Meeting Notes

OPTN
Organ Procurement & Transplantation Network

OPTN Organ Procurement Organization (OPO) Committee Meeting

Date: 3/18/2026
Time: 4:00 – 5:00 PM

Host: Brianna Doby
Purpose: OPO Committee Meeting

Meeting Attendees

Organization	*Name(s)*
HRSA	Brianna Doby
HRSA	Sarah Laskey
Visiting Board Member	Gina-Marie Barletta
OPO Committee	Micah Davis
OPO Committee	Daniel DiSante
OPO Committee	PJ Geraghty
OPO Committee	Stephen Gray
OPO Committee	Kerri Jones
OPO Committee	Jasleen Kukreja
OPO Committee	Lori Markham
OPO Committee	Rachel Markowski
OPO Committee	Shane Oakley
OPO Committee	Sharyn Sawzak
OPO Committee	Greg Veenendaal
Summome	Anne Thomas

Action Items

Action Item	*Owner(s)*	*Due Date*
Send the policy document, meeting slides, meeting notes, and links shared in chat to the committee to review and provide feedback	Brianna Doby	3/20/2026

Meeting Notes and Key Decisions

Meeting Notes
Agenda Item: Overview

- The OPO committee convened to review and analyze public comments on the Donation after Circulatory Death (DCD) policy proposal, discuss key policy components including Normothermic Regional Perfusion (NRP), DCD pause protocols, waiting periods, and reporting requirements, and outline next steps for policy revision and implementation. The discussion reflected strong public engagement and highlighted the need for clarity, consistency, and reinforced safeguards across DCD practices.

Agenda Item: Public Comment Analysis

- HRSA, acting as OPTN bridge support for the committee, presented a detailed review of the public comments received during the DCD policy public comment period, noting the unusually high number of individual commenters alongside input from organizations, advocacy groups, OPOs, transplant centers, and anonymous respondents. HRSA clarified that three duplicate submissions were counted only once, consistent with federal practice, though all contributed to thematic analysis. HRSA conducted a qualitative review of 91 unique comments and identified seven major themes: reporting and transparency, NRP disclosure, standardization, the DCD pause, role clarity, NRP ethics, and the waiting period, with many comments spanning multiple areas. Feedback from committee leadership helped refine the thematic categories to ensure they fully captured the issues raised.

Agenda Item: NRP Disclosure and Ethical Considerations

- Public commenters expressed significant concern about the ethical and transparency implications of NRP, strongly favoring clear, affirmative disclosure to donor families, especially regarding restoration of circulation and any pre-mortem interventions. Ethical questions about the determination and permanence of death were frequently raised, and the committee agreed these issues should be addressed in supplemental materials rather than embedded directly in policy language. Consistent with broader NRP-related feedback, a dedicated workgroup will continue developing these requirements, with a draft policy expected to return for public comment in the near term.

Agenda Item: DCD Pause: Definition, Roles, and Implementation

- The committee discussed the practical implementation of the DCD pause, stressing the need for clear, patient centered language and well-defined roles to prevent over reporting and ensure appropriate safeguards. Members clarified that only escalated, unresolved safety concerns—not routine reassessments—should be reported as pauses, and emphasized that while OPO staff may escalate concerns, hospitals remain responsible for conducting neurological assessments and death pronouncement. The group also agreed that OPTN members using third party vendors must ensure those staff are properly educated on pause procedures and their authority to initiate a pause. Finally, members noted a current tendency toward over reporting and underscored the importance of precise definitions and reporting guidelines to keep the focus on true safety events.

Agenda Item: Waiting Period and Standardization

- The committee agreed to adopt a minimum five-minute waiting period between circulatory arrest and death determination to safeguard against autoresuscitation and reinforce public trust. Commenters also urged greater national consistency in DCD practice; while some standardization will be included now, broader alignment across OPOs and transplant centers will require additional policy development and coordination with regulatory partners.

Agenda Item: Reporting and Transparency Requirements

- Reporting is essential to the policy, with mandatory documentation of DCD pauses, autoresuscitation, and safety events. Proposed revision to the policy included a refined reporting requirement for pauses, which would be submitted via the Patient Safety Portal within 72 hours of an unplanned pause or 24 hours after resolution, whichever comes first.

Agenda Item: Next Steps and Timeline

- The DCD work group and OPO committee will reconvene on March 30 to review revised policy language informed by public comments. Committee members will receive meeting slides and are encouraged to provide feedback ahead of this meeting. Following this, the committee may utilize electronic voting to expedite advancement of the proposal to the Board.