July 28, 2026

The Honorable Thomas J. Engels
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Submitted via email to *livingdonorsupport@hrsa.gov*

Re: Modification of Living Organ Donation Reimbursement Program Eligibility Guidelines in Response To Honor Our Living Donors Act (91 FR 40005)

Dear Administrator Engels:

On behalf of the more than 37,000,000 Americans living with kidney diseases and the nearly 22,000 nephrologists, scientists, and other kidney health care professionals who are members of the American Society of Nephrology (ASN), thank you for your leadership on, and commitment to, kidney health.

Dedicated to maximizing access to kidney transplantation for every American who could benefit and ensuring that living donation is cost-neutral, ASN championed the Honor Our Living Donors (HOLD) Act in the U.S. Congress. The society applauds the Health Resources and Services Administration's (HRSA's) recent proposed rule to carry this important legislation and offers the following comments in support of this important effort. ASN has also long advocated for increased eligibility for living donation-related costs based on income. The society commends HRSA's proposals along these lines in this rule and offers suggestions to strengthen the proposed approaches.

More than 90,000 Americans are on the kidney waitlist, 10 of whom die each day while waiting for a kidney. Despite remarkable growth in deceased donation, the number of living donors has essentially remained flat for two decades. By refocusing the eligibility determination for reimbursement of costs incurred in the living donation process on the donor's income (instead of the recipient's income), the HOLD Act simplifies the reimbursement process and advances the goal of cost-neutrality for more living donors. Americans who previously faced financial barriers to donating to a loved one or friend – or when considering being an altruistic, non-directed donor - may now be able to give the gift of life.

Executive Summary

In summary, ASN recommends:

- Finalizing the change to use donor income instead of recipient income, as called for by the HOLD Act, as swiftly as possible.
- Allowing donor applicants with household incomes (HHIs) at or below 500 percent of the HHS Poverty Guidelines at the time of the eligibility determination in their respective states of primary residence to be eligible for reimbursement through the Living Organ Donor Reimbursement Program, eliminating the proposed priority categories.
- Implementing an alternative approach to donors with HHIs over 500 percent of the HHS Poverty Guidelines by allowing those with qualifying donation-related expenses in

excess of $6,000 to be eligible for reimbursement for those costs *above* $6,000, with a maximum reimbursement of $6,000.
- Including a focus on nephrologists and dialysis organizations in communications efforts about changes to the Living Organ Donor Reimbursement Program, as they have frequent and direct lines of communication to many candidates who may be working to identify a living donor who could benefit from the changes. National patient organizations and organizations representing social workers would also be a crucial area of communications focus.
- Continuing to consider other avenues to further expand donor eligibility in the future.

Detailed Commentary

HRSA invites public comment on the four aspects of the proposed rule, which ASN address in detail the order laid out in the proposed rule. As an overarching comment, ASN strongly supports HRSA's effort to implement the changes required by the HOLD Act, namely, removing the recipient's HHI as an eligibility criterion for living donors and potential donor candidates applying for reimbursement through the program and submitting an annual report to Congress with estimates for the number of donors participating in the program who did not receive reimbursement for all qualifying expenses and the total funding needed to fully reimburse donors for all qualifying expenses.

(1) Proposed donor HHI eligibility thresholds and priority categories, as outlined in III.ii of this notice.

HRSA proposes that both directed and non-directed donors meeting the criteria for reimbursement will be given preference in the following order of priority:

- *Priority Category 1:* Donor applicants with HHIs at or below 350 percent of the HHS Poverty Guidelines, at the time of the eligibility determination in their respective states of primary residence, would receive the highest priority for reimbursement under LODRP.

- *Priority Category 2:* If sufficient program resources exist, applicants with HHIs between 351 and 500 percent of the HHS Poverty Guidelines would also be eligible to apply for reimbursement, if the cooperative agreement recipient determine that funding levels are sufficient to accept *Priority Category 2* applications "mid-project period" (which ASN interprets as mid-fiscal year or mid-calendar year).

ASN commends HRSA for proposing to consider expanding HHI eligibility for costs incurred in living donation from at or below 350 percent of the HHS Poverty Guidelines to at or below 500 percent. The society applauds the intent to support donors at higher income levels, however, ASN strongly encourages HRSA to allow eligibility for people at or below 500 percent at the outset of a Living Organ Donor Reimbursement Program "project period," rather than waiting to see if funds are available later in the project period.

