

Emily Gee
Senior Vice President for Economic Policy and Senior Fellow for Health Policy
Center for American Progress

Testimony Before the House Ways and Means Oversight Subcommittee
Hearing on Organ Procurement Organizations

December 2, 2025

Chairman Schweikert, Ranking Member Sewell, and members of the subcommittee, thank you for inviting me to testify today about the need for stronger oversight of organ procurement in the United States and how comprehensive health coverage is essential to a well-functioning health care system.

I am the senior vice president for Economic Policy and a senior fellow for Health Policy at the Center for American Progress, an independent, nonpartisan policy institute that is dedicated to improving the lives of all Americans. I oversee the organization's efforts on economic issues and am also an expert on health care coverage and financing. Prior to joining American Progress, I served as an economist on the staff of the Council of Economic Advisers in the White House and for the U.S. Department of Health and Human Services.

The U.S. organ donation system needs greater oversight

Above all, I want to thank the subcommittee for investigating the degree of abuse, fraud, and waste in the U.S. organ donation system. I hope that recent alarming incidents reported in the press,¹ findings by the U.S. Department of Health and Human Services (HHS) Inspector General,² and the evidence discussed at this hearing will spur Congress to take action and demand tighter oversight from organ procurement organizations (OPOs). However, I also want to note that there is no need for HHS to wait for Congressional intervention. The Health Resources and Services Administration (HRSA) oversees the national Organ Procurement and Transplantation Network (OPTN),³ and Centers for Medicare and Medicaid Services (CMS) is responsible for certifying and re-certifying OPOs. CMS has the authority to terminate an agreement with an OPO that no longer meets the requirements for certification,⁴ as it did in September for the OPO serving South Florida.⁵

¹ Brian M. Rosenthal and Julie Tate, "A Push for More Organ Transplants Is Putting Donors at Risk," *The New York Times*, July 20, 2025, available at <https://www.nytimes.com/2025/07/20/us/organ-transplants-donors-alive.html>; Peter Whoriskey, "Patient Showed Signs of Life During Organ Harvest in N.J., House Members Allege," *The Washington Post*, November 19, 2025, available at <https://www.washingtonpost.com/health/2025/11/19/organ-transplant-patient-harvest-investigation/>.

² U.S. Department of Health and Human Services, Office of Inspector General, "Medicare Paid Independent Organ Procurement Organizations Over Half a Million Dollars for Professional and Public Education Overhead Costs That Did Not Meet Medicare Requirements" (Washington, DC: 2023), available at <https://oig.hhs.gov/reports/all/2023/medicare-paid-independent-organ-procurement-organizations-over-half-a-million-dollars-for-professional-and-public-education-overhead-costs-that-did-not-meet-medicare-requirements/>.

³ Health Resources and Services Administration, "HRSA Makes Multi-Vendor Modernization Awards to Support the Nation's Organ Transplant System," September 2024, available at <https://www.hrsa.gov/optn-modernization/updates/september-2024> (last accessed November 2025).

⁴ U.S. Code of Federal Regulations, 42 CFR 486.312, updated October 22, 2025, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-486/subpart-G/subject-group-ECFR6f375c6d35803> (last accessed November 2025).

⁵ U.S. Department of Health and Human Services, "HHS to Close University of Miami's Failing Organ Agency," Press release, September 18, 2025, available at <https://www.hhs.gov/press-room/hhs-decertifies-miami-organ-agency-reforms-transplant-system.html> (last accessed November 2025).

HHS, CMS, and HRSA⁶ have a responsibility to ensure that the OPTN and OPOs—which are national and regional federal government contractors, respectively—are acting in the public interest. The Trump administration should be holding OPOs accountable for putting the well-being of patients first and for responsible stewardship of taxpayer funding.

