



November 27, 2024

Stephanie Grosser, Sr. Advisor
Ray Lynch, MD, Branch Chief, Division of Transplantation
Health Systems Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Grosser and Dr. Lynch,

We as the leadership of the American Society of Transplant Surgeons (ASTS) want to re-emphasize our strong interest and commitment in partnering with HRSA, along with others in the transplant community, in the OPTN modernization process as we are dedicated to the care of transplant patients in the best possible system. We thank you for the invitation at our recent meeting to provide written ASTS recommendations with respect to the upcoming Special Election of the OPTN Board of Directors. Since our meeting we have received outreach from the American Institutes for Research (AIR) inviting both nominations and criteria for the Transitional Nominating Committee and new OPTN Board of Directors by December 6th, 2024.

We are pleased to learn of this effort to hold a Special Election process that is dedicated to openness and greater transparency within the transplant community. Based on the communication received from AIR, we understand the following details and goals about the process:

1. AIR is currently seeking nominations for the Transitional Nominating Committee that is composed of experts from various fields relevant to the goals of the OPTN Modernization Initiative—including governance, health system change, ethics, information technology (IT) modernization and integration, and health equity. Nominated individuals should reflect the OPTN community, including transplant surgeons and physicians, transplant coordinators, OPOs, transplant hospitals, transplant candidates, recipients, donors, and/or family members.
2. The Transitional Nominating Committee will work to ensure the Special Election process is open and transparent. As the OPTN Board of Directors Support Contractor, AIR is supporting HRSA in these important efforts.
3. The Transitional Nominating Committee members will refine and finalize the nomination and election processes for the OPTN Board and committees.
4. The Transitional Nominating Committee will meet weekly through the end of April 2025.

We appreciate the strategy of inviting broad input from the transplant community for nominations to the Transitional Nominating Committee and for candidate criteria for nominating committee members and the OPTN Board of Directors. To strengthen the success of this approach we recommend a strong communication plan to enhance transplant community and stakeholder understanding of the rationale for and

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transparency of the process. We previously shared our recommendation and the community expectations for the adoption of a Bylaws-stipulated nominations and election process (whether in accordance with the current Revised Bylaws or with a Bylaws change) as best practice in governance. Greater transparency and open communication could be achieved with a webinar or other forum to explain 1) the specific objectives and rationale for a nominations process that is not specified by the current OPTN bylaws or by a bylaws change, 2) who will select the nominees, 3) how the nominees will be vetted and how many nominees will be selected, 4) timeline for selection of the nominees and whether the community solicited nominations and suggested candidate criteria due on December 6th, 2024 will be publicly posted for the community to review soon after they are collected, and 5) clarify the process by which the OPTN Board of Directors will be elected and the timeline for the election. While we understand and support the effort to avoid conflicts of interest, we encourage AIR and HRSA to not conflate conflict with expertise. OPTN (not UNOS) Volunteers have a commitment and understanding of the transplant system that bring critical value to the Board. We encourage AIR and HRSA to consider revising the eligibility criteria to *“Candidate cannot currently serve on the OPTN Board and has not served on the OPTN Board in the last 5 years.”*

The strength of the current process outlined in the existing bylaws is the broad representation of the transplant community, the needs assessment performed by an experienced OPTN Board as part of the nominations process and the election of the OPTN Board of Directors by the membership in a clearly defined process that includes regional councilors that are locally selected and representatives of medical/scientific organizations like the ASTS.

Finally, as transplant surgeons are involved in all aspects of organ donation and transplantation, we strongly believe that a sufficient number of transplant surgeons actively engaged in transplantation should be on the Transitional Nominating Committee and that the final Board slate should be balanced and in compliance with statutory and regulatory requirements.

We sincerely thank HRSA and AIR for the opportunity to provide feedback regarding the Transitional Nominating Committee and Special Election. We look forward to a continuing dialogue on this important issue.

Respectfully,



Ginny L. Bumgardner, MD, PhD
President