



Pass H.R. 2969 & S. 1454 in 2012

Make the 112th Session of Congress the Last Congress that Kidney Transplant Recipients Lose Medicare Coverage (and their Kidney) after 36 Months

November 12, 2012

U.S. House of Representatives
U.S. Senate

RE: Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011 Saves Lives and Federal Health Care Dollars

Dear Members of Congress:

The American Society of Transplantation (AST), representing the majority of professionals engaged in the field of solid organ transplantation, urges you to pass the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011 before the gavel falls on the 112th Session of Congress.

This important bipartisan and bicameral legislation will ensure that kidney transplant recipients are able to maintain lifetime Medicare Part B coverage of immunosuppressive drugs. These drugs are necessary to avoid organ rejection and a return to dialysis, a more costly and less effective treatment. The legislation, H.R. 2969 & S. 1454, introduced by Senators Durbin (D-IL), Cochran (R-MS) and Congressmen Burgess (R-TX) and Kind (D-WI), has once again attracted more than 100 co-sponsors and continues to gain bipartisan support. There is no known opposition to this legislation within the healthcare community or on Capitol Hill.

The legislation saves lives, preserves life-saving donor kidneys, and reduces the cost burden to the federal government – a win-win for patients and the U.S. Treasury – yet, over the last 12 years, the bill repeatedly remains unaddressed at the conclusion of each Congress.

Since 1972, Medicare has covered people with end-stage renal disease (ESRD) – permanent kidney failure requiring dialysis or a kidney transplant – without regard to age or SSDI status. There is no time limit for Medicare for a dialysis patient. By contrast, kidney transplant recipients lose Medicare coverage at an arbitrary 36 months after transplant. Kidney transplants result in an improved quality of life, but more than 100,000 Americans are on the waiting list for a new kidney due to the shortage of kidneys donated for transplant. Every effort must be made to ensure that those kidneys that are donated and transplanted – these "gifts of life" – are successful. This means that recipients must have access to the drugs that prevent their immune system from rejecting the new organ.

It is not sound public policy, or cost effective for Medicare, to cover the initial costs of a kidney transplant and then stop immunosuppressive drug coverage after 36 months. That policy can, and all too often does, lead to someone rejecting the transplanted kidney because they cannot afford their medicine. It is unfair to living donors and to those families who have donated the organs of a deceased loved one, for the federal government not to do everything possible to maintain the transplanted kidney and gift-of-life that they have provided. Ironically, when patients lose their transplants, they resume Medicare eligibility for all medical needs, including dialysis or even another transplant.

On behalf of kidney patients, families, physicians, surgeons and all involved in the transplant process, we implore you to make the 112th Session of Congress the last Congress in which many patients will lose Medicare coverage and jeopardize their kidney transplant after only 36 months.

Sincerely,

A handwritten signature in black ink that reads 'Roslyn Mannon'.

Roslyn Mannon, M.D.

President
American Society of Transplantation