

January 24, 2022

The Honorable Israel D. O'Quinn, Chair
Members
House Commerce & Energy Committee, Subcommittee #1
Virginia General Assembly
1000 Bank Street
Richmond, VA 23219

RE: Support HB 421

Dear Chair O'Quinn and Members of the Committee:

My name is Hrant Jamgochian, and I have the honor of serving as the Chief Executive Officer of Dialysis Patient Citizens (DPC). A national, nonprofit patient advocacy organization, DPC works to improve the lives of dialysis patients through education and advocacy. We are a patient-led organization with membership open only to dialysis and kidney disease patients and their family members. Our mission and policy positions are guided solely by our membership and Board of Directors, which is comprised entirely of End Stage Renal Disease (ESRD) patients. As a person with Chronic Kidney Disease (CKD), I am passionate about advancing public policies that remove barriers for ESRD patients and enhance their quality of life, so they are treated equitably and not defined by their disease.

Today I am writing on behalf of the more than 20,000 Virginians with ESRDⁱ to ask for your support of HB 421, which would help remove existing barriers to living organ donation so that more ESRD patients could receive a transplant from a living organ donor. Patients with ESRD, or kidney failure, must receive dialysis treatment three or more times per week or receive a kidney transplant just to survive. Of the nearly half a million ESRD patients nationwide who are receiving dialysis, approximately 100,000 of them are currently awaiting a kidney transplant. Of these, more than 2,300 Virginiansⁱⁱ are currently on the kidney transplant wait list.

Living kidney donors are desperately needed because the number of ESRD patients waiting for a transplant is far greater than the number of kidneys that become available for transplant through deceased donor matches alone. In addition to increasing the supply of kidneys available for transplant, living kidney donations can significantly decrease the wait time for patients to receive a transplant, thus reducing the number of patient deaths among those on the wait list and lowering health care costs of prolonged dialysis treatments.

How will HB 421 help Virginians who are on the kidney transplant wait list? In order to expand the number of kidneys available for transplant, more people need to make the choice to become a living kidney donor. However, even when someone wants to donate a kidney they often face multiple financial barriers that keep them from going through with their lifesaving living organ donation. HB 421 addresses these financial barriers by:

- Providing eligible employees up to 60 business days of unpaid organ donation leave in any 12-month period to serve as an organ donor, and up to 30 business days of unpaid organ donation leave in any 12-month period to serve as a bone marrow donor,
- Protect eligible employees continuous service for salary adjustments, sick leave, vacation, paid time off, annual leave, seniority, or other employee benefits,
- Restoration of eligible employees position held by that employee when organ donation leave began, and
- Requiring employers to maintain coverage of eligible employees health benefit plan for the duration of the organ donation leave.

Increasing kidneys available for transplant by providing job leave protections to living organ donors is one of two critically important public policies that the Virginia General Assembly can enact to ensure Virginians have access to lifesaving kidney transplants. The other is providing under age 65 ESRD patients access to affordable Medicare Supplemental Insurance plans, also called Medigap. There is no provision in Virginia statute that requires insurers to provide Medigap coverage to under age 65 ESRD patients.ⁱⁱⁱ Of note, more than 1,800 of the 2,337 Virginians on the kidney transplant wait list are under age 65.^{iv}

Why is supplemental insurance so critical? Once a patient loses their kidney function, they become eligible for Medicare. In fact, they are one of the only patient populations who can become eligible for Medicare under the age of 65. While dialysis patients are grateful for this safety net, Medicare only covers 80 percent of the cost of care, leaving patients responsible for the remaining 20 percent. These patients face out-of-pocket expenses for physician visits, hospital admission, and other services just to stay alive. Medicare supplemental plans are private plans that help cover these annual out-of-pocket costs Medicare does not cover, which can be as high as \$20,000 per year. Access to affordable supplemental insurance that provides patients with the financial stability to cover their health care costs is imperative. Secondly, before a dialysis patient is listed as “active” on the kidney transplant wait list, they are often required to provide verification of comprehensive insurance coverage such as Medigap. This lack of secondary insurance coverage is a major barrier for dialysis patients seeking transplant in states like Virginia that do not provide Medigap coverage to under age 65 ESRD patients.

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We look forward to continuing collaborating with the members of the Virginia General Assembly on policy issues, such as support of living organ donors and providing access to Medigap that will improve the quality of life of Virginians with ESRD. I urge you to support HB 421.

Sincerely,

A handwritten signature in black ink, appearing to read "Hrant Jamgochian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Hrant Jamgochian, J.D., LL.M.
CEO

cc: Elizabeth Lively, Eastern Region Advocacy Director
elively@dialysispatients.org
312-890-1428

ⁱ U.S. Renal Data System, 2020 Annual Report: <https://adr.usrds.org/2020/>

ⁱⁱ <https://optn.transplant.hrsa.gov/data/view-data-reports/state-data/>

ⁱⁱⁱ Va. Code Ann. § 38.2-3610

^{iv} <https://optn.transplant.hrsa.gov/data/view-data-reports/state-data/>