

OPTN Board of Directors

Meeting Summary

June 9th, 2023

Webex

Jerry McCauley, MD, President

Dianne LaPointe Rudow, ANP-BC, DNP, FAAN, Vice President

Introduction

The Board of Directors met via Webex on 06/09/2023 to discuss the following agenda items and public comment items:

1. Closed Session
2. Membership & Professional Standards Committee Update: OPO Performance
3. Welcome & Announcements
4. Living Donor Committee Update to the Board
5. Policy Oversight Committee Report to the Board
6. Nominating Committee Report to the Board
7. Executive Committee Report to the Board

The following is a summary of the Board of Directors discussions.

1. Closed Session

The Board met in a closed session.

2. Membership & Professional Standards Committee Update: OPO Performance

Dr. Zoe Stewart Lewis, Chair of the Membership & Professional Standards Committee (MPSC), presented an update from the committee on OPO performance monitoring, and provided a preview on what to expect for the Board's in-person meeting on June 26. Dr. Stewart Lewis explained the current organ procurement organization (OPO) review process and highlighted the four main components of the reviews. These four components are site surveys, investigations, allocation reviews, and performance reviews.

During the MPSC's February and May in-person meetings, they discussed the multiple aspects of OPO performance monitoring. They discussed comprehensive monitoring enhancements not simply new metrics, and they discussed updates from the Scientific Registry of Transplant Recipients (SRTR) on the current state of OPO monitoring reports, as well as new suggestions to consider. The committee also learned more about the Centers for Medicare & Medicaid Services' (CMS) OPO performance measures and how they differ from the OPTN's OPO performance measures. The committee discussed the potential of combining projects to revise the allocation deviation review process to define the scope of the project and which metrics to use to best evaluate its success.

In May, the committee focused on the OPO performance monitoring project. The MPSC is looking to the Board for feedback on the scope of the project and on what aspects of the project should be prioritized. The MPSC is looking to create new standardized objective and verifiable metrics that would allow the transplant community to better evaluate OPOs and establish best practices. Dr. Stewart Lewis explained that one of the main points they hear about the current metrics is the difficulty to apply metrics that do

not adjust for the different patient populations that OPOs work with. Ideally, the project will utilize data that is already being collected and will not require new data collection.

Dr. Stewart Lewis presented the history of OPTN metrics and monitoring to the Board. Dr. Stewart Lewis then shared the recommendation of the MPSC for the OPTN to focus on maximizing utilization of potential donors instead of maximizing utilization of recovered organs. Dr. Stewart Lewis continued that the initiatives of the OPTN help address the need for metrics and monitoring in order to increase collaboration throughout the community. The work of the MPSC aligns with the goals of the OPTN strategic plan and the recommendations in the National Academies of Sciences, Engineering, and Medicine (NASEM) Report.

Calculating true donor potential to evaluate an OPO's performance has been a focus area among the MPSC during the early discussions of the project. Currently, the MPSC does not have access to in hospital death data to have a meaningful way to calculate true donor potential. This data is vital to understanding and determining donor potential. The committee has also spent time discussing in-patient deaths among patients who are 75 or younger and whether the primary cause of death would be consistent with organ donation. Dr. Stewart Lewis stated that there are inconsistencies in existing data definitions that make it difficult to select metrics. These inconsistencies emphasize the need for the project. These inconsistencies were reiterated when Dr. Stewart Lewis presented the different definitions of a donor. According to CMS, a donor is when at least one organ is transplanted, or a pancreas is submitted for research, while the OPTN defines a donor as at least one organ procured for the purpose of transplant. The differences in these definitions can impact the number of donors at a center.

The CMS OPO metric analyzes donation rate, which is defined as the number of donors as a percentage of the donor potential. CMS monitors the transplantation rate of an organ that is transplanted from donors in that the donation service area (DSA) as a percent of the donor potential. Dr. Stewart Lewis noted that donor potential is controversial and a challenging metric to consistently capture.

