



National  
Kidney  
Foundation®

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Dear Members of the House Energy and Commerce Committee:

The National Kidney Foundation urges the House Energy and Commerce Committee to prioritize action on HR 4818, *the Treat and Reduce Obesity Act (TROA)*. The House Ways and Means Committee recently amended and reported the bill out with overwhelming bipartisan support on June 27, 2024. This legislation improves access to obesity treatment for Medicare beneficiaries and is a crucial step in addressing the significant health risks and costs associated with obesity, including kidney disease.

People with obesity are at an increased risk of developing kidney disease, and the risk increases progressively with higher body mass index (BMI) levels. Furthermore, obesity can exacerbate the progression of *existing* kidney disease, leading to further complications and potentially resulting in end stage kidney disease (ESKD) requiring dialysis or kidney transplantation. People with kidney failure represent 1% of the Medicare population but account for 7% of Medicare spending. Without intervention, it is anticipated that we could have over one million US adults in kidney failure by 2030.

However, recent randomized controlled clinical trials have demonstrated the benefits of glucagon-like peptide-1 (GLP-1) receptor agonists, a class of medications approved for the treatment of obesity, in reducing the risk of kidney disease progression and reducing cardiovascular events in individuals with obesity with and without type 2 diabetes.<sup>1,2</sup> These medications have shown promising results in slowing the decline of kidney function and potentially delaying or preventing the need for dialysis or transplantation in other studies. These drugs are an important weapon in managing kidney disease and preventing kidney failure, which will improve the lives of thousands of Americans and save billions of dollars for the Medicare trust fund.

The *Treat and Reduce Obesity Act*, as amended by the Ways and Means Committee, would allow Medicare Part D coverage for FDA-approved anti-obesity medications (AOMs), such as GLP-1 receptor agonists, for individuals who are taking these medications under their covered health plan during the 12-month period prior to becoming a Medicare beneficiary. It would also increase access to intensive behavioral therapy and nutrition counseling for Medicare beneficiaries. This grandfathering approach would ensure that individuals with an existing prescription would not have their treatment eliminated or interrupted when they become eligible for Medicare.

We urge the House Energy and Commerce Committee to prioritize consideration of this important legislation. Please reach out to Lauren Drew ([lauren.drew@kidney.org](mailto:lauren.drew@kidney.org)), Director of Congressional Relations, with any questions. Thank you for your consideration.

Sincerely,

Kevin Longino  
CEO and Transplant Recipient  
National Kidney Foundation

<sup>1</sup> <https://www.nature.com/articles/s41591-024-03015-5>

<sup>2</sup> <https://www.nejm.org/doi/abs/10.1056/NEJMoa2403347>