OPTN Policy Oversight Committee
Meeting Summary
September 30, 2022
Chicago, IL, Chicago O'Hare Hilton, Paris Ballroom

Nicole Turgeon, MD, FACS, Chair
Jennifer Prinz, RN, BSN, MPH, CPTC, Vice-Chair

Introduction

The Policy Oversight Committee (the Committee) met via Citrix GoToMeeting in Chicago, Illinois on 09/30/2022 to discuss the following agenda items:

1. OPTN Fee and Budget Update
2. NASEM Report
3. Strategic Policy Priorities
4. Benefit Scoring Subcommittee Report Out
5. Post-Implementation Monitoring Subcommittee Report Out
6. Continuous Distribution Review Boards
7. Living Donor Data Collection

The following is a summary of the Committee's discussions.

1. OPTN Fee and Budget Update

The visiting board member on the Committee provided an update on the fiscal year 2023 budget.

Data summary:

- The OPTN Finance Committee and Board of Directors both approved a fee increase during their June meetings
- The Health Resources and Services Administration (HRSA) notified the OPTN that the proposed fiscal year 2023 OPTN registration fee was not approved
- Until a new budget can be calculated and a new fee approved by HRSA, HRSA is recommending that the OPTN continue collecting the fiscal year 2022 fee

Summary of discussion:

The Chair highlighted that the two subcommittees sponsored by the Committee were important especially in this context, as they demonstrate the ability to objectively score and sequence projects; this ensures the OPTN is dedicating resources to the correct projects. They added that, without the increased budget, some of the projects that the Committee identified for the OPTN to work on will not be achievable within the same timeframe because the resources will not be available.

The visiting board member stated that one key element HRSA is reviewing in the budget proposal is how this budget will explicitly improve equity and access to transplant.

A member inquired whether the budget being refused was in any way related to the Senate Finance Committee sessions. The HRSA representative replied that they would convey that question to their leadership.

A second member wondered whether there were a higher number of projects that were being pursued, or whether the lack of budget was an effect of continuous distribution projects. The Chair responded that there were both more projects that the Committees wanted to undertake, while also transitioning to continuous distribution; however, the resources required to implement all the projects, even after continuous distribution, was not expected to decrease.

Next steps:

The Committee will receive an update once the new budget has been voted on by the OPTN Finance Committee and Board of Directors.

2. NASEM Report

The National Academies of Science, Engineering, and Medicine (NASEM) released their report from the Ad Hoc Committee on a Fairer and More Equitable, Cost-Effective, and Transparent System of Donor Organ Procurement, Allocation and Distribution in February 2022. The report analyzed the current state of the transplant network and provided a series of recommendations to improve utilization, equity, and efficiency. The OPTN Executive Committee provided a formal response to the report in April 2022 which highlighted ongoing OPTN efforts that align with NASEM recommendations and offered corrections.

Data summary:

NASEM Recommendations:

- Improve equity
- Use more donated organs
- Improve the system and system performance

These recommendations align with OPTN strategic priorities, as well as projects undertaken by OPTN committees.

In addition, they provided pros and cons of the OPTN policy development process.

Advantages:

- Multi-stakeholder engagement
- Public Comment
- Recent enhancement of POC's role for harmonizing and prioritizing work and timelines across OPTN committees

Disadvantages:

- Lengthy, complex, and challenges in implementation
- Can stymie committee efforts
- Slow rate of implemented policies

Summary of discussion:

A member agreed with the report that an area difficult to balance is the "middle ground" between equity and efficiency. They added that an area the NASEM report did not consider when evaluating deceased donor utilization is the possibility to instead focus on living donation; the OPTN could focus instead on improving education surrounding living kidney donation and dialysis access to ensure candidates survive on the waitlist.

