Dear Members of the House Oversight Subcommittee,

As an organ procurement organization (OPO) CEO and a passionate advocate for patient-centric reform to the organ donation system, I want to start by thanking you for your much-needed OPO oversight.

As an industry, OPOs are grossly inefficient. For scale, peer-reviewed research finds that as many as 28,000 organs go untransplanted every year, with much of the problem owing to wildly variable OPO performance and severe, persistent failure at many OPOs which has gone completely unaddressed by regulatory bodies. As the New York Times editorial board 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*."

These failures have contributed to a crisis in which more than 100,000 Americans - disproportionately patients of color - are languishing on the organ donor waiting list, with 33 of them dying every day. And because COVID-19 attacks organs, experts project that this problem will only become more urgent.

As geographic monopolies, OPOs are not subject to any competitive pressures to provide high service, and as the only major program in all of healthcare 100% reimbursed for all costs, we do not face financial pressures to allocate resources intelligently. OPOs are given blank checks and participation trophies as patients are given death sentences.

It is truly hard to find a more important system with less accountability.

Leadership matters, and patients need Congress and the Department of Health and Human Services to demand the very best leadership from OPOs across the country. Historically, they have not.

I became CEO of Life Connection of Ohio in January 2020. Since then, we are on track to nearly double organ recovery in our service area within a two-year period, propelling us to be one of the best OPOs in the country. These numbers demonstrate how rapidly an OPO can improve with motivated leadership.

When I arrived at Life Connection, I was welcomed by 32 of the most committed people you will ever meet, but they were overworked and understaffed. By being transparent with a supportive board of directors, we were able to transform the organization during a pandemic and experience rapid growth. We now have almost 90 team members dedicated to serving our families, hospitals, and donor heroes.

These same opportunities for growth exist all over the country, but my fear is that we won't see them until after the 2026 recertification cycle. By then more than 60,000 Americans will have died on the organ waiting list.

We at Life Connection of Ohio consider it our responsibility to bid on failing OPOs' territories. I'm here to tell you that several of my high-performing peers are ready to expand their service areas as well - there are better options available for patients currently saddled with failing OPOs.

When oversight bodies began to awaken to system failures, the Association of Organ Procurement Organizations (AOPO) architected a misinformation campaign to confuse Congress and our regulators that can only be described as anti-patient and anti-accountability.

AOPO wrongly lobbied against the OPO rule, including arguing that holding failing OPOs accountable would be destabilizing. But this paradigm is exactly wrong: too many OPOs are failing, and the greatest danger to patients would be if the status quo were perpetuated.

In my time in the OPO industry, I have come to understand two fundamental truths: Patients deserve much better than OPOs have given them; and, without oversight and government intervention, OPOs as an industry have no incentive to perform at the highest level.

I do not use the term "fundamental truths" lightly; as I have written to this Committee before, in the OPO industry, truths can be hard to come by - often by design. As has been highlighted in investigative reporting from the Project on Government Oversight, AOPO is investing heavily in anti-accountability lobbying and misinformation campaigns designed to stall reform. I believe AOPO's actions are so anti-patient and anti-science that I have felt compelled to speak out, including sending a letter to this Committee fact-checking false and misleading AOPO claims.

Truth and context matter, and I deeply appreciate the Committee affording me this platform, as I believe there is no question that your oversight will translate directly to more lives being saved.

I want to ensure that the Committee is empowered with the necessary facts and context to drive meaningful, patient-centric reform.

Firstly, it is important to understand that the recent increases in annual organ donors which AOPO continues to tout are actually not evidence of an improving system. In fact, peer-reviewed research finds that *"it is indisputable that nationally the increased number of donors is almost wholly attributable to the drug epidemic, and reflects the byproduct of a national tragedy, rather than an improved system to be celebrated."*

After controlling for increases owing to the opioid epidemic, as well as transplant center advancements which have increased the absolute size of the donor pool, over the last nine years the OPO industry has not even kept pace with simple population growth.

