

# United States Senate

WASHINGTON, DC 20510

June 18, 2024

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Becerra:

The Increasing Organ Transplant Access (IOTA) model proposed by your Department of Health and Human Services on May 8, 2024, represents the latest in a string of reckless attempts to force “equity” and divisive DEI politics into our healthcare system. We strongly urge you to withdraw it.

Under the proposed model, released through the Centers for Medicare and Medicaid Services, hospitals are given payments based on an annual score determined by three factors: number of transplants, organ acceptance rates, and post-transplant outcomes. A successful kidney transplant counts as one point. A transplant given to a “low-income” patient, however, counts as 1.2 points.

This “health equity adjustment” creates a perverse incentive to prioritize transplants, not by clinical necessity, but by arbitrary income levels. Allocating organs should adhere to the principle of equal treatment for all patients, ensuring that no individual is prioritized over another based on non-medical criteria. Further, public trust in the transplant system will be eroded if people believe allocation decisions are being made based on socio-political factors rather than medical necessity.

Prioritizing certain groups in the organ transplant process could inadvertently disadvantage other patients who are equally in need and may have a higher likelihood of transplant success. Every day twelve people die on the waiting list for a kidney. These transplants should be allocated based on criteria that predict the best clinical outcomes, such as tissue compatibility, medical urgency, and the potential for long-term success. Adjusting for equity may divert organs to patients who are less likely to have successful health outcomes, potentially reducing overall success rates.

The justification of the Department’s actions and overreliance on DEI assertions is beyond concerning. The Department justifies the inclusion of the “health equity adjustment” as a means to remove an alleged racial bias in the transplant process, despite no clear evidence of such a bias existing. Using income as a stand-in for race violates the cornerstone of medical ethics: ensuring that everyone has an equal chance of receiving care based on need and urgency.

Proposals such as the IOTA models do little to help real patients and instead satisfy the desires of political activists. We need a health care system that provides high-quality, affordable health care for families and individuals. Rather than address the systemic issues making healthcare unaffordable for millions of Americans, this Administration seems hellbent on virtue-signaling “equity” over the real needs of patients.

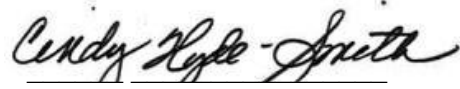
Our nation’s health policy is too important for unserious proposals like the IOTA model. We urge you to withdraw the model.

Sincerely,



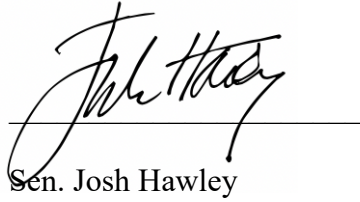
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Sen. Eric S. Schmitt



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Sen. Cindy Hyde-Smith



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Sen. Josh Hawley



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Sen. Michael S. Lee



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Sen. John Kennedy