



POLICY STATEMENT

Tissue for Corneal Transplantation

Policy:

It is the position of the American Academy of Ophthalmology that any initiatives developed under the auspices of the National Organ Transplant Act or other authorizing legislation should clearly distinguish between donor organs (kidney, heart, liver, lungs, pancreas) and donor tissue (particularly ocular tissue). In addressing the need to increase organ donation, federal and state initiatives must recognize the long-standing and ongoing success of existing eye banks in the private sector. These initiatives must also balance the varying criteria with respect to suitability for transplant of organs, tissues, and eyes. Policies and practice should be adopted to ensure that this is addressed.

Background:

The National Organ Transplant Act was created in an effort to improve organ procurement and transplantation, but organ procurement organizations continue to face great challenges. The technology is available to perform the transplant surgery, but organ availability and the costs of maintaining donor recipients are barriers to widespread organ transplant programs. Public awareness of the loss of human life due to these deficiencies has prompted the federal government to seek mechanisms to promote organ donation. The most notable recent effort is the revision of the Uniform Anatomical Gift Act (UAGA), which has been adopted in the majority of states.

Evaluation:

Although organ procurement organizations continue to face great challenges, eye banks have successfully provided donor eye tissue for over half a century. By establishing systems for effective tissue recovery, enacting strict medical standards, developing networks to enhance distribution, and working with other tissue and organ procurement organizations, eye banks stand as a model for other recovery, processing, and distribution agencies. Prolonged waiting periods for corneal tissue no longer exist. In 2014, the Eye Bank Association of America member eye banks provided in excess of 45,000 corneas for transplant in the United States as well as an additional 26,000 eyes for research and training. Nevertheless, increasing testing requirements and exclusionary criteria necessary to maintain the safety of transplanted tissue continue to exert downward pressure on the donor supply.

Recommendations:

Composition of any federal advisory bodies established to implement the directives of the National Organ Transplant Act should always include an individual who represents corneal tissue recovery, processing, distribution, and transplantation. This is necessary to ensure that recommendations about organ procurement from these advisory bodies do not promote sweeping changes that would negatively impact the eye banking system.

The following specific recommendations are aimed at maintaining the current eye bank system and enhancing its effectiveness while simultaneously supporting the efforts to improve vital organ procurement and transplantation.

1. Future legislation should make clear distinctions between organs (kidney, liver, lungs, heart, pancreas), tissues, and eyes, particularly since the criteria for transplantation of corneal tissue differ markedly from those for other tissues. Time is of the essence in eye recovery, processing, distribution, and transplantation.

2. No legislation or system of centralized organ procurement organizations should isolate tissue or eye banks from donors and other essential contacts.
3. Eye and tissue recovery agencies and organ procurement organizations should coordinate and cooperate in their public relations, procurement, and other efforts.
4. Current quality-control efforts in eye banks should be maintained and enhanced as needed, and they should not be supplanted by more general standards and costly federal certification.
5. Costs for recovery, processing, and distribution of ocular tissue should be kept reasonable, and they should be reimbursed in accordance with the current policy stipulating that “corneal tissue is paid on a cost basis and not under the OPPS”, which was most recently reiterated by the Centers for Medicare and Medicaid Services (CMS) in December, 2014 (*CR9014*). Private payers should be encouraged to follow the lead of CMS in reimbursing hospitals and ambulatory surgery centers for tissue costs separately from surgical-facility fees.
6. Donor cornea recovery, processing, and distribution through eye banks or through combined efforts with other tissue or organ procurement organizations should protect recipients from diseases or infections that are potentially transmissible by corneal transplantation.

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