

LEGISLATIVE COMMITTEE MINUTES

HB583

Bill as
Introduced

HB 583-FN - AS AMENDED BY THE HOUSE

5Jan2022... 0192h

2021 SESSION

21-0692
11/06

HOUSE BILL

583-FN

AN ACT

relative to organ donation designation on drivers' licenses.

SPONSORS:

Rep. Cambrils, Merr. 9; Rep. Moffett, Merr. 9; Rep. Pearl, Merr. 26; Rep. Baldasaro, Rock. 5; Rep. Nunez, Hills. 37; Rep. Lang, Belk. 4; Rep. Cross, Merr. 3; Rep. M. Pearson, Rock. 34; Sen. Reagan, Dist 17

COMMITTEE:

Transportation

AMENDED ANALYSIS

This bill allows for applicants of drivers' licenses and nondrivers' picture identification cards who are organ donors to indicate on such licenses or cards their intent to have their organs donated to New Hampshire residents on the organ waiting list prior to out-of-state residents.

Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 583-FN - AS AMENDED BY THE HOUSE

5Jan2022... 0192h

21-0692
11/06

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to organ donation designation on drivers' licenses.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Paragraph; Donor Registry for Anatomical Gifts. Amend RSA 263:41 by inserting after
2 paragraph II the following new paragraph:

3 II-a. The director shall cause a suitable decal or symbol to be affixed to the license or
4 nondriver's picture identification card of a person who has registered with the division of motor
5 vehicles as an organ and tissue donor under the provisions of this section and who intends that his
6 or her organs be donated to New Hampshire residents on the organ waiting list over out-of-state
7 residents.

8 2 Effective Date. This act shall take effect 60 days after its passage.

LBA
21-0692
1/12/21

**HB 583-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to kidney donation designation on drivers' licenses.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2021	FY 2022	FY 2023	FY 2024
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$64,000	\$0	\$0
Funding Source:	<input type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Restricted - Cost of Collections/Administration*			

*Pursuant to Part II, article 6-a of the New Hampshire constitution, any costs associated with the collection and administration of Highway Funds by the Department of Safety shall be deducted by the Department before such funds are credited to the Highway Fund as unrestricted revenue.

METHODOLOGY:

This bill allows for applicants of drivers' and non-drivers' identification cards, who are organ donors, to designate their intent to have their kidneys donated to a New Hampshire resident, prior to out-of-state residents. The Department of Safety estimates one-time state expenditures of approximately \$64,000, likely to be incurred in FY 2022, relative to updating the VISION software system (\$20,000) and making necessary changes to the identification card system (\$44,000).

AGENCIES CONTACTED:

Department of Safety

LBA
 21-0692
 Amended 2/17/22

**HB 583-FN FISCAL NOTE
 AS AMENDED BY THE HOUSE (AMENDMENT #2021-0192h)**

AN ACT relative to organ donation designation on drivers' licenses.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2022	FY 2023	FY 2024	FY 2025
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$64,000	\$0	\$0
Funding Source:	<input type="checkbox"/> General <input type="checkbox"/> Education <input checked="" type="checkbox"/> Highway <input checked="" type="checkbox"/> Other Cost of Collections*			

*Pursuant to Part II, article 6-a of the New Hampshire constitution, any costs associated with the collection and administration of Highway Funds by the Department of Safety shall be deducted by the Department before such funds are credited to the Highway Fund as unrestricted revenue.

METHODOLOGY:

This bill allows for applicants of drivers' and non-drivers' identification cards, who are organ donors, to designate their intent to have their organs donated to a New Hampshire resident, prior to out-of-state residents. The Department of Safety estimates one-time state expenditures of approximately \$64,000, likely to be incurred in FY 2023, relative to updating the VISION software system (\$20,000) and making necessary changes to the identification card system (\$44,000).

AGENCIES CONTACTED:

Department of Safety

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avard, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: March 23, 2022

HEARINGS

Wednesday	03/30/2022
(Day)	(Date)
Health and Human Services	Legislative Office Building 101 9:00 a.m.
(Name of Committee)	(Place) (Time)
9:00 a.m. HB 103-FN	establishing a dental benefit under the state Medicaid program.
9:15 a.m. HB 583-FN	relative to organ donation designation on drivers' licenses.
9:30 a.m. HB 1018	relative to the board of medical imaging and radiation therapy.
9:45 a.m. HB 1044	relative to direct payment and membership-based health care facilities.
10:00 a.m. HB 1131	relative to facial covering policies for schools.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 103-FN

Rep. Schapiro
Sen. Rosenwald

HB 583-FN

Rep. Cambrils
Rep. Nunez
Sen. Reagan

HB 1018

Rep. Goley

HB 1044

Rep. McLean
Rep. Ammon

HB 1131

Rep. Weyler

Rep. Stavis

Rep. Moffett
Rep. Lang

Rep. P. Schmidt

Rep. Alexander Jr.
Rep. Berry

Rep. Blasek

Rep. McWilliams

Rep. Pearl
Rep. Cross

Rep. McGuire

Rep. Cordelli
Rep. Warden

Rep. Wazir

Rep. Baldasaro
Rep. M. Pearson

Rep. Blasek

Cameron Lapine 271-2104

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

HB 583-FN, relative to organ donation designation on drivers' licenses.

Hearing Date: March 30, 2022

Time Opened: 9:39 a.m.*

Time Closed: 10:15 a.m.

* - The hearing was recessed at 10:04 AM and re-opened at 10:05 AM.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent: None

Bill Analysis: This bill allows for applicants of drivers' licenses and nondrivers' picture identification cards who are organ donors to indicate on such licenses or cards their intent to have their organs donated to New Hampshire residents on the organ waiting list prior to out-of-state residents.

Sponsors:

Rep. Cambrils

Rep. Moffett

Rep. Pearl

Rep. Baldasaro

Rep. Nunez

Rep. Lang

Rep. Cross

Rep. M. Pearson

Sen. Reagan

Who supports the bill: Representative Jose Cambrils (Merrimack County District 9), Representative Carol McGuire (Merrimack County District 29), Representative Doug Thomas (Rockingham County District 5), Russan Chester, Maureen Hardy, Representative Erica Layon (Rockingham County District 6), Terese Grinnell, Audrey Beyersdorfer, Dorcas Kirsch, Senator John Reagan (Senate District 17), Alvin See, Julie Smith, Roy Sims, and Julie Sims.

Who opposes the bill: Kelly George, Representative Mark Pearson (Rockingham County District 34), Alexandra Glazier (NEDS), Erin Contino, and John Marasco and Kelly Boudaiah.

Who is neutral on the bill: None.

Summary of testimony presented in support:

Representative Jose Cambrils

Merrimack County District 9

- Representative Cambrils said that HB 583-FN would allow New Hampshire residents who donate their organs through the Division of Motor Vehicles (DMV) to extend their

rights by allowing them to designate that their organs should be considered for New Hampshire residents first.

- Rep. Cambrils said that the United Network for Organ Sharing (UNOS) changed their rules last year, which devastated New Hampshire residents on the waiting list. He said that the UNOS system used to be the most fair system, as he received a kidney transplant two years ago, which focused on the six New England states.
- Rep. Cambrils said that, relative to the population, New Hampshire has more people signing up to be organ donors. He said that the waiting list used to be three to five years. He said that UNOS changed their policy on March 15, 2021 to include a 250 nautical mile radius, which now brings New York City and Newark, New Jersey into the radius for New Hampshire's organs. He said that the new radius includes huge cities with huge populations and long waiting lists.
- Rep. Cambrils said that all organs are now being funneled to New York City and Newark, New Jersey and New Hampshire residents are not being considered. He said that the system prior to March 15, 2021 was perfect.
- Rep. Cambrils said that HB 583-FN is the only hope of a New Hampshire resident receiving an organ under the new UNOS system because it will give New Hampshire residents that small edge.
- Rep. Cambrils said that HB 583-FN will allow, when someone signs up at the DMV to become an organ donor, for an additional box indicating that they would like their organs to be considered for New Hampshire donations first. He said that this does not change the current allocation system and, instead, says, all else being equal, the New Hampshire resident in need of an organ will be considered first.
- Rep. Cambrils said that the 250-mile radius is discriminatory to small states since 250 miles from New Hampshire is New York City but 250 miles in Texas is the same county.
- Rep. Cambrils said that there would be no federal law in conflict with HB 583-FN since the only true law would be HB 583-FN if it is passed.
- Senator Avard asked if New Hampshire would be hurt if other states passed laws similar HB 583-FN.
 - Rep. Cambrils said that a similar law would not hurt New Hampshire because the only states likely to consider something similar would be Maine and Massachusetts. He said that HB 583-FN would only apply in situations where there's a tie in the allocation system. He said that New Hampshire hospitals do not perform heart or lung transplants, meaning those residents would need to travel out of state – likely to Boston – to receive their donation. Rep. Cambrils said that he has data from Dartmouth-Hitchcock Medical Center showing a 66% loss of donor organs, given the average statistics.
- Senator Whitley said that she was interested in the data Rep. Cambrils mentioned and asked if there were other numbers showing New Hampshire residents were waiting longer for organs or having other problems.
 - Rep. Cambrils said that he was a patient two years ago. He said that overnight from the new UNOS policy doctors began telling people it is now an eight-to-ten year waiting list. He said that those people are likely never going to see a transplant and will die on the waiting list.
- Senator Gray asked if he understood correctly that the radius is 250 nautical miles.
 - Rep. Cambrils said that that was correct, which includes big cities.

