



American Society of Transplant Surgeons

April 12, 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. 1428, the “Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act.” 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.

National Office
2461 South Clark Street
Suite 640
Arlington, VA 22202
Phone: 703 414-7870
Fax: 703 414-7874
asts@asts.org
www.ASTS.org

President
Kim M. Olthoff, MD
University of Pennsylvania
Department of Surgery
3400 Spruce Street - 2 Dulles
Philadelphia, PA 19104
Phone: 215 662-6136
Fax: 215 662-2244
kim.olthoff@uphs.upenn.edu

President-Elect
Alan N. Langnas, DO
University of Nebraska
983285 Nebraska Medical Center
Omaha, NE 68198-3285
Phone: 402 559-8390
Fax: 402 559-3434
alangnas@unmc.edu

Secretary
Charles M. Miller, MD
Cleveland Clinic Foundation
9500 Euclid Ave.
Mail Code A-110
Cleveland, OH 44195
Phone: 216 445-2381
Fax: 216 444-9375
millerc8@ccf.org

Treasurer
Timothy L. Pruett, MD
University of Minnesota
Department of Surgery
420 Delaware Street
SE MMC 195
Minneapolis, MN 55455

Immediate Past President
Mitchell L. Henry, MD

Past President
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John C. Magee, MD
Jean C. Emond, MD
Abhinav Humar, MD
Lloyd E. Ratner, MD, MPH

Executive Director
Kimberly Gifford, MBA
Kim.gifford@asts.org

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.

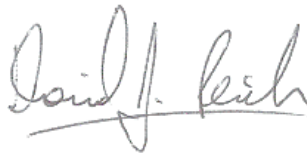
Correcting Medicare's irrational immunosuppressive coverage policy will save lives, allow others on the transplant list a better chance to receive scarce organs, and save Medicare program the unnecessary costs of returning patients to dialysis or re-transplantation surgery.

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