

FINAL REPORT OF

**THE JOINT SUBCOMMITTEE
STUDYING WAYS TO ENHANCE THE
SUPPLY OF VITAL ORGANS
AVAILABLE FOR TRANSPLANTATION
IN VIRGINIA PURSUANT TO HJR 100
(1996) AND HJR 627 (1997)**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 9

**COMMONWEALTH OF VIRGINIA
RICHMOND
1999**

MEMBERS OF THE JOINT SUBCOMMITTEE

Delegate Mitchell Van Yahres, Chair
Delegate Jay W. DeBoer
Delegate L. Preston Bryant, Jr.
Senator Janet D. Howell, Vice Chair
Senator Jane H. Woods

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to

**The Governor and
The General Assembly of Virginia
Richmond, Virginia
September 1998**

I. STUDY AUTHORITY AND SCOPE

House Joint Resolution No. 100 (1996) (Appendix 1) established a joint subcommittee to study ways to enhance the supply of vital organs available for transplantation in Virginia. The subcommittee was comprised of five legislators: Delegates Mitchell Van Yahres (chair), Jay W. DeBoer, and L. Preston Bryant, Jr., and Senators Janet D. Howell (vice chair) and Jane H. Woods. The subcommittee was continued for an additional year pursuant to House Joint Resolution No. 627 (1997) (Appendix 2).

II. WORK OF THE JOINT SUBCOMMITTEE

The joint subcommittee reviewed the recommendations of an earlier subcommittee which had examined the need for organ transplants in Virginia and the ways that participation in donor programs could be improved. In 1984, House Joint Resolution 160 established a joint subcommittee to examine the need for organ transplants in Virginia and the ways that participation in donor programs could be improved. The 1984 subcommittee was chaired by Delegate Van Yahres and also included Delegate DeBoer. Senators Thomas J. Michie, John C. Buchanan, and A. Joe Canada and then-Delegates Joseph B. Benedetti and W. Henry Maxwell also served.

The 1984 subcommittee published its final report as House Document No. 34 in 1985 (hereinafter "1985 Report"). This informative report provided the initial framework for the study pursuant to House Joint Resolutions 100 (1996) and 627 (1997). Specifically, the 1985 Report contributed a historical perspective. During the 1996-1997 study, speakers updated the joint subcommittee on the developments in the field of organ, tissue, and eye donation and transplantation over the past 12 years in Virginia and on the national level. Overall, however, testimony received during the study indicated that although the processes described in the 1985 Report have changed over time, many of the issues associated with ways to increase the supply of vital organs available for transplantation in Virginia remain.

The most significant recommendation in the 1985 Report was that a Virginia Transplant Council be established in law and funded in the 1986-1988 biennial budget "to provide a coordinated, comprehensive, uniform mechanism for distributing information and to educate the public and professionals." House Bill 1683 (1985 Acts, Chapter 412) established the Virginia Transplant Council (the "Council") in § 32.1-297.1 of Title 32.1 of the Code of Virginia. The Council was established for five years. In 1990, the sunset clause was repealed, giving the Council perpetual existence (1990 Acts, Chapter 336). Two minor amendments were made to § 32.1-297.1 in 1991 (1991 Acts, Chapter 37). Until 1997, no other amendments had been made to the Council's enabling legislation.

According to Barbara Bingham, the Council's executive director from 1985 to 1997, the Council was created because the earlier subcommittee identified education as the most important vehicle for increasing organ and tissue donation. Indeed, as one of the first organizations of its type in the country, the Council's mission is to provide a coordinated, comprehensive, uniform mechanism for such education. The Council functions as an association. Its membership has included representatives from the five organ procurement agencies that serve Virginia, Virginia's transplant centers and eye banks, the Virginia Hospital and Healthcare Association, a bone marrow transplant program, the United Network for Organ Sharing, and community-based groups in Fairfax, Hampton Roads, and Roanoke. Among its numerous educational projects, the Council has:

- Developed, with the Virginia Department of Education, the first secondary school curriculum guide in the nation, which is now used in whole or in part by 17 other states;
- Written and distributed a curriculum to Virginia's nursing schools;
- Designed, with the Department of Motor Vehicles (DMV), a poster and flier for use in DMV customer service centers which provides information about the organ donor question on Virginia's driver's license application;
- Hosted meetings for medical professionals from transplant centers in Virginia, Maryland, and the District of Columbia to discuss alternatives to the organ allocation system;
- Maintained, since 1988, a tollfree telephone number which has shown a 400 percent increase in the number of calls since its inception;
- Responded to a 1005 percent increase in the number of requests for information and materials on organ and tissue donation since 1987; and
- Participated, through the National Coalition on Donation, in national educational campaigns such as the current "Share your life. Share your decision."

