

Virtually no effect of state policies on organ donation, transplantation

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Policies passed by states to encourage organ donation have had virtually no effect on rates of organ donation and transplantation in the United States, according to an article published online by *JAMA Internal Medicine*.

The shortage of solid organs for [transplant](#) is a critical public health challenge in the United States. Since the late 1980s, states have enacted numerous policies to increase the organ supply.

Researcher Erika G. Martin, Ph.D., M.P.H., of the Nelson A. Rockefeller Institute of Government and Rockefeller College of Public Affairs & Policy, University at Albany, State University of New York, and coauthors examined a variety of state policies on organ donation and transplantation. The authors used data from the United Network for Organ Sharing and Organ Procurement and Transplantation Network databases, state-specific legislative codes and a comprehensive database of federal and state laws. The authors examined six major types of state policies:

- Dedicated revenue pools of individual voluntary contributions and protected state funds for donor recruitment activities
- Education programs on [organ donation](#) through class in public schools or driver's education programs
- Leaves of absence for donors in the public and private sectors
- First-person consent laws registering individual consent for donation without family consent at time of donation

- Donor registries to document consent for donation
- Tax benefits for donors equal to the costs associated with the act of donation

The authors found that from 1988 to 2010, the number of states passing at least one donation-related policy increased from seven to 50. However, first-person consent laws, donor registries, public education, paid leave and tax incentives were not associated with either donation rates or numbers of transplants.

Only revenue policies, where individuals can contribute to a protected state fund for donation promotion activities, were associated with a 5.3 percent increase in the number of transplants, which was equivalent to, on average, 15 additional transplants per state per year, according to the results. Revenue policies also were associated with a 4.9 percent increase in the number of deceased donors per capita and an 8 percent increase in the number of transplants of organs from deceased donors. This increase represents an additional 6.5 deceased donors and eight transplants from deceased donors per state per year.

"However, state-by-state variation in how these funds are used is large, limiting the generalizability of this finding. These findings suggest that new policy designs may be needed to increase [donation rates](#)," the study concludes.

In a related commentary, Sally Satel, M.D., of the Yale University School of Medicine, New Haven, Conn., and coauthors write: "We believe it is time for disruptive innovation. By this concept, we mean compensating donors, not simply seeking to soften the financial ramification of donation. It is time to test incentives, to reward people who are willing to save the life of a stranger through donation. ... The study by Chatterjee and colleagues is yet another reason to get serious about meaningful reform. Our current transplant system is inadequate

for the task of boosting the volume of organs needed for life-saving transplantation. Altruism is not enough. Pilot trials of incentives are needed."

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