

February 4, 2013

The Honorable Lois Capps, RN  
United States House of Representatives  
2231 Rayburn House Office Building  
Washington, DC 20515

Dear Congresswoman Capps,

As America's largest dialysis patient organization, Dialysis Patient Citizens (DPC) works to improve the quality of life of all kidney patients. We are writing today on behalf of all Americans who are currently on organ transplant waiting lists, specifically the thousands of end stage renal disease (ESRD) patients who are waiting for kidney transplants, to fully support the HIV Organ Policy Equity (HOPE) Act. This legislation makes common-sense reforms to federal restrictions on the use of organs from HIV-infected donors that are medically outdated and increase the wait time for all patients on organ transplant waiting lists.

The National Organ Transplant Act of 1988 as passed prevents the use and transplantation of organs from donors with acquired immune deficiency syndrome, effectively prohibiting the use of organs from human immunodeficiency virus (HIV)-positive donors. While this prohibition made sense at the time, it is now medically out-of-date. As you know, treatment for HIV has advanced substantially in the past two decades, so much so that it is now often considered a chronic rather than acute illness and those living with HIV have normal life expectancies. HIV-infection though, does lead to increased risk for organ failure and higher mortality rates for patients living with ESRD on dialysis. ESRD patients with HIV require a kidney transplant sooner than those who are not HIV-infected but average wait times across the country can be as high as seven years. A result of this lengthy wait time is that many patients, both HIV-infected and not, die while waiting for a suitable organ. The HOPE Act has the potential to increase the availability of 500 or more high-quality organs for HIV-infected patients and may help to decrease waiting times for all patients.

Before being accepted as a standard of care, any treatment must undergo intensive study and the HOPE Act would open the door for this kind of study. Early evidence out of South Africa has shown some success with organ transplants from HIV-infected donors to HIV-infected recipients and researchers in the United States should be encouraged to pursue information on the safety and effectiveness of these procedures. Much the same as researchers were encouraged to study the effectiveness of transplants to HIV-infected recipients from non-infected donors and the safety of transplants from hepatitis-C infected donors to hepatitis-C infected recipients, the HOPE Act represents a step forward for medical progress and has the potential to improve and save countless lives.

Thank you for the opportunity to voice our support for this important legislation and for your continued leadership as we work to build broad bipartisan support in the House of Representatives and Senate. We look forward to working with you throughout this process to get the HOPE Act enacted into law.

Sincerely,

A handwritten signature in black ink, appearing to read "Hrant Jamgochian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Hrant Jamgochian, J.D., LL.M.  
Executive Director