

**EXECUTIVE SUMMARY
OF THE MINUTES
OPTN/UNOS BOARD OF DIRECTORS MEETING**

**June 24-25, 2013
Richmond, Virginia**

John Roberts, M.D., OPTN/UNOS President called the meeting to order at 4:15 p.m. on June 24, 2013. A quorum was present, and 37 of the Board members were in attendance during the meeting.

The Board extended the term of Dr. Elizabeth A. Pomfret by one year to fill the vacancy created by the death of Dr. David Hull, the incoming Region 1 Councillor Representative on the Board of Directors.

The Board approved several resolutions contained in the Consent Agenda in a single vote. One item was removed from the consent agenda for further discussion during the meeting. The subject of the individual resolutions approved in the Consent Agenda follows here:

1. The Board approved the minutes of the November 12-13, 2012, meeting of the Board of Directors held in St. Louis, Missouri.
2. The Board approved the Educational Guidance on Patient Referral to Kidney Transplantation.
3. The Board approved seven new transplant programs and two new living donor recovery components in four new transplant hospitals; fully approved one new non-institutional member; fully approved eight new transplant programs, three new living donor recovery components, and grant 24 month conditional approval to one new program in existing transplant hospitals; fully approved three non-institutional member for another two-year term; granted full approval to five programs and one living donor component that reactivated in four existing transplant hospitals; and fully approved one existing living donor component that was conditionally approved.
4. The Board approved the removal of Bylaws, Appendix J (Membership and Personnel Requirements for Joint Heart and Lung Programs). This proposal removes an OPTN bylaw for designating a single combined heart and lung transplant programs.
5. The Board approved modifications, post public comment, to Policies 3.2.1.8.1 (Permissible Modifications), 3.8.7.2 (Accrual of Waiting Time), 3.8 (Pancreas Allocation Policy), 3.8.7.4 (Process for Re-Allocating Islets.), 3.8.7.5 (Removal from the Pancreas Islet Waiting List), and Article 1, Section 1.2, D (Registration Fees) and Appendix G (Membership and Personnel Requirements for Pancreas and Pancreatic Islet Transplant Programs), Section 4 (Requirements for Designated Pancreatic Islet Transplant Programs) of the OPTN Bylaws. This proposal requires the reporting of every islet infusion to the OPTN Contractor within 24 hours of the infusion.

6. The Board rescinded previously approved programming changes to the *Pediatric Status 1A Justification Form*.
7. The Board approved Guidance Regarding Policy 3.7.3 (Adult Heart Status 1A(b) Device-Related Complications).

Following passage of the Consent Agenda, the Board approved the 2012 OPTN audited financial statements for the year ended September 30, 2012.

The Board approved a proposal to substantially revise the national kidney allocation system. This proposal contains many revisions including: the introduction of longevity matching for some kidneys, conversion from SCD/ECD designations to a continuous scale (KDPI), elimination of kidney paybacks, a sliding scale for assigning points based on CPRA, new allocation classifications for very highly sensitized candidates.

The Board also terminated existing kidney allocation variances as a result of passage of the new kidney allocation system.

The Board approved changes to the imminent and eligible death data definitions, which definitions shall be effective on December 1, 2103.

The Board considered proposed modifications to the DCD model elements and after significant discussion, the Board tabled the proposal. Later in the meeting, the Board discussed the proposal with an intent to reconsider the proposal during this meeting however, the proposal remained tabled.

The Board approved modifications to Bylaws Appendix D (Membership Requirements for Transplant Hospitals and Transplant Programs), Sections 9 (Review of Transplant Program Functional Activity) and 10(B) (Patient Notification Requirements for Waiting List Inactivation), and Appendix K (Transplant Program Inactivity, Withdrawal, and Termination), Section 1 (Transplant Program Inactivity). This proposal better defines the notification requirements for periods of functional inactivity.

In the first order of business of the second day of the meeting, the Board *declined* to approve a proposal to add optional fields for donor HLA-DQA and HLA-DPB in DonorNet® and candidate unacceptable antigens in WaitlistSM.

The Board approved enhancements to the disease transmission reporting section of the Improving Patient Safety Portal in UNetSM.

The Board approved Guidance for Identifying Risk Factors for West Nile Virus (WNV) during Evaluation of Potential Living Donors, and specified that the Guidance shall expire on June 30, 2015.

The Board approved updates to Lung Review Board Guidelines for reviewing Lung Allocation Score (LAS) and priority exception requests.

The Board approved an ethics position statement regarding Donation after Circulatory Death (DCD) in the neurologically aware population.

The Board approved modifications to the Bylaws, Articles VII (Permanent Standing Committees), 7.6 (Finance Committee), and 7.7 (Conflicts of Interest) to reconstitute the Finance Committee as a committee of the Board.

The Board directed that notice of future meetings of the Executive Committee shall be sent concurrently to the full Board of Directors.

Following a presentation of the Ad Hoc Organ Labeling and Tracking Committee, the Board approved the commitment of funding for field testing of the organ labeling and tracking project. Additional recommendations from the Committee will include projected costs for the members for potential wider implementation of these processes.