CMS uses these measurements to classify OPOs into three tiers. Tier 1 is defined by the OPOs that meet the highest threshold for both their metrics, Tier 2 centers have both metrics above the median, and Tier 3 center either measure below the median or they are not meeting another CMS requirement. Currently, Tier 1 OPOs would be recertified for another 4 years and be able to bid on other OPOs in Tier 2 or Tier 3 to take over their respective areas. However, OPOs classified as Tier 2 may compete to retain their DSA, and OPOs in Tier 3 will not be recertified and their DSA will open to offers from Tier 1 and Tier 2 OPOs. Over 40% of all OPOs are in Tier 3, so if this plan were implemented today, then over 40% of OPOs would be decertified. Dr. Stewart Lewis noted that this plan from CMS has created tremendous angst amongst the transplant community, not just amongst OPOs.

Dr. Stewart Lewis presented the work being done by the OPTN to address OPO performance monitoring and metrics. What differentiates an OPO that performs well versus an OPO that does not perform well has been a main topic of discussion. Members of the MPSC reasoned that these factors were dependent on adequate resources and training, effective relationship building and communication with donor hospitals and transplant programs, and effective quality improvement processes.

The MPSC has also discussed what areas of the donation process are the responsibility of OPOs. During these discussions, referral definitions and response rates were discussed. During these conversations, response rates were defined as whether OPOs have the staff and ability to deploy offers in a timely fashion. The workgroup discussed authorization and the difference between first person authorization and family authorization, as the process of family authorization can look different across different OPOs. Donor management and the increased complexity of allocation practices were discussed; as allocation

practices become more and more complex, not just due to geographic challenges, but also due to new perfusion devices and increasingly medically complex donors, there is more complexity to allocation practices OPOs must face. Therefore, an OPO's ability to have effective communication practices with donor hospitals and transplant programs is key.

Dr. Stewart Lewis shared that there was a strong sentiment from the MPSC that the OPTN must have separate metrics from CMS, but that these metrics should be complimentary. The MPSC has discussed creating more focused measures that make up parts of the donation and transplantation rate to therefore aid OPOs improve these measures. The committee discussed that having effective organ acceptance practices by transplant programs is key for any OPO to be high performing. The committee also examined ways to continue improving allocation policy to make it more effective for efficient organ acceptance for transplant centers, and the committee discussed increased data collection to proactively monitor and understand member behavior and influence change. Dr. Stewart Lewis explained that copious amount of data that OPOs are gathering and tracking are not necessarily thought of in the OPTN realm. Exploring ways to leverage some of this data that is already being collected will be an important aspect to consider.

Implementing standardized practices will be beneficial as it will not only help data collection efforts but may also improve efficiency and safety of the system. Although this aspect may be beyond the scope of the performance metrics project, it is important to consider the process as a whole.

Dr. Stewart Lewis shared what the Board could expect during their June 26th breakout sessions on OPO performance monitoring and asked the Board to consider how the MPSC may effectively address the project. Dr. Stewart Lewis asked the Board to consider the discrepancy between the CMS and OPTN donor definitions and how the community can standardize processes.

Summary of discussion:

A Board member suggested the MPSC partner with the OPO Committee on the project. It was reiterated that the workgroup for the project will have representatives from the OPO Committee. Multiple Board members shared their concern over CMS' plan for Tier 1 OPOs to take over Tier 3 OPOs. Dr. Stewart Lewis explained that none of that information is clear at the moment and the lack of clarity on this process has created significant angst in the transplant community.

A Board member stated that there has not a performance improvement metric from CMS within the past two years, and two-year-old data does not provide the opportunity for OPOs to be proactive. The Board member also stated that the OPTN needs better metrics and better measures of performance than comparing observed models versus expected models at the OPTN level. They stated that the metrics as they currently exist exclude a large amount of data and noted that if the OPTN is going to tackle any systemic issues, it may need more up to date data that is risk adjusted. They warned that the OPTN cannot just adopt the CMS metrics.

