

EXECUTIVE SUMMARY
OF THE MINUTES
OPTN/UNOS
BOARD OF DIRECTORS MEETING
March 22-23, 2006
Long Beach, California

Dr. Delmonico called the meeting to order at 3:00 p.m. on March 22, 2006. A quorum was present, and 34 of the Board members were in attendance during the meeting.

The Board adopted the following definition for “eligible death” as the new UNetsm definition for eligible death and directed the development of a data collection system and process to capture non-pronounced potential donor cases meeting clinical brain death parameters:

For reporting purposes, an eligible death for organ donation is defined as the death of a patient 70 years old or younger who ultimately is legally declared brain dead according to hospital policy independent of family decision regarding donation or availability of next-of-kin, independent of medical examiner or coroner involvement in case, and independent of local acceptance criteria or transplant center practice, who exhibits none of an extensive list of specified contraindications.

The Board approved several resolutions contained in the Consent Agenda in a single vote. The subject of the various individual resolutions follows here:

1. The Board approved membership changes including one new transplant center, six new programs in existing member centers; 17 live donor liver programs, and one new independent histocompatibility laboratory, effective March 23, 2006.
2. The Board approved new and renewed the membership for non-institutional members that desired to continue their membership for another two-year term, effective March 23, 2006.
3. The Board granted full approval to one program that now fully meets the membership requirements, effective March 23, 2006.
4. The Board granted conditional approval to four existing programs that do not presently meet the full membership requirements, effective March 23, 2006.

Following passage of the Consent Agenda, the Board removed the designated program status of a registered pancreas islet program that did not apply for continued membership, effective March 23, 2006.

The Board approved modifications to the Bylaws, Appendix B, Attachment I, Section XIII “Live Donor Transplant Programs,” to provide a pathway for conditional approval of live donor liver transplant programs based upon the second live donor liver surgeon’s having not met all of the minimum requirements, effective March 23, 2006, and concurrent with public comment. By amendment, the term of the conditional pathway shall be limited to one year and during this period of conditional approval, both transplant surgeons must be present on-site at the time of the transplant procedures. The Board directed that these criteria shall retroactively apply to live donor liver program applications received since March 1, 2005, and that a program’s approval status shall also be made available to the public, effective March 23, 2006.

The Board approved modifications to the Bylaws Appendix B, Section II (Transplant Hospitals) to require that members notify the OPTN of any threatened or actual reviews and adverse actions by other organizations such as CMS, Medicaid, or JCAHO, effective pending distribution of appropriate notice and programming in UNetsm, if and as applicable.

The Board approved a resolution to support the current draft of proposed revisions to the Uniform Anatomical Gift Act (UAGA).

The Board approved new Policy 7.3.3 (Submission of Living Donor Death and Organ Failure Data) to require that transplant programs must report all instances of live donor deaths and failure of the live donor’s native organ function within 72 hours of the programs knowledge of the live donor death or failure of the live donors’ native organ function, effective pending distribution of appropriate notice and programming in UNetsm, if and as applicable. These events will be reported to the MPSC for further review and reporting to the Board.

The Board approved modifications to its November 2005 directive regarding the request for permission to contact living donors for follow up information, effective pending distribution of appropriate notice and programming in UNetsm, if and as applicable. The modifications allow centers to include informing potential living donors about potential future requests for follow up information as part of the informed consent process.