UnityPoint Health

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July 29, 2026

Division of Transplantation
Health Systems Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: Modification of Living Organ Donation Reimbursement Program Eligibility Guidelines in Response to Honor Our Living Donors Act, published at Vol. 91, No. 125 Federal Register 40005-40009 on July 1, 2026.

Submitted electronically via livingdonorsupport@hrsa.gov

Dear Division of Transplantation team,

UnityPoint Health appreciates this opportunity to provide comments on the notice of proposed eligibility guideline modifications. Iowa Methodist Medical Center, a senior affiliate of UnityPoint Health, is located in Des Moines, Iowa, has performed kidney-only transplants for more than 30 years, and is an IOTA Model participant. UnityPoint Health is one of the nation's most integrated health care systems. Through more than 29,000 employees and our relationships with more than 420+ physician clinics, 35 hospitals in urban and rural communities, and 13 home care areas of service across our 8 regions, UnityPoint Health provides care throughout Iowa, central Illinois, southeastern South Dakota, and southern Wisconsin. On an annual basis, UnityPoint Health hospitals, clinics, and home health agencies provide a full range of coordinated care to patients and families through more than 8 million patient visits.

UnityPoint Health and Iowa Methodist Kidney Transplant Center appreciate the time and effort of the Health Resources and Services Administration (HRSA) to harmonize the Living Organ Donation Reimbursement Program (LODRP) to align with the Honor Our Living Donors (HOLD) Act. We respectfully offer the following input.

GENERAL COMMENTS

In alignment with the HOLD Act, HRSA proposes to revise the LODRP eligibility guidelines to eliminate transplant recipient income as a factor in eligibility determinations and to establish a donor-focused eligibility framework based on donor household income and financial need. In particular, HRSA proposes donor household income (HHI) eligibility thresholds and priority categories; a financial hardship waiver cap for certain donor applicants; categories for donors' financial hardship expenses; and outreach recommendations.

Comment: The vision of UnityPoint Health and the Iowa Methodist Kidney Transplant Center is *"Best Outcome, Every Patient, Every Time."* Over the past 30 years, the Iowa Methodist Kidney Transplant

Center has performed more than 1,430 kidney transplants, including 279 living donor transplants. As a small, rural transplant center, we have historically maintained a relatively small waitlist while serving a higher-risk patient population, including older adults and patients with elevated BMI, histories of smoking, and vascular or cardiovascular disease. The majority of our transplant recipients reside within 250 miles of our center. Our living donor population closely reflects the characteristics of our recipient population, creating additional challenges in recruiting and supporting living donors.

We generally support HRSA's proposed modifications to the Living Organ Donation Reimbursement Program (LODRP) eligibility guidelines as a practical and meaningful effort to expand donor access, eliminate inappropriate recipient-based eligibility requirements, clarify reimbursement policies, and reduce financial barriers to living donation while maintaining important safeguards against donor inducement. At the same time, we believe several targeted refinements could further strengthen the program's effectiveness and ensure that eligible donors are able to access support when it is most needed.

Elimination of Recipient Income Eligibility Requirements

Most importantly, the implementation of the HOPE Act represents a welcome and long-overdue policy change by removing the organ recipient financial means test from LODRP eligibility. Under previous guidelines, donors were ineligible for reimbursement if the recipient's household income exceeded 350 percent of the HHS Poverty Guidelines. This approach was increasingly difficult to justify, as donors and recipients are distinct individuals whose financial circumstances may be unrelated. In many cases, living donations are now made by anonymous or altruistic donors who may not even know the recipient.

Eligibility for donor reimbursement should be based on the donor's financial circumstances and donation-related expenses rather than the income of a transplant recipient. Eliminating the recipient income requirement reduces unnecessary administrative complexity, expands access to support, and better aligns the program with the realities of modern living donation. We commend Congress and HRSA for advancing this important policy improvement.

Donor Household Income Eligibility and Priority Categories

HRSA proposes establishing donor household income eligibility criteria and priority categories for access to LODRP reimbursement. Under the proposal, applications would initially be limited to Priority Category 1 donors with household incomes at or below 350 percent of the HHS Poverty Guidelines. Priority Category 2 donors, with household incomes between 351 and 500 percent of the guidelines, would become eligible only after a mid-project assessment confirming sufficient program funding.