One statistic suggested that the Council is fulfilling its educational mission among Virginians. A survey of returned driver's licenses in 1991 showed that five percent of drivers had signed their donor cards. During 1995, 32.2 percent of drivers obtaining or renewing licenses answered affirmatively when asked if they wanted to be an organ donor.

The 1985 Report also recommended that "[a]ppropriations of \$100,000 a year be provided for the activities of the Virginia Transplant Council for five years beginning in fiscal [year] 1986." The Council received its initial general fund appropriation of \$50,000 in fiscal

year 1988. The 1996 fiscal year appropriation was \$74,210. Council members make additional voluntary contributions to a special educational fund totaling about \$10,000 a year and also lend the public relations and marketing expertise of their staffs to various projects. The Virginia Department of Health has provided space for the Council's office.

Joel D. Newman, assistant director of communications for the United Network for Organ Sharing based in Richmond, confirmed that education, especially in grades K-12, is the most significant support that any state can provide to increase organ and tissue donation. Education is particularly important since the need for organ and tissue donation increases about 15 percent per year, while donations increase annually only at a rate of about five percent. Consequently, there has been a corresponding increase in the numbers of Virginians on the waiting list and those who die while awaiting an organ transplant. The longer a patient stays on the waiting list, the less likely the chances of success when a transplant is finally performed. Median waiting times have also increased. However, Helen W. Leslie, a vice president for LifeNet (an organ procurement organization based in Virginia Beach), reported that in a 1993 national opinion poll, 84 percent of Virginians expressed a positive attitude about donation and transplantation, one of the highest percentages in the nation.

The 1985 Report made other specific recommendations:

- DMV was requested "to implement conscientiously the requirements of § 46.1-375 of the Code of Virginia." That former Code section prescribed the form of driver's licenses, and, as of July 1, 1976, included the ability to make anatomical gifts through the Uniform Donor Document on Virginia's driver's licenses (1976 Acts, Chapter 57). As a result of the recodification of Title 46.1 (1989 Acts, Chapter 727), current § 46.2-342 of Title 46.2 of the Code of Virginia now prescribes the form of driver's licenses, including the Uniform Donor Document.

From 1976 until 1993, no significant amendments were made to those provisions of § 46.1-375 or § 46.2-342 that deal with the Uniform Donor Document or DMV's responsibilities thereto. In 1993, however, as part of a comprehensive revision to Virginia's law on anatomical gifts, Senate Bill No. 934 enacted significant amendments to § 46.2-342. (1993 Acts, Chapter 986.) As a result, § 46.2-342:

- Authorized DMV to establish a method for designating organ donor status on a Virginia driver's license, to make a designation of such status on the driver's license, and to note such status on the donor's driver record;
- Declared such donor designation to be sufficient legal authority for the removal, following death, of the donor's organs or tissues or both without additional authority from the donor, his family, or his estate;
- Required the individual wishing to rescind a donor designation to appear in person at DMV or a branch office thereof; and
- Held DMV and its employees harmless for making or failing to make a notation of donor designation on any driver's license, identification card, or driver record, except in cases of gross negligence or willful misconduct.

The 1993 legislation also deleted subsection F of § 46.2-342, which read: "A separate written statement shall be furnished to each recipient of a license explaining the significance of the Uniform Donor Document and of procedures under Article 2 of Chapter 8 of Title 32.1 applicable to such document." Originally lettered subsection D, that requirement had been delegated to DMV by statute since the Uniform Donor Document was enacted in 1976.

With regard to the 1985 Report's specific recommendation to DMV, testimony received during the 1996-1997 study indicated that at least since the enactment of the Uniform Donor Document in 1976, the General Assembly has identified DMV as a significant participant in increasing the supply of vital organs and tissues available for transplantation in Virginia. By deleting a specific statutory duty upon DMV with regard to the Uniform Donor Document as the 1993 legislation did, there may have been some erosion on one level of that participation--as would occur naturally in any agency that is no longer required to do something. On the other hand, freeing DMV from that specific statutory duty may have provided the resources necessary to fulfill the General Assembly's overall intent with regard to the 1993 legislation.

- The Board of Education was requested "to encourage the local school divisions to include instruction on the benefits of organ and tissue donation and transplantation in the public school health education programs." Testimony received during the 1996-1997 study indicated that in 1988, the Council and the Department developed a voluntary curriculum guide for use in the driver education program. The guide was revised in 1995 and can now be used in several secondary education courses.
- The Board of Medicine was requested "to inform physicians about the status of transplant technology and to assist in training physicians in the legal and medical requirements for determination of brain death." Testimony received during the 1996-1997 study indicated that physicians are most likely to receive that information from one of the various general or specialized medical associations to which they belong (e.g., the Virginia Medical Society or the American College of Emergency Physicians).

