October 4, 2017

George Sigounas, MS, Ph.D.
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services

Dear Dr. Sigounas,

We write once again to share our concerns with a proposal by the United Network for Organ Sharing (UNOS) which we have been advised may substantially alter the distribution and allocation of donated livers used in liver transplant procedures. As you know, UNOS operates the Organ Procurement and Transplantation Network (OPTN), which is responsible for making and implementing organ transplant policies. In July, OPTN released a proposal for comment titled “Enhancing Liver Distribution” which is a revised version of a previously released proposal titled “Redesigning Liver Distribution.” While the new proposal takes a more tempered approach, we understand that it shares many of the same flaws as the original proposal.

We have been advised of concerns that the current proposal may increase disparity among transplant recipients in different regions and does not address access issues such as organ procurement organization (OPO) performance and community donation levels. Additionally, UNOS has stated that the proposal aims to address “…the difference in median MELD at transplant across regions”; however, improvements in liver allocation cannot be measured solely by Model for End-Stage Liver Disease (MELD) allocation. The current proposal would in many cases actually send organs from areas of high waiting list mortality to areas of lower waiting list mortality.

The proposal may also harm rural communities and socioeconomically disadvantaged groups which already struggle with access to healthcare. For example, utilizing a 150 mile radius measurement may cause difficulties for patients covered by Medicaid when the nearest transplant center is located across state lines. These patients would have decreased access to organs donated within their own state.

While we are encouraged by the inclusive process being utilized by UNOS in developing this proposal, we remain concerned that the current proposal would have a negative impact on liver transplant candidates in Georgia and the Southeastern region overall. We once again ask that no policy be finalized that would worsen access to life-saving liver transplantation for high-risk patients or would increase the complexities and costs of transplantation.

A. Drew Ferguson, IV, D.M.D
Member of Congress

Rick W. Allen
Member of Congress
Stanford D. Bishop, Jr.  
Member of Congress

Earl L. “Buddy” Carter  
Member of Congress

Doug Collins  
Member of Congress

Tom Graves  
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Karen C. Handel  
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Jody B. Hice  
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Henry C. “Hank” Johnson, Jr.  
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Barry Loudermilk  
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