

**ATTACHMENT I
TO APPENDIX C OF THE UNOS BYLAWS**

The following are guidelines for issues to consider in developing organ allocation policies:

1. Listing and de-listing criteria used in the proposal, including medical bases and analyses used in their development.
2. Organ allocation system, including:
 - a. Categories for prioritizing transplant candidates, whether they are based on medical urgency or not, and their medical basis and supporting research and medical practice.
 - b. Geographic unit(s) used for allocating organs, addressing how criteria such as place of patient residence or place of listing are attempted to be overcome by geographic allocation unit definition, in light of considerations including, for example, organ ischemic time, logistical matters, availability of specialized transplant and post-transplant care, and other constraints that result from available medical science.
 - c. Overall allocation protocol, demonstrating how organs are allocated according to degrees of medical urgency or other relevant categories within appropriate geographic unit(s) consistent with the following factors (if not sufficiently addressed in other sections): sound medical judgment, best use of donated organs, preservation of physician judgment in declining organ offers or use for the potential recipient, suitability for the specific organ or combination of organs, avoidance of organ wastage and futile transplants and promotion of patient access to transplantation and efficient management of organ placement, periodic review and revision as appropriate, and disassociation with candidate's place of residence or place of listing as feasible in light of the previously listed elements.
3. Considerations of access and socio-economic equity, including how the proposal addresses/reduces any ethnic barriers to transplantation, any disparities on the waiting list by ethnicity, pediatric patient access to transplantation, and any other barriers to transplantation such as those resulting from economic factors.
4. Review mechanisms to promote and assess policy compliance, including prospective review protocols, as appropriate, retrospective review protocols, educational measures, and appropriate actions that might be recommended in the event of non-compliance.
5. Transition provisions to address patients on the waiting list under the former policy and their equitable treatment under the policy proposal, including anticipated impact of the proposal on these patients and preservation of their former priority, within reasonable limits and to the extent appropriate.
6. Performance indicators and evaluation components of the policy, including the performance indicators to be used to evaluate the policy's effect and their bases, the measure(s) for the performance indicators, baseline data for evaluating performance of the current policy using the indicators, projected data showing expected benefit from the proposal with respect to the performance indicators, and a plan for periodic review to assess effectiveness of the policy in achieving its goals.
7. Consideration for systems that test methods of improving organ allocation (variances), including an assessment of whether they are accompanied by a research design and include data collection and analysis plans and time limitations, standards/parameters for approving variances, and a determination of whether existing variances would be continued under the policy proposal.