

Organ Transplant Hearing Opening Statement

In the United States, the need for organs is far greater than those available. There are about 104,000 adults and children on the national transplant waitlist, and every 10 minutes another person is added to it. In 2020, the Senate Committee on Finance did an investigation into the system and documented significant failures. Today, we discuss the path forward to a better system.

My constituents in Maryland have access to two excellent transplant centers in our state. Maryland also has a Tier 1 Organ Procurement Organization (OPO) that is taking innovative actions in some of the most underserved areas, like Baltimore City, to encourage organ donation. This OPO has been among the top ten performers nationwide. Access to transplant in Maryland is far from perfect. Despite the high performing transplant ecosystem, due to major underlying issues with the current transplant network, 148 people died while on the transplant waiting list in Maryland last year. That's unacceptable. Other states aren't so lucky. Marylanders and people across the nation deserve better.

Nationally, 17 people die each day waiting for an organ transplant. OPOs are ranked between Tier 1, Tier 2 or Tier 3 depending on performance level – Tier 3 being the lowest that have one or both measures below the median. Further, according to the Center for Medicare

and Medicaid Services' 2023 Performance Review, 24 OPOs, or 42%, have been classified in Tier 3.

Senators Wyden, Grassley, Young, and I have been leading the Senate Finance Committee's investigation into the organ transplant system network for over 3 years, and each new line of inquiry has exposed more and more failures which are often born by the sickest patients in the nation.

Specifically, our Committee has uncovered transportation and testing failures that have put patient lives at risk, outdated information technology underlying the network, a lack of oversight by the current Organ Procurement and Transplantation Network (OPTN) contractor, the United Network for Organ Sharing (UNOS), and misuse of Medicare funds.

These disparities impact people throughout the country, including those who are low-income, the uninsured, members of racial and ethnic minority, people with disabilities, and rural populations.

Even more concerning, the U.S. Digital Service has found that UNOS is incapable of modernizing the OPTN IT infrastructure. The stakes of neglecting the needs of the underserved communities could not be higher.

During last Administration, CMS put out an OPO final rule which would establish a performance tiering system that triggers decertification, competition, and potential DSA

reassignment. HRSA has taken critical steps to modernize the OPTN, but statutory changes are necessary to ensure that HRSA is able to work with the better equipped organizations to ensure the OPTN is operating in an efficient and safe manner. When lives are at stake, Congress cannot accept logistics or poor administration as excuses.

Last week, we held a roundtable with senior officials from the Centers for Medicare and Medicaid Services (CMS) and the Health Resources Services Administration (HRSA). It was a productive conversation where we discussed efforts to modernize the organ transplant system and increase transparency and accountability.

Currently, we have a system that works well for some, as some of our witnesses will discuss today, but that is insufficient. Where an individual lives or their ability to afford to travel to get care should not determine access to lifesaving organs.

Today, we have the opportunity to hear from patients and professionals who are working on key reforms. Our committee will continue to address the biggest challenges facing our nation, including the transplant system. We demand better, and we will not stop until we make it so.