

June 15, 2016

Chairman Kevin Brady
House Ways & Means Committee
U.S. House of Representatives
1106 Longworth House Office Building
Washington D.C. 20515

Chairman Tiberi
Health Subcommittee
House Ways & Means Committee
U.S. House of Representatives
1106 Longworth House Office Building
Washington D.C. 20515

Ranking Member Sander Levin House Ways and Means Committee U.S. House of Representatives 1139E Longworth House Office Building Washington, DC 20515

Ranking Member McDermott
Health Subcommittee
House Ways and Means Committee
U.S. House of Representatives
1139E Longworth House Office Building
Washington, DC 20515

Re: H.R. 5273, the Helping Hospitals Improve Patient Care Act (HIP-C)

Dear Chairmen Brady and Tiberi and Ranking Members Levin and McDermott:

On behalf of our members and the patients we serve, thank you for passage of H.R. 5273, the Helping Hospitals Improve Patient Care Act (HIP-C). We greatly appreciate that the legislation included a bipartisan, common-sense solution to improve the Medicare Hospital Readmission Reduction Program (MHRRP), addressing transplant as eligible for exemption from the MHRRP program.

We strongly supported the original readmission legislation advanced by Representative Renacci (R-OH) that provided a direct exemption for transplant. We also appreciated the subsequent legislation for a broader socioeconomic exemption and recognize that the language in the legislation passed by the full committee this May is a compromise between the two. As we read it, the language would allow the secretary to remove certain groups from the MHRRP penalties, with transplant listed as the first category for Secretarial consideration for exclusion.

Clinical research shows that high readmission rates for transplant do not mean poor quality care. In fact, our patients are among some of the most fragile in all of medicine and readmissions are not only necessary for our patients but can mean the difference between life and death. Our profession is also unique in how we measure, evaluate, and address the science of transplant, including readmissions. Since 1987, we have used the Scientific Registry of Transplant Recipients (SRTR) an ever-expanding national database of transplant statistics that is open to the public. This registry

supports ongoing review of the scientific and clinical status of solid organ transplantation and information on the full continuum of transplant activity related to organ donation, wait-list candidates, transplant recipients, and survival statistics. This information is used to help develop evidence-based policy, support analysis of transplant programs, and encourage research on issues of importance to the transplant community.

The American Society of Transplant Surgeons represents more than 1,500 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through leadership, advocacy, education, and training. ASTS members are committed to providing the best medical care possible to their patients.

Thank you for your efforts. We look forward to continued work to advance the HIP-C legislation to passage in the House and Senate.

Sincerely,

Timothy L. Pruett, MD

President

Cc: Representative Jim Renacci

Representative Elliot Engel

Fronty L. Donett