

SUPPORT DURBIN AMENDMENT FOR IMMUNOSUPPRESSIVE MEDICATION EXTENSION

Background

- While the miracle of kidney transplantation leads to new hope and new life, it can also lead to health care delivery problems under our current Medicare structure. One of the biggest challenges that transplant recipients face is the lifetime commitment of immunosuppressive drug coverage after receiving a transplant. Organ transplant recipients must take immunosuppressive drugs for the life of the transplant to prevent the organ's rejection by the body.
- Currently, Medicare covers people with end-stage renal disease (ESRD) -- permanent kidney failure requiring dialysis or a kidney transplant -- without regard to age or SSDI status. Medicare's ESRD program pays for most kidney transplants and dialysis **but covers immunosuppressive drugs for only 36 months** after the transplant if the person does not qualify for Medicare because of age or disability status (conversely, there is no time limit for Medicare eligibility for a dialysis patient).
- With more than 81,000 Americans on kidney wait lists, every effort must be made to ensure that transplant recipients have access to the drugs that prevent their immune system from rejecting the new organ.

Is Immunosuppressive Coverage Granted Under Near Universal Coverage?

- Lifetime Medicare coverage for immunosuppressants remains critical, even if healthcare reform legislation is enacted.
- Coverage of immunosuppressants is not a guaranteed benefit under health reform as the "essential benefits package" in the Senate bill provides that minimum benefits will be spelled out after the bill's enactment. Those benefits must be "equal" to the scope of benefits provided under a typical employer [health insurance] plan..." Yet, there is no guarantee that a "typical employer plan" covers immunosuppressives.¹
- Lifetime Medicare coverage for immunosuppressants, as provided under S. 565, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009, will provide an essential safety net for transplant recipients while a new system of healthcare coverage is under development.
- Coverage in the Senate health bill will not expand to the uninsured until 2014, in addition CBO states that the coverage expansion would not reach its 94% peak until 2016, and 16 million people will remain uninsured.²

¹ H.R. 3590, "Patient Protection and Affordable Care Act," § 1302(d).

² Congressional Budget Office, November 18, 2009 letter to the Honorable Harry Reid. Available at http://www.cbo.gov/ftpdocs/107xx/doc10731/Reid_letter_11_18_09.pdf

- Patients could pay higher cost sharing under the new Insurance Exchange than under Medicare because the Senate bill allows “bronze” plans with an actuarial value of 60%.³ Patients could pay coinsurance up to 40%, which could harm transplant patients who cannot afford a copayment of this magnitude for expensive life-saving medications.

Why Now?

- Medicare patients with ESRD will have a longer wait for a life-sustaining kidney transplant if people who already received transplants lack coverage for the medications that prevent rejection and end up back on the waiting list.
- A 2009 study conducted by the United Network for Organ Sharing and the American Society of Transplantation of all 250 of the nation’s transplant centers found that more than 70% of kidney transplant programs report that their patients have an extremely or very serious problem paying for their medications. About 47% of the programs indicate that more than 40% of their patients are having difficulty paying for their immunosuppressive medications. In turn, 68% of the programs report deaths and graft losses attributable to cost-related immunosuppressive medications nonadherence.

Bending the Cost Curve

- Taxpayers, Medicare, and Medicare beneficiaries will bear the costs if health reform does not protect transplant patients.
- It is not cost effective for Medicare to cover a kidney transplant, and then stop immunosuppressive coverage after 36 months -- which can lead to someone rejecting the transplanted kidney because they cannot afford their medicine.
- If patients lose their transplant, they resume Medicare eligibility for all medical needs, including dialysis or another transplant.
- Under S. 565, Medicare beneficiaries must pay the Part B premium just for immunosuppressant coverage; they will only choose this option as a last resort. In addition, Medicare would be the secondary payer for patients with group health insurance coverage that includes immunosuppressants. The private insurer would pay for the person’s immunosuppressant coverage, not Medicare.
- Doing everything possible to maintain the transplant is the right thing to do for living donors and donor families.

³ H.R. 3590, “Patient Protection and Affordable Care Act,” § 1302(d).