

American Society of Transplant Surgeons

July 1, 2009

The Honorable Max Baucus Chairman Senate Finance Committee Washington, DC 20510 The Honorable Charles Grassley Ranking Member Senate Finance Committee Washington, DC 20510

## RE: Extending Immunosuppressive Drug Coverage Under Medicare

Dear Chairman Baucus and Ranking Member Grassley:

The American Society of Transplant Surgeons (ASTS) requests that you include S. 565, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009, in the Senate Finance Committee's health reform package. Just this week, we learned that the House has included this bill in its draft Tri-Committee health reform legislation at Section 1232. These provisions will enable more end stage renal disease patients to afford transplants and reduce the likelihood of organ rejection among transplant recipients. This, in turn, will improve the quality of life of transplant recipients and have the added benefit of saving the government money in the form of unnecessary retransplantation and unnecessary dialysis.

Organ transplant recipients must take immunosuppressive drugs daily for the rest of their lives to reduce the likelihood of organ rejection. Failure to take these drugs is associated with occurrence of rejection in most patients, which may contribute directly to failure of the transplant and death of the patient (or return to dialysis in the case of kidney transplant recipients).

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 that there is also a higher quality of life with a transplant, and recipients are more likely to return to work than dialysis patients.

The transplant community has long advocated for ESRD kidney recipients to receive coverage of immunosuppressive drugs for the life of the transplant through Medicare Part B. Recipients would pay the Part B premium, and Medicare would be extended beyond 36 months only for recipients who lack other health care coverage. All other health care needs for transplant recipients

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Executive Director Katrina Crist, MBA katrina.crist@asts.org who are not Medicare aged or disabled would remain subject to the current ESRD 36-month coverage limit. Only immunosuppressive drugs would be covered for the life of the transplant under S. 565.

We thank you for your leadership in the Senate on health care and Medicare reform. We hope to work with you to ensure passage of S. 565 in the context of that landmark legislation. Providing extended coverage for immunosuppressive drugs is sound public policy that will reduce transplant failures for patients who cannot afford them and have the added benefit of saving Medicare resources in the long term. Please give our request all appropriate consideration as you develop your final bill. Thank you.

Sincerely,

Robert M. Merion, MD

RM Merion

President