

# OPTN Board of Directors Meeting Summary

## Meeting Information: Agenda and Attendees

Thursday, March 19, 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 **March 19, 2026, 1:00–3:00 p.m. ET**.

### Agenda

#### Open Session

- Welcome
- Call to Order
- Prior Meeting Summary
- Updates from the OPTN President
- Updates from HRSA
- 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), Justin Wilkerson (Secretary), William (Bill) Ryan (Vice President for Patient and Donor Affairs) Gina-Marie Barletta, George Bayliss, Jen Beson, Vincent Casingal, James Cason, Ari Cohen, Andrew Courtwright, Meelie DeRoy, Nahel Elias, Samantha Endicott, Gitthaline (Candie) Gagne, Joshua Gossett, John Hodges, Mary Homan, Kevin Lee, Reynold Lopez-Soler, Jerold Mande, Dan Meyer, Robert (Cody) Reynolds, Austin Schenk, John Sperzel, Mark Wakefield, Kymberly Watt	OPTN Board of Directors
Aite Aigbe, Brianna Doby, Mesmin Germain, Amy Harbaugh, Sarah Laskey, Raymond Lynch, Joni Mills, Nolan Simon	Health Resources and Services Administration (HRSA) Representatives
Doug Fesler	OPTN Executive Director
Christine Jones, Rachel Shapiro, Vanessa Amankwaa, Melanie Bartlett, Tennille Daniels, Camellia Bollino Doyle, Jadyn Dunning, Becca Fritz, Sam Hoff, Mona Kilany, Anthony LaBarrie, Mary Lavelle, Markus Louis, Taylor Melanson, Zulma Solis	OPTN Board Support Staff

Attendee Name(s)	Affiliation
Ryutaro Hirose, 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”) 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, microphones muted unless speaking, and to use the raise-hand feature for any questions or comments to support engagement and meeting efficiency.

The Board President began his opening remarks by honoring the late Board member Peter Nicastro. He expressed his sincere condolences and appreciation for Peter’s thoughtful contributions to the OPTN. Peter’s colleagues emphasized his unique contributions as both a transplant recipient and advocate, highlighting how his lived experience informed policy discussions and strengthened the Board’s patient-centered mission. His legacy will continue to serve as a reminder of the real-world impact of OPTN’s work and the importance of maintaining focus on patients, donors, and families.

The Board President also acknowledged an immediate governance implication stemming from this loss: the organization is currently out of compliance with statutory requirements for patient/donor representation. As a result, no formal votes could be taken during this meeting. The Board President outlined a clear remediation plan, including convening the nominating committee and scheduling an ad hoc meeting on April 3, 2026 to restore full Board authority.

#### ***Prior Meeting Summary***

The February 19, 2026 meeting summary was presented for review. Due to the Board’s temporary inability to conduct official business, formal approval was deferred to the April 16, 2026 Board meeting.

#### ***Updates from the OPTN President***

The Board President provided a comprehensive update on ongoing policy initiatives, workgroup activities, and emerging operational issues. These updates reflected both continuity of prior work and adaptation to evolving federal direction and system needs.

- **Allocation Out of OPTN Sequence (AOOS) Workgroup.** The workgroup is transitioning from assessment to implementation planning, with recommendations and timelines expected in April.

- **Normothermic Regional Perfusion (NRP) Workgroup.** The workgroup has developed draft policy elements and is coordinating with HRSA to ensure regulatory alignment prior to broader dissemination and public comment.
- **Discontinuation of COVID-Era Practice.** The Board President announced the discontinuation of pandemic-era listing practices that allowed centers to functionally inactivate patients using unrealistic donor age parameters. These practices, originally intended to provide flexibility during the public health emergency, are no longer appropriate and may inadvertently disadvantage candidates. He shared that future steps will include data-driven evaluation and development of system safeguards to prevent inappropriate listing parameters.
- **Non-U.S. Citizen/Non-U.S. Resident Transplant Update.** The Board President provided an update on increased oversight of transplants involving non-U.S. citizens and residents. HRSA is conducting data analysis and coordinating with federal partners, while OPTN will convene a workgroup to assess whether additional safeguards are needed. The Board President reaffirmed strict adherence to existing policy requirements and emphasized maintaining fairness, transparency, and public trust.
- **Organ Procurement Organization (OPO) Patient Safety Officer Workgroup.** A new workgroup is being formed to establish Patient Safety Officer roles within OPOs, reflecting a federal directive focused on strengthening patient safety infrastructure. This initiative reflects HHS priorities and aims to standardize oversight, reporting, and accountability across OPOs, with draft policy expected in the coming weeks.

### ***Updates from HRSA***

Brianna Doby, Acting Chief of the Organ Transplant Branch at HRSA, provided updates on federal oversight activities, operational transitions, and modernization efforts. These updates emphasized continuity during the bridge period while laying the foundation for long-term system improvements.

Key updates included:

- OPTN operations remain fully functional despite the transition to new contractor support. Committee activity is being maintained through a hybrid model, with calendar holds preserved to allow rapid activation for urgent priorities and patient safety issues. Ongoing coordination with Board leadership and use of surge support teams ensures continuity of critical work.
- Brianna provided a refresher on contacting the OPTN, with HRSA emphasizing a centralized and accessible approach for stakeholders. Multiple communication channels remain active, and a “no wrong door” framework is being applied to ensure inquiries are appropriately routed and addressed.
- HRSA announced a six-month extension of the Scientific Registry of Transplant Recipients (SRTR) contract to ensure uninterrupted operations while a new solicitation is developed. Modernization efforts are underway, including transition to a cloud-based, vendor-agnostic infrastructure and enhancements to data accessibility and usability.
- HRSA released a new patient safety contract solicitation aimed at strengthening national oversight. The updated approach will incorporate more proactive monitoring, real-time reporting for serious events, improved data analytics, and greater transparency across stakeholders.

- Brianna highlighted key financial and regulatory constraints shaping operations, noting that federal requirements necessitate full funding availability prior to project initiation. This framework influences the pacing and prioritization of OPTN activities and underscores the importance of improved financial transparency and planning.

***Other/New Business***

A Board member requested updates on the implementation of changes to the Lung Continuous Distribution (CD) policy. Brianna confirmed that implementation is progressing in phases, with coordination between HRSA and contractors ongoing. She emphasized the importance of meeting regulatory timelines for public comment.

***Closed Session***

The Board met in a closed session.