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**Contact: Alisann Fatemi**

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(703) 887-1493

## **NBA All-Star and Kidney Transplant Recipient Alonzo Mourning Joins Kidney Community in Urging Greater Kidney Disease Education and Legislative Support On World Kidney Day**

*Mourning Joins Kidney Care Partners to Emphasize Kidney Disease Education, Improved Patient Choice for Dialysis Care and Access to Transplant Medications*

*Washington, DC* – Seven-time NBA All-Star Alonzo Mourning today joined Kidney Care Partners (KCP) – an alliance of patient advocates, dialysis professionals, providers and manufacturers working together to improve the quality of care for individuals with end stage renal disease (ESRD) – to call attention to the need for increased education of chronic kidney disease (CKD) and to encourage lawmakers to support key health care reforms that will improve patient access and choice in receiving quality kidney care.

Mourning, a member of the 2006 NBA champions Miami Heat team, received a kidney transplant in 2003 after being diagnosed with Focal Glomerulosclerosis, a degenerative kidney disease, in 2000. Mourning returned to the NBA following his transplant and has since been a leading advocate for kidney patients nationwide. Through his kidney and organ transplantation foundation, Zo's Fund for Life, Mourning has become more focused on programs that can help those suffering from CKD and kidney failure and has partnered with KCP on several advocacy efforts on behalf of kidney patients.

One such policy proposal that would have a positive impact on patients with kidney failure on dialysis, and those with kidney transplants, includes an extension of the Medicare Secondary Payer Provision (MSP) – also referred to as Patient Coverage Extension – and expanded coverage of immunosuppressant drugs for transplant patients, the latter which could be paid for by the taxpayer savings achieved by extending MSP.

Currently, Medicare pays for dialysis care for a significant proportion of patients with kidney failure; however, as currently structured, Medicare's ESRD benefit forces patients off of their private insurance and onto Medicare after 30 months of dialysis. This discriminatory policy, which affects no other category of Medicare beneficiaries, is imposed regardless of patient preferences and even if private insurance plans offer more comprehensive coverage than Medicare. A 12-month extension of MSP from the current 30 months to 42 months would provide \$1.2 billion in savings to the federal government over ten years, according to the Congressional

Budget Office – savings that could pay for expanded immunosuppressant drug coverage. Current Medicare policy limits coverage to life-saving immunosuppressant drugs at 36 months, restricting access to needed medications that can result in organ rejection if not taken appropriately. Extending immunosuppressive coverage beyond the 36-month limit would improve transplant outcomes.

“Congress should take advantage of legislation now that is good for patients and good for taxpayers – MSP would provide greater patient choice and save the Medicare program money – money which in turn could be used to fund life-saving transplant medication – what’s not to like about this legislation?” asked Mourning.

Each year, more than 100,000 Americans are diagnosed with ESRD and require dialysis or a kidney transplant in order to survive. Today, approximately 527,000 patients in the United States are living with kidney failure, and a disproportionate number of these patients are minorities. African American, Hispanic and Asian patients make up more than half the ESRD patient population.

KCP and Mourning are calling on Congress to better serve our nation’s dialysis patients by extending the MSP provision by one year, enabling them to remain on their families’ group health plan instead of being forced onto Medicare. The benefits are manifold, according to KCP, allowing patients’ continuity of care as well as access to care services provided under private plans not afforded by Medicare. Kent Thiry, Chairman of KCP, and members of the kidney community anticipate that this change could encourage health plans to adopt protocols that more aggressively manage the health and disease prevention of plan members.

“Dialysis patients should have the same choices provided to other Medicare patients. They should be able to keep their private insurance as primary payer if they choose,” said Thiry. “Because kidney disease and kidney failure are on the rise in communities all across the country, it is critically important that we make a collective effort to ensure that all patients have access to the quality kidney care they need and deserve.”

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*About KCP: Kidney Care Partners is an alliance of patient advocates, dialysis professionals, providers and manufacturers working together to improve the quality of care for individuals with End Stage Renal Disease (ESRD). For more information, visit [www.kidneycarepartners.org](http://www.kidneycarepartners.org).*

*To learn more about Alonzo Mourning’s charities, visit [zoefundforlife.org](http://zoefundforlife.org)*