



American Society of Transplant Surgeons

September 21, 2016

Congressman Michael Burgess, MD
2336 Rayburn House Office Building
Washington, DC 20515

Congressman Ron Kind
1502 Longworth House Office Building
Washington, DC 20515

Dear Congressmen Burgess and Kind:

Thank you for introducing the “Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act.” The American Society of Transplant Surgeons (ASTS) greatly appreciates your continued efforts to champion this very important legislation for the patients we serve.

As you know, this 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. Based on 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.

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 \$84,000 per year on each dialysis patient, the average annual Medicare expenditure for a kidney transplant recipient is far less expensive: \$29,000 (U.S. Renal Data System 2015 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.

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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 the Medicare program the unnecessary costs of returning patients to dialysis or re-transplantation surgery.

The 36-month limit on immunosuppressive drug coverage for transplant patients is unjustified from both patient care and cost savings perspectives. It costs far less to maintain a transplanted organ with these drugs than to have the patient go back on dialysis, and to waste a kidney is a terrible misuse of a donor's selfless gift. This is a longstanding wrong that must be righted as soon as possible, for the sake of those suffering from end stage renal disease, potential organ donors, and society in general. Organ donation is the purest form of altruism, and we must assure those who are thinking about donation that their gift will be treated as it deserves.

With your leadership, 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 yours,

A handwritten signature in black ink that reads "Timothy L. Pruett". The signature is written in a cursive style with a large, sweeping initial 'T'.

Timothy L. Pruett, MD
ASTS President