



Virginia Department of Corrections

Health Services

Operating Procedure 750.2

Transplants

Authority:

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Transplant - The transfer of a human organ or tissue from one person to another (allograft) or from one site to another in the same individual (autograft).

PURPOSE

This operating procedure provides guidance for transplant procedures where the organ donor or recipient is an inmate in a Department of Corrections (DOC) facility.

PROCEDURE

- I. Community Corrections Alternative Program (CCAP) Eligibility
 - A. Probationers/Parolees in a CCAP will not be considered to receive or donate transplant organs while under supervision.
 - B. If the medical condition is such that the surgery cannot be delayed until the CCAP probationer/parolee completes the CCAP, the medical authority or designee will document the emergent nature of the transplant receipt or donation and the CCAP probationer/parolee will be removed from the CCAP as medically unsuitable. The Regional Administrator will approve or deny the removal and the CCAP probationer/parolee may be considered to reenter the CCAP after recovery, if suitable.
- II. General Considerations for Transplant Approval
 - A. Evaluation
 1. The DOC will evaluate each organ transplant request for medical necessity and clinical efficacy and effectiveness. Organ transplants to be considered include but are not limited to heart, lung, kidney, pancreas, intestine, bone marrow, cornea, and liver. Transplants that are considered experimental will only be considered and approved in accordance with COV §54.1-3442.2, *Eligibility for expanded access to investigational drugs, biological products, and devices; written, informed consent to treatment*.
 2. If the inmate is recommended for transplant, the transplant team's recommendation and justification will be given to Anthem Blue Cross/Blue Shield.
 3. Anthem will review the transplant team's recommendation, and make its own recommendation to the HSU, which will make the final decision.
 4. If a transplant is needed, the inmate may receive an organ from a living donor if inmate/family bears all cost of harvesting the organ from the donor. The transplant team is responsible for making financial arrangements with family for reimbursement.
- III. Inmate Donors
 - A. Inmates may be considered to donate a kidney, bone marrow, etc. to a family member under the following conditions:
 1. There is no other family match, verified in writing by the transplant team to the DOC.
 2. The procedure must be done in Virginia, unless the inmate can be transferred in accordance with Operating Procedure 020.2, *Compact for Interstate Transfer of Incarcerated Offenders*, to the state where transplant is to be performed.
 3. There is no cost to the DOC. The inmate or family must deposit (prior to procedure) sufficient funds into an escrow account to fully pay all expenses incurred (security, transportation, hospital costs, estimated cost of post-op infirmary care, etc.)
 - B. Inmates should be directed to contact the HSU for additional information.

REFERENCES

COV §54.1-3442.2, *Eligibility for expanded access to investigational drugs, biological products, and devices; written, informed consent to treatment*.

Operating Procedure 020.2, *Compact for Interstate Transfer of Incarcerated Offenders*

ATTACHMENTS

None

FORM CITATIONS

None