



U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS
1139 LONGWORTH HOUSE OFFICE BUILDING
Washington, DC 20515

November 19, 2025

Carolyn Welsh
President and CEO
New Jersey Organ and Tissue Sharing Network
691 Central Ave.
New Providence, NJ 06964

Ms. Welsh:

This letter is to inform you that the Committee on Ways and Means (“the Committee”) has been investigating the New Jersey Organ and Tissue Sharing Network (“NJTO”) and has identified several egregious actions and potential violations of federal and state statutes that raise serious concerns about whether NJTO has fraudulently billed Medicare and should retain their tax-exempt status. After speaking with nearly a dozen whistleblowers about these concerning allegations and receiving documents that appear to substantiate their claims, the Committee now seeks the production of specific documents and the scheduling of transcribed interviews with you and NJTO staff regarding allegations of fraudulent research practices, the manipulation of documents provided to federal investigators, out of sequence organ allocation, and an alarming cover up regarding a donation after circulatory death (“DCD”) case.¹

In addition to the specific allegations mentioned in this letter, the Committee has been made aware of actions by you and certain members of NJTO’s leadership team, some of which are described below, that have created a culture of fear and retaliation within your organization. As we have previously stated, the Committee appreciates the dedicated frontline staff members within NJTO and in organ procurement organizations (“OPOs”) across the country that work hard every single day to save lives. The allegations described in this letter are exclusively related to specific actions by you and senior members of NJTO’s executive team.

As you are aware, the Committee issued a Request for Information (“RFI”) on April 16, 2025, to elicit public information as it relates to OPOs and their ability to receive Medicare reimbursement for organ acquisition and transplant costs, the use of OPOs’ resources, and executive compensation.² The RFI garnered a substantial response, including allegations

¹ Notes on file with the Committee; *See Ensuring Patient Safety: Oversight of the U.S. Organ Procurement and Transplant System, Hearing before the H. Comm. on Energy and Commerce, Subcomm. on Oversight and Investigations*, 119 Cong. (2025); *See also* Brian M. Rosenthal, Mark Hansen and Jeremy White, *Organ Transplant System ‘in Chaos’ as Waiting Lists Are Ignored*, THE NEW YORK TIMES (Feb. 26, 2025), <https://www.nytimes.com/interactive/2025/02/26/us/organ-transplants-waiting-list-skipped-patients.html>.

² Letter from Jason Smith et al., Chairman, H. Comm. on Ways and Means, Request for Information: Activities of Tax-Exempt Organ Procurement Organizations (Apr. 16, 2025) [hereinafter “RFI”].

regarding NJTO's fraudulent recovering of pancreata for research and claims that legitimate research was never performed.³

In response to these allegations, the Committee sent a letter to NJTO on July 23, 2025, raising these concerns and asking for related documents.⁴ The following day, on July 24, you sent an email to NJTO staff saying “[w]e are fully cooperating with this inquiry and are confident in our practices, our leadership, and the integrity of our mission. As I have shared previously, NJ Sharing Network is among many OPOs that have received inquiries like this in recent years. We have always fully complied, and no issues have ever been found.”⁵ Since you sent this email to staff, the Committee has identified numerous issues, including the cover up of a DCD case which occurred less than two weeks before the aforementioned email to staff was sent.⁶

The Committee seeks to better understand how the statutory and regulatory framework governing the organ procurement industry can be strengthened to ensure that wrongful actions, such as those allegedly committed by NJTO, are properly reported to relevant agencies and thoroughly investigated. Organ donation is built on public trust, and the Committee believes that the additional information sought regarding these concerning allegations will enable it to evaluate potential legislative reforms to enhance the applicable federal oversight mechanisms.

Tax-Exempt Status

The Committee has jurisdiction over tax policy under Rule X of the Rules of the U.S. House of Representatives, including entities that are tax-exempt under 26 U.S.C. § 501.⁷ By law, qualified OPOs, like NJTO, must operate as nonprofit entities⁸ and NJTO's current tax-exempt status is held under 26 U.S.C. § 501(c)(3) of the Internal Revenue Code (“IRC”).⁹ To qualify for tax-exempt status under IRC 501(c)(3), “an organization must be organized and operated exclusively for exempt purposes set forth in section 501(c)(3),”¹⁰ and violation of constitutionally valid laws is inconsistent with an exemption under IRC 501(c)(3).¹¹

³ Response to the Committee's Request for Information (on file with the Committee).

⁴ Letter from Jason Smith et al., Chairman, H. Comm. on Ways and Means, to Carolyn Welsh, President and CEO, New Jersey Sharing Network, (Jul. 23, 2025) [hereinafter “NJTO July Letter”].

⁵ Email from Carolyn Welsh, President and CEO, New Jersey Sharing Network, to *Staff - All*, New Jersey Sharing Network internal listserv, (Jul. 24, 2025, 4:22 pm) (On file with the Committee; see Appendix C).

⁶ Notes on file with the Committee.

⁷ Rule X, clause 1(t), Rules of the House of Representatives, (119th Cong.).

⁸ See 42 U.S.C. §273(b)(1).

⁹ See U.S. DEP'T OF TREASURY, INTERNAL REV. SERV., 2024 Return of Organization Exempt from Income Tax (Form 990): New Jersey Sharing Network, PROPUBLICA (2024), <https://projects.propublica.org/nonprofits/organizations/222490603/202522319349300807/full>.

¹⁰ INTERNAL REV. SERV., Exemption Requirements - 501(c)(3) Organizations, <https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations#:~:> (last accessed Nov. 10, 2025.); 26 U.S.C. § 501(c)(3).

¹¹ INTERNAL REV. SERV., *Exempt Organizations — Activities That Are Illegal or Contrary to Public Policy (EO Topic J-85)*, Publication No. 948 (Rev. March 2021), <https://www.irs.gov/pub/irs-tege/eotopicj85.pdf>.

If more than an insubstantial part of an organization's activities is not in furtherance of a tax-exempt purpose outlined in IRC 501(c)(3), the organization is not operated "exclusively" for such exempt purpose.¹² The Supreme Court has held that "the presence of a single [nonexempt] purpose, if substantial in nature, will destroy the exemption regardless of the number or importance of truly [exempt] purposes."¹³

The Committee has obtained information about activities performed by NJTO that amount to not only extreme abuse of public trust, but also potential violations of law. For example, NJTO appears to have covered up a horrific DCD case, allocated organs out of sequence, operated a fraudulent research program at taxpayer expense, and failed to obtain appropriate consent from donor families. In addition, there are questions about NJTO's responses to inquiries by this Committee and other federal agencies. These allegations raise questions about whether NJTO should keep its tax-exempt status and highlights the need for potential legislative reforms.

