

January 5, 2010

U.S. House of Representatives
U.S. Senate
Conferees for the Affordable Health Care for America Act

Re: Support for Kidney Patient Immunosuppressive Drug Coverage

Dear Members of the U.S. House of Representatives, U.S. Senate and Health Care Reform Conferees:

As the stakeholder organizations representing professionals engaged in the field of organ donation and transplantation, as well as transplant patients, we urge you to fight for the extension of Medicare immunosuppressive drug coverage in the final health care reform package. The provision lifts the current 36-month limit for Medicare immunosuppressive drug coverage and was included in the House-passed health care reform bill, H.R. 3962, the Affordable Health Care for America Act. We strongly encourage you to include this provision in the final conference committee report.

One of the biggest challenges that transplant recipients face is the lack of lifetime immunosuppressive drug coverage after receiving a transplant. Currently, patients often find themselves unable to afford their medications once Medicare drug coverage lapses after 36-months. Due to financial reasons, these patients are often forced to begin reducing their medications or forego them altogether, eventually resulting in a completely unnecessary failure of the transplanted kidney.

If the transplant fails, Medicare incurs an average first year cost of more than \$100,000 and will pay for both dialysis and re-transplantation. Medicare spends an average of \$77,000 per year dialyzing patients with kidney failure, and Medicare covers dialysis treatments indefinitely. The cost of immunosuppressive drug coverage to maintain the transplant would be far lower. Removal of the arbitrary time limit on immunosuppressive drug coverage makes financial sense, for sure, but the unnecessary human toll as a result of the current policy is tragic and unconscionable.

Let us be clear, correcting the current irrational immunosuppressive coverage policy will save lives—many of them. It will save transplanted kidneys so that others on the organ donor waiting list can receive one of the scarce organs available. And it will save Medicare the unnecessary costs of re-dialyzing and re-transplanting patients with kidney failure who have lost their graft as a result of their inability to pay for their immunosuppressive drugs. Nearly 100 members of Congress have cosponsored pending legislation to extend immunosuppressive drug coverage as provided in this provision. We strongly urge the House and Senate to build on this support and include this provision in the final health reform bill. Thank you again for your leadership and for your support of transplant patients and the gift of life.

Sincerely,

American Society of Transplantation

American Society of Transplant Surgeons

American Association of Tissue Banks

NATCO, The Organization for Transplant Professionals

Transplant Recipients International Organization

United Network for Organ Sharing

cc: Senate Majority Leader Harry Reid, Deputy Senate Majority Leader Richard Durbin, Speaker of the House Nancy Pelosi, Majority Leader Steny Hoyer, Congressman Charles Rangel, Senator Carl Levin, Senator Robert Casey, Senator Charles Schumer, Senator Roland Burris, Congressman Pete Stark, Congressman Ron Kind.