

**OPTN/UNOS Ad Hoc International  
Relations Committee**

**August 18, 2009  
Teleconference and Live Meeting**

***INTERIM REPORT***

**Gloria Garcia Bohrer – Chair  
Gabriel M. Danovitch, MD, LRCP, MRCS – Vice Chair**

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The Ad Hoc International Relations Committee met by telephone on August 18, 2009. The following is a summary of the Committee’s deliberations:

**1. Modification to the Committee’s Charge**

On August 18, 2009, the Committee reviewed its charge:

*The Ad Hoc International Relations Committee considers issues related to organs that enter the U.S., or leave the U.S. for transplant. It reviews emerging issues related to U.S. candidates who seek transplants in other countries, and it considers the medical, scientific, and ethical aspects of transplanting non-resident aliens. The committee considers the broad implications of such issues and may review specific individual issues or situations.*

The review of the charge was part of a general Committee orientation, which needed to occur as there was some change in the Committee membership as of July, 2009. The Committee requested that UNOS staff insert the phrase “and patients” to the charge, as indicated below:

*The Ad Hoc International Relations Committee considers issues related to organs and patients that enter the U.S., or leave the U.S. for transplant. It reviews emerging issues related to U.S. candidates who seek transplants in other countries, and it considers the medical, scientific, and ethical aspects of transplanting non-resident aliens. The committee considers the broad implications of such issues and may review specific individual issues or situations.*

Since the Committee’s responsibility includes maintaining public trust in organ donation, reviewing non-resident alien transplants, and quantifying overseas travel for transplantation, the insertion of “and patients” is appropriate. Further, the change in charge may also relate to the Declaration of Istanbul (Exhibit D) as the Declaration emphasizes the care of living donors. UNOS staff will determine whether this change in charge requires only Board approval or also a public comment.

Separately, as part of an update provided by UNOS staff about the implementation of data elements related to overseas travel for transplantation<sup>1</sup>, the Committee requested collection of the following data: whether the candidate is traveling outside of the United States for a deceased organ transplant or a living donor transplant. This additional data collection may assist in determining trends in overseas travel for transplantation. UNOS staff will evaluate this programming request. Further, for the next Committee meeting, UNOS staff will provide organ import and export data for the Committee to review.

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<sup>1</sup> In November, 2007, the Board approved the collection of some data elements as a means to quantify transplant tourism practiced by Americans on the waiting list. Please click on the following link for the Board meeting summary: <http://optn.transplant.hrsa.gov/members/executiveSummary.asp>

## **2. Review of Data on Deceased-Donor Organ Transplants Among Non-Resident Aliens (2008)**

As indicated in Policy 6.3 (Audit), on April 15, 2009, the Committee reviewed the annual rates of non-resident alien transplants performed in 2007 and 2008. Policy 6.3 is excerpted below.

*As a condition of membership, all member transplant centers agree to allow the Ad Hoc International Relations Committee to review and audit, at its discretion, all center activities pertaining to transplantation of non-resident aliens. The Committee will review the activities of each member transplant center where non-resident alien recipients constitute more than 5% of recipients of any particular type of deceased organ. At centers where non-resident alien transplant recipients constitute more than 5% of recipients of any particular organ type, circumstances underlying the transplants for non-resident aliens will be reviewed by the Committee. Special consideration will be given to programs served by OPOs with non-resident alien organ donors.*

UNOS staff presented an analysis of all deceased donor organ transplants performed between January 1, 2005 and December 31, 2008. (All analyses reflected OPTN data collected as of March 27, 2009.) This analysis presented data as agreed upon by the Committee in its previous meetings.

The Committee reviewed data of centers whose transplant rate exceeded the 5% rate for two or more years. The Committee recommended four programs that would receive audit letters. The Committee also asked UNOS staff to reanalyze data for two programs. The Committee determined that it would prefer to review data for each organ transplant program separately, i.e., cease reviewing combined multivisceral organ transplant data as these numbers overlap with the other abdominal numbers.

However, due to the lack of quorum in the meeting, the Committee will revisit this analysis and vote again on which centers it wishes to audit.

On August 18, 2009, the Committee again reviewed the non-resident alien transplant data for 2007 and 2008 (Exhibit A). The Committee voted to send audit letters to six programs: three kidney programs; one intestine program; and, two liver programs. UNOS staff will submit these letters in 2009.

