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FREE EXPRESSION

Organ Donation Needs an Overhaul

Every year, thousands of people die waiting for an organ donor. Passing the End Kidney Deaths Act would help save lives.

By Sally Satel
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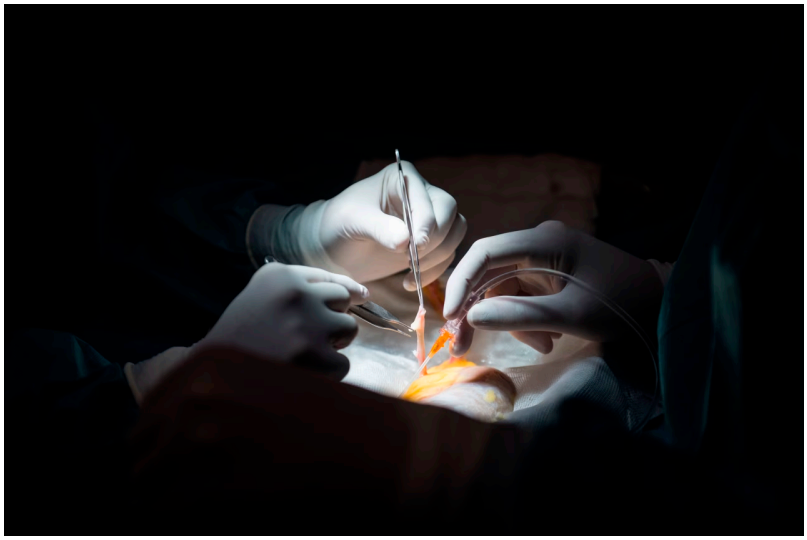


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I joined a dubious fraternity 20 years ago: People unfortunate enough to need a new organ, but lucky enough to get one.

Those who are blessed with a living donor—in my case, a wonderful friend—represent about 1 in 3 kidney recipients. The others are beneficiaries of the national waiting list.

That list is run by the United Network for Organ Sharing, enabled by the National Organ Transplant Act of 1984. UNOS procures hearts, livers, lungs and kidneys from the newly deceased and allocates them. Before UNOS,

states tried their best to collect and distribute organs independently. On several occasions, President Reagan even flew children on Air Force One to hospitals ready to give them new livers.

UNOS has since streamlined organ donation. Still, there have never been enough organs to meet demand. In 2006 I was one of about 16,000 patients to get a kidney. About 70,000 others waited for their names to crawl to the top of the list. Roughly 12 patients died each day—as they do today, unable to survive the wait.

In fact, a new report from the Health and Human Services Department states that the life expectancy of people on dialysis hasn't changed since 2009. Then and now, patients have a five-year survival probability of less than 50%. Those who live still face the immense financial burden of Medicare dialysis, which costs more than $110,000 a patient each year.

There is a reasonable step we can take to save lives and cut costs. The National Organ Transplant Act currently forbids life-saving living donors to receive any material reward for their sacrifice. This needs to change.

The current donation process requires desperate patients to rely solely on uncompensated altruism, which is a beautiful sentiment. It worked for me in 2006 and again in 2016 when I unexpectedly needed a second transplant and was rescued by another magnificent friend. But it isn't the basis for a viable policy. Although 49% of Americans say they're at least somewhat likely to give a kidney to a stranger, very few actually do.

This is why I, along with a committed group of nephrologists, transplant surgeons, economists, organ donors and organ recipients, have been working with lawmakers to legalize meaningful rewards for people willing to save the life of another.

The End Kidney Deaths Act, introduced in 2023 by Rep. Nicole Malliotakis, a Republican from New York and Rep. Josh Harder, a Democrat from California, would provide a $50,000 refundable tax credit to any living donor who gives a kidney to a stranger. The bill calls for a 10-year pilot program, with credit applying to kidney donations made in 2027 through

2036. It has been referred to committee and, in the meantime, it gains more co-sponsors at each House session.

The purpose of the tax benefit is to galvanize into action the humane impulses of millions of people who have already considered donating to a stranger. It may also incentivize those who haven't.

To be clear, it would still be illegal to buy organs. All transplants would proceed, as they do now, through medical centers. Donors would continue to be protected by informed-consent requirements. Because the standard medical and psychological screenings for would-be donors take many months to complete and the tax credit would be disbursed over a five-year period, the credit wouldn't attract those seeking a quick cash grab.

Lawfully-compensated donors will be no less heroic for being materially enriched, and they will experience one of the most moving and gratifying acts of a lifetime.

The idea of reciprocation isn't new. When Rep. Al Gore spoke at a 1983 congressional hearing for the National Organ Transplant Act, he said "a voucher system or a tax credit to a donor's estate" should be considered if "efforts to improve voluntary donation are unsuccessful." Well, voluntary donation numbers have stagnated. It's time for innovation.

I have been lucky beyond reason. Too many others with failing kidneys don't have family or friends willing or able to donate, leaving them at the cold mercy of medical rationing. This is a fate that Congress could spare them. Bad luck shouldn't be a death sentence.

Dr. Satel is a psychiatrist, a senior fellow at the American Enterprise Institute and a lecturer at Yale University School of Medicine.

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