Cover Up of a Donation After Circulatory Death Case

DCD cases have been in the spotlight following a report from the Health Resources and Services Administration ("HRSA") regarding patient safety issues at Network for Hope's predecessor organization, Kentucky Organ Donor Affiliates ("KODA").¹⁴ In the report, HRSA stated that "a central tenant of DCD procurement is that until the patient has passed, they remain under the care of the hospital's medical team."¹⁵ However, according to HRSA, KODA failed to recognize neurologic function inconsistent or unfavorable for DCD organ recovery on initial patient assessment or subsequent follow up. As a result of these findings, HRSA issued a directive to the Organ Procurement and Transplantation Network ("OPTN") on May 28, 2025, instructing the OPTN to propose policies within 180 days focusing on safeguarding DCD patients and improving family communication.¹⁶

The Committee has recently learned of a concerning DCD case, OPTN number [REDACTED], at Virtua Our Lady of Lourdes Hospital in Camden, New Jersey, involving a patient referred to NJTO for potential organ donation on [REDACTED], just a few weeks after HRSA issued its directive regarding DCD issues.¹⁷ On [REDACTED], NJTO approached the family and received consent to procure the patient's organs.¹⁸ NJTO scheduled withdrawal of life sustaining therapy for DCD organ recovery on [REDACTED] through [REDACTED].¹⁹ The donor was pronounced

¹² TREAS. REG. 1.501(c)(3)-1(c)(1).

¹³ Better Business Bureau of Washington, D.C., Inc. v. United States, 326 U.S. 279 (1945).

¹⁴ HEALTH RESOURCES AND SERV. ADMIN., REPORT FROM THE DIVISION OF TRANSPLANTATION, to Suma Nair, PhD, MS, RD, Associate Admin., HSB, 2 (Mar. 24, 2025).

¹⁵ *Id.*

¹⁶ HRSA Directive for OPTN DCD Policy Development Workgroup Meeting Summary (July 17, 2025), <https://hrsa.unos.org/media/alpcp5ew/20250717-optn-opo-hrsa-directive-for-optn-dcd-policy-development-workgroup.pdf>.

¹⁷ Notes on file with the Committee.

¹⁸ Notes on file with the Committee.

¹⁹ Notes on file with the Committee.

deceased before NJTO initiated the recovery process.²⁰ Soon after the recovery process began, the patient reanimated and the Administrator on Call, Alyssa D'Addio, contacted you to discuss the case and obtain your determination on how to proceed. According to information obtained by the Committee, you told Ms. D'Addio and the NJTO staff on site that they should proceed with recovery.²¹ However, hospital staff intervened, and recovery did not move forward.²²

Several whistleblowers have alleged that documentation regarding this case has been deleted or otherwise manipulated.²³ The Committee is also aware that on or around July 13, 2025, NJTO email servers were taken down before the emails related to this DCD case were deleted.²⁴ Furthermore, the Committee has been made aware that the OPTN Donor Record held in UNet for this specific case is a “skeleton” of what should be properly reported in a donation file, strongly suggesting that the records could have been tampered with. However, the Committee has information indicating that NJTO still has possession of the complete original case file.²⁵

It is the Committee’s understanding not only that the NJTO staff on site continued to pressure the hospital staff to proceed with the donation, but also that you were the individual who made the decision to continue with the process of donation with knowledge of the donor’s reanimation.²⁶ The Committee further understands that you—someone with no clinical training—decided to proceed from outside of the hospital, even while the hospital staff on site shared concerns about your decision.²⁷

The Committee’s investigation into this matter will continue and highlights the need consideration of legislative reforms to increase transparency in the record retention policies required of OPOs, as well as the need to ensure documents held by OPOs maintain traceable data throughout the entire donation process.

Mass Discard of 100 Pancreata

The Committee has obtained documentation showing NJTO’s discard of 100 pancreat that had been processed for research on a single day—March 26, 2024.²⁸ This mass discard came after allegations of on-site reviews by federal agencies at other OPOs across the country. Despite your statement during an August 21, 2025, all-staff meeting that NJTO has “not changed [research] practices at the Sharing Network,”²⁹ an email obtained by the Committee shows that on March 18, 2024—eight days prior to the mass discard—Sharyn Sawczak sent an email to

²⁰ Notes on file with the Committee.

²¹ Notes on file with the Committee.

²² Notes on file with the Committee.

²³ Notes on file with the Committee.

²⁴ Notes on file with the Committee.

²⁵ Notes on file with the Committee.

²⁶ Notes on file with the Committee.

²⁷ Notes on file with the Committee.

²⁸ Excel Spreadsheet, New Jersey Sharing Network, Discarded Research Pancreas, (Document on file with the Committee; see Appendix F) [hereinafter “Pancreas Discard Document”].

²⁹ Audio recording on file with the Committee.

certain staff members stating that the NJTO Laboratory “will be working on a new research project involving pancreas research” and that “[a] limited amount of pancreata are needed ... [w]e will let you know when we reach the number needed.”³⁰

This change in policy came just a few weeks after *The Washington Post* published an article describing a wide-ranging federal investigation of OPOs that was “seeking to determine, among other things, whether any of these groups have been overbilling the government for their costs.”³¹ The overbilling of Medicare has been a focal point of the Committee’s investigation into OPOs and was mentioned in Appendix A of the Committee’s April 16 RFI.³² As you are aware, pancreata recovered for islet cell research is included in the CMS performance metrics for OPOs.³³ The Committee is concerned that NJTO has recovered many pancreata to improve your metrics, rather than to perform legitimate research.

While organ research has driven remarkable innovations that improve and save lives, it is concerning that NJTO is alleged to have taken advantage of a loophole in the current framework. It is essential that organ research is conducted with transparency and strong safeguards to ensure the goal is a public benefit, rather than a metric for OPO certification. The Committee is considering legislative reforms designed to enhance oversight mechanisms at our federal agencies, which appear to be necessary to ensure accountability in the research sector.

Lack of Patient Consent Before Harvesting Organs

The apparent cover up of a DCD case and 100 discarded organs are not the only concerning allegations that have been raised by whistleblowers. The Committee is also aware that earlier this year, you began a partnership with New Jersey’s Motor Vehicle Commission (“MVC”) to receive what you refer to as patients’ “Document of Gift.”³⁴ A “Document of Gift” is a document that includes the transaction history of a driver in New Jersey.³⁵ However, the Committee has information suggesting that the “Document of Gift” allegedly used by NJTO are completely redacted except for the name and gender of the individual, and contain no indication of donor status. These records are then allegedly used to tell patients’ families that NJTO already has the authority to remove organs due to first person consent, even if that patient is not currently listed as an organ donor on their driver’s license.³⁶

³⁰ Email from Sharyn Sawczak, Vice President of Clinical Operations, New Jersey Sharing Network, to *Donation Resource Center, Advanced CDS, Clinical Assistant Director, Clinical Managers, and CAOC*, New Jersey Sharing Network internal listservs, (Mar. 18, 2025, 4:37 pm) (On file with the Committee; see Appendix D) (Noting that Ms. Sawczak is now Chief Administrative Officer of New Jersey Sharing Network).

