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Burgess, Kind Introduce Legislation to Protect Kidney Transplant Recipients

Washington, D.C. – Congressmen Michael C. Burgess, M.D. (R–Texas) and Ron Kind (D–Wisconsin) have introduced HR 1325, the Immunosuppressive Drug Coverage for Kidney Transplant Patients Act. This legislation would allow individuals who are eligible for immunosuppressive drugs under Medicare Part B to continue to receive their vital treatment past the current 36 month cutoff. Without these drugs, transplant recipients are at risk to lose their transplanted kidneys – which should never happen.

“It is incredibly cruel that the gravest threat to patients who have received a transplant is the federal government mandating that they can no longer receive treatment,” said Congressman Michael C. Burgess, M.D. who is the Vice Chair of the House Energy and Commerce Committee’s Subcommittee on Health and Co-Chair of the Congressional Health Caucus. **“Renal transplantation offers end stage renal disease patients an alternative to a lifetime of dialysis. We need to ensure that patients receive the care they need and are not subject to the federal policy that denies coverage for anti-rejection drugs after 36 months. The result of not changing this policy is a costlier return to patients and the Medicare system to dialysis.”**

Since 1972, Medicare has covered patients with irreversible kidney failure, or end-stage renal disease (ESRD). While there is no Medicare time limit for a dialysis patient, kidney transplant recipients lose their Medicare coverage 36 months after they receive their transplant. Extending immunosuppressive coverage beyond the 36 month limit would decrease the risk of organ failure due to patients neglecting to take the immunosuppressants following loss of immunosuppressive coverage. Furthermore, transplant recipients have a higher quality of life, and are more likely to return to employment than dialysis patients.

“This bill improves the quality of life for kidney transplant patients and helps lower their health care costs, by decreasing the need for further dialysis and reducing the chances of organ rejection,” said Rep. Kind. “Eliminating the 36-month cutoff on medication for kidney recipients is critical, commonsense policy that improves patient care.”

“The legislation introduced by Congressmen Burgess (R-TX) and Kind (D-WI) corrects an existing Medicare policy inequity that currently wastes donor organs, lives, and taxpayer dollars. The “Transplant Patient Immunosuppressive Drug Coverage for Kidney Patients Act of 2013” is a bipartisan, bicameral bill which seeks only to provide essential drugs necessary for transplant recipients to keep their donor kidney. It is unfair to living donors, donor families, and the federal government not to do everything possible to maintain the transplanted kidney and gift-of-life that they have provided. The AST strongly supports and applauds Congressmen Burgess and Kind for their steadfast support in working to get this critical patient care legislation enacted into law,” said Dr. Roslyn Mannon, MD, President, AST.

“Congress previously eliminated the time limitation for immunosuppressive coverage for aged and disabled Medicare beneficiaries, but a gap in coverage remains for kidney transplant recipients who are not Medicare aged or disabled,” said Bruce Skyer, CEO of the National Kidney Foundation. “Many of these kidney recipients face uncertainty in obtaining the drugs necessary to preserve their transplant, and today’s action by Rep. Burgess and Rep. Kind will alleviate a financial burden and barrier to organ transplantation for many kidney patients. In the long run, this legislation will save the federal government money as there will be no need to pay the high cost of dialysis for those who lose their transplants due to inability to afford medications.”

U.S. Senators Dick Durbin (D–Illinois) and Thad Cochran (R–Mississippi) have introduced companion legislation in their respective chambers.

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