

Letters of Support

Health Care

- George Washington University Hospital: Chief Executive Officer, Kimberly D. Russo, MS, MBA
- Sibley Memorial Hospital: Director of Hepatology, Kirti Shetty, MD FAASLD FAICG, and Assistant Professor of Medicine and Transplant Hepatologist, Jacqueline Laurin, MD

Government

- Maryland General Assembly, 16th Legislative District, Montgomery County: Senator Susan C Lee, Delegate C. William Frick, Delegate Ariana Kelly, Delegate Marc Korman
- Montgomery County Department of Health and Human Services: Director Uma S Ahluwalia and County Executive Isiah Leggett

Patient Advocacy

- TRIO (Transplant Recipients International Organization, Inc.) Maryland: President Marty Maren
- American Liver Foundation, Mid-Atlantic Division: Executive Director Ivory Allison



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April 12, 2017

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland
21215-2299

RE: Suburban Hospital's CON Application to Establish a Liver Transplant Program

Dear Mr. Steffen,

I write on behalf of George Washington University Hospital ("GWUH") to support Suburban Hospital's proposal to establish a liver transplant program in Montgomery County in order to improve accessibility to transplant services in the state. I am the Chief Executive Officer of GWUH and have witnessed firsthand the importance of providing transplant services in the place where they are needed and the tremendous benefits that market competition, particularly centered on community outreach, can have on a transplant community.

In 2015, GWUH opened the GW Transplant Institute, offering a second kidney transplant option for adult, non-military patients in the District of Columbia. The Institute was projected to perform 7 and 23 kidney transplants in its first and second years of operation, respectively. Due to our talented surgeons and tremendous outreach efforts, the Institute performed 31 and 55 kidney transplants – nearly tripling those early projections. We found that through aggressive community outreach, we were able to identify those patients in greatest need of kidney transplants and improve awareness of living donor opportunities, increasing the number of transplantable organs within and imported to the District. And due to the expertise of our physicians, the Institute frequently transplants high risk patients who previously were rejected by other area programs. Because the sole existing kidney transplant program (i.e., adult, non-military) in the District was suddenly faced with competition, that hospital hired a new surgeon and increased its own outreach efforts. As a result, that existing program has actually performed more kidney transplants since our Institute opened than it had in many years. In short, it was forced to "up its game."

After stagnant rates of kidney transplants performed annually in the District, the addition of a second kidney transplant program at GWUH increased transplant volumes by 66% from 2014 to 2016. This increase greatly benefitted the overall D.C. community, particularly certain low income areas of the city, which you may know has the highest rate of kidney disease in the nation.

We believe our experience – and the resulting benefits for area kidney transplant patients – foreshadows the likely positive impacts of Suburban Hospital’s proposed liver transplant program. Existing Maryland liver transplant programs exclusively transplant patients in Baltimore, as would the program proposed in another pending CON application. There remains a critical need for access for those patients who reside elsewhere – notably in the densely populated Maryland suburbs of D.C. Such patients must currently choose between utilizing the single liver transplant option in the District or commuting to Baltimore to be transplanted. Given our recent experience in the kidney transplant arena, we suspect strongly that the provision of liver transplant services in Montgomery County – and the introduction of liver transplant program competition in the D.C. area – will benefit Maryland and D.C. residents alike and greatly improve access for those Maryland residents for whom Baltimore is not an viable option.

We fully support Suburban Hospital’s efforts to serve liver transplant patients who reside outside of Baltimore, and we urge you to approve the hospital’s proposed liver transplant program.

Sincerely,

A handwritten signature in black ink, appearing to read 'KR', with a long horizontal flourish extending to the right.

