

OPTN Board of Directors Meeting Summary

Meeting Information: Agenda and Attendees

Friday, December 12, 2025 | 1:00–3:00 p.m. ET | Location of Event: Zoom

The following is a meeting summary from the Organ Procurement and Transplantation Network (OPTN) Board of Directors meeting, which took place on **December 12, 2025, 1:00–3:00 p.m. ET**.

Agenda

Open Session

- Welcome & Call to Order
- Approval of Meeting Summaries – **VOTE**
- Health Resources and Services. Administration (HRSA) Directive for OPTN Donation after Circulatory Death (DCD) Policy – **VOTE**
- Final Policy Proposal on Requiring Seasonal West Nile Virus (WNV) Testing – **VOTE**
- Updates on Current Patient Safety Activities
 - Allocation Out of Sequence (AOOS)
 - Normothermic Regional Perfusion (NRP)
- Updates from HRSA
- Other/New Business
 - Recommendation from Heart Transplantation Committee to Remove OPTN Guidance on Shortage of Pediatric Mechanical Circulatory Support Devices – **VOTE**
 - Extension of Open Variance for the Recovery and Transplantation of Non-Kidney and Non-Liver Organs from Donors with HIV – **VOTE**

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 Benson, Vincent Casingal, James Cason, Kenneth Chavin, Ari Cohen, Andrew Courtwright, Ryan Davies, Meelie DeRoy, Nahel Elias, Samantha Endicott, Gitthaline (Candie) Gagne, Joshua Gossett, John Hodges, Mary Homan, Darren Lahrman, Kevin Lee, Reynold Lopez-Soler, Joseph Magliocca, Jerold | OPTN Board of Directors |

| Attendee Name(s) | Affiliation |
|--|-----------------------------------|
| Mande, Dan Meyer, Cathi Murphey, Annette Needham, Peter Nicasro, Robert (Cody) Reynolds, Austin Schenk, John Sperzel, Mark Wakefield, Kymberly (Kym) Watt | |
| Brianna Doby, Stephanie Grosser, Sarah Laskey, Raymond Lynch, Patrick Mauro, Joni Mills, Ashley Roberts | HRSA Representatives |
| Doug Fesler | OPTN Executive Director |
| Christine Jones, Rachel Shapiro, Vanessa Amankwaa, Melanie Bartlett, Shayonna Cato, Tennille Daniels, Camellia Bollino Doyle, Jady Dunning, Brianna Heslin, Sam Hoff, Tessa Kieffer, Mona Kilany, Anthony LaBarrie, Mary Lavelle, Markus Louis, Taylor Melanson, Sophie To | OPTN Board Support Staff |
| Jon McCue, Susan Tlusty, Carly Rhyne, Tamika Watkins, Sara Rose Wells, Joann White | OPTN Operations Contractor |
| PJ Geraghty, Cliff Miles, Stephanie Pouch | OPTN Committee Representatives |

Meeting Summary

Open Session

Call to Order

The OPTN Executive Director, Doug Fesler, convened the open session and confirmed quorum. The OPTN Board President (“President”) John Magee opened by acknowledging that the meeting is open session and is being livestreamed to the public. To foster more direct engagement, Magee asked Board members to raise their hands to speak and only use the chat feature to report technical issues.

Approval of Meeting Summaries

The Board moved a motion to approve the July 17, August 1, August 21, September 18, November 7, and November 20, 2025 meeting summaries. Magee expressed the importance of this action to foster transparency in governance.

Following the discussion, the Board voted on the following:

RESOLVED, that the meeting summaries for the Board of Directors meetings held on July 17, August 1, August 21, September 18, November 7, and November 20, 2025, be and hereby are approved, as presented, with authority granted to the Secretary to make any non-substantive corrections as may be necessary.

Final Vote: 29 approve, 0 reject, and 1 abstain.

