

May 18, 2021

Dear Chair Brinkman and members of the House Insurance Committee,

I am writing in support of HB 188.

In my 15-year career as a transplant nephrologist at University Hospitals in Cleveland, I have had the privilege to have met numerous kidney donors. The donors at University Hospitals are provided a two-hour education session by our experienced nurse coordinators. They then undergo extensive laboratory screening and meet with an attending nephrologist, an attending transplant surgeon, and donor advocates to be sure they are healthy enough to donate and they are donating of their own free will. Time and time again, I have found these people are heroes, risking their lives to save the life of a loved one.

In 2020, more than 22,800 kidney transplants were performed, one-third possible via living donation. Last year, only 1,138 Ohioans received a kidney transplant while nearly 1,500 were added to the waitlist and almost 100 patients died waiting.

HB 188 just makes sense. Kidney donors are well vetted before donating, studies confirm they are healthier than the general population. According to longitudinal data collected by the Organ Procurement and Transplantation Network (OPTN) of the 59,075 individuals who were living kidney donors from 1998 to 2007, approximately 11 have been listed for a kidney transplant afterwards; the need for transplant listing may or may not have been connected to the donation. There is no just reason for insurance discrimination.

In a 2015 study of living donors, 25% of those who tried to change, or initiate life insurance were rejected or charged higher premiums based on their status as an organ donor. As there is no federal law to ensure donors will not be discriminated against, Ohio's legislature must act to protect these living heroes. Living donation is essential and we should be encouraging donation, not penalizing it.

End Stage Renal Disease (ESRD) is costly for the United States: we spend greater than \$130 billion each year, 7% of Medicare dollars, on less than 1% of the Medicare population. In Ohio, approximately 155,750 Medicare patients have kidney disease and nearly 12,650 are on dialysis. Patients with kidney disease are at greater risk for complications and mortality from COVID 19. Transplant is the best treatment for ESRD, improving patient outcomes and decreasing cost; approximately \$60,000 per year per patient Medicare savings. With almost 91,000 patients on the waitlist in the United States, measures to increase deceased donation alone will not solve the problem.

Please join me in supporting HB 188, and removing barriers to potential lifesaving kidney donation. Please help us protect these heroes that are saving lives.

Sincerely,

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