3. Welcome & Announcements

OPTN Contractor staff reviewed information about the in-person Board meeting later in June. They informed the Board of the planned agenda, what topics are slated for the consent agenda versus the discussion agenda, and how those items were placed on each respective agenda. Staff reviewed the amendment process and the procedure to move an item from the consent to the discussion agenda.

4. Living Donor Committee Update to the Board

Dr. Nahel Elias, Chair of the Living Donor Committee, presented an update on the work of the Living Donor Committee since the December 2022 Board meeting. Dr. Elias recounted the presentation the

committee gave to the Board in December, including the six findings and recommendations: living donors should be followed for their lifetimes, there are barriers and burdens associated with transplant programs performing living donor follow-up, a registry may be better situated to perform long-term living donor follow-up, resource constraints remain a logistical concern for long-term living donor follow up, there are opportunities for increased efficiencies and integration across organizations that support the transplant community, and broader living donor engagement is necessary.

Dr. Elias explained the living donor data collection and how this process is currently shared between the OPTN and Scientific Registry of Transplant Recipients (SRTR). He presented the responsibilities each organization has to help further living donor data collection. The OPTN's responsibilities are to require transplant programs to register living donors and submit pre-donation data, donation data, and immediate post donation data, transplant programs are also required to submit living donor data follow-up data at six twelve and twenty-four months post-donation, and transplant programs are required to meet specific reporting thresholds for living kidney and liver donors defined in policy for donor status, clinical information, and laboratory data.

Dr. Elias explained that the SRTR has started to collect living donor data through the Living Donor Collective. This is a voluntary registry that collects data directly from living donors and seeks to examine access and long-term outcomes attributable to living donation. The participating transplant programs in the Living Donor Collective register living donors as well as individuals evaluated for living donation that do not proceed to donation, labeled as living donor candidates, in order to capture a control population.

Since December 2022, the Living Donor Committee has worked on two separate but related projects. The committee has worked on the Granular Review of OPTN Living Donor Data Collection that is detailed in the December report to the Board, and the committee has introduced a new project to Collect Living Donor Candidate and Donation Decision Data.

The purpose of the Granular Review of OPTN Living Donor Data Collection is to update data collection to ensure accurate data collection on living donors and improve analyses to inform donation decision-making and evidence-based policy making. The data collection proposal will recommend modifications, removals, and additions of data elements on three OPTN living donor data collection instruments. Additional modifications include restructuring sections for ease of entry and clarity, as well as updates to data definitions via help documentation.

The purpose of the project to Collect Living Donor Candidate and Donation Decision Data is to improve data on long-term outcomes of living donation through collaboration between the SRTR Living Donor Collective and the OPTN. The committee seeks to collect living donor candidate data to allow for data collection on an appropriate comparator group to analyze the risks and benefits attributable to live organ donation. Donation decision data will collect an approved individual's living donation decision and allow for analysis on equitable access to living donation and reasons for not donating. Upstream data collection by the OPTN will help support the SRTR's Living Donor Collective as a national living donor registry. With the OPTN collecting front end data, the SRTR's Living Donor Collective can collect downstream data and assess long-term outcomes of living donor candidates and living donors. The committee will discuss realigning current follow-up requirements to mitigate resources. The POC approved the project to Collect Living Donor Candidate and Donation Decisions Data and the Living Donor Committee have a concept paper out for public comment during the summer 2023 public comment period.

The current state of living donation data collection was presented to the Board. Dr. Elias explained that currently, the SRTR is collecting Living Donor Candidate Registration data and donation decision data. The OPTN currently collects donation and perioperative period data and post-donation follow-up data.

Long-term follow-up data will be part of the SRTR's Living Donor Collective data collection, but it must be well established before it may start collecting meaningful data.

