

## ORGAN TRANSPLANT FACILITY

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**Senate Bill 592 (H-1) as reported from House committee**

**Sponsor: Sen. Curtis Hertel**

**House Committee: Health Policy**

**Senate Committee: Health Policy**

**Complete to 2-26-16**

Analysis available at  
<http://www.legislature.mi.gov>

*(Enacted as Public Act 71 of 2016)*

**BRIEF SUMMARY:** Senate Bill 592 would amend the Public Health Code to include a facility operated by a federally designated organ procurement organization for the State of Michigan among the facilities in which the surgical removal of a human organ may be performed.

**FISCAL IMPACT:** This bill would not appear to have a significant fiscal impact on state government.

### **THE APPARENT PROBLEM:**

According to Gift of Life Michigan, the state's federally designated organ procurement organization (OPO), more than 3,500 Michigan residents currently are waiting for organ transplants.

Now, say critics, organ retrieval and transplant in Michigan is inefficient, costly, and delayed by the needs of living patients. Once a patient is declared brain dead and determined to be a donor, medical teams from the organ recipients' hospitals fly into the state and organize transportation to the donor's hospital. That hospital does not always have the correct instruments for organ retrieval or, if sterility is compromised on the instruments, a new set needs to be brought in from another facility. Moreover, organ transplants are often moved to the bottom of the priority list at hospitals to make room for more critical surgeries on living patients.

### **THE CONTENT OF THE BILL:**

The bill would allow organ retrieval at a facility operated by a federally designated organ procurement organization.

Currently, except as otherwise provided, an individual who surgically removes a human organ for transplantation, implantation, infusion, injection or any other medical or scientific purpose must perform the surgery only in a licensed hospital or a facility approved by the director of the Department of Licensing and Regulatory Affairs. An individual who violates this requirement is guilty of a felony.

MCL 333.10205

***HOUSE COMMITTEE ACTION:***

The House Health Policy Committee removed the 90-day delay for the bill take effect, in order to allow the bill to take effect immediately upon enactment.

***BACKGROUND INFORMATION:***

This bill is understood to address a facility under construction in Ann Arbor, Michigan. The new facility will have two organ suites and two tissue suites dedicated specifically to retrieval. It will also provide a single central location for organ retrieval in the state, and have a large number of the instruments needed.

Gift of Life Michigan recently conducted a pilot program under which the organization leased two hospital operating rooms to use exclusively for the purpose of organ recovery. The pilot demonstrated increased efficiency and reduced costs compared to the typical in-hospital recovery process. Based on these results, Gift of Life began construction of an independent surgical center to be dedicated solely to the removal of donor organs.

Discussions about authorization for this facility began approximately 24 months ago, and the project broke ground in August 2014. Initially, the Department of Licensing and Regulatory Affairs gave its approval, and Gift of Life believed that they would finish the rules process at the same time as construction. However, LARA determined in 2015 that the process would have to proceed legislatively, which led to this bill.

***ARGUMENTS:***

***For:***

Proponents say that organ and tissue removal in a facility dedicated specifically to that purpose presents a number of advantages over removal in the regular hospital setting. The current donation process typically takes 15 to 32 hours, once death is declared. In a separate facility, organs and tissues can be recovered more quickly, meaning more transplants can be completed. Reportedly, the average number of organs transplanted per donor through Gift of Life's pilot project was 4.2, an increase over the organization's Michigan average of 3.9 and the national average of 3.3. Also, unlike a hospital, a dedicated facility is in a position to make organ and tissue recovery the top priority in terms of facility staff and resources, and decreases risk. As a result, the donor organs and tissues are of higher quality. These outcomes translate to more lives saved.

In addition, transferring donors to an offsite location for the organ removal makes hospital beds and operating rooms available for those patients who are still alive and need critical care in order to survive. At the same time, families of donors may receive more time and personal attention from staff at the dedicated facility as they process the loss of their loved ones, consider the possibility of organ and tissue donation, and begin to make funeral arrangements.

Gift of Life Michigan reports that, for each donor transferred to an offsite surgical facility, the cost of organ procurement is approximately \$5,000 less than the cost in a hospital. According to the organization, dedicating a facility specifically to organ recovery generates economies of scale by ensuring timely availability of an operating room, cost predictability, and the presence of an onsite surgical team. The savings can be passed directly to transplant centers.

The Gift of Life pilot program has demonstrated a number of benefits for people in need of transplants, hospitals and their living patients, and the families of organ and tissue donors. State law should enable the more widespread operation of dedicated organ recovery facilities in order to maximize these benefits and save more lives. Although Gift of Life can obtain authorization from the LARA Director to operate such facilities under existing law, there is no guarantee that a future director would be agreeable to granting approval. Additionally, the process for obtaining approval can be time consuming. By providing statutory authorization for the OPO facility, the bill would enable Gift of Life to begin operating the new surgical center as soon as possible after completion, without having to wait for administrative approval. Should other facilities be constructed in the future, they would be allowed, as well.

***Against:*** No one testified or voted against this bill in committee.

***POSITIONS:***

A representative of Gift of Life Michigan testified in support of this bill. (2-16-16)

The Department of Licensing and Regulatory Affairs supports this bill. (2-23-16)

The Michigan Association of Funeral Directors supports this bill. (2-23-16)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.