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Chair Greenlick and Members of the House Committee on Health Care,

Oregon Health & Science University (OHSU) operates one of three transplant centers in the state of Oregon. OHSU Clinical Transplant Services provides organ and tissue transplant services to Oregonians from across the state. OHSU's policy regarding evaluation and treatment of potential transplant recipients does not treat marijuana use differently than the use of other substances like alcohol, tobacco, or opioids. All patients being evaluated for transplant at OHSU are assessed for substance use disorder regardless of the substance. Providers who perform transplant services, have an obligation to the organ donors and recipients to be good stewards of this incredibly scarce resource and to employ evidence-based practices in fulfilling that obligation.

Per national policy mandated by United Network for Organ Sharing (UNOS) and Centers for Medicare and Medicaid, OHSU's transplant program created and annually reviews patient selection criteria that outline absolute contraindications and factors that increase a patient's risk to proceed with transplant. These criteria are multifactorial and include evidence-based medical comorbidities and psychosocial components that directly impact a patient's ability to receive and maintain a successful organ transplant.

Research and evidence show that substance use disorder is a contraindicator for successful transplant. At OHSU, all patients being evaluated for transplant are assessed for substance use disorders regardless of the substance. This assessment includes evaluations by physicians and clinical social workers using professional standard assessment tools during a combination of patient interviews, clinic appointments, and diagnostic testing such as drug screens. Using the results of all of the components of the evaluation, patients who meet the criteria indicating that they have a substance use disorder are referred to a substance use treatment facility for further assessment and treatment. OHSU makes every effort to support our patients in completing the requirements for transplant eligibility including substance use disorder assessment and, if necessary, treatment.

Marijuana use specifically is not considered a transplant contraindication at OHSU. Current substance use disorders, however, are considered

transplant contraindicators, as such conditions can negatively impact organ function and inhibit a patient's ability to comply with strict medical regimens required to maintain the efficacy of a transplant.

UNOS requires that transplant programs ensure patients remain transplant candidates while on the waiting list. All patients on the transplant waiting list at OHSU receive annual psychosocial assessments, including reassessment for substance use disorder as conducted during the evaluation. If at any time a patient on the waiting list no longer meets the necessary requirements the patient is removed from the waiting list. Routine examination of a patient's complete medical and psychosocial status while they are on the waiting list are critical for OHSU to ensure we are placing organs into patients who continue to show the ability to take care of this profound gift.

There are 113,886 patients waiting for an organ transplant in the United States and only 36,527 organ transplants were performed in 2018. Transplant healthcare providers like OHSU are obligated to select transplant candidates in an equitable manner while also being good stewards of a scarce resource and precious gift. Because of this responsibility to all transplant patients and anatomical donors and their families, the OHSU transplant program maintains policies and procedures that ensure fairness and judiciousness.

It is concerning that HB 2687 enters limitations into statute on the ability for providers to use evidence-based, clinical best practices in ensuring we meet our obligation to provide good stewardship of donors and organ transplant recipients. Transplant teams, both at OHSU and at other sites in the state of Oregon consider many variables to align the best anatomic recipient with the best organ donation opportunity. Given the very limited availability of donated organs, many factors are considered by a committee of experts from a variety of disciplines to determine the clinical and behavioral issues that could impact the success of the transplant. This is a multi-factorial decision that requires clinical judgement and a deep knowledge of the patient with all the circumstances surrounding their care.

It is critical that decisions impacting both donors and donating organs be made by providers at OHSU and across the state using best practices and evidence-based standards of care.

Sincerely,

Dr. Renee Edwards
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