

**STATEMENT OF  
THE HONORABLE NEAL P. DUNN, M.D. (FL-02)  
BEFORE THE FULL COMMITTEE  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

**October 24, 2017**

Thank you, Chairman Roe and Ranking Member Walz for including my bill, H.R. 2601, the Veterans Increased Choice for Transplanted Organs and Recovery, or VICTOR, in today's legislative hearing agenda. I'd also like to thank all the witnesses for their testimony.

It goes without saying that timely organ transplants can make the difference between life and death. It's always a race to bring the patient, organ and transplant team together in time. Patients must be ready at a moment's notice, and the stakes and risks are always high.

Now, the Department of Veterans Affairs has participated in transplant medicine since 1962, but is a relatively small program which is limited by scope and location. As a result, veterans in need of organ transplants suffer unique challenges in trying to receive transplant care.

Currently, when a veteran receives care through the VA for a transplant, they are subject to traveling to one of only fourteen Veterans Affairs Transplant Centers (VATCs) throughout the United States.

This means that a veteran may be required to travel hundreds, even thousands of miles across several states for a transplant, despite potentially passing many other transplant centers on the way.

To illustrate this point, in the United States, there are currently 147 liver transplant centers. 141 of those transplant centers are civilian transplant centers, 6 are VA transplant centers. A veteran in Florida has 7 liver transplant centers in the state and cannot go to any of them if relying on the VA for care. Similarly, a veteran in California has 13 liver transplant centers in the state but again cannot go to any of them.

The difficulties associated with transplant care are particularly apparent with liver transplants. Given the incidence of end-stage liver disease in the Veteran population, liver transplants are an especially important, life-saving healthcare concern within VA transplant care.

Out of the fourteen VATCs, just six of these transplant centers are designated liver transplant centers. For those veterans who are waiting for a liver transplant at a VATC, they face a 32 percent longer wait time on average than those at non-VA facilities.

The VICTOR Act addresses these challenges by simply reducing the existing barriers to care. If a veteran in need of a transplant lives more than 100 miles from a VATC, the bill allows them to

seek care at any federally approved transplant center closer to them that also treats Medicare patients.

Speaking as both a surgeon and a veteran, this is the right course of action.

And this policy change in transplant medicine builds on our larger strategy to improve quality health care access for those, as Lincoln said, “who shall have borne the battle.”

Thank you, Mr. Chairman for allowing me to testify on behalf of H.R. 2601 before the Committee today. I yield back the remainder of my time.