In connection with this recommendation, issues involving medical school curricula, physician testing and licensure, and physicians' continuing educational requirements were considered by the joint subcommittee. Parallel considerations also arose in the nursing profession and with the Board of Nursing. The United Network for Organ Sharing (UNOS) has developed national curricula for medical and nursing schools and actively advocates the voluntary introduction of those curricula, one school at a time. UNOS ties its curricula advocacy to testing and licensure by asking examination-writers to include the subject of organ donation and transplantation on licensure examinations. It naturally follows that if a particular subject is on a licensing examination, that subject is more likely to be taught in the professional schools.

- Various state agencies were requested "to cooperate with organ procurement and transplant programs in educating the public in the benefits of organ donation and transplantation." Investigation during the 1996-1997 study revealed nothing to report pursuant to that recommendation and accompanying joint legislative resolution.

Finally, the 1985 Report recommended that “hospitals be required, as a condition of licensure, to establish an organ procurement for transplant protocol which encourages organ and tissue donation.” House Bill 1639 (1985 Acts, Chapter 335) codified this recommendation in § 32.1-127, which sets the requirements that hospital licensure regulations must meet. Through frequent amendments, current § 32.1-127 no longer contains the letter of House Bill 1639; however, the current section retains the spirit of the 1985 Report’s recommendation.

In addition to the historical perspective provided by the 1985 Report to the 1996-1997 study, the joint subcommittee also examined the trend among the states to revisit their Uniform Anatomical Gift Acts, which Virginia initially enacted in 1970. (1970 Acts, Chapter 460.) Current Code provisions governing anatomical gifts are found in Article 2 (§ 32.1-289 through § 32.1-297.1) of Chapter 8 of Title 32.1. As a result of the 1993 revisions to Virginia’s law on anatomical gifts discussed earlier (Senate Bill No. 934, 1993 Acts, Chapter 986), Virginia’s statutes allow a minor to become an organ donor with the written consent of his parent or guardian or to refuse to do so without any adult consent (§ 32.1-290); do not contain restrictions on consent of next of kin when there is a person in a higher class available or a person knows of contrary indications by the decedent or by a person in a higher class (§ 32.1-290.1); authorize certain administrative searches by law enforcement to determine an individual’s donor status (§ 32.1-292.1); authorize donees or their designees to take such medically necessary steps as may be required to maintain the viability of the donor’s organs and tissues during the search of the donor’s belongings or driver record or “while next of kin are being consulted” (§ 32.1-295); and provide civil and criminal immunity for the person maintaining the body, except in cases of gross negligence or willful misconduct (§ 32.1-295). Since the 1993 amendments, Pennsylvania has led the trend to further expand states’ Uniform Anatomical Gift Acts.

The joint subcommittee also held a public hearing during its 1996-1997 study to further its understanding of the pressing need to increase organ and tissue donation in Virginia. Donor family members and transplant recipients provided very personal and moving testimony. Through their individual stories, they collectively stressed the need for educating the public about organ, tissue, and eye donation so that loved ones can continue to give the gift of life even after they die.

III. FINDINGS AND RECOMMENDATIONS

Legislation recommended by the joint subcommittee in the 1997 Session included:

- **Senate Bill 1022 (1997 Acts, Chapter 799)**, which amended the Council’s enabling legislation to permit “successor organizations” of the original statutory members to be on the Council, established an associate Council membership, designated several associate members, and created a special nonreverting fund on the books of the Comptroller that allows the Council to receive appropriations, contributions, grants, gifts, bequests, etc. A budget amendment to increase the Council’s funding was also recommended.

- **House Bill 1968 (1997 Acts, Chapter 449)**, which amended Virginia's Uniform Anatomical Gift Act to allow organ procurement organizations and tissue and eye banks to accept donations to individuals specified by the donor, provided that discrimination on the basis of race, national origin, religion, gender or similar characteristic in such directed donations is prohibited.
- **House Bill 2173 (1997 Acts, Chapter 609)**, which amended Virginia's Health Care Decisions Act to permit an individual, through his advance medical directive, to make an anatomical gift of all or part of his body or to designate another person (an attorney-in-fact) to make the donation decision on his or her behalf before or after his death.
- **House Joint Resolution 627**, which continued the joint subcommittee for an additional year to monitor the implementation phase of the subcommittee's recommendations.

Legislation discussed by the joint subcommittee but not introduced in the 1997 Session included:

- A bill to amend Virginia's Uniform Donor Document to provide that an applicant's failure or refusal to answer the question whether he wishes to be an organ donor shall not result in failure or refusal by DMV to issue or renew a Virginia driver's license. The objective of this legislation was achieved administratively by DMV.
- A resolution requesting a joint agency study by DMV and the Council to determine the best method for DMV to ask an applicant for a Virginia driver's license if he wishes to be an organ donor and how to indicate that information on his Virginia driver's license and the most efficient and effective means of providing information to Virginia's drivers about organ, tissue, and eye donations.
- Proposals to require Virginia's hospitals, as a condition of licensure, to establish protocols on "routine referral," "designated requester," and "medical record review." "Routine referral" would require hospitals to contact an organ procurement organization at or near the occurrence of every death within the hospital to determine a patient's suitability for organ, tissue, and eye donations. "Designated requestor" would ensure that the family of a potential donor is approached by a person specially trained to request family consent for donation. "Medical record review" would permit organ procurement organizations to review the medical records of all patients who die within Virginia's hospitals to provide an opportunity for education and cooperation between the hospital and organ procurement organizations.

