

02/28/2025 02:20PM, the Laws database is current through 2025 [Chapters 1-49, 61-100](#)

Public Health

§ 4370. Definitions. As used in this title, the following terms shall have the following meanings, unless the context clearly requires otherwise:

1. "Living donation" means the gift by an individual of an organ of that individual's body to be transplanted into another individual's body, the gift to be executed while the donating individual is living and with the intent that the donating individual will continue to live after the execution of the gift.

2. "Living donor" means: (a) an individual who makes a living donation; or

(b) an individual who incurs expenses as part of the living donation screening and evaluation process but that, through no decision or judgment of their own, does not become an actual living donor.

3. "Living donor expenses" means financial costs incurred by a living donor that arise due to the act of living donation and its consequences, that are subject to reimbursement under section forty-three hundred seventy-one of this title.

4. "Living donor support program" or "program" means the living donor support program established under section forty-three hundred seventy-one of this title.

5. "Paired donation" means a living donation in which the living donor's organ is incompatible with the ultimate intended recipient and the living donor's organ is transplanted into another recipient, and in turn another living donor makes a living donation, directly or through one or more paired donations, to the ultimate intended recipient of the initial living donor.

02/28/2025 02:20PM, the Laws database is current through 2025 [Chapters 1-49, 61-100](#)

Public Health

§ 4371. Reimbursement of living donor expenses. 1. The living donor support program is hereby established in the department.

2. (a) Subject to appropriations therefor, the program shall pay the living donor expenses for living donors who are residents of the state and make a living donation in which the ultimate recipient, either directly or through paired donation is a resident of the state. The commissioner through regulations shall establish eligible living donor expenses that are eligible for reimbursement under the program which shall include at a minimum: lost wages (including demonstrated lost non-employment income) or the economic value of sick or vacation days expended; travel and lodging, child care and elder care expenses; and costs of medications and care associated with the living donation surgery that are not covered by health insurance. The total period of time related to lost wages or expended sick or vacation days shall not exceed four weeks unless special circumstances are demonstrated, such as the nature of physical labor required for the living donor's employment; provided that the total period shall in no event exceed eight weeks. The commissioner may, by regulation, impose reasonable limitations on: (i) the amount of lost wages for a living donor making an income in excess of an annual rate of one hundred twenty-five thousand dollars; or (ii) the amount of living donor expenses above fourteen thousand dollars for any single living donor; and may include additional living donor expenses including reimbursement for costs of care performed by relatives or family members of the living donor.

(b) The program shall not pay reimbursement for expenses paid or required to be paid for by any third-party payer, including wages or other expenses that were covered under paid medical leave by the living donor's employer or that are covered by other sources of reimbursement such as the federal National Living Donor Assistance Program. The program shall be the payer of last resort with respect to any benefit under the program.

(c) Living donor expenses shall be reimbursed as close in time as possible to their being incurred by the donor, including by pre-payment where practicable.

3. (a) The commissioner may contract for the administration of reimbursement under the program. Factors such as cost to the state, ease of use for the living donor, and ease of use for transplant center hospitals shall be taken into consideration when awarding such contract.

(b) The commissioner shall make regulations to implement this section.

(c) This section shall be interpreted so as not to conflict with the federal National Organ Transplant Act (42 U.S.C. 274e).

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Public Health

§ 4372. Transplant education of patients with kidney disease or end stage renal failure. Nephrologists and primary care providers with primary responsibility of caring for patients with chronic kidney disease stage three or four, or end stage renal disease, shall provide patients with current and evidence based printed educational materials about the progression of kidney disease and relevant prevention and treatment options, including transplantation.