Kimberly D. Russo, MS, MBA
Chief Executive Officer



March 4, 2017

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Dear Mr. Steffen

Subject: Johns Hopkins Liver Transplant Program at Suburban Hospital

We are writing to express our strong support for the establishment of a liver transplant center at Suburban Hospital, Montgomery County, Maryland. Both of us are board-certified transplant hepatologists and our current practice is centered on caring for critically ill patients with end stage liver disease (many requiring liver transplantation) outside of a traditional transplant center. In our view, the following provides a rationale for a second transplant program in the National Capital Region:

- **Improved patient access to specialized care:** patients with end stage liver disease are often critically ill, requiring expert input into their management. Such care is best provided within the setting of a multidisciplinary transplant center incorporating the input of skilled specialists. Transporting such medically complex and unstable patients to a geographically removed transplant center, as we are currently doing, is not in the best interests of patients, as resulting delays and disruptions in care can lead to compromised outcomes.
- **Improved patient access to liver transplantation (LT):** having only one transplant center within convenient distance significantly disadvantages patients in need of this life saving therapy. In the three years that our program has been in existence serving the National Capital Region, we have evaluated over 225 patients for liver transplantation with 32 patients undergoing LT in Baltimore. These patients represent only those with the means, resources and sophistication to navigate the challenges inherent in travel, prolonged hospitalization and long-term follow up. Many patients who lack these resources are limited to a single choice of transplant center. This creates a two-tier system of patient access and care delivery, with the variable being not patient need but patient means, which is clearly

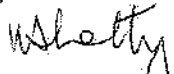
unfair. It is also well-known that when organ procurement organizations (OPOs) serve only a single transplant center, the rate of organ utilization is much lower, further disadvantaging these patients. It should also be noted that the majority of patients from our practice transplanted in Baltimore are DC and VA residents, who are drawing upon organs that could otherwise be utilized for MD residents.

- **Increased disease burden:** Chronic liver disease (in particular non-alcoholic fatty liver disease) as well as liver cancer have been increasing in incidence. Recent reports suggest overall liver disease prevalence rates of 63.9 / 100,000 population, of whom approximately 20% have cirrhosis. When translated to the population of the Greater Washington DC area of 6,033,737 (2014 U.S. Census Bureau estimate), this results in at least 771 individuals with cirrhosis. It is estimated that approximately 30 % of those with cirrhosis will require a liver transplant in the course of their lifetime, hence resulting in a burden of transplantable disease that is impossible for a single transplant center to adequately manage.

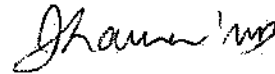
In summary, we believe that establishing a center in suburban MD would provide those with end stage liver disease with greater access to specialized care, organ transplantation and favorable outcomes, hence satisfying the dual principles of individual justice and population utility that are the cornerstone of sound medical practice.

Thank you.

Yours sincerely,

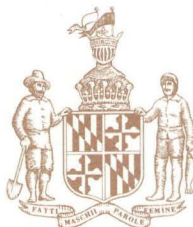


Kirti Shetty, MD FAASLD FACP



Jacqueline Laurin, MD

SENATOR SUSAN C. LEE
DELEGATE C. WILLIAM FRICK
DELEGATE ARIANA KELLY
DELEGATE MARC KORMAN



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THE MARYLAND GENERAL ASSEMBLY
16TH LEGISLATIVE DISTRICT
MONTGOMERY COUNTY

March 1, 2017

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, Maryland 21215-2299

Re: Johns Hopkins Liver Transplant Program at Suburban Hospital

Dear Mr. Steffen:

We are pleased to offer our support for Suburban Hospital's proposal for a Certificate of Need to establish a liver transplant program at their organization which is located in Maryland's 16th Legislative District.

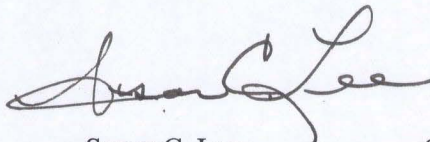
The proposed transplant program at Suburban Hospital will address both the need for increased organ supply and the unmet demand for transplant services in Maryland. Currently, there are two liver transplant programs in the Living Legacy Foundation Donation Service Area ("LLF DSA") at Johns Hopkins Hospital and University of Maryland Medical Center. In 2015, these two programs performed 247 liver transplants and provided critical pre- and post-transplant care. However, Montgomery, Prince George's and Calvert Counties are part of the Washington DC Regional Transplant Community DSA ("WRTC DSA"), which also includes Northern Virginia and Washington D.C., and has only one liver transplant program—MedStar Georgetown—despite having 1.5 million more residents than the LLF DSA. That single program performed 81 liver transplants in 2015, less than one-third the transplant volume of the LLF DSA.


