IMMUNOSUPPRESSIVE DRUG COVERAGE

**Issue:**
Kidney transplant recipients must take immunosuppressive drugs for the life of their transplant, or they risk losing their new organ. Medicare pays for the transplant and immunosuppressive drugs for 36 months post transplant, but coverage of these critical medications stops unless the beneficiary is Medicare-aged or Medicare-disabled.

**Background:**
The Medicare End Stage Renal Disease (ESRD) program pays for dialysis or transplantation for over 600,000 kidney disease patients every year, regardless of age, and has saved millions of lives in the four decades since its enactment. After a transplant, recipients must take immunosuppressive drugs every day for the life of the transplant; failure to do so significantly increases the risk of organ rejection. Kidney recipients, who qualify for Medicare based on their ESRD rather than on age or other disability, lose Medicare coverage 36 months after the transplant. However, if they remain on dialysis, they have lifetime Medicare eligibility. Transplant recipients often have difficulty finding other coverage for their immunosuppressive drugs after Medicare coverage ends.

Medicare spends an average of $86,316 per year for an individual who is on dialysis and $124,643 during the first year of a kidney transplant. However, after the year of transplant, the cost is much lower at $24,612 for an individual with a functioning kidney transplant. If the transplant fails, the patient returns to dialysis or receives another transplant, each covered again by Medicare.

Extending immunosuppressive coverage beyond the 36-month post-transplant limit would improve outcomes and enable more kidney patients who lack adequate insurance to consider transplantation. Most transplant recipients also have a higher quality of life, and are more likely to return to work than dialysis patients.

**Request:**
S. 323, “The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2013,” would extend Medicare Part B coverage for kidney transplant recipients for the purpose of immunosuppressive drugs only. All other Medicare coverage would end 36 months after the transplant. Beneficiaries would be responsible for the appropriate portion of the Part B premium, as well as applicable deductible and coinsurance requirements. For patients who have another form of health insurance, Medicare would be the secondary payer. The bill also requires that group health plans currently providing coverage of immunosuppressive drugs for kidney transplant recipients maintain this coverage.