OPTN Board of Directors Meeting Summary

Meeting Information: Agenda and Attendees

Thursday, June 18, 2026 | 1:00–3:00 p.m. ET | Location of Event: Zoom

The following is a meeting summary from the OPTN Board of Directors meeting, which took place on **June 18, 2026, 1:00–3:00 p.m. ET**.

Agenda

Open Session

- Welcome
- Call to Order
- Approval of Prior Meeting Summaries – **VOTE**
- Recommendations for Emergency Actions from the Disease Transmission Advisory Committee (DTAC) – **VOTE**
- Finance Committee Recommendation for FY27 OPTN Registration Fee – **VOTE**
- Other/New Business

Closed Session

- The Board met in a closed session.

Attendees

Attendee Name(s)	Affiliation
John Magee (President), Shelley Hall (Vice President), Alan Reed (Treasurer), William (Bill) Ryan (Vice President for Patient and Donor Affairs) Gina-Marie Barletta, George Bayliss, Jen Benson, Vincent Casingal, James (Jim) Cason, Kenneth Chavin, Meelie DebRoy, Samantha Endicott, Nahel Elias, Gitthaline (Candie) Gagne, Mary Homan, Darren Lahrman, Kevin Lee, Jerold Mande, Dan Meyer, Cathi Murphey, Annette Needham, Robert (Cody) Reynolds, Austin Schenk, John Sperzel, Mark Wakefield, Kymberly Watt, Steve Weitzen	OPTN Board of Directors
Aite Aigbe, Adriana Alvarez, Kylie Casey, Brianna Doby, Kelly Edwards, Kristen Hansen, Amy Harbaugh, Allison Hutchings, Raymond Lynch, Patrick Mauro, Joni Mills, David McCormick, Nolan Simon, Bob Walsh	Health Resources and Services Administration (HRSA) Representatives
Doug Fesler	OPTN Executive Director

Attendee Name(s)	Affiliation
Christine Jones, Rachel Shapiro, Vanessa Amankwaa, Melanie Bartlett, Tennille Daniels, Jadyn Dunning, Becca Fritz, Sam Hoff, Mona Kilany, Mary Lavelle, Andrew London	OPTN Board Support Staff
Stephanie Pouch	DTAC
Kyle Herber, Cliff Miles, Anthony Panos	MPSC
Roslyn Mannon, Jon Snyder	Scientific Registry of Transplant Recipients (SRTR) Representatives

Meeting Summary

Open Session

Call to Order and Opening Remarks

OPTN Executive Director Doug Fesler convened the open session and confirmed quorum. After the meeting was called to order, OPTN Board President ("President") Dr. John Magee reminded the Board members that the meeting would start in open session and then move into closed session. He noted the meeting was being recorded and encouraged Board members to keep cameras on and microphones muted unless speaking, and to use the raise-hand feature for any questions or comments to support engagement and meeting efficiency.

Approval of Meeting Summaries

The Board voted on a motion to approve the May 1, 2026 meeting summary:

> RESOLVED, that the meeting summary for the Board of Directors meeting held on May 1, 2026, be and hereby is approved, as presented, with authority granted to the Secretary to make any non-substantive corrections as may be necessary.

Final Vote: 23 approve, 0 reject, 1 abstain.

The Board voted on a motion to approve the May 21, 2026 meeting summary:

> RESOLVED, that the meeting summary for the Board of Directors meeting held on May 21, 2026, be and hereby is approved, as presented, with authority granted to the Secretary to make any non-substantive corrections as may be necessary.

Final Vote: 24 approve, 0 reject, 1 abstain.

Recommendations for Emergency Actions from DTAC

DTAC Chair Dr. Stephanie Pouch reviewed emergency policy recommendations from the committee following two recent donor-derived infectious disease transmission events involving Human Immunodeficiency Virus (HIV) and West Nile Virus (WNV).

DTAC reported that current OPTN policy permits living donor infectious disease testing within relatively broad windows prior to organ recovery. Recent transmission events demonstrated the potential risk associated with testing performed too far in advance of donation.

Discussion highlights:

- A donor-derived HIV transmission event in which testing performed more than 14 days before donation failed to identify a recent infection.
- A donor-derived WNV transmission event resulting in recipient mortality, where donor testing performed 14–28 days prior to donation did not detect infection.
- Broad stakeholder engagement conducted after the Board's initial discussion, including leadership from the Living Donor, Kidney Transplantation, Liver Transplantation, Transplant Administrator, and Transplant Coordinator Committees.
- Strong consensus that patient safety concerns warranted emergency action rather than waiting for the standard public comment cycle.