³¹ Lenny Bernstein, Mark Johnson and Lisa Rein, *U.S. launches probe into possible fraud by organ collection groups*, *The Washington Post* (Feb. 26, 2024), <https://www.washingtonpost.com/health/2024/02/26/organ-transplant-investigation/>.

³² RFI, *supra* note 2.

³³ 42 C.F.R. Part 486(G); *See* 42 C.F.R. §§ 413.412, 413.406.

³⁴ Notes on file with the Committee.

³⁵ *See* Understanding Your Driver Abstract, New Jersey Motor Vehicle Commission, <https://www.nj.gov/mvc/pdf/license/understanding-abstract.pdf>, (last accessed Oct. 30, 2025); *see also* Driver History Abstract, New Jersey Moto Vehicle Commission, <https://www.nj.gov/mvc/license/driverhist.htm> (last accessed Oct. 30, 2025).

³⁶ Notes on file with the Committee.

Multiple whistleblowers have alleged that these “Document[s] of Gift” are exploited to push back against families in cases where individuals changed or renewed licenses and did not indicate that they would like to be an organ donor anymore.³⁷ Whistleblowers have made the Committee aware of several cases where, even though patients had removed the donor designation from their licenses, NJTO allegedly did not consider that to be a change of the original authorization to be an organ donor.³⁸

If true, not only is this aggressive behavior a potential violation of state law, it also breaks trust in the organ transplant system, which is vital to maintaining crucial life-saving services. Under New Jersey law, a donor authorized to make an anatomical gift may amend or revoke their gift by a “later-executed document of gift that amends or revokes a previous anatomical gift or portion of an anatomical gift, either expressly or by inconsistency.”³⁹ Additionally, the New Jersey Donate Life website says that if you registered to be an organ donor through the New Jersey MVC, an individual just has to remove the registration from your driver record, to officially change the driver’s organ donor designation.⁴⁰

The Committee is concerned with how NJTO is utilizing information from the New Jersey MVC and the fact that NJTO is continuing to pressure MVC to provide these “Document[s] of Gift” more frequently to aggressively obtain family authorization. Additionally, the Committee is concerned that NJTO has been operating in a manner that is more consistent with New Jersey being an “opt-out state”—which is *not* the case under current law.

Your use of “Document[s] of Gift” calls into question the current framework allowed by the several states to register for organ donation. If people believe that their choice to donate organs will be misunderstood, trust in the organ donation system erodes. The Committee is seeking to better understand what, if any, legislative reforms can be implemented to rebuild the trust when it comes to organ donation. The Committee is considering whether an excise tax or other substantive tax penalty may be appropriate for situations in which OPOs use manipulative practices to obtain consent from a donor’s family, such as NJTO’s use of the “Document of Gift.”

Allocation Out of Sequence

In February 2025, *The New York Times* published an explosive report finding OPO officials regularly ignore the national registry,⁴¹ which is maintained by the OPTN and is subject to strict rules regarding allocation sequence including Order of Allocation,⁴² process for organ

³⁷ Notes on file with the Committee.

³⁸ Notes on file with the Committee.

³⁹ N.J. Rev. Stat. § 26:6-82 (2024).

⁴⁰ Donate Life New Jersey, Frequently Asked Questions (last accessed on Oct. 27, 2025), <https://donatelife-nj.org/faqs>.

⁴¹ Brian M. Rosenthal, Mark Hansen and Jeremy White, *Organ Transplant System ‘in Chaos’ as Waiting Lists Are Ignored*, THE NEW YORK TIMES (Feb. 26, 2025), <https://www.nytimes.com/interactive/2025/02/26/us-organ-transplants-waiting-list-skipped-patients.html>.

⁴² Organ Procurement & Transplant Network, *OPTN Policy 5.4.B: Order of Allocation* (effective Oct. 1, 2025), https://optn.transplant.hrsa.gov/media/eavh5bf3/optn_policies.pdf.

offers,⁴³ and Allocation to Candidates Not on the Match Run.⁴⁴ The article states that OPOs are skipping hundreds or thousands of people when they allocate organs, and wait list patients are being skipped for nearly 20% of transplants from deceased donors—a rate six times higher than statistics from just a few years earlier.⁴⁵ Publicly available information from HRSA shows that as of July 2025, NJTO allocated over 25% of all organs out of sequence, which is more than 10% over the median for all OPOs.⁴⁶

The Committee has obtained information showing that, not only does NJTO not maintain proper documentation for protocol regarding donations, but it has also allocated organs both “offline,” via unrecorded phone calls using personal devices, and out of sequence.⁴⁷ The Committee has information indicating that, in 2022, NJTO had a cyber-attack that it failed to report to federal agencies.⁴⁸ Subsequent to the cyber-attack and under the guidance of Tatiana Martinez, it appears that NJTO began allocating organs offline and out of sequence.⁴⁹ Furthermore, several whistleblowers have alleged that NJTO allocates organs out of sequence using what apparently is referred to as an internal “aggressive centers” list.⁵⁰

The Committee is concerned that this out of sequence allocation not only causes harm to organ recipients, but also to the overall national transplant system. The Committee has received information stating that the off-line allocation scheme orchestrated by Ms. Martinez takes place relatively early on in the process, at times after contact with a single transplant center or after just a few dozen recipients have been checked for a match to the organ in question.⁵¹ Ms. Martinez then allegedly turns to “friends in the industry” who are on NJTO’s “aggressive centers” list to allocate the organs out of sequence.⁵² This is different in kind from a situation where out of sequence allocation is acceptable, such as where the organ is reaching its maximum cold ischemia duration and must be placed as soon as possible to remain viable. This is a breach of public trust in the system where OPOs should provide organs according to the proper sequence. It is alarming not only that out of sequence allocation would occur so quickly in the donation process, but that the process itself would occur through channels of communication that are not recorded, as required by the National Organ Transplant Act of 1984 (“NOTA”) as well as OPTN membership policies and bylaws.⁵³

⁴³ See Organ Procurement & Transplant Network, *OPTN Policy 5.4.C-: Liver Offers, et. al.*, (effective Oct. 1, 2025), https://optn.transplant.hrsa.gov/media/eavh5bf3/optn_policies.pdf.

⁴⁴ Organ Procurement & Transplant Network, *OPTN Policy 5.4.E: Allocation to Candidates Not on the Match Run* (effective Oct. 1, 2025) https://optn.transplant.hrsa.gov/media/eavh5bf3/optn_policies.pdf.

⁴⁵ *Id.*

⁴⁶ *Allocation Out of Sequence (AOOS) Dashboard*, <https://tableau.hdw.hrsa.gov/t/HDW/views/AOOS-NonUseDashboard/AOOS-NonUseDashboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>, (last visited Nov. 7, 2025; see Appendix G).

⁴⁷ Notes on file with the Committee.

⁴⁸ Notes on file with the Committee.

⁴⁹ Notes on file with the Committee.

⁵⁰ Notes on file with the Committee.

⁵¹ Notes on file with the Committee.

⁵² Notes on file with the Committee.