## **3. Importing Organs for the Purposes of Kidney Paired Donation**

The Committee reviewed a letter from the Johns Hopkins Kidney Transplant Program (Exhibit E). An excerpt of the letter is provided here:

We would like to address an issue related to Kidney Paired Donation (KPD) and the shipment of living donor kidneys. Recently, McGill University Hospital in Montreal, Canada entered an incompatible recipient/donor pair into the KPD database at The Johns Hopkins Hospital. A possible exchange scenario has been identified. It is the wish of the donors and recipients to remain at their home transplant centers where they are comfortable with their health care team and have sufficient social support. The living donor kidneys would be shipped to McGill University and The Johns Hopkins hospitals. Upon inspection, it was discovered that according to UNOS Policy 3.3.7 living donor kidneys must be recovered at OPTN member transplant centers. This would therefore, preclude an exchange as described occurring with McGill University Hospital which is not an OPTN member.

The practice of Kidney Paired Donation is advancing with great success. It would be a natural progression for our transplant colleagues in Canada to join forces in growing the KPD pool to enable more patients to be transplanted. We, respectfully, request that UNOS revisit Policy 3.3.7 as it relates to Kidney Paired Donation and importing living donor kidneys at the earliest possible opportunity. In the interim, please consider providing a waiver for the above-described exchange to take place as the health of the Canadian recipient is deteriorating with the impending loss of vascular access.

In light of national increases in living donation and kidney-paired donation, the Committee queried whether the following policies needed modifications:

- *6.4.4 (Ethical Practices)*  
*No member will engage in practices which might discredit the transplant community. Organs accepted for importation must be from deceased donors and must have been voluntarily donated. Organs imported from living donors or organs for which compensation has been made or promised are not acceptable for exchange or acceptance by members.*
- *6.4.5 (Importation)*  
*An imported organ is defined as an organ that is procured outside of the United States of America or its territories. Imported organs must meet the requirements of Policy 6.4.2 (Developmental Protocols in International Organ Exchange) and/or Policy 6.4.3 (Ad Hoc Organ Exchange).*
- *3.3.7 (Center Acceptance and Transplant of Organs from Living Donors)*  
*Transplant centers that perform living donor transplants must only accept and transplant living donor organs recovered at OPTN member transplant hospitals.*

The Committee queried about organ sharing agreements with Canada. UNOS staff commented that there are no formal organ sharing agreements with Canada.

The Committee discussed the possibility of Johns Hopkins developing a formal memorandum of agreement to share living donor organs with McGill University. UNOS staff commented that for such an agreement to occur, Policy 6.4.4 would need modifications. The Committee also wishes to seek advice on how best to modify Policy 3.7.7 from the Kidney-Paired Donation Working Group of the Kidney Transplantation Committee. One approach may be to establish a national, kidney-paired donation network before attempting to practice this type of living donation with other countries.

However, the Committee also expressed interest in modifying Policy 6.4.4. The Committee voted in favor of the following modification to Policy 6.4.4:

- *6.4.4 (Ethical Practices)*  
*No member will engage in practices which might discredit the transplant community. Organs accepted for importation ~~must be from deceased donors and~~ must have been voluntarily donated. Organs imported from living donors ~~or organs~~ for which compensation has been made or promised are not acceptable for exchange or acceptance by members.*

In addition to the changes indicated above, the Committee expressed interest in the use of the phrase “valuable consideration” in lieu of “compensation.” “Valuable consideration” is the term used in NOTA. The term “compensation” may be problematic as it can mean many things to many people. One member commented that the term reimbursement is used. UNOS staff will revise Policy 6.4.4 accordingly, and submit the revised policy for review by the Committee. The Committee will distribute revisions to Policy 6.4.4 for public comment in early 2010.

#### **4. New Jersey Case (NY Times Article) – Alleged Sale of Living Donor Organs**

On August 18, 2009, the Committee reviewed the UNOS statement (Exhibit B) on the case currently being investigated by the Federal Bureau of Investigation (FBI) (Exhibit C). The statement defers to

federal investigation authorities and the law regarding a prohibition of exchange of valuable consideration. The alleged events appear to violate the National Organ Transplantation Act (NOTA) and Policy 6.4.4 (Ethical Practices).

The Committee discussed how the public would view the work of the OPTN in light of this case. The Committee also discussed the potential frequency of the type of events that allegedly took place in New Jersey. The Committee expressed concern that the public could lose trust in the organ donation process as a result of this case.

