

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)  
(A-24)

Introduced by: American Society of Transplant Surgeons

Subject: The HRSA – Organ Procurement and Transplantation Network (OPTN)  
Modernization Initiative

Referred to: Reference Committee (Assigned by HOD)

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1 Whereas, our AMA, via numerous AMA policies, has endorsed principles to guide Congress and  
2 regulatory agencies in optimal practices benefiting patients and transplant physicians; and  
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4 Whereas, last year the Health and Resources and Services Administration (HRSA) announced  
5 the Organ Procurement and Transplantation Network (OPTN) Modernization Initiative and  
6 Congress enacted the “Securing the US Organ Transplantation Network Act,” both of which are  
7 intended to facilitate competition and modernization of the transplant system by breaking up the  
8 monopoly that the United Network for Organ Sharing (UNOS) has held as the contractor  
9 selected by HRSA; and  
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11 Whereas, while the AMA and member organizations, including the American Society of  
12 Transplant Surgeons (ASTS), support improvements to organ transplantation, the system of  
13 transplantation must retain a fully transparent, formally established, and legally sound public-  
14 private partnership between the OPTN and HRSA; and  
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16 Whereas, the proposed revisions in OPTN structure would create an ill-defined association of  
17 government and non-government organizations, contrary to statute and federal regulation,  
18 without staff or members, devoid of sufficient and formal clinical expertise and patient group  
19 involvement, and without sufficient policymaking authority, marginalizing the future of the OPTN  
20 Board of Directors and Committees, impeding the practice of transplantation medicine and  
21 surgery, and subjecting the transplant system to political pressure and bias; therefore be it  
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23 RESOLVED, that our American Medical Association affirm that HRSA’s proposed changes to  
24 the OPTN should not replace the existing public-private partnership between HRSA and the  
25 OPTN, and the OPTN should be maintained as a membership organization. (Directive to Take  
26 Action); and be it further  
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28 RESOLVED, that our AMA support an OPTN Board, per the National Organ Transplant Act  
29 (NOTA) regulations, that includes patients, living donors and donor families, transplant centers,  
30 organ procurement organizations (OPOs), patient and medical associations, and other  
31 transplant stakeholders to ensure experience, expertise, and knowledge from content experts;  
32 and should be elected by the membership rather than be appointed or elected by the  
33 government or its contractors which would result in politicizing medical care decisions; and be it  
34 further  
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36 RESOLVED, that our AMA proactively advocate to the general public and encourage legislators  
37 and regulators to modernize the transplant system in a transparent, equitable, and efficient  
38 manner within the structure outlined in NOTA. (Directive to Take Action).  
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Fiscal Note: (Assigned by HOD)

Received:

#### REFERENCES

1. HRSA OPTN Modernization Initiative. <https://www.hrsa.gov/optn-modernization>. Last updated June 2024.
2. Public Law 118 – 14. “Securing the Organ Procurement and Transplantation Network.” September 22, 2023. <https://www.congress.gov/118/plaws/publ14/PLAW-118publ14.pdf>
3. HRSA Letter to Dianne LaPointe Rudow, ANP-BC, DNP, FAAN, President, Organ Procurement and Transplantation Network – March 27, 2024. <https://www.hrsa.gov/sites/default/files/hrsa/about/optn-board-separation-plan-letter.pdf>
4. Letter from the Organ Procurement and Transplantation Network to the Transplant Community – May 28, 2024. <https://asts.org/docs/default-source/optn-unos/optn-letter-to-the-community-may-28-2024.pdf>
5. NOTA Statutory Reference Requiring OPTN Independent Board and Community Membership <https://uscode.house.gov/statutes/pl/98/507.pdf>
6. Letter to HRSA from Senators Wyden, Grassley, Young, Warren, and Moran. May 2, 2024. [https://www.grassley.senate.gov/imo/media/doc/wyden\\_grassley\\_et\\_al\\_to\\_hrsa\\_-\\_rfp.pdf](https://www.grassley.senate.gov/imo/media/doc/wyden_grassley_et_al_to_hrsa_-_rfp.pdf)

#### RELEVANT AMA POLICY

##### **H-270.959 AMA Stance on the Interference of the Government in the Practice of Medicine.**

1. Our AMA opposes the interference of government in the practice of medicine, including the use of government-mandated physician recitations.
  2. Our AMA endorses the following statement of principles concerning the roles of federal and state governments in health care and the patient-physician relationship:
    - A. Physicians should not be prohibited by law or regulation from discussing with or asking their patients about risk factors, or disclosing information to the patient (including proprietary information on exposure to potentially dangerous chemicals or biological agents), which may affect their health, the health of their families, sexual partners, and others who may be in contact with the patient.
    - B. All parties involved in the provision of health care, including governments, are responsible for acknowledging and supporting the intimacy and importance of the patient-physician relationship and the ethical obligations of the physician to put the patient first.
    - C. The fundamental ethical principles of beneficence, honesty, confidentiality, privacy, and advocacy are central to the delivery of evidence-based, individualized care and must be respected by all parties.
    - D. Laws and regulations should not mandate the provision of care that, in the physician's clinical judgment and based on clinical evidence and the norms of the profession, are either not necessary or are not appropriate for a particular patient at the time of a patient encounter.
- [Res. 523, A-06 Appended: Res. 706, A-13 Reaffirmed: Res. 250, A-22]

##### **H-165.916 Government Controlled Medicine**

Our AMA strongly reaffirms its unwavering opposition against the encroachment of government in the practice of medicine as well as any attempts to covertly change the American health care system to a government program with the subsequent loss of precious personal freedoms, including the right of physicians and patients to contract privately for health care without government interference.

[Res. 141, I-93 Reaffirmed: Sub. Res. 132, A-94 Reaffirmation A-97 Reaffirmation I-00 Reaffirmation A-01 Reaffirmation A-02 Reaffirmation I-07 Reaffirmation A-09 Reaffirmation I-09 Reaffirmed: CMS Rep. 01, A-19]

##### **H-390.985 CMS Consultation With Physicians**

The AMA encourages CMS to consult with clinically experienced practicing physicians on all determinations affecting medical practice and patient care.

[Sub. Res. 71, I-84 Reaffirmed by CLRPD Rep. 3 - I-94 Reaffirmed: CMS Rep. 5, A-04 Reaffirmed: CMS Rep. 1, A-14']