Cuts to health coverage threaten health

At the same time, other threats to Americans' health are looming. Comprehensive health insurance is vital to Americans' health and well-being, including that of organ donors and recipients. As a consequence of policy choices by this Congress, about 14 million more Americans will be uninsured by 2034.⁷

The so-called Big Beautiful Bill passed by this Congress slashed federal health care funding by \$1 trillion over the next decade.⁸ Beyond causing millions to lose coverage, the law's Medicaid cuts will squeeze state budgets and strain hospitals and other health care providers around the country. The law also increases health care costs for those covered by private insurance and by Medicare.⁹

In addition, this Congress turned down multiple opportunities during the reconciliation process and during the government shutdown to extend the expiring financial help for people who buy coverage on their own.¹⁰ The enhanced tax credits for health insurance marketplace coverage led to a record-high 24 million people enrolling in marketplace coverage this year.¹¹ Those enhanced subsidies, first enacted by the American Rescue Plan Act and then extended by the Inflation Reduction Act, increased the generosity of the ACA's original subsidies, extended eligibility to more middle-class families, and guaranteed that low-income individuals—those with incomes 100 to 150 percent of the federal poverty level—have a \$0 option for a high-value silver plan.¹² The enhanced level of financial help expires on December 31; consequently, the average premium payment among the more

⁶ Organ Procurement and Transplantation Network, "OPTN, HRSA, and CMS Roles in the Nation's Organ Donation and Transplant System," available at <https://unos.org/wp-content/uploads/About-Roles-OPTN-CMS-HRSA-Organ-Donation-Transplant-System.pdf> (last accessed November 2025).

⁷ Jennifer Tolbert, "2024 Uninsured Rate Held Steady, as ACA Marketplace Enrollment Offset Medicaid Declines," KFF, September 10, 2025, available at <https://www.kff.org/quick-take/2024-uninsured-rate-held-steady-as-aca-marketplace-enrollment-offset-medicare-declines/>.

⁸ KFF, "Health Provisions in the 2025 Federal Budget Reconciliation Law," August 22, 2025, available at <https://www.kff.org/medicaid/health-provisions-in-the-2025-federal-budget-reconciliation-law/#2ca666ac-5d15-4454-8973-241566e22bb5>.

⁹ Andrés Argüello and Andrea Ducas, "House Republicans' Big, 'Beautiful' Bill Would Make Health Care More Expensive for Americans With Medicare and Other Insurance," Center for American Progress, June 12, 2025, available at <https://www.americanprogress.org/article/house-republicans-big-beautiful-bill-would-make-health-care-more-expensive-for-americans-with-medicare-and-other-insurance/>.

¹⁰ Emily Gee, "Health Insurance Premium Costs Will More Than Double for Millions of Americans Unless Congress Acts," Center for American Progress, September 29, 2025, available at <https://www.americanprogress.org/article/health-insurance-premium-costs-will-more-than-double-for-millions-of-americans-unless-congress-acts>.

¹¹ Centers for Medicare & Medicaid Services, "Over 24 Million Consumers Selected Affordable Health Coverage in ACA Marketplace for 2025," Press release, January 17, 2025, available at <https://www.cms.gov/newsroom/press-releases/over-24-million-consumers-selected-affordable-health-coverage-aca-marketplace-2025>.

¹² Emily Gee, "Better Late Than Never: Restoring Enhanced Premium Tax Credits Would Lower Health Care Costs for Millions," Center for American Progress, October 30, 2025, available at <https://www.americanprogress.org/article/better-late-than-never-restoring-enhanced-premium-tax-credits-would-lower-health-care-costs-for-millions>.

than 20 million people who receive marketplace subsidies is set to more than double for 2026.¹³ It is not too late for Congress to improve coverage affordability, if only it can find the will to do so.¹⁴

