

# The Economic Value of Volunteers Directing and Managing the US Organ Donation and Transplantation System

Macey L. Levan, JD, PhD,<sup>1,2</sup> Tessa L. Flower, BS, CCLS,<sup>1</sup> Allan B. Massie, PhD,<sup>1,2</sup>

Dianne LaPointe Rudow, ANP-BC, DNP, FAAN,<sup>3</sup> Carolyn N. Sidoti, BS,<sup>1</sup> Richard N. Formica Jr, MD,<sup>4</sup> and Lloyd E. Ratner, MD, MPH<sup>5</sup>

The organ donation and transplantation system in the United States is governed by a unique public-private partnership, largely driven by high-caliber volunteer contributions. The system includes a Board of Directors, and multiple committees responsible for the development and implementation of transplant policies.

The Organ Procurement and Transplantation Network (OPTN) is undergoing a modernization effort supported by the Securing the US OPTN Act (H.R. 2544), enacted September 22, 2023.<sup>1</sup> This legislation is designed to improve the management and efficiency of the US organ transplantation system.<sup>2,3</sup> Key provisions of the law include allowing the US Department of Health and Human Services to award multiple contracts or grants to operate the OPTN

(previously managed by a single contractor), and removing the \$7M budgetary cap.<sup>4</sup>

As part of modernization and securing the independence of a fiduciary Board of Directors, the Independent Network of Volunteers for Equitable and Safe Transplants was created to support the volunteer experts (professionals and patients). These volunteer experts have always been tasked with (1) developing organ allocation policies, (2) overseeing OPTN membership (hospitals, organ procurement organization, and others), and (3) supporting the implementation of new policies alongside a government contractor.

We sought to evaluate the economic value of the volunteer hours from committee and board members. We used publicly available data including membership data on the 26 active committees and the Board of Directors (599 positions filled by 459 individual volunteers) and committee meeting schedules from June 2023 to June 2024, available on the OPTN website. During that time, 502 meetings occurred, with a mean of 23.94 participants; assuming each meeting lasted at least 1 h, this conservatively represents 12,019 volunteer hours.

OPTN volunteer tasks are executive level; consequently, we valued volunteers' time at \$110.95 /h. (corresponding to a \$221,900 annual salary, based on the National Institutes of Health salary cap). Applying this rate to the calculated number of person-hours yields a conservative estimate of \$1,333,508.10 for the annual value of this volunteer effort.

However, volunteer duties extend beyond board meeting attendance. The OPTN's 2016–2017 committee volunteer engagement survey reported that volunteers annually volunteered 41,762 h of service. Applying the hourly rate to the total number of hours contributed yields an estimated value of \$4,633,493.90. Even this estimate may be conservative since the survey excluded board members, who presumably contribute the most time, and this estimate is meant to give a general sense of the scope of manpower devoted to OPTN committees rather than an attempt to estimate a precise dollar figure.

This level of volunteer effort is unique in the US health-care system, and the expertise provided is invaluable. Given the high value of the volunteer effort, it is unlikely that the government could use or purchase comparable services. Moreover, the extensive involvement of numerous professionals who volunteer their time enriches the diversity of perspectives considered, thereby diminishing the influence of any single vested interest or conflict of interest in the

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<sup>1</sup> Department of Surgery, NYU Grossman School of Medicine, NYU Langone Health, New York, NY.

<sup>2</sup> Department of Population Health, NYU Grossman School of Medicine, New York, NY.

<sup>3</sup> Department of Population Health Science and Policy, Mt. Sinai Icahn School of Medicine, New York, NY.

<sup>4</sup> Department of Medicine, Yale University, New Haven, CT.

<sup>5</sup> Department of Surgery, Vagelos College of Physicians & Surgeons, Columbia University, New York, NY.

Dr Formica is the President of the Organ Procurement and Transplantation Network (OPTN), Dr LaPointe Rudow is the past president of the OPTN, Dr Ratner is the Vice President of the OPTN, and Dr Levan is the Vice President of Patient and Donor Affairs for the OPTN. Drs Formica, LaPointe Rudow, Ratner, and Levan previously served terms as uncompensated OPTN Board of Directors, as well as the United Network for Organ Sharing.

M.L.L., T.L.F., A.B.M., D.L.R., C.N.S., R.N.F., and L.E.R. participated in the conception or design of the work or the acquisition, analysis, or interpretation of data for the work. M.L.L., T.L.F., A.B.M., D.L.R., C.N.S., R.N.F., and L.E.R. participated in drafting the work or revising it critically for important intellectual content. M.L.L., T.L.F., A.B.M., D.L.R., C.N.S., R.N.F., and L.E.R. participated in final approval of the version to be published. M.L.L., T.L.F., A.B.M., D.L.R., C.N.S., R.N.F., and L.E.R. were in agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

M.L.L. and T.L.F. are co-first authors.

Correspondence: Macey L. Levan, JD, PhD, Department of Surgery, NYU Grossman School of Medicine, Center for Surgical and Transplant Applied Research, Qualitative Core, NYU Langone Health, One Park Ave, 6th Floor, Room 6-602, New York, NY 10016. (macey.levan@nyulangone.org).

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establishment of the OPTN and its policies about organ transplantation.

While restructuring the system brings major changes, federal lawmakers and administrators should understand that the minimum calculated monetary value of the volunteer effort is nearly 50% of what the government contract has heretofore provided. While we push forward to constantly improve the system for patients and the American public, the fluid nature of the field requires a volunteer network that has a broad diversity of expertise, experience, geography, sex, ethnicity, creed, and race.

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