



December 9, 2024

The Honorable Cathy McMorris Rodgers
Chair
Committee on Energy and Commerce
U.S. House of Representatives

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives

The Honorable Morgan Griffith
Chair
Committee on Energy and Commerce
Subcommittee on Oversight
and Investigations
U.S. House of Representatives

The Honorable Kathy Castor
Ranking Member
Committee on Energy and Commerce
Subcommittee on Oversight
and Investigations
U.S. House of Representatives

The Honorable Brett Guthrie
Chair
Committee Energy and Commerce
Subcommittee on Health
U.S. House of Representatives

The Honorable Anna G. Eshoo
Ranking Member
Committee on Energy and Commerce
Subcommittee on Health
U.S. House of Representatives

Dear Chair McMorris Rodgers, Ranking Member Pallone, Chair Griffith, Ranking Member Castor, Chair Guthrie and Ranking Member Eshoo,

We are at a pivotal moment for our nation's organ donation and transplantation system, as more than 100,000 people await the lifesaving gift of transplant. As my organization remains on the front lines of efforts to strengthen the system, I urge you to work with us to ensure patients across the country have access to the transplants they urgently need.

When the National Organ Transplant Act was enacted into law 40 years ago, the government took on the responsibility for overseeing a complex system regulated by multiple agencies concerning organ donation, procurement and transplant. The U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services and the Health Resources and Services Administration (HRSA) each have distinct roles and responsibilities over the hospitals, surgeons, transplant centers, organ procurement organizations, histocompatibility labs, and the Organ Procurement

and Transplantation Network (OPTN). For decades, HRSA has awarded the United Network for Organ Sharing the contract to manage our country's OPTN.

UNOS acts at the direction of HRSA to facilitate the OPTN to make decisions about the policies concerning organ allocations and maintenance of the waiting list. But UNOS does not have the authority to mandate changes on its own.

In the two years since I assumed the role of chief executive officer, UNOS has had two critical objectives: effecting change in areas that are within our control and driving needed systemic reforms that cannot be achieved without congressional action. Although much of the donation and transplant system has been outside of the purview of UNOS' service as the OPTN contractor, we are committed to strengthening the system for patients everywhere.

While Congress enacted legislation to reform the management of the OPTN, there is still strong bipartisan interest, heightened media attention, and public support to continue the work that is currently being done to improve the system for patients.

Congress must focus on the implementation of the reforms it has mandated but also do more. UNOS has identified and reduced inefficiencies, primarily through our role as the OPTN contractor. Yet the most significant barriers to a more efficient system can only be addressed through a combination of regulatory and statutory policy changes. As patient advocates and stakeholders continue to demand improvements, ensuring the removal of barriers and making the system more efficient can only benefit the patients the system is designed to serve and work towards the goal of every patient receiving a lifesaving transplant.

UNOS is an indispensable resource for Congress. For 14 consecutive years, the number of life-saving organ transplants has increased, culminating in more than 46,000 successful organ transplants in 2023 – a record that will almost certainly be eclipsed this year. All aspects of the system worked together to make more transplants happen.

UNOS has identified four critical reforms that, if correctly and quickly implemented, would reduce the number of patients who die every day awaiting transplant. UNOS has already begun work on some of these:

- **Optimize the Donor Referral Process with Mandated Automated Donor Referrals (ADR).** Successful organ transplants depend on information-sharing with organ procurement organizations (OPOs), non-profits that are responsible for recovering organs from deceased donors. This reporting is often undertaken manually by overworked hospital staff. It is antiquated and inefficient. An automated referrals system using electronic health records is being piloted by several OPOs and hospitals. Determining best practices and how to adopt this technology across the country would ensure OPOs are automatically alerted

about every potential organ donor when a dying patient meets predetermined clinical criteria. Studies have found a 49 percent increase in donor referrals and a 333 percent increase in organ donors upon implementation of ADR. Representatives Rob Wittman and Jennifer McClellan have introduced legislation to require a study to determine how to implement this nationally. In reality, the administration could begin this research tomorrow. I hope you will join us and your Virginia colleagues in moving this legislation forward to simplify and improve the donation process.