Evidence from Medicaid coverage expansions demonstrates how insurance improves health and other outcomes. Having health insurance is associated with a decreased likelihood of unmet medical needs,¹⁵ greater use of preventive and primary care,¹⁶ improvement in financial well-being¹⁷ and reduced medical debt,¹⁸ and a lower probability of eviction.¹⁹ Recent history shows that health coverage matters for rural hospital sustainability: a 2018 Government Accountability Office report on rural hospitals concluded that those “located in states that increased Medicaid eligibility and enrollment experienced fewer closures.”²⁰

The reconciliation law’s cuts to coverage will have repercussions beyond the individuals who lose coverage. When people lose insurance, their medical needs do not go away. Hospitals and other providers will be left to cover the costs in the form of uncompensated care, if they have the resources to do so. Because of the Big Beautiful Bill, clinics in western Virginia are closing,²¹ a health system in Massachusetts is shedding staff,²² and a Georgia hospital is closing its labor and delivery unit.²³ Before the reconciliation law’s passage, 300 rural hospitals in the United States were already at “immediate” risk of closing due to their financial conditions,²⁴ and those hospitals are likely to be in greatest jeopardy as a result of Medicaid cuts.²⁵

¹³ Justin Lo and others, “ACA Marketplace Premium Payments Would More than Double on Average Next Year if Enhanced Premium Tax Credits Expire,” KFF, September 30, 2025, available at <https://www.kff.org/affordable-care-act/aca-marketplace-premium-payments-would-more-than-double-on-average-next-year-if-enhanced-premium-tax-credits-expire/>; Emily Gee, “Health Insurance Premium Costs Will More Than Double for Millions of Americans Unless Congress Acts.”

¹⁴ Emily Gee, “How Congress can still get health care subsidies in place for 2026,” STAT, November 6, 2025, available at <https://www.statnews.com/2025/11/06/health-care-subsidies-aca-congress-shutdown/>.

¹⁵ U.S. Government Accountability Office, “Medicaid: Access to Health Care for Low-Income Adults in States With and Without Expanded Eligibility” (Washington, DC: U.S. Government Accountability Office, September 2018), available at <https://www.gao.gov/assets/gao-18-607.pdf>.

¹⁶ Medicaid and CHIP Payment and Access Commission (MACPAC), “Changes in coverage and access,” available at <https://www.macpac.gov/subtopic/changes-in-coverage-and-access> (last accessed November 2025).

¹⁷ Luoia Hu and others, “The Effect of the Affordable Care Act Medicaid Expansions on Financial Wellbeing,” *Journal of Public Economics* 163 (2018): 99–112, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC6208351>.

¹⁸ Raymond Kluender and others, “Medical Debt in the US, 2009–2020,” *JAMA* 326 (3) (2021): 250–256, available at <https://jamanetwork.com/journals/jama/fullarticle/2782187>.

¹⁹ Heidi L. Allen and others, “Can Medicaid Expansion Prevent Housing Evictions?,” *Health Affairs* 38 (9) (2019): 1506–1514, available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05071>.

²⁰ U.S. Government Accountability Office, “Rural Hospital Closures: Number and Characteristics of Affected Hospitals and Contributing Factors” (Washington, DC: August 2018), available at <https://www.gao.gov/assets/gao-18-634-highlights.pdf>.

²¹ Charlotte Rene Woods, “Augusta Health Closes Three Clinics, Citing One Big Beautiful Bill Act,” *Virginia Mercury*, September 8, 2025, available at <https://virginiamercury.com/2025/09/08/augusta-health-closes-three-clinics-citing-one-big-beautiful-bill-ac>.

²² Kristin Kuchno, “Baystate Offers Buyouts, Citing OBBA,” *Becker’s Hospital Review*, November 14, 2025, available at <https://www.beckershospitalreview.com/workforce/baystate-offers-buyouts-citing-obba>.

