

Statement of National Kidney Foundation
Support for H.R. 1428, “Comprehensive Immunosuppressive Drug Coverage
for Kidney Transplant Patients Act of 2013”

Submitted to the Committee on Energy and Commerce
Subcommittee on Health
U.S. House of Representatives

June 28, 2013

The National Kidney Foundation (NKF) is pleased that the Committee is holding a hearing today on legislation to help kidney transplant recipients obtain access to medications that are required to help maintain the viability of the transplanted kidney. NKF is America’s largest and oldest health organization dedicated to the awareness, prevention and treatment of kidney disease for millions of patients and their families and for tens of millions of people at risk. H.R. 1428, introduced by Representative Burgess (R-TX) and Representative Kind (D-WI), would extend Medicare Part B coverage of immunosuppressive drugs for kidney recipients who are non-aged and non-disabled. It is identical to legislation from the 112th Congress that garnered nearly 130 cosponsors.

Individuals with end-stage renal disease (ESRD), who require dialysis or a transplant to survive, are eligible for Medicare regardless of age or other disability as a result of legislation enacted by Congress in 1972. If these ESRD beneficiaries remain on dialysis, there is no time limit on their Medicare eligibility. However, despite quality of life benefits and the cost-effectiveness associated with transplantation compared to kidney dialysis, recipients who are not aged or disabled retain Medicare eligibility only for 36 months following their transplant. After their Medicare ends, they often face the challenge of obtaining group health insurance or finding other coverage, greatly increasing the risk of organ rejection if they cannot afford their required medications. If the transplanted kidney fails, the patient returns to dialysis or receives another transplant, either of which is covered by Medicare. According to the U.S. Renal Data System 2012 Annual Report, Medicare spends about \$86,300 annually on a dialysis patient, compared to \$24,600 per year for a kidney transplant recipient after the year of transplant.

While the Affordable Care Act will improve the likelihood that kidney transplant recipients will gain health insurance, there are a number of individuals who are expected to remain uninsured after 2014 because they are unable to afford coverage in the Marketplaces. Furthermore, while States’ benchmark plans cover the most common immunosuppressive drugs (which mean the plans in the Marketplaces must also cover all of those drugs) the plans participating in the Marketplaces have flexibility in how patient cost-sharing for different drugs is designed. Some plans may place non-preferred drugs on higher tiers with higher patient cost sharing creating barriers for patients to access the medications that work best for them.

H.R. 1428 serves as a safety net for those who could not otherwise afford access to immunosuppressive medications needed to preserve their transplanted kidney. Medicare coverage would continue only for immunosuppressive medications; all other Medicare coverage would end 36 months after the transplant. It also requires group health plans to continue to pay for immunosuppressive drugs if they presently include such a benefit in their coverage, to prevent insurers from passing the obligation to Medicare. This bill will help improve transplant outcomes and enable more kidney patients who lack adequate drug coverage to consider transplantation. H.R. 1428 is the right thing to do for kidney patients, for living donors, organ donor families, and for the American taxpayer. Congress has acted previously in this regard, when it eliminated a similar 36 month immunosuppressive coverage limit for aged and disabled beneficiaries in 2000.

We thank you for your consideration of this legislation and urge its passage in the 113th Congress.