

Statement for the Record

American Society of Nephrology

Hearing before the House Energy and Commerce Subcommittee on Health

“Examining Reforms to Improve the Medicare Part B Drug Program for Seniors”

June 28, 2013

The American Society of Nephrology (ASN) applauds Chairman Pitts and Ranking Member Frank Pallone, Jr. for holding the hearing on the Medicare Part B drug program and appreciates the opportunity to submit testimony for the record on this important topic. ASN is grateful to the Subcommittee for including a focus on H.R. 1428, the Comprehensive Lifetime Immunosuppressive Drug Coverage Bill, in the hearing. The society also commends Larry B. Melton, MD, PhD, for sharing his expertise on this issue and thanks the American Society of Transplantation (AST) for its leadership with regard to H.R. 1428.

Representing more than 14,000 members dedicated to leading the fight against kidney disease, ASN is largest organization of kidney health professionals in the world. Foremost among the society’s goals is continuous improvement in the quality, efficiency, and accessibility of care available to patients with kidney disease. ASN, together with AST and other national kidney and transplant organizations, strongly supports H.R. 1428, introduced by the Honorable Michael Burgess, MD, and the Honorable Ron Kind.

For most patients with kidney failure, transplantation is superior to dialysis for patient survival and quality of life. However, patients who receive a kidney transplant must take immunosuppressive drugs to keep the kidney healthy daily for their lifetimes. By extending Medicare coverage of immunosuppressive drugs beyond the current 36-month limit, this legislation would protect Medicare’s investment in the transplanted kidney and the health of the recipient. Patients without private insurance coverage are often unable to pay for these costly drugs after the 36-month Medicare coverage period ends. Evidence shows that there is an increased rate of transplant failure corresponding with loss of coverage for these necessary drugs, and premature transplant failure is the fifth leading cause of initiation of dialysis in the United States.

Patients whose kidney transplants fail must return to dialysis—which Medicare covers for all patients with kidney failure regardless of age or disability—at a significantly larger cost to Medicare than the immunosuppressive drugs would have been. H.R. 1428

would guarantee that all patients who receive a transplant maintain the lifetime coverage necessary to preserve the donated kidney, keeping the recipients healthy and off dialysis.

A recent study in the New England Journal of Medicine concluded that “failing to pay for ongoing immunosuppression ensures that Medicare’s initial investment in the kidney transplantation is squandered, that patients die prematurely, and that U.S. taxpayers pay for a more expensive but inferior therapy after some transplants fail unnecessarily.” Moreover, with the recent introduction of generic versions of two of the most commonly used immunosuppressive drugs in the typical regimen, the average sales price of the drugs has declined more than 55 percent. The cost of immunosuppressive drugs is a mere fraction of the cost of dialysis, and the economic case for Medicare providing lifetime immunosuppressive drugs has never been stronger.

H.R. 1428 is a crucial opportunity to correct a senseless policy, protecting Medicare’s investment in kidney transplants and making it possible for transplant recipients to contribute to society as healthy citizens. As the Subcommittee examines opportunities to improve the Medicare Part B drug program, ASN encourages the Subcommittee to consider H.R. 1428.