The Committee discussed the potential for such cases to be occurring on a larger scale. One Committee member argued that there may not be a large trend in the United States for such buying and selling of living donor organs.

The Committee discussed its role with respect to this case. The Committee expressed its concern about this practice and wondered about which centers were accepting these cases. Is it possible that the centers who may have accepted these organs have absolutely no idea that the events related to the New Jersey case were occurring, or were these centers "winking their eye" at the possibility, and not asking too many questions? The Committee expressed that if the OPTN were to investigate this case, it would likely do so through its Membership and Professional Standards Committee. The Committee expressed interest in learning what programs are doing to prevent such circumstances.

The Committee expressed its concern and its worry, and its "fury" at potential behavior that violates policy with respect to international transplantation. The Committee awaits the results of the FBI investigation, and presumes that the Membership and Professional Standards Committee will be investigating the transplant hospitals to ensure that the policies were followed. The Committee wants to be assured that UNOS is investigating the hospitals where these transplants took place. The Committee also commented that it would be interested in learning that there are steps being taken to ensure that such activities are not taking place at other institutions.

The Committee also discussed the need for further regulation to prevent such cases in the future. If this case is exemplary of a more widespread, national phenomenon, it is possible that the Committee would need to function differently.

**5. Care of Undocumented Individuals with ESRD: A National Survey of US Nephrologists (Article Published in the American Journal of Kidney Diseases)**

The Committee discussed the following article that was published in the American Journal of Kidney Diseases on June 24, 2009: Care of Undocumented Individuals With ESRD: A National Survey of US Nephrologists (Laura Hurley, MD, MPH; Allison Kempe, MD, MPH; Lori A. Crane, PhD, MPH; Arthur Davidson, MD, MSPH; Katherine Pratte, MSPH; Stuart Linas, MD; L. Miriam Dickinson, PhD; Tomas Berl, MD).

In the article, many of the patients on dialysis were under the age of 40. The cost of long-term dialysis for undocumented individuals may be far more expensive than transplantation. However, the undocumented are not covered under Medicaid. The Committee discussed this article in part as background for its interest in revising Policy 6.1.1 (see item 7 below).

## 6. Proposed Modifications to Policies 6.4.2 (Developmental Protocols in International Organ Exchange) and 6.4.3 (Ad Hoc Organ Exchange)

The Committee reviewed a draft version of the reorganized Policies 6.4.2 and 6.4.3. This new version separates language about imported organs from exported organs. UNOS staff inquired if a section on ad hoc organ export was necessary, especially given the existence of Policy 6.4.1 (Exportation). Policy 6.4.1 defines organ export as follows:

**6.4.1 Exportation.** Exportation of organs from the United States or its territories is prohibited unless a well documented and verifiable effort, coordinated through the Organ Center, has failed to find a suitable recipient for that organ on the Waiting List.

Given that Policy 6.4.1 exists, the Committee determined that a separate ad hoc export section need not be in policy. The Committee supported the following revisions to Policy 6.4.2 and 6.4.3, and requested that UNOS staff begin drafting the public comment proposal:

**6.4.2 Organ Import Arrangement.** After prior approval by the OPTN Board of Directors, a member or members may enter into a formal organ import arrangement with a foreign transplant program or programs. This arrangement may only be in place for deceased donor organs. Further, each arrangement may not exceed two years in duration. Importation of organs is defined in Policy 6.4.5 (Importation).

A proposed international organ exchange protocol must be submitted to the OPTN Contractor for review. This protocol must describe the rationale for the arrangement; expected benefits to both foreign and domestic participants; include credentials of the foreign participant; detail the number and type of organs anticipated to be exchanged; include a plan for allocating the organ; and, report results of the exchange arrangement.

A proposed protocol must address laboratory testing and safety of the imported organ; legitimacy of the foreign participant; and, ethical procurement and transplantation practices of the foreign participant or participants. The organ import process must meet the organ procurement and transplantation ethical practices described in Policy 6.4.4 (Ethical Practices). At a minimum, a proposed protocol submitted to the OPTN Contractor must include the following documentation:

- Certification from each foreign participant that it has legal and other professional credentials to engage in organ procurement and transplantation in the participant's country (see Policy 6.4.2.3);
- Certification from the donor organization that it obtained informed consent from the donor or his or her legal representative;
- Certification from the donor organization that the donor has met brain death standards for domestic organ procurement in compliance with the participating member's state law, or donation after cardiac death (DCD) protocols for domestic organ procurement in compliance with the Bylaws (see Appendix B, Attachment III);
- Donor's ABO, minimum serologies, and medical/social history, as outlined in policy (see Policies 2.2-2.5, 3.5-3.8, 3.11, and 4.0); and,
- Member's compliance with Policy 6.4.4.

