

## OVERVIEW

Kidney transplantation presents the rare opportunity where a specific health treatment both dramatically improves health outcomes and significantly decreases financial cost. However, current donation rates are far below the level required to meet transplant needs.

We believe that there can and should be a kidney transplant for every American who needs one, and that the key is to change public policy in ways that will help patients more aggressively seek transplants and make kidney transplantation more attractive to living donors.

The political economy of such a reform movement is promising: Medicare guarantees health coverage for all Americans with kidney failure, even those under 65, so cost-savings of better policy are internalized by the federal government. The issue does not fall into preexisting partisan cleavages, and the goal and means of achieving it are attractive to both parties: to date, support for major reform to the organ donation system has come largely from the libertarian right, but the primary beneficiaries belong to the coalition of the left, since patients with kidney failure are disproportionately poorer and more likely to be people of color. As it currently stands, white, wealthier, and better-educated patients have much better chances of receiving a transplant.

The upside of change is significant: about 140,000 Americans with end-stage renal disease (ESRD) could use a transplant but haven't received one. Each year, about seven to ten thousand of them die waiting on dialysis. Dialysis is a life-saving treatment, but it is exhausting and expensive. Only twenty percent of patients on dialysis are able to maintain employment, and their average life expectancy with the treatment is only four and a half years. Providing a transplant to them saves the healthcare system about \$130,000, saves them ~3 disability-adjusted life years relative to remaining on dialysis, and allows them to live a substantially unimpaired life.

It should be possible to provide public benefits to donors, perhaps along the lines of the GI Bill, so that their gift are valued as a public service while not being treated as a commodity. Doing so should allow patients to feel comfortable asking their loved ones to donate and bring enough donors into the system so that no one will need to die because they couldn't find a transplant.

In spite of the potential benefits of these policies, we are not aware of any concerted efforts by major existing organizations to develop, promote, or ensure the passage of such policies. We would like to spend September-December of this year conducting research and developing a detailed plan to launch an organization focused on remedying the shortage. We aim to generate a strong theory for how to achieve the desired policy change, to test and refine it based on feedback from leaders in the field of transplantation and people with nonprofit and advocacy leadership experience, and develop a detailed plan for the resources (human and financial) required to succeed. We have already raised \$20,000 from "friends and family," and we would be able to leave our full-time jobs and dedicate our time fully to this project for the proposed 4-month period with further outside funding of \$50,000.

We have applied for 501(c)3 status as Wait List Zero, but while that application is pending, we have an agreement to receive fiscal sponsorship from Save Lives Now New York Foundation, Inc.

## ABOUT US

**Thomas Kelly**—Thomas is a PhD Candidate in Political Science at UC Berkeley where he studies American politics. His current research focuses on lobbying and advocacy, particularly the differences in lobbying between public and private providers of government services. He completed his BA in Economics and Political Science at the University of Michigan in 2010. He is planning to donate a kidney to start a "chain" of kidney donations in Fall 2014.

**Josh Morrison**– Until recently, Josh was General Counsel and Director of Strategic Initiatives at the Alliance for Paired Donation, a leading innovator in living kidney transplantation. He also serves as Co-Chair of the Transplant Recipients International Organization Youth Circle. Prior to that he worked as a life sciences attorney at Ropes & Gray, a law firm in Boston. He received his B.A. from Columbia University and his J.D. *cum laude* from Harvard Law School, where he was an editor of the Harvard Law Review. He is the co-author of a forthcoming article in the Journal of Law and Contemporary Problems, *State Organ-Donation Incentives Under the National Organ Transplant Act*. He donated a kidney in December 2011.