Terese Grinnell

Loudon

- Ms. Grinnell said that she is a hospice nurse and has seen a dramatic increase in the number of people waiting for transplants.
- Ms. Grinnell said that she is appalled that people don't want to give New Hampshire residents preference for the care they need. She said that the 66% increase in people waiting for donations in New Hampshire is tragic.
- Ms. Grinnell encouraged the addition of the extra box on the DMV form, as it will remove peoples' fears of their organs going to New York City.
- Ms. Grinnell said that people cannot wait five to ten years for an organ.

Russan Chester

- Ms. Chester said that she has spent years as an organ donor and has been instrumental in getting others to sign up to be organ donors.
- Ms. Chester said that organs can go anywhere within the 250 nautical mile radius. She said that people in New Hampshire used to have a three to five year wait time for organs.
- Ms. Chester said that it is not fair to New Hampshire residents that New York and New Jersey do not have as many donors.
- Ms. Chester told a story about a 24-year-old mother who died last year whose heart is now in northern New Hampshire.
- Ms. Chester said that there will be a huge decrease in the number of New Hampshire organ donors if the UNOS policy stays in place.
- Ms. Chester said that she promises people that their organs will go to local people in need because people in New Hampshire care about their community.
- Ms. Chester said that it requires activism within New Hampshire to have the number of organ donors available.

Summary of testimony presented in opposition:

Representative Mark Pearson

Rockingham County District 34

- Representative Pearson said that he agreed to cosponsor HB 583-FN as it was originally described to him but he opposes the bill in its current form.
- Rep. Pearson said that the Speaker of the House asked him, as chair of the Health, Human Services, and Elderly Affairs (HHSEA) Committee, to do as much research on HB 583-FN as possible. He said that he now opposes HB 583-FN for three reasons:
 - HB 583-FN goes against federal law, either literally or in the spirit of the federal law as it narrows the population to which organs can go,
 - HB 583-FN goes against the established protocol that provides organs to the person most in need who is the best match in terms of blood or tissue issues, as well as insuring that the organ will reach the donor before it spoils, and

- HB 583-FN would hurt New Hampshire if it were adopted by Massachusetts.
- Rep. Pearson said that if someone from New Hampshire was in a hospital in Boston waiting for an organ but Massachusetts passed a version of HB 583-FN, then the New Hampshire resident would lose out. He suggested Massachusetts could pass a version of HB 583-FN in retaliation for New Hampshire passing HB 583-FN.
- Senator Whitley said that she understood HB 583-FN passed out of the House committee unanimously. She asked if Rep. Pearson's information was new.
 - Rep. Pearson said that HB 583-FN went to the Transportation Committee because someone saw the word "drivers' licenses", despite his begging for the bill to go to HHSEA. He said that it is often hoped that one house of the General Court can save the other and hopes that HB 583-FN is one of those scenarios.

Kelly George

- Ms. George said that she is celebrating the 13th anniversary of her heart transplant on December 3, 2009.
- Ms. George said that, prior to her transplant, each day brought anxiety over whether or not that would be the day the call would come about the donation.
- Ms. George said that since Dartmouth-Hitchcock does not perform heart transplants she went to Tufts.
- Ms. George said that she has lived a full life ever since her transplant.
- Ms. George said that, if Massachusetts passed a version of HB 583-FN, she would be devastated to learn that the heart she had been hoping for was only for a Massachusetts resident and she would not have lived the last 12 years.
- Ms. George said that the UNOS policy honors the ethical policy of "sickest first" and she urged the Committee to reject alternatives.

Alexandra Glazier

President & CEO, New England Donor Services (NEDS)

- Ms. Glazier said that NEDS is the federally-designated Organ Procurement Organization (OPO) in New England. She said that federal regulations require all hospitals to refer all deaths to an OPO to assess donations, which are removed and allocated in accordance with federal policy.
- Ms. Glazier said that HB 583-FN is not just a check box at the DMV and is a complete change in the way organs are allocated.
- Ms. Glazier said that NEDS opposes HB 583-FN for three reasons:
 - HB 583-FN conflicts with federal statutes and regulations and the national system of transplantation,
 - HB 583-FN conflicts with New Hampshire statute that does not allow donations to be limited to categories of people, other than siblings or parents if they are a match, to avoid opening up the unethical possibility of limiting organs to people based on their gender, race, or political affiliation, and
 - HB 583-FN conflicts with the medical basis for organ donations, which prioritize urgency and the length of time waiting.

- Ms. Glazier said that the new UNOS policy went into effect last year to standardize the geographic units used to determine eligibility for organ donations, creating a consistent standard distribution of organs.
- Ms. Glazier said that the UNOS policy is transitory and the initial impact will equalize so that the waiting time evens out. She said that someone's place of residency should not determine how long they wait to receive an organ.
- Ms. Glazier said that since Dartmouth-Hitchcock is the only transplant center in New Hampshire and they do not provide all services many residents travel out of state of their care.
- Ms. Glazier expressed a concern about HB 583-FN upending the entire organ donation system.
- Senator Whitley asked how long NEDS expects it to take for the waiting time to equalize.
 - Ms. Glazier said that data suggests less than two years. She said that the UNOS policy is in the process of being reformed to focus on how sick a patient is without a firm geographic boundary.
- Senator Gray asked how the 250 nautical mile circles are divided. He said, for example, New England is probably only within one circle but New York City might be in two or three circles.
 - Ms. Glazier said that if an organ becomes available in Maine it likely won't go to New York City but an organ from Connecticut might. She said that New York organs will be available to the New England region as well. She said that New York has more donors than New Hampshire does.
- Senator Sherman asked if the geographic changes take into account population differences or change how the circles might look.
 - Ms. Glazier said that, as an independent factor, they do not. She said that the number of transplants is a proxy for the population. She said that there are more donors in Massachusetts and New York. She said that it is impossible to say "we will break tie using residency" because it would never be feasible to say "all other factors are equal".

Erin Contino

- Ms. Contino said that as a six-month old child her heart was attacked by a virus, which left her heart functioning at 1%.
- Ms. Contino said that she had to go outside of the normal range to find a suitable donor heart.
- Ms. Contino said that HB 583-FN allocates organs based on geographic location and deprives the neediest individuals of organs.
- Ms. Contino said that Dartmouth-Hitchcock only focuses on a limited number of organ transplants, forcing large numbers of people in need to go elsewhere for their care.
- Senator Avard asked if Ms. Contino was in support of or opposed to HB 583-FN.
 - Ms. Contino said that she was opposed.

John Marasco

Director, DMV

- Director Marasco said that DMV opposes HB 583-FN and agrees with Rep. Pearson's comments.
- Director Marasco said that he had spoken with Ms. Glazier and agrees HB 583-FN is problematic.
- Director Marasco said that DMV recognizes the importance of organ donations and would not want to derail the program.
- Director Marasco said that other states could follow suit and pass their own versions of HB 583-FN.
- Director Marasco said that the cost to DMV to update their systems to comply with HB 583-FN would be about \$64,000.

TJ Lydon, MD

Dover

- Dr. Lydon said that he opposes HB 583-FN. He said that as an emergency room doctor he was worked closely with NEDS as he has harvested many organs for donations at his hospital. He said that NEDS is very helpful in that process.
- Dr. Lydon said that during the Covid-19 pandemic he has worked with doctors from Maine and Massachusetts. He said that he has had to send a child to Connecticut for care because there were no beds and he has sent patients to New York as well. Dr. Lydon said that there is extreme cooperation in emergency medicine and there is no consideration of state borders.

Neutral Information Presented: None.

cml

Date Hearing Report completed: April 1, 2022

Speakers

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Wednesday March 30, 2022 Time: 9:15 a.m.

HB 583-FN AN ACT (New Title) relative to organ donation designation on drivers' licenses.