First, and most importantly, increasing eligibility would be an important step in achieving cost-neutrality for more Americans who are living donors. This step would build upon HRSA's 2019 increase in the eligibility threshold, as part of the Advancing American Kidney Health Executive Order, from 200 percent to 350%. Critically, it would continue momentum towards accomplishing the Executive Order's goal to "double the number of kidney transplants by 2030 by…boosting living donation."[i]

Second, for many potential donors, expanded eligibility could be a deciding factor in their ability to donate, even at the higher ends of this income eligibility threshold. Data show that 19% of living donors incur donation-related costs of $6,000 or more, a significant financial burden for all but the wealthiest Americans that likely deters many medically sound potential donors from going through with living donation.[ii, iii, iv]

Third, the proposed approach to *Priority Category 2* would create uncertainty for prospective living donors and operational complexity for transplant centers that would likely negate most of its potential benefit, as well as raise inherent questions about fairness and access. For example, a prospective living donor who will need to rely on reimbursement to make donation financially feasible, being in a limbo state as to whether that reimbursement might come later in the year—or a subsequent year, or never—means they are unlikely to pursue donation even if they appear medically viable. For a transplant center, it would be challenging to advise prospective living donors about their options with no visibility into what the likelihood of reimbursement becoming a reality. The process for becoming a living donor already has so many inherent unknowns that adding to the litany of uncertainties is suboptimal. Confusion about reimbursement level and eligibility can also adversely impact trust with the transplant center thus inadvertently lower the desire to donate. To most effectively counsel prospective donors, transplant centers need a simple message (with a simple eligibility threshold).

Given the clinical importance of minimizing time on dialysis—and the benefits of pre-emptive transplantation—generally, the sooner a living donor kidney transplant can take place, the better the outcomes for the recipient. A “mid-project” eligibility determination could create an unintended consequence of some donors opting to delay donation to determine if they could eventually qualify for reimbursement. Moreover, presumably, Americans with an income above 350 percent of poverty level and below 500 percent who do donate in the first half of the project period would miss out on reimbursement they may have been eligible for had they delayed donation to the second half of the project period, inadvertently creating an uneven reimbursement process. The potential variation in financial support for giving the gift of life based on the time of year it takes place strikes ASN as unfair.

While HRSA could theoretically develop a process for retrospective consideration and reimbursement for these donors, it would likely be administratively burdensome for centers and patients. Nor would this approach deliver a core intended benefit of the program: confidence to prospective donors that costs that would otherwise prohibit them from donation will be covered.

Lastly, ASN notes that the Living Organ Donor Reimbursement Program received a $1 million increase in fiscal year (FY) 26 above FY25, a funding level that the House Appropriations Committee has proposed to sustain in FY27. Theoretically, this increase should help enable reimbursement to a larger pool of potential donors (up to 500 percent of poverty level) in FY27. The program utilization and demand reporting requirements to Congress instituted by the HOLD Act starting December 2027, should pave the way for Congress to increase funding to meet increased demand in future years as needed. ASN is also not aware that NLDAC has ever spent all of its available funds.[v]

ASN respectfully submits that, should the program face a temporary shortfall in the transitional period wherein this final rule is promulgated and before Congress can consider the report, the Living Organ Donor Reimbursement Program would seem to be a strong candidate for backstop funding from the U.S. Department of Health and Human Services, given that it supports altruistic donors saving the lives of their fellow Americans and, in so doing, generates savings to the Medicare program by obviating the need for more costly dialysis care.

During the first year that these changes take effect, uptake is likely to be relatively slow as awareness of the changes grows over time—giving time for Congress to ramp up funding. Concurrent implementation would provide a more complete picture of the financial burdens faced by living donors across income levels. Collecting data from all eligible donors from the outset would strengthen the evidence base for evaluating income thresholds and informing future program improvements.

For these reasons, ASN recommends that HRSA allow donor applicants with HHIs at or below 500 percent of the HHS Poverty Guidelines at the time of the eligibility determination in their respective states of primary residence to be eligible for reimbursement through the Living Organ Donor Reimbursement Program, eliminating the proposed priority categories.

(2) Proposed financial hardship waiver cap for donor applicants with HHIs between 501-750 percent of the HHS Poverty Guidelines, as outlined in III.iii of this notice.