According to UNOS, the overall purpose of the three protocols is to increase the identification, referral, and evaluation of potential donors. Nationally, there are between 8,000 and 12,000 potential donors every year. With only about 50 percent of potential donors actually being identified, referred, and evaluated, somewhere between 4,500 and 5,300 organs have actually been recovered, on average, over the last three years. Research confirms that while consent rates

for doctors are low (about 15%) and for nurses only slightly higher, consent rates among organ procurement organizations is at least fifty percent in all studies.

Included among the joint subcommittee's nonlegislative actions were requests to:

- The Virginia Department of Education and the State Board of Education to promote the availability of the voluntary curriculum guide for organ and tissue donation and transplantation to the superintendents of every local school division, the Virginia Education Association, the Virginia Association of School Superintendents, the Virginia School Boards Association, the Virginia Elementary and Secondary Principals Association, the Virginia Congress of Parents and Teachers, and other organizations or associations involved in K-12 education.
- The Virginia Department of Health Professions and the Boards of Medicine and Nursing to promote organ and tissue donation and transplantation through their newsletters to licensees.
- The Virginia Medical Society, the American College of Emergency Physicians, and other specialized medical associations to promote organ and tissue donation and transplantation to through their publications, journals, and newsletters, and to offer continuing education courses on organ and tissue donation and transplantation to their members.
- The curriculum committees of the University of Virginia Medical Center, the Medical College of Virginia, the Medical College of Hampton Roads, and all of Virginia's nursing schools to adopt the national curricula for medical and nursing schools developed by UNOS.
- The Virginia Secretary of Health and Human Resources to establish a homepage on the World Wide Web for the Council with links to other state agencies involved in organ, tissue, and eye donation and transplantation (e.g., Departments of Education, Health, Health Professions, and Motor Vehicles).

IV. 1998 EPILOGUE

In December 1997, Chairman Van Yahres sent a request for information to certain agencies and organizations to determine impact and implementation of the joint subcommittee's recommendations and legislation. Some recommendations were enacted into law during the 1997 Session; others were to be carried out administratively or under cooperative arrangement. Information was specifically requested from:

- **The Commissioner of Health and the Virginia Transplant Council** on the implementation of Senate Bill 1022, which required the Commissioner to work with the Council's members and its executive director "to develop understanding and agreement on future activities of the Council, to accord appropriate recognition of the Council's work, to revise, as necessary, its bylaws, and to develop a plan for a smooth transition to permanent collegial body status."

The Commissioner reported that to enhance the activities of the Council and make its transition to a permanent collegial body smoother, the Council's office was organizationally placed under the Director of the Office of Family Health Services, whose role is to provide management guidance in administration and budgetary matters. The Commissioner also reported that the Council had revised its bylaws, which were currently being reviewed by the Office of the Attorney General. Due to Barbara Bingham's resignation as the Council's executive director, the Commissioner reported that the Council and the Virginia Department of Health's Office of Quality Improvement and Human Resources were currently searching for a new executive director. The Commissioner stated that the final interview process was scheduled to begin the week of January 19, 1998. Once an executive director was hired, the Commissioner promised to assist this person in his or her duties, with emphasis on promoting organ donation throughout the Commonwealth. (See Letter, Appendix 3.) A full-time executive director was hired in early 1998.

- **The Virginia Transplant Council** on the implementation of House Bill 1968 relating to "directed donations" and House Bill 2173 relating to "advance directives."

Regarding "directed donations," the Council's secretary reported that Council members were aware of several occasions when family members had expressed interest in choosing who would procure organs, tissues, and eyes of their loved ones. Regarding "advance directives," the secretary stated that Council members believed that all hospitals currently have advance directive documentation to present to patients. In addition, Council members had reviewed such documentation and confirmed that it does contain language which addresses organ and tissue donation. As of January 6, 1998, the Council reported that it was still working with local hospitals to determine if they all have similar documentation. The secretary also stated that he did not believe that there was any way to measure the impact of House Bill 2173 because the opportunity to donate is offered to families through routine referral policies. However, since the intent of House Bill 2173 was to provide another method for an individual to document his or her desire to be a donor, the secretary suggested that the General Assembly establish a study group charged with determining the extent of the use of advance directives and its impact on organ, tissue, and eye donations in Virginia. (See Letter, Appendix 4.)

