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Administrator Tom Engels
Division of Transplantation
Health Systems Bureau
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857

Cc: Allison Hutchings
Senior Advisor, Health Systems Bureau, HRSA
5600 Fishers Lane, Rockville, MD 20857

Dear Administrator Engels and Ms. Hutchings,

The National Kidney Foundation (NKF) is writing to strongly support the implementation of the Honor Our Living Donors (HOLD) Act changes to the Living Organ Donation Reimbursement Program (LORDP). We have long been troubled about the use of the organ transplant recipient's income to determine the eligibility of the potential organ donation for reimbursement under LORDP. Section 377(e) of the Public Health Service Act has historically precluded disbursement of grants when qualifying expenses of a donating individual can be otherwise paid, including by the recipient. For practical purposes, this policy meant that a potential living donor was generally required to provide recipient's tax documents or pay stubs as part of the eligibility determination process for reimbursement of qualifying expenses through LORDP. Waiting for a kidney transplant and searching for a living donor are some of the most taxing emotional burdens in medicine. We are gratified by the HOLD Act changes and by HRSA's implementation of the statute. Both will reduce burden on living donors and recipients. Even small reductions in logistical burden make a difference in the lives of the chronically ill.

Proposed Donor HHI Eligibility Thresholds and Priority Categories

- The National Kidney Foundation supports removal of recipient household income (HHI) as a criterion for eligibility for reimbursement under LODRP.
- The National Kidney Foundation supports the prioritization of living donors, both directed and non-directed, *with incomes* at or below 350 percent of the HHS Poverty Guidelines at the time of the eligibility determination.
- The National Kidney Foundation respectfully suggests that HRSA consider a more predictable prioritization mechanism for Priority Category 2. The proposed mechanism for Priority Category 2 creates uncertainty for donors and transplant centers during a time-sensitive process.

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Unlike Priority Category 1, eligibility for Priority Category 2 depends on whether sufficient program funding is available monthly. That creates uncertainty for donors and transplant centers and significant operational burden for transplant social workers during a time-sensitive process.

The success of LORDP is not only about the funds available; success hinges on whether potential donors and recipients know about the program and are able to use its availability to inform their search for a living donor or decision to donate. The inherent uncertainty created by the prioritization 2 mechanism stands in contrast to that goal. A donor who is willing and medically able to proceed with evaluation or donation should be able to understand, before incurring significant expenses, whether reimbursement will be available. Financial uncertainty should not become a barrier that delays donor evaluation or transplantation.

We would welcome the chance to make an alternative recommendation; however, we lack clarity into the constraints faced by the program. We did note the following that informs our understanding:

- HRSA estimates that the proposed framework would cover 60 percent of current applicants in Priority Category 1 and 78 percent of applications in Priority Category 2. This indicates that current program resources are not sufficient to cover every applicant at or below 350% of Federal Poverty Guidelines nor every applicant between 301 and 500% of FPL.
- Footnote 11, which states that the cooperative agreement recipient has not been required to impose a donor financial hardship waiver threshold in practice, as program resources have been sufficient to cover donors across all income levels. This also leads us to believe that resources are inadequate to cover all program applicants.

If program resources are not adequate to cover all applicants, it would be helpful to understand the variables used in the analysis, especially whether "current applicants" included applicants in 2026 and the total funding available in the time under analysis. If the analysis was conducted with applicants from a previous year, we would note that Congress most recently appropriated funding for LODRP in the FY 2026 Consolidated Appropriations Act, directing a $1 million increase above the prior-year program level.

Overall, we acknowledge that HRSA is operating under constraints, not all of which are known to us. We hope for a policy that stewards program resources while minimizing confusion for donors, recipients, and transplant centers. If HRSA is unable to consider an alternative prioritization scheme, we recommend:

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- If Priority Category 2 is open when an eligible donor applies, and they are approved, it would seem reasonable for that approval to remain in effect throughout the donor's evaluation and donation process, even if funding priorities later change.
- If Priority Category 2 is closed when a donor applies, HRSA should clearly communicate that status and how future applications will be handled, indicating if the donor can apply again later (although this situation may delay or end the opportunity for living donation).

