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DATE

Dear Representative \_\_\_\_\_\_\_\_\_\_,

Thank you for your strong leadership in Congress for our state of \_\_\_\_. My name is \_\_\_\_\_\_ and I am reaching out today as a constituent from (City), (State). I have a rare genetic condition called Alpha-1 Antitrypsin Deficiency (Alpha-1) which is treated by FDA approved augmentation therapy.

As a member of the Alpha-1 patient community, I am asking for your support of **H.R. 4438: The John W. Walsh Home Infusion Bill.**

**H.R. 4438** establishes a permanent benefit for Alpha-1 patients to receive augmentation therapy in the home setting through Medicare part B. Infusion at home is the standard of care for patients with commercial insurance coverage to receive augmentation infusion therapy. An Alpha-1 patient who is on Medicare should not have to choose between skipping needed therapy or exposure to a potentially fatal virus which preys on those with pulmonary issues. This bill will establish parity for Alphas who are Medicare beneficiaries. The new Medicare Part B benefit would provide a reimbursement structure for augmentation therapy; intravenous administration kits and up to 2 hours of nursing services.

Alpha-1 is a rare, genetic (inherited) condition that can lead to serious lung and/or liver disease in adults and/or liver disease in infants, children, and adults. Adult lung disease is treated by FDA approved augmentation therapies which consist of weekly intravenous infusions made from the collection of plasma from healthy donors. Therapy slows down but does not reverse the progression of the lung destruction associated with the disorder. Currently, there is no known cure for Alpha-1 and no treatment for pediatric liver disease except organ transplantation.

As a constituent with this rare Alpha-1 diagnosis, it is important to me that you take action for me and my family, and for the entire Alpha-1 community by signing on as a co-sponsor of H.R. 4438: The John W. Walsh Home Infusion Act.

Thank you in advance for your support in this very important issue. I have attached additional information to this correspondence for your reference.

Sincerely,

First Name Last Name

Address

City, State Zip

E-Mail