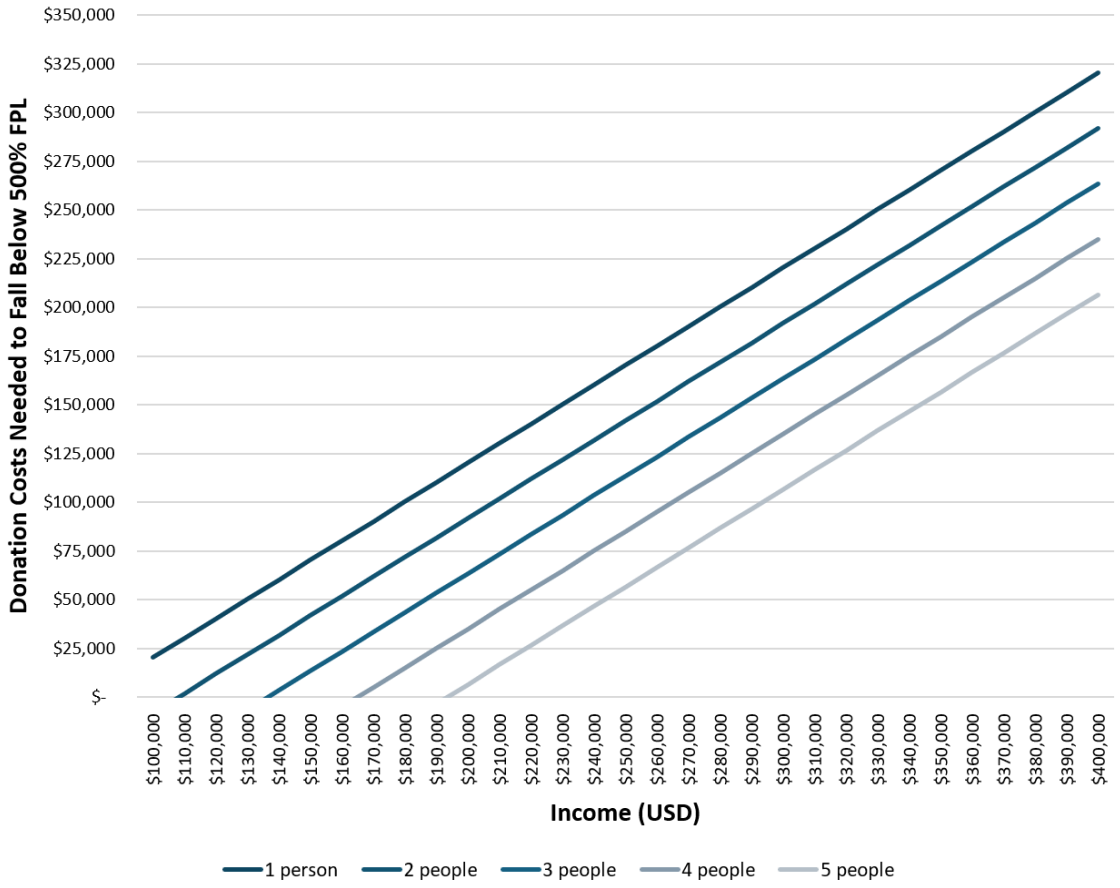
ASN commends HRSA for considering potential reimbursement eligibility for donors with incomes between 501 and 750 percent of poverty level. This recommendation is conceptually consistent with ASN's goal to eliminate out-of-pocket costs for every American who is a living donor. While appreciating the direction and spirit of this proposal, ASN does not believe it would meaningfully affect more than a very small number, if any, living donors and offers an alternative for consideration it believes would be more effective.

ASN strongly supports expanding reimbursement eligibility beyond 500% of the HHS Poverty Guidelines but is concerned the proposed hardship waiver is unlikely to benefit many donors because it requires exceptionally high donation-related expenses to qualify. ASN recommends reimbursing qualifying expenses above a fixed threshold (and suggests $6,000 as an appropriate amount) for otherwise ineligible donors to protect against financial burden in cases of outlier costs. To maintain consistency with the maximum reimbursement for lower-income donors, HRSA could also cap the maximum reimbursement for these higher-income donors at $6,000. ASN remains committed to ultimately eliminating financial barriers for all living donors through expanded program funding.

As proposed, the approach of potentially considering donors whose donation-related costs are likely to put their HHI below 500 percent of federal poverty level would suffer the same uncertainly, complexity, and fairness questions as described above and may cost more to administer than it ever provides in reimbursement for living donors. The primary problem with the proposal is that donors would have to incur substantially-above average costs (several orders of magnitude above average) to reduce their incomes sufficiently to become eligible. **Table 1**, below, charts the amount an HHI would have to decrease, through donation-related costs, for a donor to become eligible for reimbursement.

For example, a potential donor from a family of four whose HHI is 600% of poverty level ($192,900)[vi] would have to have anticipated donation-related qualifying expenses of $32,150—an outlier amount at the very high end of documented donation-related costs. A potential donor from a family of five whose HHI is 700% of poverty level ($263,550), would have to have anticipated donation-related qualifying expenses of $75,300—an amount not known by ASN to have ever been documented.