A second member felt that while the NASEM recommendations were fundamentally solid, many of the solutions were not as simple as outlined within the report. The understanding of why these problems

were persistent, they felt, came from working within the OPTN. To this, they suggested that the OPTN could have more representation in congress through lobbyists who could provide an accurate picture of both the issues being addressed by the OPTN and the solutions proposed.

Next steps:

Staff will update the Committee on any OPTN updates that stem from the NASEM report.

3. Strategic Policy Priorities

The Committee reviewed the existing strategic policy priorities and discussed potential options for new ones. Input was solicited from OPTN committees as well as Committee members.

Data summary:

The existing strategic policy priorities are:

- Improved Equity for Multi-Organ and Single-Organ Candidates
- Continuous Distribution
- Efficient Donor/Recipient Matching to Increase Utilization

The Chair also provided an update on the continuous distribution schedule for each organ.

Summary of discussion:

It was suggested by a member that, when reviewing projects for Committee approval, almost all move forward. While all likely are important, the role of the Committee should be to determine *the most* important projects and be able to demonstrate that difference in project sequencing. The Chair agreed with this assessment, and added that this dovetailed into the discussion on resources and budget, as having a clear process for identifying high priority projects would support the need for more budget when lots of projects met that criteria.

In alignment with another NASEM recommendation, a member felt that the OPTN should be considering access to the waitlist as an area to focus on; the number and demographic of candidates impacted by any policy at present could be vastly different if there are systematic barriers to the waitlist. They were supportive of considering a strategic policy priority around access to the transplant waiting list. A second member also endorsed this, and considered that there were areas in which both equity and utility. For example, they suggested that a focus on transparency, especially in a program's listing and acceptance practices, would increase both equity and utility.

A member also wondered if there were a way to put more standardization into the development of policies, especially when considering metrics, information gathered, and information reported to programs during monitoring. A second member agreed, and noted that a standard method to access a library of these changes should exist. They expressed difficulty in finding information about data requests done by committees to inform policy development, implementation plans, and implementation monitoring reports. Multiple members agreed that there needs to be greater transparency in the policy development process, not only during the process, but also post-implementation; one stated that they felt like it was easy to rely on public comment being the only outlet for transparency, but there should be more.

The Chair asked if the Committee felt like equity, diversity, and inclusion were being thoroughly considered during the development process by sponsoring committees, or if the Committee should be empowered to refuse projects on the basis of those considerations. A member felt that the charge of the POC was not explicit about the Committee's role in reviewing equity, diversity, and inclusion, but also felt that it should be clarified to include that within the next few years. A member endorsed having

a dashboard, or a short summary of each policy change, that can be referred to different stakeholder organizations seeking justification for why a change was made. Too often, they felt, there was confusion among why a change was made or who it was intended to impact after it was reviewed at the Board of Directors meeting.

The Chair asked the Vice-Chair of the Organ Procurement Organization (OPO) Committee whether they felt that a strategic policy priority about donor population diversity would be impactful. The Vice-Chair was hesitant with this as a strategic policy priority because they noted that each OPO had different donor populations with different diversity challenges. They added that there exists within OPTN bylaws a requirement for OPOs to acknowledge diversity in their donor population, but it is deliberately left vague in recognition of the fact that not all populations should be reached the same way. A member suggested that instead of creating strategic policy priorities for each step of the process, the Committee could evaluate the donation process from donors to recipients to determine where insufficient data is being gathered to determine if there is equity, diversity, and inclusion.

A member suggested that the Committee investigate where along the different "phases" of transplant could improve both equity and utility, stating that they did not believe the conversation had to be either/or. Another member also supported reassessing what the current definition of a "Vulnerable population" was, noting that it had historically been analyzed through the context of race.

It was asked what the work in discussing strategic policy priorities would result in. The Chair explained the Committee routinely develops new strategic policy priorities to identify the areas of greatest focus for OPTN projects, and the aforementioned considerations would be considered as options to update the most recent set. As many of the continuous distribution projects have begun work, for example, the Committee should consider whether that needs to be a strategic priority. From the Committee's discussion, the Chair mentioned that they felt like two options to be considered are "Access to transplantation" and "Diversity, Equity, and Inclusion".

