New Liver Transplant Policy Raises Concerns About Increased Costs and Equity

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A new study suggests that the new policy determining how liver transplants are allocated disadvantages underserved communities, reports CNN.

More than 6,000 people die each year while awaiting an organ, according to the Health Resources and Services Administration.

The previous liver allocation policy operated within defined regional service areas, whereas the new policy prioritizes the sickest liver candidates listed at transplant hospitals within a 500-nautical-mile radius of the donor hospital, CNN reports.

The new liver allocation policy was meant to increase the number of transplants and improve health equity throughout the United States; however, a study published in JAMA Surgery shows unfavorable changes during the first year under the updated policy.

For the study, researchers addressed outcomes for 22 transplant centers, representing about 25% of the national total.

During the first year, liver transplant costs were about 11% higher compared with the previous year, an increase that was mostly attributed to costs associated with increased air travel to transport donor livers. What’s more, the overall number of liver transplants in the sample of transplant centers decreased by 6%.

The change in transplants relative to donors suggests higher organ discard rates. This may be because liver transplants do not remain viable between donor and transplant as long as other organs, according to CNN.

“Transplant centers from low-income states, those serving populations with more racial and ethnic minority individuals, and centers from states with poorer-performing health systems are facing greater costs, despite fewer patients having transplants since the policy implementation,” study authors wrote.

Rural areas already face barriers to organ transplant access. The current study suggests that the new liver allocation policy may exacerbate these issues. In fact, rural centers had significantly greater drops in liver transplants, increases in imported livers and larger increases in hospital and flight costs.

The University of Kansas Medical Center, for example, saw a 40% decrease in liver transplant volume in the first two years under the new policy, which was implemented at the height of the pandemic. What’s more, costs increased by about 15% per transplant, and the number of livers from local donors fell from about 90% to about 15%.

It may take years to address these transplant policy issues while experts seek input from the public and stakeholders, according to CNN.

To learn more, click #Liver Transplant. There, you’ll find headlines such as “Black People With Liver Cancer Are Less Likely To Receive Liver Transplants,” “Troubled U.S. Organ Transplant System Gets Major Revamp” and “$12M Grant for Research on Early Liver Transplantation.”
