



Saving and improving lives with transplantation.

American Society of Transplant Surgeons®

November 22, 2019

The Honorable Alex M. Azar II
Secretary of Health and Human Services
U.S. Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue SW, Sixth Floor
Washington, DC 20201

Adm. Brett P. Giroir, MD
Assistant Secretary of Health
Office of the Assistant Secretary of Health
U.S. Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue SW, room 716G
Washington, DC 20201

Dear Secretary Azar and Admiral Giroir:

On behalf of the American Society of Transplant Surgeons (ASTS) and the patients our members serve, thank you very much for hosting us at your office on October 31, 2019. We greatly appreciate the Administration's efforts to advance kidney health through the Kidney Care Initiative (KCI) and especially the Department's efforts to increase the availability of kidney transplantation for those with End Stage Renal Disease.

We strongly believe that the effectiveness of these efforts would be significantly enhanced by increased involvement of the transplant community, and we would appreciate the opportunity to meet with you to discuss two specific proposals targeted at achieving the KCI's objectives in this area.

Reduce Administrative Burdens to Increase Numbers of Transplantable Organs

We strongly believe that increased coordination at the Departmental level to eliminate administrative burdens imposed on Transplant Centers is critical to achieve the KCI's transplant-related objectives. For example, while CMS' modification of Transplant Center outcomes requirements is a good start, Health Resources & Services Administration contractors (the Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients) continue to apply outcomes measures that strongly dissuade the use of organs at risk of discard. **We would like to discuss with you how these measures can be eliminated or replaced while maintaining high quality care for kidney transplant recipients.**

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American Transplant Congress

May 30 – June 3, 2020
Philadelphia, Pennsylvania

Study Incentives in High Risk Circumstances to Achieve More Transplantable Organs

In addition, while we very much appreciate CMS' efforts to institute new demonstration programs intended to increase transplant rates, greater involvement of the transplant community in demonstration program design is necessary to significantly "move the needle" in this area. For example, current Medicare payment policy, under which all kidney transplants are paid at the same national average payment amount, is insufficient to cover the costs involved in transplanting higher risk recipients or using higher risk organs (organs at risk of discard).

A demonstration program that provides financial incentives for kidney transplants involving increased risk recipients and increased risk organs (both of which can be identified using established clinical measures) has the potential to significantly increase kidney transplantation, especially for older potential recipients who now often die on the waiting list. **We would appreciate the opportunity to discuss with you the possibility of including such incentives in future kidney care direct contracting models.**

Lastly, we strongly support efforts to remove disincentives that potentially deter from living kidney and liver donation. It is not uncommon that many suitable potential living donors choose not to proceed due to lack of health insurance. Furthermore, some donors may be at risk in the long term for care needs related to the organ donation process. We are very appreciative of the discussion we had regarding potential health insurance coverage of living donors, and we welcome the opportunity to discuss this further to shed insights on design and implementation of such a unique and valuable program.

ASTS strongly believes that these proposals, which focus on eliminating financial and regulatory disincentives to the use of organs at risk of discard, have the potential to further the KCI's transplant-related objectives, and we look forward to meeting with you and your staff soon to discuss these and other ASTS proposals aimed at increasing the availability of kidney transplantation for all Americans affected by ESRD. We can be available at your earliest convenience to discuss these matters in further detail. Thank you for your consideration.

Sincerely yours,



Marwan S. Abouljoud, MD, MMM
President-Elect, American Society of Transplant Surgeons

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