The Ad Hoc International Relations Committee will review each proposed protocol, render a decision on the protocol, and request that the Board of Directors act on its recommendation, if appropriate.

**6.4.2.1 Notification and Allocation of an Organ Imported Through an Approved Organ Import Agreement.** The member must report each deceased donor organ import event within 72 hours of the occurrence to the OPTN Contractor's Organ Center. An imported organ will be allocated first within the local area of the OPO that arranged the importation of the organ, but this organ distribution must be in accordance with the allocation policy for that organ. If no recipient is found within the local area of the OPO that arranged the importation of the organ, then the organ shall be allocated outside the local area in a manner consistent with the allocation policy or policies which apply to that organ.

OPOs are required to execute the Match System (UNet<sup>SM</sup>) for the allocation of all imported, deceased donor organs. The importing OPO must provide the minimum required information about the foreign donor consistent with Policy 3.5.9 (Minimum Information/ Tissue for Kidney Offer), Policy 3.6.9 (Minimum Information for Liver Offers), Policy 3.7.12 (Minimum Information for Thoracic Organ Offers, and Policy 3.8.5 (Minimum Information for Pancreas Offers) and comply with the ABO verification requirements in accordance with Policy 3.2.4 (Match System Access).

**6.4.2.1.1 Legitimacy of the Foreign Participant in an Organ Import Arrangement.** Importation of an organ for human transplantation in the United States is appropriate only if the foreign source is an organ transplant center or organ procurement program specifically authorized as a transplant center or organ procurement program by an appropriate agency of its national government. The OPO or transplant center that imports an organ through an Organ Import Arrangement must obtain official documentation from the exporting party that it is a medical center authorized to export organs for transplantation.

**6.4.2.2 Review of Approved Organ Import Protocols.** The Ad Hoc International Relations Committee will review annually all approved organ import protocols.

**6.4.3 An Ad Hoc Organ Import.** All offers of organs for human transplantation from foreign sources must be made to the OPTN Contractor's Organ Center. If a member is contacted by a foreign program with an organ offer, that member must notify the OPTN Contractor's Organ Center of that offer within 72 hours of the offer. No more than six imports by any member will be allowed on an ad hoc basis. Additional organ imports must be made as part of an international organ import agreement arrangement (see Policy 6.4.2) that has been approved by the Ad Hoc International Relations Committee and Board of Directors.

Imports of organs (see Policy 6.4.5) from foreign sources on an ad hoc basis must meet the requirements for the importation and allocation of those organs described in Policy 6.4.2.1.1.

Through collected documentation, the participating member must address laboratory testing and safety of the organ or organs, and ethical procurement and transplantation practices of each foreign participant involved. An organ imported into the United States

must meet this country's organ procurement and transplantation ethical practices (see Policy 6.4.4). At a minimum, for each organ import event, the member must collect the following documentation:

- Certification from each foreign participant that it has legal (i.e., government authorized) and other professional credentials to engage in organ procurement and transplantation in the participant's- country (see Policy 6.4.2.3);
- Certification from the donor organization that it obtained informed consent from the donor or his or her legal representative;
- Certification from the donor organization that the donor has met brain death standards for domestic organ procurement in compliance with the participating member's state law, or donation after cardiac death (DCD) protocols for domestic organ procurement in compliance with the Bylaws (see Appendix B, Attachment III);
- Donor's ABO, minimum serologies, and medical/social history, as outlined in policy (see Policies 2.2-2.5, 3.5-3.8, 3.11, and 4.0); and,
- Member's compliance with Policy 6.4.4 (Ethical Practices).

The member is strongly urged to confirm the results of any serologic tests performed outside of the United States at the member's affiliated laboratory in the United States. It is the responsibility of the member to translate into the English language, if necessary, any relevant document collected from a foreign participant.

**6.4.3.1 Ad Hoc Organ Import Review.** Each ad hoc organ import occurrence will be reviewed annually by the Ad Hoc International Relations Committee.