This results from a complete lack of structural incentives for OPO improvement and innovation. As the Washington Post editorial board noted: *"in a system in which [OPOs] have an effective monopoly on organ recovery within their zones, there are few incentives for them to improve unless decertification is a serious possibility."*

Without structural reforms and persistent, ongoing Congressional oversight, any gains will prove ephemeral. I implore the Committee to focus on root causes and, above all else, drive our industry towards transparency and equity.

Under the new OPO regulations from the U.S. Department of Health and Human Services, a failing OPO would have its service area subsumed by a higher performing OPO. AOPO has baselessly attempted to portray reforms are disruptive.

This, however, is simply unsupported by history. There used to be 128 OPOs; after decades of seamless, historical consolidations, there are now only 57, and not one of these 71 instances has ever been disruptive. AOPO's lobbying amounts to nothing more than protectionist fear mongering.

AOPO has attempted to shield itself from rightful criticism by portraying OPOs as "community-based non-profits" when, in actuality, we are a $3 billion annual industry of government

monopoly contractors. As two of my colleagues have written in favor of HHS's recent OPO reforms: "Compounding the problem [of unenforceable OPO performance metrics] is that all OPOs operate as geographic monopolies, which means we have neither regulatory nor competitive pressure to provide high service to patients. And while there may be legitimate reasons for at least some monopolism (e.g., potential donor families should not have two OPOs competing for their attention), the trade-off must be increased transparency and oversight."

Given the life-and-death implications of our work, and the taxpayer dollars on which we operate, the public is right to demand the requisite transparency in order to hold OPOs accountable to our performance.

But rather than accept this accountability, AOPO has pointed fingers at everyone else. It has blamed transplant centers for discarding too many organs, though research shows wildly differential ability and effort from OPOs in placing organs; and has routinely mischaracterized scientific research and attempted to cast aspersions on patient advocates, researchers, philanthropists, and bipartisan elected officials attempting to drive accountability.

And yet AOPO remained conspicuously silent when investigative reporting and the Office of the Inspector General found OPOs misspending taxpayer resources on retreats to 5-star hotels and private jets; when investigative journalists have uncovered undisclosed financial conflicts of interest for OPO CEOs, including one instance in which two OPO executives were sent to Federal prison for participating in a multi-million dollar kickback scheme; and when the Los Angeles Times reported on highly questionable relationships between OPOs and Medical Examiners.

The OPO system is objectively failing, and opponents of reform have looked everywhere but in the mirror.

There persists unexplained performance variability of nearly 500% across OPOs, and yet I can assure you that these performance disparities will not be addressed at the next AOPO conference, no matter how many times AOPO asserts that OPOs prefer best practice sharing rather than the accountability brought about by actual regulatory compliance requirements.

The hard reality is that donor families and patients living on one side of an arbitrarily drawn line receive different care than someone in a neighboring county. This is as senseless as it is solvable; the government needs to ensure, as urgently as possible, that all Americans are served by a high-performing OPO. A patient with organ failure can choose their own doctor and their own medication; they cannot choose their own OPO, and must rely on their government to ensure that this part of their care is no longer what keeps them from accessing a lifesaving treatment.

In recent months, more patient-minded OPO CEOs have begun to speak out against AOPO's indefensible and anti-patient practices. But rather than engage in good-faith, fact-based, and truth-seeking discussions, AOPO responded by demanding its members sign a deeply concerning pledge containing a "Duty of Loyalty" and a "Duty of Obedience" to the trade association.

Let me be clear: the duty I owe is to the families and patients I serve, and the decisions I make to best serve them are based on science and truth.

I appreciate all this Committee has done, and will continue to do, to reorient the OPO industry on what should be an obvious tenet, but one to which too many of us have only paid lip service: patients come first.

Gratefully,

Matthew D. Wadsworth