

**OPTN/UNOS Emergency Board of Directors' Executive Committee
Meeting Summary
June 22, 2018
Conference Call**

Introduction

The OPTN/UNOS Executive Committee met via conference call on June 22, 2018, to discuss the following agenda items:

1. OPTN Response to HRSA

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

1. OPTN Response to HRSA, Presentation:

The liver policy does not include the same kind of over-reliance upon the DSA because of the way that organs will be allocated in the new policy to candidates regardless of their DSA. The lung policy shared first exclusively in the DSA, and the revised liver policy does not. The committee determined in lung that the DSAs are not the right tool for measuring proximity to the donor because of their different sizes, just because of the lack of allocation rationale in the development of those boundaries, while the Committee is not proposing an overnight fix in the way that they did for the lung policy, they are committed to a rapid, multi-step plan that preserves the important elements of the policy development process but brings the conclusion that will replace DSAs in the liver policy with some other method of approximating proximity to a donor that is more consistent and more rational nationwide.

The proposed process is to direct the Liver Committee to review data and look at modeling to propose a replacement for DSAs/Regions that the Board can approve. Time will be given to the Liver Committee to do that review, which will necessitate a public comment, and as it is not quite in time for the regional review cycle, the plan is for a discussion in that period and a special public comment period with a formal proposal with data in October or November in time for the Board to reprove a replacement for the DSA region in the liver policy at the December meeting and implementing that as quickly as possible through the IT system.

Summary of responses:

One member supported the approach as outlined, and another felt it was an appropriately measured response and that any other outcome would err in the wrong way one way or the other. Others agreed that it hits the mark in terms of giving the best foot forward for any potential lawsuit if the legal risk materializes and gives them the opportunity to preserve the policy in an expedited and truncated way for the Liver Committee to be able to carve the best solution for replacing DSA and Region expeditiously. Another member concurred. The Vice President added her support to the letter and the path forward. The President commented that she appreciated all of the time that people have put into the response.

It was pointed out that HRSA or the secretary could give a different direction even though this is what is being proposed. It is also possible that they get some legal direction and are unsuccessful in defending it, but both of those actions were felt to be much less likely because of the proposed plan. With a clear distinction between liver and lung, the strong argument of unintended consequences from lack of data and lack of discussion, and a clear plan to implement a replacement in a short time table, it was felt to be less likely that outside intervention would be taken.

In terms of how this affects the policies already in development, with the December Board adoption of a new replacement for DSA, it doesn't seem like a good time to program the DSA-based policy, release it in December, and then turn around in January or February to replace it. The December 17 policy will not be implemented until the new one is developed in liver, which should come shortly in the new year. The NLRB doesn't have to wait for the redistribution, but they do have to make a decision about determining the baseline for acceptance scores.

MOTION:

There was a motion and a second to approve the letter as substantively written and take the steps as outlined in the letter.

The motion carried unanimously.

Next steps:

With the Committee's endorsement of the letter, a letter will go from Dr. Becker to the Liver Committee.