- **The Virginia Hospital and Healthcare Association (VHHA) and the Virginia Transplant Council** on their cooperative efforts to increase the number of potential donors identified through the routine contact protocol currently required by § 32.1-127. The joint subcommittee was particularly interested in learning about any new educational or training programs developed to assist the health care professionals in achieving this goal.

VHHA's president reported that with respect to new educational or training programs developed jointly by VHHA and the Council, no programs had been produced to date. However, VHHA was working to strengthen its relationship with the Council, which could in the future lead to the coordination of educational programs. Earlier in 1997, VHHA appointed a new representative to the Council who is well-versed on organ and tissue procurement and hospital programs and

policies. VHHA also commented that since the Council was in the process of hiring a new executive director, it would be premature to coordinate the development of any statewide educational programs on organ and tissue procurement until the Council had adequate staff support. VHHA stated that the Virginia hospital and health care community stood by its commitment to increase the supply of organs and tissues available for transplantation. (See Letter, Appendix 5.)

- **The Department of Motor Vehicles** on its efforts to develop (i) the best method for DMV to ask a driver's license applicant if he wishes to be an organ donor and how to indicate that information on his Virginia driver's license and (ii) the most efficient and effective means of providing information to Virginia's drivers about organ, tissue, and eye donations, including the use of representatives of the Council at DMV customer service locations.

DMV confirmed in its response that in January 1997, at the request of the joint subcommittee, DMV had changed the method by which a person's desire to be an organ donor is indicated on Virginia's driver's licenses and photo identification cards. The "ORGAN DONOR: Y" indicator on the license means that person wishes to be an organ donor. No indicator on the license means that person was either undecided or did not wish to be an organ donor at the time the driver's license or identification card was issued. The organ donor check-offs are provided on both new and renewal application forms for driver's licenses. In the event these boxes are not checked, it is the standardized practice for the DMV customer service representative to orally verify the wishes of the applicant and make sure the appropriate organ donor status is indicated on the license.

DMV reported that it currently has a number of outreach programs to promote organ donation awareness. First, DMV distributes brochures that provide information about organ and tissue donations which are available in the customer service centers. Second, the DMV homepage on the World Wide Web at <http://www.dmv.state.va.us/webdoc/orgdon.htm> contains information about organ donation and provides links to donor organizations. Third, during "Organ and Tissue Donor Awareness Week" in 1997, DMV and the Council made a special effort to promote organ donation. Tent cards produced by the Council were displayed in DMV's drive-up service windows to alert the public to the need for organ and tissue donations. Finally, DMV stated it was working in concert with the Council to obtain the requisite number of prepaid applications to allow for the issuance of a revenue-sharing license plate for supporters of organ and tissue transplant programs. Once the statutory registration threshold of 350 is met, revenues from the sale of these license plates will be shared with the Council to support its educational activities and programs.

In an effort to assist the Council directly, DMV provides the Council statistics on the total number and gender of those identified organ donors in each of its districts and for the state as a whole. These statistics provide valuable information to the Council, allowing them to focus its educational efforts where they are most needed. DMV expressed its continued willingness to explore and develop more cooperative programs with the Council that will most efficiently and

effectively provide Virginians with information about the importance and need for organ and tissue donation. (See Letter, Appendix 6.)

V. CONCLUSION

The 1984 subcommittee's findings and recommendations were premised on its belief that "education will dissipate the misconceptions and suspicions of the majority of people about organ donation and will increase participation in organ donation programs." "[O]rgan donation should continue to be a personal, generous gift of life and is not a proper subject for heavy-handed legislation." (1985 Report, p.12.) In continuing to express support for that conclusion, the joint subcommittee extends sincere appreciation to the individuals, agencies, and organizations who participated in the study of ways to increase the supply of vital organs available for transplantation in Virginia. We look forward to seeing the results of the promised cooperation among those individuals, agencies, and organizations for the benefit of all Virginians.

Respectfully submitted,

Delegate Mitchell Van Yahres, chair
Delegate Jay W. DeBoer
Delegate L. Preston Bryant, Jr.
Senator Janet D. Howell, vice chair
Senator Jane H. Woods

APPENDIX 1.

HOUSE JOINT RESOLUTION 100

Establishing a joint subcommittee to study ways to enhance the supply of vital organs available for transplantation in Virginia.

