



National Kidney Foundation®

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The Honorable Marvin Abney  
Chairman, House Committee on Finance  
Rhode Island General Assembly

Dear Chairman Abney:

The National Kidney Foundation respectfully requests your support of HB 7159, to remove a critical barrier to living organ donation and benefit the approximate 2,000 Rhode Island residents who have irreversible end-stage kidney disease (ESKD). Nearly 400 of these individuals are on a kidney transplant wait list, among the 94,000 Americans waiting for a new kidney.

HB 7159 would provide up to 60 days of paid leave, separate from accrued personal and sick leave, for state employees to serve as a living organ donor. Multiple states provide living donor paid leave for their civil servants who have opted to share the gift of life with a family member, friend, or colleague. Rhode Island's neighbors have already acted: Connecticut and Massachusetts provide paid leave for state employees who serve as living organ donors. Passing HB 7159 would bring Rhode Island in line with these peer states and demonstrate that the General Assembly values the selfless act of living donation.

Almost 560,000 Americans receive dialysis to remain alive.[1] Many endure severe quality of life challenges such as cognitive impairment, depression, chronic infection, strict dietary restrictions, anemia, and debilitating post-dialysis fatigue. Most are too ill to work, deepening their financial hardship and loss of independence.

Kidney disease is the nation's 8th leading cause of death [2] and eleven people die daily while waiting for a kidney transplant.[3] Living donation offers people with kidney failure an improved quality of life and helps avoid a long wait for a kidney. Some people with late-stage kidney disease may even be able to get a preemptive transplant by finding a living donor before they start dialysis. Further, a kidney from a living donor can last about twice as long as a kidney from a deceased donor.

It is equally important to recognize the remarkable sacrifice living donors make. In addition to the surgery, living donation requires a recovery period of several weeks, and time away from work and family — all undertaken voluntarily to save another person's life. The absence of paid leave coverage forces many employees to choose between donating and their own financial security. HB 7159 removes that impossible choice.

The fiscal case for this legislation is also compelling. A successful kidney transplant can save the healthcare system an estimated \$1.5 million per patient over a lifetime compared to ongoing dialysis — costs borne substantially by Medicare and Medicaid. The modest cost to the state of providing paid leave to a small number of employee donors is far outweighed by these long-term savings to public programs.

We respectfully urge the Committee to advance HB 7159 and would welcome the opportunity to provide testimony or answer any questions members may have. Please do not hesitate to contact us to arrange a meeting or to request additional information.

Thank you for your consideration of this legislation.

Sincerely,

Jennifer Matthews,  
Executive Director  
National Kidney Foundation Serving New England

[1] United States Renal Data System. 2025 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2025.

[2] Ahmad FB, Cisewski JA, Anderson RN. Mortality in the United States: Provisional Data, 2024. Vital Statistics Rapid Release. 2025 Sep.

[3] Organ Procurement and Transplantation Network (OPTN) and Scientific Registry of Transplant Recipients (SRTR). OPTN/SRTR 2023 Annual Data Report. U.S. Department of Health and Human Services, Health Resources and Services Administration; 2025.