

## **OPTN Policy Oversight Committee**

### **Meeting Summary**

**February 13, 2023**

**Conference Call**

**Nicole Turgeon, MD, FACS, Chair**

**Jennifer Prinz, RN, BSN, MPH, CPTC, Vice-Chair**

### **Introduction**

The Policy Oversight Committee (“Committee”) met via Citrix GoToMeeting teleconference on 02/13/2023 to discuss the following agenda items:

1. New Project Review
2. MPSC Referral Process

The following is a summary of the Committee’s discussions.

### **1. New Project Review**

The Committee reviewed one new project seeking approval.

#### Data summary:

Best Practices for Managing International Living Donation in the U.S. (OPTN Ad Hoc International Relations Committee [AHIRC])

- This guidance document provides best practices for pursuing and managing donation from international living donors to recipients residing in the United States.
  - The document covers:
    - Communication
    - Logistics
    - Donor Follow-Up
    - Risk of Exploitation

#### Summary of discussion:

The Vice-Chair suggested that a possible key metric could be whether there was increased follow up for international living donors. The Vice-Chair of the AHIRC supported this suggestion. A member also supported this approach but wondered whether a guidance document would have a significant enough impact to make a difference.

A member wondered if the AHIRC had considered collaborating with the OPTN Ethics Committee if they are improving the equity in the system. The Vice-Chair of the AHIRC also endorsed this suggestion, noting that they will involve the Ethics Committee with updates as the document continues development.

It was suggested that having guidance on pursuing living donation from friends could be a possible route for international living donor exploitation; a member noted that for family members, there is genetic matching. They also added that the international living donation process and follow-up could be further facilitated if there were standing protocol in place with local governments and regulator bodies.

The Vice-Chair of the OPTN Living Donor Committee reinforced that any possible opportunities for coercion need to be thoroughly investigated in this guidance document. In addition, follow up with living donors, even domestically, is very challenging. When considering international living donors, there are even more barriers to consistent follow up. They requested that the guidance document provide specific guidelines on the expectation for consistent follow up and ways to achieve it. The Vice Chair of the AHIRC agreed and stated that he hoped this document would help improve the overall lack of consistency in practice.

Staff inquired whether a possible key metric of the number of times the guidance document was accessed on the OPTN website would be beneficial. The Committee was divided on whether this would be a beneficial measurement but expressed an interest in having it tracked if it was a low resource burden to gather. A member also wondered whether the Committee this guidance document would significantly increase organ donation, given that it does not change the difficulty in the visa process. They expressed hesitation in creating a key metric that was centered on tracking an increase in organ donation.

A member asked the Health Resources and Services Administration (HRSA) representative whether there was any progress on expediting the visa process for international living donors. The HRSA representative replied that they would inquire and return with an answer on a subsequent call. In addition, they will also inquire whether the financial barriers due to insurance is an area that can be considered between the Centers for Medicare and Medicaid (CMS) and the OPTN.

Finally, a member also asked if the Committee had researched how other countries are pursuing international living donation, and whether there were best practices that could be drawn from there. The Vice-Chair of the AHIRC replied that it had not been a central focus of their discussions, but it had been brought up several times. They will return with that feedback to their committee.

With no further discussion, the Committee voted to approve sending the new project to the Executive Committee for approval (15 yes, 0 no, 1 abstain).

#### Next steps:

The AHIRC will include the OPTN Ethics Committee in their discussions and will provide updates to the POC when necessary.

## **2. MPSC Referral Process**

The Vice-Chair of the Membership and Professional Standards Committee (MPSC) provided a summary of how projects are referred to OPTN committees when potential gaps in policy are identified by the MPSC.

#### Data summary:

The MPSC provides oversight to address risks to public safety, public health, or the integrity of the OPTN. The MPSC does not sponsor specific improvements to policy and safety, but instead refers them to the appropriate committee.

Currently there are seven potential new projects identified by the MPSC requiring attention. In the history of the MPSC, there have been 15 referrals to 8 policy committees, with 3 resulting in an eventual change. The process is being investigated by the MPSC and the Committee to create a clearer pathway from the MPSC to a sponsoring committee.

The role of the POC is not to mandate committees work on projects. However, POC purview does include oversight of the policy development process at all stages, including problem identification. It is

suggested that the POC can be a forum for these identified referrals to be discussed and prioritized such that the most appropriate work is being performed first.

Summary of discussion:

A member inquired what the proposed solution would require from the Committee. The Vice-Chair replied that the recommendation is for committees who receive a referral to submit a response explaining their prioritization of the referral within two months. If they agree with the MPSC's perspective, they will identify a timeline for the project. If they do not agree with the MPSC's perspective, they will submit a response explaining their difference in opinion.

A member expressed concern that this new process could further increase the work performed by the Committee; they felt the bandwidth for new processes within the Committee was already slim.

Staff noted that the new process would still need to be discussed and determined within the Committee itself, and it would likely not mirror the new project review process, which is more time-intensive.

Another member wondered whether two months would be too long a timeline for a required response, especially in the instance of a patient safety event. However, they also felt that two months was simultaneously also a very short timeline for a proposed solution to be generated from the sponsoring committee. The Vice-Chair of the MPSC clarified that the response did not need to include a proposed solution. It only required whether the committee agreed with the MPSC's identification and a sequencing within the committee's portfolio.

Next steps:

The Committee will work with the MPSC to develop a formalized process in the referral system.

**Upcoming Meeting**

- March 13, 2023
- March 24, 2023 (in-person)

## Attendance

- **Committee Members**
  - Jennifer Prinz
  - Brad Kornfeld
  - Alejandro Diez
  - Dolamu Olaitan
  - Gerald Morris
  - Jesse Schold
  - Jim Kim
  - Jon Snyder
  - Jondavid Menteeer
  - Kim Koontz
  - Molly McCarthy
  - Natalie Blackwell
  - PJ Geraghty
  - Stephanie Pouch
  - Rachel Engen
  - Scott Biggins
  - Scott Lindberg
  - Stevan Gonzalez
  - Peter Stock
  - Vijay Gorantla
- **HRSA Representatives**
  - Marilyn Levi
- **SRTR Staff**
  - Ajay Israni
  - Ryo Hirose
- **UNOS Staff**
  - Amber Fritz
  - Anna Messmer
  - Cole Fox
  - Darby Harris
  - Eric Messick
  - Isaac Hager
  - Kaitlin Swanner
  - Kimberly Uccellini
  - Laura Schmitt
  - Lauren Mauk
  - Liz Robbins Callahan
  - Matt Belton
  - Matt Cafarella
  - Roger Brown
  - Sally Aungier
  - Sharon Shepherd
  - Stryker-Ann Vosteen
  - Susan Tlusty
  - Susie Sprinson

- Tamika Watkins
- Taylor Livelli