- **Mandated In-Cabin Airline Transportation for Organs.** Life-saving organs should never be relegated to airline cargo bays, where they are more prone to be damaged, lost or delayed because of cargo staffing limitations. Thanks to a provision in the bipartisan Federal Aviation Administration Reauthorization of 2024, work on this effort has begun.
- **Mandated Organ Tracking for Unaccompanied Organs.** There is no federally required national tracking system for organs to prevent them from being lost, delayed in transit, or damaged. A national, centralized, and compulsory system-wide tracking system would give key organ transplant stakeholders maximum visibility into the transportation of life-saving organs, while enabling thorough investigations of lost or delayed organs, which is critical to implementing systemwide improvements. This concept has been discussed for several years but needs action.
- **Incentivizing Transplant Hospitals to Accept Hard-to-Place Organs.** More kidneys are recovered for transplant every year, in part because organ procurement organizations are increasingly pursuing more medically complex donors. The changes in the health of the donor population, including increased history of hypertension, diabetes and cancer, largely explain the increase in non-use of these hard-to-place kidneys. Last year, more than 8,000 kidneys were not transplanted, in many cases because they could not be paired in time with a hospital willing to take on the clinical and financial risks that come with accepting organs from more medically complex donors. Kidneys from these donors may have delayed graft function, and patients receiving these kidneys may require dialysis after their transplant until the transplanted kidney starts working. This treatment and monitoring may require longer hospital stays. However, evidence shows that kidneys from more medically complex donors can still result in successful transplant outcomes with appropriate post-transplant care, and that patients will live longer if they receive a transplant – even from a more complex kidney - than if they wait on dialysis. Studies show

that 62 percent of kidneys that were not transplanted in the U.S. between 2004-2014 would have been successfully transplanted in France. A policy change to Medicare to compensate transplant hospitals at a higher rate for transplanting more medically complex kidneys would encourage more hospitals to accept these kidneys for their patients, ultimately preventing an estimated 4,000 avoidable deaths annually (14 of the 17 patients who die each day awaiting organ transplants).

UNOS' four decades at the center of the organ donation and transplantation system has provided us with unique insights and expertise. The contracting reforms Congress put in place are just a start. Please work with us to ensure that other significant reforms are established so our system is patient-centric and as effective as it can be to reduce the number of patients on the waiting list and help save more lives.

As you continue to review the transplant system, we hope you and your colleagues will work with us in our efforts to strengthen the system to save more lives.

With kindest regards,



Maureen McBride, Ph.D.
Chief Executive Officer
UNOS

cc:

cc: Mary D. Ellison, Ph.D.
Mary D. Ellison, Ph.D. (Nov 12, 2024 11:32 EST)
Chief External Relations Officer, RETIRED
UNOS

cc: 
Scott Demczyszyn (Nov 12, 2024 12:05 EST)
SVP OPO Relations
NORA -Nationwide Organ Recovery Transport Alliance

cc: Elaine Perlman
Elaine Perlman (Nov 12, 2024 11:46 EST)
Executive Director
Waitlist Zero

cc: 
Brittany Lyons (Nov 12, 2024 12:06 EST)
Advanced Practice Coordinator
Gift of Life Donor Program

CC: Christopher L. Marsh MD, FACS, FAST
Christopher L. Marsh MD, FACS, FAST (Nov 12, 2024 10:37 PST)
V. P. Surgical Services Scripps Clinic
Scripps Clinic & Green Hospital

CC: Richard Freeman, MD, MHL
Richard Freeman, MD, MHL (Nov 12, 2024 14:16 EST)
Professor of Surgery and Vice Dean for Academic Affairs
Tufts University School of Medicine

CC: Kevin M. Chan, MD
Kevin M. Chan, MD (Nov 12, 2024 16:36 EST)
Vice Chair Department of Medicine
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CC: Dan M. Meyer, MD
Dan M. Meyer, MD (Nov 12, 2024 21:58 CST)
Chair, Department of Cardiovascular Surgery, Chief of Cardiac Transplant and MCS
Baylor Scott and White Health, Dallas Texas

CC: John Roberts
John Roberts (Nov 13, 2024 01:09 PST)
Professor of Surgery
University of California San Francisco

CC: Susan Gunderson
Susan Gunderson (Nov 13, 2024 08:05 CST)
OPO Executive
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CC: Donna Dickt
Donna Dickt (Nov 13, 2024 10:47 EST)
Executive Director
North American Transplant Coordinators Organization

CC: Margaret J. Schaeffer
Margaret J. Schaeffer (Nov 13, 2024 13:24 EST)
Donor Family
NA

CC: James J. Wynn, M.D.
James J. Wynn, M.D. (Nov 14, 2024 15:31 EST)
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George Mazariegos (Nov 16, 2024 16:54 GMT+9)
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CC: Katherine Gioevtsis
Katherine Gioevtsis (Nov 19, 2024 11:20 EST)
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CC: Melissa Reed
Melissa Reed (Nov 21, 2024 05:00 CST)
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DLO Transplant Immunology Lab

CC: April E. Roberts
April E. Roberts (Nov 21, 2024 05:20 CST)
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DCI, INC.

