Two new rules could make sure more kidneys go to recipients who need them

Reducing deaths from kidney disease ought to be a top political issue.

I'm biased, as someone who's donated a kidney, but the numbers are pretty clear: 40,000 people die every year in the US for lack of a kidney transplant, more than all gun deaths.

We all agree (or should all agree) that gun deaths are a serious problem. So why isn't there the same sense of public urgency behind preventing kidney deaths?

Luckily, the federal government looks like it's about to make big moves in the right direction.

The Office of Information and Regulatory Affairs (OIRA), housed in the White House budget office, is often described as the most important federal agency you've never heard of. Its job is to evaluate, alter, delay, reject, and otherwise administer regulations making their way through the government.

So you can imagine my joy upon discovering that not one but two rules that would increase the availability of kidneys and other organs for people who need transplants are on OIRA's docket, set to be addressed in September. These obscure rules have the potential to save thousands of lives.

I've written about the first rule before. It authorizes the National Living Donor Assistance Center (NLDAC), a group funded by the federal government that reimburses travel expenses for living kidney donors, to also reimburse for lost wages, child care, and other expenses.

That could dramatically increase living donations. Since Israel passed a law in 2018 reimbursing donor expenses and providing other benefits, live donation rates have quadrupled. Josh Morrison, an altruistic kidney donor who runs the advocacy group Waitlist Zero, conservatively estimates that the regulatory change might boost donations in the US by 25 percent.

That would mean 1,600 or so additional donors every year, each of whom would enable their recipient to live, on average, nine to 10 years longer.

Pretty good! But the other rule is also crucially important. To understand the new rule, you need to know a bit about how hospitals recover organs from dead bodies.

In the US, there are 58 agencies with local monopolies over the provision of dead people's organs, known as organ procurement organizations or OPOs.

And for some time now, independent analysts and investigative reporters have argued that OPOs are underusing deceased donor organs by the tens of thousands. One report estimated that 28,000 usable organs are abandoned; another put the number at 75,000.

The basic argument is that OPOs face perverse incentives: For instance, they're often evaluated on the basis of how many organs are recovered per "eligible death," but "eligible death" is a determination made by the OPOs themselves, making it easy to juke the stats without actually getting more people organs.

The result is that tens of thousands of organs go unused.

According to a source in the federal government, the OPO rule being weighed would scrap the existing evaluation system in favor of two simple, harder-to-game criteria: the number of deceased donors as a share of the total number of deceased people 75 and younger with causes of death compatible with donation (an objective standard determined ahead of time); and the number of organs recovered as a share of that group of deceased people.

That could go a long way toward ensuring OPOs are collecting as many organs as possible — and save thousands of lives in the process.

Regulatory changes like these are not usually front-page news. But when you're dealing with a problem as severe as the kidney shortage, there's tremendous potential for even seemingly modest regulatory changes to save lives.