



March 2, 2016

Betsy Walsh, J.D., M.P.H.
President
Organ Procurement and Transplantation Network (OPTN)
United Network for Organ Sharing (UNOS)
700 North 4th Street
Richmond, VA 23219

Re: Comments on the OPTN/UNOS National Liver Review Board Proposal

Dear Ms. Walsh,

The Coalition for Organ Distribution Equity (CODE) appreciates this opportunity to comment on the Organ Procurement and Transplant Network (OPTN) and United Network for Organ Sharing's (UNOS) Liver and Intestinal Organ Transplantation Committee's proposal to establish a National Liver Review Board (NLRB). We applaud your efforts to reconcile regional differences in board structure and the criteria used to request and approve exception cases. Since our founding, CODE has worked to reduce geographic disparities in wait times for donated organs and the severity of patients' illnesses at the time of transplant.

While CODE generally supports the Committee's intent and the structure of the NLRB proposal, we believe it overlooks the critical need for liver distribution reform identified in the Committee's June 2014 concept paper, "Redesigning Liver Distribution to Reduce Variation in Access to Liver Transplantation." The creation of an NLRB should be considered in tandem with other vital adjustments to the liver distribution system, including implementing policies that would reduce the number of liver donation regions and mitigate discrepancies in wait times associated with organ distribution. CODE recommends that the Committee wait to move forward with its creation of the NLRB until these pressing issues relating to liver distribution are addressed.

COMMENTS ON THE NATIONAL LIVER REVIEW BOARD

The proposed creation of a National Liver Review Board would be a positive development in standardizing the practices and procedures that govern transplant policy, but it would not be a cure-all to a system badly in need of reform.

CODE supports the Committee's efforts to provide a national structure for the review of Model for End Stage Liver Disease (MELD) and Pediatric End Stage Liver Disease Model (PELD) scores and to provide automatic approval of certain eligible patients. These efficiencies are a significant improvement to current policies and the NLRB offers a promising tool for the future of the organ distribution system. Additionally, CODE supports both awarding exception candidates one or two MELD points below the median allocation at transplant for the candidate's Donor Service Area and removing the "MELD elevator" automatic increases in exception scores.

THE NEED FOR BROADER LIVER DISTRIBUTION REFORM

For the 16,000 people across the country waiting for a liver transplant, the nation's organ allocation system is a source of frustration and confusion rather than hope. With modern organ preservation technology, patient need – and not geographic location – should be the primary criterion to determine how and where organs are distributed. However, under current rules, location in one of eleven geographic districts across the country is often more important than severity of illness in determining which patients receive a transplant. This regional system creates an unfair divide between patients in regions with superior access to organs and those who will continue to wait – even if they may have a more pressing need.

As demand for transplantable organs continues to drastically outpace supply, America's organ transplant system needs to be restructured to address longstanding and unacceptable geographic disparities. Sharing livers within four broader zones, rather than the current eleven regions, for example, would help mend the egregious gap between areas with suitable access to healthy organs and areas where sicker patients must endure longer wait times. According to UNOS's own 2014 paper, such a move would greatly reduce both total deaths and overall cost.¹

For over fifteen years, unacceptably high geographic disparities in the organ distribution system have gone unaddressed and only grown more alarming. With the Liver Committee's comprehensive and illuminating paper on geographic disparities in 2014, the UNOS Board and Health Resources and Services Administration (HRSA) must rapidly advance a data-driven examination of the issue and promote reforms that will improve equity nationwide. While an NLRB may improve national standards, it does not address the structural deficiencies that currently plague organ distribution.

CONCLUSION

CODE has long advocated for reasonable and measured approaches that would ease the challenges presented by geographic disparities, many of which are encapsulated in the 2014 OPTN/UNOS concept document. Before creating a national board dedicated to liver transplant review, the Committee should move forward on the common sense reforms it has already identified and ensure that they are implemented properly.

¹ "Redesigning Liver Distribution to Reduce Variation in Access to Liver Transplantation," *OPTN/UNOS Liver and Intestinal Organ Transplantation Committee*, June 2014, iii.
https://optn.transplant.hrsa.gov/ContentDocuments/Liver_Concepts_2014.pdf

The Liver Committee's own analysis has demonstrated that sharing livers within a reduced number of zones would save hundreds of lives and bring overall health costs down nearly \$250 million over five years. To meet its mission of reducing disparities, increasing access, and ensuring fairness in the nation's organ distribution system, the Committee should act first to correct the enduring injustice that is fostered by an eleven region approach. Until that time, a National Liver Review Board would be an inappropriate distraction from the true reform that the system demands.

Sincerely,

Harriet Melvin
Executive Director
Coalition for Organ Distribution Equity