The Board was also shown the changes the committee is proposing. OPTN data collection will start at the point of living donor candidate registration. Long-term follow-up for potential living donor candidates will be used as a control group and will move over to the purview of the SRTR. Post-donation follow-up data collection will transition over to the SRTR and will also include living donor long-term follow-up data collection.

Due to the collection of living donor candidate and donation decision data being a significant change to current OPTN data collection, the Living Donor Committee is submitting a concept paper detailing both projects for summer 2023 public comment. Based on the feedback the paper receives from the community, if the community supports the idea, the committee will bundle both projects into one data collection and policy proposal. If the community opposes the idea, the committee will likely move forward with Granular Review of OPTN Living Donor Data Collection Forms as a sole data collection proposal.

Summary of discussion:

A Board member asked what the cost considerations would be for this data collection and if the committee has considered what impact this could have on program interfaces. Dr. Elias responded that there is a burden to collect the data, but multiple OPTN committees believed the cost to be necessary and justified. Dr. Elias explained that the committee hopes to utilize data that is collected automatically, and that this will minimize the associated costs.

A Board member expressed support for the collaboration between the OPTN and the SRTR to focus on lifetime data collection and emphasized the importance of minimizing the financial burden this may have on centers to collect this data.

5. Policy Oversight Committee Report to the Board

Dr. Nicole Turgeon, Chair of the Policy Oversight Committee (POC) presented the report to the Board on behalf of the POC. Dr. Turgeon highlighted the work the committee has completed since the December 2022 Board meeting. Dr. Turgeon explained the charge of the committee and how the POC evaluates projects for approval and strategically evaluates new projects in alignment with the strategic plan and policy priorities. The POC also ensures that new projects involve necessary stakeholders, evaluate the sequence of projects, the overall efforts of the OPTN, the measurability of the intended effects of the project, the potential risks or unintended consequences the project may have, and the capacity for development and implementation resources required for each project. Since December 2022, the committee has reviewed and recommended nine projects to the Executive Committee.

Dr. Turgeon described the committee's involvement in the public comment approval process and the criteria the POC uses to evaluate each project. Once the committee has approved the slate of projects, they are then taken to the Executive Committee to vote on. After public comment, Board approval, and implementation, the POC performs post-implementation evaluations for each project. The committee has created a post-implementation monitoring subcommittee to maintain consistency in post-implementation review. Dr. Turgeon explained that the subcommittee has made multiple recommendations on post-implementation work, including how committees should base their success on key metrics, that committees should share unintended consequences and limitations of the policy with the POC. The subcommittee also recommended the POC focus on monitoring reviews and consider if any unintended consequences have warranted more immediate review of the policy.

The POC has focused its efforts to better assess project benefits during the review process to understand the benefit to the community in the context of OPTN resources. The post-implementation monitoring subcommittee has met four times since the first half of 2023 to refine scores and further identify areas of clarification. The overall benefit score composition is based on whether a project is a policy priority, has a measurable impact, impacts vulnerable populations, and the size of the impacted population.

After the POC reviewed benefit scoring, they added and reviewed a cost-benefit analysis to use in addition to the benefit scoring. This comparison has allowed the POC to compare all new projects across the resources and benefits to the community against older projects. The committee will continue to refine their approach and hopes to share with the wider community once the POC has more experience utilizing the analysis.

Dr. Turgeon presented an update on the collaboration between the POC and the MPSC. The collaboration between the two committees has focused on improving the clarity of expectations in the projects that were referred out to policymaking committees, after having been identified as challenges after MPSC review, the MPSC would then send these projects out to committees. Communication between the MPSC and these committees was inconsistent and occasionally created a gap in correspondence. The POC supported standardizing the questions that were asked of the committees by the MPSC and collaborated with the MPSC to create clear expectations regarding the committee's response. For next steps, the POC is continuing to engage with the MPSC to support efficiency in policy development. The committees' goal is that cross-committee collaboration will eliminate duplicative projects and improve communication amongst the committees. The POC views itself as a facilitator throughout the process.

