

# HOPE Act

The implementation of the HIV Organ Policy Equity (HOPE) ACT in 2013 established a framework for research into the viability and efficacy of transplanting HIV+ donor organs into HIV+ recipients.

Additionally, in November, 2015, the National Institutes of Health (NIH), under the direction of the Health Resources Services Administration (HRSA), lifted the prohibition on the transplantation of HIV+ donor organs.

As such, regulations have been updated to allow the transplantation of HIV positive organs to HIV positive recipients by transplant centers which have IRB approval to do so.

### Significance:

- Effective antiretroviral therapies (ART) have enhanced the quality of life for HIV+ individuals, transitioning this disease, in many cases, to a manageable condition.
- The prevalence of end-stage liver and kidney disease is rising among HIV+ individuals (Neuhaus et al., 2010) who are increasingly being added to the organ transplant waitlist.
- Liver and kidney transplants for HIV+ recipients have been successful and the waiting list continues to grow.
- It is estimated that 1000 additional transplants could be performed across the country with organs from HIV+ deceased donors.

### Did You Know?

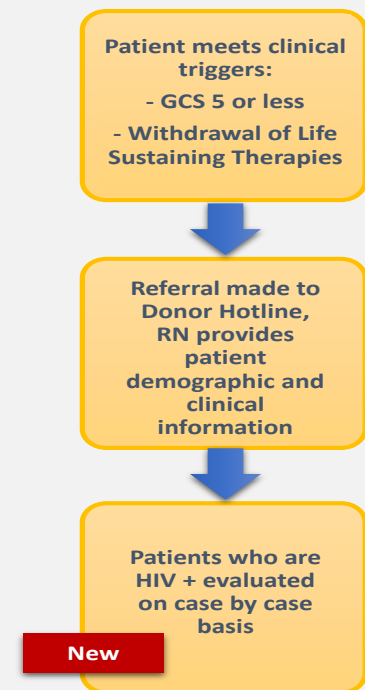
According to the United Network for Organ Sharing, in 2015:

- There were more than 121,000 individuals on the transplant waiting list
- More than 30,000 transplants were performed in the United States in that same time
- The need is still great: on average, 21 people die each day while waiting for a life-saving transplant

### History

- The National Organ Transplant Act of 1985 prohibited the recovery of organs from individuals with HIV.
- The HOPE Act was unanimously passed in Congress and signed in November, 2013.
- Included in the HOPE Act were mandates to revise existing regulations and standards relating to HIV+ donation and transplantation.

### Donor Referral Process Change



- HIV+ patients no longer automatically deferred
- Opportunity for donation is discussed with families of medically suitable patients
- LLF provides family and hospital staff support throughout the process
- Communication regarding HIV status handled with sensitivity and in accordance with all laws

## REFERENCES

- Durand, C. & Segev, D. (2016). *AOPO Director's Meeting*. January 20, 2016.
- Neuhaus J, Angus B, Kowalska JD, et al. *Risk of all-cause mortality associated with nonfatal AIDS and serious non-AIDS events among adults infected with HIV*. *AIDS*, 2010; 24(5): 697-706.
- UNOS (2015). *At a glance*. Retrieved from <https://www.unos.org/data/>