

# United States Senate

WASHINGTON, DC 20510

December 17, 2014

Mary K. Wakefield, PhD, RN  
Administrator  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Administrator Wakefield:

We are writing to express our support for models of organ distribution that improve the fairness of our current system and urge your Administration to evaluate and adopt these policies. The United Network for Organ Sharing (UNOS) Liver and Intestinal Organ Transplantation Committee, in its July 2014 Concept Paper titled "Redesigning Liver Distribution to Reduce Variation in Access to Liver Transplantation," examined approaches that would improve allocation of organs to patients in most urgent need, drastically reduce existing geographic disparities in access and, most importantly, save lives.

Right now, more than 16,000 people across the country are waiting for liver transplants. The now thirty-year old Organ Procurement and Transplantation Network (OPTN) policy, which divides the nation into eleven geographic regions for organ distribution, allocates an unnecessarily high number of available organs to healthier patients. By restricting organ distribution to the current geographic regions, the waiting lists in certain regions are longer, and are filled with people much sicker than in other regions. As a result, many more people die while on the waitlist in desperate need of a transplant in certain areas of the country than in others.

The UNOS Transplantation Committee recently explored new models that would reorganize the country into larger and fewer new regions for organ distribution, would reduce both waitlist deaths and variation in the health status of patients receiving transplants. According to UNOS estimates, approximately 553 lives could be saved in five years if their approach was implemented. Total expenditures relating to organ transplantation would also decline by about \$246 million due to reductions in the cost of pre-transplant care. We would also support UNOS exploring additional alternatives with even fewer than the four regions proposed, given that some areas of the country would still have longer wait times for organs – and more deaths – even with the proposed reduction to four regions.

Because of disparities in the existing system, patients in our states in need of transplants have disproportionately longer waiting times and waitlist mortality rates. Further, the weaknesses of the current liver donation system are highlighted when the wealthy are able to receive transplants by traveling to a region of the country with a shorter waitlist while patients of lower economic means are left behind. That is why we urge your Administration to explore steps that will both increase fairness and save lives.

HRSA has a strong history of enacting policies that will move our transplant system in a more equitable direction. We applaud this effort, and urge you to continue to pursue policies to ensure equity for patients across the country. Although we appreciate that some additional refinements might be necessary to be made to the proposals under consideration, we would urge HRSA and OPTN to address these urgent issues as soon as possible.

Thank you for your attention to this important matter.

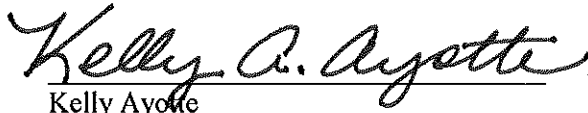


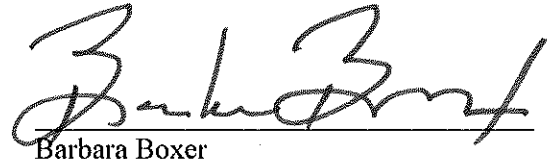
Charles E. Schumer  
United States Senator

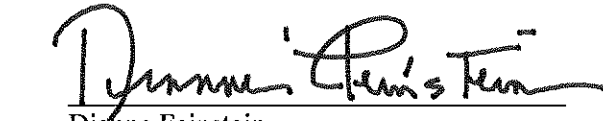
Sincerely,




Kirsten Gillibrand  
United States Senator


  
Kelly Ayotte  
United States Senator


  
Barbara Boxer  
United States Senator

  
Dianne Feinstein  
United States Senator

  
Edward J. Markey  
United States Senator

  
Jack Reed  
United States Senator

  
Jeanne Shaheen  
United States Senator

  
Elizabeth Warren  
United States Senator

  
Sheldon Whitehouse  
United States Senator

cc: Brian Shepard, CEO, United Network for Organ Sharing (UNOS)  
Dr. Carl Berg, President OPTN/UNOS Board of Directors  
Dr. David Mulligan, FACS, Chair, UNOS Liver and Intestinal Organ Transplantation Committee