Name/Representing (please print neatly)

	Support	Neutral	Oppose	Speaking?	Yes	No
✓ Kelly George	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ José E. Cambriels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Carol M Guire Merr 29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ CHAIRMAN/REP Mark Pearson HHS&EA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alexandra Glacier NEDS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Erin Contino	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ John Marasco/Kelly Brudniah	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ T.J. Lyden MD MHMS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Rep Doug Thomas /Rock 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Russan Chester	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maureen Hardy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
✓ Erica Layan Vice Chair House HHS&EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Terese Gammell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Wednesday March 30, 2022 Time: 9:15 a.m.

HB 583-FN AN ACT (New Title) relative to organ donation designation on drivers' licenses.

Name/Representing *(please print neatly)*

	Support	Neutral	Oppose	Speaking?	Yes	No
<i>Audrey Beyersdorfer</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Wednesday March 30, 2022 **Time:** 9:15 a.m.

HB 583-FN AN ACT (New Title) relative to organ donation designation on drivers' licenses.

Name/Representing *(please print neatly)*

	Support	Neutral	Oppose	Speaking?	Yes	No
DORCAS KIRSCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB583 on 2022-03-
Support: 5 Oppose: 0

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Reagan, Senator John	An Elected Official	Senate District 17	Support
See, Alvin	A Member of the Public	Myself	Support
Smith, Julie	A Member of the Public	Myself	Support
Sims, Roy	A Member of the Public	Myself	Support
Sims, Julie	A Member of the Public	Myself	Support

Testimony

Cameron Lapine

From: Lorna Landry <lornalandry@gmail.com>
Sent: Friday, February 11, 2022 9:28 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky.Whitley@leg.nh.us; Kevin Avard; Cameron Lapine
Subject: HB 583 organ donation

Please do not recommend it. The pool of available organs from the metropolitan areas is greater than in NH. This NH First concept is short sighted and foolish. United Network for Organ Sharing is being responsible & efficient by expanding the radius.

Thank you, Lorna J Landry, RN 35 Bow Center RD Bow

Cameron Lapine

From: Karen Soucy <ksoucy@sheehan.com>
Sent: Monday, March 28, 2022 3:27 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB 583 Op-Ed
Attachments: Hoarding NH Organ Donations is a Path to Nowhere.ULoped.03.28.22.pdf

Good Afternoon Chair Bradley and Members of the HHS committee:

I am writing to you on behalf of New England Donor Services (NEDS) regarding **HB 583**, (New Title) relative to organ donation designation on drivers' licenses. The hearing on the bill is before your committee on Wednesday at 9:15 am.

NEDS is opposed to the bill. I have attached an op-ed in opposition to the bill for your review.

We look forward to seeing you on Wednesday.

Please let me know if you have any questions.

Thank you.

Karen

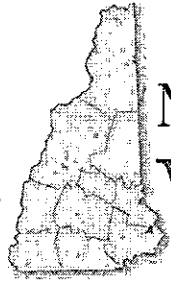
Karen Soucy
Sheehan Phinney Capitol Group
2 Eagle Square
Concord, NH 03301
Direct Dial: (603) 627-8365
Cell: 603-344-5797
Fax: (603) 224-8899
Email: ksoucy@sheehan.com

Hoarding NH organ donations is a path to nowhere

THIS YEAR, I celebrate the 13th anniversary of the medical intervention that saved my life. On Dec. 3, 2009, I received a heart transplant, replacing my own failing organ with one gifted from an individual who had died. Prior to the transplant, I was near death and each day on the transplant wait list felt like an eternity, never knowing if the life-saving gift I so desperately needed would come in time. This took a toll not just on me, but on my friends and family, husband and children, who stood by helplessly as the hours and days went by as I grew sicker.



Kelly
George



NEW HAMPSHIRE VOICES

Fortunately, thanks to an organ allocation system that prioritizes medical urgency, I soon received the call I had been praying for. The donation and transplant teams shifted into high gear and, before I knew it, I was on my way to Tufts Hospital in Boston being wheeled into the operating room where my life would be saved and changed.

Unfortunately, a bill now before New Hampshire's State Senate puts this miraculous system in danger, with the potential to disrupt the entire donation and transplant process in New England. The bill before the Senate, HB 583, would replace the current equitable system of organ allocation, which prioritizes patients who are

the sickest and have waited the longest, with a process allowing individuals to demand their gifted organs only go to New Hampshire residents rather than those in the region most in medical need. Not only would this new scheme be unfair to those patients who are sickest and who have waited longest, it could be particularly dangerous for New Hampshire residents on the waitlist.

You see, New Hampshire has just a single transplant center at Dartmouth-Hitchcock, which only performs kidney and pancreas transplants. Granite Staters like me who need any other type of transplant such as heart, liver, lung, small intestine and others must travel out of state. If, as supporters of HB 583 envision, other

states begin to adopt the "my-state-first" organ donor legislation, what happens to all the New Hampshire patients awaiting liver, heart and lung transplants in Boston or elsewhere? New Hampshire patients would be severely disadvantaged and could wind up never being transplanted as the organs are directed only to Massachusetts patients. The path of a state hoarding organs leads nowhere.

Also, federal law makes it clear that such proposed state legislation violates established rules. When the system of organ allocation was created, ethicists were certain to make sure that although an organ can be donated to a specifically named friend or family member waitlisted for an organ transplant (if biological match), the direct-

ing of organs to groups of people by race, religion, geography or such traits is strictly prohibited. The passage of a state law that elevates allocation of organs to patients based on state residence above sicker patients (medical urgency) or patients that have been waiting longer will put in jeopardy any New Hampshire hospital or transplant center that attempts to allocate organs out of compliance with the national waitlist criteria.

So not only would the proposed legislation put patients at risk, it would put our hospitals and sole transplant center at regulatory danger as well.

The existing federal policy for organ allocation seeks to maximize the life-saving benefit of every donated organ. Allocation of gifted organs is made to the patient who is sickest within a geographic radius that accounts for a reasonable transportation time of the recovered organ to ensure viability. This patient-focused national policy ensures the most lives are saved, recognizing that many patients like me must travel between states to receive transplants.

This ethical and responsible policy of "sickest first" that has been demonstrated to save more lives - including my own - should be honored and New Hampshire should soundly reject alternatives that needlessly put transplant patients at added risk.

Kelly George lives in Enfield.

March 29, 2022

VIA ELECTRONIC MAIL

Senator Jeb Bradley, Chairman
New Hampshire Senate Health and Human Services Committee
Concord, NH 03301

Dear Chairman Bradley:

As President of United Network for Organ Sharing (UNOS), I am writing to share our deep concern regarding New Hampshire House Bill 583, which will allow for New Hampshire residents to designate their intent to have their organs donated to a New Hampshire resident, prior to out-of-state residents. UNOS is the non-profit organization serving as the nation's organ donation and transplant system, the Organ Procurement and Transplantation Network (OPTN), under contract with the U.S. Department of Health and Human Services. I understand that HB583 has been referred to the New Hampshire Senate Health and Human Services Committee and respectfully offer the following information, which we request you share with the Committee.

As a practicing transplant surgeon of 20 years and Director of Kidney and Pancreas Transplantation at the MedStar Georgetown Transplant Institute in Washington, D.C., I understand the importance of equitable allocation for *all* Americans awaiting a lifesaving organ transplant.

Federal organ donation and transplantation laws preempt proposed in-state donor preference laws

A state law that requires federally designated organ procurement organizations (OPOs) to allocate organs to transplant candidates that are residents of the state, regardless of the transplant candidate's priority on the national organ transplant waiting list, is preempted by federal law and its comprehensive regulatory scheme. The National Organ Transplant Act of 1984 (NOTA) established the national Organ Procurement and Transplantation Network (OPTN).¹ Among its critical functions, the OPTN maintains "a national list of individuals who need organs" and "a national system, through the use of computers and in accordance with established medical criteria, to match organs and individuals included in the list."² Congress expressly created a national scheme for allocating organs, and designated a singular national organization with the responsibility of maintaining a list to match donated organs to those in need based on objective medical criteria.

Subsequently, HHS issued the regulations for the operation of the OPTN,³ which require the OPTN to adopt policies for the equitable allocation of deceased donor organs using objective medical criteria.⁴ State of citizenship, residence, or where a patient receives treatment are not *medical* criteria. The

¹ 42 U.S.C. §274 et seq.

² *Id.* at §274(b)(2)(A).

³ 42 C.F.R. Part 121 (OPTN Final Rule).

⁴ 42 C.F.R. §121.8(a).

regulations require OPTN organ allocation policies to “[d]istribut[e] organs over as broad a geographic area as feasible...and in order of decreasing medical urgency.”⁵

Congress clearly intended to create a national system to share organs as broadly as possible to save as many lives as possible through transplantation, while avoiding a patchwork of conflicting state laws that do not consider the national transplant system as a whole. For these reasons, proposed HB583 is preempted by federal law.