⁵³ See 42 U.S.C. §§ 273- 274; See 42 C.F.R. Part 121; See Organ Procurement & Transplant Network, *OPTN Policies 6-12: Allocation of Hearts and Heart-Lungs, et. al.*, (effective Oct. 1, 2025) https://optn.transplant.hrsa.gov/media/eavh5bf3/optn_policies.pdf.

What is most alarming, however, is how NJTO appears to be brazenly ignoring OPTN protocol, Centers for Medicare & Medicaid Services (“CMS”) regulations, and NOTA. As a member of OPTN, NJTO has a role in crafting the policies of the industry at large. Recipients are placed on the national transplant waiting list because a lifesaving transplant is medically necessary. The Committee has received information that as a result of a single instance of NJTO skipping the allocation sequence, several individuals on the waitlist have since passed away, several others have been removed from the waitlist due to worsening medical conditions, and more than 100 recipients that were skipped remain on the list today.⁵⁴ This is unacceptable. The organs procured by every OPO across the country belong to the individuals on the waitlist who are ranked and matched using medical criteria. They do not belong to the OPOs, and it is not NJTO’s role to pick winners and losers on the transplant waiting list.

There is also a question as to NJTO’s purpose in departing from the proper allocation sequence, considering there is no cognizable benefit to skipping over transplant waitlist patients. The Committee is concerned that NJTO could be seeking to ensure higher metrics for certification and tiering standards or ensuring as many organs as possible can be listed on your Medicare Cost Reports. OPOs are measured for certification, in part, for the number of organs they procure and the number of organs that are ultimately transplanted.⁵⁵ The Committee is also concerned that Ms. Martinez may be turning to transplant centers on the “aggressive centers” list early and providing organs out of sequence solely for the purpose of ensuring NJTO can guarantee a transplant for your own metrics and reimbursement, rather than providing the organ to the patients on the waitlist. NJTO’s actions have the appearance of placing your organization above the requirements that you helped create and expect other organizations to abide by.

Based on this information the Committee is conducting a comprehensive review of the reporting requirements when organs are allocated out of sequence. Furthermore, the Committee is concerned that under the current Medicare reimbursement framework, OPOs are incentivized to allocate out of sequence in this manner to ensure reimbursement and can provide a quid pro quo to transplant hospitals. The information sought from NJTO will aid in the development of legislative reforms, that may include additional reporting requirements for Medicare reimbursement, intended to ensure that these types of out of sequence organ allocations can no longer occur.

Failing to Provide Full and Accurate Information Upon Congressional Request

The Committee is concerned that NJTO has not been forthcoming with the information requested during the course of this investigation. Numerous whistleblower reports indicate that information provided to the Committee by NJTO is either incorrect or incomplete. Most concerning, the Committee has been made aware of an online document folder that has been

⁵⁴ Notes on file with the Committee.

⁵⁵ Centers for Medicare & Medicaid Services, Medicare and Medicaid Programs, Organ Procurement Organizations Conditions for Coverage: Revisions to the Outcome Measure Requirements for Organ Procurement Organizations, 85 Fed. Reg. 77,898 (Dec. 2, 2020).

requested from your organization that you have yet to provide, as well as a discrepancy between the number of pancreata NTJO allegedly discarded in 2024.

On October 15, 2025, both you and NJTO general counsel, Catherine DeAppolonio, participated in a Microsoft Teams call with the Committee⁵⁶ that was scheduled for the purpose of discussing additional questions following NJTO's response to the Committee's July letter.⁵⁷ While on this call, the Committee asked questions regarding the process for recovering pancreas for research and about a survey conducted by CMS that was concluded on February 27, 2025.⁵⁸ The Committee is aware the CMS site visit was conducted on November 19-21, 2024.⁵⁹ During this line of questioning, you were asked about pancreata research and discarding procedure, and to provide the Committee with any documents that were produced or created during the CMS survey that was completed on February 27, 2025. Your response, generally, was that you did not produce documents to CMS, and that the Committee would need to ask CMS for any documents regarding the site visit.

The Committee followed up through an email on October 20, 2025, specifically requesting that NJTO "provide a year-by-year breakdown of organs that were intended for research and discarded since 2021," as well as "all documents that you produced, presented, and/or sent to CMS as part of their survey" that concluded on February 27, 2025.⁶⁰ Ms. DeAppolonio, after unilaterally extending the Committee's deadline for a response to the Committee's questions regarding pancreata research,⁶¹ provided the publicly available document that describes a "completed substantial allegation survey"⁶² as well as the following statement to the Committee:

"NJTO Response: As this was an unannounced visit, no presentation materials or documentation were prepared in advance, as we had no prior notice of the inspection. No documents were submitted to CMS beforehand. Following the investigation, CMS provided a letter dated May 2, 2025 and Form CMS-2567, see attached Exhibit A. CMS determined: 'No deficiencies were cited as a result of this complaint investigation.'"⁶³

⁵⁶ Microsoft Teams Meeting," W&M // New Jersey Sharing Network," with Committee Staff, H. Comm. on Ways and Means, Carolyn Welsh, President and CEO New Jersey Sharing Network, and Catherine DeAppolonio, General Counsel, New Jersey Sharing Network, (Oct. 15, 2025, 9:30 am) (on file with the Committee) [hereinafter "October 15th Teams Call"].

⁵⁷ NJTO July Letter, *supra* note 4.

⁵⁸ CENTERS FOR MEDICARE & MEDICAID SERVICES, Form CMS-2567 (Statement of Deficiencies), (May 2, 2025) [hereinafter "CMS Statement of Deficiencies"].

⁵⁹ Notes on file with the Committee.

⁶⁰ Email from Committee Staff, H. Comm. on Ways and Means, to Carolyn Welsh, President and CEO, New Jersey Sharing Network, and Catherine DeAppolonio, General Counsel, New Jersey Sharing Network, (Oct. 20, 2025, 10:32 am) (on file with the Committee) [hereinafter "October 20th Committee Email"].

⁶¹ Email from Catherine DeAppolonio, General Counsel, New Jersey Sharing Network, to Committee Staff, H. Comm. on Ways and Means, (Oct. 23, 2025, 3:12 pm) (on file with the Committee).

⁶² CMS Statement of Deficiencies, *supra* note 63.

⁶³ Email from Catherine DeAppolonio, General Counsel, New Jersey Sharing Network, to Committee Staff, H. Comm. on Ways and Means, (Oct. 27, 2025, 4:27 pm) (on file with the Committee).