The Chair noted that as more organs transition to continuous distribution, the process will likely become faster and smoother for future organs. A member suggested post-implementation monitoring specifically addressing changes that were supposed to take place because of continuous distribution. For example, if it was estimated to reduce cold ischemic time per the modeling, there should be a specific point to address whether that was achieved or not in the post-implementation monitoring report.

A member added that proposal ideas or workgroups were somewhat frequently identified to "fall under changes made within continuous distribution", which, now with the delay to the timeline, would be multiple years out; they requested those ideas be reconsidered for the period in-between. The Chair agreed this is frustrating and encouraged a retrospective review, but also expressed hesitancy at committing to projects that would consume IT resources otherwise used for continuous distribution. A second member replied that any delay in the timeline for continuous distribution would then delay the timeline for any future projects, through that lens, especially as there were projects the community felt were important, anecdotally mentioning pediatric priority for multi-organ transplant candidates. They expressed a desire for a way for important projects, especially smaller-sized ones with potential for a large impact, to rise to the top of the prioritization list.

It was asked how the sequencing for organs to go through the transition to continuous distribution was developed. In addition, how quickly and easily can the weighting be adjusted once it is implemented and being monitored. Staff responded to the latter that the system design of continuous distribution was significantly clearer than the current allocation design, so it would be "a matter of weeks" from the time someone noticed anything to the change being approved by the OPTN Executive Committee. In addition,

because of the way the weighting system is built, adding new elements would be much easier to build in.

A member asked if there would be real-time monitoring for the impact the continuous distribution policy changes were having on patients. In addition, would there be a way for patients to report their qualitative feedback on the impact of the policy? The Chair replied that this would be addressed in the post-implementation monitoring subcommittee report out. The Chair of the post-implementation monitoring subcommittee emphasized that these are the ideas that should be considered within post-implementation monitoring, as, in its current state, all monitoring is done through quantitative reporting.

A member also wondered if, because of the delay in the Kidney/Pancreas modeling and therefore the overall delay in the process, this "sliding" of the timeline should be expected for each organ. The SRTR representative replied that there was a recent update to the simulated allocation modeling software, which requires extra verification during its first runs to ensure there are no errors. Future modeling should not require as much verification and would not be expected to take as long.

It was suggested that, because Lung has already gone through the process, whether there are inefficiencies in the process that can be removed having performed it once already; they wondered whether the full implementation of continuous distribution really needed a decade to come to fruition. The Chair replied that there certainly were areas that can be improved based off of the Lung Committee's experience with continuous distribution, but much of the timeline was built around IT time requirements. These projects are large and necessitate a large amount of system changes, especially considering there likely will be post-implementation changes to each organ, requiring ongoing effort. The member also inquired whether the "transitory" nature of OPTN committees hindered the development process by removing knowledge with each update to a committee's roster. A second member supported this point. Staff replied that there were constraints on the development side, and one of those was acknowledging that committee members are volunteers. However, the development process has shifted from discussing whole system design to engaging committee members with the explicit goal of receiving clinical and values-based feedback. This way, the volunteers' time is not being wasted on areas in which they have no expertise. A member felt that a possible source of slowdowns is the online bi-weekly meeting format, in which they felt participation was lackluster. They suggested that there could be specific continuous distribution in-person meetings with the only goal being to determine continuous distribution attributes.

While a member supported shortening the timeline for continuous distribution, they suggested that changing a ten-year timeline to an eight-year timeline – given that the OPTN is already approximately five years into it – should be more of an intellectual exercise for the next enterprise-level undertaking.

