



March 3, 2019

The Honorable Thomas Brinkman, Jr.
Chair, House Insurance Committee
Ohio House of Representatives
Ohio Statehouse
Columbus, Ohio 43215

Chairman Brinkman, Vice Chair Antani, Ranking Member Boggs, and members of the Ohio Insurance Committee:

I am Corey King and I serve as the Executive Administrator of Transplantation Services at UC Health, which is an integrated academic health system affiliated with the University Of Cincinnati College Of Medicine.

The UC Health Transplant Program provides kidney transplantation services and is the only adult liver, pancreas, and heart transplantation provider in southwestern Ohio. In calendar year (CY) 2018, the UC Health Transplant Program performed over 330 organ transplant procedures. Historically, our transplant program has performed living donation procedures for 51 years, and currently our transplant surgeons perform approximately 100 living donor transplants yearly. Importantly, we can also provide a unique perspective in that our physicians, who are also University of Cincinnati College of Medicine faculty, have authored over a dozen publications in the scientific literature that have focused on defining the types of ethical and medical protections that are unique for living organ donors.

Today, I am here to testify in support of House Bill 41, sponsored by State Representatives Steve Hambley and Paula Hicks-Hudson. This important legislation provides an important first step at the state level in Ohio in providing protections to the many financial, medical, insurance, and employment vulnerabilities that living organ donors face as a result of their honorable acts of altruism in saving the lives of others. Importantly, the proposed bill prohibits insurers from discriminating against a living organ donor in the offering, issuance, price, conditions of life, disability, or long-term care insurance coverage. This is an important first step in protecting this vulnerable population.

It is well documented that living organ donors experience financial risks (lost wages, travel costs, medical bills), insurance coverage risks (higher premiums or denial of health, life, disability, and/or long-term care insurance coverage), and employment risks (loss of employment, difficulty gaining new employment). In addition, there is also a small, but important medical risk that living organ donors face. For living kidney donors, the most frequent post-donation risk is hypertension, which was recently addressed by the recent New York state legislation that provided medical coverage for hypertension. We agree with positions of the American Society of Transplantation and the American Society of Transplant Surgeons that comprehensive protections are warranted for living organ donors. According to recent OPTN/SRTR data, approximately 30% of the 20,000 kidney transplants performed yearly in the U.S. come from living organ donors. However, far more kidney transplants from living organ donors are needed. It is widely believed that elimination of the vulnerabilities that living organ donors face would significantly increase living kidney donation.

Many federal and state legislators also support enacting laws to eliminate barriers to living organ donation. Recently, Representative Jerrold Nadler (D-New York) introduced H.R. 1224 to protect living organ donors from discrimination. Prior to this bill, there were three prior attempts to enact a Living Donor Protection Act (H.R. 1270, H.R. 4616, and H.R. 5263). The three prior bills all provided protections for living organ donors including: (i) prohibiting insurance companies from denying or limiting life, disability and long-term care insurance coverage to living organ donors; (ii) prohibiting insurance companies from charging higher premiums for life, disability and



long-term care insurance; and (iii) clarifying that organ donation surgery is a serious health condition that entitles a covered employee to leave under the Family and Medical Leave Act of 1993.

Furthermore, the language in HB 41 aligns Ohio with three other states that have passed legislation to protect living organ donors. The Maine Legislature passed HP13/LD12 in April 2017 (now codified at Maine Revised Statutes Annotated §2159-D (2017)). This statute prohibits a denial of coverage or higher premiums for life insurance, disability insurance, or long-term care insurance for living organ donors.

In March 2018, the Idaho State Legislature enacted SB1302 (now codified at Idaho Code § 41-1852 (2018)) that proscribed insurers from discriminating against living organ donors with respect to life, disability, or long-term care insurance.

Most recently, the New York State Legislature passed the New York Living Donor Protection Act of 2018 (S.2496-B/A.297-C) that was signed into law by Governor Andrew Cuomo on November 5, 2018. This bill "prohibits discrimination in the provision of life, accident, and health insurance based on the status of an insured as a living organ or tissue donor; authorizes the provision of family leave to provide care during transplantation preparation and recovery from surgery related to organ or tissue donation; and directs the commissioner of health to develop and distribute informational materials relating to the benefits of being a living organ or tissue donor." Furthermore, the New York Living Donor Protection Act of 2018 added a new provision to the Consolidated Laws of New York, New York Insurance Law § 2616, that prevents discrimination by insurers because of a person's status as a living organ donor.

House Bill 41 is a laudable step in the right direction for the state of Ohio that addresses protections that living organ donors need. UC Health strongly supports this bill. We also look forward to continuing to work with the Ohio Legislature on expanding protections for living organ donors in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Corey King'.

Corey King, M.B.A., M.H.A.
Executive Administrative Director, Transplantation Services, UC Health

A handwritten signature in black ink, appearing to read 'E. Steve Woodle'.

E. Steve Woodle, M.D., F.A.C.S.
William A. Altemeier Chair in Surgery
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