

STEALTH PROPOSAL TO REALLOCATE TRANSPLANT LIVERS

BACKGROUND: Acting under guidance from HHS, the Health Resources and Services Administration (HRSA) has contracted with the United Network of Organ Sharing (UNOS) since 1986 to match organ donations with those needing transplants. Over the last decade some within UNOS have pushed on and off to change the way organs are allocated to a regional, not local, system – despite significant opposition from the medical community, a large number of individual states, and many on Capitol Hill. Indeed, on February 2, 2009, just days after the inauguration of President Obama and without an HHS Secretary in place, UNOS made an aggressive move to advance a proposal that would result in regional distribution of livers. This proposal is due to be voted on by the UNOS board in late June. Final action on this proposal will need to be approved or denied by the still to be confirmed head of HHS.

WHY REGIONAL ALLOCATION IS A BAD IDEA:

- 1) **Lack of data.** There is little evidence to show that these changes will increase the number of liver transplants or decrease the number of post-transplant deaths. Indeed, we very much believe there is a real threat to patient outcomes under this proposal. Currently, Region 8 is participating in an organ sharing pilot project for MELD > 29. The interim analysis demonstrates no improvement in waitlist mortality, so to increase sharing for all MELD scores would be counter intuitive and premature. *(The Model for End-Stage Liver Disease (MELD) and Pediatric End-Stage Liver Disease (PELD) are numerical scales that are currently used for liver allocation.)*
- 2) **More regions (mostly in less populated areas) end up losers at the expense of a few densely populated regions.** The proposal would require that organs from one area would most often be sent to higher populated areas with larger waitlists of patients. And yet, even some densely populated areas would suffer as well.
- 3) **Organ donation rates will decline.** If organs are being sent from their communities or states, we expect fewer donors. Rather than mandate regional distribution of organs, UNOS should concentrate on researching why those states with high donor rates have such high rates and work to replicate those results in other states.
- 4) **Increased risk to staff and increased costs due to added air travel.** Due to the limited time allowable for the recovery of a donated liver organ, typically air travel is required to recover liver organs. An increase in the distance and frequency of air travel will result in increased safety risk to the organ recovery team, as well as a significant increase in costs.

- 5) **Increased cost for transplant patients and payers.** Because the donated liver organ will be allocated to patients with the highest severity level of illness, the costs incurred for the transplant recipient will also increase significantly due to higher lengths of stay in the ICU and a longer recovery period.

- 6) **Transplant program sustainability.** There will be substantial risk of closure for small and medium size liver transplant programs, especially those programs in less densely populated areas and states. These programs will be unable to compete with larger centers for potential recipients and organ donors; potential recipients from these areas will have no choice but to travel further to access transplantation leaving them far from loved ones, their homes and community.

WHAT IS NEEDED: UNOS is soliciting comments on their regional liver sharing proposal by April 24, 2009 and we encourage you to submit comments. You can view the proposal on their website www.unos.org. In addition, members of the U.S. House and Senate played a major role in persuading HHS to halt a regional liver sharing proposal from going into effect ten years ago. We would also encourage you to contact your members of Congress in opposition to this proposal.