Normothermic Regional Perfusion (NRP) Workgroup: Meeting Summary

Meeting Information: Agenda and Attendees

Thursday, June 11, 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 **June 11, 2026, 1:00–2:00 p.m. ET**.

Agenda

- Opening Remarks
- Review and Revise Draft Policy Language
- Next Steps: Development of Formal Policy
- Adjourn

Attendees

Attendee Name(s)	Affiliation
PJ Geraghty, John Magee, Steve Weitzen, Bob Truog, Lara Schaheen, Kris Croome, David Foley, Lori Markham, Sarah X. Koohmaraie, Rachel Beekman	NRP Workgroup
Raymond Lynch, Jondra Smith, Annie Tor	HRSA
Rachel Shapiro, Tennille Daniels, Amy Lin, Becca Fritz, Taylor Melanson,	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 first draft of NRP policy language and address comments left in the draft by the workgroup members. The Board Support team clarified that the document would need to undergo legal review, HRSA review, and additional OPTN Board review before advancing. The Board Support team reported that Board Leadership conducted an informal review and did not have significant concerns.

Review of First Draft of NRP Policy

The Board Support team reviewed the workgroup's feedback and comments on the draft policy language during the meeting and captured edits and discussion of the policy 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.

Sponsoring Committee

The workgroup noted that the proposal had initially been associated with the Operations and Safety Committee because of contractual and support-related considerations. However, the workgroup agreed that the NRP Workgroup itself should serve as the sponsoring body because the NRP effort evolved into a Board-directed initiative.

Authorization, Consent, and Communication Requirements

The workgroup discussed authorization and consent requirements. The workgroup agreed that authorization materials must be written in accessible language to donor families and available in multiple languages.

Workgroup members also acknowledged that broader OPTN policies related to donation authorization, recipient consent, and living donor processes impact NRP authorization and consent requirements. The workgroup agreed that the most appropriate long-term solution may involve broader OPTN policy development rather than NRP-specific language alone. Nevertheless, workgroup members felt that authorization and consent requirements should be acknowledged within the NRP proposal and referenced in supporting materials.

The workgroup discussed the distinction between authorization and informed consent. Workgroup members noted that the two concepts are often used interchangeably in discussions, despite having different legal and operational meanings. One workgroup member raised the question of whether donor registration through driver's licenses and donor registries provide sufficient authorization for NRP procedures. Several participants expressed concern that NRP introduces unique considerations, such as the possibility of cerebral reperfusion, that individual organ donation registrants may not have contemplated.

The workgroup agreed that the policy should clearly define authorization and informed consent, use those terms consistently throughout the document, and further evaluate how existing donor authorization frameworks apply to NRP procedures.

Personnel Qualifications and Credentialing

The workgroup reviewed comments questioning whether the policy should specify who is qualified to perform NRP procedures. Workgroup members acknowledged that credentialing and competency assessment are important considerations, particularly as NRP becomes more widely used and as third-party recovery organizations become increasingly involved in procurement activities.

The workgroup discussed existing practices under which organ procurement organizations (OPOs) credential surgeons and determine whether individuals are approved to perform organ recovery or NRP procedures. However, workgroup members noted that OPTN policy generally does not prescribe detailed credentialing requirements for recovery personnel. In addition, third-party procurement organizations introduce challenges associated with verifying qualifications, insurance coverage, and ongoing competency assessment.

OPTN President John Magee highlighted that some concerns relate to technical personnel who operate NRP equipment instead of surgeons. The workgroup recognized that these roles may require specialized training but are not currently governed by a formal OPTN certification framework. Workgroup members cautioned that imposing overly restrictive requirements could create workforce shortages and limit access to qualified personnel.

Ultimately, the workgroup concluded that personnel credentialing represents a broader policy issue that extends well beyond NRP. Workgroup members agreed to defer the matter for future consideration rather than attempting to address it within the current proposal.

