EXECUTIVE SUMMARY
OF THE MINUTES
OPTN/UNOS BOARD OF DIRECTORS MEETING

November 11-12, 2013
Atlanta, GA

Kenneth Andreoni, M.D., OPTN/UNOS President called the meeting to order at 2:35 p.m. on November 11, 2013. A quorum was present, and 40 of the Board members were in attendance during the meeting.

The Board approved several resolutions contained in the Consent Agenda in a single vote. One item was removed from the consent agenda for further discussion during the meeting. The subject of the individual resolutions approved in the Consent Agenda follows here:

1. The Board approved the minutes of the June 24-25, 2013, meeting of the Board of Directors held in Richmond, Virginia.

2. The Board approved modifications to Appendix 3A (HLA Antigen Values and Split Equivalences) to update the tables to reflect OPTN/UNOS Policy Appendix 3D, Section D.2 (Histocompatibility Laboratory Testing Requirements), which requires laboratories to perform molecular typing for deceased kidney, kidney-pancreas, and pancreas donors. The Board also rescinded its prior approval of a 2010 change that would disadvantage certain sensitized candidates, and approved a new "user friendly" format for the tables.

3. The Board approved the following member-specific actions for new members: fully approved two new transplant programs in one new transplant hospital member, and three new individual members; for existing members: the Board fully approved five new transplant programs; fully approved three medical/professional organizations, one public organization, one business, and one individual member for another two-year term. The Board approved the following changes in program status: granted full approval to three programs and one living donor component that reactivated in three existing transplant hospitals, and granted full approval to one existing transplant program and one existing living donor component that were conditionally approved; and granted a 12-month extension of conditional approval status to one existing living donor liver component that is conditionally approved.

4. The Board extended the effective date from December 1, 2013, to January 1, 2015, for modifications to Policies 7.1.6 (Eligible Death Definition) and 7.1.7 (Imminent Neurological Death), which were approved by the Board of Directors on June 24, 2013. This later effective date will permit CMS additional time to align its definitions with the OPTN definitions, and also provide additional time for member education and computer programming.

Following passage of the Consent Agenda, the Board approved substantial changes to the Bylaws Article 1.4 (Histocompatibility Laboratory Member); Appendix C.1 (Histocompatibility Laboratory Compliance), Appendix C.2 (Facilities and Resources), Appendix C.3 (Histocompatibility Laboratory Personnel), Appendix C.4 (Changes in Key Laboratory

Personnel), Appendix M: (Definitions), and the creation of section C.4 (Laboratory Coverage Plan). These changes will better reflect current clinical practice and set standards to ensure that histocompatibility laboratories have adequate staff coverage to provide high quality testing for transplant programs and OPOs. The Board understands the need to develop a process to approve and timely respond to changes in histocompatibility laboratory requirements that may be updated by ASHI and CAP.

The Board approved changes to Policy 3.1.14 (PHS Guideline) to eliminate the option to use the 1994 Public Health Service Guidelines for medical-evaluation of both potential deceased and living donors, effective February 1, 2014.

The Board approved modifications to Policy 2.8 (Model Elements for Controlled DCD), to reflect changes to the DCD (now known as Donation after Circulatory Death) model elements, and included additional language clarifying the definition of patients who may appropriately become eligible to become DCD donors.

The Board discussed a framework for how committees should address geographic disparities in organ distribution, but took no formal action.

The Board received and discussed an extensive presentation on the OPTN Kidney Paired Donation (KPD) Program.

Based upon its assessment of the significant programming costs compared to the relatively small number of affected candidates, the Board declined to approve proposed changes to Policy 3.6.4.1 (Adult Candidate Status) that would have added serum sodium to the calculation of the Model for End-Stage Liver Disease (MELD) score. On the second day of the meeting, there was a motion to reconsider the proposal, which the Board declined to approve.

In the first order of business of the second day of the meeting, the Board approved changes to the Bylaws Articles 6.2 (Vice President) and 7.2 (Standing Committee Chairs) that separate the roles of the Vice-President of the Board of Directors and the Chair of the Membership and Professional Standards Committee (MPSC). The Bylaws formerly required the Vice-President to serve as the Chair of the MPSC. The Board acknowledged the need to develop criteria and preferred qualifications for committee leadership positions.

The Board approved changes to Policy 12.4.1 (IDA Role) and Policy 12.4.2 (IDA Responsibilities), and new Policy 12.4.3 (IDA Protocols), which clarify requirements for Independent Donor Advocates at living donor recovery centers.

The Board directed the Liver and Intestinal Organ Transplantation Committee to develop a conceptual plan and timeline for the implementation of a national liver review board, for presentation to the Board of Directors in June 2014.

The Board approved a plain language rewrite of all OPTN/UNOS policies, which have been rewritten for clarity and consistency. The rewritten policies do not contain substantive changes.

The meeting adjourned at 12:50 p.m. on November 12, 2013.