



To the Editor:

In an editorial published in the May 6, 2010, issue of the *Clinical Journal of the American Society of Nephrology (CJASN)* titled, "Drug Coverage for Transplantation Turns into Political Football: Big Business Trumps Patients," David J. Cohen and Barbara Murphy misrepresented the position of and efforts on behalf of the majority of the kidney community during the historic passage of health care reform. Contrary to what is detailed in the editorial, Kidney Care Partners (KCP) - a coalition representing not only dialysis professionals, care providers and manufacturers, but also patients, nurses, and physician organizations - strongly supported the extension of Medicare coverage for immunosuppressive medications for kidney transplant patients beyond the current 36 months.

KCP clearly articulated its support for the extension of immunosuppressive drug coverage for transplant patients in press releases, in formal letters to Congress, and in Congressional briefings on Capitol Hill with the nation's leading kidney patient representatives, which the editorial also failed to depict. At the same time, the kidney community was opposed to any proposal that threatened to take scarce resources from one ESRD patient population to fund another when hundreds of dialysis centers are operating at breakeven or below; such a proposal does not lead to any net benefit for society. Therefore, to prevent a reduction in the dialysis benefit and still secure passage of the immunosuppressive coverage extension, KCP members proposed extending the Medicare Secondary Payer (MSP) option for dialysis patients from 30 to 42 months - a solution that, according to the Congressional Budget Office, would result in a Medicare savings of \$1.2 billion over ten years - resulting in more than sufficient funding for immunosuppressive coverage extension a few times over. And KCP did, in fact, propose these savings be used to cover the cost of immunosuppressives.

While the kidney community supports the extension of coverage of immunosuppressives, we also believe that life-saving dialysis care and drugs required by the more than 341,000 patients currently receiving dialysis treatment to sustain quality lives should also be a high priority of Congress. And with the extension of MSP, KCP proved that the health and well-being of those who have received a life-saving transplant need not come at the expense of those on life-saving dialysis. Therefore, KCP members did not support a proposal to achieve Medicare savings by including oral drugs without injectable equivalents in the bundle - a proposal that the broader kidney community, including patient organizations, believes could jeopardize access to critical medications required by dialysis patients and increase patient out-of-pocket costs.

Further, a number of KCP members pledged their support to ensure the collection of reliable data. The truth is that the bundling of these oral drugs was not "an already done

deal," as is described in the editorial. In fact, the rule from CMS is yet to be finalized. Out of broad concern about the impact of the provision on patients, Congress did include in its final health care reform legislation a provision calling for a GAO report asking the agency to further study these issues raised by the kidney care community.

The editorial mischaracterized the efforts by KCP and the entire kidney community to work in concert to achieve health care reform that was good for all kidney patients. KCP members fully supported - and continue to support - the extension of immunosuppressive coverage.

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Kidney Care Partners is a broad-based coalition of patient advocates, dialysis professionals, care providers and manufacturers working together to improve quality of care for individuals with Chronic and End-Stage Kidney Disease.