Dr. Turgeon also presented the POC's work on their pilot bundling project. The POC hopes the pilot will improve comparison between projects and make the project review process more efficient. The POC was supportive of bundling projects for consideration, but also recognized the need to ensure projects are still reviewed for approval in a timely manner. When the POC presented the concept to the Executive Committee, they were supportive of the bundling efforts.

Dr. Turgeon explained that the POC is looking towards its next policy priority and has taken ideas from the National Academies of Sciences, Engineering, and Medicine (NASEM) recommendations. All OPTN committees were asked to review the NASEM report and identify projects that related to the three groupings of the NASEM recommendations. The three groupings are to improve equity, use more donated organs, and to improve system performance. The POC analyzed the recommendations committees made based on the NASEM recommendations and identified ways to prioritize them. Then, the POC identified the most impactful projects from each category. The committee was broken up into three groups and was asked to identify key areas of improvement for their respective groups.

The committee decided that using more donated organs was the highest priority. This specifically included using medically complex kidneys, reducing organ non-utilization rate (including late turndowns), and developing placement solutions. The effort to improve equity was the second area of focus identified by the committee. The committee thought the focus should include the consideration of barriers when assessing the waitlist, social determinants of health, patient involvement in organ offers and decision making, increasing living donation through increased advocacy and education, improving long term outcomes data on recipients, and standardizing the definition of glomerular filtration rate (GFR). The system improvement group also identified priorities to create patient dashboards to compare programs and to display patient offers, investigate the GPS tracking of organs, standardize referrals to the waitlist and include metrics around the process, and investigate barriers for patients accessing the waiting list. The POC determined that the priorities ranked in matter of importance from organ non-use,

pre-waitlist data, and shared decision-making with patients. The POC considered these efforts to play a key role in developing the next strategic plan or any policy priority discussions moving forward.

Dr. Turgeon shared that at the POC's in person meeting, they discussed the potential changes to the OPTN structure from HRSA's Modernization Initiative. Members of the committee brought the topic to the meeting and were concerned about the potential changes in structure and questioned how these changes could impact the work of the POC. The focus of the conversation was for the POC to maintain the momentum of the work they are leading and maintain accountability in moving policy priorities forward. The committee discussed how separating the contract could impact the committee's policy efforts. Dr. Turgeon explained that the committee looks forward to continued engagement throughout the process.

The three strategic policy priorities of the POC are continuous distribution, more efficient donor/recipient matching to increase utilization, and improved equity for multi-organ and single organ candidates. Dr. Turgeon reminded the Board of the continuous distribution timeline, emphasizing that lung continuous distribution has been implemented.

Dr. Turgeon explained that the POC has identified the area of efficient matching as an opportunity in developing a more robust portfolio. The POC has worked to identify areas of operational improvement to address and align policies with the priority of efficient matching. The POC has made significant progress on efficient matching efforts and has identified that the goal of efficient matching could be more clearly defined, and the project map could be enhanced. The POC is working to ensure efficient matching is a focus for the committee by ensuring the definitions are clear, the priorities are clearly established, and the project map reflects all the important efforts identified by the community.

Multi-organ sequence has been the third policy priority of the POC. Dr. Turgeon shared the project portfolio to illustrate the current work that is underway to address this area. The current multi-organ projects under review by the Board are Identify Priority Shares in Kidney Multi-Organ Policy, and Expand Simultaneous Liver-Kidney Allocation. Future multi-organ work the Board can expect includes match run prioritization for OPOs, establish criteria and safety net for heart-lung, lung-liver and liver-heart combinations, transition heart multi-organ policies to compositive allocation scores, create guidance on permissible multi-organ shares, and multi-organ considerations for VCA.

