



National Kidney Foundation™

IMMUNOSUPPRESSIVE DRUG COVERAGE

Goal:

To expand Medicare Part B coverage of medications needed to reduce the likelihood of organ rejection among transplant recipients.

Why:

Organ transplant recipients must take immunosuppressive drugs daily for the lifetime of their transplant to reduce the likelihood of organ rejection. Failure to take these drugs significantly increases the risk of rejection.

The Medicare End Stage Renal Disease (ESRD) program pays for dialysis and transplantation for over 506,000 kidney disease patients. Medicare spends an average of \$71,000 annually for an individual who is on dialysis, and a kidney transplant costs Medicare on average of \$106,000 the first year of the transplant. However, Medicare spends on average \$17,000 annually for an individual with a functioning kidney transplant thereafter.

Every year, there are approximately 17,000 kidney transplants. Medicare is the primary payer for over half of these transplants. Full Medicare benefits continue without time limits for aged or disabled beneficiaries. However, recipients are not aged or disabled retain Medicare eligibility only for the first 36 months following their transplants, including the coverage of their immunosuppressive drugs. Those who qualify for Medicare because of ESRD status face the challenge of enrolling in private health insurance. Often these people are left uninsured and rely on a patchwork of state and pharmaceutical assistance programs to obtain their immunosuppressive drugs. Reducing care and treatment places their transplant at greater risk of rejection. If the transplanted kidney fails, they often return to Medicare-covered dialysis, or receive another Medicare transplant, costing the program more money.

Extending immunosuppressive coverage beyond the 36 month ESRD limit would improve transplant outcomes, and enable more kidney patients who lack adequate insurance to consider transplantation. NKF believes no one should lose a transplant because they are not able to pay for the drugs to maintain it. There is also a higher quality of life with a transplant, and recipients are more likely to return to work than dialysis patients.

What:

The National Kidney Foundation has long-advocated for allowing all 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 who are not Medicare aged or disabled would remain subject to the current ESRD 36 month coverage limit.

The NKF supports S. 565, introduced by Senators Durbin (D-IL) and Cochran (R-MS) and H.R. 1458, introduced by Representatives Camp (R-MI) and Kind (D-WI) to accomplish our goal.