



National  
Kidney  
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December 9, 2021

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Becerra:

We are writing to ask that the Rulemaking process for extended Medicare coverage of immunosuppressive drugs for non-aged, non-disabled Medicare ESRD beneficiaries who are kidney transplant recipients be expedited.

Congress passed the bipartisan Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act (H.R. 5534 / S. 3353) in December 2020 to ensure these kidney transplant recipients have indefinite access to immunosuppressive medications that are necessary to preserve graft survival. The legislation extends Medicare eligibility beyond the previous 36-month post-transplant limit for ESRD beneficiaries who do not have group health insurance, ACA coverage, or other public insurance that contains an immunosuppressive drug benefit. The extended Medicare eligibility, which is limited to immunosuppressive drugs, will save or improve the lives of thousands of Americans with kidney disease.

With an effective date of January 1, 2023 (and enrollment for anyone whose Medicare coverage ends prior to that beginning on October 1, 2022), we urge the Administration to undertake the Rulemaking process promptly. Key issues to be addressed include but are not limited to establishing a deeming status for eligibility of the extended coverage; establishing an attestation process that beneficiaries do not have immunosuppressive coverage elsewhere; establishing a process for beneficiaries who later obtain immunosuppressive coverage under a separate policy to notify HHS of their change in status; and determining any necessary Medicare Part B co-payments for the extended benefit.

The current immunosuppressive coverage gap for Medicare ESRD beneficiaries can be devastating for patients and their families, donor families and living kidney donors. Many kidney transplant recipients who lack adequate coverage after 36 months are forced to skip or ration their immunosuppressive medications (inevitably resulting in kidney failure), while many other

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patients do not attempt to receive a transplant due to the lack of permanent immunosuppressive coverage. With more than 90,000 Americans currently waiting for a kidney transplant, every effort must be made to preserve the graft function of kidney transplant recipients. A transplant provides a better quality of life and is the preferred kidney replacement therapy for most patients. Furthermore, the Congressional Budget Office estimated that this legislation will save \$400 million over the first 10 years by reducing the number of failed transplants, which requires a return to dialysis or another transplant.

We look forward to learning more about the Rulemaking and working with the Department in this regard. Please contact Miriam Godwin, our Health Policy Director, at [Miriam.Godwin@kidney.org](mailto:Miriam.Godwin@kidney.org) if you require additional information.

Sincerely,



Kevin Longino  
CEO and transplant patient



Paul M. Palevsky, MD  
President