

## Making more transplants possible for low-income dialysis patients

Though its charitable premium assistance program, the American Kidney Fund (AKF) makes it possible for roughly 100 low-income dialysis patients to receive transplants each month—furthering the Administration’s *Advancing American Kidney Health* goal of increasing kidney transplants.

AKF’s financial assistance was behind nearly 1 in 20 U.S. kidney transplants in 2018:

- In 2018, just over 22,000 patients received kidney transplants in the U.S. (including 836 kidney/pancreas combination transplants).
- AKF provided grant assistance to more than 1,000 recipients who received transplants in 2018.

There are not nearly enough organs available for patients who need them:

- About 113,000 people are on the waiting list for all organs.
- Of those, 85%—more than 96,000—are waiting for a kidney or kidney/pancreas.
- Every 10 minutes another person is added to the transplant list
- 12 people die each day waiting for a lifesaving kidney transplant.

**Medicare spending:** Transplantation is cost-effective and AKF’s program helps patients and taxpayers

- Per patient per year Medicare spending on dialysis: \$89,367
- Per patient per year Medicare spending on kidney transplant: \$34,780
- Patients who do not have “full” insurance are not accepted onto the transplant list.<sup>i</sup>
- Medicare only (without Medigap) is not considered fully insured. Medicare recipients without a Medigap plan will be ineligible for transplant lists.<sup>ii</sup>
- 45% of AKF’s charitable premium assistance grants are for Medigap.
- However, Medigap policies are not mandated to be available to ESRD patients in nearly half the states.

**Private insurance:** The Medicare Secondary Payer Rule was implemented to control Medicare costs, and kidney patients have a legal right to stay on their private insurance for 30 months as primary payer before Medicare becomes primary. It is advantageous for ESRD patients who hope to get a kidney transplant to stay on their private insurance because patients with private insurance are more likely to get a transplant.

- **Transplant rates by insurance type<sup>iii</sup>**
  - Commercial/private: 35% put on transplant waitlist and 22% transplanted
  - Medicare: 22% on transplant waitlist, 12% transplanted
  - Dual-eligible: 25% on transplant waitlist, 11% transplanted
  - Medicaid: 7% on transplant waitlist, 5% transplanted
- **Amount of time on dialysis before being listed<sup>iv</sup>**
  - Commercial/private: 31.6% listed before initiation of dialysis and 5.4 months on dialysis before listing.
  - Medicare: 7.9% listed before initiation of dialysis and 16.9 months on dialysis before listing.
  - Medicaid: 14.2% listed before initiation of dialysis and 10.4 months on dialysis before listing.
- **Transplanted patients: time on dialysis before transplant<sup>v</sup>**
  - Commercial/private: 1.8 years
  - Medicare: 3.8 years

Medicaid: 3.9 years

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<sup>i</sup> Aleccia, JoNel, "No Cash, No Heart. Transplant Centers Require Proof Of Payment, *Kaiser Health News*, December 5, 2018. <https://khn.org/news/no-cash-no-heart-transplant-centers-require-proof-of-payment/>

<sup>ii</sup> Jaffe, Susan, "Buying Supplemental Insurance Can Be Hard For Younger Medicare Beneficiaries" *Kaiser Health News*, February 3, 2016. <https://khn.org/news/buying-supplemental-insurance-can-be-hard-for-younger-medicare-beneficiaries-2/>

<sup>iii</sup> Schold, Jesse D., Jon A. Gregg, Jeffrey S. Harman, Allyson G. Hall, Pamela R. Patton, and Herwig-Ulf Meier-Kriesche. "Barriers to Evaluation and Wait Listing for Kidney Transplantation." *Clinical Journal of the American Society of Nephrology*. Vol 6. (July 2011) 1760-1767. <https://cjasn.asnjournals.org/content/clinjasn/early/2011/05/19/CJN.08620910.full.pdf>

<sup>iv</sup> Keith, Douglas, Valarie B. Ashby, Friedrich K. Port, and Alan B. Leichtman, "Insurance Type and Minority Status Associated with Large Disparities in Prelisting Dialysis among Candidates for Kidney Transplantation." *Clinical Journal of the American Society of Nephrology*. Vol 3. (March 2008) 463-470. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2390941/>

<sup>v</sup> DuBay, Derek A, Paul A MacLennan, Rhiannon D Reed, Brittany A Shelton, David T Redden, Mona Fouad, Michelle Y Martin, Stephen H Gray, Jared A White, Devin E Eckhoff, and Jayme E Locke. "Insurance Type and Solid Organ Transplant Outcomes: A Historical Perspective on How Medicaid Expansion Might Impact Transplant Outcomes." *Journal of the American College of Surgeons*. Vol 223 (4). (Oct 2016) 611-620. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5252827/>