Prior to your October 23, 2025, response, the Committee had been made aware of the fact that NJTO compiled a number of documents for this site visit on November 19, 2024.⁶⁴ The Committee has since obtained information confirming this collection of documents was created in response to the CMS visit on November 19-21 2024, for the purpose of compiling materials internally for NJTO staff to present to CMS auditors or otherwise provide the documents to CMS in the normal course of the investigation.⁶⁵

In response, the Committee sent the following email clarifying the specifics of what we were asking and highlighting the deficiencies in your response:

“Thank you for clarifying that NJTO did not prepare any presentation materials or documentation *in advance* and did not submit any documents to CMS *before the visit*. However, my question used the terms “produced, presented, and/or sent to CMS *as part of their survey*”. To be clear, is NJTO’s response to question #2 that zero documents were given to CMS before, during, *and* after their visit, and zero documents were produced, presented, or otherwise compiled by NJTO staff for the purpose responding to the CMS site visit? This should include information compiled for presentations to and interviews performed by CMS.”⁶⁶

On October 30, 2025, Ms. DeAppolonio emailed the Committee a production related to the October 20 request for information and documents.⁶⁷ In this response, NJTO provided a process for research, a list of the pancreata allegedly recovered with intent to research and discarded, and three documents related to follow up from the CMS survey concluded on February 27, 2025.⁶⁸

The Committee is aware that NJTO is in possession of information that it has not produced. Documents provided by NJTO indicate that it discarded only 79 pancreata from 2021 through September of 2024. However, as previously stated, the Committee has documentation of NJTO’s mass discard of 100 pancreata on March 18, 2024, which is clearly not reflected in NJTO’s production.⁶⁹ The Committee also has information that NJTO created an online folder for the purposes of compiling responsive materials for in-person requests from CMS staff during the survey that was concluded on February 27, 2025, which was not included in your

⁶⁴ Notes on file with the Committee.

⁶⁵ Notes on file with the Committee.

⁶⁶ Email from Committee Staff, H. Comm. on Ways and Means, to Catherine DeAppolonio, General Counsel, New Jersey Sharing Network, and Carolyn Welsh, President and CEO, New Jersey Sharing Network, (Oct. 27, 2025, 4:53 pm) (on file with the Committee).

⁶⁷ Email from Catherine DeAppolonio, General Counsel, New Jersey Sharing Network, to Committee Staff, H. Comm. on Ways and Means, (Oct. 30, 2025, 4:27 pm) (on file with the Committee) [hereinafter “October 30th Production Email”]; see October 20th Committee Email, *supra* note 65.

⁶⁸ *Id.*

⁶⁹ Pancreas Discard Document, *supra* note 22 (Appendix F).

production.⁷⁰ Furthermore, the Committee has been made aware of an issue with NTJO's migration to a new server within the last year, which allegedly created document retention issues, including claims of lost files through NJTO's shared common drive, OneDrive system, and others.⁷¹ For the Committee to continue oversight of organ procurement investigations, it is vital that all requested documents be provided.

As previously mentioned, continued oversight and investigation into the actions of NJTO and its tax-exempt status is necessary to ensure trust in the organ donation system, transparency in Medicare reimbursements, and assurance of patient safety, all of which are of utmost concern to the Committee.

Conclusion

Based on conversations with nearly a dozen whistleblowers and documents including communications, audio files, and databases, the Committee is concerned that NJTO has potentially violated a number state and federal laws, and has withheld information from the Committee during its investigation. Additionally, you and the senior leadership of NJTO have cultivated a culture of fear and retaliation which has created a hostile working environment for the hardworking and dedicated frontline workers of NJTO.

In furtherance of the Committee's oversight into the organ donation system, it is requested that NJTO provide the following documents and communications listed in Appendix A and make the individuals listed in Appendix B available for transcribed interviews before the Committee. All documents must be produced by December 3, 2025, and all transcribed interviews must be coordinated and scheduled by December 3, 2025.

Pursuant to Rule X, clause 1(t) of the Rules of the House of Representatives, the Committee has jurisdiction over matters related to tax-exempt organizations and the Medicare reimbursement system.⁷² Oversight authority of this jurisdiction is delegated to the Committee under Rule X clause 2.⁷³ Government oversight of highly regulated medical industries, like your own, is critical to ensuring donor and recipient safety. Failure to comply with these requests will result in the issuance of subpoenas.

We appreciate your prompt attention to this request. If you have any question, please contact the Majority Committee Staff at (202) 225-3625.

⁷⁰ Notes on file with the Committee; *see* Pancreas Discard Document, *supra* note 22 (Appendix F).

⁷¹ Notes on file with the Committee.

⁷² Rule X, clause 1(t), Rules of the House of Representatives, (119th Cong.).

⁷³ Rule X, clause 2, Rules of the House of Representatives, (119th Cong.).

Letter to Ms. Carolyn Welsh
November 19, 2025
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Sincerely,



Jason Smith
Chairman
Committee on Ways and Means



David Schweikert
Chairman
Subcommittee on Oversight
Committee on Ways and Means

cc:

Robert F. Kennedy, Jr.
Secretary, U.S. Department of Health and Human Services

Dr. Mehmet Oz
Administrator, Centers for Medicare & Medicaid Services

Thomas J. Engels
Administrator, Health Resources and Services Administration

Juliet T. Hodgkins
Acting Inspector General, Office of Inspector General, U.S. Department of Health and Human Services

Dr. Patrick Buddle, MD
Chair – Board of Trustees, New Jersey Organ and Tissue Sharing Network

Dr. John Radomski, MD
Chair – Advisory Board, New Jersey Organ and Tissue Sharing Network

Matthew J. Platkin
Attorney General, State of New Jersey

Appendix A

1. All complaints filed to NJTO held in the “Master Control Complaints Document” or otherwise filed with NJTO.
 - a. Please include the subject of the complaint, parties involved, resolution and actions taken, as well as dates on which each factor above occurred.
2. All communications⁷⁴ between Carolyn Welsh and Joseph Ferreira, President and CEO of Nevada Donor Network.⁷⁵
3. All communications⁷⁶ between Carolyn Welsh and Tom Mone, Chief External Affairs Officer and VP of OneLegacy Foundation.⁷⁷
4. All meeting minutes for NJTO’s Board of Trustees meetings from January 2021 to November 2025.
5. All documents referring or related to the pancreata listed in Appendix F, including documents sufficient to show what research actions may have been undertaken, how and when they were disposed of, and action taken to and/or with these pancreases.
 - a. Please provide the names of all NJTO staff that interacted with these organs through STEMSOFT software.
6. All documents in NJTO possession, without redactions or deletions regarding the previously mentioned DCD case that occurred at Virtua Our Lady of Lourdes Hospital in Camden, New Jersey on [REDACTED] (OPTN Number: [REDACTED]). Documents produced should include the following:
 - a. Staff assignments for this case, as well as records of all hospital, OPO, transplant center, and third-party procurement and/or logistics personnel who came onsite for this case.

⁷⁴ “Communications” include all written, recorded, or graphic material of any kind, including letters, memoranda, reports, notes, electronic data (e-mails, email attachments, and any other electronically-created or stored information), calendar entries, inter-office and intra-office communications, meeting minutes, phone/voice mail or recordings/records of verbal communications, and drafts (whether they resulted in final documents).

⁷⁵ This production request includes communications between Ms. Welsh and Joseph Ferreira in his capacity at the Nevada Donor Network and any role Mr. Ferreira holds - past or present - with any association, board, advisory group, company, or other organization involved in or adjacent to organ or tissue donation, recovery, or transplant.