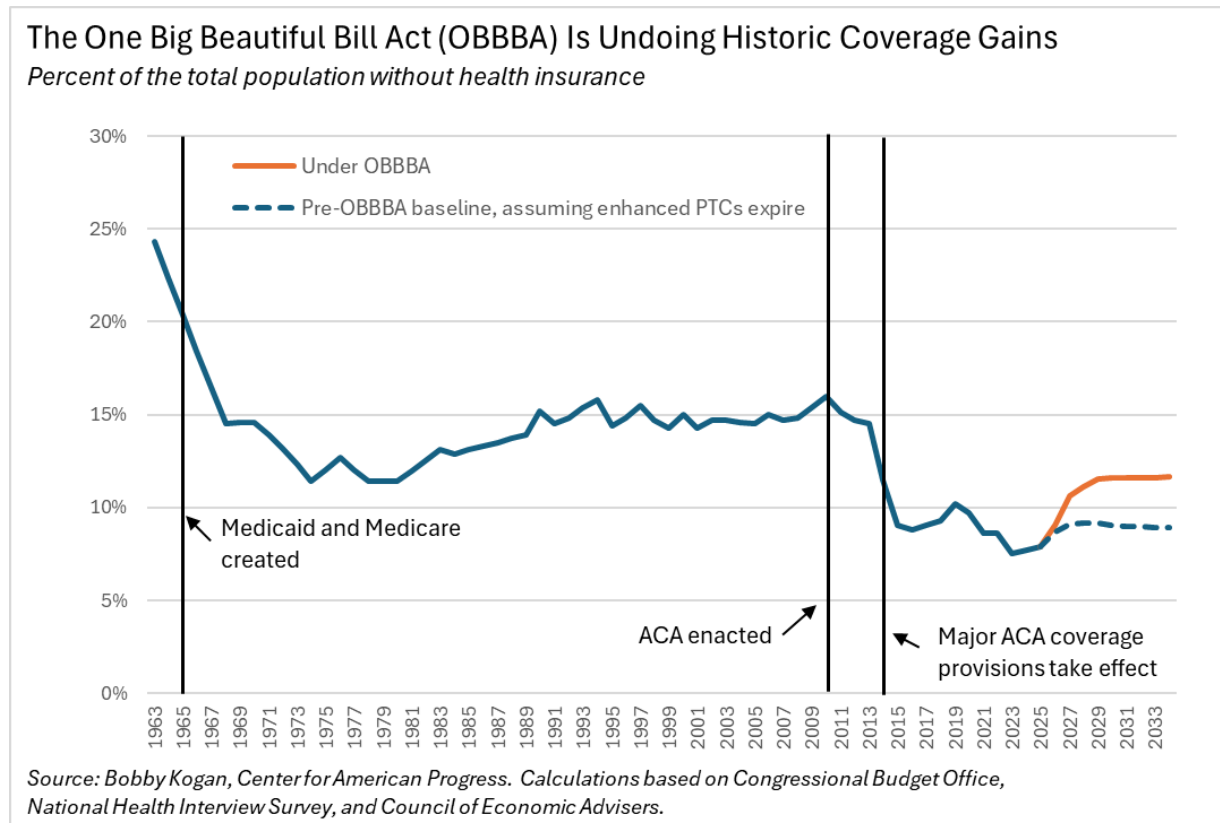
²³ Maya Homan, “Rural Georgia hospital to close its labor and delivery unit, in part due to Medicaid cuts,” *Georgia Recorder*, September 17, 2025, available at <https://www.wabe.org/rural-georgia-hospital-to-close-its-labor-and-delivery-unit-in-part-due-to-medicaid-cuts/>.

²⁴ Center for Healthcare Quality & Payment Reform, *Rural Hospitals at Risk of Closing* (October 2025), available at https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf.

²⁵ Kierra B. Jones, Natasha Murphy, and Andrea Ducas, “Medicaid Cuts Would Threaten Rural Hospitals,” *Center for American Progress*, April 28, 2025, available at <https://www.americanprogress.org/article/medicaid-cuts-would-threaten-rural-hospitals/>.