This proposed legislation will harm the national system and New Hampshire residents

As a practical matter, this proposed legislation is virtually impossible to implement as intended, and will undoubtedly cause missed donation opportunities for deceased New Hampshire donors further harming the national system. There are 57 OPOs throughout the United States, each with a defined and exclusive geographic service area. OPOs are charged with recovering transplantable organs from all eligible donors within their service area, and allocating those organs pursuant to OPTN allocation policies.⁶ Each time an OPO procures a deceased donor organ, the OPO must submit the donor’s relevant clinical information using the OPTN’s “computer match program.”⁷ The OPO then receives a “match run,” which is list of all candidates waiting for that organ, prioritized by objective medical criteria set forth in OPTN policies.⁸

A state law requiring organ procurement organizations (OPOs) to allocate donated organs to residents of the state effectively creates a secondary “list of individuals who need organs,” although this secondary list is not “national.” This type of state-preference directly contradicts the intent of Congress in establishing one organization to maintain a national list. It also frustrates the clear intent of Congress that “medical criteria” should be used to match organs to individuals on the list. It is impossible to construe state residency as medical criteria justifying priority on the waiting list. It is the OPTN’s statutory responsibility to establish the ranking of candidates on the waiting list using objective medical criteria, and not the province of any state seeking to award a one-sided advantage to its own residents seeking an organ transplant. HB583 has the effect of granting New Hampshire transplant candidates a super-priority for donated organs regardless of where the New Hampshire resident is listed for transplant.

Assuming that the practical considerations can be addressed, there are moral and ethical considerations that underscore why Congress created a national system that would preempt this and other similar state-preference laws. An OPO serves an entire donation service area (DSA), which can cross state boundaries including in New England. New England Donor Services (NEDS) is the single OPO that serves most of New England. HB583 would require NEDS, even if it recovered an organ from a deceased New Hampshire donor who died in Massachusetts, to offer the organ first to all residents of New Hampshire on the waiting list regardless of where they are located throughout the country, even if there were candidates prioritized according to medical urgency higher on the list from Massachusetts, or Vermont,

⁵ *Id.* at §121.8(b)(3).

⁶ *See generally* 42 U.S.C. §273.

⁷ *Id.* at §121.7(a)(1).

⁸ *Id.* at §121.7(b). OPTN organ allocation policies are available at: <https://optn.transplant.hrsa.gov/policies-bylaws/policies/>.

or Maine, etc. For example, suppose a New Hampshire resident was listed for a kidney transplant in Boston. Presently, the kidney transplant candidate receives equal access to all donor kidneys recovered in New England. Under HB583, if a New Hampshire resident dies anywhere in the New England service area and donates their kidney, the kidney must first be offered to the New Hampshire resident waiting for a kidney in Boston ahead of all other kidney transplant candidates in the New England area *regardless of their medical condition or time waiting*. The New Hampshire resident receives equal access to all donor kidneys recovered in New England plus a priority preference for all kidneys recovered from New Hampshire donors. This is unfair to all other candidates waiting for a kidney. Assuming further that a state-preference was permissible and HB583 became law, it would be appropriate and prudent for all other states to enact similar state-preference laws. Returning to our kidney transplant example above, if Massachusetts adopted a state-preference similar to HB583, then a donor kidney from a Massachusetts resident would be offered first to every single Massachusetts resident waiting for a kidney before ever being offered to a New Hampshire resident waiting for a kidney. It would effectively *reduce* the pool of potential donors for New Hampshire transplant candidates inevitably leading to worse outcomes, longer waiting times, and increased deaths for New Hampshire residents. This is exactly the scenario that the federal organ transplant scheme was designed to avoid.

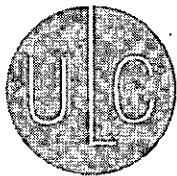
Not only would critically ill New Hampshire transplant candidates be disadvantaged, but potential New Hampshire donors may lose the opportunity donate organs. As a final example, suppose a New Hampshire resident passes away while visiting California. Under HB583, the California OPO staff must accurately determine the state residency of the donor; then cull from the match run of thousands of potential organ transplant candidates which ones are New Hampshire residents; then offer the organs to every New Hampshire resident on the waiting list; and if all New Hampshire residents decline the organs and *if* the organs are still viable, only then can the California OPO offer the organs to the rest of the waiting list. Such an inefficient scheme will invariably lead to the loss of transplantable lifesaving organs and the loss of an opportunity for a New Hampshire resident to give the gift of life through organ donation.

While we appreciate your interest in organ donation and transplant, HB583 attempts to create a one-sided preference for New Hampshire residents that is preempted by federal laws, is ethically unsound, practically impossible to implement, and will have the unintended consequence of harming New Hampshire donors, transplant candidates, as well as the national system. For these reasons, we respectfully urge you to withdraw further consideration of this legislation.

Sincerely,

A handwritten signature in cursive script that reads "Matthew Cooper". The signature is written in black ink and is enclosed within a rectangular box that has a dashed border.

Matthew Cooper, M.D.
UNOS President



Uniform Law Commission
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March 29, 2022

The Honorable Jeb Bradley
Chair
Health & Human Services
Committee New Hampshire State
107 North Main Street
Concord, NH 03301

Re: HB583 An Act Relative to Kidney Donation Designation on Drivers' Licenses

Dear Chairman Bradley and Members of the Committee:

I am Professor Sheldon Kurtz and I write in my capacity as reporter to the drafting committee for the Uniform Anatomical Gift Act (UAGA) and as former Uniform Law Commissioner. I am joined by New Hampshire Uniform Law Commissioners Russell Hilliard and Michael Dunn. We write in opposition to HB583, An Act Relative to Kidney Donation Designation on Drivers' Licenses. HB583 undermines the legal and ethical principles deliberately chosen by the Commissioners to align the UAGA with federal law and policy, and supports the national system of donation and transplant founded on the equitable allocation of organs, prioritizing the sickest patients.

Background

The donation of organs for transplant from deceased donors is governed by the UAGA, first drafted in 1968 and passed as law in every state in the U.S. including New Hampshire. The 1968 version and subsequent revisions of the UAGA were designed to address the realities of organ donation and transplant - that donation and transplant occur across state lines and must be coordinated in critically short time frames requiring a framework that provides legal certainty regardless of the donor or recipient's geographic location or state of residence. The Commissioners recognized that optimization of donation required uniformity among state laws to facilitate efficient coordination of recovery, allocation and distribution of organs for transplant without the need to research and account for differences among state laws.

While state law - UAGA - governs the making of anatomical gifts (donation of organs), the National Organ Transplant Act 42 U.S.C. § 274 (NOTA), a federal law, governs the allocation of organs donated under UAGA. NOTA created the Organ Procurement and Transplantation Network (OPTN) and directed the OPTN to establish a system for "the nationwide distribution of organs equitably among transplant patients," designed to equalize waiting times, provide candidates awaiting transplants with equal access to organs, and provide

organs to the sickest patients first based on medical judgment. 42 U.S.C. §§ 274(b)(2)(A)(ii); 274(b)(2)(D); 63 Fed. Reg. 16297 (April 2, 1998). In recognition of the statutory directive to equitably distribute organs nationwide, the OPTN and the Department of Health and Human Services (responsible for oversight of the OPTN) created only a limited exception to allocation in accordance with OPTN policies, permitting directed donation only to a named individual such as a family member in need of an organ transplant. See 63 Fed. Reg. 16318 (April 2, 1998); 42 CFR § 121.8(h) (allowing “the allocation of an organ to a recipient **named** by those authorized to make the donation.”). In creating the limited exception, the OPTN and DHHS rejected directed donation to a class or group of people recognizing the potential for discrimination based on race, ethnicity, or other factors unrelated to medical need. See 63 Fed. Reg. 16318 (April 2, 1998) (referencing current OPTN Policy); Minutes of the Meeting of the UNOS Board of Directors, November 2-3, 1994; United Network for Organ Sharing: The UNOS Statement of Principles and Objectives of Equitable Organ Allocation (1994).

Federal law clearly pre-empts a state from adopting legislation that would result in deviating from the OPTN allocation policies. UAGA incorporates the federal limitation on directed donation. The proposed HB 583 directly conflicts with federal law, UAGA and the legal and ethical principles on which UAGA is based.

Directed Donation Under the UAGA

Anatomical gifts/organs donated under UAGA are allocated under the OPTN organ allocation policies, unless the person authorized to make the anatomical gift/donate organs names a specific individual as the recipient of the gift. In its commentary to the 2006 UAGA revision, the Commissioners, made clear the importance of harmonizing UAGA with federal law and policy and adopted a framework that would allow directed donation only in limited circumstances permitted under the OPTN regulations. Revised Uniform Anatomical Gift Act (2006), at p. 7 (Aug. 2009) (“Section 11 deals with the passing of parts to named persons In part, the section is designed to harmonize this [act] with federal law, particularly with respect to organs donated for transplantation or therapy.”). Recognizing the need to align UAGA with federal law, the Commissioners limited directed donation for transplant to “persons **named** in the document of gift if the **individual designated** by the person making the anatomical gift is the recipient of the part”. Revised Uniform Anatomical Gift Act (2006) § 11(a), at p. 42. UAGA designates the OPO as the recipient of an anatomical gift that cannot be transplanted into the named individual for allocation under OPTN policies.

