

May 9th 2022

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Administrator
Health Services Resources Administration (HRSA)
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Jason Miller
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Administrator Johnson and Deputy Director Miller,

We write as the five past Chief Technology Officers for the U.S. Department of Health and Human Services (HHS) in response to the [“Request for Information on Ways to Strengthen and Improve the Organ Procurement and Transplantation Network”](#) (OPTN).

We have all worked on organ donation reform, one of the very few issues that is so bipartisan that it has been supported across administrations. This work began under the Obama-Biden Administration, including a [2016 White House Organs Summit](#); that these reforms persisted speaks to the uniquely bipartisan support they receive, including with ongoing support from many senior alumni of the [Obama Administration](#). Having supported reforms for organ procurement organizations (OPOs), we write now in support of reforms to the OPTN. Given that [COVID-19](#) is known to cause organ failure, these reforms are more urgent now than ever.

The [New York Times](#) wrote: *“an astounding lack of accountability and oversight in the nation’s creaking, monopolistic organ transplant system is allowing hundreds of thousands of potential organ donations to fall through the cracks.”*

Having all worked on this issue across our tenures at HHS, we agree wholeheartedly, which is why, in [November 2020](#), we endorsed research from alumni of the United States Digital Service (USDS) cataloging severe deficiencies amongst the nation’s organ donation contractors including the sole contractor for the OPTN, UNOS. The [research](#) highlighted *“the vendor maintains an antiquated technology and limited technical acumen”*; described the *“technology poverty”* of the status quo, and offered *“recommendations to support a new approach for buying digital services”* including a [draft Request for Proposal \(RFP\)](#).

Specifically, we encourage HRSA to:

- **Reform OPTN governance:** the OPTN and related contractor(s) should have separate boards as called for by HRSA in 2018, and [reaffirmed by GAO](#).
- **Modernize Technology:** given high-functioning technology is critical to reducing lives lost due to unrecovered/untransplanted organs, technology should be a separate contract, as

recently [called for by National Academies of Science Engineering and Medicine](#) (NASEM), and the field should be opened to innovators from all sectors, ensuring a high-performing and secure system.

- **Ensure data transparency:** OPTN contractors should make data readily available so that the government and other stakeholders can have immediate evidence of equitable and effective treatment of donors and patients; something notably lacking from the current system (the NASEM study's principal conclusion is that the current organ donation system is ["demonstrably inequitable"](#)).
- **Amend the National Organ Transplantation Act (NOTA):** NOTA should be amended to empower HHS to act in patients' interests through contractors and financing as HHS sees fit, rather than empowering a single contractor and locking in financing that does not serve patients over time. (See [report from alumni of the United States Digital Service](#), including how NOTA has *"erod[ed] the government's leverage"* in managing the OPTN contract.)

Lastly, we note that while the Administration is likely to receive support for the status quo from the organ contractors themselves as part of an [ongoing special interest campaign](#), we have all heard similar, [baseless claims](#), and have not found them to be grounded in science or made in [good faith](#). In fact, we note the recent [MedPage op ed](#) from DJ Patil, former United States Chief Data Scientist, which highlighted concerning statistics showing underperformance in organ procurement, and concluded that: *"HHS should heed the call from the New York Times editorial board to 'revisit the UNOS monopoly,' and pursue all options for reforms to deliver a more transparent, effective, and patient-centered OPTN. Americans -- and disproportionately patients of color -- are dying unnecessarily due to OPO and UNOS failures."*

As we have written before: We are strongly motivated by data that show organ donation reform can save thousands of lives every year - as well as billions of dollars to the taxpayer - and help address racial disparities in our healthcare system.

We stand ready to support the Administration in this critical health equity issue.

Sincerely,

Todd Park
HHS Chief Technology Officer, 2009-2012
United States Chief Technology Officer 2012-2014

Bruce Greenstein
HHS Chief Technology Officer,
2017-2018

Bryan Sivak
HHS Chief Technology Officer, 2012-2015

Ed Simcox
HHS Chief Technology Officer,
2018-2020

Susannah Fox
HHS Chief Technology Officer, 2015-2017