How health coverage relates to organ transplants

The Affordable Care Act's (ACA) major coverage expansions, which took effect in 2014, generated broad-based gains in health insurance coverage rates.²⁶ Since then, uninsurance has fallen for all age groups, different races and ethnicities,²⁷ and across income levels. As of 2024, the uninsurance rate for the total population was about 8 percent.²⁸ According to the Congressional Budget Office, the reconciliation legislation would drive that rate up, reaching nearly 12 percent by 2034.²⁹



The number of organ transplants has been trending upward.³⁰ In addition, the increasing number of *listings*³¹ suggests that gains in health coverage may be providing patients with options they would not otherwise have had. One study found that Medicaid-insured waitlist registrations and deceased

²⁶ Robert Hest, "15 Years of the Affordable Care Act: More Americans Than Ever Have Health Insurance Coverage," State Health Access Data Assistance Center (SHADAC), March 24, 2025, available at <https://www.shadac.org/news/15-years-affordable-care-act-more-americans-ever-have-health-insurance-coverage>.

²⁷ Thomas C. Buchmueller and others, "Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage," *American Journal of Public Health* 106 (8) (2016): 1416–1421, available at <https://www.russellsage.org/sites/default/files/ajph.2016.303155.pdf>.

²⁸ Lisa N. Bunch and Hallelujah Ketema, "Health Insurance Coverage in the United States: 2024," U.S. Census Bureau, September 9, 2025, Report No. P60-288, available at <https://www.census.gov/library/publications/2025/demo/p60-288.html>.

²⁹ Congressional Budget Office and Joint Committee on Taxation, "Health Insurance and Its Federal Subsidies: CBO and JCT's June 2024 Baseline Projections" (Washington, DC: 2024), available at <https://www.cbo.gov/system/files/2024-06/51298-2024-06-healthinsurance.pdf>; Congressional Budget Office, "Estimate of Annual Changes in the Number of People Without Health Insurance Under Title VII, P.L. 119-21" (Washington, DC: August 11, 2025), available at <https://www.cbo.gov/publication/61367>.

³⁰ Health Resources and Services Administration Data Warehouse, "Organ Donation and Transplantation," available at <https://data.hrsa.gov/topics/health-systems/organ-donation> (last accessed November 2025).

³¹ Ibid.

donor transplants increased in states with Medicaid expansion, suggesting that Medicaid coverage improves access to transplants for low-income individuals.³² Other studies have found increases in listings in Medicaid expansion states, including for livers and hearts.³³

Americans who lose coverage may have greater difficulty being listed for transplants. A 2003 study found that it is rare for transplant recipients to be [uninsured](#),³⁴ in part because patients may qualify for special coverage. Another major reason is that transplant programs commonly restrict³⁵ eligibility to patients with coverage. Transplant centers typically weigh both medical and nonmedical factors in evaluating candidates for transplantation.³⁶ OPTN's guidelines point to adherence as one such non-medical factor, explaining that adherence to medical regimes post-transplant "increases the likelihood of a successful transplant." In general, while adherence to medication and follow-up treatment depends in part on the behavior of individual patients, studies have shown that adherence is also affected by factors like cost barriers,³⁷ transportation³⁸ access, and housing stability.³⁹ Would-be recipients have been refused transplants because of lapses in insurance or shaky finances.⁴⁰

Policy changes under discussion would harm people with pre-existing conditions

If proposals currently under discussion in Congress are implemented, the health coverage landscape could turn far worse. Some lawmakers have suggested replacing the ACA programs with schemes that would lower premiums by slashing insurance protection, pushing enrollees into lower-value plans with higher deductibles,⁴¹ replacing comprehensive coverage with health savings accounts

³² Bethany Lemont, "The Impact of Medicaid Expansion and Travel Distance on Access to Transplantation," *Journal of Health Economics* 94 (2024): Article 102858, available at

https://www.sciencedirect.com/science/article/pii/S0167629624000031?ref=pdf_download&fr=RR-2&rr=9a2dbecc2a5ee5c1#sec6.