Summary of discussion:

A Board member commented that the work the OPTN was already undertaking prior to the NASEM recommendations that aligns with their recommendations is important to recognize.. The Board member highlighted this point to show the OPTN's work is not reactionary to the NASEM recommendations and that the work of the OPTN mostly already aligns with the recommendations. A Board member commented on the impact resource estimates have on the budget and thanked the POC for undertaking this important work to align with the budget. Many Board members commented on the copious amount of work and time the POC dedicates to their work and thanked the committee for their work.

6. Nominating Committee Report to the Board

Dr. Dianne LaPointe Rudow, Chair of the Nominating Committee, presented on the Nominating Committee work since the December 2022 Board meeting, including the 2024-2025 Board and Committee Needs Assessment and the committee's work in updating Board position descriptions.

Dr. LaPointe Rudow presented the 2024-2025 Board of Directors Needs Assessment and what the committee identified as critical needs for the next Board of Directors. The needs assessment is used to inform potential applicants of the vacancies on the Board, the desired qualifications the Board is looking

to fill, and the nominee review process. The Nominating Committee also enhanced the format of the needs assessment to create additional clarity and transparency for potential applicants. Dr. LaPointe Rudow explained that the committee performed a gap analysis on current Board members and known Board vacancies for next rotation. The committee analyzed the Board's current member demographics, the OPTN Bylaws and the Final Rule, and the committee considered representation with upcoming Board work and needed expertise.

Dr. LaPointe Rudow shared the specific needs the Nominating Committee identified throughout the assessment and what vacancies they are looking to fill for the 2024-2025 Board of Directors. It was noted that for all Board positions, the Nominating Committee is seeking candidates that bring increased racial and ethnic diversity, as well as a gender balance. Irrespective of the vacancies, the composition of the Board must adhere to the parameters of the Final Rule.

After the committee determined the needs of the 2024-2025 Board, the committee looked at developing the committee needs assessment. Each committee lists vacancies as well as bylaw-required and preferred needs for each committee. Committee members and chairs have an active role in the committee assessment, although the Nominating Committee ultimately approves the committee structure.

The Nominating Committee also updated Board member position descriptions to enhance current descriptions for all Board positions, to provide continuity and transparency for the expectations of candidates and appointees. Position descriptions were developed and posted to the OPTN website and linked with the Board and Committee Needs Assessments.

Dr. LaPointe Rudow shared the recruitment and application timeline for the upcoming call for nominations and Board election. The Board and Committee Needs Assessment was posted to the OPTN website on June 1 and email outreach to the community has begun.

Summary of discussion:

A Board member commented that there should be more representatives on the Board that do not work in the transplant community. They stated that having these members on the Board could potentially help the Board better serve the community they represent. Dr. LaPointe Rudow stated that this feedback would be shared with the committee. A Board member commented that there should be an effort to advertise that the Board is looking for patients to join the Board, so these individuals are not dissuaded from applying. A Board member commented that the committee should utilize an enhanced interviewing process of applicants to ensure applicants are able to be impartial in their position on the Board and be more equitable in their decision making.

7. Executive Committee Report to the Board

Dr. Jerry McCauley, Chair of the Executive Committee, presented the report to the Board on behalf of the committee.

Dr. McCauley presented the new projects the committee has approved since December of 2022, as well as the public comment items that were submitted for Winter 2023 public comment. Dr. McCauley highlighted key work that the committee has completed in the last 6 months. He noted that the committee approved key portions of Expand Intended Incompatible Blood Type (ABOi) Eligibility to All Pediatric Status 1A and 1B Heart and Heart-Lung Candidates. The committee approved official correspondence on behalf of the OPTN to HRSA regarding the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) HOPE Act recommendations.

