Health Policy Committee
Michigan House of Representatives
House Office Building
Room 519
124 N Capitol Ave.
Lansing MI 48933

Dear Chair Rogers and members of the Health Policy Committee:

On behalf of all the people we serve in Michigan, including the 23,931 residents currently living with End-Stage-Renal Disease (ESRD) we are writing to respectfully request that you support SB 384. This important bill would prohibit life insurance companies from discriminating against people based solely on their status as an organ donor.

The American Kidney Fund (AKF) is the nation's leading nonprofit organization working on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease, from prevention through transplant. With programs that address early detection, disease management, financial assistance, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF.

Today in the United States, there are 104,000 people (more than the population of Dearborn) waiting for an organ transplant, including more than 88,000 who are waiting for a kidney. The wait for a kidney transplant from a deceased donor can last years, and 13 people die every day while waiting.

This is where living donors come in—they save lives with the altruistic act of donating a kidney, and we need to do everything we can to protect them and make more living donation possible. When someone donates a kidney to a relative, a friend or a stranger, they shorten the transplant waiting list for everyone else. In addition, kidneys from living donors generally last longer than kidneys from deceased donors. Over 5,800 living-donor kidney transplants were performed last year in the United States, including 136 here in Michigan. Kidneys are the most common organ transplanted from living donors, followed by liver and lung.

In addition to transforming the lives of kidney patients, a transplant is a boon to society. While people with ESRD under 65 are eligible for Medicare to manage their disease and are often forced onto Medicaid when they are no longer able to work, transplants are considered so lifealtering that recipients are moved off Medicare 3 years after their successful surgery. The cost of a transplant is lower than long-term kidney dialysis, and it gives the transplant recipient a greater ability to remain in or return to the workforce.



Unfortunately, studies have shown that people who donate organs experience discrimination by insurance companies solely based on their status as an organ donor. For example, an NIH study¹ demonstrated that a high proportion of kidney donors had difficulty changing or initiating insurance, particularly life insurance.² The study concluded that "[t]hese practices by insurers create unnecessary burdens and stress for those choosing to donate and could negatively impact the likelihood of live kidney donation among those considering donation."³ Further, extensive research has demonstrated that people who donate a kidney are likely to live just as long as similarly healthy people who have both kidneys.⁴

We believe that providing incentives and removing financial burdens for living donors can lead to an increase in organ donations. For these reasons, we are hopeful for your support of legislation that could help improve the lives of those fighting organ failure.

Thank you again for your leadership and for your consideration of this critical issue. For all these reasons we respectfully ask for your support for SB 384.

Sincerely,

Jon Hoffman

Senior Director, State Policy and Advocacy

American Kidney Fund

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¹ Boyarsky BJ, Massie AB, Alejo JL, et al. Experiences obtaining insurance after live kidney donation. *Am J Transplant*. 2014;14(9):2168-72. *Can be found at*: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194161/

² Id.

³ Id.

⁴ Segev DL, Muzaale AD, Caffo BS, et al. Perioperative Mortality and Long-term Survival Following Live Kidney Donation. *JAMA*. 2010;303(10):959–966. doi:10.1001/jama.2010.237. *Can be found at:* https://jamanetwork.com/journals/jama/fullarticle/185508