



Improving Human Life by Advancing  
the Field of Transplantation

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May 6, 2014

The Honorable Jim Renacci  
U.S. House of Representatives  
130 Cannon House Office Building  
Washington, DC 20515

RE: AST Endorsement of H.R. 4188, Establishing Beneficiary Equity in the Hospital Readmission Program Act

Dear Congressman Renacci,

On behalf of the American Society of Transplantation (AST), representing the majority of professionals engaged in the field of organ transplantation, we applaud your leadership in developing and introducing H.R. 4188, Establishing Beneficiary Equity in the Hospital Readmission Program Act. This bipartisan and common sense approach is essential to protecting vulnerable patient populations, including those individuals receiving a life saving donor organ as well as patients with end stage renal disease (ESRD).

The exemption provided in H.R. 4188, for transplants, ESRD, and other conditions from classification as an admission for purposes of penalties under the Affordable Care Act (ACA), is an essential and necessary step for protecting certain patient populations that would otherwise be compromised under the current law policy for hospital readmissions.

Although AST supports the underlying purpose of reducing overall hospital readmissions, it must be made clear that transplant patients (by definition) are a very different population of patients with unique challenges that must be considered carefully. First, many transplant patients are significantly and acutely or chronically ill at the time of transplantation. They may be struggling to survive on dialysis or in the intensive care unit for complications of liver, lung and heart failure. They are often elderly, malnourished by chronic disease and affected by multiple drug therapies and these conditions impact directly to complicate their medical care post-transplant. Second, by definition, transplant patients are immediately started on a very powerful and complex regimen of immunosuppressive drugs that have many toxicities including hypertension, diabetes, leukopenia, anemia and high risk of infection. Finally, these patients may require admission to successfully treat immune rejection of their transplanted organ or to rapidly intervene in a developing complication like a viral infection to prevent rejection. Simply put, readmission when necessary is part of the process and protection of the patient and the donor organ and the investment in the entire transplantation procedure. Most importantly, transplant physicians and their teams have worked to every extent possible to reduce the length of routine post-transplant hospital stays from weeks to days and this work has saved millions of dollars in health care spending every year. But without the support to cover the necessary readmissions and followup in the patients that just need the additional hospital care despite our best efforts to manage them as outpatients, these tremendous gains in the Field will be lost and our patients' health and lives will be compromised.

AST greatly appreciates your recognition of this unique patient population and commends you for working to strengthen the ability of hospitals and transplant professionals to provide appropriate levels of care.

AST would also like to recognize your staff, Alyssa Palisi, for all of her hard work in developing and mobilizing support for the legislation. Our Society looks forward to working closely with you to pass this very necessary and important legislation.

Sincerely,

Daniel R. Salomon, MD  
President

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