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Before the Energy and Commerce Health Subcommittee
U.S. House of Representatives

Support for H.R. 5534, "Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act"

January 8, 2020

Chairwoman Eshoo, Ranking Member Burgess, and members of the Committee, thank you for the opportunity to testify here today.

My name is Dr. Matthew Cooper, and I am a transplant surgeon serving as the Director of Kidney and Pancreas Transplantation at the Medstar Georgetown Transplant Institute here in the District. I am actively involved with many patient advisory boards and professional societies. I am a member of the National Kidney Foundation's National Board, a council member of American Society of Transplant Surgeons, a member of American Society of Transplantation, a medical advisory board member for American Association of Kidney Patients, and a spokesperson for the Honor the Gift campaign – a national, patient-centered, grassroots movement advocating for the extension of immunosuppression medication coverage for kidney transplant patients.

It is my honor to advocate for the interests of 37 million kidney patients—including the 215,000 Americans living with a functioning kidney transplant, the health of which depends on a lifelong regimen of immunosuppressive drugs to prevent organ rejection.

Thank you for today's discussion about the impact of Medicare's 36-month limit on immunosuppressive drugs for kidney transplant recipients. A special thanks to those Members of Congress who introduced H.R. 5534, including Representatives Burgess, Eshoo and McEachin from this committee. The kidney and transplant communities are especially appreciative of Dr. Burgess and Representative Kind's steadfast leadership on this legislation.

The Medicare program has been at the forefront of quality kidney care for almost 50 years. As many of you know, Medicare created a lifeline for patients with kidney failure when it began covering dialysis for all patients, regardless of their age, in 1973. Similarly, Medicare has covered hundreds of thousands of kidney transplants over the years, allowing countless kidney patients a second chance at life.

Organ transplantation is a medical success story. For the patients who are fortunate enough to receive a donated organ, the quality and length of their lives can be dramatically improved. But not everyone who needs a donated kidney receives one. There are currently more than 103,000

individuals on the kidney transplant waiting list, while just 21,300 transplants were performed in the first eleven months of 2019. There remains a measurable and dramatic shortage of kidneys available for transplant.

Unfortunately, current Medicare policy exacerbates the issue. Under current policy, kidney transplant patients who are neither aged nor disabled –more than 80 percent of the kidney transplant population – lose Medicare coverage of critically important immunosuppressive drugs 36 months after their transplant. Without immunosuppressive drugs to prevent rejection, many patients find themselves back in a risky and frightening place - or worse - in need of a new kidney.

As a transplant surgeon for nearly 20 years, I have witnessed firsthand the impact of this shortsighted policy. Patients struggle to pay for the immunosuppressive drugs needed to maintain the health of their transplant when their Medicare coverage ends, especially lower income patients who lack group health insurance or do not qualify for Medicaid or other assistance. These financial pressures might force a patient into rationing their immunosuppressive drugs or forgoing them altogether, either of which almost absolutely results in graft failure.

I can recall several patients in recent memory who were forced to choose between paying their mortgage or utility bill, or paying for their transplant-saving medication. Many of my colleagues report that they encounter patients in very similar situations. A 2013 *New England Journal of Medicine* article reported that nearly 70 percent of kidney transplant programs reported either a death or organ transplant loss due to patients' inability to pay for their anti-rejection medications.

The 36-month limitation on coverage also has a detrimental effect on live donor organ donations as well. Patients are reluctant to ask a friend or family member to be a living donor if they fear they will be unable to afford their anti-rejection medications long term. As an advocate for increasing organ donation, it is awkward for me to encourage living donors or donor families to give the most amazing "gift of life" knowing that Medicare will cut off immunosuppressive coverage after three years. How does this truly honor the gift?

As a taxpayer, it is doubly frustrating that Medicare will pay for dialysis and for the *first* and *second* transplant but will not pay for the medications needed to maintain and preserve the *first* transplant.

A patient on dialysis costs the federal government almost $86,000 per year. Meanwhile, coverage of immunotherapy under Medicare Part B is approximately, $2,300 per year. Even if you factor in the upfront costs of the transplant surgery - which average over $110,000 – the savings to the government are clear.

In May, the Department of Health and Human Services' (HHS) conducted two analyses which indicated that there was potential significant cost-savings by extending immunosuppressive coverage for kidney transplant patients by averting future dialysis and re-transplantation for these patients. The Centers for Medicare and Medicare's Office of the Actuary concluded that extending coverage could save Medicare up to $300 million over ten years.

By enacting H.R. 5534 – the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act – Congress can provide a lifetime of Medicare coverage of immunosuppressive medications for transplant recipients who lack other coverage. By providing this coverage of last resort, Congress can help reduce the likelihood of graft loss, reduce the demand for another transplant, enable more patients to seek transplant as an option clearly superior to maintenance dialysis, and also protect taxpayers. Importantly, this measure also honors the gift of kidney donation for those who gave selflessly so that others may have their second chance at life.

The 36-month immunosuppressant drug coverage policy is not medically, economically, or ethically justified, and must be fixed by Congress. Thank you for your commitment to advancing H.R. 5534 – for kidney patients, their families, and those who care for them.