DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HEALTH POLICY

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From: Sharman Stephens

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Number of Pages (Including Cover): 4

Comments: Request from war room. How do you want me to respond? Or would you want to talk with them. I have told them that Medicare does cover expenses, but i[illegible] needed to do more work up[illegible] would

The White House

Health Reform Delivery Room

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Facsimile Cover Sheet

To: Sharman Stevens

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From: Joe Hernandez. Kolski

Date: 4/14/94

Comments: Thank you.

Number of pages including cover: 2

4/14/94

Organ Transplant Responses

Topeka

- "What will be in your health care program that will help provide coverage for all patients needing bone marrow transplants and also for their donor's expenses?"

As the president said, "Transplants are covered when they are appropriate." The only time that transplants will not be covered is if they are experimental. This Health Security package is guaranteed to all Americans with guaranteed renewal and outlawing of pre-existing conditions. Unlike many current insurance plans, the Act places no lifetime limits on medical coverage and guarantees a full range of medically necessary or appropriate services, therefore, transplants. What about donor's expenses?

Minneapolis

- "Do you have it built into your plan to encourage more organ donation amongst--to get more organs available and when they do become available, to use for transplants?"

When they are the recommended medical procedure transplants are supported. If it is an experimental procedure the transplant will not be covered. What about encouraging and organizing the market for transplants? See next page

Medicare does cover donor's healthcare costs.

Anecdotally it appears private insurers increasingly do as well

ORGAN DONATION

4/19/94

Minneapolis

What about organizing the market?

The National Organ Transplant Act of 1984 authorized establishment of the Organ Procurement and Transplantation Network (OPTN). The Act also prohibits sale of human organs for transplantation.

Under a contract with the Department's (HHS) Division of Organ Transplantation, the United Network for Organ Sharing (UNOS) in Richmond, Virginia, administers the OPTN. The OPTN maintains a national computerized waiting list of patients awaiting organ transplants, and develops organ allocation policies in consultation with the transplant community. Certain policies developed by the OPTN require approval of the Secretary.

Nearly 70 privately run organ procurement organizations located across the United States are responsible for acquiring and distributing donated organs to patients who are awaiting transplants. UNOS, under its contract with the Division of Organ Transplantation, organ procurement organizations and others who are active in the transplant community conduct activities to increase organ donation.

In addition to organ donor awareness activities conducted under grants to organ procurement organizations, the Division of Transplantation maintains working relationships with professional organizations in the field of organ transplantation and fosters relationships with public and private organizations to promote the concept of organ donation. Private sector initiatives aimed at increasing organ donation are being carried out by the Coalition for Organ Donation. The Minority Organ & Tissue Transplant Education Program, headed by Dr. Clive Callender, a kidney transplant physician at Howard University, has for over a decade conducted donor education and awareness activities aimed at increasing donations among minorities.

M Health Care Study,560
Doctor Says Lack of Money Blocks Lifesaving Care for Some Patients
By PAUL RECER= AP Science Writer=

WASHINGTON (AP) Bone marrow transplantation offers the only hope of surviving some types of leukemia, but many patients are denied the treatment because they can't pay the $150,000 cost or don't have insurance that will cover it, a medical specialist says.

And often, Dr. Mary M. Horowitz told Congress on Thursday, patients who do have health insurance are kept waiting for months before their carriers approve the payment. For some patients, such delays may mean the bone marrow transplants come too late, she said.

``If there were not economic barriers, these transplants would be done much more quickly,'' said Horowitz, a Milwaukee blood specialist who performs about 50 bone marrow transplants a year. She also is scientific director of the International Bone Marrow Transplant Registry.

The physician testified before the House Ways and Means health subcommittee about two General Accounting Office reports that compared the quality of health care in the United States with that of countries with different health care systems.

One study compared survival rates for four types of cancer in the United States with rates in the province of Ontario, where the Canadian government pays all health bills. Survival rates in this country roughly equaled those in Ontario for three types of cancer; only breast cancer showed a slight U.S. advantage.

A second study examined the availability of bone marrow transplants in the treatment of leukemia in 10 industrialized countries. By almost all standards, the United States was far down the list, said the report by GAO, Congress' investigative arm.

For example, in the treatment of chronic myeloid leukemia, or CML, which can be cured only with bone marrow transplant, U.S. patients had only one chance in three of getting the therapy. The United States ranked seventh out of the 10 nations in this measure.

In Sweden, Britain, New Zealand and Denmark, all with medical care delivery systems different and cheaper than the U.S. system, a CML patient had about one chance in two of getting the marrow transplant. Canada and Australia also ranked above the United States, which topped only the Netherlands, France and Germany.

Horowitz said she was surprised by the results of the bone marrow study because she had shared the common belief that the high-tech and more expensive U.S. medical system made such advanced procedures more readily available here than in other countries.

``This changes my notions about the U.S. system,'' she said.

Rep. Jim McDermott, D-Wash., who is pushing a Canadian-style, single-payer health system for the United States, said the studies show that despite having one of the most expensive systems in the world, this country does not have the best.

``We spend 50 to 100 percent more on health than other advanced nations and have little to show for it,'' said McDermott, a physician. ``This is the ultimate example of fraud, waste and abuse in our society. It will be a national shame if we can't do better.''

But Rep. Bill Thomas, R-Calif., sharply criticized the GAO studies, saying they contained statistical and methodological flaws, particularly because of the differences in the societies that were compared.

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