

**OPTN/UNOS Patient Affairs Committee
Report to the Board of Directors
June 25-26, 2012
Richmond Virginia**

Summary

I. Action Items for Board Consideration

- None

II. Other Significant Items

- The Committee provided input as part of the larger OPTN/UNOS response to the Public Health Service Guidelines for Reducing Transmission of HIV, HBV and HCV through Solid Organ Transplantation (Item 1, Page 3)
- Revisions to the educational brochure, *What Every Patient Needs to Know* have been completed. Corporate sponsors funded this project for another year. (Item 2, Page 4)
- The Committee has participated in a cooperative effort with UNOS Communications and CreativeAid to pilot a new online print resource called Print-on-Demand. Print-on-Demand allows for customization of select resources at a nominal cost. (Item 3, Page 4)
- The Committee has completed an update of *What Every Kid Needs to Know* (Item 4, Page 4)

OPTN/UNOS Patient Affairs Committee
Report to the Board of Directors
June 25 & 26, 2012
Richmond Virginia

Laura Ellsworth, Chair
Kristie Lemmon, Vice Chair

This report reflects the work of the Patient Affairs Committee during conference calls held between October 6, 2011 and April 5, 2012.

1. Response to PHS Guidelines Proposal

In response to an invitation from the Centers for Disease Control, the Committee reviewed the proposed Public Health Service Guidelines for Reducing Transmission of HIV, HBV and HCV through Solid Organ Transplantation. The Committee received the entire proposal via SharePoint in October, 2011. Sections of particular interest to patients were highlighted for special review.

During the October 6, 2011 conference call, the Committee agreed to reconvene via conference call on October 13, 2011 to discuss the proposal and draft a general response.

During the October 13, 2011 conference call, the Committee received a brief overview of DTAC findings beginning in 2005 through 2010. The Committee also received a presentation from an Organ Procurement Organization on the Committee on the process for and tools used in assessment of deceased donors. A copy of the psychosocial assessment used by this coordinator was provided for committee review prior to the conference call.

Feedback from the October 13, 2011 conference call was formatted by the Committee Liaison and forwarded to the Committee for final review and approval. The Committee accepted the draft comments by consensus. The Committee opinion was incorporated into the larger OPTN/UNOS response to the proposal.

The Committee supports informing all potential living donors and persons interviewed regarding consent for deceased donation that the donor evaluation process will include review of medical history and testing to identify the presence of infectious diseases.

The Committee expressed strong reservations about identifying persons who have had more than 2 sexual partners within the last 12 months as high risk donors. The consensus within the Committee was the definition is so broad as to exclude many potentially viable donors. From that perspective, transplant patients will be negatively impacted by this aspect of the proposal.

The Committee expressed concern that specimen storage requirements outlined in the proposal may impose an undue financial burden on smaller programs requiring some to close. The closing of any program limits access to transplant for patients.

In order to best serve the needs of patient, the Committee strongly recommends:

- Developing educational materials for potential living donors and the families of potential deceased donors regarding these guidelines
- Developing a standardized language to describe high risk donors

2. Publication of *What Every Patient Needs to Know*

Effective January 2012, the newly updated *What Every Patient Needs to Know* became available on the UNOS Online Store and via the Patient Services Line. The resource has been completely rewritten and redesigned.

3. Print on Demand

During the Fall of 2011, Members of the Committee sought a means to make patient education resources, such as *What Every Patient Needs to Know* more consistently and easily accessible to the transplant community, while also decreasing dependence on outside funding.

After having key resources on backorder for months awaiting corporate funding, a transplant center approached the Committee about the potential for paying for the resource in bulk and personalizing it with the center logo. CreativeAid was able to provide this as an economical option.

CreativeAid is now defining the process for offering a web-based print-on-demand process that allows centers to customize private resources, including:

- *What Every Patient Needs to Know*
- *What Every Kid Needs to Know*
- *Living Donation*

Print-on-Demand provides a simple and cost-effective resource for transplant centers; allowing them to access and customize key resources in bulk supply, at a reasonable cost. Print-on-demand also provides financial resources to offset the cost of providing resources directly to individual patients. Decreased dependence on private funding provides greater access to transplant educational resources for patients.

4. *What Every Kid Needs to Know* Update

The Committee reviewed the educational brochure, *What Every Kid Needs to Know*. After careful review and discussion, it was determined that the content of the brochure continues to be relevant. Statistical data was updated. Efforts are underway to identify sponsors for a reprint of this resource.

