



# Operating Procedure

<b>Effective Date</b> September 1, 2016	<b>Number</b> 750.2
<b>Amended</b>	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 750.2 (9/1/13)	
<b>Authority</b> COV §53.1-32, §54.1-3442.2	
<b>ACA/PREA Standards</b> None	
<b>Office of Primary Responsibility</b> Health Services Unit	

**Subject**

**TRANSPLANTS**

<b>Incarcerated Offender Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<b>Attachments</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**I. PURPOSE**

This operating procedure provides guidance for transplant procedures where the organ donor or recipient is an offender incarcerated in a Department of Corrections facility.

**II. COMPLIANCE**

This operating procedure applies to all facilities operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

**III. 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)

**IV. PROCEDURE**

**A. Community Corrections Facilities**

1. Offenders in Community Corrections facilities will not be considered to receive or donate transplant organs while incarcerated.
2. If the medical condition is such that the surgery cannot be delayed until the offender completes the program, the offender should be removed from the program as medically unsuitable and may be considered to reenter the program after recovery.
3. The decisions to remove the offender and allow reentry will be made on an individual basis by the Facility Unit Head and the Chief P & P Officer of the referring District.

**B. The following general considerations will guide the determination of whether an offender will be approved to receive an organ transplant.**

1. There must be conclusive evidence from peer-review publications that the specific transplant has a definite positive effect on health outcomes. This evidence must include well-designed investigations that have been reproduced by nonaffiliated authoritative sources, with measurable results and with positive endorsements of national medical bodies or panels regarding scientific efficacy and rationale.
2. Peer-review publications must demonstrate that over time the transplant leads to improvement in health outcomes and beneficial effects outweigh any harmful effects.
3. Peer-review publications must demonstrate that the transplant is more effective in improving health outcomes than other established treatments.
4. Peer-review publications must show that improvement in health outcomes is possible in standard conditions of medical practice, outside of clinical investigative settings.
5. Based upon a comprehensive evaluation of the patient and sound medical judgment, the transplant is expected to improve the offender's quality of life and chances for long term survival.

6. There is no significant involvement of other organ systems (e.g., malignancies in other organ systems or tissues, chronic progressive conditions, etc.)
7. There are no significant impairments or conditions which would affect negatively the transplant surgery or supportive medical services and the post-transplantation (outpatient and inpatient) management of the offender. In cases where the offender has a history of current or past alcohol or drug abuse, the offender shall be monitored with random and repeated alcohol and/or drug screening during the assessment process up to the time of transplant.
8. There is strong clinical indication that the offender can survive the transplantation procedure and related medical therapy (e.g., chemotherapy, immunosuppression).
9. The offender's condition has failed to improve with other conventional medical/surgical therapies; or based on peer-review publications, transplantation affords the best chance of long term survival for the specific condition.

#### C. Evaluation

1. The Department of Corrections will evaluate each organ transplant request for medical necessity and clinical efficacy. 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.
2. An offender desiring to receive an organ transplant should complete the [Request for Evaluation for Transplant](#) 750\_F2 and submit it to the facility Medical Department.
3. If the current diagnosis indicates that an organ transplant may be appropriate, the facility Health Authority should:
  - a. Have the offender sign a [Consent for Release of Confidential Health Information - Transplant](#) 750\_F3. If the offender refuses to sign the *Consent* for information to be given to the transplant team, no further consideration will be given to the *Request*.
  - b. Designate appropriate staff to complete the [Transplant Medical Screening](#) 750\_F4 based on information from the Health Record and the offender.
  - c. Request that a Qualified Mental Health Professional that serves the facility, complete a current [Mental Health Appraisal \(DOC MH 17\)](#) 730\_F17, see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*).
  - d. If the offender is a hospital patient at the time the transplant diagnosis is made, the facility Health Authority, Health Services Unit, and the hospital staff should cooperate to assemble information needed to evaluate the offender for a transplant.
4. The transplant evaluation package including [Request for Evaluation for Transplant](#) 750\_F2, [Consent for Release of Confidential Health Information - Transplant](#) 750\_F3, [Transplant Medical Screening](#) 750\_F4, and [Mental Health Appraisal \(DOC MH 17\)](#) 730\_F17 shall be sent to the applicable transplant team at VCU Medical Center.
5. Evaluation of the transplant evaluation package and the offender will be conducted by the VCU Medical Center's transplant team.
6. If the offender is recommended for transplant, the VCU Medical Center's recommendation and justification will be given to Anthem Blue Cross/Blue Shield.
7. Anthem will review VCU Medical Center's recommendation, and make its own recommendation to the Health Services Unit which will make the final decision.
8. If approved for transplant, the offender may receive an organ from a living donor if offender/family bears all cost of harvesting the organ from the donor. VCU Medical Center is responsible for making financial arrangements with family for reimbursement.

#### D. Offender Donors

1. Offenders may be considered to donate a kidney, bone marrow, etc. to a family member under the following conditions:
  - a. There is no other family match, verified in writing by the transplant team to the DOC
  - b. Procedure must be done in Virginia, unless the offender 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.
  - c. There is no cost to Department of Corrections. The offender 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.)
2. Contact the Health Services Unit for additional information.

V. REFERENCES

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

Operating Procedure 730.2 *Mental Health Services: Screening, Assessment, and Classification*

VI. FORM CITATIONS

[Mental Health Appraisal \(DOC MH 17\)](#) 730\_F17

[Request for Evaluation for Transplant](#) 750\_F2

[Consent for Release of Confidential Health Information - Transplant](#) 750\_F3

[Transplant Medical Screening](#) 750\_F4

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*The office of primary responsibility reviewed this operating procedure in September 2017 and no changes are needed at this time.*

*Signature Copy on File*

N. H. Scott, Deputy Director of Administration

*7/18/16*

Date