In reviewing the strategic policy priority to increase efficient donor/recipient matching, the Chair suggested that proposals that go out as a concept paper and do not move forward could be an interesting area to review for better POC guidance. A member questioned what the intent of the project for mandatory offer filters was. The Vice-Chair of the Operations and Safety Committee clarified that the goal was to optimize match run efficiency through the use of automatically applied offer filters. From the concept paper, the Operations and Safety Committee had learned that the community was in favor of the ability to modify the filters rather than have them mandatory and unchangeable. The Vice-Chair added that that concept paper almost felt hindered by having to wait for the conclusion of public comment once they understood the format of offer filters the community was in favor of. However, the concept paper to redefine provisional yes significantly benefitted from public comment as the Operations and Safety Committee is now aware the community is hesitant to embrace the proposed tiered framework its current format. In addition, the Vice-Chair speculated that the proposal may need

to be more directed at improving the efficiency of allocating medically complex donor organs rather than redefining provisional yes and allocation practices. They requested that the POC provide an updated charge to the Workgroup that focuses only on kidney allocation and improving efficiency within those match runs. The Vice-Chair of the Kidney Committee supported this approach, noting that, in their experience with the kidney biopsy proposal that was approved at the June Board of Directors meeting, having a more focused charge allowed them to provide a targeted solution to a specific problem.

A member asked if, because the eventual goal for these projects was to provide dynamic matching, whether there was an outline to which these projects could be mapped. The Chair responded that while there is not an explicit timeline for achieving dynamic matching, there is a backlog of projects that have been identified to fall under the strategic policy priority of efficient donor/recipient matching; by working on these projects, the goal of dynamic matching should become closer.

The Vice-Chair of the Multi-Organ Transplant (MOT) Committee stated that a goal of the MOT committee was ensuring that they did not disadvantage the kidney list through their multi-organ policy developments. A member replied that a disproportionate number of minority candidates were on the kidney waitlist, and that any kidneys taken by multi-organ transplants would disproportionately affect those minority candidates. They wondered if this was being taken into account during the development of equitable multi-organ policies. The Vice-Chair responded that they felt those populations should be prioritized for multi-organ transplants, but did not have a clear answer on how this prioritization should manifest.

A second member asked if data was available for MOT outcomes. The SRTR representative responded that tracking outcomes for MOTs is difficult because of the risk adjustment models, and those currently do not exist. The SRTR is working to develop these models, but MOT outcomes cannot be compared with single organ outcomes. The Vice-Chair of the Liver Committee noted that, anecdotally, there have been cases where programs have performed MOTs in order to evade surveillance for outcomes; this speaks to the need to develop outcomes monitoring. Another member added that the reasoning to perform MOT can vary on a case-by-case basis, especially when considering pediatric and adult transplants. Additionally, the number of MOTs performed were quite small, which further exacerbated the difficulty in performing risk adjustment analyses. It was added that liver-kidney MOTs are now included in patient safety reports because simultaneous liver-kidney has been added to the liver and kidney risk adjustment models.

The SRTR representative said that kidney-pancreas was also included in kidney and pancreas risk adjustment models. However, because of the current definition of pancreas graft failure, which requires a certain amount of insulin use per body weight, it was an incomplete definition while the OPTN does not collect data on body weight post-transplant. The Vice-Chair of the Pancreas Committee replied that they felt programs were adequately reporting graft failure by considering the graft from a holistic perspective, rather than the SRTR's definition of pancreas graft failure.

It was suggested by a member that another area to focus on within MOT was the difficulty in allocating isolated kidneys while the possibility for multi-organ exists pre-OR. Frequently, kidney allocation is done as back up while the possibility for MOT exists just to prepare for, potentially, the primary heart, liver, or lung center rejecting the organ. They advocated for OPOs to have the ability to allocate isolated kidneys as primary once non-MOT acceptances have been found for other organs. The Vice-Chair of the Kidney Committee replied there was an effort to consider more standardization and streamlining within their committee.

Next steps:

Staff will present possible strategic policy priority options to the Committee at their next meeting.