5. Proposal for Uniform Patient Notification Policy

The Committee continues work on the charge to develop a proposal to revise the OPTN Bylaws such that patient notification requirements are more easily understood and more accessible to the transplant community. The Committee carefully assessed this issue. The OPTN Bylaw and Policy Plain Language rewrites addressed the issues of clarity and understandability. The plan with the Policy Plain Language Rewrite Project is to incorporate patient notification as a stand-alone policy section.

The Committee has been involved with a review of the proposed policy language. The Committee has opted to delay further steps toward policy proposals pending review of the final version of the Policy Plain Language Project.

6. OPTN Bylaws Rewrite, Appendix L: Reviews, Actions and Due Process.

The Committee received a presentation on the purpose and intent of the OPTN Bylaws Rewrite, Appendix L: Reviews, Actions and Due Process during the April 5, 2012 conference call. Appendix L

constitutes a substantive rewrite of the portion of the current Appendix A. This appendix addresses how the OPTN Contractor and the MPSC will review and act on potential violations and non-compliance.

The Committee felt the addition of the expedited review pathway would be beneficial to transplant centers. The Committee also felt that the language used and the organization of the rewrite made the content easier to understand and to navigate, when considered from the perspective of an average patient. The Committee acknowledges the challenges of lowering the reading levels in materials that represent a legal process and must incorporate clinical language.

The Committee voted in support of the rewrite and the associated substantive changes by consensus.

7. Draft Bylaw Rewrite Special Public Comment Review

The Committee began preparation for Review of the Draft Bylaw Rewrite Special Public Comment during the December 1, 2011 conference call. Committee members were assigned one or more bylaws for review via email following the call. Reviewers were instructed to approach their review from the perspective of patient or family member who was reviewing the bylaw for the first time. The purpose of this review was to:

- determine if the bylaw is easier to understand,
- determine if the plain-language rewrite changed the intent of the bylaw

To further define the responses to these questions, reviewers were asked to respond to 5 questions regarding the assigned bylaw(s):

- Is the new bylaw easier to understand?
- If you think the new language is difficult to understand, please explain why?
- Do you think the new bylaw language has the same meaning as the old language?
- If you think that the new language has changed the meaning of the bylaw how is the meaning different from the meaning of the original bylaw language?
- What features of the new bylaw format do you find most useful?
- What features do you wish had been included in the new format that have not been included?
- General Comments:

Written responses were collected by the Committee Liaison and forwarded to the Bylaw Rewrite Project Team.

During the December 1, 2011 conference call, the Committee received an introduction to the Bylaw Rewrite Project. The Committee then presented their responses to the assigned bylaw(s) with the Bylaw Writers. There was robust discussion regarding format, intent and content on both sides. The Bylaw Writer related the value of having feedback from persons who use the bylaws in their work, or who would access them for information. The Committee voted in support of the proposed changes with the caveats proposed in each individual bylaw review.

8. CPRA Presentation

During the December 1, 2011 conference call, the Committee received an educational presentation on CPRA as preparation for a vote on a proposal from the Histocompatibility Committee to update CPRA. The presentation provided explanations of standard terms such as antigen, HLA and antibody in a format for non-medical professionals. The presentation further explained the following:

- Point allocation and increased priority for candidates for kidney and pancreas candidates respectively, with CPRA's above a certain level
- How patients become sensitized
- How CPRA is calculated
- Why PRA needs to be refined.

The Committee requested clarification on testing that would be used to determine existing antigens and sensitivity. The Committee was assured that HLA testing is done for each kidney candidate prior to transplant. In response to questions proffered by the Committee, it was explained that CPRA is a calculated field, and cannot be adequately addressed with a placeholder such as zero. The Committee expressed concern at the variation in the practice of including level of reactivity at listing. The Committee also discussed using the presentation as the foundation for a plain language brochure on CPRA.

9. Potential Projects for 2012-13

During the April 5, 2012 Conference Call, the Committee received a presentation outlining potential projects for 2012-2013. Each project met the potential work requirements. Recommendations were as follows:

- Plain Language Histocompatibility Brochure

The Committee received a presentation from the Histocompatibility Committee during the January conference call. The presentation included an excellent plain language explanation of histocompatibility and PRA. The Committee could work with the Histocompatibility Committee and Communications to develop this proposal into a brochure to be used with patients and families. The Committee would provide the patient focused language, while the Histocompatibility Committee would provide the clinical/technical input. Both Communications and the liaison to the Histocompatibility Committee have endorsed this idea.

