

THE LIVING DONOR PROTECTION ACT

No-Cost Legislation That Saves Lives and Reduces Medicare Spending

S. 1552/H.R. 4582 & 4583

THE OPPORTUNITY

Every day, 13 Americans die waiting for an organ transplant. Living kidney donation delivers better outcomes and lower costs than dialysis or deceased donor transplants—yet 40% of willing donors cannot afford to donate due to job insecurity and insurance concerns.¹ The Living Donor Protection Act removes these barriers without adding a single dollar to the federal budget.

COST TO FEDERAL GOVERNMENT: \$0

WHY REPUBLICANS SHOULD SUPPORT LDPA

- Zero federal spending: Clarifies existing FMLA protections and prohibits insurance discrimination—no new programs, no new mandates
- Massive Medicare savings: Living donor transplants save Medicare \$215,000-\$347,000 per patient over 10 years²—each additional transplant pays for itself within 2 years
- Pro-life values in action: Saves lives through voluntary organ donation without government coercion or taxpayer funding
- Bipartisan consensus: Led by Senator Tom Cotton (R-AR) and Rep. Don Bacon (R-NE), supported unanimously by the patient and provider groups AND the life insurance industry, and enacted in 28 states without controversy³

THE NATIONAL CRISIS

- Over 90,000 Americans are waiting for kidney transplants—average wait time is 3-5 years⁴
- Financial barriers block willing donors: 24% cite financial hardship as sole reason for not donating; 25% face insurance discrimination post-donation⁵
- Medicare bears the cost: Dialysis costs Medicare \$90,000+ per patient annually vs. one-time transplant cost of ~\$125,000—transplants break even in under 2 years²

WHAT LDPA DOES (WITHOUT SPENDING FEDERAL DOLLARS)

- **Clarifies Existing FMLA Coverage:** Explicitly confirms organ donation recovery qualifies as a serious health condition under current law—no expansion of benefits or eligibility (S. 1552/H.R. 4582)
- **Prohibits Insurance Discrimination:** Prevents life, disability, and long-term care insurers from denying coverage or charging higher premiums based solely on donor status—preserves fair underwriting for actual medical risks (S. 1552/H.R. 4583)
- **Requires Educational Updates:** HHS must update existing materials about donor benefits and insurance access—uses current resources, no new spending (S. 1552/H.R. 4583)

No new federal programs. No new spending. No employer mandates. No expansion of government.

THE EVIDENCE: MARKET-BASED SOLUTIONS WORK

- **Proven impact:** Reimbursing donor expenses increases organ donations 14-65% depending on support level⁶
- **Income barriers are real:** Living donation rates highest among high-income populations; lower-income Americans willing but financially blocked⁷
- **Job security matters:** Research identifies three donation factors: emotional attachment, temporal flexibility, and job security⁸—LDPA addresses the latter two without mandating paid leave
- **Strong momentum:** Living kidney donations have grown for 4 consecutive years post-COVID, from 5,226 in 2020 to 6,418 in 2024—the highest since 2019. LDPA would accelerate this recovery.¹³

Please co-sponsor S. 1552/H.R. 4582 & 4583- bipartisan, cost-neutral, non-controversial, life-saving legislation

UNANIMOUS PRIVATE SECTOR SUPPORT

The Living Donor Protection Act has earned unanimous support from the insurance industry because it protects organ donors while preserving market-based underwriting. This legislation represents true consensus among patients, donors, insurers, and medical providers.⁴

AMERICAN COUNCIL OF LIFE INSURERS (ACLI)

ACLI President and CEO David Chavern (2025): "Life insurers support helping more people access financial protection for themselves and their families. The Living Donor Protection Act lets organ donors access life, disability, or long-term care coverage while recognizing fair underwriting practices. It's an important initiative that will protect those who save lives through organ donations."⁹

ACLI represents 275 member companies serving 90 million American families, controlling 93% of U.S. life insurance industry assets. The organization has supported LDPA since introduction, partnering with the National Kidney Foundation to advocate for passage.⁹

NATIONAL CONFERENCE OF INSURANCE LEGISLATORS (NCOIL)

On April 18, 2021, NCOIL's Life Insurance and Financial Planning Committee unanimously adopted a Resolution in Support of LDPA. The resolution was sponsored by state legislators from Nevada and Pennsylvania.¹⁰

Pennsylvania Rep. Wendi Thomas: "I am particularly proud to sponsor this Resolution as it deals with a very important topic that is also quite personal to me. I have one friend who donated a kidney and another who received one."¹⁰

NCOIL represents state insurance legislators from all 50 states. Their bipartisan, unanimous support demonstrates state-level recognition that LDPA protects donors without burdening insurers or state budgets.

WHY THE INDUSTRY SUPPORTS THIS BILL

- **Preserves Market Principles:** LDPA prohibits discrimination based solely on donor status but allows insurers to consider actual medical risks—protects fair underwriting
- **Donors Are Low-Risk:** Research shows kidney donors have lower mortality than the general population—they're excellent insurance candidates¹¹
- **Proven State Success:** 28 states enacted similar protections without negative industry impact or increased costs¹²
- **Voluntary, Not Coercive:** LDPA removes barriers to voluntary donation—no mandates, no compulsion, no government expansion

THE CONSERVATIVE CASE

LDPA is fiscally responsible legislation that reduces Medicare spending, saves American lives, and strengthens the private insurance market—all without creating new federal programs or increasing the deficit. With unanimous industry support, bipartisan state success, and leadership from Senator Tom Cotton, LDPA represents the best of conservative governance: market-based solutions that work.

SENATE BILL: Led by Senator Tom Cotton (R-AR) & Senator Kirsten Gillibrand (D-NY), 37 cosponsors.

HOUSE BILLS: Led by Rep. Don Bacon (R-NE) & Rep. Jerry Nadler (D-NY), 113 cosponsors

SOURCES

1. Federal Register 85 FR 59438 (Sept 2020); Council of Economic Advisers (2021) 40% estimate; Mandell et al. (2024) *Prog Transplant* 34(3):111-118.
2. National Kidney Registry (Jan 2025) Cost Savings Model White Paper; Medicare dialysis cost data.
3. Husain & Lentine (2023) *Kidney* 360 4(7):987-989; NKF (2022) 28 states with LDPA-style protections.
4. National Kidney Fund (Oct 2025); OPTN/UNOS national waiting list data.
5. Klarenbach et al. (2006) *CMAJ* 174(6):797-798; Rodrigue et al. (2014) *Am J Transplant* 14(9):2168-2172.
6. Council of Economic Advisers (2021) Increasing Kidney Transplants report, citing Schnier et al. (2018).
7. Garg et al. (2013) *J Am Soc Nephrol* 24(11):1872-1879 (income-donation correlation).
8. Mandell et al. (2024) *Prog Transplant* 34(3):111-118.
9. AAKP, ASTS, AST Joint Letter (Nov 2025) stakeholder consensus on LDPA.
10. ACLI Press Release NR25-029 (2025); ACLI Press Release NR21-010 (2021); aclicom.com.
11. NCOIL Resolution in Support of Living Donor Protection Act (April 18, 2021); NCOIL Press Release (April 22, 2021).
12. Seggev et al. (2010) *JAMA* 303(10):959-966 (donor mortality lower than matched controls).
13. OPTN/SRTR 2023 Annual Data Report (Feb 2025); OPTN Preliminary 2024 Data (Jan 2025).

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