4. Benefit Scoring Subcommittee Report Out

The Committee has been developing a system to score potential benefit since March 2021. A Subcommittee has been formed to review progress and provide suggested updates to the Committee.

Data summary:

The goal of benefit scoring is to develop an objective framework in which to review projects. Feedback from previous meetings has been:

- Strategic plan alignment may be duplicative given that every policy aligns with the OPTN strategic plan
- Population impacted may not be an area in which the Committee provides feedback, as it should be a static number
- Each question requires a definition of what is being answered
- Specific vulnerable populations must be defined

The Subcommittee also gave a summary of their discussion within their breakout group.

Summary of discussion:

The Chair of the Subcommittee noted that they had scored previously implemented projects to assess how accurate projects would be scored in comparison to their actual outcomes. The Chair supported this approach, adding that the existing system did not have to reflect what the recommendations from the Subcommittee proposed.

Members suggested in their feedback that, generally, reducing discard, increasing transplant rates, and the usage of the expedited pathway would indicate the success of the expedited liver implementation. This correlated with the monitoring report feedback, which indicated that the pathway is underutilized and has not had an impact on increasing utilization.

A member suggested that providing feedback on projects they are not familiar with, either the specific project area or the subject area, may not be useful information. In addition, while they are given information on the project from the project form, there is a larger context, especially when considering expedited placement, which may be lost on members not familiar with expedited liver placement.

The Chair added that the scoring for strategic policy priority and OPTN strategic plan may not gather useful data because members are not as familiar with what would fall under each one. A member also suggested that clarifying the question of “Measurability” to include a question of “How much” could provide a better perspective on the intent of the policy.

The Chair posed the question of what the score provided by the benefit scoring tool ultimately should mean? For example, should there be a cutoff point at which scored projects are noted that they scored significantly lower than average. In addition, would the existence of these projects indicate that more metrics need to be considered to accurately capture project benefits. A member added that the population metric should also be broken down further, given that, even within organ types, candidate groups can be broken out further (e.g. those available for the organ, anyone interested in a transplant, etc.). This is difficult to categorize, especially if the Committee is supposed to be the be the group that determines which demographic or demographic breakdown the policy will impact, given that none of the members have expertise in all organ types. The Chair clarified that part of the review of the process is to determine where the efforts of the Committee should be best directed; some objective or static measures can be provided for the Committee.

Breakout Group Discussion

Members were in favor of not entirely removing the existing process, as there were benefits to some of the scoring attributes, as well as the format. However, it was proposed that many of the questions should not exist as a binary; responders should be able to identify how strongly they agreed or disagreed with a question on a scale of one to five. In addition, the weights should be recalculated to give emphasis to the areas the Committee wants to focus on. The Chair questioned how some of the questions, such as strategic plan alignment, could be built into a scale-based system, but recognized that this was a high-level review of the existing system.

Furthermore, measurability and impact should be used to inform one another. Each project should have some identified measure such that success of the project can be determined, especially for projects that do not have a quantitative measure of success.

The Subcommittee Chair suggested that there should be a cutoff score to identify where a project should be flagged as scoring low among other projects, and possibly use that to inform the Committee's decision on approval.

It was also recommended that vulnerability should be phrased in such a way that it discerns if a proposal will negatively affect a disproportionate group of the subpopulation.

Next steps:

The Subcommittee will review the current benefit scoring system and discuss proposed changes.

5. Post-Implementation Monitoring Subcommittee Report Out

The charge of the POC requires the Committee to review implemented policies. The Post-Implementation Monitoring Subcommittee is developing a framework to determine which policies should be prioritized for monitoring and how that should be performed.

Data summary:

The goals of the Subcommittee are to:

- Review success of implemented projects
- Quantify measures to standardize review
- Identify how to prioritize review of implemented projects
- Identify steps for actions after post-implementation review

The Subcommittee also gave a summary of their discussion within their breakout group.