Agreed to by the House of Delegates, February 8, 1996

Agreed to by the Senate, February 21, 1996

WHEREAS, every year many Virginians die waiting for an organ transplant but only a small number of potential donors register to donate their organs upon death; and

WHEREAS, this is a cause of great pain and sadness in this Commonwealth; and

WHEREAS, there are approximately 40,000 people on the United Network for Organ Sharing (UNOS) National Transplant Waiting List waiting for vital organs such as a kidney, liver, heart, lung, tissue, or eyes; and

WHEREAS, thousands of those on the UNOS Transplant Waiting List have died while waiting; and

WHEREAS, there are over 170,000 people nationally on long-term dialysis who might benefit from a kidney transplant; and

WHEREAS, despite these tragic facts, only a small percentage of potential donors register to donate their organs upon death, causing the need for vital organs to far exceed their availability; and

WHEREAS, common experience suggests that individuals tend to refuse to register as organ donors because they are unaware of the critical need for organs or because they are averse to having their organs removed upon death or because they are reluctant to consider their mortality; and

WHEREAS, common experience suggests that family members of deceased individuals tend to refuse to donate their loved ones' organs because they did not consider the question before a tragedy arose and do not know what their loved ones would have wanted or because they fear the act may show a lack of respect; and

WHEREAS, the reluctance of individuals and families to donate organs might be overcome by an increased awareness of how critically some of their fellow human beings need vital organs and by an engendered confidence that the act of donating organs upon death is laudable and worthy in society's eyes; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study ways to enhance the supply of vital organs available for transplantation in

Virginia. The joint subcommittee shall consist of 5 members to be appointed as follows: 3 members of the House of Delegates to be appointed by the Speaker of the House; and 2 members of the Senate to be appointed by the Senate Committee on Privileges and Elections. In its deliberations, the joint subcommittee shall examine ethical and legal issues related to various means of encouraging organ donations, including eye and tissue donations, but excluding tissue from induced abortions.

During the course of its study, the joint subcommittee shall seek the perspectives and expertise of families whose members have offered or received organ donations, the Virginia Transplant Council, organizations active in the procurement of organ donations, UNOS, and other interested parties.

The direct costs of this study shall not exceed \$3,750.

The Division of Legislative Services shall provide staff support for the joint subcommittee. All agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1997 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

APPENDIX 2.

HOUSE JOINT RESOLUTION 627

Continuing the Joint Subcommittee Studying Ways to Enhance the Supply of Vital Organs Available for Transplantation in Virginia.

Agreed to by the House of Delegates, February 4, 1997

Agreed to by the Senate, February 19, 1997

WHEREAS, the Joint Subcommittee Studying Ways to Enhance the Supply of Vital Organs Available for Transplantation in Virginia was established by House Joint Resolution No. 100 during the 1996 Session of the General Assembly; and

WHEREAS, in exploring the ways to enhance the supply of vital organs available for transplantation in Virginia, the joint subcommittee met four times and held one public hearing; and

WHEREAS, the joint subcommittee was greatly assisted in its work by presentations, testimony, and information received from organizations and individuals involved in various and diverse fields related to organ, eye, and tissue donation and transplantation and public education on these important topics; and

WHEREAS, the presentations, testimony, and information received by the joint subcommittee have confirmed the need to continue to study issues related to organ, eye, and tissue donation and transplantation and public education on these topics; and

WHEREAS, the General Assembly, in Chapter 412 of the 1985 Acts of Assembly, established the Virginia Transplant Council (§ 32.1-297.1) to conduct educational and informational activities and coordinate such activities as they relate to organ, eye, and tissue procurement and transplantation efforts in the Commonwealth; and

WHEREAS, as a result of recommendations made by the joint subcommittee, the Virginia Transplant Council will be undertaking some new educational and informational activities in the coming year that the joint subcommittee should assist with and monitor; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Subcommittee Studying Ways to Enhance the Supply of Vital Organs Available for Transplantation in Virginia be continued. Membership of the joint subcommittee shall remain the same, with any vacancies being filled in the same manner as the original appointments. In addition to any other issues deemed relevant to its study, the joint subcommittee shall consider (i) the role of organ procurement organizations, eye banks, and tissue banks in the Commonwealth and the appropriate level of state oversight of such entities; (ii) the effect of a declining mortality rate on the ability to enhance the supply of organs, eyes, and tissues available for transplantation in Virginia; and (iii) the most effective and efficient means to educate Virginians about the

opportunity to make anatomical gifts through the Uniform Donor Document on their Virginia driver's licenses.

In addition, the joint subcommittee shall continue to consider the ethical and legal issues related to various means of encouraging organ, eye, and tissue donations, excluding tissue from induced abortions. During the course of its study, the joint subcommittee shall continue to seek the perspectives and expertise of families whose members have offered or received organ, eye, or tissue donations; organ procurement organizations, eye banks, tissue banks, organizations and agencies involved in educating the public about donation; the Virginia Transplant Council; the United Network for Organ Sharing; the Virginia Hospital and Healthcare Association; and any other interested party.

The direct costs of this study shall not exceed \$3,750.