We appreciate HRSA's decision to increase eligibility to 500 percent of the HHS Poverty Guidelines for Priority Category 2 applicants. The proposed framework appropriately prioritizes individuals with the greatest financial need while preserving discretion through the hardship waiver process. This tiered approach is consistent with stakeholder feedback and reflects the reality that financial barriers to donation extend well beyond lower-income households. Notably, when the eligibility threshold was increased from 300 percent to 350 percent in 2020, 88 percent of public comments indicated that 350 percent remained insufficient, and 71 percent specifically recommended a threshold of at least 500 percent.

While we support the expanded eligibility criteria, we respectfully encourage HRSA to reconsider the proposed phased implementation approach. Delaying acceptance and approval of Priority Category 2 applications until the midpoint of the project period effectively postpones the benefits of the eligibility expansion without providing evidence that current appropriations are inadequate to support broader access from the outset. Allowing Priority Category 2 and hardship waiver applications to be submitted and considered immediately would more fully realize the intent of the program modifications and provide earlier relief to prospective donors facing financial barriers.

Financial Hardship Waiver Eligibility

HRSA proposes that if Priority Category 2 applications are accepted and processed, donors with household incomes between 501 and 750 percent of the HHS Poverty Guidelines may seek reimbursement through a financial hardship waiver. Under the proposal, applicants would be required to demonstrate significant expenses that effectively reduce their income below 500 percent of the poverty guidelines.

We strongly agree with the National Living Donor Assistance Center (NLDAC) Advisory Group that a hardship waiver pathway should be maintained. This flexibility helps ensure that donors are not financially disadvantaged because of their decision to donate, regardless of their household income level.

However, we encourage HRSA to consider framing hardship eligibility around a donor's actual financial ability to absorb donation-related costs rather than relying primarily on household income thresholds. Current hardship determinations appropriately evaluate individual circumstances such as substantial support provided to family members outside the household, significant caregiving responsibilities, or income loss attributable to the donation process. These situations may create genuine financial barriers to donation even when household income exceeds an arbitrary threshold.

Because hardship waivers are evaluated on a case-by-case basis, we recommend that HRSA adopt a standard that focuses on whether financial assistance is necessary for donation to occur. Put simply, the hardship waiver process should seek to include donors who would otherwise be unable to proceed with donation because of financial constraints. Based on the information provided in the proposed guidelines, it is unclear whether the proposed income cap and hardship criteria would consistently achieve that objective.

Financial Hardship Expense Categories

HRSA proposes recognizing lost wages, travel, lodging and meals, dependent care expenses, and out-of-pocket medical costs as hardship-related donation expenses. We support HRSA's efforts to clarify eligible expenses, which will improve transparency, consistency, and predictability for transplant centers and prospective donors.

Nonetheless, we encourage HRSA to establish a uniform set of reimbursable expense categories across all eligibility pathways, including hardship waivers. Under the proposal, hardship waiver applicants appear to be subject to a narrower list of reimbursable expenses, while "qualifying expenses" for other applicants are defined more broadly and non-exhaustively. We do not see a clear policy rationale for treating hardship waiver recipients differently. Donors who qualify through the hardship waiver process face many of the same financial burdens as other applicants and should have access to reimbursement for the full

range of qualifying donation-related expenses.

Establishing consistent expense categories across Priority Categories 1 and 2 and the hardship waiver pathway would simplify program administration, improve equity among donors, and better ensure that financial considerations do not prevent otherwise willing individuals from pursuing living donation.

Conclusion

Overall, UnityPoint Health and the Iowa Methodist Kidney Transplant Center strongly support HRSA's proposed efforts to modernize and expand the Living Organ Donation Reimbursement Program. The removal of recipient income eligibility requirements and the expansion of donor eligibility represent significant advances that will help reduce financial barriers to living donation. We respectfully recommend several targeted modifications—including immediate implementation of Priority Category 2 eligibility, a more flexible hardship waiver framework focused on actual financial need, and consistent reimbursement standards across all eligibility pathways—to ensure the program fully achieves its goal of expanding access to living donation while protecting donors from financial hardship.

We are pleased to provide input on this notice of proposed eligibility guideline modifications and its impact on the Iowa Methodist Kidney Transplant Center, our patients, and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Cathy Simmons, Executive Director, Government & External Affairs at cathy.simmons@unitypoint.org or 319-361-2336.

Sincerely,

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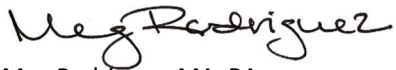

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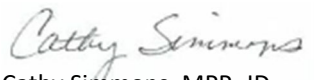

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