UAGA’s limitation of directed donation to a named individual was a deliberate choice to address two potential concerns - that an unlimited directed donation policy would threaten the equitable system of donation and transplant by allowing less acutely ill patients to “jump the line” with a directed donation, and that directed donation to a group or class of individuals would result in discrimination based on race, ethnicity, gender and other discriminatory factors unrelated to medical urgency and equity. In the commentary to the 2006 revision of UAGA, the drafting committee made clear our intention for organs donated under the UAGA to be allocated under OPTN allocation policies, except in the limited circumstances of directed donation to named individuals, stating “[l]astly, Section 11(k) clarifies that nothing in this [act] affects the allocation of organs for transplantation or therapy except to the **extent there has been a gift to a**

named recipient. The allocation of organs is administered exclusively under policies of the Organ Procurement and Transplantation Network.” Revised Uniform Anatomical Gift Act (2006), at p. 8. The inclusion of the limited exception was appropriate based on our expectation that directed donation would be a rare occurrence. We noted that “such donations are exceedingly rare for at least two reasons. Only in rare circumstances would a donor, during the donor’s life, know of an individual who would need an organ, eye, or tissue that would be the subject of an anatomical gift and, similarly, decedent’s families are generally not likely to know the identity of such individuals. Furthermore, gifts to a named individual may not be medically suitable as the donor and recipient may have different blood types or other characteristics that make them incompatible.” Revised Uniform Anatomical Gift Act, at p. 40. Limiting directed donation in this way also mitigated the risk that organs would be allocated in a way that would discriminate on the basis of factors unrelated to equity and medical urgency (e.g., race, ethnicity).

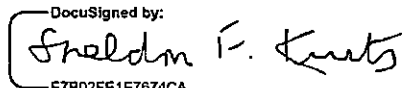
Uniformity

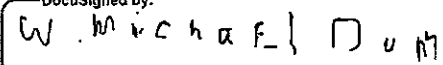
A primary goal of UAGA is to ensure uniformity across states regarding deceased organ donation. Revised Uniform Anatomical Gift Act, §24 Application and Construction. UAGA makes clear organs donated under UAGA (other than to named individuals) must be allocated “exclusively under policies of the Organ Procurement and Transplantation Network.” Revised Uniform Anatomical Gift Act (2006), at p.8; UAGA § 11(k). Setting aside the fact that HB538 is pre-empted by federal law, it is critical for the efficiency and effectiveness of the national system of donation and transplant that all states uniformly adhere to the directed donation provision of UAGA and the OPTN organ allocation policies. Deviation by any state would paralyze the system with multiple allocation systems, and require transplant centers, where organs are recovered and transplanted, and OPOs that recover, allocate and distribute organs, to violate federal law, causing the collapse of the system.

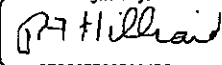
Conclusion

The drafting committee’s deliberate policy decision to limit directed donation to named individuals strikes an appropriate balance between donor autonomy in directing an anatomical gift to a close relative and maintaining an equitable system of organ allocation that prioritizes the sickest patients based on equity and medical factors, and is necessary to align UAGA with federal law and policy. We urge the Committee to preserve this balance and alignment in the New Hampshire Uniform Anatomical Gift Act.

Respectfully submitted,

DocuSigned by:

E7B02FE1E7674CA...
Sheldon Kurtz
Uniform Law Commissioner (fmr.)
Reporter to UAGA Drafting Committee

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Michael Dunn
New Hampshire Uniform Law
Commissioner

DocuSigned by:

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Russell F. Hilliard
New Hampshire Uniform Law
Commissioner



March 29, 2022

The Honorable Jeb Bradley, Chair
Health and Human Services Committee
Legislative Office Building
33 N. State Street
Concord, NH 03301

Dear Chairman Bradley and Members of the Committee:

New England Donor Services (NEDS) submits this written testimony in opposition to HB 583 (permits designation of donated organs to go to NH patients before out of state patients) now being considered by the Senate.

NEDS is the non-profit organization operating the federally- designated Organ Procurement Organization (OPO) responsible for coordinating organ and tissue donation for transplant in the six New England states including New Hampshire. Federal regulations require hospitals to refer all inpatient deaths to the local OPO so that medical suitability for organ donation can be assessed, authorization for donation obtained, organs surgically recovered and allocated to transplant recipients through the national waitlist.

NEDS is concerned that proposed legislation is (1) clearly pre-empted by federal law; (2) in direct conflict with existing NH law and the Uniform Anatomical Gift Act; and (3) contrary to established ethical principles for organ allocation.

Below is a summary of these issues and an outline of key information on transplant in NH.

1. The Allocation of Organs Proposed in HB 583 is Contrary to and Preempted by Federal Law

If passed into law, HB 583 would be directly pre-empted by federal law - the National Organ and Transplantation Act, (NOTA) at 42 USC 273 et seq that established a national system of organ donation and transplant under the direction of the Organ Procurement and Transplantation Network (OPTN) within the U.S. Department of Health and Human Services. The OPTN is responsible for maintaining a national waitlist for individuals in need of organs and a "national system . . . to match organs and individuals included in the list". 42 U.S.C. 274 (b)(2)(A)(i),(ii).

The OPTN's primary responsibility is to establish national allocation policies for the biological matching and allocation of all organs recovered in all states to patients listed for transplantation. Federal regulations clearly provide that the OPTN must develop allocation policies to "[d]istribut[e] organs over as broad a geographic area as feasible ..., and in order of decreasing medical urgency." 42 C.F.R. § 121.8(b)(3).

Contrary to this federal mandate, HB 583 would attempt to direct the allocation of organs based solely on the state residence of a donor and transplant patient. This would conflict with and be pre-empted by NOTA and OPTN national allocation policy that prioritizes the matching of available organs with patients in need based on such important elements as medical urgency, time waiting and within the broadest geographic distance that ensures organ viability.

NEDS and every transplant program certified by CMS to perform transplant services including the only transplant program in NH, Dartmouth Hitchcock Medical Center (DHMC), is responsible for allocating

and transplanting organs from deceased donors in accordance with OPTN policies.

Compliance with HB 538 – if passed – would be a clear and direct violation of national allocation policies and federal law. In such a circumstance, NOTA would preempt contrary state law.

2. Organ Donation as Proposed by HB 583 Directly Conflicts with Current NH Law

The donation of organs for transplant is governed by the Uniform Anatomical Gift Act (UAGA) first drafted in 1968 and passed as law in every state in the U.S. including NH. The most recent amended UAGA version was enacted in NH in 2010 (see [RSA 291-A](#)). The UAGA provides that OPOs are responsible for allocating donated organs for transplant in accordance with federal policies. See [RSA 291-A:11\(III\)](#). The only exception permitted is if the organ donation is made to a named individual (such as a family member in need of a transplant). The proposed HB 583 would be in direct conflict with current NH law because it would permit organ donations to be made to a class of individuals (NH residents).

Existing NH law also explicitly recognizes the need for uniformity in organ donation (“In applying and construing this uniform act, consideration must be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.” [RSA 291-A:24](#)). The official comments to the UAGA expressly recognize that the allocation of organs is preempted by federal law stating “nothing in this [act] affects the allocation of organs for transplantation or therapy except in the case of a gift to a named individual...the allocation of organs is controlled by the policies of the OPTN.” [Official Comments to the UAGA](#).

Proposed HB 583 - which directs the allocation of organs based on state residency in violation of current NH law - would be directly contrary to the legislative intent explicitly adopted as law by the NH legislators when passing the UAGA in 2010.

3. The Proposed HB 583 is Contrary to Established Ethical Principles of Organ Allocation

The OPTN has long established [Ethical Principles of Allocation](#) that set forth the basis for organ allocation policies based on maximizing utility and equity. While the OPTN recognizes the ability for a donor to direct a donated organ to a named individual transplant patient who will receive the organ (consistent with the UAGA), it explicitly rejects the donation of organs to a class of persons (“... the OPTN has long opposed donations directed to a social group”). The ethical basis for this is important to consider. The donation of organs to a group based on non-medical or social factors would bypass the entire legal and ethical structure that mandates that the national system allocates organs through policies that maximize utility and equity using objective medical criteria. Permitting donations to a group would also leave the system vulnerable to concerning and unethical allocation practices based on criteria such as race, ethnicity, gender or social preferences.

