

Policy Update

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companies continue placing an undue burden on dialysis patients.

New York has a bill currently in session that would require all state insurers to provide at least 10 out-of-network dialysis sessions so that patients can travel. However, the bill is likely to hit a snag with its provision to allow insurers to pay out-of-network providers no more than what they pay for in-network treatments (AB 213/SB 1803).

Connecticut, Delaware, and Mississippi worked this session to make transportation less of a burden on dialysis patients. Two of these states had bills in committee at press time to continue appropriations to existing programs—Connecticut’s “Dial A Ride” program (HB 5427) and Delaware’s Chronic Renal Disease Program (HB 25). Mississippi was successful in passing legislation to extend funding for a program to provide transportation to elderly and/or disabled patients with incomes <135 percent of the federal poverty line and who were previously covered under Medicaid’s Poverty Level and Disabled (PLAD) category, which is no longer offered in Mississippi (Session Law Chapter 415).

Increasing organ donation

Four more states—New Jersey, Oklahoma, South Carolina, and Wyoming—passed

legislation this year to adopt the Uniform Anatomical Gift Act (UAGA), making the driver’s license a form of legal consent for organ donation, clarifying who is allowed to make donation decisions, and encouraging an infrastructure for online organ donor registries that is easily accessible to organ procurement organizations. Florida, Illinois, Kentucky, and Vermont were unsuccessful in passing the same legislation this year. UAGA bills are still in committee in Connecticut (HB 6677), Texas (HB 2027/SB 2091), and New York (AB 6966/SB 4488).

Legislation to reimburse living organ donors through tax credits or paid leave was also popular this session, with eight states putting bills into play, four of which did not make the crossover deadline and died in committee (Hawaii, Illinois, Kentucky, and West Virginia). Bills in Kentucky (HB 36/BR 204), New York (SB 4265), New Jersey (SB 1003), and Massachusetts (SB 1333) that would offer tax deductions or tax credits of up to \$10,000 to help citizens recoup costs from travel, lodging, and lost wages as a result of organ donation are still viable this year. Possibly as a result of budget issues, two states (Minnesota and Oklahoma) tried to repeal already existing tax credits, but both pieces of legislation died in committee.

Transplant

New York may be joining Illinois with the

passage of a bill to allow HIV-to-HIV organ donation. The legislation (SB 4846) would allow citizens who have tested positive for HIV/AIDS to donate their organs to a person who has also tested positive for exposure to HIV/AIDS, but only in the case of immediate threat of death for the organ recipient. The bill is still in session.

Washington state enacted two bills this session to provide further protections for transplant recipients. Public Law 82 mandates that any insurance plan issued or renewed starting in 2010 must reduce the organ transplant benefit waiting period by the amount of time a covered person had prior creditable coverage (coverage equal to their current insurance plan), and Public Law 487 mandates that state insurers that offer transplant coverage increase the lifetime payment cap to \$350,000.

Eight states worked this session to protect immunosuppressive drug prescription coverage for transplant recipients. Georgia (HB 523), Massachusetts (SB 589), Michigan (SB 314), and Tennessee (SB 109/HB 635) introduced legislation barring pharmacists from changing immunosuppressant medications without first getting written permission from the patient and/or the ordering physician. The Georgia bill died in committee, but legislation is still active in the other three states.

Oregon has a bill currently in Senate committee that would require the state department of human services to pay for brand name rather than generic immunosuppressive drugs prescribed in connection with organ transplants (SB 876). California continues to try to move a bill that would extend Medi-Cal coverage (state Medicaid program) for anti-rejection medication for up to three years following an organ transplant unless patients become eligible for Medicare or private insurance that will cover these expenses (AB 998).

Conclusion

State policymakers continue to work with departments of public health, state branches of the National Kidney Foundation, local universities, and patient and family advocates to introduce and argue legislation affecting kidney patients and the nephrology community through all five stages of chronic kidney disease. For more information on state policy initiatives, visit <http://www.unckidneycenter.org/healthpolicy/kidneypolicystate.html>. To find contact information for state legislators, visit: www.congress.org. ●

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