

January 7, 2020

Dear Representative:

As national stakeholder organizations representing kidney transplant recipients, transplant candidates, and professionals engaged in organ donation and transplantation, we respectfully request you cosponsor legislation that would save lives and reduce Medicare spending. H.R. 5534, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2019, was introduced by Representatives Kind (D-WI) and Burgess (R-TX) to ensure patients have access to life-saving immunosuppressive medications.

Medicare Part B coverage of immunosuppressive drugs ends 36 months post-transplant for non-aged, non-disabled kidney recipients. Many patients lack affordable coverage when their Medicare ends and are forced to ration or forgo their medications altogether. Some kidney patients do not try to get a transplant due to fear they will have difficulty maintaining access to the immunosuppressive drugs. This legislation will extend Medicare for the purposes of the immunosuppressive medications only, and only if the transplant recipient lacks private or other public coverage for these drugs.

Two cost reports issued by the Department of Health and Human Services in May 2019 anticipate 10-year cost savings to be up to \$300 million. Medicare spends approximately \$90,000 per year on each dialysis patient whereas Medicare expenses for a transplant recipient after the year of transplant is almost \$35,000. Furthermore, Part B immunosuppressive drug spending is only \$2,300 per patient, per year. It is not sound public policy nor cost effective to cover a kidney transplant and then stop immunosuppressive coverage after 36 months. The current Medicare policy is unfair to patients, living donors, and donor families. If the transplant fails, patients resume Medicare eligibility for dialysis or another transplant, adding costs to the Federal government and adding another name to a kidney wait list of 95,000 Americans.

Correcting the current immunosuppressive coverage policy would save lives and reduce the unnecessary costs to Medicare of returning these patients to dialysis and/or re-transplanting patients. For further information or to cosponsor the legislation, please contact Alex Eveland in Rep. Kind's office or Elizabeth Allen in Rep. Burgess's office.

Sincerely,

Alport Syndrome Foundation
American Association of Kidney Patients
American Kidney Fund
American Nephrology Nurses Association
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
Donate Life America
Donate Life - WoMen Encouraging Living Donation
Donor to Donor
Gift of Hope
Home Dialyzors United
Honor the Gift
Improving Renal Outcomes Collaborative
IgA Nephropathy Foundation of America
John Brockington Foundation
Kidney Donor Athletes
LifeGift
Living Kidney Donors Network
NATCO, The Organization for Transplant Professionals
National Kidney Foundation
NephCure Kidney International
New Jersey Sharing Network
OneLegacy
Organ Donation Advocacy Group
Organ Donation & Transplantation Alliance
PKD Foundation
Renal Physicians Association
Renal Support Network
Southwest Transplant Alliance
Texas Kidney Foundation
Transplant First Academy
Transplant Games of America
Transplant Life Foundation
Transplant Recipients International Organization
Transplant Support Organization
United Network for Organ Sharing
Wait List Zero
Washington Region Transplant Community