing incurred by such individuals for such drugs;

(3) such individuals’ adherence to prescriptions for such drugs, including as measured by serum phosphate levels, reported through the end-stage renal disease quality reporting system;

(4) adverse events of such individuals related to hyperphosphatemia and estimated costs attributable to such adverse events under such title; and

(5) any recommended strategies or standards of practice to increase adherence to prescribed phosphate binders or lowering agents or other strategies to reduce costs to such individuals and expenditures under such program for such agents.