

The American Society of Transplantation would like to call your attention to an emerging and alarming need in our country, access to kidney transplantation for patients with end stage renal disease (ESRD).

### Why is this a problem?

People with end stage renal disease (ESRD) have kidney disease that has progressed to the point that, without treatment, they would die from complications of kidney failure. ESRD population continues to increase, with total Medicare expenditures approaching \$30 billion in 2013 (Fig 1)<sup>1</sup>. Despite these expenditures, patients with ESRD have significantly increased mortality compared to those without kidney disease. In the 1950's, two treatment options emerged that could significantly prolong the lives of people with ESRD; dialysis and kidney transplantation. It is now well established that kidney transplant offers both significant quantity and quality of life improvements over dialysis.

### A Way to Prolong and Improve Quality of Life for Reduced Cost

While mortality rates have fallen for all people with ESRD (Fig 2)<sup>1</sup>, the deaths after transplant are still far lower than with dialysis:

- Kidney transplantation is associated with lower hospitalization rates, improved quality of life, and better chance of joining the work force and starting a family.
- The cost of maintaining a person on dialysis is nearly three times as much per year, as maintaining a healthy kidney transplant (Fig 3)<sup>1</sup>.

For these reasons, increasing transplant rates and ensuring long-term success of transplanted kidney is critical to improving the lives of people with ESRD and managing associated costs.

### Why Aren't More People Being Transplanted?

People with ESRD face several significant hurdles on their path to successful kidney transplantation. Timely referral for evaluation and listing for a kidney transplant is critical. Once listed for a transplant, candidates face an acute shortage of donor organs. This means long waits, all the while on dialysis, with increased risk of death and increased cost. One option to consider here is a living kidney donor, offering minimal waiting time and improved outcomes.

### How Can We Solve This Problem?

Support legislation that removes disincentives for individuals considering living donation, ensures access to needed immunosuppressive therapies and supports innovative research, including:

- **The Living Donor Protection Act**
  - Reduces the burden of child care expenses
  - Reduces the burden of lost wages
- Support **Medicare Program's Part D Six Protected Classes Category**
  - Ensures that organ transplant recipients that cannot afford immunosuppressive medications have a pathway to prevent losing their donor organ to rejection
  - Avoids rising Medicare costs by preventing people from returning to dialysis due to failed allograft
- **Increase the percentage of research dollars from the NIH spent on kidney disease and transplantation to match the percentage of the Medicare spent on ESRD care.** More research will improve outcomes of patients with chronic kidney disease and those with transplants.

Figure 1. Total Medicare ESRD Expenditures, by modality<sup>1</sup>

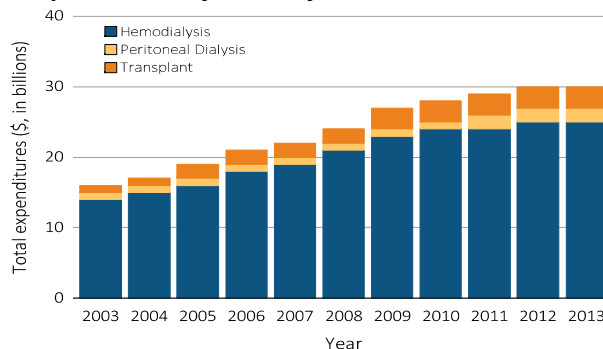


Figure 2. Adjusted all-cause mortality<sup>1</sup>

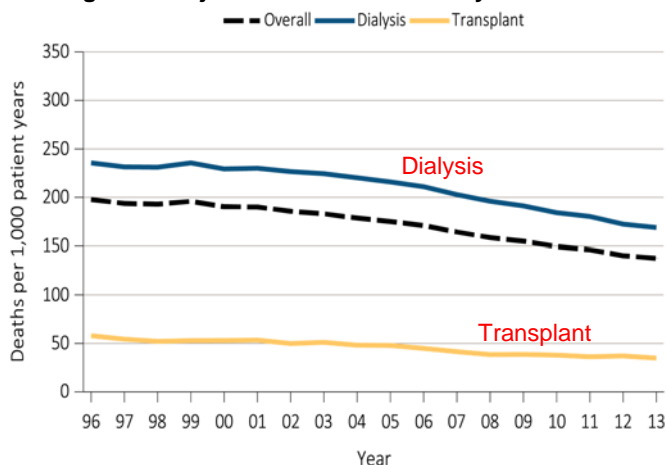
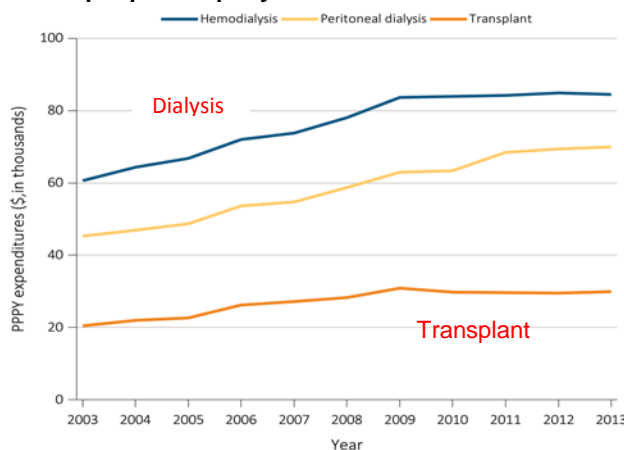


Figure 3. Total Medicare ESRD Expenditures per person per year<sup>1</sup>



<sup>1</sup> United States Renal Data System (USRDS) 2015 Annual Data Report