

Meeting Summary

OPTN Board of Directors Monthly Meeting

Date: 8/20/2026

Time: 1:00-3:00 p.m. ET

Host: OPTN Board Support Staff

Purpose: To conduct official OPTN business.

Meeting Attendees

<i>Organization</i>	<i>Name(s)</i>
OPTN Board of Directors	John Magee (President), Shelley Hall (Vice President), Alan Reed (Treasurer), Kymberly Watt (Secretary), William (Bill) Ryan (Vice President for Patient and Donor Affairs), Gina-Marie Barletta, George Bayliss, Jen Benson, James (Jim) Cason, Kenneth Chavin, Ari Cohen, Andrew Courtwright, Meelie DeRoy, Samantha Endicott, Gitthaline (Candie) Gagne, Joshua Gossett, John Hodges, Mary Homan, Darren Lahrman, Kevin Lee, Joseph Magliocca, Jerold Mande, Dan Meyer, Cathi Murphey, Annette Needham, Robert (Cody) Reynolds, Austin Schenk, John Sperzel, Mark Wakefield, Steve Weitzen, Justin Wilkerson
Health Resources and Services Administration (HRSA)	Aite Aigbe, Diane Brockmeier, Nadine Calahan, Brianna Doby, Kelly Edwards, Mesmin Germain, Kristen Hansen, Raymond Lynch, Patrick Mauro, Joni Mills, Nolan Simon, Bob Walsh
OPTN Executive Director	Doug Fesler
OPTN Board Support Staff	Rachel Shapiro, Vanessa Amankwaa, Melanie Bartlett, Ivanna Bihun, Tennille Daniels, Jady Dunning, Rebecca Fritz, Brianna Heslin, Samuel Hoff, Mona Kilany, Mary Lavelle, Taylor Melanson
Organ Procurement Organization (OPO) Committee	PJ Geraghty, Lori Markham, Micah Davis
Membership and Professional Standards Committee (MPSC)	Cliff Miles
Allocation Out of OPTN Sequence (AOOS) Workgroup	Steven Potter
Scientific Registry of Transplant Recipients (SRTR) Representatives	Ryutaro Hirose, Roslyn Mannon, Jon Snyder

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 July 16, 2026, meeting summary:

RESOLVED, that the meeting summary for the Board of Directors meeting held on July 16, 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: 25 approve, 1 reject, 0 abstain.

HRSA Directive for Donation after Circulatory Death (DCD) Policy

OPO Committee Immediate Past Chair PJ Geraghty presented the final policy proposal and an anticipated implementation approach. Mr. Geraghty clarified that the vote concerned the policy itself, not the implementation plan, and that a separate workgroup continued to develop the normothermic regional perfusion (NRP) policy.

Key themes included:

- **Purpose and safeguards.** The proposal establishes an unplanned DCD pause as a formal patient-safety mechanism. OPOs would (1) document how stakeholders may request a pause; (2) explain the process at defined points in a case; (3) notify stakeholders when someone initiates a pause; (4) collaborate with the donor hospital to reassess the DCD pathway; and (5) report the pause and its resolution to the OPTN and selected stakeholders.
- **Operational requirements.** The policy includes: (1) documentation and escalation of discordant neurologic assessments; (2) written authorization protocols; (3) notification of the pause process within two hours of case initiation and again before withdrawal of life-sustaining therapy; (4) member-specific education responsibilities; (5) a minimum five-minute interval after circulatory cessation before incision; and (6) reporting within 72 hours of pause initiation or within 24 hours of resolution, whichever comes first.

Board members discussed (1) language access for donor families; (2) public understanding of DCD; (3) donor-family education; (4) responsibility for staff training; (5) who qualifies as a case-level stakeholder; and (6) the meaning of case initiation. In response to concerns raised by a Board member, Deputy Director of the Division of Transplantation at HRSA Brianna Doby clarified that the findings were about potential mis-assessment or incomplete/confounded neurologic evaluations, not signs of life before death, and emphasized that claims suggesting otherwise do not accurately reflect HRSA's findings.

Several Board members raised concerns about interpretive variability, enforceability, and whether the workgroup's developing guidance would provide sufficient clarity. The President emphasized the iterative nature of implementation and said that guidance and FAQs could address practical scenarios.

Following the discussion, the Board voted on the following:

RESOLVED, that the Board hereby approves the OPTN Donation after Circulatory Death Policy as reviewed and approved by the Organ Procurement Organization Committee;

RESOLVED FURTHER, that the President and/or their designees are authorized to take all actions necessary to implement this resolution.

Final Vote: 20 approve, 9 reject, 1 abstain.

HRSA Directive for Allocation Out of OPTN Sequence (AOOS) Offer Policy

AOOS Workgroup Vice Chair and Offer Team Lead Dr. Steven Potter presented the Offer Team's draft proposal as an informational item and a foundational element of the broader AOOS initiative. The goal was to establish a uniform starting point before later work addresses monitoring, compliance, rescue pathways, and expedited placement.