The Division of Legislative Services shall provide staff support for the joint subcommittee. All agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

The joint subcommittee shall complete its work in time to submit its final findings and recommendations to the Governor and the 1998 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448

RICHMOND, VA 23218

RANDOLPH L. GORDON, M.D., M.P.H.
COMMISSIONER

TDD 1-800-828-1120

January 13, 1998

The Honorable Mitchell Van Yahres
Member, Virginia House of Delegates
910 Capitol Street
Richmond, Virginia 23219

Dear Delegate Van Yahres:

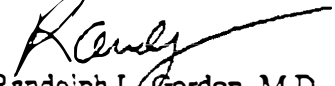
Thank you for your recent letter requesting a status report on the implementation and impact of Senate Bill 1022 in which the Virginia Transplant Council was formally re-positioned as a permanent collegial body under the Virginia Department of Health (VDH) beginning July 1, 1997.

In order to enhance the activities of the Council and to make smooth this transitional period, the Council's office was organizationally located under the Director of the Office of Family Health Services, in October 1997. The Director's role is to provide management guidance in the area of administration and budgetary matters. The Council has submitted a revised version of its bylaws which is presently being reviewed by the Office of the Attorney General. Unfortunately, Barbara Bingham who served the Council since its inception resigned last fall.

The Council and VDH's Office of Quality Improvement and Human Resources are currently searching for a new Executive Director for the Council. The final interview process is expected to begin the week of January 19. Once an Executive Director is found, I will assist him/her to fulfil his/her duties, specifically to promote organ donation throughout the Commonwealth.

If you have any further questions regarding this matter, please do not hesitate to contact my office.

Sincerely,


Randolph L. Gordon, M.D., M.P.H.
State Health Commissioner



Old Dominion Eye Bank

1-800-832-072

http://www.odeb.org
e-mail: restoresgr@odeb.org

January 6, 1998

The Honorable Mitchell Van Yahres
House of Delegates
Richmond, VA

Dear Delegate Van Yahres:

First, I would like to wish you a belated happy New Year and I hope your holidays were safe and relaxing.

Next, in response to your December 16 letter requesting a status report on the implementation and impact of House Bill 1968 and House Bill 2173, I would like to bring you up to date regarding these two pieces of legislation.

HOUSE BILL 1968 (Directed Donation)

Implementation : July 1, 1997

Impact: On several occasions family members have expressed interest in choosing who will procure their loved ones organs.

HOUSE BILL 2173 (Advance Directives)

Implementation : To date we believe that all hospitals have Advance Directive documentation to present to the patients. From the documentation we have seen, there is a section that deals with organ/tissue/and eye donation. We are still working with local institutions to determine if all have similar documentation.

Impact: I do not believe there is anyway to measure the impact of this legislation since donation is offered to families through routine referral policies. The intent of this legislation was to offer another avenue for an individual to document his/her desire to be a donor.

Note: It was suggested at the VTC meeting that perhaps you would sponsor a study bill to find out what impact the Advance Directives has in Virginia.

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1001 E. Marshall Street
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3300 Gallows Road
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WESTERN VIRGINIA
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CENTRAL SOUTHWESTERN VIRGINIA
P.O. Box 1511
Roanoke, Virginia 24007-1511
(540) 345-0007

SOUTHWESTERN VIRGINIA
191 Johnson Street
Abingdon, Virginia 24210
(540) 625-7141

Legislative Report

Page 2

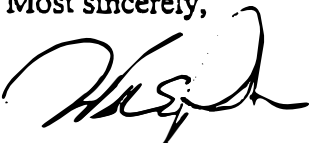
SUMMARY

Over the last 12 months, we have seen an increase in donors (actual statistics will not be available until February). The increases can be directly attributed to the implementation of "Routine Referral" programs in the majority of the hospitals, as well as the hospital development/educational efforts of the OPO's, Tissue Banks, and Eye Banks.

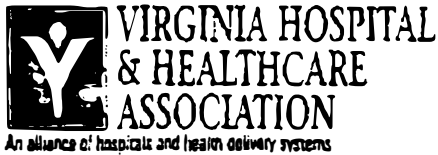
In June the Council 's Executive Director resigned after 11 years of service. As a result, minimal work has been done with the Department of Education and the Division of Motor Vehicles. Currently, a search is underway for a new Executive Director.

I hope this information will be of assistance to you in the session now beginning. If I can be of any further help, please do not hesitate to let me know.

Most sincerely,



William E. Proctor
Secretary, Virginia Transplant Council



4200 INNSLAKE DRIVE, GLEN ALLEN, VIRGINIA 23060
P.O. BOX 31394, RICHMOND, VIRGINIA 23294-1394
(804) 747-8600 FAX (804) 965-0475

January 5, 1998

VIA FAX—1 Page

The Honorable Mitchell Van Yahres
Member, Virginia House of Delegates
223 East Main Street
Charlottesville, Virginia 22902

Dear Delegate  Van Yahres:

I am writing in response to your request for a status report on the impact and implementation of recent recommendations adopted by the Joint Subcommittee Studying Ways to Enhance the Supply of Vital Organs Available for Transplantation in Virginia (HJR 627, 1997).

