Meeting Notes

OPTN
Organ Procurement & Transplantation Network

Normothermic Regional Perfusion (NRP) Workgroup: Meeting Summary

Date: 10/19/2026
Time: 1:00 p.m. ET
Host: OPTN Board Support

Purpose: Review Normothermic Regional Perfusion (NRP) policy revisions; vote to send NRP policy to OPTN Board for consideration

Meeting Attendees

Organization	*Name(s)*
Normothermic Regional Perfusion (NRP) Workgroup	Rachel Beekman, Dave Foley, PJ Geraghty, Sarah Koohmaraie, John Magee, Lori Markham, Zachary Palmer, Brendan Parent, Bill Ryan, Robert Truog, Joseph Turek, Steve Weitzen
Health Resources and Services Administration (HRSA)	Raymond Lynch, Zachary Palmer, Annie Tor
OPTN Board Support	Becca Fritz, Amy Lin, Rachel Shapiro, Sophie To

Action Items

Action Item	*Owner(s)*	*Due Date*
Revise NRP policy document and share with HRSA	OPTN Board Support	10/20/2026
Finalize NRP policy document and share with NRP Workgroup	OPTN Board Support	10/30/2026

Meeting Notes and Key Decisions

Meeting Notes

Review Revised NRP Policy and Reasons for Revisions

- OPTN President John Magee opened the meeting by summarizing the revisions that had been made to the NRP policy document; he stated that these revisions involved restructuring and adjusting text to improve clarity rather than to change the intent of the policy. He reminded the group that the document underwent U.S. Department of Health & Human Services (HHS) review to ensure alignment with OPTN authority and with both existing policies and those in development. OPTN Board Support then shared the document onscreen to review the revisions and remaining comments.
- The workgroup members reviewed the revised text to ensure plain language, clarity, accuracy, and consistency. They approved several revisions. They decided to revise some of the language to reflect the terms that had been previously approved by the workgroup (i.e., use the term “clamping” instead of “securing,” insert language about NRP safety precautions for any techniques involving oxygenated perfusion, and use the term “perfusion” instead of “circulation”). Overall, the changes the workgroup made involved adjusting terminology and adding or reorganizing text to maximize specificity, consistency, and accuracy.

- The workgroup examined how the policy communicates NRP disclosure, donor and family objections, and first-person authorization in donation after circulatory death (DCD). One workgroup member warned that the policy could be misinterpreted. The workgroup members agreed that language regarding NRP disclosure to families should be retained in the NRP policy document. They also agreed that it would be beneficial to explain in a public-facing communication (1) how a family's objection may impact the recovery approach, and (2) that objection to NRP does not necessarily eliminate the possibility of donation. The workgroup members felt such a communication should avoid implying guaranteed outcomes or coercion.
- One workgroup member raised the need for clearer guidance when a concern is raised regarding the possibility of cerebral perfusion after death determination. In response, two workgroup members mentioned that several existing guidance documents—from the Centers for Medicare & Medicaid Services (CMS) and professional societies—could serve as a basis for developing follow-up standards.

Vote to Move NRP Policy Forward for OPTN Board Consideration

- The OPTN President called for the workgroup to vote to send the NRP policy to the OPTN Board for consideration. A workgroup member seconded the motion. The workgroup voted in favor of advancing the NRP policy to the OPTN Board.
- After the vote, the OPTN President reiterated the next steps for the NRP policy, which is that it (1) will be submitted to the OPTN Board for consideration; and (2) then the Board will determine what action to take on the policy.
- The OPTN President discussed the rationale for the Board to potentially consider the proposed policy forward as an emergency action. He cited reports that OPTN Members were not adhering to recent safety notices. In order for the practices in those safety notices to become codified as requirements, they would need to be passed as policy, and this process could be expedited by using an emergency action pathway. Subsequently, forms, data elements, and other administrative provisions could follow later rather than delaying the urgent safety provisions until the entire policy is implemented. It was also pointed out that the OPTN Bylaws and Management and Membership Policies do allow a path for emergency action in cases involving urgent patient safety concerns. Additionally, the policy will be sent out for public comment. After the public comment period, the NRP workgroup will be charged with adjudicating and responding to these comments.
- The workgroup discussed concerns regarding implementation. A workgroup member asked whether urgent patient safety elements could be implemented separately from the full policy, expressing concerns that if the policy were to be implemented as-is (e.g., for pre-departure huddles), it would be very difficult to modify any pieces later. It was pointed out that policy can be modified or clarified as needed. Workgroup members and HRSA discussed the huddle in terms of existing policy frameworks and reiterated that participation in pre-departure huddles would be required and should not be treated as optional. The OPTN President said that an implementation letter could identify initial urgent safety measures, and the policy would remain subject to public comment and later revision.
- In closing out the meeting, the OPTN President thanked the workgroup for their efforts and thanked the Committee Chair for his leadership of the workgroup.