

## 7/25/12 Meeting Summary Organ and Tissue Donation Workgroup

Present: Harry Chen, MD, Commissioner of Health; Matt Boger, NEOB; Madeleine Mongan, VMS; Daryl Arnold, CDT; Arthur Magnaghi; Mike Smith, DMV; Kate Devine, FAHC; James Carter; Michael Scollins, MD; Michael Thibault, CDT; Steven Kind, CDT; Dixie Henry, VDH

Dr. Chen welcomed the workgroup members and reviewed the provisions of Act 132. That new law authorizes the Health Commissioner to take appropriate actions to coordinate efforts of public and private entities involved with organ and tissue donation, subject to available resources, and to report to the legislature in January. Dr. Chen noted that no funds are specifically available for this purpose, but he will be considering what actions might be possible.

Dr. Chen reviewed the statutory charge to the workgroup. Act 132 established this workgroup to develop recommendations regarding: (1) coordination of the efforts of all public and private entities within the state that are involved with the donation and transplantation of human organs and tissues; (2) the creation of a comprehensive statewide program for organ and tissue donations and transplants; (3) the establishment of goals and strategies for increasing donation rates in Vermont of deceased and, where appropriate, live organs and tissues; (4) other issues related to organ and tissue donation and transplantation; and (5) whether the health department should establish an ongoing advisory council.

Dr. Chen emphasized that the workgroup's focus is to increase donor registration in Vermont. He highlighted the need to (1) clarify the concept of first-person consent in Vermont and ensure uniform messaging to prevent confusion; (2) launch the new DMV donor registry system; and (3) consider whether future legislation is needed to address live organ donation or a permanent advisory council.

Mike Smith provided an update on the progress of launching the new DMV donor registry system. DMV has implemented the system with respect to enhanced driver's licenses, but has struggled to implement the system for other driver's licenses due to delays impacting the new system for the primary functions of the DMV. In an effort to move forward with the donor registration, DMV has developed an alternate system that will allow them to fully implement the donor registration this fall. It is hoped the new system will be ready by October 1, but he is confident it will be ready no later than January 1, 2013. There will be a question on the license and renewal application, including those sent through the mail, which must be answered yes or no in order to process the license. The information will be uploaded to Statline, the donor registry system used by all the New England states.

Mike responded to questions from the other members and clarified that: (1) people may change their donation choice by obtaining a duplicate license, but without purchasing a new license, similar to the way address changes are handled for driver's licenses; (2) the question on the application is whether the individual consents to organ *and* tissue

donation and there is no opportunity for limited consent – those wishing to limit their consent can do so directly through Donate Life; (3) DMV has worked closely with the organ procurement organizations and has posters, brochures, clipboards, etc. in DMV offices and a link on its website promoting organ and tissue donation and making information available; and (4) the legal consent language on the current driver's license cards will not be on the cards when the new system is implemented.

The group discussed how the Statline registry works. It contains information both from registrations through Donate Life and also through the DMV. If someone wants to change their choice, they need to go through the way they registered initially. The Donate Life entries are transferred to Statline immediately. The DMV entries are transferred within a matter of days.

The group confirmed that Vermont does have first-person consent as provided in the Revised Uniform Anatomical Gift Act. NEOB and CDT routinely seek the family's cooperation and work with the family to understand the donor's choice. There is generally not an issue and most families are aware of the donor's wishes.

Dr. Chen asked the members to speak briefly about their goals for the workgroup. Members expressed interest in the implementation of the new DMV system and planning public outreach to coordinate with the implementation of the DMV system to maximize awareness, pursuing opportunities to increase live organ donations, a permanent advisory council and establishing a fund to support the work of the council, and including organ and tissue donation in the health exchange portal.

Next Steps and topics for discussion at our next meeting:

- 1) Dr. Scollins and Kate Devine will gather more information about live organ donation, how it is working now and develop recommendations for what a system in Vermont might look like, such as the entry portal, etc.
- 2) Daryl, Matt and Madeleine will look at planning a communication campaign to coordinate with the DMV launch to raise public awareness, such as PSAs, etc.
- 3) All members will look at Act 132 and the charge to the group and think about the topics for discussion.
- 4) Data – all members will consider what data might be available so we can assess where we are now and how we will know if activities to promote organ donation registration are successful. The OPOs and DMV are the likely sources of the pertinent data.
- 5) All members will consider what a permanent advisory council would look like, where it might be housed, how it might be resources and what its role would be for discussion. Matt will bring information relating to how advisory councils are functioning in other states.

**Future meetings dates: September 19, October 24, November 29 – 10AM, Vermont Department of Health, Conference room 3B**