

Chair Brinkman, Vice Chair Antani, Ranking Member Boggs, and members of the House Insurance Committee,

I am gratified today to bring before you legislation that will ensure that an insurer offering life insurance, disability insurance, or long-term care insurance shall not discriminate against a living organ donor in the offering, issuance, price, or conditions of a policy of insurance based solely, and without any additional actuarial risks, on that person's status as a living organ donor.

A re-introduction of Representative Ron Young and my House Bill 744 from last General Assembly, Representative Young was first moved to introduce this legislation when he found out that he, as a kidney donor, did not have these protections. He was approached by the National Kidney Foundation and presented model legislation that has since become law in Idaho and other states. The bill before you today is the same language that Rep. Young was presented by the Foundation.

Currently, living organ donors sometimes experience higher premiums or denial of insurance coverage based solely on their organ donation. Lack of insurance protection and higher premiums are barriers for those wanting to donate life-saving organs. Academic studies back this up.

According to a 2007 Study by the American Journal of Transplantation, as many as 11% of living organ donors experience difficulty securing or paying for insurance after their procedures because of discriminatory practices. Further, a 2014 study by Johns Hopkins University showed that one fourth of living donors for Kidney transplants experienced problems obtaining or changing life insurance because of their decision to donate. More specifically 12% of those that tried to change life insurance were denied altogether, 15% were charged a higher premium, and 9% were told they had a preexisting condition because they were kidney donors.

As you can see by the attached information the number of living donors effected by this legislation is quite substantial. According to the Organ Procurement and Transplantation Network, for transplant procedures in Ohio there have been a total of 33,383 transplant donors since 1988 with 7,772 of them being living donors. For last year alone, out of the 1,641 transplant donors 298 were living donors. As you can also see by the graph and table, the number as well as the proportion of living donors to total transplant donors has actually been going down even though the number of transplants have been going upward. This data highlights the significant need to remove barriers for people willing to donate literally a part of themselves to save another human being.

Under this legislation, insurance companies will be prohibited from denying or limiting disability, life insurance, and long-term care insurance to living donors. It would also prohibit charging higher premiums based solely, and without any additional actuarial risks, on that person's status as a living organ donor.

**Rep. Hicks-Hudson**

These barriers are the reason Rep. Hambley and I introduced House Bill 41.

I would like to thank my colleague, Rep. Hambley for allowing me to join with him in sponsoring this important legislation. I personally know that there are many barriers for a person in need of a donated organ. My husband was a potential candidate for a kidney transplant. Unfortunately, he died before he could receive one. While there is constant improvement in medicine, the lack of live organ donors, make it difficult for people.

When Rep Hambley was kind enough to explain and discussed this bill with me, I wanted to help bring light to what I believe is an unintended consequence of such a selfless act. I have a niece who is a recipient of her daughter's kidney. My niece is now able to enjoy a full life. Her daughter, however, who is healthy, may face extra insurance costs or limited coverage because of her selfless gift.

Over the years, the need continues to increase and we as a society must do what we can to help our citizens live healthy lives.

This legislation is a common sense approach to address an unintended consequence. It merely draws awareness and places all interested parties on notice that a donor, by the very nature of being a donor is not necessarily a person with a preexisting condition that would warrant increased insurance premiums or possible denial of coverage.

People are dying waiting for transplants. Nationally, nearly 15% of people waiting on a transplant list perish before receiving their donor organ. Just consider the nearly 100,000 Americans on the transplant list that are waiting for kidneys. For most of them, the wait is measured in years. In this limbo, 13 of them die every day. Increasing the number of living donors could change that. Making sure that living donors are not discriminated against is good public policy, and is also the decent thing to do.

House Bill 41 is not only a win for organ donors, but also for fiscal responsibility. Each year, Medicare spends $87,000 per dialysis patient. $32,500 is the cost for a transplant patient – less than half. There is no fiscal impact to the State of Ohio because it will only result in policy changes for insurance companies.

Thank you for hearing our testimony today, we are available for any questions you may have.



