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FOR IMMEDIATE RELEASE

Washington, DC., December 17, 2010 - Representing transplant recipients, candidates, donors and their families, the Transplant Recipients International Organization, Inc. (TRIO) has issued a statement of concern about the Arizona state legislature's drastic changes to the Arizona Medicaid program seeing these changes as a life and death issue to approximately one hundred Arizona residents currently waiting for a transplant for which they were already approved.

Transplant Recipients International Organization
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The state of Arizona has begun rationing some of the healthcare it says it cannot afford to give its poorest residents. Beginning on Oct. 1, Arizona's Medicaid program, the Arizona Health Care Cost Containment System, (AHCCCS) stopped covering several types of organ transplants, including heart transplants for non-ischemic cardiomyopathy, lung transplants, pancreas only transplants, pancreas transplants after kidney transplants, (some) bone marrow transplants and liver transplants for candidates with a diagnosis of Hepatitis C.

The reductions made by the Arizona state government were approved by the federal government, according to an Aug. 11 letter from Gloria Nagle, associate regional administrator for the Division of Medicaid & Children's Health Operations.

While our organization stays out of party politics in general and partisan bickering in particular, TRIO states that it is unfair for any state to renege on transplant candidates who have been waiting for a transplant and have done everything they have been asked to do in order to prepare for their lifesaving surgery. While we acknowledge that states have budgets to consider, only Arizona (and no other state) has withdrawn healthcare coverage for patients waiting for and approved for transplantation.

TRIO states that Arizona should not try to crunch their numbers and/or balance their budget at the expense of people who are very ill and have already been approved for transplantation; surgery that will save their lives. Decisions like these that are made only by consideration of outdated statistics, numbers and budget clearly result in denial of care and are unfair to those patients who have already done so much to qualify for the Gift Of Life that is already so scarce and precious.

TRIO supports SB1001, the Arizona Senate bill that restores transplant coverage and ends these irresponsible and inconsiderate actions, denial of service and cuts by the state of Arizona that some would clearly call death panels.

TRIO also supports the letter and statement submitted jointly by leaders of the two societies representing organ transplant providers throughout the United States, the American Society of Transplant Surgeons (ASTS) and the American Society of Transplantation (AST), along with the non-profit organization that manages the nation's organ transplant system, the United Network for Organ Sharing (UNOS).

Background and quotes:

The Kaiser Commission of Medicaid and Uninsured was the association that brought up the fact that decisions like these made based on budget are unfair. Jennifer Carusetta, chief legislative liaison for AHCCCS, said Arizona Medicaid patients were notified on Aug. 27 of the impending changes, prompted by a 30 percent increase in enrollment during the recession and a federal requirement that the program maintain its eligibility requirements despite receiving fewer federal matching dollars. Ms. Carusetta, the legislative liaison for Arizona's Medicaid agency, stated that the transplant cuts would save a mere \$800,000 in the current fiscal year, and only \$1.4 million for a full year out of the \$1 billion deficit (in the program) that Arizona is facing.

The state is facing a \$1 billion deficit in the program come July 2011, Carusetta said. Although Arizona's fiscal year began July 1, the state opted not to implement the cuts until Oct. 1, when it estimated they'd affect about 100 people on transplant lists. However, Carusetta said the state anticipated that only a fraction of them were likely to feel direct effects of the policy change. "We believe that only about 15 percent of those individuals would be able to get a match and secure an organ."

Dr. Michael Shapiro, chief of organ transplantation at Hackensack University Medical Center in New Jersey, balked at the way Arizona chose to reduce its record deficit:

"They're cutting in the wrong place."

"We can't afford to pay for everything for everyone," acknowledged Shapiro, a member of the ethics panel for the United Network for Organ Sharing, a private, nonprofit organization under contract with the federal government to manage the nation's organ transplant system. "Sick people need medical care and it's all of our responsibility to help them get that care. Doctors can't do it themselves."

"Various reports have quoted individuals in the Arizona state government as describing transplants as "optional." We strongly disagree with that characterization for medical procedures that determine the life or death of our fellow Arizonans. You hold in your hands the lives of these men and women of Arizona."

-Gabrielle Giffords and Raúl M. Grijalva-Members of Congress

"This may be a harbinger of what will evolve in this Obama national healthcare system where the expense of the health system will only be able to be contained by limitation of access," said Dr. David C. Cronin, director of liver transplantation at the Medical College of Wisconsin. "So everybody may be covered, but all services may not be available."

Of Arizona's decision to pull the plug on an insured patient's transplant, he said, "I don't see how that's fair on any level. You shouldn't try to balance your budget on the backs of the most desperate patients."

About Transplant Recipients International Organization

Website: www.trioweb.org

TRIO's Mission:

TRIO is a non-profit organization committed to improving the quality of lives touched by the miracle of transplantation through support, advocacy, education, and awareness.

Support

We provide support to transplant candidates, recipients and their families, donors and donor families to help alleviate the stresses and problems associated with the process.

Advocacy

We make the concerns and needs that affect the welfare of transplant candidates, recipients, and donor families known to federal, state and local government bodies. We also effectively communicate the views of transplant candidates, recipients and their families, donors and donor families to the general public.

Education

We provide current information (with respect to developments in organ and tissue donation, transplantation, medications, social issues, and finances) to transplant candidates, recipients, donors, and their families. We inform transplant candidates, recipients and their families, donors and donor families about initiatives and protocols in the field of transplantation.

Awareness

We promote organ and tissue donation as an important social responsibility. We develop and support mechanisms to improve the availability of organs and tissues on an equitable basis to meet the needs of transplant candidates.