Board members discussed balancing patient safety with operational feasibility. Board members asked questions regarding test performance characteristics, turnaround times, false-positive rates, and whether an even shorter testing interval should be considered. Dr. Pouch explained that a seven-day window represented a substantial improvement in risk reduction while remaining practical for transplant programs nationwide. Board members also discussed the importance of ongoing donor education and risk assessment during the period between testing and donation.

Board leadership reported that additional stakeholder engagement had occurred following earlier discussions of the issue. Leadership further noted that emergency action was warranted because the timing of the WNV testing season and the urgency of the patient safety concerns did not align with the standard public comment cycle.

Following the discussion, the Board voted on the following:

> NOW, THEREFORE, BE IT RESOLVED, that the Board, in accordance with Management & Membership Policy E.7, hereby approves DTAC's recommended emergent amendment to OPTN Policy 14.4.A to change the HIV testing window for living donors from within 28 days to within 7 days prior to organ recovery;
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> RESOLVED FURTHER, that the President and/or their designees are authorized to direct all actions necessary to communicate, implement, and administer the foregoing resolution.

Final Vote: 25 approve, 2 reject, 0 abstain.

Following the discussion, the Board voted on the following:

> NOW, THEREFORE, BE IT RESOLVED, that the Board, in accordance with Management & Membership Policy E.7, hereby approves DTAC's recommended emergent amendment to OPTN Policy 14.4.A to change the WNV testing window for living donors from within 14 days to within 7 days prior to organ recovery;

RESOLVED FURTHER, that the President and/or their designees are authorized to direct all actions necessary to communicate, implement, and administer the foregoing resolution.

Final Vote: 25 approve, 2 reject, 0 abstain.

Finance Committee Recommendation for FY27 OPTN Registration Fee

OPTN Board Treasurer Dr. Alan Reed presented the Finance Committee's recommendation for the FY27 registration fee.

Discussion highlights:

Dr. Reed outlined the methodology used to calculate the proposed registration fee, noting that the calculation is based on three primary components: operational costs necessary to administer the OPTN, anticipated expenditures associated with policy development and implementation activities, and future reserve planning considerations.

The Board discussed the financial implications of the OPTN's ongoing transition to a multi-vendor environment. While this structure is intended to provide best-in-class services and increased operational capabilities, it has also resulted in higher overall operating costs. Dr. Reed explained that several functions previously supported through HRSA appropriations, including certain analytical and technology-related activities, are now incorporated into the OPTN operating budget and supported through registration fee revenue.

Dr. Reed explained that current federal fiscal requirements necessitate identification of implementation costs for policy initiatives before approval and execution. To support existing Board priorities, anticipated Secretarial directives, and other emerging initiatives, the Finance Committee recommended maintaining funding for future policy work and unforeseen operational needs. Board leadership noted that ongoing development of a prioritization framework would provide greater visibility into competing policy projects and assist future resource allocation decisions.

Dr. Reed acknowledged that maintaining an operational reserve is a financial best practice and recommended establishing FY 2027 as a baseline year without adding reserve contributions. This approach allows available resources to remain focused on implementation activities and organizational stabilization while the Board gains a more complete understanding of operating costs in the new environment. Dr. Reed indicated that reserve development is expected to become a more prominent discussion during FY 2028 budget planning.

Board members discussed concerns previously raised regarding the impact of fee increases on transplant candidates. Dr. Reed clarified that the OPTN registration fee is assessed to transplant centers rather than patients and is generally incorporated into transplant program operational cost structures.

Following the discussion, the Board voted on the following:

NOW, THEREFORE, BE IT RESOLVED, that the Board has reviewed and discussed the Fiscal Year 2027 OPTN Registration Fee Proposal and hereby approves a Fiscal Year 2027 OPTN registration

fee of $1,268 to be presented to the Health and Human Services Secretary for review and final approval.

Final Vote: 26 approve, 1 reject, 0 abstain.

Other/New Business

- **Committee Liaison Assignments:** Current Board member committee liaison assignments will remain unchanged for the upcoming term beginning July 1.
- **Committee Appointments:** Approximately 600 individuals expressed interest in OPTN committee service. Committee selections have been completed, with onboarding activities planned in the coming weeks. Orientation efforts will focus on OPTN mission, committee responsibilities, fiduciary obligations, and use of OPTN360.
- **Board Committee Participation:** Board members were reminded to indicate interest in serving on Board committees, including Executive, Finance, and Nominating Committees.
- **Assistant Secretary Appointment:** Consideration of an Assistant Secretary appointment was postponed and will return at a future meeting.

Closed Session

The Board met in a closed session.