Table 1. Donation Costs Needed to Qualify for Proposed Financial Hardship Waiver Cap



As an alternative to the proposed approach, but keeping with the spirit of the proposed approach, ASN recommends that donors with HHIs at or above 501% of poverty level, but who have donation-related qualifying expenses in excess of $6,000, be eligible for reimbursement for those costs *above* $6,000. (These individuals are usually in parts of the country with higher costs of living, leading to the higher expenses.) The society believes this approach would be more useful to prospective donors whose incomes are above 500 percent of poverty level than HRSA's proposed approach, as it would protect against unusually high donation-related costs and provide financial reassurance against an extreme outlier scenario that could stress even an upper-middle-class household.

In ASN's proposed alternative, if the donor from the family of four whose HHI is 600% of poverty level ($192,900) incurred $12,000 in donation-related qualifying expenses (an unusual, but not unheard of cost), they would be responsible for the first $6,000 in donation-related costs but eligible for reimbursement for the remaining $6,000—averting what would likely be a challenging $12,000 financial burden as a result of living donation, while recognizing that smaller expenses are less likely to serve as a complete deterrent for organ donation at this income level.

Table 2 below depicts the donation-related qualifying expenses eligible for reimbursement versus donation-related costs borne by the living donor under the ASN proposals. Donor E, F and Donor G demonstrate ASN's proposal to allow donation-related qualifying expenses in

excess of $6,000 be eligible for reimbursement for donors with HHIs over 501% of poverty level (up to $6,000).

Table 2. Donation-Related Qualifying Expenses Eligible for Reimbursement vs. Borne by Donor, By Household Income Level, as Proposed by ASN[vii]

Donor	Household Income	% of Poverty Threshold for family of 4	Total Qualifying Expenses	Total Eligible Reimbursement from LODRP (As Proposed by ASN)
A	$80,375.00	250%	$6,000	$6,000
B	$104,487.50	325%	$3,800	$3,800
C	$120,562.50	375%	$2,000	$2,000
D	$160,750.00	500%	$3,800	$3,800
E	$192,900.00	600%	$2,000	$0.00
F	$192,900.00	600%	$8,000	$2,000
G	$192,900.00	600%	$15,000	$6,000

For comparison between the donation-related qualifying expenses eligible for reimbursement versus donation-related costs borne by the living donor under the ASN proposals versus the original HRSA proposals, see **Appendix 1**.

Lastly, ASN will continue to advocate for increased Congressional funding for the Living Organ Donor Reimbursement Program, with the goal of extending eligibility for reimbursement to all donor applicants with HHIs up to 750 percent of poverty level (and eventually, beyond) for *all* qualifying expenses (not just those above $6,000) and strongly encourages HRSA to consider ways in which it could also support this objective.

(3) Proposed categories for donors' financial hardship expenses as outlined in III.iii of this notice.

ASN suggests that the same qualifying expenses that are eligible for reimbursement for Americans with HHIs at or *below* 500 percent of poverty level be eligible for reimbursement for Americans with HHIs at or *above* 501 percent who have donation-related costs in excess of $6,000.

The society recognizes that HRSA proposed slightly fewer categories of qualifying expenses in section III.iii for people with incomes at or above 501 percent. However, ASN believes the categories should be consistent across all incomes. In the alternative approach to reimbursing higher-income Americans ASN proposed, the society recommends that the same qualifying expenses that are eligible for reimbursement for Americans with HHIs at or *below* 500 percent of poverty level be counted to determine these higher-income Americans' eligibility for reimbursement of donation-related costs above $6,000.

The society also suggests that, in addition to the existing qualifying expenses categories, HRSA consider permitting reimbursement for the following two new categories for every eligible American (up to 500 percent of poverty level or above 500 percent of poverty level with costs in excess of $6,000). ASN notes that these costs are already covered by the National Kidney Registry:

- **Adult disabled care**: adult disabled care often falls between existing reimbursement for childcare and elder care but can be a serious impediment for potential donors who care for disabled adults.

- **Pet care**: boarding or in-home care for pets can be costly while traveling for or recovering from donation. For someone who has to travel extensively or who faces a more challenging than average recovery, those costs (or the notion that their pet may be sub-optimally cared for in the course of their donation) could become prohibitive.

(4) Recommendations for forums, resources, and venues to distribute information about LODRP and the program's new eligibility guidelines, including suggestions for community-based outreach and education.

