



American Society of Transplant Surgeons

March 25, 2013

Congressman Michael Burgess, M.D. 2336 Rayburn House Office Building  
Washington, D.C. 20515

Congressman Ron Kind 1502 Longworth House Office Building  
Washington, D.C. 20515

Dear Congressmen Burgess and Kind:

Thank you for your introducing H.R. 1325, the “Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act” on March 21, 2013. We greatly appreciate your championing this very important legislation for the patients we serve.

Established in 1974, the American Society of Transplant Surgeons (ASTS) serves more than 2,000 surgeons, physicians, scientists, pharmacists, coordinators, and advanced transplant providers. ASTS is committed to fostering the practice and science of transplantation and guiding those who make the policy decisions by advocating for comprehensive and innovative solutions to the needs of ASTS members and their patients.

As you know, this important legislation will eliminate Medicare’s arbitrary 36-month limit on immunosuppressive drug coverage that is imposed on end stage renal disease (ESRD) beneficiaries.

The 36 month limit is unfair and harmful to patients, living donors, donor families, and taxpayers. To pay for a kidney transplant and then stop immunosuppressive coverage after 36 months most often will result in the beneficiary rejecting the transplanted kidney. After coverage ends and many of these patients cannot afford their medications, they will often either reduce their use of the medication or stop taking them altogether. As a result, these beneficiaries will inevitably face completely unnecessary failure of the transplanted kidney and placement back on the kidney wait list. Because of this policy, other Medicare patients with ESRD will incur a longer wait for life-sustaining kidney transplants. With nearly 100,000 Americans on the kidney wait list, we must ensure that recipients have access to the drugs that prevent their immune system from rejecting the new organ.

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Medicare's current payment policy for ESRD beneficiaries is also fiscally poor policy as it takes a short-sighted view of Medicare costs. While Medicare spends more than \$86,000 per year on each dialysis patient, the average annual Medicare expenditure for a kidney transplant recipient is far less expensive - \$24,000 (U.S. Renal Data System 2012 Annual Report). Removing the arbitrary time limit on immunosuppressive drug coverage is therefore very likely to result in savings to the federal government.

We appreciate that your legislation is tightly crafted to only remove the time limitation for these beneficiaries for the immunosuppressive benefit and to apply to only those without other coverage. As your approach is a "coverage backstop," these beneficiaries will only use this option as a last resort.

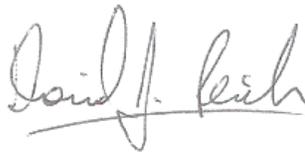
Correcting Medicare's irrational immunosuppressive coverage policy will save lives, allow others on the transplant list a better chance to receive scarce organs, and save Medicare program the unnecessary costs of returning patients to dialysis or re-transplantation surgery.

With your leadership and nearly 150 Members of Congress cosponsoring this legislation last session, we are hopeful that we will finally see passage of this critical legislation. We commend you for your continuing efforts and will work with you toward swift passage of this legislation.

Sincerely,



Kim M. Olthoff, M.D.  
President



David J. Reich, M.D  
Chair, Legislative Committee