CC: Shivani Patel
Shivani Patel (Nov 21, 2024 06:39 EST)
HLA laboratory supervisor
NJOTSN

CC: Jessica Badders
Jessica Badders (Nov 21, 2024 06:43 EST)
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CC: Rachel Wahlert
Rachel Wahlert (Nov 21, 2024 07:10 EST)
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Jody Jennemann (Nov 21, 2024 06:24 CST)
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Mary Libby (Nov 21, 2024 07:57 EST)
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Runying Tian (Nov 21, 2024 08:07 EST)

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Suraya A Berger (Nov 21, 2024 08:13 EST)

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Tracey Schilling (Nov 21, 2024 08:31 EST)

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Rebecca M Burke (Nov 21, 2024 08:34 CST)

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Roger P Banwart (Nov 21, 2024 08:48 CST)

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Loren Gragert, PhD (Nov 21, 2024 09:50 CST)

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Leh Chang (Nov 21, 2024 05:10 PST)

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Samantha Sparks-Spires (Nov 21, 2024 08:21 EST)

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Lori Ellinger (Nov 21, 2024 06:34 MST)

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University of Utah Health

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Sidnee Freeman (Nov 21, 2024 08:08 CST)

Certified Histocompatibility Technologist
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CC: *William W. Ward, PhD, F(ACHI)*
William W. Ward, PhD, F(ACHI) (Nov 21, 2024 09:29 EST)

Associate Director, HLA, Department of Transfusion Medicine
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CC: *Mary Carmelle Philogene*
Mary Carmelle Philogene (Nov 21, 2024 09:45 EST)

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Virginia Commonwealth University

CC: *Trysha*
Trysha Galloway (Nov 21, 2024 06:52 PST)

Donor/Researcher

CC: *Sharon Skorupski*
Sharon Skorupski (Nov 21, 2024 11:02 EST)

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CC: *Lynden E Gault*
Lynden E Gault (Nov 21, 2024 09:25 EST)

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CC: *Jane*
Jane Franco (Nov 21, 2024 11:32 CST)

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CC: Idoia Gimferrer
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CC: Karen Heisler
Karen Heisler (Nov 21, 2024 13:19 CST)
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CC: Valerie Ruck
Valerie Ruck (Nov 21, 2024 15:39 EST)
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CC: Ann Pole
Ann Pole (Nov 21, 2024 13:54 MST)
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Deanna Santana (Nov 21, 2024 15:12 PST)
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CC: Shannon Dutterer
Shannon Dutterer (Nov 21, 2024 22:27 EST)
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CC: Wietse Mulder
Wietse Mulder (Nov 22, 2024 09:00 GMT+1)
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Ira J. Copperman (Nov 22, 2024 11:28 EST)
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CC: Chris Martin
Chris Martin (Nov 21, 2024 13:14 EST)
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CC: Carly J Amato-Menker
Carly J Amato-Menker (Nov 21, 2024 14:47 EST)
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John Friedewald, MD (Nov 21, 2024 14:50 EST)
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CC: Sandra Rosen-Bronson, PhD, F(ACHI)
Sandra Rosen-Bronson, PhD, F(ACHI) (Nov 21, 2024 16:43 EST)
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Linda Ohler MSN, RN, CCTC, FAAN, FAST (Nov 21, 2024 20:05 EST)
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Melissa Cardenas (Nov 21, 2024 23:27 CST)
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Sharon M. Austria (Nov 21, 2024 20:31 EST)
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CC: Iolita Ardiente
Iolita Ardiente (Nov 22, 2024 12:26 PST)
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BloodworksNW

CC: Michael S Seely
Michael S Seely (Nov 22, 2024 17:23 PST)
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ORUO

CC: CB
Christina Bouchard (Nov 22, 2024 20:48 EST)
HLA Technologist
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CC: Rm
Rachel Marcano (Nov 23, 2024 10:49 EST)
Specialty laboratory technologist
Montefiore

CC: Dr Randee Bloom
Dr Randee Bloom (Nov 23, 2024 20:45 EST)
RN, MBA, PhD
Past OPTN/UNOS Board Member

CC: Anh Huynh
Anh Huynh (Nov 25, 2024 10:12 EST)
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CC: John May
John May (Nov 25, 2024 14:29 EST)
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IU Health Transplant

CC: Melissa McQueen
Melissa McQueen (Nov 25, 2024 13:21 MST)
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Transplant Families

CC: Walter Herczyk
Walter Herczyk (Nov 26, 2024 14:53 EST)
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