

119TH CONGRESS
1ST SESSION

S. 1782

To prohibit discrimination on the basis of mental or physical disability in cases of organ transplants.

IN THE SENATE OF THE UNITED STATES

MAY 15, 2025

Mrs. MOODY (for herself, Ms. HASSAN, Mr. SCOTT of Florida, Ms. SMITH, Mr. DAINES, Mr. KAINE, Mrs. HYDE-SMITH, and Mr. WHITEHOUSE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To prohibit discrimination on the basis of mental or physical disability in cases of organ transplants.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Charlotte Woodward
5 Organ Transplant Discrimination Prevention Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **AUXILIARY AIDS AND SERVICES.**—The term
9 “auxiliary aids and services” has the meaning given

the term in section 4 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12103).

(2) COVERED ENTITY.—The term “covered entity” means any licensed provider of health care services (including licensed health care practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric residential treatment facilities, institutions for individuals with intellectual or developmental disabilities, and prison health centers), and any transplant hospital (as defined in section 121.2 of title 42, Code of Federal Regulations or a successor regulation), that—

(A) is in interstate commerce; or

(B) provides health care services in a manner that—

(i) substantially affects or has a substantial relation to interstate commerce; or

(ii) includes use of an instrument (including an instrument of transportation or communication) of interstate commerce.

(3) DISABILITY.—The term “disability” has the meaning given the term in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).

1 (4) HUMAN ORGAN.—The term “human organ”
2 has the meaning given the term in section 301(c) of
3 the National Organ Transplant Act (42 U.S.C.
4 274e(c)).

5 (5) ORGAN TRANSPLANT.—The term “organ
6 transplant” means the transplantation or trans-
7 fusion of a donated human organ into the body of
8 another human for the purpose of treating a medical
9 condition.

10 (6) QUALIFIED INDIVIDUAL.—The term “quali-
11 fied individual” means an individual who, with or
12 without a support network, provision of auxiliary
13 aids and services, or reasonable modifications to
14 policies or practices, meets eligibility requirements
15 for the receipt of a human organ.

16 (7) REASONABLE MODIFICATIONS TO POLICIES
17 OR PRACTICES.—The term “reasonable modifications
18 to policies or practices” includes—

19 (A) communication with persons respon-
20 sible for supporting a qualified individual with
21 postsurgical or other care following an organ
22 transplant or related services, including support
23 with medication;

24 (B) consideration, in determining whether
25 a qualified individual will be able to comply

with health requirements following an organ transplant or receipt of related services, of support networks available to the qualified individual, including family, friends, and providers of home and community-based services, including home and community-based services funded through the Medicare or Medicaid program under title XVIII or XIX, respectively, of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.), another health plan in which the qualified individual is enrolled, or any program or source of funding available to the qualified individual; and

(C) the use of supported decision-making, when needed, by a qualified individual.

(8) RELATED SERVICES.—The term “related services” means services related to an organ transplant that consist of—

(A) evaluation;

(B) counseling;

(C) treatment, including postoperative treatment, and care;

(D) provision of information; and

(E) any other service recommended or required by a physician.

1 (9) SUPPORTED DECISION-MAKING.—The term
2 “supported decision-making” means the use of a
3 support person to assist a qualified individual in
4 making health care decisions, communicate informa-
5 tion to the qualified individual, or ascertain a quali-
6 fied individual’s wishes. Such term includes—

7 (A) the inclusion of the individual’s attor-
8 ney-in-fact or health care proxy, or any person
9 of the individual’s choice, in communications
10 about the individual’s health care;

11 (B) permitting the individual to designate
12 a person of the individual’s choice for the pur-
13 poses of supporting that individual in commu-
14 nicating, processing information, or making
15 health care decisions;

16 (C) providing auxiliary aids and services to
17 facilitate the individual’s ability to communicate
18 and process health-related information, includ-
19 ing providing use of assistive communication
20 technology;

21 (D) providing health information to per-
22 sons designated by the individual, consistent
23 with the regulations promulgated under section
24 264(c) of the Health Insurance Portability and
25 Accountability Act of 1996 (42 U.S.C. 1320d–

2 note) and other applicable laws and regulations governing disclosure of health information;

(E) providing health information in a format that is readily understandable by the individual; and

(F) working with a court-appointed guardian or other person responsible for making health care decisions on behalf of the individual, to ensure that the individual is included in decisions involving the health care of the individual and that health care decisions are in accordance with the individual's own expressed interests.

(10) SUPPORT NETWORK.—The term “support network” means, with respect to a qualified individual, 1 or more people who are—

(A) selected by the qualified individual or by the qualified individual and the guardian of the qualified individual, to provide assistance to the qualified individual or guidance to that qualified individual in understanding issues, making plans for the future, or making complex decisions; and

(B) who may include the family members, friends, unpaid supporters, members of the reli-

1 gious congregation, and appropriate personnel
 2 at a community center, of or serving the quali-
 3 fied individual.

