May 18, 2021

Good morning. I would like to thank the Chair, Representative Kahle, for the privilege of addressing the Health Policy Committee today. My name is Chris Sonnenday, and I am a transplant surgeon at the University of Michigan where I serve as the Director of the Michigan Medicine Transplant Center. Our center performs 375-400 solid organ transplants per year, making us the largest in the state among 9 excellent transplant centers in Michigan.

Each year, approximately 1000 solid organ transplants are performed in the state of Michigan, and as of this morning 2,626 individuals are awaiting transplant in our state. The success of transplantation is one of the miracles of the last 50 years in medicine, as these procedures on desperate individuals with organ failure evolved from experimental procedures with unreliable outcomes to the transformative operations they are today, with one year survival rates of 90-99% across organ types. The average life expectancy of the organs we are transplanting today is 15-20 years or more, with examples of individuals who have lived healthy lives for more than 40 years with their transplant.

I believe the fundamental challenge facing our field today is to expand access to transplant, such that this life-saving and transformative medical therapy becomes available to all individuals in need, regardless of age, race, income, place of residence, or medical complexity. Meeting this fundamental challenge requires first and foremost more organs to transplant, a central focus of our field, but also the removing of all potential barriers in access to transplant. For this reason, I want to speak today <u>in favor</u> of House Bill 4762, which would prohibit discrimination against a transplant candidate or recipient on the basis of physical or mental disability.

I speak in favor of House Bill 4762 because I believe it protects a fundamental principle in access to transplantation, and moreover it reflects our current practice. At our transplant center we have for years transplanted adults and children with physical and mental disabilities. Such disabilities should never be considered as contraindications to transplant, and in fact patients with disabilities can expect equivalent outcomes in survival to the rest of our patient population. Furthermore, patients with physical and mental disabilities may obtain profound benefit from the gift of transplantation, as the consequences of end stage organ failure (such as the need for dialysis in a patient with kidney failure) can be particularly threatening to the quality and quantity of life for these patients, and burdensome to them and their families.

All transplant centers have an obligation to be certain that the unique and precious gift of organ donation is directed to patients who will be good stewards of this transformative therapy. For this reason, a central part of the transplant evaluation process for all patients is to ensure that patients have adequate resources and support to successfully undergo and recover from the transplant operation, and to comply with the daily immunosuppressive medications that are essential to the success of transplantation. For this reason, transplant centers such as our own are staffed with dedicated professionals including social workers, physical and occupational therapists, mental health providers, child life specialists, and many others who partner with patients and their caregivers to ensure that each patient has the support and plan to obtain the full benefit of organ transplantation. In the same way that we require patients with substance abuse disorders to demonstrate compliance with sobriety and engage in active therapy to support their recovery, we ask patients with other challenges to partner with us to create a plan for success in partnership with their caregivers. This is particularly important for patients with disabilities who may require additional support in their journey to and recovery from transplant, and who may require partners to assist in their compliance after transplantation. House Bill 4762 plainly states that candidates for transplantation should not be discriminated against based on physical or mental disability, which further emphasizes the importance of the partnership transplant providers and centers must have with these individuals to ensure they achieve an optimal outcome following transplant.

I would also like to speak briefly in favor of House Bill 4521, which would eliminate language in the Health Code in Michigan that currently prohibit organ donation from HIV positive donors. The HIV Organ Policy Equity Act (HOPE Act) was enacted with the full support of the transplant community in 2013 and removed this prohibition in federal law. Since 2015, the practice of transplanting organs from HIV infected donors into HIV positive recipients has been allowed and has resulted in hundreds of life-saving transplants throughout the country. Other states that had similar prohibitions have changed their laws to allow residents of their state to benefit from the Hope Act.

Under the HOPE Act, everyone wins. Patients with HIV infection have the opportunity to get a life-saving transplant sooner since they can choose to receive an organ from an HIV infected donor but remain eligible for organs from HIV negative donors. Potential recipients who are HIV negative have greater access to HIV negative donors since the overall supply of organs has increased. In the current situation, HIV positive donor organs are now sent out of state and cannot benefit Michigan residents.

At Michigan Medicine, we serve a large population of HIV positive patients in need of organ transplantation. On behalf of our center, and speaking on behalf of my colleague Dr Daniel Kaul, director of Transplant Infectious Disease at our center and a nationally recognized expert in the care of HIV positive organ transplant recipients, we strongly support House Bill 4521.

Again, I am grateful to the Chair for the privilege of speaking and would be happy to address any questions from the Committee.

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