Strengths:

- The basic language and graphics are already in place.
- The writing of this project could be accomplished within 4 to 6 weeks.

Challenges:

- The Committee questioned the value of this project across all organ groups
- The Committee questioned whether the goals of this project could not be met within the organ-specific WEP project – to be discussed next in this report.

- Organ Specific *What Every Patient Needs to Know*(WEP) Series

The UNOS Communications Department has been integrally involved with the newly completed rewrite of *WEP*. Both the Committee recognizes the mammoth undertaking that a full rewrite can be. The further limitation of doing a large book is that it cannot easily be updated as changes occur. It is also difficult to incorporate the nuances of waiting for different types of transplant because of the generic nature of the resource. The Communications Department Staff approached the Committee regarding developing individual organ-specific version of *WEP*. Organ-specific *WEP*'s would have an average length of 4 – 8 pages. Each book would highlight the psychosocial experiences of transplant unique to that organ.

Strengths:

- Provides a more detailed explanation of waiting for each organ from the candidate perspective
- Can be nimbly updated when changes occur within the transplant community
- The basic style and format for *WEP* is already in place

Challenges:

- This would be a long term project

- Teen Adherence

During a subcommittee call, members of the Committee began to relate their personal experiences with compliance and managing a teenage transplant recipient. The stories reflect anecdotal stories across the spectrum of health care about managing and parenting a teenager with a chronic illness. Management of a chronic illness is counterintuitive to the teen developmental tasks of movement towards normalcy and autonomy. This is further complicated by a general feeling of invincibility experienced by many teens. The focus of the discussion was on the need for more socially and culturally relevant educational resources and reminders to:

- Help teens to feel more independent in graft management
- Help teens to better fit in with their peers as they manage their grafts; and
- Provide education in ways that would be socially and culturally relevant

In compliance with the current process for identifying committee work, the group set about defining the problem by requesting a preliminary review of the literature and data. The literature confirmed the issues raised in the initial discussion:

- Teens are less likely to adhere to the prescribed treatment regime. This in part is reflective of the developmental tasks of teenagers
- Non-adherence with medications leads to an increased incidence of graft loss among teens and persons in their early twenties.
- Having had a previous transplant is one of the three ways that patients are sensitized to HLA. The other two are pregnancy and blood transfusions
- Highly sensitized candidates wait longer for transplant
- Highly sensitized candidates are more likely to die while waiting for transplant

A review of available data on graft survival 5 years post-transplant shows an average of 25 – 30% graft loss across solid organ groups between the ages of 11 and 34. In liver and heart recipients, the highest percentage of graft loss was found among 11 to 17 years-olds. While kidney recipients saw the highest percentage of graft loss in the 26 to 34 year old age group.

A significant number of candidates who lose their grafts at a young age will be re-listed. An analysis of the waiting list shows the highest numbers of candidates awaiting re-transplant are in the 11 to 17 year old and 18 – 25 year old groups.

Candidates on the Waiting List on November 30, 2011:

Age Group	Retransplant?				Total	
	No		Yes			
	N	%	N	%	N	%
<=5	568	95.6	26	4.4	594	100.0
6-10	304	85.2	53	14.8	357	100.0
11-17	621	76.5	191	23.5	812	100.0
18-25	2,293	74.1	802	25.9	3,095	100.0
26-34	5,862	77.7	1,682	22.3	7,544	100.0
35-49	22,860	80.9	5,398	19.1	28,258	100.0
50-64	45,770	89.5	5,392	10.5	51,162	100.0
65+	19,308	93.9	1,257	6.1	20,565	100.0
Total	97,586	86.8	14,801	13.2	112,387	100.0

**Based on OPTN data as of November 30, 2011
Data subject to change based on future data submission or correction**

A review of data on candidates who received transplants in 2010 shows a similar pattern, with the highest percentage of re-transplants being done in the 26 to 34 year old age group. It can then be inferred that those transplanted lost their grafts between the ages of 11 and 33; were re-listed and then transplanted. A cumulative review shows that 9.1% of all transplants in 2010 were re-transplants.

The New York Times, January 20, 2010 reports that youth ages 8 – 18 spend more than 7 ½ hours per day using devices such as smart phones, computers and televisions. These same youth spend an additional 1 ½ hours per day texting and 30 minutes per day on cell phones. Through multi-tasking, youth were found to compress 11 hours worth of media content into 7 ½ hours per day. This data is supported by similar data in recent Neilson Studies for 2010.

