

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Late Resolution: 1
(A-24)

Introduced by: Lauren Edgar, MD

Subject: Modernization of the Organ Procurement and Transplantation Network

Referred to: Reference Committee

1 Whereas, organ transplantation is a live-saving treatment for individuals with end-stage organ
2 failure; and¹
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4 Whereas, existing AMA policy recognizes that organ donation is crucial for treating end-stage
5 diseases, views organs as a national resource, and supports equitable access to
6 transplantation; and^{2,3,4}
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8 Whereas, The National Organ Transplant Act established the Organ Procurement and
9 Transplantation Network (OPTN) to govern organ procurement, allocation, and transplantation,
10 and to increase access to donor organs; and⁵
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12 Whereas, on March 22, 2023, Health Resources and Services Administration (HRSA) launched
13 the OPTN Modernization Initiative to enhance transparency, equity, and modernization in the
14 U.S. transplant system.; and
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16 Whereas, the Initiative would include the “creation of a separate legal entity to serve as the
17 OPTN, with its own independent Board of Directors, to facilitate independent, transparent, and
18 accountable OPTN governance”; and⁶
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20 Whereas, the OPTN Board of Directors established the OPTN Transition Task Force to
21 collaborate with HRSA and contractors to create a fully independent OPTN and Board of
22 Directors by June 28, 2024; and
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24 Whereas, in May 2024, HRSA has reneged and stated that it no longer supports the idea that
25 the new legal entity will serve as the OPTN; and
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27 Whereas, HRSA has created a new structure without input from relevant stakeholders which is
28 solely a Board of Directors with very limited authority and a vague association of government
29 and non-government organizations; and⁷
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31 Whereas, this new structure diminishes the role of patients, transplant physicians and providers,
32 OPO representatives, and other key stakeholders; and
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34 Whereas, the new HRSA proposed structure threatens a governmental/OPTN public-private
35 partnership that required for the Modernization Initiative; therefore be it
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37 RESOLVED, that our American Medical Association (AMA) seek congressional and regulatory
38 support for the establishment of a separate legal entity that will serve as the OPTN; and be it
39 further
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- 1 RESOLVED, that our AMA support the involvement of key stakeholders (patients, physicians,
2 advanced practice providers, transplant centers, OPOs, and professional societies) in the OPTN
3 modernization Initiative.

Fiscal Note: Modest

Received: 5/30/24

References:

1. Lewis, A. *et al.* Organ donation in the US and Europe: The supply vs demand imbalance. *Transplant Rev (Orlando)* **35**, 100585 (2021).
2. Increasing Organ Donation H-370.971
3. Transplantable Organs as a National Resource H-370.990
4. Equal Access to Organ Transplantation for Medicaid Beneficiaries H-370.962
5. Organ procurement and transplantation network 42 U.S.C. § 274)
6. Letter from Suma Nair PhD, MS, RD, Associate Administrator, Health Systems Bureau, to Dianne LaPointe-Rudow ANP-BC,DNP, FAA, OPTN President, United Network for Organ Sharing (Mar. 27, 2024),
7. Letter from OPTN Board of Directors Transition Work Group (May 28, 2024)

Relevant RFS Position Statements:

360.001R Removing Barriers to Organ Donation: That our AMA-RFS support the AMA working with legislators to remove financial barriers to living organ donation to pass laws which include: (1) provisions for expenses involved in the donation incurred by the organ donor, (2) providing access to health care coverage for any medical expense or disability related to the donation, (3) prohibiting employment discrimination on the basis of living donor status, and (4) prohibiting the use of living donor status as the sole basis for denying health and life insurance coverage. (Resolution 4, A-11)

Relevant AMA Policy:

H-370.971 Increasing Organ Donation.

Our AMA recognizes the importance of physician participation in the organ donation process and acknowledges organ donation as a specialized form of end-of-life care. [CSA Rep. 4, I-02Reaffirmed: CSAPH Rep. 1, A-12Reaffirmed: CEJA Rep. 4, A-22]

H-370.990 Transplantable Organs as a National Resource

Our AMA: (1) supports the United Network of Organ Sharing (UNOS) policy calling for regional allocation of livers to status 1 (most urgent medical need) patients as an effort to more equitably distribute a scarce resource; (2) opposes any legislation, regulations, protocols, or policies directing or allowing governmental agencies to favor residents of a particular geo-political jurisdiction as recipients of transplantable organs or tissues; (3) reaffirms its position that organs and tissues retrieved for transplantation should be treated as a national, rather than a regional, resource; and (4) supports the findings and recommendations of the Institute of Medicine Committee on Organ Procurement and Transplantation Policy. [Res. 94, I-87Reaffirmed: Sunset Report, I-97Appended and Reaffirmed CSA Rep. 12, I-99Reaffirmed: CSA Rep. 4, I-02Reaffirmed: CSAPH Rep. 1, A-12]

H-370.962 Equal Access to Organ Transplantation for Medicaid Beneficiaries

Our American Medical Association supports federal funding of organ transplants for Medicaid patients [BOT Rep. 15, A-13Reaffirmed: BOT Rep. 09, A-23]