Proposed financial hardship waiver cap for donor applicants with HHIs between 501-750 percent of the HHS Poverty Guidelines

- The National Kidney Foundation supports maintaining a hardship waiver option.
- The National Kidney Foundation supports capping waiver eligibility at 750 percent of HHS Poverty Guidelines to better target limited resources to the donor applicants with greatest need and to reflect the population that uses the program.

Proposed categories for donors' financial hardship expenses:

- The National Kidney Foundation supports the proposed categories for donors' financial hardship expenses.

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:

Before submitting comments in this section, we disclose that the National Kidney Foundation is engaged in the cooperative agreement with Health Literacy Media and Houston Methodist to build a non-branded living donation education hub under the Public Education for Living Organ Donation Reimbursement Program.

Understanding that some of these perspectives are out of scope of the current rulemaking and not under HRSA's authorities, we note again that the success of the program depends on whether potential donors, potential recipients, and the centers that serve them are aware of the program. To that end we recommend that:

- **Donor financial assistance is made a required part of the donor education process. The Centers for Medicare and Medicaid Services (CMS) could include such a requirement in the Conditions for Participation for transplant programs.**

  Every potential living donor should have a documented discussion regarding donor financial assistance before incurring donation-related expenses. Ideally, this discussion would occur when

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the donor completes the initial consent and authorization forms required to begin the living donor evaluation process. Rather than relying on individual coordinators to remember to discuss NLDAC, transplant centers should have a checklist of financial assistance topics to discuss and document that the conversation occurred, like other required education provided during donor evaluation.

> **Patient Story**: *"In my experience, many living donors have never heard of NLDAC until after they have already incurred donation-related expenses. Access to reimbursement should not depend on whether a transplant center or individual coordinator remembered to discuss the program before the donor's first evaluation-related expense."*

Not every donor will need or want financial assistance, and many donors will choose to pay their own expenses. That should remain entirely their choice. However, donors should understand early in the evaluation process that reimbursement programs exist, that certain expenses may be eligible for reimbursement if they have not applied to the program, and that waiting to apply may impact what is reimbursed. A donor who ultimately decides not to apply should be making an informed decision, not simply missing the opportunity because they never learned the program existed.

- **Educating transplant recipients as well as donors**

Potential donors often ask the intended recipient practical questions about donation before contacting the transplant center. If recipients and their families know that financial assistance programs exist, they can encourage potential donors to speak with the donor coordinator before making travel arrangements or deciding they cannot afford to be evaluated. Basic information about donor financial assistance should become part of recipient transplant education whenever living donation is discussed. Most recipients know their donor. Recipients could also add this to their donor search outreach if they know about it, and this is the first thing donors see.

- **Continuing to test improved dissemination through transplant center websites and donor materials in the Increasing Organ Transplant Access (IOTA) Model.**

Consistent with NKF's transplant transparency agenda, every transplant center website with information about living donation should also include clear information about donor financial assistance programs, including NLDAC, a link to the federal poverty levels, and any other applicable reimbursement resources (paired exchange, state based, employer based, or other charitable reimbursement programs.) This information should also be included in consent forms, donor packets and other educational materials provided at the beginning of the donor evaluation process.

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Our final recommendation is that HRSA consider the extent to which the Congressional reporting requirement can be used to better understand Actual donation-related expenses, including reimbursement received from other sources (paired exchange programs, state-based programs, employer benefits, charitable assistance, etc.), unreimbursed donor expenses, and donors who choose not to request reimbursement. This information would provide a much clearer picture of the true cost of living donation and allow HRSA and Congress to distinguish between donor need, donor utilization of reimbursement programs, donors who don't ask for support, and the actual financial impact of living donation.

We thank the Health Services Bureau for the important work it continues to do to implement LORDP and the modernization generally. NKF sincerely appreciates the work HRSA is doing on behalf of the people we serve. It does not go unnoticed.

Sincerely,

Miriam Godwin
Vice President, Health Policy
National Kidney Foundation