

Turning NOTA into Reality

BY OSCAR SALVATIERRA, M.D.

My work on NOTA began in early 1983 and lasted two years. At that time, transplantation was primarily kidney, with liver and heart transplantation being performed at only a few centers and in good part regarded as experimental and not reimbursable by third-party payers.

And if a deceased donor kidney could not be placed at the center doing the procurement, it was oftentimes simpler to ship the organ overseas than to share it with another center in the same region where the procurement was performed.



The most important thing that NOTA did was to provide for a much-needed national system—a national Organ Procurement and Transplantation Network, or OPTN, for all organ transplantation in the United States, which assured equitable distribution of organs as well as maximized organ utilization.

NOTA also provided for a National Transplant Registry (now the Scientific Registry of Transplant Recipients) to assess organ transplantation outcomes for future research and policy so as to further maximize transplant success. Because the reporting is compulsory, the registry is probably the best registry of any medical subspecialty in the world.

NOTA also provided the first declaration by any government in the world that organ commercialization was wrong, and we in the United States thus took a major leadership role in this regard by making it unlawful.

A very important and major provision was the authorization of regional organ procurement organizations (OPOs) throughout the country that would be required to obtain not just kidneys, but all organs. This brought about a very important hidden outcome, which was the *de facto* recognition of heart and liver transplantation as nonexperimental.

NOTA set the framework in statute as to how the national OPTN was to function. UNOS responded with a successful proposal and subsequently was awarded the contract to become the national OPTN. The first three UNOS presidents and boards of directors had the formidable task and responsibility of shepherding UNOS from an organizational phase to an increasingly operational and effective organization.

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I feel especially privileged to have actively taken part in turning the provisions of NOTA into reality for the benefit of the many patients with end-stage organ failure, both awaiting and having received organ transplants. **U**

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