

April 27, 2020

Mr. Frank Holloman, Director
Division of Transplantation
Health Resources and Services Administration
5600 Fishers Lane, Room 08W53A
Rockville, MD 20857

Re: HHS Document No. 2020-06628 *Reimbursement of Travel and Subsistence Expenses toward Living Organ Donation Program Eligibility Guidelines*

Dear Mr. Holloman:

The Organ Procurement and Transplantation Network (OPTN) is pleased to submit a comment regarding the proposed rulemaking to remove financial disincentives to living organ donation posted in the Federal Register on March 31, 2020. The OPTN commends the Health Resources and Services Administration (HRSA) for further reducing barriers to living donation.

The OPTN supports financial assistance for living donors in need, as we believe the act of living donation should have as little financial impact on the donor as possible. Living donors extend the lives of their recipients and reduce demand for deceased donor organs. Living donors should be kept whole economically, and the proposed enhancements in the Program are important steps in that direction.

As authorized by the OPTN Final Rule to develop “Policies that reduce inequities resulting from socioeconomic status” including “recommendations to private and public payers and service providers on ways to improve coverage of organ transplantation and necessary follow-up care,” the OPTN’s work to improve the state of living organ donation has historically included discussions focused on eliminating financial barriers to living donors. Therefore, the OPTN supports efforts to reduce the burdens on people considering living organ donation.

The OPTN’s specific feedback on the three proposed changes are as follows:

1. Increasing household income eligibility threshold to 350 percent

The OPTN supports increasing the household eligibility threshold for the National Living Donor Assistance Center Program. This expansion is an important step to minimizing current socio-economic disparities in access to living donor transplant. However, the incremental change from 300 percent to 350 percent of federal poverty limit is too modest a change. To relieve financial hardship for living donors, the OPTN endorses the May 2019 Advisory Committee on Organ Transplantation’s (ACOT) recommendation to increase the eligibility threshold to 500% of the federal poverty limit, as it would be a more impactful change.

2. Preference Categories in Relation to the Proposed Income Eligibility Threshold

The OPTN believes the financial link between living donors and recipients should be reviewed. Accordingly, a living donor's financial need should be independently assessed in addition to the income or finances of the intended transplant recipient. Adjusting the priority to the living donor's income should increase the number of living donor transplants, providing increased access to life-saving organ transplants to more patients on the waiting list.

The OPTN recommends giving special consideration to living donors and transplant recipients who rely on the same household income, for example, a spouse who donates to their spouse or a parent who donates to their child. In that instance, the financial burden on the household associated with living donor transplant is likely intensified. Similarly, the OPTN recommends giving special consideration to living donors who act as the caregiver for their transplant recipient. These donors incur costs associated with the donation process and incremental costs such as lost wages for time allocated to transplant recipient support during recovery.

For the reasons described above, the OPTN does not support the clarifications proposed on the use of the existing preference categories. The OPTN recommends adjusting the preference categories to put less emphasis on the recipient's income. Additionally, the preference categories should include consideration for donors and recipients living in the same household and donors serving as caregivers for their recipients.

3. Eligibility of Non-Directed Donors

The OPTN supports the proposed change to allow all non-directed donors to be eligible for reimbursement for qualified expenses regardless of the income eligibility of intended transplant recipients. This change is consistent with the OPTN's view that there should be no financial link between living donors and their intended transplant recipient. As stated in the Federal Register notice (p. 17895), the change is rightfully expected to increase the number of non-directed donors and increase access to life-saving organ transplants to more patients on the waiting list.

In summary, the OPTN appreciates HRSA's work to further reduce barriers to living donation and supports the direction and effort of the proposed rulemaking with suggested modifications. Please consider the OPTN a resource should HRSA need further information in support of its efforts.

Sincerely,



Maryl Johnson
President, OPTN Board of Directors