

July 18, 2013

Dear Energy and Commerce Committee Members,

As the national stakeholder organizations representing transplant patients, candidates for transplant, and professionals engaged in organ donation and transplantation, we respectfully request you co-sponsor H.R. 1428, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2013. This important bi-partisan legislation will eliminate the current arbitrary 36-month limit on immunosuppressive drug coverage imposed on Medicare beneficiaries.

On June 28, 2013 the Energy & Commerce Health Subcommittee held a hearing on H.R. 1428 to highlight the need for this important legislation. Testimony presented at the hearing highlighted how under current law Medicare Part B coverage of immunosuppressive drugs ends 36 months after the patient receives their transplant, but patients are required to take immunosuppressives indefinitely in order to preserve their gift of life. Kidney patients often find themselves unable to afford their medications once Medicare drug coverage lapses and are forced to ration their medications or forego them altogether, eventually resulting in a completely unnecessary failure of the transplanted kidney.

If the transplant fails, patients are forced to return to dialysis. Medicare spends more than \$80,000 per year on a dialysis patient and covers dialysis treatments indefinitely. Annual Medicare expenses for a transplant recipient, after the year of transplant, are less than \$25,000. This includes the cost of immunosuppressive drugs. Removal of the arbitrary time limit on immunosuppressive drug coverage makes financial sense, but more importantly the unnecessary human toll as a result of the current policy is tragic and unconscionable.

H.R. 1428 grants a beneficiary access only to the Medicare Part B immunosuppressive drug coverage with beneficiaries responsible for only that portion of the Part B premium. Consequently, patients will only choose this option as a last resort since comprehensive health insurance coverage is preferred. H.R. 1428 has always been seen as a "coverage backstop" to provide immunosuppressive drug coverage only when a patient has no other form of coverage.

It is not sound public policy or cost effective for Medicare to cover a kidney transplant and then stop immunosuppressive coverage after 36 months -- which can lead to someone rejecting the transplanted kidney. Current Medicare policy is unfair to patients, living donors, donor families, and the federal government. Kidney transplants result in an improved quality of life, but nearly 100,000 Americans are on kidney wait lists. Patients with ESRD will incur a longer wait for a life-sustaining kidney transplant if people who already received transplants end up back on the waiting list. Every effort must be made to ensure that recipients have access to the drugs that prevent their immune system from rejecting the new organ.

We urge you to correct this outdated and nonsensical policy. There is not a private payer in this country that would choose to pay for a treatment that costs approximately 300% more than an arguably better treatment alternative, yet this is exactly what Medicare does by offering lifetime dialysis treatment but limiting immunosuppressive coverage to only 36 months. More than 70 Members of Congress have cosponsored H.R. 1428 to eliminate this arbitrary time limit for

immunosuppressive drug coverage. Correcting the current immunosuppressive coverage policy will save lives, save transplanted kidneys and save Medicare the unnecessary costs of returning to dialysis and re-transplanting patients.

We ask that you join your colleagues who have cosponsored this legislation so that we can build on the momentum gained following the June 28th Health Subcommittee hearing and keep this legislation moving forward. For further information, please contact Chris Rorick with the American Society of Transplantation chris.rorick@bryancave.com or Troy Zimmerman with the National Kidney Foundation troyz@kidney.org.

Sincerely,

American Kidney Fund
American Society of Nephrology
American Society of Pediatric Nephrology
American Society of Transplantation
American Society of Transplant Surgeons
American Transplant Foundation
Association of Organ Procurement Organizations
Dialysis Patient Citizens
National Kidney Foundation
NATCO, The Organization for Transplant Professionals
PKD Foundation
Renal Physicians Association
Renal Support Network
Transplant Recipients International Organization
United Network for Organ Sharing