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October 10, 2016

The Honorable Shaun Donovan Director, The Office of Management and Budget 725 17th Street, NW Washington, DC 20503

Dear Director Donovan,

Last month, the Department of Health and Human Services (HHS) proposed a rule to classify peripherally-acquired blood stem cells as an organ. This classification would make it illegal for peripheral blood stem cell (PBSC) donors to be compensated for their donation. Presently, there is a shortage of bone marrow and peripheral blood stem cell donors that disproportionately affects minority groups. Barring the use of financial incentives to attract PBSC donors directly impacts these minority populations and perpetuates significant health disparities.

From 2013 to 2016, I worked for a Department of Defense affiliated bone marrow donor center and called registered donors to gauge their interest in donation when identified as possible matches. When speaking with prospective donors, I found that the most significant barrier to donation was the time commitment related to the procedure and recovery. Numerous donors expressed a desire to donate, however, they could not afford to take unpaid leave from work. For this reason, I am a strong proponent for payment of PBSC donors.

Currently, it is legal to compensate sperm, egg, and blood plasma donors, among others. Given the similar acquisition procedure and risk level, PBSC should be classified in this same category. As such, PBSC donors could legally be compensated for their time. This would incentivize donors who are interested in donating but otherwise unable to due to financial constraints, broadening the donor pool. As noted by Gragert, et al. (2014), minorities are disproportionately impacted by the unavailability and/or unwillingness of donors to undergo a the donation procedure. Compensating said donors would provide life-saving donations for those awaiting a match.

Additionally, such compensation measures can be easily built into the current system without introducing ethical concerns. Currently, the donation process is strictly confidential in that donors and recipients are not privy to information about the other party. These confidentiality measures would continue to prevent any potential extortion by either party, a fear associated with the implementation of a paid system. In closing, PBSC donations should not be classified as organs. Instead, PBSC should be categorized with egg, sperm, and plasma, thereby permitting the compensation of donors.

Sincerely,

E.M

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