

## **ASHI on the Hill**

The 116<sup>th</sup> Congress came to an action-packed end as lawmakers negotiated and passed a significant year-end legislative package ([H.R. 133](#)) containing COVID-19 relief measures, Fiscal Year 2021 appropriations, as well as a host of additional policies to round out the year. The Centers for Medicare and Medicaid Services (CMS) also finalized a number of Calendar Year 2021 rules, including the 2021 Physician Fee Schedule (PFS), which contained a proposal of significant importance to ASHI membership.

### **Physician Fee Schedule Final Rule**

ASHI previously reported that CMS proposed to retire the National Coverage Determination (NCD) for Histocompatibility testing (190.1) in the 2021 PFS [Proposed Rule](#). ASHI submitted formal comments providing that removal of the Histocompatibility testing NCD would be inconsistent with, and contrary to, the Administration's efforts to improve kidney care and increase treatment options through increased transplant rates. ASHI also emphasized that removing the Histocompatibility NCD poses serious risk of inconsistencies in coverage determinations, which is not in the best interest of beneficiaries.

The 2021 PFS [Final Rule](#) was released on December 1, 2020, and we are pleased to report that *ASHI's comments were effective in convincing CMS to refrain from retiring the Histocompatibility NCD (190.1)*. In the final rule, CMS provides that "since commenters shared multiple viewpoints on this issue, we will take more time to consider the specific issues raised by commenters and will not finalize removal of this NCD in this final rule. We will continue to engage with stakeholders on the issue and whether to propose the NCD for removal in the CY 2022 PFS proposed rule."

CMS had proposed the removal of a total of nine different NCDs, and in fact did retire a number of them. Had this proposal been finalized, the Histocompatibility testing would have no longer been covered automatically, but rather, local Medicare Administrative Contractors (MACs) would determine coverage for Histocompatibility testing. ASHI will continue to advocate that the Histocompatibility NCD be retained, and in fact should be updated and expanded.

### **Year-End Legislation Includes Significant Victory for Kidney Transplant Patients**

Since 2019, ASHI has advocated for advancement and passage of legislation that would remove the harmful 36-month post-transplant Medicare coverage limit on immunosuppressive drugs and ensure those receiving kidney transplants receive the lifesaving medication they need. *We are pleased to report that ASHI's advocacy has helped secure passage of this important legislation*, as Section 402 of the year-end agreement passed by Congress includes eligibility for immunosuppressive drug coverage through Medicare for post-kidney transplant individuals whose entitlement to benefits under Part A ends (whether before, on, or after January 1, 2023) and who do not receive coverage of immunosuppressive drugs through other insurance.

The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act was introduced in both the House and Senate with bipartisan support, and the President's 2020 budget request also signaled support for the policy. Recognizing the significant number of patients awaiting transplants and the limited supply of transplantable kidneys, ASHI recognizes the importance of supporting measures that prioritize the long-term success of kidney transplants.

ASHI actively worked to support passage of this measure by submitting testimony to the House Energy and Commerce Committee when the Committee considered the proposal. ASHI is thrilled that the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act has now become law, and we look forward to continuing to secure policy victories for ASHI members and the patients we serve.