



Legislative and Regulatory Update

August 2014

GRASSROOTS ACTION REQUESTED

We strongly urge you to contact your Members of Congress asking them to co-sponsor the THREE following important pieces of legislation. Only with a strong group of co-sponsors will we be able to convince Congress to advance these bills to final passage.

<u>Sample comments are available here</u>. This will take only 5-10 minutes of your time, so please make your voice heard!

Immunosuppressive Drug Coverage Bill (H.R. 1428/S. 323)

ASTS continues to advocate for cosponsors for the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2013 (H.R. 1428/S. 323), sponsored by Representatives Burgess (R-TX) and Kind (D-WI). The legislation will eliminate Medicare's arbitrary 36-month limit on immunosuppressive drug coverage that is imposed on end stage renal disease (ESRD) beneficiaries. The 36-month limit is unfair and harmful to patients, living donors, donor families, and taxpayers. The bill has 122 co-sponsors in the House and 18 in the Senate.

Readmissions Penalties Exceptions (H.R. 4188)

ASTS also stands in strong support for H.R. 4188, "Establishing Beneficiary Equity in the Hospital Readmission Program Act" sponsored by Representatives Renacci (R-OH) and Engel (D-NY). The legislation seeks to amend the Centers for Medicare and Medicaid Services' (CMS') Hospital Readmission Reduction Program (HRRP) to ensure against unfairly penalizing transplant and other facilities caring for patients who require frequent readmissions. The exemption would protect against transplant and certain other patient admissions being classified for HRRP penalties. It has more than 100 co-sponsors in the House, and a Senate companion bill is expected this fall.

Financial Incentives for Living Donors (H.R. 5263)

Upon the bill's introduction, ASTS lent its support to new legislation, The Living Donor Protection Act of 2014 (H.R. 5263), led by Representatives Burgess (R-TX) and Nadler (D-NY). The bill is designed to ensure living donors have access to life, disability, and long-term care insurance and are guaranteed Family Medical Leave Act (FMLA) protection. The legislation represents another important step toward the full removal of financial disincentives for living organ donors, goals long supported by ASTS. The legislation also includes an educational component to encourage more live donation.

These three bills each affect a different area of transplantation, but all will have powerful positive effects if made law. Please advocate for your patients, your institution, and your transplant team by sending emails to your Congressional representatives. Please feel free to personalize the language ASTS has provided here.

To look up your representatives, <u>click here</u> and submit your information. To see if your representatives are supporters of these bills, <u>click here</u> to review the bills' co-sponsors.

Sunshine Act Comments Due September 2

As you may be aware, the Centers for Medicare and Medicaid Services (CMS) has proposed policy changes that would have significant effects on CME events, including ASTS meetings. In effect, CMS' proposal would blur the lines between CME events and non-CME events, as well as possibly requiring both speakers and attendees to report indirect payments not currently subject to reporting.

Please talk with your institution's CME office and suggest they submit comments. You can find an analysis of the proposal and suggested email language here.

IPPS Final Rule, Mitigating Circumstances Process

Earlier this month, CMS posted the 2015 Inpatient Prospective Payment System (IPPS) Final Rule, including responses to ASTS' comments on the mitigating circumstances process. A number of the comments made by ASTS resulted in modification of CMS' proposed changes to the mitigating circumstances process. You can <u>read the ASTS comments here</u> and the text of the Final Rule here.

Looking for a Past Issue?

All issues of the ASTS Legislative and Regulatory Update are now <u>archived on the ASTS website</u>.

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