DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

October 28, 2026

The Honorable Carol D. Miller
U.S. House of Representatives
Washington, DC 20515

The Honorable Suzan K. DelBene
U.S. House of Representatives
Washington, DC 20515

Dear Representatives Miller and DelBene:

Thank you for your letter regarding the Kidney Transplant Collaborative's (KTC) Living Donor Program Enhancement Framework and your request that the Centers for Medicare & Medicaid Services (CMS) clarify Medicare's reimbursement of transplant coordinators who train and support volunteer living donor facilitators. I appreciate your continued leadership on expanding access to living donor kidney transplantation, and I share your concern for the nearly 100,000 Americans currently waiting for a kidney.

Medicare policy governing organ acquisition costs is set forth in 42 CFR Section 413.402. Medicare reimburses Medicare-approved transplant centers for organ acquisition costs at a reasonable cost basis. The Provider Reimbursement Manual (CMS Pub. 15-1), Chapter 31, further identifies pre-transplant living donor and recipient support activities, including donor evaluation, education, and navigation services, as allowable cost categories. To be allowable, organ acquisition costs must:

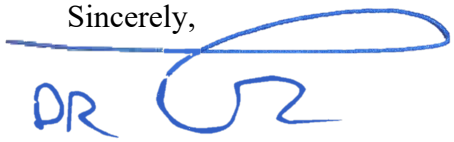
- Directly relate to acquiring organs intended for transplant, consistent with 42 CFR 413.402;
- Be supported by auditable records, consistent with 42 CFR 413.24; and
- Be allocated to organ acquisition cost centers on Worksheets B and D-4 of the transplant hospital's Medicare cost report using an approved cost-finding methodology such as time studies, consistent with CMS Pub. 15-1, chapter 23.

The coordinators described in your letter perform administrative and training functions rather than clinical duties; all medical evaluation, eligibility determinations, and clinical care remain under the transplant center's authority. Their work, including training and supporting volunteer facilitators who help candidates identify potential donors and help donors navigate the transplant process, closely mirrors pre-transplant organ acquisition costs CMS already recognizes.

Transplant centers that choose to engage with the KTC for their services must maintain records sufficient to support these costs under existing audit and cost report review procedures.

CMS remains committed to expanding access to living donor kidney transplantation and to supporting innovative, cost-effective approaches that help patients receive transplants sooner. We appreciate your advocacy on this issue and welcome the opportunity to continue working with you. If you have additional thoughts or questions, please contact the CMS Office of Legislation at 202-690-8220 or email at congressionalaffairsgroupdcrf@cms.hhs.gov.

Sincerely,



Dr. Mehmet Oz