⁷⁶ *Id.*

⁷⁷ This production request includes communications between Ms. Welsh and Tom Mone in his capacity at the OneLegacy and any role Mr. Mone holds - past or present - with any association, board, advisory group, company, or other organization involved in or adjacent to organ or tissue donation, recovery, or transplant.

- b. Records (and transcripts, if available) of all huddles and telephone or video calls between or among:
 - i. NJTO staff including coordinators, allocation specialists, perfusionists, administrators on call, managers, medical directors, and executive staff pertaining to this case.
 - ii. NJTO staff as described in 1.3.a of OPTN Policies and staff from these hospitals.
 - iii. NJTO staff as described in 1.3.a of OPTN Policies and patients and/or family members of patients with whom the OPO had contact during the time period described above.

- c. All NJTO administrative documents regarding cases at these hospitals during this time period, including:
 - i. After action reports or exit interviews with staff involved in these cases.
 - ii. Non-disclosure agreements for staff involved in this case who have subsequently left, or are in the process of leaving, NJTO.
 - iii. Records of hospital, family, transplant center, or other party complaints or hospital development/outreach work in response to these cases.
 - iv. Records of any communications with the OPTN or the contractor(s) supporting the OPTN regarding these cases.
 - v. Records of any communication with law enforcement or other local, state, or federal authorities regarding these cases.

Appendix B

Please make the following individuals available for a transcribed interview. NJTO should provide the Committee with dates of availability for each witness by December 3, 2025, though the transcribed interviews may take place after that date. If any of these individuals no longer work for NTJO, please make the Committee aware.

1. Carolyn Welsh, *President and CEO*
2. Dr. Patrick Buddle, MD, *Chair, Board of Trustees*
3. Dr. John Radomski, MD, *Chair, Advisory Board*
4. Christine Tenore, *Executive Administrator to the CEO*
5. Alyssa D'Addio, *Chief Operating Officer*
6. Jorge Kalil, *Vice President of IT and Security*
7. David O'Hara, *Vice President of Business Intelligence and Quality Assurance and Performance Improvement (QAPI)*
8. Sharyn Sawczak, *Chief Administrative Officer*
9. Catherine DeAppolonio, *General Counsel and Government Affairs*
10. Salvatore La Mantia, *Director of Finance*
11. Suki Singh, *Director of Human Resources*
12. Amanda Tibok, *Executive Director, Sharing Network Foundation*
13. Kelly Bonventre, *Director of Communications and Hospital Development*
14. Donna King, *Director of Laboratory Operation*
15. Tatiana Martinez, *Director of Donation Services*
16. Brittany Visaggio, *Director of Clinical Services*
17. Amy Young, *Director of Family and Community Services*
18. Dr. Jeffrey Miskoff, DO, *Medical Director*
19. Pamela Sniffen, *Assistant Director of Hospital Management*
20. Dayanand Deo, *Senior Clinical Laboratory Scientist*
21. Fred Goerlitz, *Manager of Data Compliance*
22. Marithely Morales-Allen, *Clinical Donation Specialist*
23. Melody Nazar, *Donation Resource Coordinator*
24. Allison Pool, *Advanced Clinical Donation Specialist*
25. Annette Bourhill, *Manager of Clinical Specialists*

26. Elizabeth Callahan, *Organ Profusion-Traveler*
27. Jeanine Gerard, *Clinical Donation Specialist*
28. Laura Hernandez, *Organ Profusion-Traveler*
29. Martha Godoy, *Family Services Coordinator*

Please make the following individuals listed in Appendix E⁷⁸ available for a transcribed interview, if not otherwise listed above. NJTO should provide the Committee with dates of availability for each witness by December 3, 2025, though the transcribed interviews may take place after that date. If any of these individuals no longer work for NTJO, please make the Committee aware.

1. David
2. Meredith
3. Ria
4. Erin
5. Joel
6. Dr. Deo
7. Dr. Miskoff
8. Sharyn

⁷⁸ Email from Carolyn Welsh, President and CEO, New Jersey Sharing Network, to *Staff - All*, New Jersey Sharing Network internal listserv, (Nov. 21, 2024, 2:41 pm) (On file with the Committee; see Appendix E).

Letter to Ms. Carolyn Welsh

November 19, 2025

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Appendix C⁷⁹

Recent Inquiry to NJSN

 Carolyn Welsh
To: Staff - All

Retention Policy: NJSN Default 365 days delete Permanently (1 year) Expires: 7/24/2026
Thu 7/24/2025 4:22 PM

Reply Reply All Forward

ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.

Dear Team,

We want to inform you that NJ Sharing Network has received a letter from the U.S. House of Representatives Ways and Means Committee as part of a review of several organ procurement organizations (OPOs) nationwide. We are fully cooperating with this inquiry and are confident in our practices, our leadership, and the integrity of our mission. As I have shared previously, NJ Sharing Network is among many OPOs that have received inquiries like this in recent years. We have always fully complied, and no issues have ever been found.

We recognize that when questions are raised about our field, it can cause concern – especially to you who work tirelessly, day and night, to honor the gift of life. We are confident that our longstanding record of saving and enhancing lives, delivering compassionate care, and operating with transparency and integrity will not only speak for itself but will affirm that we are acting in full accordance with the high standards expected of us.

If you have questions or concerns, please contact me, Alyssa, or Catherine regarding this matter.

As always, if you receive any inquiries or questions from the news media or from our hospital and community partners, please contact Alyssa D'Addio. If visitors show up at NJ Sharing Network without an appointment/contact, please follow our process of not letting non-employees in and calling Catherine Deapponio immediately.

Thank you for your continued compassion, professionalism, and dedication to the important work we do every day.

Carolyn M. Welsh, *President & CEO*
NJ Sharing Network | 691 Central Avenue | New Providence, NJ 07974

