



July 31, 2025

U.S. General Services Administration
Office of Information and Regulatory Affairs
Office of Management and Budget

Re: Process Data for Organ Procurement and Transplantation Network Public Comment, ICR Reference Number 202507-0906-001

To Whom It May Concern:

Mid-America Transplant (MT) appreciates the opportunity to provide comments surrounding the Process Data for Organ Procurement and Transplantation Network (OPTN), ICR Reference Number 202507-0906-001.

MT supports the OPTN modernization effort, and, in alignment of this effort, supports full transparency and interoperability through the use of API. In service to the American people, especially the more than 100,000 Americans waiting for a lifesaving transplant, API is critical to the success of modernization.

MT supports data collection and full transparency into the donation and transplantation process, as this will promote a system that is safer for patients and results in more lives saved. API is a key component of this data collection and will enable high-quality and high-efficiency in the process, as well as eliminate the number of burden hours on staff.

MT requests clarification on when an OPO is expected to submit this form. Some of the data requested is not provided to the OPO in a timely manner and could result in delayed data submission.

Additionally, MT offers the following comments on the ventilated patient form (VPF):

Hospital and OPO Data

1. DonorNet Donor ID: Many hospitals do not provide MT with death records in a timely manner, delaying the ability to complete the death record review process and some of the information required in this field.

Demographic and Clinical Data

2. Race, Ethnicity, and Origin Fields: MT receives this information from the hospital and does not have control over whether the hospital's definitions are aligned with the OMB definitions. MT therefore recommends that the definitions of race, ethnicity, and origin be updated to be that of what is on record at the hospital.

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3. Age: MT recommends the form request date of birth, as the age at referral and actual withdrawal of care could be different.

OPO Process Data:

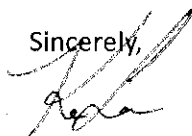
1. Date of Death Record Review: Given the delays referenced earlier, MT does not recommend making this a required field.
2. Patient referred by the hospital to the OPO: MT recommends removing this section of the form, as the information under this section is redundant to that provided earlier in the form.
3. Remote EMR access: Some hospitals limit the number of OPO staff that have EMR access; therefore, while an OPO as a whole may have EMR access, it is possible that the OPO staff on a particular shift may not have EMR access.
4. Method of Authorization Used by OPO: Frist Person Authorization is redundant to that provided earlier in the form.
5. Authorization: MT requests clarification on the definition of authorization to be able to appropriately provide this information. MT's definition of authorization is a positive, final response towards donation from the OPO hierarchy approach, regardless of modality and patient eligibility.

Terminal Step Data

1. Case Disposition: MT requests clear, distinct definitions for each option listed in this field so that it may ensure compliance.
2. Describe Hospital Interference: MT seeks clarification as to whether this field will be a drop down or a check box and recommends the ability to select multiple options. In MT's experience, there can be many causes of hospital interference.
 - a. MT also recommends "Ventilated Patient Not Referred to the OPO" be removed, as it is already covered in earlier fields.
 - b. Report Provided to Hospital and Report to Hospital Accepted: MT requests clarification on how this information is documented, and what the specific definitions of provided and accepted are to ensure compliance.
 - c. Remediation Plan Provided to Hospital: In MT's experience, the hospital partnership works best when remediation plans are developed as a collaboration between the OPO and the hospital. MT recommends that this field say "Remediation Plan Developed with Hospital, Y/N."
 - d. MT recommends the answers in this field be cascading.
3. Date and Time Case Close: MT seeks clarification on the definition of this field.

MT is committed to collaboration and cooperation with HRSA and the OPTN as it seeks to improve the efficiency of this system and enable more lives saved.

Sincerely,


Kevin Lee
President and CEO