Summary of discussion:

The Chair of the Subcommittee reinforced that part of the process should be to enable the Committee to learn from implemented projects and improve the policy development process. They also added there was difficulty in the nuances of monitoring, since the different types of policy proposals would have impacts in different areas and in different ways.

Breakout Group Discussion

The Chair of the Subcommittee asked for the number of policies that would be reviewed by the Committee within this process for the next meeting.

They also recommended that the original project form presented to the Committee be evaluated to understand what the original language surrounding the goals and metric of the project were when considering post-implementation review. This would determine what the initial intent of the project was, how the project changed scope over time, and whether it aligned with the original intent and

achieved its goal. Furthermore, new projects should be evaluated on whether they have a defined post-implementation evaluation process; each project should have a measure by which to determine success and a plan to evaluate that.

In addition, projects should outline potential unintended consequences in the new project review, and the post-implementation group should determine if these consequences occurred, or if there were other unintended consequences that were not foreseen by the sponsoring committee.

This review should occur on a regular cadence, and there should be a standardized rubric for which different types of projects are evaluated. In order to perform this review in an informed fashion, there should be a system by which the Committee can identify high-priority review projects, versus those that do not need as in-depth a review. Once a project is evaluated, the Committee should provide a high level report back to the sponsoring committee.

Once a report has been completed, a one page summary should be drafted with the findings, and these reports should be transparently available in an OPTN library. This summary would also include how many public comment cycles the project went through, unintended consequences, and potentially projects that were immediately informed by the proposal. The Chair of the Subcommittee suggested having them searchable for ease of access.

Next steps:

Staff will provide an estimate of the number of monitoring reports that will be created within 2022. Additionally, Staff will provide the Subcommittee with an update on the current data collection that exists for each project.

6. Continuous Distribution Review Boards

Staff presented on the status of continuous distribution, as well as the proposed organ-specific review board frameworks. The goal of the review boards is to have a consistent review framework that is maintained across organ groups.

Data summary:

Current review boards differ greatly across organ groups. This not only is costly and inefficient, but does not adhere with the charge of developing a consistent framework for organ allocation. The standardized review process is proposed to take the following format:

- Identify a review group of subject matter experts
- Submit an exception via a standardized form, process, and timeline
- These exceptions would be reviewed retrospectively to determine if clinical justification can be given for the requested status
    - This can be changed to prospective review if retrospective review is not working, but the goal is for the process to be standard for all organs
- Voting is performed by an odd number of reviewers assigned to each exception case
    - In the event a reviewer does not respond within the time frame, a random reviewer will be reassigned to the request from the review board
- An exception case will close when either a majority approval or denial is met
- A transplant program will maintain the ability to submit an appeal within three days of the denial notification

Summary of discussion:

A member asked if there was a plan to have a set number of reviewers required to respond before an approval or denial is returned. For example, if only one reviewer of seven replies, should their vote count as the decision. Staff replied that there would be a requirement to have a quorum of participants, in this case greater than 50%, and a simple majority must be met.

A second member inquired how many review boards had plans to be created. Staff replied that the intent was to have a review board for each organ. It was also wondered whether there would be separate review boards for pediatric candidates and adult candidates. Staff noted that the proposed review board design allowed for multiple review boards for each organ.

With no further discussion, the Committee endorsed the project and expressed strong support for standardization.

Next steps:

Include specific assignments for specific people (Research will collect ## data as requested, UNOS Staff will determine whether ## is a realistic policy expectation, etc.)

7. Living Donor Data Collection

The Committee reviewed the plan and proposed timeline for their project on living donor data collection. The first milestone is to deliver a report to the OPTN Board of Directors in December 2022. This project is sponsored by the Living Donor Committee.