In addition to raw numbers, current program access should also be viewed on a per capita basis. The rate of liver transplant per million population is 44.4 in Maryland, 24.5 in D.C. There is no discernible cause for more liver damage in residents of the Maryland DSA compared to the D.C. DSA, but many more Maryland DSA residents receive a transplant. Clearly, there is a need for an additional liver transplant program in the WRTC DSA.

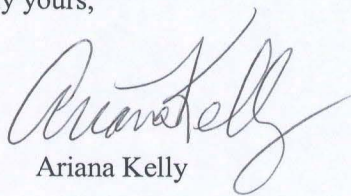
A liver transplant program at Suburban Hospital would benefit transplant patients in many ways, foremost by increasing the supply and use of donated organs. Patients would also benefit from their proximity to Suburban Hospital, avoiding the cost, delay, and hardship of traveling to Baltimore. As part of the integrated Johns Hopkins Health System, this new program would also provide patients with a unique opportunity to "double-list" in both the Baltimore and greater Washington service areas, increasing the likelihood of a donor match, and avoiding an additional burden of separate evaluations for each. Finally, patients will benefit from the high level of care which is the hallmark of a Hopkins-directed program.

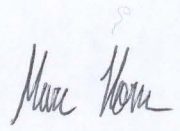
For all these reasons, we urge the MHCC to approve Suburban Hospital's request to add a liver transplant program.

Sincerely yours,


Susan C. Lee


C. William Frick


Ariana Kelly


Marc Korman



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

February 2, 2017

Uma S. Ahluwalia
Director

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Subject: Johns Hopkins Liver Transplant Program at Suburban Hospital

Dear ~~Mr.~~ ^{Bln:} Steffen:

I am pleased to write in support of Suburban Hospital's proposal for a Certificate of Need to establish a liver transplant program at the hospital in Montgomery County.

The proposed transplant program at Suburban Hospital will address both the need for increased organ supply and the unmet demand for transplant services in our part of Maryland. Currently, Montgomery County residents who need transplants must journey out of the area to receive them. The two existing programs in Maryland - the Living Legacy Foundation Donation Service Area ("LLF DSA") - are both in Baltimore at Johns Hopkins Hospital and University of Maryland Medical Center. In 2015, these two programs performed 247 liver transplants and provided critical pre- and post-transplant care. However, Montgomery, Prince George's and Calvert Counties are part of the Washington DC Regional Transplant Community DSA ("WRTC DSA"), which also includes Northern Virginia and Washington D.C., and has only one liver transplant program—MedStar Georgetown—despite having 1.5 million more residents than the LLF DSA. That single program performed 81 liver transplants in 2015, less than one-third the transplant volume of the LLF DSA.

On a per capita basis, patients in the WRTC receive fewer organs. The rate of liver transplant per million population is 44.4 in Maryland, 24.5 in D.C. There is no discernible cause for more liver damage in residents of the Maryland DSA compared to the D.C. DSA, but many more Maryland DSA residents receive a transplant. Clearly, there is a need for an additional liver transplant program in the WRTC DSA.

A liver transplant program at Suburban Hospital would benefit transplant patients in many ways, foremost by increasing the supply and use of donated organs. Patients would also benefit from their proximity to Suburban Hospital, avoiding the cost, delay, and hardship of traveling to Baltimore or into Washington, DC. As part of the integrated Johns Hopkins Health System, this new program would also provide patients with a unique opportunity to "double-list" in both the Baltimore and greater Washington service areas, increasing the likelihood of a donor match, and avoiding an additional burden of separate evaluations for each. Finally, patients will benefit from the high level of care which is the hallmark of a Hopkins-directed program.

For all these reasons, I urge the MHCC to approve Suburban Hospital's request to add a liver transplant program.