The proposed HB 583 would allow patients to ‘skip the line’ for an organ transplant based on where they live (NH) rather than the national policies that prioritize utility factors like a patient’s medical urgency or equity factors such as time a patient has been waiting for a transplant. If other states were to enact similar legislation, NH residents in need of heart, liver or lung transplantation who must go out of state (e.g. to MA) would be significantly disadvantaged since access to those transplant services is not available in NH. Further, the national system designed to equitably maximize lives saved would essentially collapse to the detriment of patients everywhere.

Recent Kidney Allocation Changes in the United States

In December of 2019, the US Organ Procurement and Transplant Network approved new kidney allocation policies to update the sequence of how available deceased donor kidneys are offered to patients in need of transplant. Instead of using the service area boundaries of the local organ procurement organization, kidney allocation is now based on a standardized geographical distance between where the deceased donation is taking place (the donor's hospital) and where the potential recipient who is a biological match for the available organ is listed for transplant (the recipient's transplant hospital).

Policymakers determined that the service areas of organ procurement organizations vary significantly in geographic size, populations served and number of transplant programs creating barriers to equitable allocation of live-saving organs to all patients in need. The new policy distributes organs over a broader, standardized geographic area and is consistent with the federal directive that organs are a national resource to be allocated based on patients' medical need and not where a patient lives.

A recent comprehensive report from the National Academies of Sciences, Engineering, and Medicine released just last month came to the same conclusion stating that, "Since deceased donor organs are a national resource, the fairest way to allocate them to patients on the waiting list is on a national, continuous basis, in accordance with the OPTN Final Rule 2000 as most recently revised by HHS."

The most recent monitoring report indicates the policy has resulted in an increase in kidney transplants, with particular increases in pediatric kidney transplants as well as increases among racial and ethnic minorities. As noted below, the number of kidney transplants taking place in New Hampshire as well as the number of organ transplants received by patients who are New Hampshire residents (whether the transplant took place in New Hampshire or another state) has remained steady. The concern that these policies would hurt certain parts of the country have not been realized.

It is important for the Committee to note that the national system is constantly improving allocation and work is underway to rapidly implement a patient-focused policy framework. Consistent with the National Academy's recommendation, the new policy will allocate kidneys using geo-distance factors calculated on a sliding scale rather than mileage circles.

Please let me know if the committee should need additional information.

Sincerely,



Alexandra K. Glazier, Esq.
President and CEO

[See attached]

Key Information about Donation and Transplant in New Hampshire

- There is only one hospital in NH that performs organ transplants, Dartmouth Hitchcock Medical Center (DHMC).
- The DHMC transplant program only performs kidney transplants. Kidneys can be donated by deceased donors or living individuals.
- NH residents requiring transplantation of other organs such as liver, heart and lung must travel out of state for these services.
- Some NH residents choose to travel outside of NH for kidney transplant (usually to transplant programs in MA) and some patients that receive kidney transplants at DHMC are from out-of-state (usually from VT).
- Over the past several years, 35% of transplants from deceased kidney donors performed in NH at DHMC were into patients who reside outside NH. Similarly, current waitlist data indicates 36% of patients listed for kidney transplant at DHMC are from out-of-state. These out-of-state patients waiting for transplant at DHMC would be significantly disadvantaged by HB 583 as they would be skipped over for any NH resident listed for kidney transplant at DHMC.
- Kidney transplants have remained stable following changes to national allocation policy in 2021. Concerns were raised that new national allocation policies designed to increase equitable access to transplant for patients regardless of where they live could negatively impact patients waiting for kidney transplant in NH at DHMC in the short term until national equity related to waiting time is reached. However, the number of kidney transplants from organ donors performed at DHMC in 2021 is consistent with volumes experienced over the 5 years prior to the change.

Kidney Transplants performed in NH received by patients who are residents of any state					
	2021	2020	2019	2018	2017
Kidney Transplants - Organ from Deceased Donor	9	12	13	5	1
Kidney Transplant - Organ from Living Donor	16	10	13	15	15
Total	25	22	26	20	16

- The total number of patients who are NH residents receiving an organ transplant (of any type – kidney, liver, heart, lung) from a deceased donor at any transplant center in the US is significantly higher than the total number of organ transplants performed in NH each year (kidney only at DHMC) and this number has also remained stable after national allocation reforms.

Organ Transplants (all types) performed in any state received by patients who are NH residents					
	2021	2020	2019	2018	2017
Organ Transplant – Organ from Deceased Donor	72	83	86	68	108
Organ Transplant – Organ from Living Donor	29	31	41	24	37
Total	101	114	127	92	145

March 29, 2022

The Honorable Jeb Bradley, Chair
Health and Human Services Committee
Legislative Office Building
33 N. State Street
Concord, NH 03301

Dear Chairman Bradley and Members of the Committee:

I am writing in opposition to HB 583 currently being reviewed by the Senate Health and Human Services Committee. I have served as the regional representative from New England and now I currently serve as Chair of the national Kidney Committee for the Organ Procurement and Transplantation Network (OPTN), tasked by the U.S. Department of Health and Human Services with overseeing organ allocation. I write however, in my individual capacity as a nephrologist at Beth Israel Deaconess Medical Center and kidney allocation policy expert in the region.

The continuing evolution of kidney allocation policy and how it works currently is important for the Committee to understand because HB 583 would conflict with these policies and disrupt the work to improve equitable access to all patients in need regardless of where they live.

Recent changes to kidney allocation policy distribute available deceased donor kidneys to listed transplant candidates who are a biological match and who are at a transplant program within a 250 nautical mile concentric circle of the hospital where the donor is located. This new circle-based policy is an improvement over the previous system of allocation that used organ procurement organization (OPO) service areas and regions, which were never optimized for organ distribution and resulted in highly variable and inequitable wait-times for kidney patients depending on where they lived. The changes are helping to ensure that organ allocation is based on the medical needs of patients rather than artificial boundaries. The OPTN Kidney Committee continues to monitor the impact and recently reported that this new policy is increasing kidney transplant overall with specific gains for pediatric patients and patients who had been waiting the longest. Many physicians have recognized the importance of this policy in delivering a more equitable transplant system to all patients in need of kidney transplant.

The current circle-based policy is a transition from the prior policies to a new framework of allocation called "Continuous Distribution." The OPTN Kidney Committee is currently in the process of developing Continuous Distribution for kidney allocation with the critical participation of the transplant community including patients as well as donation and transplant professionals. Continuous Distribution will be an improvement over the circle policy in providing a patient-centric allocation system and was recently endorsed by the National Academy of Science in a recent report. It is anticipated that this new policy will be approved within the next two years.

What this means for patients living in New Hampshire is that the national allocation policies are focused on ensuring the sickest patients who have waited the longest will be prioritized to receive a deceased donor kidney when one becomes available. Unfortunately, HB 583 would cut short this promise and instead revert to a parochial system of allocating donated kidneys to patients based on their state of

residency. There is no question such a scheme, if passed, would dismantle the carefully constructed system organ allocation designed to maximize lives saved in the fairest manner possible. The proposed legislation is particularly problematic here in New England where patients have to travel outside of NH for transplant of all organ types other than kidney, and in fact many patients travel outside of NH for kidney transplant as well. The kidney donation and allocation process cannot work on a state-by-state basis and the damage would fall on the shoulders of the most vulnerable; patients in end stage organ failure waiting for a life-saving transplant.

Thank you for your consideration.

Sincerely,

DocuSigned by:

Martha Pavlakis

6238AC668AF4C1
Martha Pavlakis, MD

Medical Director, Kidney and Pancreas Transplantation

Beth Israel Deaconess Medical Center

Associate Professor of Medicine, Harvard Medical School



NEW HAMPSHIRE
COUNCIL ON
DEVELOPMENTAL DISABILITIES



March 30, 2022

Senator Jeb Bradley, Chair
Senate Health & Human Services Committee
New Hampshire State House
Concord, NH 03301

RE: HB103 – establishing a dental benefit under the state Medicaid program.

Dear Chairman Bradley and Members of the Senate Health & Human Services Committee:

Thank you for considering my testimony. My name is Ronnieann Rakoski, and I am the Policy and Planning Director at the New Hampshire Council on Developmental Disabilities (DD Council). I'm providing testimony on behalf of the DD Council membership, which believes this bill has a positive impact on the disability community. Our Council, by law is comprised of at least 60% people with developmental disabilities and parents or guardians of people with developmental disabilities, who are volunteers advocating for disability justice.

The DD Council is a federally funded agency that is dedicated to dignity, full rights of citizenship, equal opportunities and full participation for all NH citizens with developmental disabilities. The DD Council carries out its mission through education, advocacy and collaboration on initiatives that encourage full integration and inclusion of individuals with developmental disabilities as required in the Developmental Disabilities and Bill of Rights Act (2000). Some of our goals including promoting choice and access to quality healthcare that better serves NH citizen with developmental disabilities. To this end, we support public policies and initiatives that remove barriers and create opportunities in all areas of life for people with disabilities.