4 **SEC. 3. PROHIBITION OF DISCRIMINATORY POLICY.**

5 The board of directors described in section
 6 372(b)(1)(B) of the Public Health Service Act (42 U.S.C.
 7 274(b)(1)(B)) shall not issue policies, recommendations,
 8 or other memoranda that would prohibit, or otherwise
 9 hinder, a qualified individual's access to an organ trans-
 10 plant solely on the basis of that individual's disability.

11 **SEC. 4. PROHIBITION OF DISCRIMINATION.**

12 (a) IN GENERAL.—Subject to subsection (b), a cov-
 13 ered entity may not, solely on the basis of a qualified indi-
 14 vidual's disability—

15 (1) determine that the individual is ineligible to
 16 receive an organ transplant or related services;

17 (2) deny the individual an organ transplant or
 18 related services;

19 (3) refuse to refer the individual to an organ
 20 transplant center or other related specialist for the
 21 purpose of receipt of an organ transplant or other
 22 related services; or

23 (4) refuse to place the individual on an organ
 24 transplant waiting list.

25 (b) EXCEPTION.—

1 (1) IN GENERAL.—

2 (A) MEDICALLY SIGNIFICANT DISABIL-
3 ITIES.—Notwithstanding subsection (a), a cov-
4 ered entity may take a qualified individual's
5 disability into account when making a health
6 care treatment or coverage recommendation or
7 decision, solely to the extent that the disability
8 has been found by a physician, following an in-
9 dividualized evaluation of the potential recipi-
10 ent, to be medically significant to the receipt of
11 the organ transplant or related services, as the
12 case may be.

13 (B) CONSTRUCTION.—Subparagraph (A)
14 shall not be construed to require a referral or
15 recommendation for, or the performance of, a
16 medically inappropriate organ transplant or
17 medically inappropriate related services.

18 (2) CLARIFICATION.—If a qualified individual
19 has the necessary support network to provide a rea-
20 sonable assurance that the qualified individual will
21 be able to comply with health requirements following
22 an organ transplant or receipt of related services, as
23 the case may be, the qualified individual's inability
24 to independently comply with those requirements

1 may not be construed to be medically significant for
2 purposes of paragraph (1).

3 (c) REASONABLE MODIFICATIONS.—A covered entity
4 shall make reasonable modifications to policies or practices
5 (including procedures) of such entity if such modifications
6 are necessary to make an organ transplant or related serv-
7 ices available to qualified individuals with disabilities, un-
8 less the entity can demonstrate that making such modi-
9 fications would fundamentally alter the nature of such
10 policies or practices.

11 (d) CLARIFICATIONS.—

12 (1) NO DENIAL OF SERVICES BECAUSE OF AB-
13 SENCE OF AUXILIARY AIDS AND SERVICES.—For
14 purposes of this section, a covered entity shall take
15 such steps as may be necessary to ensure that a
16 qualified individual with a disability is not denied a
17 procedure associated with the receipt of an organ
18 transplant or related services, because of the absence
19 of auxiliary aids and services, unless the covered en-
20 tity can demonstrate that taking such steps would
21 fundamentally alter the nature of the procedure
22 being offered or would result in an undue burden on
23 the entity.

24 (2) COMPLIANCE WITH OTHER LAW.—Nothing
25 in this section shall be construed—

1 (A) to prevent a covered entity from pro-
2 viding organ transplants or related services at
3 a level that is greater than the level that is re-
4 quired by this section; or

5 (B) to limit the rights of an individual with
6 a disability under, or to replace or limit the
7 scope of obligations imposed by, the Americans
8 with Disabilities Act of 1990 (42 U.S.C. 12101
9 et seq.) including the provisions added to such
10 Act by the ADA Amendments Act of 2008
11 (Public Law 110–325), section 504 of the Re-
12 habilitation Act of 1973 (29 U.S.C. 794), sec-
13 tion 1557 of the Patient Protection and Afford-
14 able Care Act (42 U.S.C. 18116), or any other
15 applicable law.

16 (e) ENFORCEMENT.—

17 (1) IN GENERAL.—Any individual who alleges
18 that a qualified individual was subject to a violation
19 of this section by a covered entity may bring a claim
20 regarding the allegation to the Office for Civil
21 Rights of the Department of Health and Human
22 Services, for expedited resolution, as appropriate.

23 (2) RULE OF CONSTRUCTION.—Nothing in this
24 subsection is intended to limit or replace available
25 remedies under the Americans with Disabilities Act

1 of 1990 (42 U.S.C. 12101 et seq.) or any other ap-
2 plicable law.

3 **SEC. 5. APPLICATION TO EACH PART OF PROCESS.**

4 The provisions of this Act—

5 (1) that apply to an organ transplant, also
6 apply to the evaluation and listing of a qualified in-
7 dividual, and to the organ transplant and post-
8 organ-transplant treatment of such an individual;
9 and

10 (2) that apply to related services, also apply to
11 the process for receipt of related services by such an
12 individual.

13 **SEC. 6. EFFECT ON OTHER LAWS.**

14 Nothing in this Act shall be construed to supersede
15 any provision of any State or local law that provides great-
16 er rights to qualified individuals with respect to organ
17 transplants than the rights established under this Act.

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