

News from Senator

BOB DOLE



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DOLE INTRODUCES MEDICARE COVERAGE FOR RENAL DISEASE PATIENTS WITH HEPATITIS

WASHINGTON -- Senate Finance Committee Chairman Bob Dole (R-Kan.) has introduced legislation that would permit Medicare coverage of vaccinations for hepatitis B for end stage renal disease (ESRD) patients. These patients, the majority of whom rely on hemodialysis for their survival, are at high risk of contracting the hepatitis B virus because of the nature of the treatment for their condition. This virus is transmitted primarily by contact with infected blood and blood products. Consequently, the populations most at risk include patients who receive blood or blood products. Although many dialysis patients will not become seriously ill with hepatitis, a significant number of them become permanent carriers of the virus, exposing their therapists and fellow patients to infection. The cases of clinically significant hepatitis B infections which do occur in dialysis patients result in prolonged illness, expensive hospitalizations, and death.

"The hazard of hepatitis B virus is especially high for ESRD patients," said Dole. "Medicare coverage of a vaccine which provides for safe and effective immunization can have a significant impact on the quality of life and general health status of ESRD patients. If program costs can be reduced in the process, all the better."

According to the centers for disease control (CDC), about 200,000 people are infected with the hepatitis B virus each year, resulting in over 10,000 hospitalizations and 250 deaths. Moreover, many of those infected become carriers of the disease and develop chronic active hepatitis. Information provided by the CDC indicates that about 4,000 people die each year from hepatitis B related cirrhosis and more than 800 die from hepatitis B related liver cancer.

At present, end stage renal disease patients, because of their high risk of exposure to the hepatitis B virus, are monitored through monthly blood tests to screen for the virus. These tests are covered and paid for under the Medicare program. However, the vaccine used to immunize people against the virus is not covered.

The availability of a safe, efficacious hepatitis B vaccine means that not only can the costs of monthly monitoring and hospitalization be avoided, but more importantly, the incidence of morbidity and mortality for high risk patients can be reduced. The vaccine is administered in three doses over a period of six months and has been shown to be effective in producing immunity in about 90 percent of those tested to date. The effectiveness rate for ESRD patients may be lower, and may vary inversely with age, but will probably still be in the range of 75 to 80 percent. Researchers believe the vaccine provides protection for at least 3 years.

The vaccine would cost about \$215 to administer to each patient. Therefore, the cost during the first year of vaccinating the existing population of dialysis patients covered by Medicare would exceed the cost-savings derived from foregoing frequent blood tests. The Congressional Budget Office estimates a first year net cost of \$2.2 million. However, in subsequent years the cost of vaccinating those continuing in the program and the approximately 20,000 new end stage renal disease patients entering the program each year would be greatly outweighed by the savings resulting from the reduced need for monthly monitoring and for the treatment of those contracting the virus. CBO estimates savings in the second year of \$1.5 million and net savings over 5 years of \$7.2 million.