



Remove Barriers to Living Organ Donation

It is estimated that more than 37 million Americans suffer from chronic kidney disease, including 400,000 individuals who are undergoing treatment for end-stage renal disease (ESRD), or kidney failure. Most commonly caused by diabetes or high blood pressure, kidney failure is expected to claim more than 2 million lives by 2030. Without dialysis or a kidney transplant, patients suffering from kidney failure will not survive. Since transplant organs are in short supply, most patients must undergo dialysis treatment, a process that substitutes for healthy kidneys by mechanically filtering body wastes and excess fluids from the bloodstream, provided three or more times per week, but does not provide the physiologic equivalent of the native kidneys.

The challenges associated with dialysis are far-reaching and make a compelling argument that barriers to organ donation, which are formidable and negatively impact the availability of transplantable organs, should be removed. Complexities relating to life and health insurance, and a definitional gap in the Family and Medical Leave Act (FMLA) have served as disincentives to potential donors. Specifically, published literature indicates that a significant percentage of potential living organ donors experience difficulty obtaining or paying for health insurance after their procedures due to unfair policies pertaining to their health insurance. Further, the FMLA does not stipulate that living organ donors can take

unpaid leave to recover from their surgical procedures, nor does it provide assurance that donors will have their jobs waiting for them after the transplant surgery.

H.R. 1224/S. 511 seeks to address these concerns by: (1) prohibiting the denial of coverage or an increase in insurance premiums for living organ donors; (2) designating organ donation surgery as a serious health condition for the purposes of the FMLA; and (3) requiring the Department of Health and Human Services (HHS) to update educational materials on living organ donation to reflect these changes.

Given the insufficient supply of transplant organs, it is imperative that policymakers take all necessary steps to facilitate organ donation to the maximum extent practicable. Positive change in this area is also likely to provide considerable cost-savings to the Medicare program by reducing the need for dialysis and other costly medical interventions associated with ESRD care.

Recommendation:

To promote living organ donation in the U.S., Congress should enact H.R. 1224/S. 511, the Living Donor Protection Act, legislation that would eliminate barriers to donation caused by reduced access to insurance benefits and definitional issues in the Family and Medical Leave Act.

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goal is to ensure quality care under the highest standards of medical practice for patients with kidney disease and related disorders. For further information, please contact Robert Blaser, RPA's Director of Public Policy, at 301-468-3515 or rblaser@renalmd.org