The DD Council membership believes strongly that an adult preventive oral health program for people with disabilities in NH is needed. By addressing oral health, many avoidable secondary conditions or subsequent general health deficiencies can be avoided. Basic preventative oral health care can also improve an individual's ability to obtain employment and participate in a meaningful way in their community, contributing to a profound positive impact on their daily life. The DD Council supports HB103 in an effort to continue its federal mandate of advocacy, capacity building and systems change work to improve the lived experiences of people with disabilities in New Hampshire, including access to quality preventive oral healthcare.

Sincerely Yours,

Ronnieann Rakoski, JD
Policy and Planning Director



NEW HAMPSHIRE
COUNCIL ON
DEVELOPMENTAL DISABILITIES



March 30, 2022

Senator Jeb Bradley, Chair
Senate Health & Human Services Committee
New Hampshire State House
Concord, NH 03301

RE: HB103 – establishing a dental benefit under the state Medicaid program.

Dear Chairman Bradley and Members of the Senate Health & Human Services Committee:

My name is Mike Phillips and I live in Salem, NH. I am a member of the NH Council on Developmental Disabilities (NHCDD). I am here today to talk to you about supporting oral healthcare benefits for all NH citizens.

As a parent, a husband and a member of the NH labor force, I feel strongly that I need to speak out about issues that need to be corrected and changes that need to be advocated for, both for my family and for all NH citizens impacted by disabilities.

Even basic oral healthcare for people with limited income, is unaffordable in NH. My family and I do not have any dental insurance due to our low income and also disabilities. Unfortunately, for families like mine, which makes too little to pay for preventative oral healthcare out of pocket, but also makes too much to qualify for Medicaid, my wife and I are unable to get dental care.

I think it's important for people like me to let legislators know that these issues cannot be ignored any longer. No body with a disability should have to rely on emergency room visits for dental issues that can be prevented with much less expensive preventative cleaning and cavity maintenance.

I'm here to tell my family's story and experience with oral healthcare and the need

for reform that includes action now. My wife cannot afford dentures. My son does have Medicaid due to his disability, but when he was diagnosed with a dental issue that needed treatment, we were unable to get the Medicaid approval necessary to see an oral surgeon. Because of this, my son's dental issue worsened, and he developed severe pain and swelling that required more immediate medical attention. I had to call his primary care physician late one night and ask for antibiotics to be called into a 24-hour pharmacy to bring down the infection in his mouth. This could have been prevented with very basic dental care, which we cannot afford.

Dental care covers a wide range of things and oral health is so important for the prevention of secondary diseases and conditions. Preventative oral health helps save the state funds in emergency room dental care for people without dental insurance. It also saves time and money by preventing conditions that develop due to lack of oral health, which then require more expensive medical treatments and interventions.

This is not an issue that should be politicized; this is a human dignity issue. I know it takes time to implement new policies in NH, but my family, and many, many families like mine impacted by disabilities, cannot continue to wait for the implementation. We need services now and my hope is that you will be able to do what is necessary to speed up this process.

I would be happy to try to answer any questions you may have. Thank you for your time and attention to this important topic.

Sincerely yours,

Mike Phillips

NHCDD Council Member

Testimony on HB 103
AN ACT establishing a dental benefit under the state Medicaid program
March 30, 2022

This written testimony is offered in support of passage of HB 103: AN ACT establishing a dental benefit under the state Medicaid program.

As the daughter of a dentist, and the mother of a dentist, I have a passionate interest in the issue of oral health care. As an emergency room nurse, I have firsthand experience in caring for patients with dental problem in the emergency room who would be better served with care by a dental provider. In pursuing my Master's degree in Nursing, I conducted research on behalf of the Carsey School of Public Policy, University of New Hampshire, under a grant funded by NH Kids Count. This research was subsequently published and reference for this publication is listed in my references. Some of the research findings are identified below.

- The mouth is the gateway to an individual's health.
 - Untreated dental conditions can lead to serious, even life-threatening health conditions.
- In 2012 10.2 percent of adults (18 to 64) reported 5 or more years since they last saw a dentist.¹
 - In Coos County 22% of adults reported not seeing a dentist in 5 or more years.¹
- In 2011, 16,656 NH residents submitted medical insurance claims for 24,481 medical visits related to oral health conditions such as gum disease and diseases of the hard and soft tissues of the teeth¹
- In 2009, there were 15,797 regional hospital emergency department discharges for non-traumatic dental conditions among NH residents. This figure was fairly stable for the five preceding years.¹
 - Oregon study (2015) found the mean cost of ED dental visits was \$402.00²
 - Midwest study (2013) found the mean cost of ED dental visits was \$459.00³
- An analysis to ED dental visits between 6:00 am and 6:00 pm for dental complaints showed even visit distribution throughout the week, when dental practices are open. 44-51% of these visits were self-pay, indicative of lack of dental insurance. Total charges for ED services related to dental conditions was \$5.9 million in 2007.¹
- Approximately 50% of adults aspirate during normal sleep. If these individuals have periodontal (gum) disease, the bacteria associated with this condition may be transferred into the lungs and can result in pneumonia. It is estimated that 5-24% of pneumonia cases are the result of aspiration. The elderly and individuals with cognitive impairment are at increased risk of aspiration.
- As an emergency nurse I often cared for patients presenting with the "complaint" of dental pain. Most of the time, the treating provider prescribed antibiotics and analgesics (pain meds) and provided the patient with a list of locations offering low cost or free dental care. Most of these dental providers were located in Boston, where the closest dental schools are located. The treatment addressed symptoms only; it did not resolve the underlying problem.

Testimony on HB 103
AN ACT establishing a dental benefit under the state Medicaid program
March 30, 2022

- But some my patients presented with much more significant dental problems. One patient's face was significantly swollen. On examination, the treating provider diagnosed the patient with a dental abscess. A CT examination of the abscess showed the abscess was dangerously close to obstructing the patient's airway and the patient was emergently taken to the operating room for drainage of this abscess. The patient reported lack of dental insurance as the reason for not seeking care sooner.



By Joan C. Widmer, MS, MSBA, RN, CEN
Former emergency room nurse and nurse advocate
Amherst, New Hampshire

Testimony on HB 103
AN ACT establishing a dental benefit under the state Medicaid program
March 30, 2022

References

- ¹ Jaffee, E. M., Widmer, J. C. & Speropolous, L. I. (2015). Oral health care access in New Hampshire. *Carsey Research*, Regional Issue Brief #44, Revised September 2015.
- ² Sun, B. C., Chi, D. L., Schwarz, E., Milgrom, P., Yagapen, A., Malveau, S., Chen, Z., et. all (2015). Emergency dental visits for nontraumatic dental problems: A mixed-methods study. *American Journal of Public Health*, 105:5, 947-955.
- ³ Evans, D. D. & Gisness, C. (2013). Managing dental pain in the emergency department: Dental disparities with practice implications. *Advanced Emergency Nursing Journal*. 35:2, 95-102.

Cameron Lapine

From: Jessyca Dalzell <jessyca.dalzell@connection.com>
Sent: Wednesday, March 30, 2022 9:19 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: FW: HB 103

Jessyca Dalzell
10 Meadow Lark Lane
Goffstown, NH03045

March 30, 2022

Senate Health & Human Services Committee Honorable Jeb Bradley, Chairman; Vice Chair Senator James Gray

Re: Support HB 103

Dear Chairman Bradley and members of the Senate Health & Human Services Committee,

My name is Jessyca Dalzell and I live in Goffstown, NH. I am asking you to support **HB 103** and more importantly, commit to passing a benefit program and the funding for an adult dental Medicaid benefit across the policy finish line. It is imperative that the NH Senate and NH House work together to prevent "pursuit of perfection from achieving the good."

Thank you for your support of SB 422. We are encouraged to know that for a 2nd year in a row, the NH Senate is in unanimous support of an adult dental Medicaid program and its funding. As you know, the disability community has been advocating for this policy improvement for several years. **HB 103** and SB 422 represent the combined efforts of many experts, elected officials, managed care organizations, public and private providers of oral health care and, most importantly, citizens.

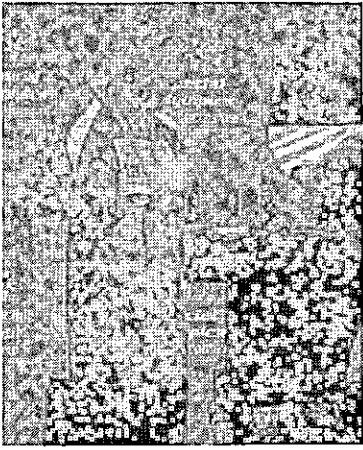
My brother, age 26 has Autism. He struggles with communication, therefore it is hard for him to process when he has pain. His behaviors can become severe and he has experienced major setbacks due to serious dental issues.

