

July 27, 2012

Mr. Kenneth Burdick
President & Chief Executive Officer
Blue Cross and Blue Shield of Minnesota
P.O. Box 64560
St. Paul, MN 55164-0560



Dear Mr. Burdick:

On behalf of the American Society of Transplant Surgeons (ASTS), American Society of Transplantation (AST), International Pediatric Transplant Association (IPTA), International Transplant Nurses Society (ITNS), NATCO, The Organization for Transplant Professionals, and The Transplantation Society (TTS), we write to request that Blue Cross and Blue Shield of Minnesota reconsider its decision to deny health care coverage to Mr. Radburn Royer, a living kidney donor from Eveleth, MN. We also request that you do not consider living kidney or liver donation as a reason to deny insurance coverage for any donor, now or in the future.



According to the *New York Times* article published on June 11, 2012, Mr. Royer was denied coverage based on the grounds that he has chronic kidney disease as a result of his kidney donation four years ago to his daughter, who was suffering from end-stage renal disease. Just recently, the Supreme Court upheld the Affordable Care Act (ACA), which will ban denials due to pre-existing conditions and end this type of discrimination.



According to your website, Blue Cross and Blue Shield of Minnesota is the largest health plan in Minnesota, representing nearly one in three Minnesotans, and maintains a code of conduct to “do the right thing every day for our customers.” We question how denying health insurance for an individual who donated a kidney to his daughter supports this stated code of conduct.

Over the past twenty-five years there have been more than 117,000 living kidney donors in the United States. The evidence suggests that living kidney donors have survival rates similar to those of non-donors. Furthermore, their risk of end-stage renal disease (ERSD) is not increased.ⁱ Centers perform an extensive medical evaluation to determine whether an individual is appropriate for donation. Recently, commercial payers have estimated that each living kidney donor represents up to \$400,000 in net benefit via cost avoidance during the thirty-three months Medicare is the secondary payer for dialysis. Subsequently, they have supported living donation as an appropriate means of decreasing the number of patients currently awaiting a kidney transplant.ⁱⁱ



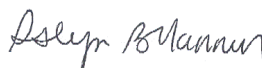
The National Organ Transplantation Act (NOTA) stipulates that donors cannot receive valuable consideration (i.e. compensation) for the donation and yet many, including Mr. Royer, proceed and give the gift of life to another. Given this altruistic and heroic act, we, as a community, cannot stand idly to the side and allow these donors to be penalized for their decisions.

Finally, we note that you hold these values as your guiding principles: Respect, treat everyone with integrity and empathy, Accountability, take responsibility for your actions and decisions, Imagination, be creative and inventive in your work, and Courage, have the conviction to do the right thing.ⁱⁱⁱ On behalf of the transplant community, we urge you to respect the research, be accountable to your constituency and have the courage to reverse the decision to deny Mr. Royer health care coverage.

Sincerely,



Kim M. Olthoff, MD
President
American Society of Transplant Surgeons
www.astso.org



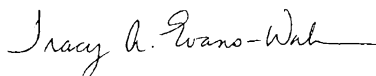
Roslyn B. Mannon, MD
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Richard Trompeter, FRCP, FRCPC
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Tracy Evans-Walker, RN, CNP, CCTC
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Ron Shapiro, MD
Vice President
The Transplantation Society
www.tts.org

ⁱ Ibrahim HN, Foley R, Tan L, Rogers T, Bailey RF, Guo H, Gross CR, Matas AJ: Long-term consequences of kidney donation. *N Engl J Med* 360: 459–469, 2009

ⁱⁱ Irwin FD, Bonagura AF, Crawford SW, Foote M: Kidney paired donation: a payer perspective. *American Journal of Transplantation* 12:1388-1391, 2012

ⁱⁱⁱ http://www.bluecrossmn.com/bc/wcs/groups/bcbsmn/@mbc_bluecrossmn/documents/public/mbc1_c_val.hcsp