³³ Nabeel Wahid and others, "Affordable Care Act Medicaid Expansion Associated With Increased Liver Transplant Waitlist Access Without Worsening Mortality," *Liver Transplantation* 30 (1) (2024): 20–29, available at <https://pubmed.ncbi.nlm.nih.gov/37486623/>; Guilherme H.

Oliveira and others, "Implementation of the Affordable Care Act and Solid-Organ Transplantation Listings in the United States," *JAMA Cardiology* 1 (6) (2016): 737–738, available at <https://jamanetwork.com/journals/jamacardiology/fullarticle/2540545>.

³⁴ Andrew A. Herring and others, "Insurance Status of U.S. Organ Donors and Transplant Recipients: The Uninsured Give, but Rarely Receive," *International Journal of Health Services* 38 (4) (2008): 641–652, available at https://www.researchgate.net/publication/23650191_Insurance_Status_of_US_Organ_Donors_and_Transplant_Recipients_The_Uninsured_Give_but_Rarely_Receive.

³⁵ J.T. Thibodeau and others, "Health Insurance as a Requirement to Undergo Cardiac Transplantation: A National Survey of Transplant Program Practices," *Transplantation Proceedings* 45 (1) (2013): 360–363, available at

<https://www.sciencedirect.com/science/article/abs/pii/S0041134512006628?via%3Dihub>; Francis D. Pagani, "Insurance Coverage and Heart Transplant Outcomes," *Circulation: Cardiovascular Quality and Outcomes* 9 (5) (2016), available at <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.116.003209>.

³⁶ Organ Procurement and Transplantation Network, "General Considerations in Assessment for Transplant Candidacy," available at <https://optn.transplant.hrsa.gov/professionals/by-topic/ethical-considerations/general-considerations-in-assessment-for-transplant-candidacy> (last accessed November 2025).

³⁷ Stacie B. Dusetzina and others, "Cost-Related Medication Nonadherence and Desire for Medication Cost Information Among Adults Aged 65 Years and Older in the US in 2022," *JAMA Network Open* 6 (5) (2023): e2314211, available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2805012>.

³⁸ Mary K. Wolfe, Noreen C. McDonald, and G. Mark Holmes, "Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997–2017," *American Journal of Public Health* 110 (6) (2020): 815–822, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC7204444>.

³⁹ Gabriel L. Schwartz and others, "Eviction as a Community Health Exposure," *Social Science & Medicine* 340 (2023): 116496, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC11249083>.

⁴⁰ Jatarra McGee, "Cincinnati Woman in Need of Kidney; Denied Transplant Due to Lapse in Insurance Coverage," *WLWT5* May 6, 2021, available at <https://www.wlwt.com/article/cincinnati-woman-in-need-of-kidney-denied-transplant-due-to-lapse-in-insurance-coverage/36358459> (last accessed November 2025); JoNel Aleccia, "No Cash, No Heart. Transplant Centers Require Proof of Payment," *KFF Health News*, December 5, 2018, available at <https://kffhealthnews.org/news/no-cash-no-heart-transplant-centers-require-proof-of-payment/>.

⁴¹ Cheyenne Haslett, Benjamin Guggenheim, and Robert King, "Cassidy pitches new health care plan in line with Trump's," *Politico*, November 17, 2025, available at <https://www.politico.com/live-updates/2025/11/17/congress/cassidy-fund-hsas-trump-aca-subsidies-00655213>.

