COMMITTEE REPORT

March 20, 2013

**H. 3812**

Introduced by Reps. Jefferson, W.J. McLeod, King, Alexander, Brannon, R.L. Brown, Gilliard, Quinn, Williams, Bowers, Dillard, Funderburk, Hodges, Hosey, Howard, Pope, Powers Norrell, Ridgeway, Robinson‑Simpson, Ryhal, Whipper and Wood

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Read the first time March 13, 2013.

**THE COMMITTEE ON**

**INVITATIONS AND MEMORIAL RESOLUTIONS**

To whom was referred a House Resolution (H. 3812) to memorialize the Congress of the United States to enact Senate bill S. 323, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass:

LISTON D. BARFIELD for Committee.

**A** **HOUSE RESOLUTION**

TO MEMORIALIZE THE CONGRESS OF THE UNITED STATES TO ENACT SENATE BILL S. 323, THE COMPREHENSIVE IMMUNOSUPPRESSIVE DRUG COVERAGE FOR KIDNEY TRANSPLANT PATIENTS ACT OF 2013, TO GUARANTEE ACCESS BY ALL SOUTH CAROLINIANS WHO NEED A KIDNEY TRANSPLANT TO EXTENDED MONTHS OF MEDICARE PART B COVERAGE FOR IMMUNOSUPPRESSIVE DRUGS THAT ARE CRITICAL TO THE LONG‑TERM SUCCESS OF KIDNEY TRANSPLANTS.

Whereas, today more than 570,000 South Carolinians, approximately one in eight adults, have a form of Chronic Kidney Disease, which can and often does lead to End Stage Renal Disease (ESRD); and

Whereas, End Stage Renal Disease is usually the result of years of Chronic Kidney Disease caused by diabetes mellitus, high blood pressure, inherited conditions, or other kidney damage, and South Carolina is eighth in the nation in the prevalence of diabetes and a leader in the prevalence of high blood pressure; and

Whereas, more than 8,000 people in South Carolina are on dialysis, placing South Carolina, per capita, fourth in the nation with patients on dialysis, and 864 people in South Carolina are currently awaiting a kidney transplant; and

Whereas, the Medicare ESRD program pays for dialysis or transplantation for over 550,000 kidney disease patients every year, regardless of age, and has saved millions of lives in the four decades since its enactment; and

Whereas, patients who qualify for Medicare based on their end‑stage kidney failure, rather than on age or other disability, have lifetime Medicare if they remain on dialysis. However, if they receive a kidney transplant, these same patients lose coverage for immunosuppressive drug costs thirty‑six months after the transplant and very often have difficulty finding other coverage for their immunosuppressive drugs after Medicare coverage ends; and

Whereas, Medicare spends an average of $77,500 per year for an individual who is on dialysis, and a kidney transplant costs, on average, $110,000. After the year of transplant, Medicare only spends about $19,000 for an individual with a functioning kidney transplant, making transplantation more cost effective than dialysis. If the transplanted kidney fails, the patient returns to dialysis or receives another transplant, both covered again by Medicare and costing the ESRD program more money; and

Whereas, U.S. Senate bill S.323, introduced on February 13, 2013, would extend Medicare Part B drug coverage to include immunosuppressive drugs for End Stage Renal Disease beyond the thirty‑six month time limit, which would improve outcomes for these patients and enable more kidney patients who lack adequate insurance to consider transplantation. This would improve the quality of life for transplant recipients and increase the likelihood of their ability to work and otherwise be active citizens in the communities in which they live, which, in turn, would benefit cities and towns throughout the State.

Be it resolved by the House of Representatives:

That the members of the South Carolina House of Representatives, by this resolution, respectfully memorialize Congress to enact Senate bill S.323, The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2013, to eliminate a time limitation for and extend Medicare Part B coverage to cover kidney transplant immunosuppressive drugs for patients who otherwise do not qualify for insurance coverage for these life‑sustaining medications.

Be it further resolved that a copy of this resolution be forwarded to the South Carolina Congressional Delegation.

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