



American Society of Transplant Surgeons

April 17, 2014

Representative Jim Renacci
130 Cannon House Office Building
Washington, DC 20515

Re: H.R. 4188, *Establishing Beneficiary Equity in the Hospital Readmission Program Act*

Dear Representative Renacci:

On behalf of our members and the patients we serve, thank you for introducing, H.R. 4188, “Establishing Beneficiary Equity in the Hospital Readmission Program Act.” We greatly appreciate you advancing this bipartisan, common-sense legislation to improve the Medicare Hospital Readmission Reduction Program (MHRP) to address certain fragile patient populations, including patients receiving transplants and those with end-stage renal disease.

Established in 1974, the American Society of Transplant Surgeons (ASTS) serves more than 1800 surgeons, physicians, scientists, pharmacists, coordinators, and advanced transplant providers dedicated to excellence in transplantation surgery. ASTS is committed to fostering the practice and science of transplantation and guiding those who make the policy decisions by advocating for comprehensive and innovative solutions to the needs of ASTS members and their patients.

We are pleased to share our strong support for this legislation as the legislation specifically exempts transplants, End Stage Renal Disease (ESRD), and other conditions from classification as an admission for purposes of penalties for hospital readmissions under Affordable Care Act (ACA). We commend you for including in the legislation a risk adjustment mechanism so as to not “unfairly penalize hospitals that treat the most vulnerable populations.” The legislation is made stronger by inclusion of a Medicare Payment Advisory study on the appropriateness of the 30 day readmission threshold and the recommendation of the use of a V Code to adjust for non-compliant patients.

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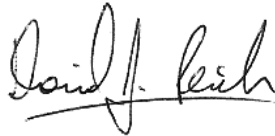
While we appreciate and respect the need to reduce overall readmissions, transplantation is very different. Readmission is not only commonplace for patients receiving transplants, it is frequent and often necessary to ensure that patients do not reject the transplanted organs. Organ rejection is not only a dangerous health condition but it is costly to the Medicare program and wasteful of the precious gift of life, the donated organ. Patients who return to the hospital do so not only related 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 physician 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 readmission after transplantation is multifactorial and dependent on the organ transplanted, but is not a result of mismanagement or oversight by the transplant center.

Thank you again for your leadership in advancing targeted and reasonable change to improve a program with the very best of intentions for our patients. We applaud you and your colleagues who are advancing this legislation for recognizing that a one-size-fits-all policy for hospital readmissions is clearly a disservice to the hospitals serving these particularly vulnerable patient populations.

Sincerely yours,



Alan N. Langnas, DO
President



David J. Reich, MD
Chair, Legislative Committee