Sincerely,

Uma S. Ahluwalia
Director

USA.tjk

Office of the Director



TRIO – Maryland Chapter
822 Guilford Avenue Baltimore, MD 21202 410.558.0451

Transplant Recipients International Organization, Inc.
www.TRIOmaryland.org  TRIO-Maryland Chapter, Inc.
triomaryland@yahoo.com

February 6, 2017

Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, Maryland 21215-2299

Re: Johns Hopkins Liver Transplant Program at Suburban Hospital

Dear Mr. Steffen:

I am the President of Transplant Recipients International Organization, Inc. (Maryland Chapter) (“TRIO”). I write to you in strong support of the proposed Johns Hopkins Liver Transplant Program at Suburban Hospital in the Washington Regional Transplant Community Donation Service Area (“WRTC DSA”).

TRIO is a non-profit, international organization committed to improving the lives of transplant patients. For more than 30 years, TRIO has been a leading advocate for greater access to transplant services and promotes education and awareness concerning organ donation. TRIO provides support to transplant candidates, recipients, donors, and caregivers. TRIO is recognized by the U.S. Department of Health and Human Services, Department of Transplantation as a representative of transplant candidates, recipients, donors and their families, and is a voting member of OPTN/UNOS. Our Maryland Chapter serves the transplant community in Maryland and in the surrounding region.

The proposed transplant program at Suburban Hospital will address both the need for increased organ supply and the unmet demand for transplant services in both Maryland and the WRTC DSA. Currently, there are two liver transplant programs in the Living Legacy Foundation Donation Service Area (“LLF DSA”) (Johns Hopkins Hospital and University of Maryland Medical Center). In 2015, these two programs performed 247 liver transplants and provided critical pre- and post- transplant care. In contrast, the WRTC DSA, which includes Northern Virginia, Washington D.C., and Prince George’s, Montgomery, and Charles Counties, has only one liver transplant program, MedStar Georgetown University Hospital, despite having 1.5 million more residents than the LLF DSA. That single program performed 81 liver transplants in 2015, less than one-third the transplant volume of the LLF DSA. Clearly, there is a need for an additional liver transplant program in the WRTC DSA.

For these reasons, TRIO Maryland urges the MHCC to approve Suburban Hospital’s request to add a liver transplant program. Thank you for your time and consideration.

Sincerely yours,

Marty Maren
President, Board of Directors
TRIO Maryland

MM/mgm



Your Liver. Your Life.

Mid-Atlantic Division

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www.liverfoundation.org

March 21, 2017

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Dear Mr. Steffen,

I am writing on behalf of the American Liver Foundation, Mid-Atlantic Division, to enthusiastically support the Johns Hopkins Health System certificate of need application for the establishment of a liver transplant program at Suburban Hospital in Montgomery County, Maryland. We know, first hand, the tremendous burden that patients with liver disease live with every day. We serve a large population in the Mid-Atlantic region, including patients and families in Maryland, Virginia and Washington D.C. At the American Liver Foundation, our mission is to facilitate, advocate and promote education, support and research for the prevention, treatment and cure of liver disease. Our sickest patients sit on waiting lists for a liver transplant, and, unfortunately, a large percentage will die on the wait lists.

Today, there is only one program in the national capital donor service area (DSA) for liver transplant, and it is clear that there is a disparity in access to care for advanced liver disease in that region. Only 11 patients per million in population received a liver transplant in the national capital region in 2015, while more than 41 patients per million received a liver transplant in the Maryland DSA, which excludes almost 2.1 million Maryland residents that reside in the DC suburbs. A second organ transplant center in the Washington region DSA will bring additional resources for outreach and education of potential donors and recipients, and will potentially increase the number of organs available for transplant. In addition, this additional program will add resources for the prevention and care of patients with advanced liver disease, pre and post-transplant. For these reasons, the American Liver Foundation, Mid-Atlantic Division strongly supports the certificate of need application by Johns Hopkins to bring a liver transplant program to Suburban Hospital.

Sincerely yours,

Ivory Allison

Ivory Allison
Executive Director