

**Maine Medical Center  
Maine Transplant Program  
Policies and Procedures  
Transplanting Prisoners Policy**

**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 (MTP) is willing and able to work with the Maine Department of Corrections (DOC) and individual state corrections facilities in order to evaluate, list, transplant and care for eligible incarcerated individuals.

However, legitimate, safety and logistical considerations exist that both impact and undermine the ability to fulfill the latter goals and ensure adequate access to transplantation. The commitment of both the Transplant Program and the Maine Department of Corrections is needed to successfully manage logistics during all phases of transplantation including evaluation, transplant surgery, and post-transplant surgery.

**Criteria**

- The Maine Department of Corrections is responsible for ensuring that adequate security exists to ensure the safety of hospital and Program personnel and abrogate escape risk.
- MTP is responsible for the medical care of the patient.
- The Maine Transplant Program Inclusion and Exclusion Criteria for listing and transplantation will guide decision making on eligibility for transplant specific care.

In order for MTP to agree to, approve referral for transplant care and subsequent evaluation, listing, transplantation and post-transplant care, 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 Clinic at 43 Baxter Blvd. in Portland 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 requested 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, the DOC will provide a monthly serum sample for cross matching purposes
6. Once wait listed, MTP needs to see the transplant candidate on an as needed 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 90 days 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 of notification 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.

Living Donation: incarcerated individuals are considered but subject to Federal PHS Guidelines that qualify incarceration as an increased risk donor due to potential exposure to HIV, HBV or HCV.

Original Date: 10/24/17

Review Date: 8/28/20; 9/26/23

This policy was reviewed and approved at QAPI on 11/3/23

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