Health Insurance as an Incentive for Living Kidney Donation
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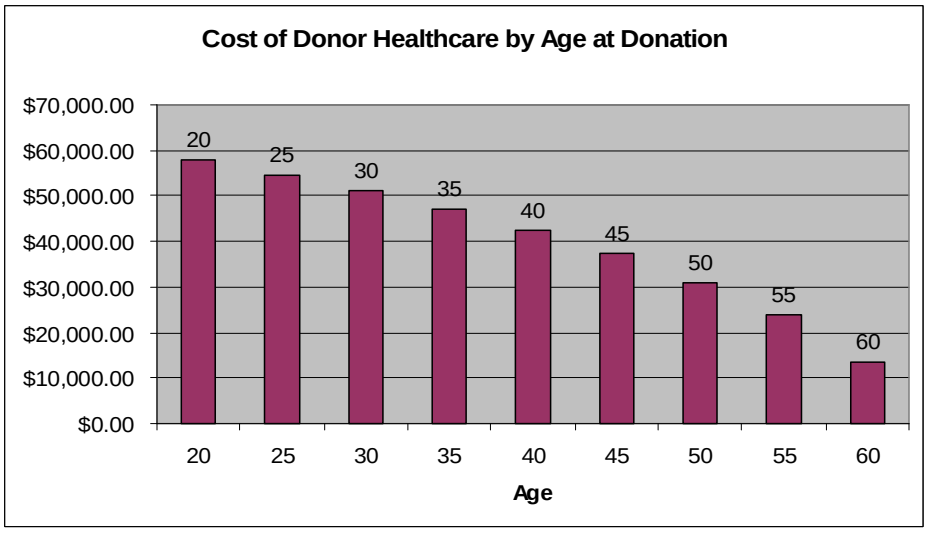
The ASTS would like to see a bill introduced in Congress that would provide lifetime Medicare coverage for living donors. The transplant community would support this provision of insurance. In a recent poll of our membership, more than 60% of our members would support provision of health insurance to live donors. The American Society of Transplantation's position paper on living donation clearly supports creation of federally funded insurance programs for donors. The Istanbul document supports health insurance for donors.

The provision of health insurance removes a major disincentive to donation-- the lack of health insurance at the time of donation and in the future. It removes the fear that short- or long-term complications of donation will result in out-of-pocket expenses for the donor. It removes the fear that a donor will not be able to find health care coverage after donation. Up to 15% of organ donors are concerned about insurability and this may affect their willingness to donate.

The provision of Medicare to the donor makes a great deal of financial sense. To the extent that such a program would increase organ donation, it would result in a decrease in the cost of dialysis for patients who are transplant candidates. It has been estimated that each living donor kidney decreases overall healthcare costs by 94,579 in 2002 dollars or about 126,000 in 2009 dollars accounting for medical inflation. With the long waiting time for transplantation and with what appears to be the upper limits on deceased donor transplantation the costs for dialysis versus transplantation are enormous and will continue to grow.

What about the cost of such a program? When we think about patients who are evaluated for donation, each donor undergoes rigorous evaluation of their health. Those who pass the testing are going to be healthy, without diabetes, hypertension, heart disease, or cancer. Because the majority of donors are under age 50, these healthy donors would have low health care costs for many years unless they had a complication of donation which we would all agree should be covered by some type of insurance. This graph below shows the cost of healthcare for donors until they reach the age of 65 based upon per member per month estimates of health care costs. Therefore at least in the short and mid-term, the cost savings are going to outweigh the costs.



Since Medicare currently pays for a large portion of the dialysis costs in the United States, having Medicare pick up the costs of the donor's health insurance makes a lot of sense. In a "pay as you go" Congress, it would generate a cost saving that would offset the expense of the donor's healthcare. Even if those who currently had private insurance switched to Medicare, the proven health of these patients would probably result in very low utilization until many of the donors would reach the age of 65.

The provision of Medicare will also solve the issue of tracking the outcome of donors in the long term. Currently, it is hard for the centers to maintain surveillance of donors after donation because the donors gradually drift away from the center. Current efforts to find the donors 20 years after kidney donation, the time period of concern about long-term renal function, result in finding 1 in 2 donors. With Medicare as the source of health care payments, it becomes easier to follow the outcome of the donors. This will help all donors in the long run.

Without a doubt, in the United States, where 40% of Americans do not have health insurance, the provision of Medicare to organ donors could be a financial incentive. But as incentives go, this provides a lot of advantages. First, it is not a cash payment which was opposed by a majority of our membership. Cash payments have a number of problems associated with them. Health insurance circumvents a number of these issues in that it is a lifetime benefit to the donor, it cannot be traded or sold, and it prevents the disincentives of donation. Will it interfere with those motivated to donate? It is hard to imagine how the provision of health care to the donors would inhibit those who want to donate to their loved one, but it may remove a disincentive to donation. We cannot see how the provision of health insurance would cheapen the act for those motivated to donate to a loved one.

Would it provide incentive to donate to those who do not have an intended recipient? One would hope that it might, given the death rate of patients on the waiting list, the cost of dialysis, and the price that time waiting on the list extracts from survival following

kidney transplantation. Would health insurance be too much inducement, leading to donation by the desperate and economically disadvantaged? This also seems unlikely as the insurance is of little value to anyone other the donor, so it would have no market value. One could imagine that someone who is employed could benefit from not having to enroll in a corporate insurance program and save a few thousand dollars per year, but this is hardly enough for those desperate for the quick buck or the economically disadvantaged. Because Medicare is only available to US citizens, it would not provide an inducement for foreign nationals to come to the United States to donate. There is not a slippery slope awaiting us if we take this step as an incentive for live organ donation.

What are the potential problems with offering long-term health care to donors?

Within the US, offering health insurance may lead to donors coming forward with medical problems that need therapy and that are not disclosed. It seems unlikely that the donor evaluation would miss an otherwise previously diagnosed health problem, but appropriate safeguards would be needed to prevent this from occurring. Those who are ruled out for donation would not receive the health care benefit. A system would need to be set up to evaluate donors who do not have a designated recipient. There would be some expense associated with doing this and there will be questions about whether it should be done within the transplant centers, the organ procurement organizations, or on some other basis.

In sum, the provision of long-term healthcare in the form of Medicare to living donors has a lot to be said for it.