It can then be inferred that any educational and instrumental or reminder resources must be electronic in nature to be culturally relevant and promote normalcy among youth and teens.

The project proposal is to create an evidence based education tool for teens. This tool should incorporate:

- Instrumental supports in the form of guidance from the transplant team and family
- Emotional supports including online support networks and support groups; and
- Self-management resources including, but not limited to smart phone applications, graphic novels, computer based games etc.

The Committee has identified smartphone application developers who are also transplant recipients to work in product development. Committee Member transplant centers have tentatively agreed to be a part

of any pilot of materials that may be indicated. Financial resources will need to be identified to support product development and program piloting. The Pediatric Transplantation Committee is also concerned about this issue.

Strengths:

- Addresses an issue that the transplant community is passionate about
- Potential to indirectly decrease deaths on the waiting list
- Potential to introduce an entirely new resource into the transplant community
- Resources would have application beyond the teen population
- Smartphone applications would be developed by transplant recipients
- All resources would be piloted in transplant centers before being introduced to the public

Challenges:

- This will be a multi-year project
- Skill and expertise in multiple areas will be required

Discussion

The Committee found merit in each suggested project. The Committee unanimously chose to go forward with the Teen Adherence Project Proposal. The Committee would also like to propose moving forward with a graduated *WEP* Organ-Specific Project. This graduated process would include developing no less than one organ specific book per year. This graduated timeline would allow the Committee to also address other projects while looking at Organ-Specific *WEP*.

10. Request for Input Regarding Organ Procurement Organization Interactions with Donor Families

The Department of Evaluation and Quality requested direction from the Committee after receiving several contacts from transplant centers expressing concerns about perceived aggressive approaches with donor families by OPO Coordinators. The Committee Leadership considered this request. After discussion with the Liaison to the OPO Committee it was determined that the request would be more appropriately directed to the OPO Committee. The Committee supports sensitive and compassionate interactions with all patients who intersect at any level with the transplant community. The Committee is willing to cooperate with the OPO Committee in educational efforts if warranted.

11. Introduction to the Redesigned Transplant Living Website

During the April 5, 2012 Conference Call, the Committee received an introduction to the newly redesigned Transplant Living website www.transplantliving.org. Transplant Living is the patient focused arm of the UNOS family of websites. The new Transplant Living site has a new look as well as new features. The overview included demonstrations of how to access information within the site. In response to questions from the Committee; it seems that the usage numbers did not support continuation of a *During the Transplant* page.

During this role-out phase, Transplant Living is highlighting the *Stories of Hope* section. *Stories of Hope* allows transplant recipients to tell their stories. Readers may then vote for each story. UNOS Communications has solicited help from the Committee with encouraging recipients to submit their stories. In response to this request several transplant coordinators from the Committee contacted their current patient list by email introducing the new website and encouraging patients to share their stories.

The Committee made the following suggestions for the new website:

- Include resources for the visually impaired;
- Provide a link to the Spanish version of Transplant Living;
- Include an explanation of paired exchange under the Living Donation section,
- Expand the search capability of the Support Group section to
 - Allow interstate searches for persons who might access services across state lines; and
 - Incorporate additional intended groups i.e. donor families, recipients, living donors etc.
- Link to the resource and support group pages on other transplant related sites such as Transplant Recipients International (TRIO);
- Link to the med action plan under medications;
- Include link to www.mymedschedule.com under *Medications* ;
- Include phone applications that assist with medication management and compliance.

The Committee will provide information on phone applications that are currently being utilized with success in the community.

12. Public Comment Proposal Responses

The Committee reviewed the following proposals during the October 6, 2011 Conference Call:

The Committee received presentations on current public comment proposals set forth from the Living Donor Committee:

- Living Donor Committee: Proposal to Establish Requirements for the Informed Consent of Living Kidney Donors
The Committee voted by consensus to approve the proposal.
- Living Donor Committee: Proposal To Establish Minimum Requirements for Living Kidney Donor Follow-Up
The Committee voted to support this proposal with one member abstaining.
- Proposal To Establish Requirements for the Medical Evaluation of Living Kidney Donors
The Committee voted by consensus to approve the proposal.

Living donors in the Committee saw the requirements for medical evaluation as further means of attracting more living donors.

