Maine Transplant Program
Policy Document
Transplanting Prisoners

Background
Maine Transplant Program:
- Occasionally receives referrals for patients who are imprisoned.
- Has never transplanted an individual who is actively incarcerated
- Is fully committed to adhering to all CMS and UNOS regulations pertaining to transplant oversight

Logistics
Maine Transplant Program is willing and able to work with the Maine Department of Corrections and individual state corrections facilities in order to evaluate, list, transplant and care for incarcerated individuals.

However, legitimate, logistical considerations exist that both impact and undermine the ability to fulfill the latter goals and ensure adequate access to transplantation.

Experience to date suggests communications between correction facilities and MTP are suboptimal.

Criteria
- The Maine Department of Corrections is responsible for ensuring that adequate security exists to ensure the safety of hospital personnel and abrogate escape risk.
- MTP is responsible for the medical care of the patient.

In order for MTP to agree to engage with an incarcerated individual, the following logistic requirements need to be agreed upon by the Maine Department of Corrections in writing prior to the evaluation in order to ensure the patient’s health and safety:

Pre Transplantation
1. The patient needs to attend the Maine Transplant Program Facility at 19 West Street in order to pursue the phases of care (outlined in MTP policies and procedures)
2. There will be agreement that the costs that accumulate as part of the evaluation will be covered by the corrections facility
3. The corrections facility agrees to facilitate all of the required testing before an incarcerated individual’s information can be presented to Transplant Candidate Review.
4. The corrections facility and MTP will develop a communication methodology to facilitate the evaluation process
5. Once wait listed, MTP needs to receive a monthly serum sample for cross matching purposes
6. Once wait listed, MTP needs to see the transplant candidate on at a yearly basis for update of the multidisciplinary care assessment
7. Adherence to an appropriate timeline is required. The goal of the MTP is to complete the evaluation process within 6 months of referral so the decision about wait-listing can be made by the multidisciplinary care team.

Peri Transplantation
1. The corrections facility agrees to ensuring a 24/7/365 communications methodology in order to bring the patient to MMC at short notice for transplant surgery
2. The corrections facility agrees to actually bring the patient to MMC within 2 hours for transplant surgery

Post Transplantation
1. The Maine Department of Corrections will ensure the patient’s attendance at post transplant clinic:
   a. Twice weekly for the first month
   b. Weekly for month 2
   c. Biweekly for month 3
   d. Monthly for month 4-12
   e. Quarterly thereafter
2. The Maine Department of Corrections will guarantee that patients will have access to the required post transplant medications understanding:
   a. Expense
   b. Complexity
   c. Frequent medication dose changes
   d. High risk for drug interactions
3. The Maine Department of Corrections will ensure that a methodology for ensuring clear communications exists to facilitate updates in medical status, and changes in medication dosing
4. The Maine Department of Corrections will ensure that a methodology for ensuring that patients will be brought for urgent office visits and readmissions as necessary
5. The Maine Department of Corrections understands and agrees that its failure to adhere to the guidelines described herein can negatively affect a patient’s health and transplant outcome.

Incarcerated Living Donors
- Incarcerated individuals may donate a kidney to a family recipient
- Federal regulation prohibit incarcerated living donors from donating to non familial recipients
- UNOS and MTP adhere to the above prohibition for all incarcerated individuals.

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