(HSAs),⁴² or relegating the sick to high-risk pools.⁴³ That would be a grave mistake. The very point of health insurance is to pool risk broadly and support better health, giving people financial protection against catastrophically high medical bills and the ability to access needed care.⁴⁴

Junk insurance plans and other forms of sub-par insurance may offer lower premiums, but those lower premiums come at a cost. If Congress were to expand or create health insurance schemes exempt from the ACA's consumer protections,⁴⁵ Americans might find themselves in health plans that: impose lifetime or annual limits on coverage; lack coverage for basic health benefits, such as prescription drugs or hospitalization; have no limit on out-of-pocket costs; and discriminate against people with pre-existing conditions by charging them more or denying them coverage altogether. Those features were common among plans prior to the ACA. The ACA established patient protections for good reason: these rules are critical to ensuring a functional market for affordable, comprehensive health insurance for all Americans—including people with serious health conditions, even those with organ failure.

President Donald Trump and other policymakers have suggested that American families should pay directly for health care instead of receiving subsidized marketplace coverage.⁴⁶ However, proposed HSA deposits may not cover the deductible on a high-deductible plan, which can reach above \$10,000 for a family.⁴⁷ Americans families with the misfortune of serious medical issues, would face thousands in costs before their coverage kicks in. A single high-cost medical episode could force a family to face that deductible at once: for example, a complex NICU admission (\$128,000) or end-of-life cancer care (\$109,727).⁴⁸ According to the actuarial firm Milliman, in 2025 the average billed charges were \$609,400 for a pancreas transplant, \$1.0 million for a liver transplant, and \$1.9 million for a heart transplant.⁴⁹ Beyond costs in proximity to the procedure, health coverage is vital to transplant recipients' access to follow-up care, care for complications, and life-long immunosuppressant drugs.

The health of all Americans depends on affordable, comprehensive access to insurance.

⁴² Larry Levitt and Cynthia Cox, "The New ACA Repeal and Replace: Health Savings Accounts," KFF, November 21, 2025, available at <https://www.kff.org/affordable-care-act/the-new-aca-repeal-and-replace-health-savings-accounts>.

⁴³ Steve Benen, "Touting 'high-risk pools,' Republican senator endorses rolling back the clock," MS NOW, October 30, 2025, available at <https://www.ms.now/rachel-maddow-show/maddowblog/touting-high-risk-pools-republican-senator-endorses-rolling-back-clock-rcna240782>.

⁴⁴ David M. Cutler and Richard J. Zeckhauser, "The Anatomy of Health Insurance," National Bureau of Economic Research, Working Paper 7176, June 1999, available at <https://www.nber.org/papers/w7176>.

⁴⁵ Jared Ortaliza, Matt McGough, and Cynthia Cox, "The Affordable Care Act 10," KFF, October 8, 2025, available at <https://www.kff.org/affordable-care-act/health-policy/101-the-affordable-care-act>.

⁴⁶ CJ Haddad, "Trump tells Senate Republicans to send federal health insurance money 'directly to the people'," CNBC News, November, 8 2025, available at <https://www.cnbc.com/2025/11/08/trump-republicans-health-insurance.html>.

⁴⁷ Internal Revenue Service, "Revenue Procedure 2025-19" (Washington: U.S. Department of the Treasury, 2025), available at <https://www.irs.gov/pub/irs-drop/rp-25-19.pdf>.

⁴⁸ Zehra Valencia, Aditi Sen, Katie Martin, "NICU Admissions and Spending Increased Slightly from 2017-2021," Health Care Cost Institute, July 25, 2023, available at <https://healthcostinstitute.org/all-hcci-reports/nicu-use-and-spending-1/>; National Cancer Institute, "Financial Burden of Cancer Care," available at https://progressreport.cancer.gov/after/economic_burden (last accessed November 2025).

⁴⁹ Nick Ortner and Hannah Holzer, "2025 U.S. organ and tissue transplants: Estimated costs and utilization, emerging issues, and solutions," Milliman, February 2025, available at https://edge.sitecorecloud.io/millimanine5660-milliman6442-prod27d5-0001/media/Milliman/PDFs/2025-Articles/2-12-25_2025-US-organ-and-tissue-transplant-report.pdf.