ASN recommends that HRSA target not only transplant centers, patients, and prospective living donors, but also nephrologists and dialysis organizations in its efforts to raise awareness about the changes to the Living Organ Donor Reimbursement Program. Many potential kidney transplant candidates on dialysis receive crucial information about their care from their nephrologists and in their dialysis units. Leveraging these clinicians and organizations to convey information about changes that may make it easier for patients' family or friends to overcome financial barriers to become a living donor would help ensure the information is delivered where it can have maximum impact. ASN would recommend dialysis unit social workers be encouraged to share information about the new Living Organ Donor Reimbursement Program eligibility criteria with patients during their conversation about transplantation. National kidney patient organizations and organizations representing social workers would also be a crucial area of communications focus, given their frequent, direct, and trusted communications with individuals affected by kidney diseases, their families, and prospective donors.

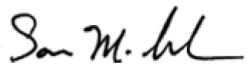
In addition, ASN encourages HRSA to explore a mechanism for potential donors to be considered for Living Organ Donor Reimbursement Program eligibility independently. Right now, prospective donors must work through a transplant center—and that support (typically from social workers) is essential for many of them to successfully navigate the process. However, some prospective donors who are considering donation may appreciate the option to at least initially explore the process independent of a transplant center. ASN suggests that HRSA consider this as a future modification to the Living Organ Donor Reimbursement Program and seek input from stakeholders, particularly past and prospective living donors.

Lastly, ASN strongly supports the implementation timeline HRSA outlines in the final rule, of Tuesday, September 1, 2026.

Again, ASN commends HRSA for its leadership on implementing the HOLD Act and further modifying the Living Organ Donor Reimbursement Program to better meet the needs of living donors. The society stands ready to continue to provide additional information or to offer access to its expert members as HRSA considers these comments or future improvements to the program. Please contact ASN Strategic Policy Advisor to the CEO Rachel Meyer at

rmeyer@asn-online.org to discuss this letter or the Living Organ Donor Reimbursement Program more generally with ASN.

Sincerely,



Samir M. Parikh, MD, FASN
President

Appendix 1.

ASN Proposal vs. HRSA Proposal: Donation-Related Qualifying Expenses Eligible for Reimbursement vs. Borne by Donor, By Household Income Level

Donor	Household Income	% of Poverty Threshold for family of 4	Total Qualifying Expenses	Total Eligible Reimbursement from LODRP: ASN Proposal	Total Eligible Reimbursement from LODRP: HRSA Proposal
A	$80,375.00	250%	$2,000	$2,000	$2,000
B	$104,487.50	325%	$3,800	$3,800	$3,800
C	$120,562.50	375%	$2,000	$2,000	Unknown: $0.00 - $2,000
D	$160,750.00	500%	$3,800	$3,800	Unknown: $0.00 - $3,800
E	$192,900.00	600%	$2,000	$0.00	$0.00*
F	$192,900.00	600%	$8,000	$2,000	$0.00*
G	$192,900.00	600%	$15,000	$6,000	$0.00*

*While HRSA proposes considering eligibility for donors with HHIs above 501% if their donation-related expenses bring their HHI under 500%, Donors E, F, and G would need a donation-related HHI reduction of $32,150, so there is no possibility for reimbursement eligibility under the HRSA proposal.

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[i] Assistant Secretary for Planning and Evaluation. Advancing American Kidney Health. July 2019. https://aspe.hhs.gov/sites/default/files/private/pdf/262046/AdvancingAmericanKidneyHealth.pdf

[ii] Przech S et al. Financial Costs Incurred by Living Kidney Donors: A Prospective Cohort Study JASN. 2018 Dec;29(12):2847-2857. doi: 10.1681/ASN.2018040398.

[iii] Rodrigue, JR et al. Direct and Indirect Costs Following Living Kidney Donation: Findings From the KDOC Study. AJT. 2016 Mar;16(3):869-76.

doi: 10.1111/ajt.13591

[iv] Smith AR et al. Living Donor Decision-Making and the Complex Interplay of Finances and Other Motivators, Barriers, and Facilitators. Clinical Transplanation. July 2024. https://doi.org/10.1111/ctr.15377

[v] Matthews, D. One Simple Change the Government Could Make to Encourage Kidney Donation. Vox. 2018. https://www.vox.com/future-perfect/2018/12/22/18151377/kidney-transplant-waiting-list-national-kidney-foundation

[vi] Assistant Secretary for Planning and Evaluation. 2025 Poverty Guidelines: 348 Contiguous States (All States Except Alaska and Hawaii). https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf

[vii] *Ibid.*