



American Society of Transplant Surgeons

July 1, 2009

The Honorable Charles Rangel
Chairman
Committee on Ways and Means
Washington, DC 20515

The Honorable Pete Stark
Chairman
Subcommittee on Health
Committee on Ways and Means
Washington, DC 20515

RE: Draft House Health Reform Bill - Sec. 1232 Immunosuppressive Drug Coverage

Dear Chairmen Rangel and Stark:

On behalf of the American Society of Transplant Surgeons (ASTS), I write to sincerely thank you for your leadership in including the provisions of H.R. 1458, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009, in Section 1232 of the draft House health reform package. This provision will address a critical problem for kidney transplant patients across the country. It will enable more kidney patients to afford transplants and reduce the likelihood of organ rejection among transplant recipients, dramatically improving the quality of life for these Medicare beneficiaries and having the added effect of saving the government money in the long term.

ASTS is an organization comprised of over 1500 transplant surgeons, physicians and scientists dedicated to excellence in transplantation surgery through education and research. ASTS has long advocated for kidney transplant recipients to receive coverage of immunosuppressive drugs for the life of the transplant through Medicare Part B. Extending Medicare immunosuppressive drug coverage beyond the current 36-month limit would improve transplant outcomes and enable more kidney patients who lack private insurance to consider transplantation. No one should lose a transplant because of inability to pay for the drugs to maintain the transplanted organ. Studies have shown there is a higher quality of life with a transplant, and recipients are more likely to return to work than dialysis patients.

We thank you for your leadership on organ donation and transplantation issues. Providing extended coverage for immunosuppressive drugs under Medicare is sound public policy that will reduce transplant failures for patients who cannot afford the ongoing costs of the medications. It will also reduce the likelihood of organ failure, thereby reducing Medicare expenses for re-transplantation and unnecessary dialysis. We hope to continue working with you to ensure passage of this provision in the context of the House health reform legislation.

Sincerely,

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