An adult dental Medicaid benefit is already NH state policy. In 2019, HB 4 contained language authorizing NH DHHS to design an adult dental Medicaid benefit then funded a line item in the budget for an adult dental Medicaid benefit. The Governor supports this bi-partisan policy, it is a Medicaid priority need and is the will of Granite Staters.

Following the 2021 Budget Committee of Conference's "eleventh hour" removal of funding for a Medicaid dental benefit, a careful compromise was achieved between members of the Liberty caucus and Rep. Joe Shapiro, prime sponsor of HB 103. It is important that a clear policy compromise and understanding be achieved regarding the slight differences between SB 422 and **HB 103** prior to any Committee of Conference where the bill becomes too vulnerable and at risk, as history has demonstrated.

Thank you for your attention to this important matter. I urge you to support **HB 103**

Sincerely,
Jessyca Dalzell



Derek



April 4, 2022

The Honorable Jeb Bradley, Chair
 Health and Human Services Committee
 Legislative Office Building
 33 N. State Street
 Concord, NH 03301

Dear Chairman Bradley and Members of the Committee:

Thank you for the opportunity to testify last week on HB583. As the federally-designated Organ Procurement Organization (OPO) responsible for coordinating organ and tissue donation in New England, we always welcome the opportunity to discuss the work we do and to advocate for those in need of life-saving transplants. In light of testimony by others at the hearing, I thought some additional information might be of assistance to the Committee.

Transplant Data

The sponsor of HB 583 testified that he felt there was a drastic change in February 2021 to the US kidney allocation system necessitated the filing of this bill. He testified that the previous allocation system which existed prior to the policy change (based on certain fixed geographic boundaries) “was perfect” and was “incredibly well run”.

It is important for the Committee to know that the number of kidney transplants in the New England region has not fallen since the national policy change was made in 2021 and are in fact comparable in number to the previous allocation system lauded by the bill’s supporters. Also, New England is on pace for a record 600 deceased donor kidney transplants in 2022 – the highest number of kidney transplants ever in the region in a single year.

Kidney Transplants in New England Region

2013	2014	2015	2016	2017	2018	2019	2020	2021	2022 Year to date
390	442	409	530	485	537	597	524	575	100

Based on OPTN data as of February 28, 2022

Further, data from UNOS for the same time period indicate that the number of New Hampshire residents receiving kidney transplants has in fact remained stable and has not precipitously declined. The six kidney transplants over the first two months of 2022 projects to a full year total of 36 transplants if the trend continues.

New Hampshire Residents Receiving Kidney Transplant at any Transplant Center

2013	2014	2015	2016	2017	2018	2019	2020	2021	2022* Year to date
21	26	28	28	35	22	35	28	25	6

Based on OPTN data as of February 28, 2022

As I testified at the hearing, the vast majority of NH residents requiring transplant are listed as candidates for transplant outside of NH – 100% of NH residents requiring heart, lung or liver transplants and 75% of NH residents requiring kidney transplants. Accordingly, the Committee cannot extrapolate any decline in deceased kidneys allocated to patients waiting at Dartmouth Hitchcock as a decline in access to transplant experienced by NH

residents in need of transplantation. Dartmouth Hitchcock in the past 5 years has performed anywhere from: during the prior policy, 1 deceased donor transplant in 2017 and 12 in 2020 and, under the current policy, 9 in 2021. Further, 35% of the waitlisted patients at Dartmouth are not NH residents.

As for the impact of the new circle-based national kidney allocation policy on a patient's time waiting, the following example may be illustrative for the Committee.

Kidney Allocation Example

Allocation priority is determined by a patient's time waiting and the patient's transplant program proximity to the organ donor in nautical miles.

A deceased kidney donor is at a hospital in Vermont.

Draw 250NM circle around that donor hospital.

Candidates listed at Dartmouth are 50NM away and get 1.6 proximity points.

Candidates listed in NYC are 200NM away and get 0.4 proximity points.

If both transplant candidates have been waiting for 3 years, they each would be granted 3 points, one point for each year waiting.

Dartmouth candidate = 4.6 total points

NYC candidate = 3.4 total points

The Dartmouth candidate would receive the kidney offer first.

However, if the Dartmouth candidate had been waiting for 3 years but the NYC candidate had been waiting 5 years:

Dartmouth candidate = 4.6 points

NYC candidate = 5.4 points

The NYC candidate would get the kidney offer first.

In short, this allocation system will not make transplant candidates listed in New Hampshire wait longer than New York patients.

As I mentioned at the hearing, within two years it is anticipated that the national kidney allocation policy will again be reformed to a framework called Continuous Distribution. This will further improve the kidney allocation system to account for a patient's distance from a deceased donor organ that becomes available on a sliding scale basis rather than fixed nautical mile circles. Continuous Distribution has been widely supported by the patient and professional transplant community and by the National Academy of Science, Engineering and Medicine.

Please let me know should you have any further questions.

Sincerely,



Alexandra K. Glazier, Esq.
President and CEO

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # **HB 583**

Hearing date: 3-30-22

Executive Session date: 4-13-22

Motion of: IS Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: Consent Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Bradley

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, April 14, 2022

THE COMMITTEE ON Health and Human Services

to which was referred **HB 583-FN**

AN ACT

relative to organ donation designation on drivers'
licenses.

Having considered the same, the committee recommends that the Bill

BE REFERRED TO INTERIM STUDY

BY A VOTE OF: 5-0

Senator Jeb Bradley
For the Committee

HB 583, as amended by the House, allows for applicants of drivers' licenses and nondrivers' picture identification cards who are organ donors to indicate on such licenses or cards their intent to have their organs donated to New Hampshire residents on the organ waiting list prior to out-of-state residents. The Committee heard conflicting testimony about the impact that this would have on New Hampshire residents, as well as concerns about retaliatory actions by other states and potential conflicts with federal law. The Committee felt more research on this issue was warranted.

Cameron Lapine 271-2104

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

HB 583-FN, relative to organ donation designation on drivers' licenses.

Interim Study, Vote 5-0.

Senator Jeb Bradley for the committee.

HB 583, as amended by the House, allows for applicants of drivers' licenses and nondrivers' picture identification cards who are organ donors to indicate on such licenses or cards their intent to have their organs donated to New Hampshire residents on the organ waiting list prior to out-of-state residents. The Committee heard conflicting testimony about the impact that this would have on New Hampshire residents, as well as concerns about retaliatory actions by other states and potential conflicts with federal law. The Committee felt more research on this issue was warranted.

Docket of HB583

Docket Abbreviations

Bill Title: (New Title) relative to organ donation designation on drivers' licenses.*Official Docket of HB583.:*

Date	Body	Description
1/12/2021	H	Introduced (in recess of) 01/06/2021 and referred to Transportation HJ 2 P. 54
1/27/2021	H	Public Hearing: 02/05/2021 10:00 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/92807074926 / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
2/19/2021	H	Executive Session: 02/19/2021 02:00 pm Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/98257633759
3/29/2021	H	Retained in Committee
9/15/2021	H	Full Committee Work Session: 09/28/2021 10:00 am LOB 201-203 / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
9/29/2021	H	Executive Session: 10/19/2021 1000am
11/17/2021	H	Committee Report: Ought to Pass with Amendment #2021-0192h NT 10/19/2021 (Vote 19-0; CC) HC 48 P. 17
1/11/2022	H	Amendment #2021-0192h : AA VV 01/05/2022 HJ 1
1/11/2022	H	Ought to Pass with Amendment 2021-0192h: MA VV 01/05/2022 HJ 1
1/18/2022	S	Introduced 01/05/2022 and Referred to Health and Human Services; SJ 2
3/23/2022	S	===ROOM CHANGE=== Hearing : 03/30/2022, Room 210-211, LOB, 09:15 am; SC 13
4/14/2022	S	Committee Report: Referred to Interim Study, 04/21/2022; Vote 5-0; CC; SC 16
4/21/2022	S	Refer to Interim Study, MA, VV; 04/21/2022; SJ 9

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 583-FN

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

- Bill version as it came to the committee
- All Calendar Notices
- Hearing Sign-up sheet(s)
- Prepared testimony, presentations, & other submissions handed in at the public hearing
- Hearing Report
- Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

___ - amendment # _____ ___ - amendment # _____
 ___ - amendment # _____ ___ - amendment # _____

- Executive Session Sheet
- Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

___ - amendment # _____ ___ - amendment # _____
 ___ - amendment # _____ ___ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

- Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
- Enrolled Bill Amendment(s)
- Governor's Veto Message

All available versions of the bill: {Clerk's Office}

___ as amended by the senate as amended by the house
 ___ final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Zupine
Committee Aide

7-18-22
Date

Senate Clerk's Office McL