The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Administrator Oz:

As organizations committed to improving access to kidney transplantation, we write to request that CMS clarify that transplant centers may claim the costs of transplant coordinators dedicated to training volunteer living donor facilitators as reimbursable organ acquisition expenses under Medicare.

The Kidney Transplant Collaborative (KTC) has developed a Living Donor Program Enhancement Framework that helps transplant centers increase living kidney donations. The model relies on dedicated coordinators who train and support volunteer facilitators in two roles: helping transplant candidates find a living donor and helping donors navigate the transplant process.

A growing body of clinical evidence demonstrates that volunteer facilitators materially increase the number of successful living donor transplants, often at minimal cost and with rapid impact. Programs that introduce a trained volunteer facilitator, someone who guides recipients and their close network in identifying potential donors and developing the language needed to present their story, have produced dramatic results in finding and securing living kidney donors. Facilitators are equally important for individuals who step forward to donate but face a complex evaluation process that deters even motivated candidates. Facilitators help them stay engaged and complete the steps required to donate. Living kidney donation provides the best opportunity for a preemptive transplant, before the patient needs dialysis.

These coordinators have no clinical role when carrying out this engagement work. All medical evaluation, eligibility decisions, and clinical care remain under the transplant center's authority. Their work supporting volunteer facilitators closely aligns with existing pre-transplant functions that CMS already recognizes as organ acquisition activities.

Although these costs are allowable pre-transplant organ acquisition costs under Medicare's existing rules, many transplant centers remain hesitant to adopt the model because of uncertainty about reimbursement. A statement from CMS confirming that these coordinator costs may be reported as organ acquisition costs would resolve that uncertainty and encourage broader adoption, without any change to existing regulations.

Nearly 100,000 Americans are waiting for a kidney transplant. Removing this barrier would help more of them reach a living donor transplant, saving thousands of lives while reducing significant Medicare costs associated with ongoing dialysis.

A recent analysis using Congressional Budget Office scoring conventions estimates that each kidney transplant saves Medicare $800,000 over ten years. Doubling living donor transplants over the next decade, a conservative outcome based on transplant centers' extant activities under this model, would reduce Medicare spending by an estimated $6.6 billion. Broader adoption would also build a more reliable supply of transplantable organs at a time when deceased donation can no longer be counted on to close the gap, complementing ongoing oversight of organ procurement organizations.

We respectfully request that CMS review this opportunity and consider issuing guidance confirming that these coordinator costs are allowable organ acquisition expenses under current policy.

Thank you for your consideration and for your continued efforts to improve care for patients with kidney disease.

Sincerely,

American Society of Nephrology
American Society of Transplantation
Jack Kemp Foundation
Kidney Transplant Collaborative
Kidneys for Communities
National Kidney Foundation
PKD Foundation
Renal Physicians Association
Waitlist Zero