The following is *existing language in Policies 6.4.2 and 6.4.3* and this language is struck to indicate that it will be modified and submitted for public comment:

~~**6.4.2 — Developmental Protocols in International Organ Exchange.** After prior approval by the OPTN, members may enter into formal organ exchange arrangements, each not to exceed two years in duration, with a foreign transplant program or programs. Negotiations with foreign transplant programs or foreign agencies which include importing organs must be approved by the Ad Hoc International Relations Committee. Importation of organs is defined in Policy 6.4.5 (Importation). Proposed protocols must be submitted to the OPTN describing the basis for such arrangements, expected benefits to both foreign and domestic participants, credentials of the foreign source, number and type of organs anticipated to be involved, and plans for allocation procedures and reporting of results. Proposed protocols must include a requirement for the donor organization to submit documentation certifying the informed consent of the donor or his or her legal representative. Proposed protocols must also include a requirement for the donor organization to submit documentation certifying that the donor has met the met brain death or donation after cardiac death (DCD) protocols that are in compliance with recognized U.S. standards for domestic organ procurement. Proposed protocols must include a requirement for the donor organization to submit documentation of the donor's ABO. Proposed protocols will be reviewed by the Ad Hoc International Relations Committee, which will then make recommendations to the Board of Directors.~~

~~6.4.2.1~~ All foreign organ exchanges must be reported within 72 hours to the Organ Center. All exchanges must satisfy policy that no organs can be exported from the United States without first a determination having been made by the Organ Center that there is no suitable recipient for that organ on the Waiting List. All imported organs will be allocated first within the local area of the OPO that arranged the importation of the organ and in accordance with the allocation policy for that organ. If no recipient is found within the local area of the OPO that arranged the importation of the organ, then the organ shall be allocated outside the local area in a manner consistent with the policies which apply to that organ.

~~OPO's are required to execute the Match System (UNet<sup>sm</sup>) for the allocation of all organs. The importing OPO must provide the minimum required information about the foreign donor consistent with Policy 3.5.9 (Minimum Information/Tissue for Kidney Offer), Policy 3.6.9 (Minimum Information for Liver Offers), Policy 3.7.12 (Minimum Information for Thoracic Organ Offers, and Policy 3.8.5 (Minimum Information for Pancreas Offers) and comply with the ABO verification requirements in accordance with Policy 3.2.3 (Match System Access).~~

~~6.4.2.2~~ All approved international organ exchange protocols will be reviewed at least annually by the Ad Hoc International Relations Committee. Any additional policies regarding international exchange agreements will be developed by the Committee based on experience acquired pursuant to approved developmental protocols. It is a goal of the OPTN that international exchange of organs between OPTN members and foreign programs will foster the development of international organ sharing. It is hoped that such exchanges will occur through the regular national OPTN system, after feasibility has been established.

~~6.4.2.3~~ Importation of an organ for human transplantation in the United States is appropriate only if the foreign source is an OPTN recognized source, i.e., organ transplant center or organ procurement program specifically authorized as a transplant center or organ procurement program by an appropriate agency of its national government. The OPO or transplant center responsible for importation of an organ must obtain official documentation from the exporting party that it is a medical center authorized to export organs for transplantation.

~~6.4.3~~ ~~Ad Hoc Organ Exchange.~~ Except as provided for in approved international exchange protocols, all offers of organs for human transplantation from foreign sources must be made to the Organ Center. If a member is contacted by a foreign source with an organ offer, that member must notify the Organ Center of that offer. No more than six exchanges by any member with any foreign program(s) will be allowed on an ad hoc basis. Additional exchanges must be made as part of an international organ exchange protocol approved by the Ad Hoc International Relations Committee and Board of Directors.

~~Imports of organs from foreign sources on an ad hoc basis must meet the requirements for importing organs and allocation of those organs under organ exchange protocols found in Policy 6.4.2.1. Additionally, organs imported by OPOs must include documentation certifying that the donor has met brain death or donation after cardiac death (DCD) protocols that are in compliance with recognized standards for domestic organ procurement. Organs imported by OPOs must include documentation from the donor organization certifying the informed consent of the donor or his or her legal~~

~~representative. Organs imported by OPOs must include documentation from the donor organization verifying the donor's ABO.~~

~~**6.4.3.1 Ad Hoc Organ Exchange Review.** Ad hoc organ exchange will be reviewed annually by the Ad Hoc International Relations Committee.~~

UNOS staff will draft the public comment proposal and obtain the Committee's vote for submitting the proposal for public comment. The Committee will also seek feedback and votes from the following Committees on the revised policy language: Organ Procurement Organization; Transplant Coordinators; Ad Hoc Disease Transmission Advisory; and, Transplant Administrators. The Committee anticipates distributing a final version of the proposed policy revisions for public comment in early 2010.

