Normothermic Regional Perfusion (NRP) Workgroup: Meeting Summary

Meeting Information: Agenda and Attendees

Thursday, May 28, 2026 | 1:00–2:00 p.m. ET | Location of Event: Teams

The following are meeting minutes from the Normothermic Regional Perfusion (NRP) Workgroup meeting, which took place on **May 28, 2026, 1:00–2:00 p.m. ET**.

Agenda

- Opening Remarks
- Review HHS Comments on Draft Elements of Proposed Policy Document
- Next Steps: Development of Formal Policy
- Adjourn

Attendees

Attendee Name(s)	Affiliation
PJ Geraghty, John Magee, Brendan Parent, Steve Weitzen, Bob Truog, Lara Schaheen, Kris Croome, Kara Monday	NRP Workgroup
Raymond Lynch, Annie Tor	HRSA
Rachel Shapiro, Amy Lin, Becca Fritz, Taylor Melanson, Zulma Solis, Anna Sanderson	OPTN Board Support

Meeting Summary

Opening Remarks

NRP Workgroup Chair PJ Geraghty opened the meeting by reviewing the agenda and confirming that the purpose of the session was to review the U.S. Department of Health and Human Services (HHS) feedback on the draft policy elements document and respond to any workgroup comments before developing draft NRP policy language.

Review of HHS Comments on Draft Elements of Proposed Policy

The Board Support team reviewed HHS feedback on the draft policy elements document during the meeting and captured edits and discussion of the draft elements in real time. The Board Support team will upload the finalized document reflecting this meeting's discussion to Box and disseminate the document to the workgroup.

The workgroup chair walked through the document and led the discussion. All discussion topics will be addressed in further detail in the draft NRP policy language.

Authorization

The workgroup discussed clarifying the distinction between authorization and informed consent, noting the differences in pre- and post-mortem procedures. The workgroup agreed that any pre-mortem procedures (e.g., pre-mortem cannulation) would require informed consent. The draft NRP policy language will include further details about authorization and consent processes.

The workgroup also discussed the need to consistently describe risks of NRP in the draft NRP policy language. The workgroup chair clarified that the HHS edit "potential adverse clinical impact due to technical failure" is not a specific risk to the donor but rather a risk that donation may not occur if there is a failure of NRP for some technical reasons. The workgroup chair shared that organ procurement organizations (OPOs) typically disclose with families that donation or transplantation may not occur for any number of reasons.

The workgroup then discussed leaving the decision to have separate NRP consent and authorization forms to OPO discretion. The workgroup chair shared that, while the formal policy would outline all the required elements to include in those forms, OPOs would be able to choose how to format and administer information based on their operations.

Surgical Procedures and Standards

The workgroup discussed how huddles should discuss a course of action in case signs of life are present. Workgroup members felt that hospital care team must be present and aware of the plan should the patient return to their care. The workgroup chair suggested that the NRP formal policy include language stating that, while plans for the possibility of a potential donor being returned to the care of the hospital care team are required, hospitals can develop their own plan based on elements outlined in the policy.

Next Steps

The Board Support team will develop draft NRP policy language and circulate it to the workgroup for review. After the draft policy is circulated, the workgroup will meet to provide feedback and suggest changes to be incorporated into the next draft version of the policy language.

Action Items:

- **Board Support:** Distribute post-meeting materials (meeting summary and recording) to workgroup members.
- **Board Support:** Draft and share with the workgroup NRP policy language.
- **NRP Workgroup:** Review draft policy language after it is circulated.