

March 7, 2019

Legislative leaders,

We are writing to share serious concerns about how the on-call language in Section 3 of HB 1155/SB 5190 could affect care for our surgical patients and threaten access to solid organ transplants throughout Washington State.

Our hospitals each provide life-saving organ transplants. We perform all types of solid organ transplants, from kidneys and liver, to lung, heart, and pancreas. Between our hospitals, we provide transplants to people of all ages, from infants to young adults to seniors. Organ transplants are a highly specialized form of surgery and require a skilled and technical team.

Organ transplant cases are almost never scheduled. An organ typically becomes available because of the organ donor's death. We do not have a transplant team staffed and standing by at all times. Instead, because of the unpredictability of these surgeries, we use mandatory on-call to cover transplant surgeries. Section 3 of the bills would prohibit the scheduling and use of mandatory on-call time.

Organ transplants would not meet the exemption qualification of a "patient care emergency." People in need of organs spend months or years on a wait list. While most will eventually die without a new organ, they will not immediately die. "Patient care emergencies" are things such as surgery for trauma patients who would imminently die or suffer disability without immediate care.

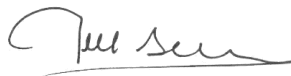
Organs need to be placed into the body of the recipient quickly or they begin to break down. Should this bill pass, we could lose our ability to transplant organs within the narrow window in which they are viable. We are required to commit to the regional organ procurement organization that we can efficiently transplant an available organ. If we cannot, the Washington patient in need will be bypassed. The organ will instead be sent to the next person on the list from another state – a state without the restrictions contained in HB 1155/SB 5190. There is high demand for organs; the need far outstrips the supply and any delay will disqualify our patients.

This bill could have the unintended consequence of decreasing the number of organs available to the citizens of Washington State, and therefore significantly affect their health and life. Solid organ transplant is the most dramatic example of the unintended consequences of the prohibition of pre-scheduled on call, but certainly not the only one. Delaying non-emergent care may later result in great harm to countless other patients – imagine people waiting for placement of a heart stent or a port for chemotherapy. If HB 1155/SB 5190 is to pass, please remove the prohibition on pre-scheduled on-call. The unintended consequences of this provision for Washington residents would be grave.

Sincerely yours,



Elaine Couture, RN
Executive Vice President/ Regional
Chief Executive
Providence Health & Services



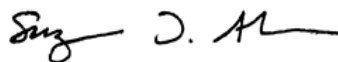
Jeff Sperring, MD
Chief Executive Officer
Seattle Children's



Lisa Brandenburg Chief Health
System Officer/VP of Medical Affairs
UW Medicine



R. Guy Hudson, M.D., MBA
Chief Executive Officer
Swedish Health Services



Suzanne T. Anderson
President
Virginia Mason