

**STATEMENT OF DR. ABHINAV HUMAR
CHIEF, DIVISION OF ABDOMINAL TRANSPLANTATION SURGERY
UNIVERSITY OF PITTSBURGH
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
"LEGISLATIVE HEARING: H.R. 2601 – VETERANS INCREASED CHOICE FOR TRANSPLANTED
ORGANS AND RECOVERY ACT OF 2017"**

OCTOBER 24, 2017

Chairman Roe and Ranking Member Walz,

Thank you for the opportunity to provide testimony regarding Representative Neal Dunn's legislation: H.R. 2601 – Veterans Increased Choice for Transplanted Organs and Recovery Act of 2017 or, the VICTOR Act. I am grateful to Dr. Dunn for offering this legislation and offer my strong support for it. It is my hope that the House and Senate Veterans Affairs Committees will support this legislation and include it in legislation that continues to allow veterans to receive care in the community.

A bit of background on myself: My name is Abhinav Humar, MD. I am currently employed by the University of Pittsburgh where I am a professor of transplantation surgery as well as the chief of the abdominal transplantation surgery division and Director of the Thomas E Starzl Transplant Institute. I specialize in intestinal, kidney, liver and pancreas transplants with a specialized focus on living donor liver transplant and pediatric kidney transplants. I have been published over 300 times in various medical journals and publications on topics related to organ transplant medicine. My curriculum vitae has been submitted with this testimony.

In my capacity as a transplant surgeon, I have performed numerous transplants on veterans at the Veterans Affairs (VA) Pittsburgh Healthcare System and this is where I first learned of the VA's policies pertaining to veterans seeking an organ transplant, either kidney or liver transplants. There are currently 6 VA transplant centers (VATC) that perform liver transplants and they are: Portland, Madison, Houston, Nashville, Richmond and Pittsburgh. A veteran must travel to one of those six facilities to receive a transplant. The Veterans Access, Choice and Accountability Act of 2014¹ (hereinafter "Choice Act") does not apply to organ transplant surgery and therefore the veteran is not eligible to receive a transplant in a non-VA medical facility regardless of the distance that a veteran must travel to a VATC.

As a physician, the standard that I apply is the best medical interest of the patient or veteran. Is it in the best medical interest of the veteran to travel a significant distance to receive a transplant? The medical research that has been conducted on this topic clearly indicates that VA's current policy that requires a veteran to travel to a VATC to get care, regardless of distance, is not in the best medical interest of the

¹ Public Law 113-146

veteran. A 2014 study published in the Journal of the American Medical Association states, “Among VA patients meeting eligibility criteria for liver transplantation, greater distance from a VATC or any transplant center was associated with lower likelihood of being waitlisted, receiving a liver transplant, and greater likelihood of death.”² In other words, the farther a veteran is from a transplant center the less likely they are to get a transplant and the more likely they are to die. There is no rational basis, based upon medical research, that would justify the VA forcing a veteran to travel a significant distance to receive a liver transplant from a VATC when a civilian transplant center exists closer to the veteran’s home.

Dr. Dunn’s legislation is straight forward and common sense in my opinion. It amends the Choice Act to explicitly cover organ transplants and applies a distance metric of 100 miles or greater from a VATC. If the veteran lives 100 miles or more from a VATC, the veteran can then choose whether they want to travel to a VATC for treatment or seek care at a civilian transplant center closer to their home.

The primary reason to support Dr. Dunn’s bill is that it is in the best medical interest of the veteran. Allowing a veteran to receive an organ transplant at a transplant center closer to their home increases the chance that the veteran will receive an organ and increases their chance of survival. It will reduce the travel requirements for a veteran who must travel to the assigned VATC for the transplant operation as well as pre- and post-operation care. It will increase the opportunities for the veteran’s family to be present to support their recovery. It will allow veterans to avoid the prolonged in-patient care that is associated with being medically cleared for extended travel following the transplant operation. It is simply a veteran friendly bill that will improve the quality of care for veterans who require organ transplants.

The system that VA currently has in place is problematic because it artificially inflates the demand for organs in certain regions but supply remains constant. Currently, the Organ Procurement & Transplantation Network³, which is administered by the Health Resources and Services Administration divides the United States into 11 regions. Using livers as an example, the VA forces all veterans in the United States into the 5 regions where the 6 VATCs that conduct liver transplants are located even though the veterans may not live in those regions and therefore the veteran population does not get the opportunity to benefit from the total supply of organs within the United States.

To illustrate this problem, I will use an example of a veteran located in Panama City, FL, who needs a liver transplant. VA assigns him or her to the Pittsburgh VATC which performs the most liver transplants of the 6 VATCs. Florida is in Region 3⁴ and in 2016 there were 1,392 livers donated. The 2017 liver waitlist for Region 3 consists of 1,269 people waiting to receive a matching liver. To put it simply, if you live in Region 3 and you need a liver, there is a healthy supply of donated livers as compared to demand and you have very good chance of getting one. However, the veteran in Florida does not get to benefit

² Goldberg, David S., “Association of Distance From a Transplant Center with Access to Waitlist Placement, Receipt of Liver Transplantation and Survival Among US Veterans.” *Journal of the American Medical Association* 311.12 (2014) 1234-1243.

³ <https://optn.transplant.hrsa.gov/members/regions/>

⁴ Region 3 – Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi and Puerto Rico.
<https://optn.transplant.hrsa.gov/members/regions/region-3/>

from that robust supply. Instead, VA assigns them to the Pittsburgh VATC which is located in Region 2⁵. Region 2, in 2016 had 1,172 livers donated and the 2017 liver waitlist for Region 2 consists of 2,058 people waiting to receive a matching liver. As you probably noticed, there are significantly more people in Region 2 who need a liver than livers donated and VA is making that problem worse by forcing veterans into the region which inflates demand. This requirement is not good for the veteran and it is not good for a civilian who needs a liver transplant because it diminishes every patient's chance to receive a matching liver.

H.R. 2601 is legislation that puts the best medical interest of the veteran first. It allows the veteran to receive lifesaving care closer to home while also allowing all veterans who need an organ transplant to benefit from the total supply of organs within the United States and not just the organ supplies in the regions where VA has located the VATCs. I hope you will support Dr. Dunn's legislation and include it in the upcoming legislation that is to replace the Choice Act. Thank you for the opportunity to submit this testimony.

⁵ Region 2 – Delaware, DC, Maryland, New Jersey, Pennsylvania, West Virginia and Northern Virginia.
<https://optn.transplant.hrsa.gov/members/regions/region-2/>