August 26, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health & Human Services
Washington, DC 20201

Dear Secretary Becerra:

On February 2022, the National Academy of Science, Engineering, and Medicine (NASEM) released a report, “Realizing the Promise of Equity in the Organ Transplantation System,” developed by the Ad Hoc Committee on a Fairer and More Equitable, Cost-Effective, and Transplant System of Donor Organ Procurement, Allocation, and Distribution. On behalf of the American Society of Transplantation (AST), representing a majority of health care professionals engaged in the field of solid organ transplantation, and the American Society of Transplant Surgeons (ASTS), an organization that represents surgeons and professionals dedicated to excellence in transplant surgery, we applaud and share many of NASEM’s goals to create a more equitable, cost-effective, and efficient organ donation and transplantation process for organ donors, patients, families and other key stakeholders.

As you know, the U.S. has experienced eleven consecutive years of growth in deceased donor transplants, surpassing 41,000 total transplants in 2021. This achievement included record numbers of kidney, liver and heart transplants. That said, in order to continue to evolve and meet the increased needs of patients and families, more needs to be done to capitalize and improve upon this positive momentum. AST and ASTS believe that NASEM’s recommendations and holistic approach to improving the nation’s transplant system will advance the field and bring greater alignment and improved performance among all stakeholders.

AST and ASTS support the NASEM report’s call upon the U.S. Department of Health & Human Services (HHS) to take steps to improve equity in access to transplantation. Our Society looks forward to working with HHS in developing strategies to eliminate disparities and strengthen existing efforts in both equity and access. We further agree that the engagement of diverse stakeholders will also be paramount to further improving the transplant system. As HHS moves forward in implementing the recommendations of the NASEM report, we encourage the Department to provide opportunities for patients, professionals and others to provide meaningful feedback and input into the process. Patient education opportunities and engagement will be key to advancing any reform and improvement efforts.

As the leading stakeholders in the field of solid organ transplantation, AST and ASTS look forward to working closely with HHS and NASEM to advance the report’s recommendations and strengthen our current system in the areas of:

- Patient Inclusion, Education and Shared Decision Making;
• Achieving Greater Equity;
• Improving System Performance;
• Maximizing Organ Utilization; and
• Performance Metrics.

We believe there is opportunity for the organ donation and transplantation professional communities to come together to develop and implement positive change in all of these categories. Additionally, we strongly believe that effective research will be key to advancing the field and maximize the number of organs available for transplant and the longevity of every transplanted organ is critical to best honor our donors and their families, candidates, and recipients. Further, we believe that developing this plan is critical to moving forward with an efficient and effective Organ Procurement and Transplantation Network and recommend that the development of a roadmap for implementation is critical before the next OPTN contract rebid to maximize the benefit for the patients we serve.

We look forward to partnering with HHS and other stakeholders in donation and transplantation to make the gift of life a reality for more patients and families.

If you have any questions or require additional information, please do not hesitate to contact us directly.

Sincerely,

Deepali Kumar, MD
President

William C. Chapman, MD
President
American Society of Transplant Surgeons

CC: Dr. Kenneth Kizer, MD. The National Academies of Sciences, Engineering and Medicine.