Signs of Life, Cerebral Reperfusion, and Patient Care Responsibilities

The workgroup discussed how the policy should address signs of life and the possibility of cerebral reperfusion during NRP. Workgroup members reviewed proposed language revisions intended to clarify that cerebral reperfusion is a potential risk rather than a confirmed outcome. Participants emphasized the importance of accurately reflecting the current scientific evidence while avoiding language that could either minimize or exaggerate risks.

The workgroup examined proposed language regarding respiratory effort, diaphragmatic movement, and other potential indicators of neurologic function. The workgroup debated whether these findings necessarily indicate cerebral reperfusion or whether they could result from spinal reflexes or other physiologic mechanisms. Several workgroup members noted that the available literature does not fully resolve these questions and that additional scientific review would be beneficial.

The workgroup agreed that procurement teams should not be responsible for independently determining whether signs of life are present. Instead, if findings raise concern, the procurement process should be paused, and the patient's clinical care team should reassess the situation.

The workgroup also discussed how hospitals should prepare for these rare but important scenarios. While the workgroup agreed that OPTN policy should not dictate specific medical interventions, there was support for requiring advance planning and communication regarding how such situations would be managed.

Post-Implementation Monitoring, Metrics, and Reporting

The workgroup reviewed proposed monitoring metrics for evaluation of NRP implementation. Workgroup members examined whether certain events should simply be tracked as metrics or whether they should be treated as reportable patient safety events that require immediate investigation.

Several workgroup members argued that events such as halting NRP due to signs of life should trigger formal review and investigation. Similarly, workgroup members noted that deviations from required vascular control techniques would represent policy violations rather than routine metrics.

The workgroup also discussed measuring authorization compliance. Workgroup members questioned whether tracking every donor who consented for NRP would provide meaningful information and expressed concern about creating unnecessary reporting burden. The workgroup favored tracking cases where NRP was actually performed and ensuring that appropriate authorization had been obtained.

The workgroup further considered how required reporting language should be structured. While there was support for specifically identifying major safety-related events, workgroup members cautioned against creating a list so narrow that other reportable events might be overlooked. The workgroup agreed that patient safety events should remain reportable under broader reporting requirements while ensuring that NRP-specific concerns are clearly captured. The workgroup agreed that oversight of post-implementation monitoring should remain with the Membership and Professional Standards Committee (MPSC), which already serves as the primary oversight body for compliance and patient safety issues.

OPO Responsibilities and Alignment with Donation after Circulatory Death (DCD) Policy

The workgroup reviewed the policy language related to OPO responsibilities. Workgroup members reviewed a reorganized version of the policy language that reordered requirements according to the sequence of events before, during, and after donation.

Workgroup members emphasized the importance of clearly distinguishing between donation after neurologic determination of death and donation after circulatory determination of death. In DCD cases, responsibility for patient care remains with the hospital clinical team, even while the OPO coordinates donation activities. The workgroup agreed that this distinction should be explicitly stated to avoid confusion and reassure hospitals that clinical authority remains with treating providers.

The workgroup also reviewed authorization requirements, pre-mortem interventions, invasive procedures, and coordination during unplanned pauses in the donation process. The workgroup agreed on the importance of maintaining consistency between NRP policy language and the broader DCD policy framework.

As the meeting concluded, participants agreed that the Board Support team would revise the draft based on the discussion and circulate an updated version for final workgroup review before legal review begins.

Next Steps

The Board Support team will revise the draft NRP policy language based on discussion during the meeting and circulate it to the workgroup for review. The workgroup will review the revised policy language before Foley Hoag conducts legal review.

The Board Support team will cancel the upcoming NRP workgroup and leadership meetings; the workgroup will meet next on June 25 from 1 to 2 p.m. ET.

Action Items:

- **Board Support:** Distribute post-meeting materials (meeting summary and recording) to workgroup members.
- **Board Support:** Revise NRP policy language and share with the workgroup.
- **NRP Workgroup:** Review revised draft policy language after it is circulated.
- **Board Support:** Cancel the NRP workgroup and leadership meetings on June 15, 18, and 22.