

# Live Organ Donor Travel and Accommodation Cost Reimbursement Protocol

## Rationale

End stage renal disease is a debilitating condition that impacts significantly on a person's life expectancy and quality of life. It leads to death within days or weeks without treatment of either dialysis or renal transplantation. Approximately 4000 New Zealanders have end stage renal disease, with the rate increasing by between 4 percent per annum. Of these people, about 1600 have a functioning kidney transplant while around 2700 are receiving dialysis.

Increasing rates of organ donation and transplantation is a priority because of the significant quality of life impact of organ transplantation, and long term health and social sector cost savings, particularly associated with kidney transplant which is substantially cheaper in the long term compared to chronic dialysis.

Financial constraints have been identified as a barrier to live organ donation, therefore the Compensation for Live Organ Donors Act was enacted into law on 5 December 2016 to remove the financial barrier related to loss of earnings. The Act will provide reimbursement of lost income for people donating organs.

Travel and accommodation costs are not included in the Act, as live organ donors are considered eligible clients under the National Travel Assistance Policy (NTA), even where they do not meet the usual eligibility criteria (Section 2.0) of the Policy (see Section 6.1 of the NTA). Under the NTA live donors have costs covered to the levels agreed under Policy.'

## Approach for live organ donors

Given the benefits to each DHB's population associated with renal transplant, General Managers Planning & Funding support organ donation, live or deceased. This means:

1. Live donor travel and accommodation is the responsibility of the DHB of Domicile of the recipient of the organ.
  - 1.1. For non-directed donors, costs are attributed to their DHB of domicile, as the recipient is unknown.
2. Any questions of eligibility or interpretation of entitlement should be directed to the General Manager, Planning & Funding of the recipient's DHB.
3. Any aspects of eligibility that are discretionary under the NTA that has been authorised by the treating or referring specialist, e.g. air travel, taxi or shuttle travel, will be referred to the recipient's DHB, and should be approved.

## Specific additional entitlements for live donors are:

### **Travel to a First Specialist Assessment (Nephrology or Transplant Service)**

1. Live donors may be required to travel to be assessed for suitability for transplant. Travel and accommodation support to attend an assessment with any of the following will be supported when referred by either a nephrologist, transplant coordinator or donor liaison coordinator:
  - 1.1. Transplant Coordinator
  - 1.2. Donor Liaison Coordinator

- 1.3. Nephrologist
- 1.4. Transplant Surgeon

### **Travel transfers**

- 2. The following travel costs which are not routinely covered under the NTA will be supported for live donors:
  - 2.1. Travel costs that are incurred for transfers between home and airport or public transport terminals, or vice versa
  - 2.2. Travel costs between donor accommodation and the treatment centre (it is expected the donor will stay close to the hospital in approved accommodation).
  - 2.3. When the donor is an inpatient for the purposes of organ donation, between an agreed support person's accommodation and the treatment centre.

### **International Travel**

- 3. In some situations a donor for a New Zealand recipient will be domiciled in another country. The NTA covers travel and accommodation within New Zealand, but excludes flights to or from New Zealand.
  - 3.1. Eligibility for funding of international flights should be referred to the General Manager, Planning & Funding of the recipient's DHB of domicile. The General Manager will require that the authorising specialist confirms the following, noting that final confirmation of those facts may need to be established after reviewing the donor in person in New Zealand:
    - 3.1.1. the donor is a suitable donor
    - 3.1.2. there is no coercion or financial payment being made to the donor.

### **Accommodation**

- 4. Providing other requirements of the NTA are met, and the accommodation is with an approved provider, donor accommodation will be fully reimbursed.

### **Support Person**

- 5. In some circumstances travel and accommodation for a support person and/or a dependent child may be required.
  - 5.1. Eligibility for funding of a support person and/or as a carer for a dependent child may be referred to the General Manager, Planning & Funding of the recipient's DHB of domicile.

### **Additional support for deceased donors**

- 6. There may be circumstances where the immediate family of a potential deceased donor require travel and accommodation support.
  - 6.1. Eligibility for funding family members to travel to the hospital where a potential deceased donor is being cared for should be referred to the General Manager, Planning & Funding of the potential donor.

## **Administration**

This Protocol applies for any client who registers for NTA for travel to be assessed as a live organ donor or who receives donor surgery from 12 September 2016 onwards.

Administration of the Protocol will be through the normal National Travel Assistance coordinators, with registrations and claims received and managed through usual NTA processes.

Any questions about eligibility or entitlement under the Protocol for Live Organ Donation Travel and Accommodation Cost Reimbursement should be directed to the appropriate General Manager, Planning & Funding.

Date: 6 April 2017

