

Congress of the United States
Washington, DC 20515

New Study by the New England Journal of Medicine Highlights Need for HR 2969

Dear Colleague:

We would like to draw your attention to a new study in the *New England Journal of Medicine* highlighting the importance of immunosuppressant drug therapies for post-transplant recipients. These drug therapies are crucial for the survival of the patient.

As you may know, those with end stage renal disease (ESRD) are entitled to Medicare coverage for kidney dialysis or transplantation if they or their spouse have paid into Social Security for a minimum of 40 quarters. Kidney transplant recipients then qualify for Medicare immunosuppressive drugs coverage, *regardless of age*.

However, unless they are also eligible for Medicare due to age or disability (receiving SSDI), their Medicare coverage **ends 36 months post transplant** and they often find themselves with no means to for these expensive medications.

The study finds, "In a 2010 survey, more than 70% of U.S kidney-transplantation programs reported that their patients had an "extremely serious" or "very serious" problem paying for immunosuppressive medications, and 68% reported deaths and graft losses attributable to cost-related nonadherence."

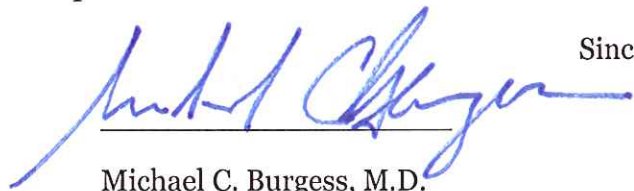
Further, it finds, "Since patients with kidney failure need either long-term dialysis or a functioning renal allograft to survive, failing to pay for ongoing immunosuppression ensures that Medicare's initial investment in kidney transplantation is squandered, that patients die prematurely, and that U.S. taxpayers pay for a more expensive but inferior therapy after some transplants fail unnecessarily."

To remedy this disparity, we have introduced HR 2969, the "Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011," bipartisan, bicameral legislation to help kidney transplant recipients maintain Medicare Part B coverage solely for the purpose of immunosuppressive coverage.

Our bill simply corrects this inequity. HR 2969 would cover transplant anti-rejection medications only – all other Medicare coverage would cease 3 years after the transplant, as under current law.

This legislation will help save lives and is a cost effective use of taxpayer dollars. In 2008, Medicare spent \$19,104 on a beneficiary with a functioning kidney transplant (after the year of transplant), compared to \$77,506 annually on a beneficiary who was on hemodialysis.

This bill has received strong support from transplant and patient organizations. If you have any questions or would like to become a cosponsor of HR 2969, please contact JP Paluskiewicz at James.Paluskiewicz@mail.house.gov in Rep. Burgess' office or Travis Robey at Travis.Robey@mail.house.gov in Rep. Kind's office.



Michael C. Burgess, M.D.
Member of Congress

Sincerely,



Ron Kind
Member of Congress