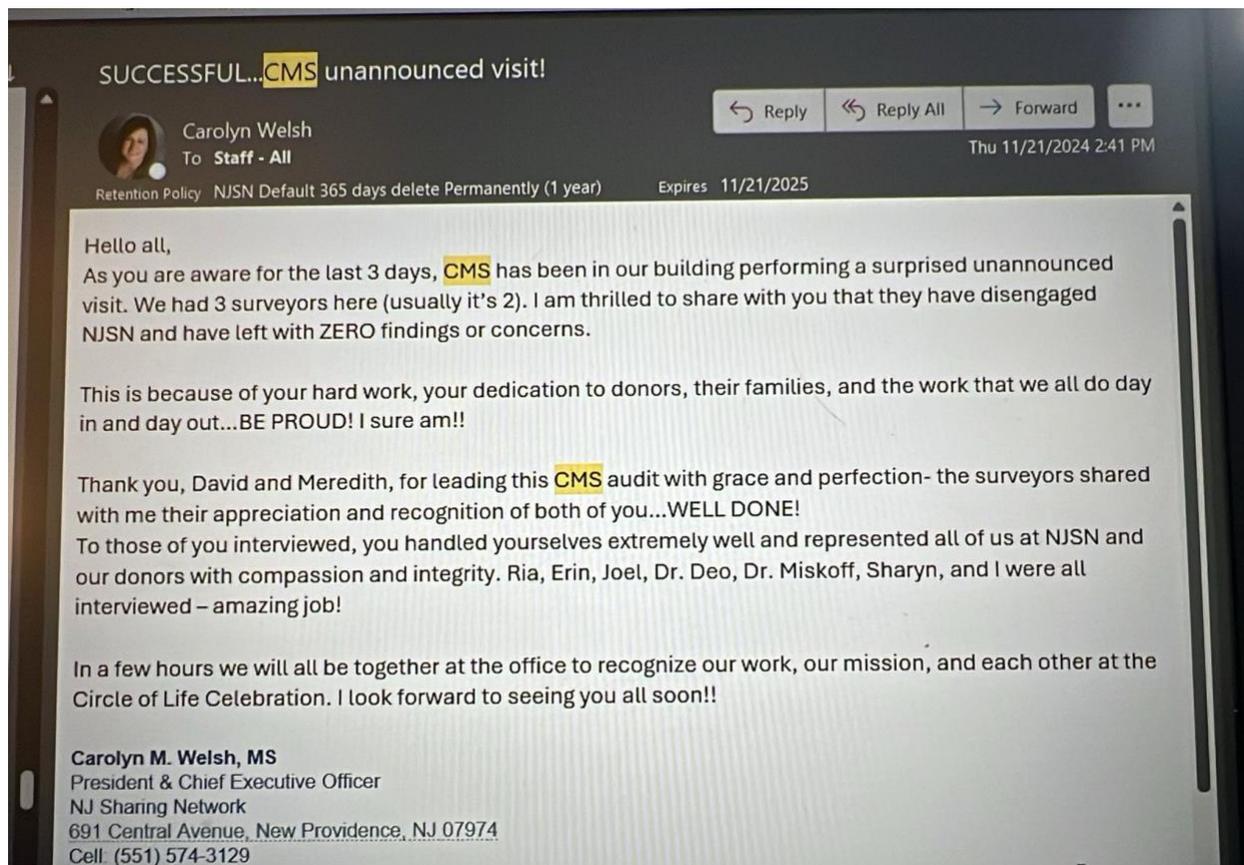
⁷⁹ Email from Carolyn Welsh, President and CEO, New Jersey Sharing Network, to *Staff - All*, New Jersey Sharing Network internal listserv, (July 24, 2025, 4:22 pm) (On file with the Committee).

Appendix D⁸⁰



⁸⁰ Email from Sharyn Sawczak, Vice President of Clinical Operations, New Jersey Sharing Network, to *Donation Resource Center, Advanced CDS, Clinical Assistant Director, Clinical Managers, and CAOC*, New Jersey Sharing Network internal listservs, (Mar. 18, 2025, 4:37 pm) (On file with the Committee).

Appendix E⁸¹



⁸¹ Email from Carolyn Welsh, President and CEO, New Jersey Sharing Network, to *Staff - All*, New Jersey Sharing Network internal listserv, (Nov. 21, 2024, 2:41 pm) (On file with the Committee).

Appendix F⁸²

#	OPTN#	Received Date	Processed Date	Catalog #	STEMSOFT #	# Vials Stored	Volume/vial	LN2 Location	Discarded Date
1			1/20/23	67		2	3	B - 6	3/26/24
2			1/26/23	68		2	3	B - 6	3/26/24
3			1/27/23	69		2	3	B - 6	3/26/24
11			3/9/23	70		2	3	B - 6	3/26/24
12			3/15/23	71		2	3	B - 7	3/26/24
13			3/21/23	72		2	3	B - 7	3/26/24
14			3/21/23	73		2	3	B - 7	3/26/24
16			3/22/23	74		2	3	B - 7	3/26/24
17			3/31/23	75		2	3	B - 7	3/26/24
18			3/31/23	75		2	3	B - 7	3/26/24
19			4/7/23	77		2	3	B - 7	3/26/24
20			4/7/23	78		2	3	B - 7	3/26/24
31			6/15/23	79		1	3	B - 7	3/26/24
32			6/15/23	80		2	3	B - 7	3/26/24
33			6/16/23	81		2	3	B - 7	3/26/24
34			6/21/23	82		2	3	B - 7	3/26/24
35			6/21/23	83		2	3	B - 7	3/26/24
36			6/21/23	84		2	3	B - 7	3/26/24
37			2/29/23	85		2	3	B - 7	3/26/24
38			7/12/23	86		2	3	B - 7	3/26/24
39			8/7/23	87		2	3	B - 7	3/26/24
40			8/7/23	88		2	2	B - 8	3/26/24
42			8/21/23	89		2	3	B - 8	3/26/24
43			8/21/23	90		2	3	B - 8	3/26/24
44			8/23/23	91		2	3	B - 8	3/26/24
45			8/25/23	92		2	3	B - 8	3/26/24
46			8/25/23	93		2	3	B - 8	3/26/24
47			8/28/23	94		2	3	B - 8	3/26/24
48			8/28/23	95		2	3	B - 8	3/26/24
49			8/30/23	96		2	3	B - 8	3/26/24
50			8/30/23	97		2	3	B - 8	3/26/24
51			8/31/23	98		2	3	B - 8	3/26/24
53			9/6/23	99		2	3	B - 8	3/26/24
54			9/7/23	100		2	3	B - 8	3/26/24

⁸² Committee on Ways and Means Recreation of Excel Spreadsheet, New Jersey Sharing Network, Discarded Research Pancreas; original spreadsheet on file with the Committee.