## **7. Proposed Modification to Policy 6.1.1 (Non-Resident Alien)**

On August 18, 2009, the Committee discussed a query regarding the lack of a definition about an illegal alien in Policy 6.1.1 (Non-Resident Alien). The Committee commented that transplant centers typically do not ask about a candidate's immigration status. The language in 6.1.1 (excerpted below) suggests that transplantation of illegal aliens could be a policy violation:

*"A non-resident alien is an individual granted permission by the United States Government to enter the United States on a temporary basis as a non-immigrant alien for purposes which include tourism, business, education, medical care, or temporary employment."*

UNOS staff queried whether citizenship definition (e.g., resident or non-resident alien) is even necessary to include in policy.

The Committee recommended the deletion of the phrase, "granted permission by the United States Government" in Policy 6.1.1. UNOS staff commented that this deletion would warrant public comment. The Committee supported this policy revision and the required public comment proposal.

## **8. Public Comment Proposals**

The Committee decided to review and vote electronically on the following proposals:

- Proposal to Include Non-Directed Living Donors and Donor Chains in the Kidney Paired Donation Pilot Program (Affected Program: Kidney Paired Donation Pilot Program) (Kidney Transplantation Committee)
- Proposal to Improve the ABO Verification Process for Living Donors (Affected Policy: Policy 12.3.1 - ABO Identification; Policy 12.8.1 - Reporting Requirements) (Living Donor Committee)
- Proposed Guidance for the Medical Evaluation of Living Liver Donors (Living Donor Committee)
- OPTN Notification Requirements for OPOs, Transplant Hospitals, and Histocompatibility Labs When Faced with an Adverse Action Taken by Regulatory Agencies. (Affected Bylaw: Appendix B (Sections I, II, III): Criteria for OPO, Transplant Hospital, and Histocompatibility Laboratory Membership) (Membership and Professional Standards Committee)
- Proposal to Change the UNOS Bylaws to Reconcile Discrepancies in Patient Volume Requirements for Full and Conditional Program Approval When Qualifying Kidney, Liver and Pancreas Primary Transplant Physicians (Affected Bylaw: Appendix B, Attachment I) (Membership and Professional Standards Committee)

- Proposal to Add Language to the OPTN/UNOS Bylaws Requiring Transplant Center and OPO Members to Follow State Law Regarding Anatomical Gifts. (Affected Bylaws/Policy: Article I, Sec 1.10, Appendix B, Section I and II, and Policy 3.4: Organ Procurement, Distribution and Alternative Systems for Organ Distribution or Allocation) (Membership and Professional Standards Committee)
- Proposal to Change Requirements for Labeling and Packaging Organs Procured by Visiting Transplant Center Teams and for OPO Labeling of Tissue Typing Materials (Affected Policy: Policy 5.0 – Standardized Packaging, Labeling and Transporting of Organs, Vessels and Tissue Typing Materials (Organ Procurement Organization) (OPO) Committee)

<b>Ad Hoc International Relations Committee</b>	<b>August 18, 2009 Teleconference and Live Meeting</b>	
<b>Name</b>	<b>Position</b>	<b>Attendance</b>
Gloria Garcia Bohrer	Chair	By phone
Gabriel M. Danovitch, MD, LRCP, MRCS	Vice Chair	By phone
Angela Engerson RN	At Large	By phone
Joseph Ferreira	At Large	By phone
Robert L. Kormos MD	At Large	By phone
Barbara J. Nuesse RN,BSN,CCTC,CPTC	At Large	By phone
Marian A. O'Rourke, RN, CCTC	At Large	By phone
Paul Volek, MPH	At Large	By phone
Bernard Kozlovsky, MD, MS	Ex Officio – HRSA	By phone
Elizabeth Ortiz-Rios, MD	Ex Officio – HRSA	By phone
Diane Steffick	SRTR Liaison	By phone
Kerrie Cobb	Support Staff	By phone
Vipra Ghimire, MPH, CHES	Committee Liaison	By phone
Sarah Taranto	Support Staff	By phone