Key themes included:

- **Proposed definition.** Under the proposal, an OPO would create an organ offer when it sends a verifiable electronic communication through the OPTN electronic offer system to a transplant hospital for a specific potential transplant recipient. The communication must contain the minimum donor and match data that the system requires for that organ type. A phone call alone would not create an organ offer. Dr. Potter stated that this distinction would make formal allocation activity identifiable within the OPTN system.
- **Policy alignment.** The work would update Policy 1.2 definitions, cross-reference related provisions in Policies 5.4 and 5.6, and align the allocation sequence in policy with operational workflow. Dr. Potter emphasized that the system's minimum information for creating an offer differs from the fuller clinical information a transplant hospital may require before accepting an organ.

Board discussion focused on (1) when response clocks begin if infectious disease results remain pending; (2) use of “bypassed” versus filtered candidates; (3) methods for capturing or auditing out-of-sequence activity; and (4) standards for nonresponse. Dr. Potter anticipated that the workgroup would refine the proposal for a September review by the Board on whether it should advance to public comment.

HRSA Directive for OPTN OPO Patient Safety Officer (PSO) Policy

OPO PSO Workgroup Chair Dr. Meelie DebRoy presented a preliminary overview of a draft framework that responds to the directive for each OPO to designate a PSO. The workgroup incorporated perspectives from OPO operations, critical care, transplant administration, and patient safety advocacy.

Key themes included:

- **Role and availability.** The PSO would (1) serve as a visible, safe point of contact for donor families, hospitals, contractors, and others; (2) support a just culture approach; and (3) intervene in active cases. The workgroup treated continuous coverage and direct escalation access to the OPO medical director and executive leadership as central features rather than optional organizational practices.
- **Qualifications and independence.** The draft described alternative experience pathways: (1) an advanced degree plus at least three years of relevant clinical experience, or (2) licensure as a healthcare worker plus at least five years of relevant experience. The PSO would need competency in data and trend analysis. An OPO could not fill the role through an overlapping accountable care organization or an OPO subcontractor arrangement.
- **Reporting and visibility.** The framework contemplated direct PSO contact, routing of reportable events under OPTN Policy 18, public reporting access without UNET credentials, notification of unresolved DCD pauses, publication of PSO contact information, coordination with OPO personnel, and follow-up with reporters. The workgroup highlighted that staff should redirect a report that enters through another channel instead of rejecting it because the reporter contacted the wrong entry point.

Board members discussed (1) potential confusion with the existing “patient safety contact” role for disease transmission events; (2) the need to specify the affected patient population; (3) centralized versus individual OPO contact lookup; and (4) connections among public reporting channels. Dr. DebRoy shared that the workgroup will return to the Board in September with a proposal for advancement to public comment.

Revisions to the OPTN Management and Membership (M&M) Policies Related to Membership and Professional Standards Committee (MPSC) Review and Approval Processes

MPSC Chair Dr. Cliff Miles presented two administrative revisions designed to streamline routine membership actions while preserving Board authority over higher-risk, non-routine, and precedent-setting matters. Routine examples included certain key-personnel changes, membership renewals, and specified program status changes. New programs, escalated matters, and precedent-setting issues would remain outside the delegated routine pathway. Under the proposed framework, the MPSC would report routine approvals to the Board. The Board would continue to hold ultimate authority and could

review, modify, or reverse an MPSC action, which would preserve governance oversight while shortening the path for defined administrative matters.

Following the presentation, the Board voted on the following:

WHEREAS, Appendix A.1.c of the OPTN M&M Policies requires an MPSC subcommittee of at least four (4) members to review membership applications; WHEREAS, the Board has determined that applications for program status changes based solely on key personnel restoration or qualification are routine and warrant a reduced threshold, consistent with the two-member precedent under Appendix D.8.f; and WHEREAS, the Board has determined that this amendment reflects an administrative and procedural change that clarifies the review process, and accordingly does not require public comment.

NOW, THEREFORE, BE IT RESOLVED, that Appendix A.1 is amended to permit the MPSC Chair to appoint a subcommittee of at least two (2) MPSC members to review applications involving a program status change due to reactivation, change from conditional to full approval, or change from full to conditional approval based on key personnel restoration or qualification; and RESOLVED FURTHER, that the President and/or their designees are authorized to take all actions necessary to implement this resolution.

Final Vote: 27 approve, 2 reject, 1 abstain.

WHEREAS, the M&M Policies provide that the Board makes all final decisions regarding membership and transplant program applications and the Board has authority to delegate responsibilities to its committees; and WHEREAS, the Board has determined that the MPSC's final approval of general updates of an OPTN Member, including: (i) key personnel changes; (ii) membership renewals; and (iii) program status changes based solely on key personnel changes, including reactivation and change from conditional to full approval based solely on key personnel restoration or qualification; and WHEREAS, the Board has determined that this amendment reflects an administrative delegation of existing Board authority that does not require public comment.

NOW, THEREFORE, BE IT RESOLVED, that the M&M Policies are amended to (i) add new Section A.1.e, (ii) amend Sections D.8.d and K.3.c., and (iii) add new definitions in Appendix M to allow for the MPSC's final approval of routine membership actions subject to reporting obligations; RESOLVED FURTHER, that the Board retains ultimate oversight authority and the discretion to review, modify, or reverse any Routine Membership Action; and RESOLVED FURTHER, that the President and/or their designees are authorized to take all actions necessary to implement this resolution.

Final Vote: 30 approve, 1 reject, 1 abstain.

Other/New Business

Board members did not raise additional items.

Meeting Summary



Closed Session

The Board met in a closed session.