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**Congress of the United States**  
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DEPUTY WHIP

October 13, 2016

The Honorable Jim Macrae  
Acting Administrator  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane  
Rockville, MD 20857

Dear Administrator Macrae:

We are writing to express our concerns with the Redesigning Liver Distribution proposal that was published in August 2016 for public comment. This proposal would have a negative impact on liver transplant candidates in Georgia and the Southeastern region overall. Specifically, the proposed redistricting would reduce the number of liver transplants performed in Georgia by a minimum of 20%, further exacerbating the existing inequalities in health in our region and increasing the number of preventable deaths in this state.

In the last year, Georgia donors generously gave 246 livers for transplant. Of those, more than 170 were transplanted by in-state centers, and an additional 57 were used in the Southeast region. Over the same period, Georgia hospitals performed 253 liver transplants, with recipient survival above that predicted by risk-adjusted algorithms. Our state's success in realizing the benefit of liver transplant is a testament to the cooperation and trust that we have built within our community. With several high performing transplant centers in Georgia, we are justly proud of the many successes that liver transplantation has achieved in our state.

Importantly, there is an additional subset of Georgians that we believe will shoulder the burden of this proposed allocation policy. As written, this policy will have a significant, unforeseen negative impact on Georgia's children. In the state of Georgia, the Emory University/Children's Healthcare of Atlanta (CHOA) collaborative liver transplant program is the sole provider of pediatric liver transplant services. This program is nationally recognized as the third largest pediatric liver transplant center by volume and serves Georgia's neediest children.

Approximately 60% of CHOA's liver transplant recipients are insured by Georgia Medicaid and over 40% are from rural Georgia and outside the metropolitan Atlanta area. Furthermore, well over 30% of these recipients are of African American or Hispanic descent which is roughly double the proportion of recipients when compared with other regions of the country.

For adult patients, Emory University and Piedmont Healthcare provide all liver transplantation services in the state. Compared to the Northeast, the Southeast has a significantly higher laboratory MELD score at the time of transplant. In the Northeast, nearly 40% of patients

receive MELD exception points. This artificially increases the MELD score required for transplant by those patients who do not qualify for MELD exception points. In sum, adult patients in the Southeast typically have higher MELD scores and therefore may be at higher risk of death without transplant than patients in the Northeast.

Importantly, executing this policy will impose a significant burden on the nation. Wider organ distribution will greatly increase the logistic complexity and financial costs of donation. For instance, excess payments for travel alone would amount to at least \$15 million per year. These costs will be passed onto Medicare, Medicaid, and third-party insurers further increasing the price of, and reducing access to transplantation. Additionally, opportunities for transplant will be lost, with best-case estimates of at least 2% fewer livers available nationally per year *according to the proposal's own sponsors*. This combination of increased cost and reduced benefit runs directly counter to the mandates of the HHS Final Rule.

We respectfully request that UNOS abandon the current Redesigning Liver Distribution policy, and we pose the following questions:

1. Which entity among HRSA, OPTN, and UNOS is responsible for reviewing public comment and making modification to the proposal?
  - a. What factors will be taken into account in the review to impact these decisions?
2. Will this proposal go through a formal rule-making process? If not formal rule-making, where in statute is the authority for this proposal?
3. Has a state by state analysis been done to evaluate the prospective impact on patient?
  - a. What is the impact on Georgia transplant patients?

Furthermore, we ask that no policy be enacted that would worsen access to life-saving liver transplantation for high-risk patients or would increase the complexities and costs of donation. Thank you for your consideration of our comments and for the work that you have done, and continue to do, for liver transplant patients across the country.

Sincerely,



Lynn A. Westmoreland  
Member of Congress



Johnny Isakson  
United States Senator



David Perdue  
United States Senator

*Earl L. "Buddy" Carter*

Earl L. "Buddy" Carter  
Member of Congress

*Sanford D. Bishop Jr.*

Sanford D. Bishop, Jr.  
Member of Congress

*Henry C. "Hank" Johnson, Jr.*

Henry C. "Hank" Johnson, Jr.  
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*John Lewis*

John Lewis  
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*Tom Price, M.D.*

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*Rob Woodall*

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David Scott  
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*Tom Graves*

Tom Graves  
Member of Congress