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March 10, 2020

TESTIMONY IN SUPPORT OF HB 1133

The Honorable Shane E. Pendergrass, Chairman and The Honorable Joseline A. Pena-Melnyk, Vice Chair, Health and Government Operations Committee

Dear Chairman Pendergrass, Vice Chair Pena-Melnyk, and Members of the Health and Government Operations Committee,

On behalf of The Living Legacy Foundation of Maryland (LLF) and the more than 3,600 Marylanders awaiting a life-saving organ transplant, thank you for your continued support of organ and tissue donation. The Living Legacy Foundation is privileged to work collaboratively with Maryland hospitals, transplant centers, the Office of the Chief Medical Examiner, and funeral homes to facilitate the organ and tissue donation process. Every day, we have the honor of working with families, who at a time of tremendous loss, help others through the gift of donation. Without the incredible support of the Maryland legislature, we would be unable to achieve the immense success we have in saving and enhancing lives through donation.

The Living Legacy Foundation serves as the Organ Procurement Organization (OPO) for most of the state of Maryland. As one of 58 OPOs certified by the Centers for Medicare and Medicaid Services (CMS), and a member of the Organ Procurement and Transplantation Network (OPTN), The Living Legacy Foundation coordinates the donation process for all Maryland counties with the exception of Montgomery, Prince George, and Charles Counties. When a hospital recognizes an individual has suffered a non-recoverable injury or has died, their staff contacts The LLF. We then evaluate the potential donor, check local and national registries for donor designation status, discuss donation with family members, and arrange the recovery and transport of donated organs. We also provide extensive bereavement support for donor families in the years following their loved one's donation.

Maryland's Revised Uniform Anatomical Gift Act (RUAGA) serves as our framework, and we ensure adherence to this, as well as all federal laws and guidelines associated with the donation process. We have identified several aspects of the statute that merit revision, and bring those to you today in the proposed language of HB 1133, outlined below:



Section 4-509: Distribution of gifts.

Revisions to this section will ensure congruency throughout the statute related to the scope of an anatomical gift, as outlined in the definitions section, which reads: “anatomical gift means a donation of all or part of a human body to take effect after the donor’s death for the purpose of transplant, therapy, research, or education.”

The current statute makes distinctions in Section 4-509; this does not reflect the current state of the donation process and can cause unnecessary confusion in the public. Since the inception of the 1968 Uniform Anatomical Gift Act, the model language on which this statute is based, numerous aspects of the process have evolved. At this time, more than half of the states have made the transition in their statutes to include all uses – transplant, therapy, research, or education.

The venues in which individuals can designate their wishes, extensive public education about donation, and the expertise of organ procurement organization (OPO) professionals who communicate with donor families all ensure there is clarity about the scope of the gifts of donation for transplant, research, therapy, and education.

Section 4- 10: Document of gift or refusal – Search.

The statute’s language does not reflect current practice in Maryland, or throughout the United States. Current standards reflect the responsibility of OPO representatives to check designation – via registries and MVA/DMV entities - through secure processes that protect the confidentiality of this information. These practices have evolved since the initial inception of the model Uniform Anatomical Gift Act, which included the language that relates to law enforcement officers, fire fighters, and hospital staff.

Federal regulations and national accrediting body standards outline that the responsibility for checking designations resides with the OPO. An excerpt from HRSA illustrates this: “...OPO representative searches to see if the deceased is registered as a donor on their state registry. If so, that will serve as legal consent for donation”. The Association of Organ Procurement Organizations (AOPO) - the national accrediting body - likewise stipulates the responsibility of the OPO in checking designation.

Another key reason to modify this language relates to public trust in the donation system. One of the most common misconceptions is that first responders might not work as hard to save someone’s life if they know they are registered donor. The language in this section does not reflect current practices and, in fact, runs contradictory to those and risks public trust in the system.

Section 4-512 (a). Searches and examinations by procurement organization on referral by hospital

This updated language reflects that there is now a national registry, in addition to the local registry and MVA venue for registering. Additionally, the word hospital is removed as it is not their responsibility or role to know, or act, upon how and where to access designation information.

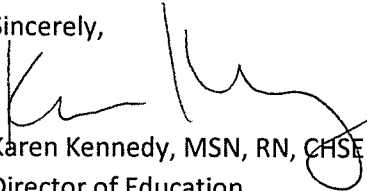
Section 4-512 (d). Searches and examinations by procurement organization on referral by hospital

As part of the donation process, our clinical teams perform extensive evaluations of all current medical and clinical information available in order to ensure donation suitability. We also are often in communication with the donor's primary care physician or other specialists who have previously provided care to review the donor's past medical history. The RUAGA provides the framework for us to have timely access to that information; the scope of this is also outlined in our authorization and disclosure forms provided to the next of kin.

At this time, we do not have the same level of access to the donor's death certificate and, in a subset of cases, this delays or precludes donated gifts from being utilized. Our request to include death certificate in the language would enable us to have a consistent process whereby we can access the death certificate. We would also specifically outline this in the authorization and disclosure forms, as we do for medical records and other relevant clinical information.

We sincerely appreciate the legislature's ongoing support of our programs and your role in helping us meet our mission to honor donors, their families, and the very grateful recipients here in Maryland, and beyond, whose lives are changed through organ and tissue donation.

Sincerely,



Karen Kennedy, MSN, RN, CHSE
Director of Education
The Living Legacy Foundation