



NATIONAL KIDNEY  
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October 10, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator, Centers for Medicare and Medicaid Services (CMS)  
Hubert H. Humphrey Building  
Room 314G-01  
200 Independence Avenue SW  
Washington, DC 20201

Re: The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2020

Dear Administrator Brooks-LaSure,

The National Kidney Foundation (NKF) commends the Centers for Medicare and Medicaid Services (CMS) for its recent rule implementing the Comprehensive Drug Coverage for Kidney Transplant Patients Act of 2020.

Organs are a limited and precious resource, and immunosuppressant medication is lifesaving. Access to lifetime anti-rejection drugs provides crucial protection for transplant recipients. Without adequate medication coverage, patients face the devastating risk of organ failure and the daunting prospect of returning to dialysis. Not only would this be a loss to the recipient, but also to the person who donated their kidney and the donor family. The new immunosuppressive drug benefit is a historic step in the right direction for kidney transplant patients.

We are concerned, however, that the monthly premium of \$97.10 may be cost-prohibitive for patients with low socioeconomic status. Payment and affordability of immunosuppressive drug therapies are closely tied to patient adherence.<sup>1</sup> Complying with provider-prescribed treatment is vital for graft and patient survival, but patients can only comply if they can afford their medication.

When Congress enacted the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2020, its objectives were to preserve immunosuppressive drug coverage for beneficiaries who have already received a transplant (and, in doing so, preserve the life and function of those kidneys), but also to remove a barrier that often prevented

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<sup>1</sup> Hart, Allyson et al. "The association between loss of Medicare, immunosuppressive medication use, and kidney transplant outcomes." *American journal of transplantation : official journal of the American Society of Transplantation and the American Society of Transplant Surgeons* vol. 19,7 (2019): 1964-1971. doi:10.1111/ajt.15293



many potentially viable transplant candidates – including many from communities of color -- from being approved for the waitlist.

While we appreciate that the statute ties premiums for immunosuppressive drug coverage to the monthly actuarial rate, at its current rate, this new benefit will fall short of achieving Congress' goals. We urge CMS to explore whether additional premium assistance can be made available to help offset the \$97.10 premium for lower-income and at-risk populations.

NKF is committed to expanding access to transplants for all. Please contact Morgan Reid, Director of Transplant Policy and Strategy, at [Morgan.Reid@kidney.org](mailto:Morgan.Reid@kidney.org) or Lauren Drew, Director of Congressional Relations, at [Lauren.Drew@kidney.org](mailto:Lauren.Drew@kidney.org), if we can assist with this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Ki".

Kevin Longino  
CEO and transplant patient

A handwritten signature in black ink, appearing to be "Paul Palevsky".

Paul Palevsky, MD  
President