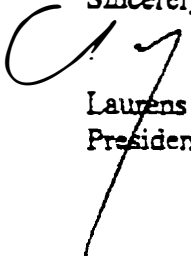
With respect to new educational or training programs developed jointly by the Virginia Hospital & Healthcare Association (VHHA) and the Virginia Transplant Council (the Council), no programs have been produced to date. This, however, is not meant to imply that VHHA does not intend to work with the Virginia Transplant Council to coordinate educational programs. On the contrary, VHHA is working on several fronts to strengthen our working relationship with the Virginia Transplant Council.

Earlier this year, VHHA appointed Betty Jolly, Assistant to the Vice President for the University of Virginia Medical Center, to serve as our hospital/health system representative to the Council. Betty, as you know, is well versed on the topic of organ procurement especially with respect to hospital programs and policies. She should serve as a valuable new resource for the Council. In addition, VHHA is currently participating on a search committee to recruit a new executive director for the Council. As I am certain you are aware, Barbara Bingham resigned her position earlier this summer. Until this process is complete and the Council has adequate staff support, we believe it to be premature to coordinate development of any statewide educational programs on organ procurement.

The Virginia hospital and health system community stands by its commitment to enhance the supply of vital organs available for transplantation. In fact, we had hoped your subcommittee would meet this year so that we could work together with the Virginia Transplant Council to plan educational programs as well as identify other issues which would result in increased organ procurement. Unfortunately, no meetings were held.

I trust you and your family have had a happy and healthy holiday season. If I can be of any further assistance, please do not hesitate to call me at (804) 965-1216.

Sincerely,


Laurens Sartoris
President



COMMONWEALTH of VIRGINIA

Department of Motor Vehicles
2300 West Broad Street

RICHARD D. HOLCOMB
COMMISSIONER

MAIL ADDRESS
POST OFFICE BOX 27412
RICHMOND, VIRGINIA 23269-0001

January 7, 1998

House Joint Resolution 627 (97)
Joint Subcommittee
c/o Ms. Ginny Edwards
Division of Legislative Services
General Assembly Building, 2nd Floor
910 Capitol Street
Richmond, Virginia 23219

Dear Ms. Edwards:

This letter is in response to a written request from Delegate Mitchell Van Yahres, dated December 16, for a status report on the impact and implementation of the joint subcommittee's recommendations related to organ, tissue and eye donations adopted last year. I appreciate the opportunity to respond.

As the members of the subcommittee know, DMV has been working with the Virginia Transplant Council (Council) for many years. We have been and continue to be members of both the Council and its Education Committee. As such, we actively help the Council in its efforts to provide information to the public about organ, tissue and eye donations and to maintain its organ donor registry.

Last January, at the request of the subcommittee, DMV changed the way it indicates on driver's licenses and photo identification cards a person's desire to be an organ donor. The "ORGAN DONOR: Y" indicator means a person wishes to be an organ donor. No indicator means a person was either undecided or did not wish to be an organ donor at the time the driver's license or identification card was issued.

Organ donor check-offs are provided on both new and renewal application forms for driver's licenses. In the event these boxes are not checked, our customer service representatives verify the wishes of the applicant and make sure the appropriate organ donor status is indicated on the license.

Brochures providing information about organ, tissue and eye donations are available in our customer service centers. The DMV Web Site also contains information about organ donation with links to donor organizations. Copies of the above are enclosed for your convenience.



A Partnership With the Public

Ms. Ginny Edwards
January 7, 1998
Page 2

This year, during Organ and Tissue Donor Awareness Week, DMV and the Council made a special effort to promote organ donation. Tent cards produced by the Council were displayed in DMV's drive-up service windows to alert the public to the need for organ donations.


In addition, we are working in concert with the Council to obtain the requisite number of prepaid applications to allow for the issuance of a revenue-sharing license plate for supporters of organ transplant programs. Once the statutory registration threshold is met, revenues from the sale of these plates will be shared with the Council to support its activities and programs.

DMV also provides the Council statistics on the total number and gender of those identified organ donors in each of our districts and for the state as a whole. This statistics provide valuable information to the Council, allowing them to focus their information and education efforts where they are most needed.

We will continue to explore and develop with the Virginia Transplant Council the most efficient and effective means of providing information to Virginians about the importance and need for organ, tissue and eye donations. We appreciate the on-going efforts and support of the members of the Joint Subcommittee in this process.

With kindest regards.

Sincerely,



Richard D. Holcomb

RDH:jmc

Enclosures

c: The Honorable Mitchell Van Yahres
The Honorable L. Preston Bryant, Jr.
The Honorable Jay W. DeBoer
The Honorable Janet D. Howell
The Honorable Jane H. Woods
Dr. Randolph Gordon
Bill Proctor
Laurens Sartoris
Helen Leslie, RN, CPTC
Eileen Geurtler