- The Committee received a presentation on the public comment proposal set forth by the Policy Oversight Committee: Proposal to Clarify and Improve Variance Policies. The Committee voted by consensus to approve the proposal.

The Committee reviewed the following proposals during the November 3, 2012 conference call:

- Thoracic Organ Transplantation Committee:

Plain Language Modifications to the Adult and Pediatric Heart Allocation Policies, Including the Requirement of Transplant Programs to Report in UNet a Change in Criterion or Status within Twenty-Four Hours of that Change.

The Committee voted to support this proposal by consensus.

- Ad Hoc International Relations and Ethics Committees:
Proposed Revisions to and Reorganization of Policy 6.0 (Transplantation of Non-Resident Aliens), Which Include Changes to the Non-Resident Alien Transplant Audit Trigger Policy and Related Definitions

The Committee strongly supported review of all transplants of non-US citizens/non-residents. The Committee cited this as a means to better ascertain the true extent of non-resident transplant in the US. Individual Committee members raised strong concerns regarding the use of self-reporting of residency status for transplant. The concerns were based upon the issue of fairness to US Citizens if non-citizens/non-residents are allowed to have priority over US Citizens in allocation. This was further seen as having the potential to undermine the public trust in the OPTN and the allocation system.

Transplant Center staff emphasized the ability to ascertain residency status with a fair amount of accuracy during the assessment process. A thorough and thoughtful assessment significantly limits the ability of individuals to misrepresent themselves in regard to residency. It was also noted that non-residents donate in approximately the same proportion that they receive organs from the system; about 1% in both instances. After significant discussion the Committee voted to support the proposal.

- Organ Procurement Organization (OPO) Committee:
Proposal to Eliminate the Use of an "Alternate" Label when Transporting Organs on Mechanical Preservation Machines and to Require the OPTN Distributed Standardized Label Organ Procurement Organization (OPO) Committee
The Committee received the proposal and voted in support of the proposal by consensus.
- Organ Procurement Organization (OPO) Committee:
Proposal to Change the Term "Consent" to "Authorization" Throughout Policy When Used in Reference to Organ Donation “

The Committee received this proposal. A Committee member who voted via email raised concerns that the proposal would allow OPO's to diminish or 'dumb down' the information that is required to be shared with families. The proposal stressed that the changes reflect language and not process changes. The Committee voted in support of the proposal: Yes – 13, No – 0, Abstain – 1

- Organ Procurement Organization (OPO) Committee:
Proposal to Modify the Imminent and Eligible (I & E) Neurological Death Data Reporting Definitions: The Committee received the proposal and voted in support by consensus.

The Committee received the following proposals during the December 1, 2012 Conference Call.

- Histocompatibility Committee:

Proposal to Update CPRA: The Committee proposes to update the frequencies used to calculate CPRA. This update would bring the frequencies in line with current clinical practice. The proposed updates will not require a change in policy language. The proposed changes would be reflected in updates to UNET. The Committee voted by consensus to support this proposal.

- Histocompatibility Committee:

Proposal to Revise the UNOS Bylaws that Govern HLA Laboratories: The proposal would revise the UNOS Bylaws that Govern HLA Laboratories to more accurately reflect current clinical practice. The Committee voted by consensus to support this proposal.

- The Committee was given an overview of current Liver Committee initiatives including:
 - The MELD Enhancement Subcommittee
 - The Liver Utilization Subcommittee: focus is reduction of organ discards
 - The Status 1 Review Subcommittee

Liver Committee Proposals:

- Extend Share 15 Regional to Share 15 National
- Share 35 Regional

Both proposals seek to address the two-fold problems of:

- Increasingly high rate of waitlist mortality for persons with high MELD scores.
- Disparities between and within regions for the mean MELD/PELD score at transplant and death rates on the waiting list.

Modeling has shown that waitlist mortality can be reduced through broader distribution. This further aligns with the NOTA directive to distribute organs over as broad a geographic area as is feasible. Discussions have centered on the interpretation of feasible in regards to organ sharing. The proposal stressed the desires of the transplant community to increase broader sharing in small incremental steps. Explanations of the process of implementing both proposals were shared.

The Committee raised questions regarding the mortality risk of transplant surgery versus remaining on the waiting list for candidates with a MELD of less than or equal to 4. Short term, being 3 to 5 years, the risk of surgical mortality is greater, but the further the candidate is from transplant the greater the gains from early transplant. The Committee questioned the impact broader sharing across regions will have on organ recovery and the length of time before going to surgery. Benefits to broader sharing outweighed any potential impact in modeling.