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#	OPTN#	Received Date	Processed Date	Catalog #	STEMSOFT #	# Vials Stored	Volume/ vial	LN2 Location	Discarded
55	██████	██████	9/8/23	101	██████	2	3	B - 8	3/26/24
56	██████	██████	9/8/23	102	██████	2	3	B - 8	3/26/24
57	██████	██████	9/8/23	103	██████	2	3	B - 9	3/26/24
60	██████	██████	9/20/23	104	██████	2	3	B - 9	3/26/24
64	██████	██████	9/25/23	105	██████	2	3	B - 9	3/26/24
66	██████	██████	9/26/23	107	██████	2	3	B - 9	3/26/24
67	██████	██████	9/27/23	108	██████	2	3	B - 9	3/26/24
68	██████	██████	9/28/23	109	██████	2	3	B - 9	3/26/24
69	██████	██████	9/29/23	110	██████	2	3	B - 9	3/26/24
71	██████	██████	10/2/23	111	██████	2	3	B - 9	3/26/24
72	██████	██████	10/3/23	112	██████	2	3	B - 9	3/26/24
73	██████	██████	10/5/23	113	██████	2	3	B - 9	3/26/24
74	██████	██████	10/6/23	114	██████	2	3	B - 9	3/26/24
75	██████	██████	10/10/23	115	██████	2	3	B - 9	3/26/24
76	██████	██████	10/10/23	116	██████	2	3	B - 9	3/26/24
77	██████	██████	10/11/23	117	██████	2	3	B - 9	3/26/24
78	██████	██████	10/12/23	118	██████	2	3	B-10	3/26/24
79	██████	██████	10/12/23	119	██████	2	3	B-10	3/26/24
80	██████	██████	10/18/23	120	██████	2	3	B-10	3/26/24
81	██████	██████	10/20/23	121	██████	2	3	B-10	3/26/24
83	██████	██████	10/30/23	122	██████	2	3	B-10	3/26/24
86	██████	██████	11/6/23	123	██████	2	3	B-10	3/26/24
87	██████	██████	11/6/23	124	██████	2	3	B-10	3/26/24
88	██████	██████	11/7/23	125	██████	2	3	B-10	3/26/24
89	██████	██████	11/7/23	126	██████	2	3	B-10	3/26/24
90	██████	██████	11/8/23	127	██████	2	3	B-10	3/26/24
91	██████	██████	11/9/23	128	██████	2	3	B-10	3/26/24
92	██████	██████	11/10/23	129	██████	2	3	B-10	3/26/24
93	██████	██████	11/15/23	130	██████	2	3	B-10	3/26/24
94	██████	██████	11/15/23	131	██████	2	3	B-10	3/26/24
96	██████	██████	11/17/23	132	██████	2	3	B-10	3/26/24
97	██████	██████	11/17/23	133	██████	2	3	B-10	3/26/24
98	██████	██████	11/20/23	134	██████	2	3	B-10	3/26/24
99	██████	██████	11/21/23	135	██████	2	3	B-10	3/26/24
100	██████	██████	11/22/23	136	██████	2	3	B-11	3/26/24
101	██████	██████	11/27/23	137	██████	2	3	B-11	3/26/24
103	██████	██████	11/27/23	138	██████	2	3	B-11	3/26/24
104	██████	██████	11/30/23	139	██████	2	3	B-11	3/26/24

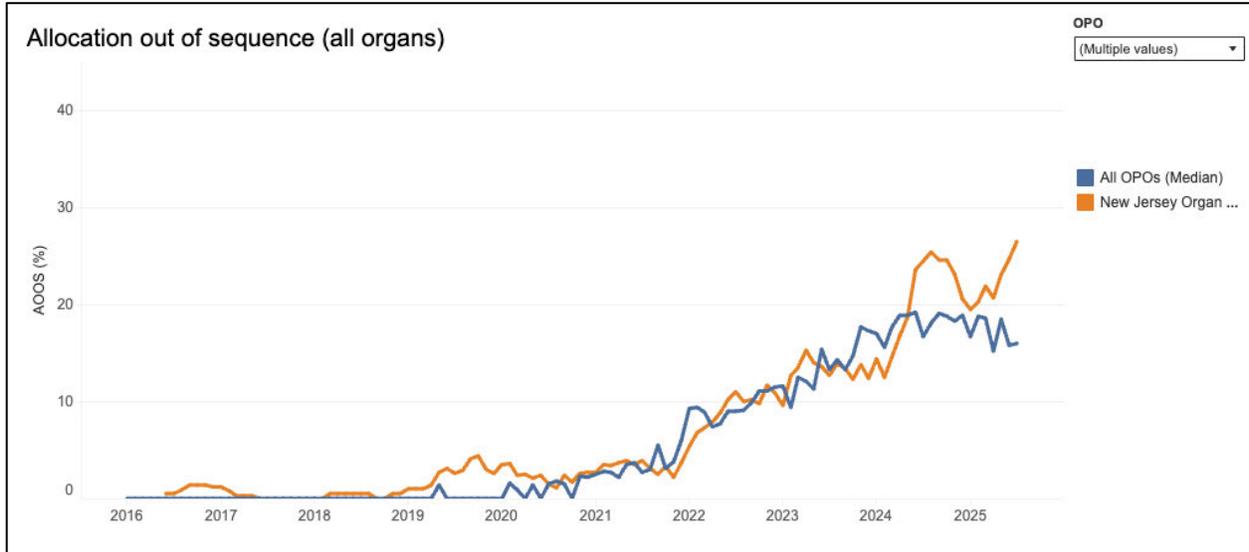
Letter to Ms. Carolyn Welsh

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#	OPTN#	Received Date	Processed Date	Catalog #	STEMSOFT #	# Vials Stored	Volume/vial	LN2 Location	Discarded
105	██████	██████	12/12/23	140	██████	2	3	B-11	3/26/24
106	██████	██████	12/14/23	141	██████	2	3	B-11	3/26/24
107	██████	██████	12/14/23	142	██████	2	3	B-11	3/26/24
108	██████	██████	12/15/23	143	██████	2	3	B-11	3/26/24
109	██████	██████	12/21/23	144	██████	2	3	B-11	3/26/24
110	██████	██████	12/26/23	145	██████	2	3	B-11	3/26/24
111	██████	██████	12/27/23	146	██████	2	3	B-11	3/26/24
1	██████	██████	1/2/24	147	██████	2	3	B-11	3/26/24
2	██████	██████	1/4/24	148	██████	2	3	B-11	3/26/24
3	██████	██████	1/4/24	149	██████	2	3	B-11	3/26/24
4	██████	██████	1/5/24	150	██████	2	3	B-11	3/26/24
5	██████	██████	1/9/24	151	██████	2	3	B-11	3/26/24
6	██████	██████	1/9/24	152	██████	2	3	B-11	3/26/24
7	██████	██████	1/10/24	153	██████	2	3	B-11	3/26/24
8	██████	██████	1/12/24	154		2	3	B-12	3/26/24
9	██████	██████	1/12/24	155		2	3	B-12	3/26/24
10	██████	██████	1/16/24	156		2	3	B-12	3/26/24
11	██████	██████	1/22/24	157		2	3	B-12	3/26/24
12	██████	██████	1/22/24	158		2	3	B-12	3/26/24
13	██████	██████	1/23/24	159		2	3	B-12	3/26/24
15	██████	██████	1/24/24	160		2	3	B-12	3/26/24
16	██████	██████	1/26/24	161		2	3	B-12	3/26/24
17	██████	██████	1/29/24	162		2	3	B-12	3/26/24
18	██████	██████	1/29/24	163		2	3	B-12	3/26/24
19	██████	██████	1/30/24	164		2	3	B-12	3/26/24
20	██████	██████	2/5/24	165		2	3	B-12	3/26/24
21	██████	██████	2/6/24	166		2	3	B-12	3/26/24
22	██████	██████	2/6/24	167		2	3	B-12	3/26/24

Appendix G⁸³



⁸³ Allocation Out of Sequence (AOOS) Dashboard, <https://tableau.hdw.hrsa.gov/t/HDW/views/AOOS-NonUseDashboard/AOOS-NonUseDashboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>, (last visited Nov. 7, 2025).