Other work the committee approved included a proposal to streamline reporting in the patient safety portal, actions and updates on lung continuous distribution, updates to the Pathogens of Special Interest, and multiple DTAC summaries of evidence. The committee delegated authority to the MPSC to communicate directly with the community about MPSC activities and potential safety events in order to promote safety and compliance to increase transparency. The committee also hosted a meeting regarding HRSA's OPTN Modernization Initiative to provide a space for patients and OPTN volunteers to discuss potential implications. They also continued collaboration efforts with the POC, specifically supporting the POC on their bundling project pilot, and continued their collaboration with IT to provide updates on IT implementation timelines.

Dr. McCauley shared that for the remainder of 2023, the committee will consider summer 2023 public comment items and continue collaboration with the POC to review new committee projects. The committee will also work to develop a plan to separate the OPTN Board and the OPTN Contractor Board. The committee will work to develop the next OPTN Strategic Plan.

Summary of discussion:

A Board member commented on HRSA's Modernization Initiative and encouraged the Board to consider potential changes to the OPTN. They emphasized the responsibility and duty the Board has to the patients and donors throughout this process. Another Board member commented that this will be an opportunity for the transplant community to move forward and improve but it must be done systematically and carefully.

A Board member asked if the Board will be spending any more time at the upcoming Board meeting to discuss and learn more about HRSA's Modernization Initiative. A representative from HRSA replied that they will be giving a report to the Board and will allow for discussion on the topic.

A Board member asked if a timeline has been determined on the separation of the OPTN Board and the OPTN Contractor Board. The Board member asked if this separation will be determined before the end of the current contract period. A representative from HRSA responded that the timeline has not been determined. The Board member then asked what role the Board will play when it comes to separating the two Boards. Dr. McBride explained that there is a current task in the OPTN contract for the OPTN Contractor to develop and submit a plan on how to separate the boards.

The meeting adjourned.

Upcoming Meeting

- June 26th in Richmond, Virginia

Attendance

- **Board Members**
 - Adam Frank
 - Alan Langnas
 - Andrea Tietjen
 - Annette Jackson
 - Bradley Kornfeld
 - Christopher Woody
 - Cliff Miles
 - Daniel Yip
 - Deanna Santana
 - Dianne LaPointe Rudow
 - Earnest Davis
 - Edward Hollinger
 - Evelyn Hsu
 - Ginny McBride
 - Heather Hunt
 - Irene Kim
 - Jan Finn
 - Jeffrey Orłowski
 - Jerry McCauley
 - Jim Sharrock
 - Jonathan Fridell
 - Kelley Hitchman
 - Laurel Avery
 - Linda Cendales
 - Lloyd Ratner
 - Manish Gandhi
 - Maryjane Farr
 - Matthew Cooper
 - Meg Rogers
 - Melissa McQueen
 - Nicole Hayde
 - Robert Goodman
 - Stuart Sweet
 - Valinda Jones
 - Wendy Garrison
 - Willscott Naugler
- **HRSA Representatives**
 - Adrienne Goodrich-Doctor
 - Chris McLaughlin
 - Shannon Taitt
- **UNOS Staff**
 - Ann-Marie Leary
 - Anna Messmer
 - Betsy Warnick
 - Cole Fox

- Jason Livingston
- Joel Newman
- Julie Nolan
- Kim Uccellini
- Krissy Laurie
- Liz Robbins Callahan
- Maureen McBride
- Meghan McDermott
- Morgan Jupe
- Rebecca Brookman
- Rebecca Murdock
- Roger Brown
- Ryan Ehrensberger
- Sharon Shepherd
- Susan Tlusty
- Susie Sprinson
- Tiwan Nicholson
- Tony Ponsiglione
- **Other Attendees**
 - Nahel Elias
 - Nicole Turgeon
 - Zoe Stewart Lewis
- **Incoming Board Members**
 - Andrew Kao
 - Bhargav Mistry
 - Colleen McCarthy
 - Emily Blumberg
 - Erika Demars
 - George Surratt
 - Jennifer Lau
 - Julie Spear
 - Laura Butler
 - Reginald Gohh