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the Field of Transplantation

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October 8, 2009

The Honorable Max Baucus
Chairman Senate Finance
Committee Washington, D.C.
20510

The Honorable Chuck Grassley
Ranking Member Senate Finance
Committee Washington, D.C.
20510

RE: Inclusion of S. 565, the "Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act", in Senate Health Care Reform

Dear Senators:

The American Society of Transplantation (AST), representing the majority of professionals engaged in the field of solid organ transplantation, requests your support of efforts to include S. 565, the "Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009," in the health care reform bill on the floor of the U.S. Senate.

S. 565 will allow kidney transplant recipients to obtain the drugs necessary to maintain their lifesaving organ and reduce overall Medicare Program costs by decreasing the risk of graft failure following the loss of immunosuppressive coverage, which leads to a costly return to dialysis or re-transplantation. Both options are more costly than the simple provision of immunosuppressive medications. A similar provision has already been included in the House health care reform package, H.R. 3200.

Most individuals with end stage renal disease (ESRD) are eligible for Medicare regardless of age or other disability. Under current law kidney transplant recipients, if they are not aged or disabled, lose their Medicare immunosuppressive drug coverage 36 months post-transplant. By contrast, there is no Medicare time or cost limit for dialysis patients. S. 565 would extend Medicare Part B for immunosuppressive medications, but no other Medicare benefits would be provided three years post-transplant.

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**AMERICAN TRANSPLANT
CONGRESS 2010**

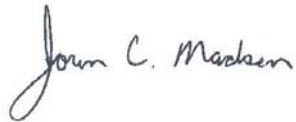
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As you know, the Medicare Program pays for kidney transplantation. This initial investment is more than \$100,000. By providing Medicare coverage for a patient's immunosuppressant drugs, the Medicare transplant investment is protected and preserved. Without such drugs, a transplanted kidney may fail and Medicare is then faced with re-transplantation or a return to costly dialysis. Medicare spends approximately \$70,000 per dialysis beneficiary every year. Covering the immunosuppressant drugs is better for patients and is cost effective to taxpayers.

Congress has extended this coverage three times before, but those changes fell short of providing Medicare coverage for these drugs for as long as they are needed, even though Medicare paid for the kidney transplant. The remaining step is to cover these drugs for the life of the transplant for those who lose their Medicare coverage after three years.

AST and the important patient population that it serves strongly encourage you to include the coverage extension of lifesaving immunosuppressive drugs in the health care bill. It will save the government money and will wisely use scarce resources by keeping transplants viable and avoiding costly re-transplants and/or dialysis.

A handwritten signature in cursive script that reads "Joren C. Madsen".

Joren C. Madsen, MD, DPhil President
American Society of Transplantation

CC: AST Board of Directors