



February 18, 2020

Thomas J. Engels, Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Room 13N82
Rockville, MD 20857

Re: HHS Docket No. HRSA–2019–0001: Removing Financial Disincentives to Living Organ Donation

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with kidney disease. Part of RPA's mission is to promote excellence in the delivery of high-quality kidney care within an environment that supports patient access to care and safety.

RPA is writing to offer our input on the notice of proposed rulemaking (NPRM) on Removing Financial Disincentives to Living Organ Donation. Broadly, we strongly commend the Department of Health and Human Services (HHS) and HRSA for this important rule that, if implemented as proposed, has the potential for tremendous benefit to not only living organ donors, their families, and the recipients of their organs, but also to society at-large.

RPA supports the following points outlined in the proposed rule:

- We concur with HRSA that amending regulations emanating from the National Organ Transplant Act (NOTA) to remove financial barriers to organ donation by expanding the scope of reimbursable expenses incurred by living organ donors to include lost wages and childcare and elder-care expenses incurred by a primary care giver will increase the number of organs available for transplant.
- Similarly, the projected four-to-six fold increase in the number of applicants to the National Living Donor Assistance Center (NLDAC) is likely to result in a substantial increase in the number of transplants facilitated by the NLDAC within established guidelines and commensurate with available funding.

In the proposed rule, the Agency solicits comments on the issue of additional financial barriers to organ donation, and specifically inquires about the appropriateness of “foregone medical insurance benefits,” defined as the loss of a wage supplement for medical insurance premiums provided by an employer. RPA believes that this descriptor sufficiently captures concerns regarding the impact of lost time on employer-provided insurance, and also urges HRSA to

address this issue in future rulemaking under the category of reimbursable incidental non-medical expenses.

Further, we urge HRSA to facilitate the ability of non-directed donors to successfully apply to the NLDAC for support by removing the requirement that a non-directed donor wait until a recipient is identified before applying for reimbursement. Our understanding is that non-directed donation is among the fastest growing categories of organ donors, and RPA believes that removing barriers in this area is in the spirit of the proposed rule and the Advancing American Kidney Health Initiative.

As always, RPA welcomes the opportunity to work collaboratively with HRSA in its efforts to improve the quality of care provided to the nation's kidney patients, and we stand ready as a resource to HRSA in its future work on efforts to remove financial disincentives to living organ donation. Any questions or comments regarding this correspondence should be directed to RPA's Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at rblaser@renalmd.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey A. Perlmutter" followed by a stylized flourish.

Jeffrey A. Perlmutter, MD
President