

# Congress of the United States

Washington, DC 20515

April 30, 2024

The Honorable Robert Aderholte  
Chair  
House Committee on Appropriations  
Subcommittee on Labor, HHS, Education, and  
Related Agencies  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
House Committee on Appropriations  
Subcommittee on Labor, HHS, Education, and  
Related Agencies  
Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro:

As you prepare the Fiscal Year (FY) 2025 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations bill, we respectfully request that you strengthen our nation's bipartisan commitment to living organ donors and the more than 100,000 Americans across the country on the transplant waitlist by significantly increasing funding for the Living Organ Donation Reimbursement Program.

Every day, 17 Americans die waiting for an organ transplant. A transplant provides a new lease on life, but our current system is woefully insufficient to meet the demand. Most of these patients suffer from kidney failure and are going through grueling and expensive dialysis treatments, which collectively cost Medicare more than \$50 billion per year.

While the rate of deceased donation has improved in recent years (and will be further strengthened by the critical investments your committee is making in the Organ Procurement and Transplantation Network Modernization Initiative), the rate of living donations has flatlined over the past two decades at around 6,000 per year.<sup>1</sup> This is in part because living donors can face costs exceeding \$10,000 in out-of-pocket expenses when donating, including travel expenses, lost wages from taking time off work, and child care.<sup>2</sup>

The Living Organ Donation Reimbursement Program, which is currently administered by the Health Resources and Services Administration (HRSA) in partnership with the University of Kansas and the American Society of Transplant Surgeons, helps low-income donors and recipients defray these costs by providing reimbursements of up to \$6,000 for many expenses related to donating an organ. Research suggests that the vast majority of these donors could not have donated without this program.<sup>3</sup> However, current restrictions severely limit this program's impact. For example, 30% of donors in the program hit the \$6,000 cap,<sup>4</sup> and income rules disqualify individuals making more than 350% of the federal poverty level (currently \$53,000/year for an individual).

No one should have to pay to donate a lifesaving organ.

Therefore, we request a funding increase to significantly expand income eligibility and total reimbursement levels to allow as many donors as possible to qualify.

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<sup>1</sup> OPTN data. Retrieved March 27, 2024 at <https://optn.transplant.hrsa.gov/data/view-data-reports/national-data/>.


<sup>2</sup> McCormick F, Held PJ, Chertow GM, Peters TG, Roberts JP. Removing Disincentives to Kidney Donation: A Quantitative Analysis. *J Am Soc Nephrol*. 2019 Aug;30(8):1349-1357. doi: 10.1681/ASN.2019030242. Epub 2019 Jul 25. PMID: 31345987; PMCID: PMC6683718.


<sup>3</sup> Mathur AK, Xing J, Dickinson DM, et al. Return on investment for financial assistance for living kidney donors in the United States. *Clin Transplant*. 2018;e13277. <https://doi.org/10.1111/ctr.13277>.


<sup>4</sup> National Living Donor Assistance Center (NLDAC). Personal Communication. March 28, 2024.

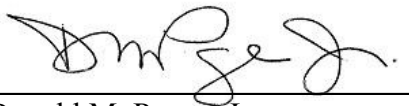
Thank you for your consideration.


Sincerely,

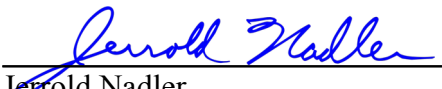
  
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Danny K. Davis  
Member of Congress


  
Donald M. Payne, Jr.  
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Don Bacon  
Member of Congress

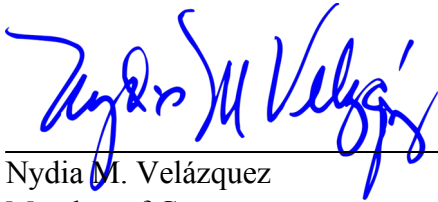
  
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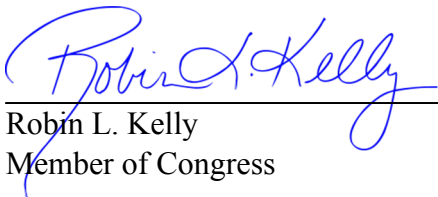
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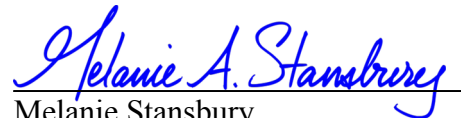
André Carson  
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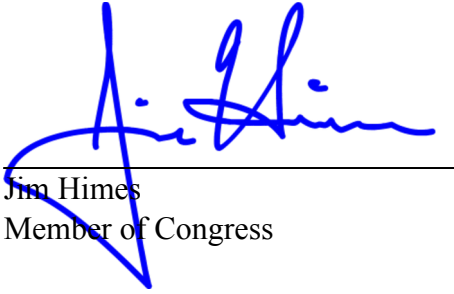
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