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House Insurance Committee  
House Bill 41  
Proponent Testimony  
Tisha Reynolds

Good morning, my name is Tisha Reynolds, Executive Director for the National Kidney Foundation serving Central Ohio and I would like to thank Chairman Brinkman for the opportunity to speak in support of the Living Donor Protection Act, House Bill 41.

I am testifying on behalf of the National Kidney Foundation and living organ donors throughout Ohio. The National Kidney Foundation is the largest, most comprehensive and longstanding, patient centric organization dedicated to the awareness, prevention and treatment of kidney disease in the US.

Chronic kidney disease (CKD) affects more than 37 million Americans, approximately 90% of whom don't know they have it. While dialysis sustains a kidney patient's life, transplant is the only truly life-saving treatment. Unfortunately, the demand for kidneys far outweighs the supply. In Ohio, more than 170,00 Medicare patients have kidney disease and nearly 12,835 of them are on dialysis. There are 2,297 kidney patients on the transplant waitlist and in 2019, 77 patients died while waiting on the waitlist.

Once you are put on the transplant list, the average waiting time is 3 to 7 years and during that time, your chances of getting a transplant go down because your health is deteriorating while on dialysis. In fact, the average life expectancy on dialysis is 5 to 10 years. The clock is ticking for each one of those 2,297 patients on the waitlist.

This year, a study showed that people hospitalized with COVID-19 are at significant risk of Acute Kidney Injury (AKI), which can lead to dialysis and even death. The study found patients with COVID-19 were twice as likely to develop AKI as compared to non-COVID patients who developed AKI during the same time period in 2019 – 56.9% versus 25.1%.

Most patients with COVID-19-related AKI who recover continue to have low kidney function after discharge from the hospital. One of these patients is my mother. She developed COVID-19 over 30 days ago with no underlying issues. She survived being on a ventilator only to have her lung collapse a week after. She was within an hour of dying. She recovered only to find that she developed AKI and her kidney function has declined.

One solution to the kidney shortage is to encourage living donation, where patients seeking a transplant can receive an organ from a family member, friend, colleague, or even a total stranger. Approximately 38% of kidney transplants are from a living donor. Potential donors go through extensive testing to make sure they are healthy enough to donate a kidney. Transplant doctors will not remove an organ if it puts the donor at risk for negative health consequences. Living donation does not change life expectancy and does not appear to increase the risk of kidney failure.

Unfortunately, insurers don't always recognize that. A 2014 study by Johns Hopkins University found that a quarter of living donors who tried to obtain or change their life insurance faced discrimination just because they were organ donors. The National Kidney Foundation regularly hears from living donors who experienced premium changes or other restrictions on their insurance policies.

One example of this is a board member from NKF serving Ohio and Kentucky. In 2019, Beth, a mother of three, donated a kidney to save the life of her neighbor's son. Beth couldn't help but think of her own family and how heartbreaking it must be for the parents. This year, she applied for additional life insurance coverage. On the application, she confirmed that she donated a kidney. What followed included months of calls to both the insurance company and the hospital for multiple requests for medical records all while trying to juggle her young family and a full-time job. She continues to be stuck in limbo with no approval or denial 280 days since her application request was received. This is just one of many examples from around the country.

The possibility of rejection or increased insurance premiums can discourage organ donation, risking the lives of the kidney patients that might have otherwise been saved. This must change. HB 41 would correct this problem by prohibiting companies that provide life, long-term care and disability insurance from discriminating against living organ donors based solely on their status as an organ donor.

By supporting HB 41, you send a message to potential donors that donating to save the life of a Ohioan should not cause economic hardship and discrimination. Let donors know that they don't have to worry about their premiums increasing, or their policy being denied or cancelled. Living organ donors should not be penalized for their heroic act to help a friend or family member in need. Please support HB 41.

Sincerely,

Tisha Reynolds  
Executive Director  
NKF serving Central Ohio