Data summary:

The discussion within the Workgroup & Committee has surrounded:

- Enabling informed consent
- Better understanding barriers to living donation
- Better understanding risks from donation
- Trends in member performance and patient safety
- HRSA annual report to congress on living donation
- Aligning data collection with OPTN data collection principles

The Workgroup would like to have a proposal available for the summer 2023 public comment cycle. This proposal would review data elements collected on the living donor registration form (LDR) for relevancy and potential clarifications. The new project will be reviewed by the POC once the Board of Directors reviews the plan and trajectory.

The goal of the new project would be:

1) to affirm that the OPTN required two year follow up should continue
2) to recommend lifelong living donor follow-up
3) to recommend that a separate entity, rather than transplant programs, be charged with collecting long-term data on living donors
4) to review opportunities for the integration of existing living donor data across organizations that support the transplant community

Summary of discussion:

The SRTR representative affirmed that living donor data collection is difficult, especially when that burden is placed on transplant programs, as living donors are frequently young, healthy, and travel away from their donation center. The Living Donor Collective (LDC), sponsored by the SRTR, received

permission from HRSA to contact these donors directly to ensure follow-up, which removes the burden of having to return to their donation center.

In addition, the SRTR representative noted that there is no control group to compare living donor outcomes against, as only healthy living donors are selected to donate. However, by collecting data on all individuals seeking to be living donor, those that do not end up donating can be considered the control group. Staff inquired whether the health constraints that prevented the individual from donating would be factored into any health outcomes analysis. The representative replied that the refusal reason that inhibited the individual from donating was also collected by the LDC and would be factored into any analysis.

A member wondered if, by ranking living donation highly within the composite allocation score, you may be inadvertently disadvantaging specific populations that do not have high living donation rates. They endorsed this data collection because it would indicate whether, with more data and education available on living donation, this disincentive may disappear.

A second member supported the increase in data collection, noting that, in their experience being a living donor, there was no data no the long-term outcomes of being a living donor. By collecting data beyond two years, it could inspire individuals who may not otherwise donate because of long-term health concerns to donate. In addition, they supported having a more accessible format for living donor follow-up, and appreciated the suggestion of using a website rather than returning to their donation center. Finally, they requested social barriers to donation be reviewed within the context of the Workgroup; disadvantaged populations most commonly receive donations from those within their community, but those populations are more significantly impacted by social barriers to donation. The OPTN should work to remove those barriers in order to increase donation within disadvantaged communities.

It was considered by a member that, if the LDC is not considered as the best route for follow-up, there are other routes that do not place the burden on transplant programs.

Next steps:

The Living Donor Data Collection Workgroup will consider feedback from the Committee.

Upcoming Meeting

- October 17, 2022

Attendance

- **Committee Members**
  - Nicole Turgeon
  - Jennifer Prinz
  - Scott Biggins
  - Rachel Engen
  - Alejandro Diez
  - Andy Flescher
  - PJ Geraghty
  - Stevan Gonzalez
  - Vijay Gorantla
  - Matthew Hartwig
  - Jason Huff
  - Jim Kim
  - Kimberly Koontz
  - Bradley Kornfeld
  - Scott Lindberg
  - Molly McCarthy
  - Jondavid Menteer
  - Gerald Morris
  - Stephanie Pouch
  - Natalie Santiago-Blackwell
  - Jesse Schold
  - Peter Stock
- **HRSA Representatives**
  - Marilyn Levi
- **SRTR Staff**
  - Ajay Israni
- **UNOS Staff**
  - James Alcorn
  - Roger Brown
  - Matt Cafarella
  - Amber Fritz
  - Cole Fox
  - Isaac Hager
  - Darby Harris
  - Morgan Jupe
  - Lindsay Larkin
  - Krissy Laurie
  - Lauren Mauk
  - Meghan McDermott
  - Rebecca Murdock
  - Tina Rhoades
  - Tamika Qualls
  - Sharon Shepherd
  - Susie Sprinson
  - Kim Uccellini

- Joann White