



National Kidney Foundation™
of HAWAII

March 3, 2011

Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair
Committee on Health
Conference Room 308
State Capitol
415 South Beretania St.
Honolulu, HI 96813

RE: H.B. 608 H.D. 2 (Relating to Health)

Dear Chairman Oshiro and Vice-Chair Lee and members of the State House Finance Committee,

I am Glen Hayashida, CEO, National Kidney Foundation of Hawaii (NKFH). It is our privilege to support H.B. 608 H.D.2. This bill recognizes the need for a local transplant center in Hawaii. Without a transplant center in Hawaii, many people will not receive an organ transplant and several will die. In addition to performing transplants, the transplant center also provides a vital need in evaluating a person who is willing to become a living donor. The number of living donors in Hawaii will certainly decrease thus reducing the number of transplants of Hawaii residents.

Not having a transplant center in Hawaii will create a real void in this state that will result in some people not receiving an organ transplant. Traveling to other states for a transplant is not an option for everyone on the transplant waiting list. For example, heart recipients are rarely healthy enough to travel often to a point of hardly breathing before receiving a heart.

In addition, recovery from a transplant takes several weeks. Emotionally, a recovering recipient and their family members prefer to be close to home. It would put a real

financial and emotional strain on the family to remain on the mainland together during a transplant recipient's recovery.

As for the appropriation in this bill, the transplant center and services within Hawaii Medical Center East (and in the days of St. Francis), have build an infrastructure to support the various needs of transplant recipients. If the transplant center would need to re-locate to another hospital then the infrastructure of that hospital would have to be built up in order to receive its license to insure the safety and well-being of transplant recipients.

The need for organs continues to grow. There are approximately 400 patients on the waiting list for organs in Hawaii with 90% in need of a kidney. There are approximately 55 transplants performed annually and another 15 from living donors.

Certainly the number of potential living donors in Hawaii would decrease without a local transplant center. Each candidate is required to have an extensive physical and emotional evaluation to determine his or her general health to determine whether s/he is a suitable organ donor. While this type of evaluation can be made through most physicians, they do not feel qualified to provide information specific to becoming a kidney donor so the donor can make an informed decision about becoming a living donor. If these services are only available on the mainland then it will certainly become a barrier to people becoming donors as these evaluations often take up to one year to perform to ensure the donor's health and motivation in becoming a donor. Donors must have the same attentive, high-quality care that transplant recipients receive.

Lastly, Chronic Kidney Disease (CKD) is a phrase that encompasses the majority of kidney conditions. CKD is quite often found by accident when a doctor carries out tests to investigate something else then discovers kidney disease. By then it is often too late for any effective preventative measure, dialysis or a kidney transplant become the only life saving treatment options. It is important to detect potential kidney problems at an early stage when a little prevention goes a long way in preventing loss of kidney function. Without prevention efforts, the transplant waiting list will continue to increase.

I strongly support H.B. 608 H.D. 2 in its attempt to save lives by keeping a transplant center in Hawaii. Thank you for this opportunity to testify.

Testimony to the
House Committee on Health

March 3, 2011
3:00 pm
Room 308, Hawaii State Capitol

**House Bill 608, HD2 – Relating to Health
(to maintain Hawaii’s CMS certified organ transplant center)**

Good morning Chair Oshiro, Vice Chair Lee and members of the House Finance Committee. My name is Marilyn A. Matsunaga and I submitting testimony in **STRONG SUPPORT** of HB 608, HD1. My apologies for not being there in person, but I am at home with a cold today.

I also testified in strongest support of this measure when it was before the House Committee on Health for this same, personal reason – my Dad was on the kidney transplant list. He was one of many hoping for the lifesaving miracle of a kidney transplant. Sadly, he died waiting on the list. My family and I clearly remember what his being on the list meant to all of us. We saw and felt what having a transplant center in Hawaii meant to so many families with loved ones waiting for a transplant.

The people of Hawaii are fortunate to have a CMS certified organ transplant center for kidney and liver transplants. This means that we meet national standards and criteria to qualify for this well-earned certification.

We are fortunate to have this vital health care resource in our state and it is one that we must protect. We live in one of the most remote places in the world. The distance between Hawaii and other population centers is measured in thousands of miles. For those with chronic kidney failure, care decisions are literally life and death.

Hawaii has one of the highest prevalence rates of chronic kidney failure in the United States. Our Native Hawaiian, Filipino and Japanese ethnicities are especially at –risk for the disease factors leading to kidney failure. And this is where having a CMS certified center becomes so crucial – we have a unique population profile not found anywhere else in the nation and our approaches to managing the risk factors leading to kidney failure along with the care needed in case of kidney transplant are valuable additions to the nation’s medical knowledge base which contributes to more effective care for everyone.

This support is humbly offered at this time of economic struggles. This is one of the very few services that is so black and white – life and death – in its outcomes as kidney failure, treatment and transplant. I hope that our public funds can maintain Hawaii’s ability to have this life saving health care resource in our state.

Thank you for your kind attention to my testimony.