The Committee voted by consensus to support these proposals.

The Committee received presentations on the following proposals during the April 5, 2012 conference call.

- Organ Procurement Organization Committee:
Proposal to Require Documentation of Second Unique Identifier Used for Tissue Typing Materials: The OPO Committee has identified a potential breakdown in the organ labeling

system. OPO's and recovering living donor centers are required to use two unique identifiers when labeling tissue typing specimens. However, there is no corresponding requirement that the two identifiers be included in the donor record. This proposal would require that OPO's and living donor recovery hospitals document all unique identifiers in the donor record. The Committee suggested clarification of what constitutes the donor record for this proposal. Based upon feedback received during the presentation, the intent is that the donor record would be any paperwork that accompanies the organ. The Committee voted to support this proposal by consensus.

- Policy Oversight Committee:

Proposal for the Substantive Rewrite of Data Release Policies. The intent of this proposal is to bring the data release policies in line with trends and current practice outside of the OPTN. The proposal would:

- Increase the amount of data by program that the OPTN Contractor may release
- Provide an appeals process should the OPTN Contractor refuse a data request
- Set's requirements for release of confidential information
- Allow the OPTN Contractor to release data by institution to any requestor
- Allow greater flexibility regarding release of information between institutions

This proposal does not change the requirements for release of personal information.

The Committee consensus is that the proposal provides balance in that it allows for the release of more information to the public, while also protecting personal data. The Committee noted that the restrictive nature of current policy may create the perception of secrecy on the part of the larger community. The Committee also noted the potential challenges of releasing information to persons or outlets that may not have the background to accurately interpret it. From this vantage point, the Committee stressed the importance of continued education. The consensus from the Committee is that the more transparent the system, the better, overall. The Committee voted to support this proposal by consensus.

PATIENT AFFAIRS COMMITTEE – Effective 7/1/2011

NAME	COMMITTEE POSITION	10/6//11 Call	10/13/11 Meeting	11/3/11 Call	12/1/11 Call	1-5-11 Call	2/2/11 Call	4/5/11 Call
Laura Ellsworth BA	Chair	X		X	X	X	X	X
Kristie Lemmon MBA	Vice Chair	X	X	X	X	X	X	X
Stephen Bruno	Regional Rep.			X		X		
James Gleason	Regional Rep.	X	X	X	X	XX		X
Kathleen Giery, APR, CPRC	Regional Rep.	X	X	X	X		X	
Joseph Sharp EMT-P	Regional Rep.	X	X	X	X	X	X	X
Lee Ann Stamos RN, MS	Regional Rep.	X		X				
John Fallgren RN	Regional Rep.	X	X	X	X	X	X	X
Deepak Mital MD	Regional Rep.	X	X		X	X	X	X
Merle Zuel	Regional Rep.	X	X	X	X	X		
Shari Kurzrok Schnall BA	Regional Rep.	X		X	X	X		X
Annette Humberson, MSW	Regional Rep.	X	X	X	X	X		
Kim Phillips MSN, RN	Regional Rep.	X	X		X	X		
Kathe LeBeau BA	At Large	X	X	X	X	X	X	X
Sidney Locks M.Div	At Large							
Kim McMahon	At Large	X	X	X	X	X	X	X
Jennifer Browning CPTC	At Large	X	X	X	X	X	X	X
George Franklin	At Large	X	X	X	X	X	X	X
Carrie Simpkins CPAN, ACLS,	At Large	X	X	X	X			X
Alice Gray MD	At Large	X		X				
Doni Bell BA, EMT	At Large							X
Melvin Todd, JD	At Large							
Lan Phuong Vu-Yu	At Large		X	X	X			
Marie Cook RN, CMP, MPH	At Large	X	X	X	X	X	X	X
Chinyere Amaefule	HRSA Ex-Officio	X	X	X	X	X	X	X
Tabitha Leighton	SRTR Ex-Officio	X	X	X	X	X		X
William(Bill) Lawrence	UNOS Staff	X	X	X	X		X	
Anna Kucheryavaya	UNOS Staff	X	X	X	X	X	X	X
Stacey Burson	UNOS Staff							
Beverley Trinkle	UNOS Staff							
Freda Wilkins, MSW, M.Div	Liaison	X	X	X	X	X	X	X