About TRIO

Transplant Recipients International Organization (TRIO) is an independent, not-for-profit, international organization committed to improving the quality of life of transplant candidates, recipients, their families, and the families of organ and tissue donors.

Through the TRIO Headquarters and a network of chapters, TRIO serves its members through awareness, support, education, and advocacy efforts.

Over 104,200 People are on the national transplant waiting list, with another person being added every 10 minutes. Only 42,000 Patients received transplants in 2022.\(^1\) Sadly, 17 patients on the waitlist die each day while waiting for a donor organ.\(^2\)

POTENTIAL DONOR ORGANS ARE AMONG THE SCARCEST MEDICAL RESOURCES

Medicare coverage for non-invasive post-transplant diagnostics

- It is estimated that within five years after transplantation, 50% of lung transplants, 33% of heart transplants, and 20% of kidney transplants will fail\(^3,4,5\) – most often due to organ rejection.

- Thankfully, due to major scientific advancements, non-invasive post-transplant diagnostics serve as a major tool in reducing graft damage and rejection – acting as a cost-effective tool for determining whether a patient is in rejection before symptoms may even be present, without requiring the full surgical procedure of a biopsy.

- Despite being the single biggest advancement in post-transplant care in 40 years, coverage for these innovative tests was restricted by Medicare contractors in March 2023.

- In August 2023, Representatives Anna Eshoo (D-CA-16) and Michael Burgess (R-TX-26) led a House letter to CMS expressing concern with the contractor’s use of a March 2023 billing article to circumvent the standard local coverage determination process (LCD) to significantly restrict coverage for these lifesaving innovations.

TRIO urges Congress to ensure access to these diagnostics through a Senate letter to CMS, along with a legislative solution to restore coverage to the pre-March 2023 standard.

Saving Access to Laboratory Services Act (SALSA)

Congress passed the Protecting Access to Medicare Act (PAMA) in 2014 to reform the Clinical Laboratory Fee Schedule (CLFS) and establish market-based rates derived from private payor rates reported to the Centers for Medicare & Medicaid Services (CMS) by independent, hospital, and physician office labs.
Unfortunately, CMS’s implementation has failed to gather sufficient data from all laboratory segments, causing CLFS rates to drop significantly more than expected, threatening patient access to lab services, and jeopardizing investment in innovation for the next generation of diagnostics.

H.R. 2377/S. 1000, the Saving Access to Laboratory Services Act (SALSA) would:

- Improved Sampling: SALSA advocates for statistically valid sampling of private payor data from various lab types to ensure unbiased CLFS rate-setting. In 2017, only 21 out of 1,942 reporting labs were hospitals, yet they accounted for only 50% of Medicare CLFS volume.

- Limits on Annual Rate Changes: SALSA limits CLFS rate fluctuations to 5% annually, providing stability to labs and the Medicare program. Current law allows up to a 15% decrease in 2024-2025, with no limits thereafter.

- Improved Data Quality: SALSA excludes Medicaid managed care rates, preventing artificial downward skewing of CLFS rates. It also reduces reporting burden by allowing exclusion of manual remittances (up to 10% of required data).

- Reporting Frequency: SALSA extends reporting periods to every four years, reducing the burden on the lab industry and enhancing CLFS rate stability compared to the current three-year requirement.

**Living Donor Protection Act (H.R. 2923 / S. 1384)**

There are currently no federal protections for living organ donors to prevent them from losing employment due to needing time off from work to recover from surgery, or from being denied or experiencing higher premiums for life, disability, or long-term care insurance.

While many states have established living donor protections of their own, these laws are often inconsistent. To establish a national standard, TRIO supports the passage of the Living Donor Protection Act, which would:

1. Prohibit life, disability, and long-term care insurance providers from denying or limiting coverage for living donors.

2. Prohibit insurance companies from charging higher premiums to donors.

3. Guarantee living donors time off from work to recover through the federal Family and Medical Leave Act (FMLA).

**References**


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Visit [www.trioweb.org](http://www.trioweb.org) to learn more about Transplant Recipients International Organization.