

National Kidney Foundation

Summary of Position on Increasing Organ Donation and Transplantation

Summary

There are 100,000 Americans waiting for a kidney transplant; but only about 19,000 will receive one this year. With a five-year average on the transplant list, more than 4,200 patients died waiting in 2016 alone. One-third of all transplants come from living organ donors who selflessly give the gift of life to family members, friends and other recipients they may not even know. However, the need for kidneys is outpacing the availability of organs, creating an organ supply crisis which the National Kidney Foundation (NKF) is working to solve.

Cost Neutral

NKF strongly believes that all expenses directly related to donation should be covered, so that donors and families end up **cost neutral**—prospective donors should neither incur any expenses nor engage in profiteering as a result of their life-changing gift.

Alleviating Donor Concerns

In addition to ensuring that the donor is made cost-neutral, NKF is working to alleviate other concerns a potential donor may have such as follow-up care, short-term health insurance policies, and providing peer mentoring.

Profiteering

NKF does not believe that organ donors, or recipients, should engage in profiteering. Profiteering is defined as any payments above and beyond actual donation-related expenses, including cash, lifetime insurance coverage unrelated to donation, tuition or student loan payments, contributions to a retirement account, or similar options.

Profiteering, as a result of organ donation, means that people could be coerced or forced into donation thus exploiting those who are most underprivileged and vulnerable.

Safer Alternatives

There are proven, underutilized alternatives to increasing kidney donation from both deceased and living donors which protect both the donor, and the recipient, such as:

- Promoting and expanding opportunities for matched donation on a national level (such as paired exchange and/or donor chains);
- Removing barriers to living donation such as those outlined in the Living Donor Protection Act (LDPA);
- Ensuring donors are cost neutral;
- Guaranteeing living donors access to life, disability and long-term care insurance and ensuring that donors do not lose their job after taking time off for surgery and recovery;
- Increasing utilization of organs discarded from deceased donors;
- Increasing donation from Expanded Criteria Donors (ECD)—those donors over the age of 60, or a donor over the age of 50 with two of the following: a history of high blood pressure, a creatinine (blood test that shows kidney function) greater than or equal to 1.5, or death resulting from a stroke;
- Increasing donations from those who suffered devastating and irreversible brain injury, Donation After Cardiac Death (DCD) donors, to make more organs available for transplant;
- Covering the cost of immunosuppressive drugs for the life of the transplant for kidney recipients whose Medicare coverage ends 36 months post-transplant;
- Assisting those who are considering living donation with practical information and support.

By maximizing the potential of the areas noted above, donation and transplantation rates can be greatly increased, both safely and effectively. NKF's complete position statement can be found [here](#) or at www.kidney.org.