United States Senate
COMMITTEE ON THE JUDICIARY
WASHINGTON, DC 20510–6275

July 8, 2026

VIA ELECTRONIC TRANSMISSION

Ms. Orice W. Brown
Acting Comptroller General
Government Accountability Office

Dear Acting Comptroller General Brown:

According to the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS), more than 100,000 individuals remain on the national waiting list for organ transplants.[1] It is estimated that about 2,000 of these individuals are children under age 18, and more than 500 are between the ages of 1 and 5 years old, according to Donate Life America.[2] There is increased likelihood of waitlist mortality for those aged 1 to 5 years, and Congress has recognized the unique needs of pediatric candidates.[3]

Pediatric patients have specific challenges related to organ allocation and transplantation. For example, pediatric patients have limited opportunity to receive an organ as organ size is critical to a successful transplant, and children often respond better to child-sized organs.[4] Further, according to the American Society of Transplantation, pediatric patients have unique and specific medical, surgical, and programmatic needs that differ from adults and have a high likelihood of incurring the increased morbidity and mortality risk of re-transplant, possibly even before reaching adulthood.[5]

HRSA oversees the Organ Procurement and Transplantation Network (OPTN).[6] The OPTN is a private-public partnership, established in 1984 by the *National Organ Transplant Act* (NOTA), to manage the nation's organ allocation system.[7] The OPTN maintains the national organ transplant waiting list and establishes policies concerning organ allocation, including for pediatric recipients.[8] Congress and others have raised concerns about systemic issues with organ allocation services, requiring fixes as part of my 2023 law, the *Securing the U.S. Organ Procurement and Transplantation Network Act*.[9] In January 2026, the U.S. Government

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[1] Health Resources & Services Administration, *Organ Donation Statistics* (March 2025), https://www.organdonor.gov/learn/organ-donation-statistics.

[2] Donate Life America, *Pediatric Donation*, https://donatelife.net/donation/types/pediatric-donation/.

[3] Denise J. Lo, Joseph F. Magliocca, and Katherine Ross-Driscoll, *Waitlist outcomes after acuity circle-based distribution in pediatric liver transplantation* (May 17, 2025), https://pubmed.ncbi.nlm.nih.gov/40389160/; 42 USC § 274 (2M), https://uscode.house.gov/view.xhtml?req=(title:42%20section:274%20edition:prelim (The *Public Health Service Act* has directed that "criteria, policies, and procedures that address the unique healthcare needs of children be adopted.").

[4] Donate Life America, *Pediatric Donation*, https://donatelife.net/donation/types/pediatric-donation/.

[5] American Society of Transplantation, *Pediatrics* (Mar. 3, 2020), https://www.myast.org/pediatrics.

[6] Health Resources & Services Administration, *Organ Procurement & Transplantation Network (OPTN)* (Apr. 2026), https://www.hrsa.gov/optn.

[7] Health Resources & Services Administration, *About OPTN* (Dec. 2025), https://www.hrsa.gov/optn/about.

[8] *Id*.

[9] *Operation Transplant: Examining the Need for Oversight in the Organ Donation System – Staff Report* (June 10, 2025), https://www.grassley.senate.gov/news/news-releases/grassley-wyden-report-exposes-how-organ-procurement-organizations-game-the-system-fail-to-adequately-address-conflicts-of-interest; *Securing the U.S. Organ Procurement and Transplantation Network Act*, 42 U.S.C. 201, https://www.congress.gov/118/plaws/publ114/PLAW-118publ114.pdf; *see also* United States Committee on Finance, Full Committee Hearing, *A System in Need of Repair: Addressing Organizational Failures of the U.S.'s Organ Procurement and Transplantation Network*, August 3, 2022, at https://www.finance.senate.gov/hearings/a-system-in-need-of-repair-addressing-organizational-failures-of-the-uss-organ-procurement-and-

Accountability Office (GAO) identified ongoing problems with HHS' oversight of the OPTN broadly.[10]

Given the unique aspects of pediatric organ transplantation, I would like GAO to study the following:

1. What does available data say about the average time a pediatric patient is on a waitlist, how it varies by organ, and how it compares to the adult population?

2. What does available data say about the mortality rate of pediatric patients on organ waitlists, how it varies by organ, and how it compares to the adult population?

3. How are pediatric patients accounted for in the national organ waitlist and organ allocation methods?

4. What actions, if any, have HRSA and the OPTN taken in recent years to increase the supply of organs available to pediatric patients? Please include information on the viability and availability of split transplantations for certain organs such as the liver.

5. How do HRSA and the OPTN oversee pediatric patient transplant outcomes, including collecting and reporting data on such outcomes?

6. What do experts and available research say about children's candidacy to successfully receive organ donations (e.g., long-term survival outcomes) compared to adult populations for various organs, including the liver?

Thank you for your prompt review and response. If you have any questions, please contact Tucker Akin with my Committee staff at (202) 224-5225.

Sincerely,

Charles E. Grassley
Chairman
Committee on the Judiciary

transplantation-network (finding that the monopoly structure centered around UNOS led to a severe lack of accountability and an inability for needed reforms to be studied or implemented).

[10]Government Accountability Office, Organ Transplantation: *HHS Action Needed to Improve Lifesaving Program* (Jan. 22, 2026), GAO-26-107434, https://www.gao.gov/products/gao-26-107434.