



March 19, 2015

Sen. Joe Manchin
306 Hart Senate Office Building
Washington, DC 20510

Rep. Jim Renacci
328 Cannon House Office Building
Washington, DC 20515

Sen. Rob Portman
448 Russell Senate Office Building
Washington, DC 20510

Rep. Eliot Engel
2462 Rayburn House Office Building
Washington, DC 20515

Dear Senator Manchin, Senator Portman, Representative Renacci, and Representative Engel,

On behalf of the American Society of Transplant Surgeons (ASTS), our members, and the patients we serve, thank you for introducing S.688/H.R. 1343, the "Establishing Beneficiary Equity in the Hospital Readmission Program Act of 2015." We greatly appreciate you advancing this bipartisan, common-sense legislation to improve the Medicare Hospital Readmission Program that gives specific reference to transplant as a condition for consideration for exclusion from the hospital readmissions penalty program.

Established in 1974, the ASTS serves approximately 1,800 surgeons, physicians, scientists, advanced transplant providers, and other transplant professionals dedicated to excellence in transplantation surgery. ASTS is committed to advancing the practice and science of transplantation by advocating for comprehensive and innovative solutions to the needs of ASTS members and their patients.

While we appreciate and respect the need to reduce overall readmissions, transplantation is very different. Readmission is not only commonplace for patients receiving transplants; it is frequent and often necessary to ensure that patients do not reject the transplanted organs. Organ rejection is not only a dangerous health condition but it is also costly to the Medicare program and wasteful of the donated organ. Patients who return to the hospital do so not only due to complications of the transplant or their immunosuppressant medications, but also quite often for issues related to other illnesses unrelated to the transplant. It is the transplant surgeon's and team's role to strive to reduce readmissions; however, there are clear circumstances where avoiding admission will be of significant harm to the transplant recipient. The rationale for

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readmission after transplantation is multifactorial and dependent on the organ transplanted but is not a result of mismanagement or lack of oversight by the transplant center.

We are pleased to share our strong support for the “Establishing Beneficiary Equity in the Hospital Readmission Program Act of 2015.” Specifically, we commend the addition of language for a study, completed by a multi-stakeholder technical expert panel, to examine the possibility of excluding certain clinical conditions, including those patients with transplants, from the calculation of excess readmissions.

Thank you for your leadership in advancing this legislation to improve a program with the best intentions for our patients. We applaud you and your colleagues for recognizing that a one-size-fits-all policy for hospital readmissions is clearly a disservice to the hospitals serving this particularly vulnerable patient population. ASTS would be pleased to work with you and serve on the expert panel as it relates to readmissions involving transplant recipients.

Sincerely yours,



Peter G. Stock, MD, PhD
President



David J. Reich, MD
Chair, Legislative Committee

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