



American Society of Transplant Surgeons

October 18, 2011

Office of Intergovernmental and External Affairs
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: Essential Health Benefits – Provider Session

Thank you for the opportunity to speak today about the critical issue of essential benefits.

I am Dr. Amy Friedman, Director of Transplantation at State University of New York, Upstate Medical University in Syracuse, NY and Chair of the Legislative Committee of the American Society of Transplant Surgeons (ASTS).

ASTS appreciates the tireless work of the members and staff of the Institute of Medicine in developing their report on Essential Health Benefits. ASTS views their recommendations as a significant step forward in this process.

In terms of defining what constitutes “essential health benefits,” we can think of no more obvious definition of the term “essential” than services and treatments that interrupt a downward spiral of disease headed toward certain death, and that restore productive, high quality and sustainable life to the patient.

Solid organ transplantation is both life-saving and life-sustaining, and has been proven to be an efficacious and cost-effective therapy for patients with end-stage organ failure. This includes kidney, heart, liver, lung, pancreas and intestinal transplantation.

This is reflected in the Institute of Medicine report, which states that organ transplantation is covered by 95% of all small and large employer health plans, according to a 2011 Mercer analysis.

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But it is important to understand that transplantation is an ongoing treatment, not a permanent cure for end-stage organ failure. Transplant recipients are required to take immunosuppressive medications for their entire lives to prevent rejection of the transplanted organ. Any interruption of this drug regimen risks rejection of that organ with dire consequences. Indeed, 70% of US kidney transplant programs report patient deaths and failed kidney transplants attributable to unaffordable medications.

In the case of kidney transplant recipients who may survive even if the transplant fails, a return to more costly dialysis sessions is necessary. Such renal replacement therapy is essentially withheld from no individual in the United States and should be considered an essential benefit as well.

The Mercer 2011 report also states that 95% of all small and large employer plans cover kidney dialysis services.

ASTS is also concerned that living organ donors, as opposed to transplant recipients, face unique coverage obstacles under the current insurance system. Insurance policies often provide coverage for the healthcare of the life-saving organ donor, but only for a limited period around the time of the transplant.

Yet, organ donors often encounter subsequent obstacles obtaining insurance or having their health care needs covered solely as a result of having donated an organ. This must be corrected in the implementation of the Affordable Care Act.

Through the Advisory Committee on Organ Transplantation, the Secretary of HHS has asked for our help in assuring the public that the transplant system is as equitable as possible. We know that women, minorities and, particularly, the uninsured have less access to life saving transplants precisely because of system realities that will not be solvable unless transplants are included within essential health benefits. We cite the effort by the State of Arizona to eliminate certain organ transplants under their Medicaid program, and the public reaction that was so severe that coverage was ultimately reinstated.

ASTS supports the Institute of Medicine's recommendation to create a National Benefits Advisory Council to assist the HHS Secretary in updating the Essential Health Benefits package in future years.

Our national system for organ allocation is based on transparency, multi-disciplinary input, iteration, data-based judgments and the ability to retrospectively analyze outcomes. While demand vastly exceeds supply, this model provides confidence to all stakeholders because it is evidence-based and provides honest access and participation, in contrast to a less open approach that might risk generating mistrust.

In summary, transplants are a life saving and well established treatment we refer to as the “Gift of Life.” And there is no better way to respect this gift than by ensuring the transplant remains viable for as long as possible. The Essential Health Benefit package must reflect this.

Thank you for your consideration of our views.

For additional information, please contact:

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