HRSA Directive: Donation After Circulatory Death (DCD) Policy

PJ Geraghty, Chair of the Organ Procurement Organization (OPO) Committee presented an overview of refinements to the DCD policy, reflecting extensive cross-agency review involving HRSA, OPOs, donor

hospitals, and transplant centers. The updates aim to improve safety and standardization, particularly in defining and reporting unplanned pauses during the DCD process. Major policy components discussed:

- A formal definition of an 'unplanned DCD pause' arising from unresolved disagreements among clinical stakeholders.
- Mandatory reporting of unplanned pauses through the OPTN Patient Safety Portal to improve national visibility into safety concerns.
- Earlier assignment of donor IDs to authorized potential donors to address gaps in tracking donors who do not proceed to donation.
- New minimum family communication requirements addressing location of withdrawal, expectations if expiration does not occur in the expected timeframe, and explanation of NRP if applicable.

Board members raised substantive questions about wording clarity, particularly around who may initiate or influence a pause, ensuring policies reflect realistic clinical workflows. Several members urged creation of a clean policy version (not only redlined changes) for public comment to ensure accessibility, particularly for donor hospital stakeholders.

Following the discussion, the Board voted on the following:

RESOLVED, that the Board has reviewed the “OPTN Donation after Circulatory Death (DCD)” policy proposal and finds the proposal eligible for expedited action.

FURTHER RESOLVED, that the Board hereby authorizes the distribution of the policy proposal for expedited public comment for a length of 30 days.

Final Vote: 31 approve, 1 reject, and 0 abstain.

Final Policy Proposal on Seasonal West Nile Virus (WNV) NAT Testing

Dr. Stephanie Pouch, Chair of the Disease Transmission Advisory Committee (DTAC) presented an overview of the seasonal WNV NAT testing proposal following public comment. WNV poses a significant risk to transplant recipients, who are at high risk for neuroinvasive disease and lack targeted treatment options. The proposal aims to reduce donor-derived transmission by aligning testing with peak viral prevalence. Key discussion points include:

- Scientific rationale for requiring NAT rather than serology, given WNV’s short viremic window.
- Biological justification for limiting living donor testing to 14 days prior to recovery rather than 28 days.
- Operational feasibility of requiring test results prior to implantation for deceased donors, allowing recovery teams to proceed with procurement while results are pending.
- Concerns about geographic variability, with members emphasizing encouragement of additional testing in endemic regions outside the mandated window.
- Consistency of language across slides, policy text, and operational guidance—specifically recovery vs. implantation timing.

The Board noted the strong patient safety rationale and minimal anticipated operational burden of the proposal.

Following the discussion, the Board voted on the following:

RESOLVED, that the Board has reviewed the “Requiring Seasonal West Nile Virus (WNV) Testing” final policy proposal and hereby approves the policy proposal, effective as of the date hereof.

FURTHER RESOLVED, that the OPTN Officers are hereby authorized to take all actions necessary or advisable to implement the policy.

Final Vote: 35 approve, 0 reject, and 0 abstain.

Updates on Current Patient Safety Activities

The Board received detailed updates on current patient safety initiatives, particularly Allocation Out of Sequence (AOOS) and Normothermic Regional Perfusion (NRP). These workstreams represent high-priority areas for system reliability improvements.

- AOOS Updates:
 - The AOOS Offer subgroup is finalizing a standardized definition of an offer and reviewing alignment with national data.
 - The AOOS EPP subgroup developed draft criteria defining when kidneys qualify for expedited placement and will survey OPOs to validate assumptions.
 - The AOOS Compliance subgroup is evaluating OPO operational practices, systems issues in UNet/DonorNet, and oversight needs to reduce AOOS events.
- NRP Update:
 - NRP review has expanded into specialized subgroups focusing on ethics and consent, surgical practices, and neuromonitoring requirements.

Several Board members emphasized the importance of integrating transplant program behavior (e.g., handling of open offers) into AOOS oversight, not solely OPO practices.

Updates from HRSA

HRSA provided a comprehensive OPTN modernization update, including the planned migration of the OPTN website to a secure government-managed server, development of new data capabilities, and a transition toward a multi-vendor contracting model under the OPTN Modernization Act. Key discussion points included:

- Updated OPTN website will go live on December 15, 2025, with phased restoration of legacy content and ongoing usability improvements.
- Advanced Data Reports will temporarily go offline during migration but are prioritized for rapid restoration.
- HRSA emphasized that critical OPTN functions—matching, waitlisting, policy implementation, safety monitoring—will remain uninterrupted during any contracting transition period.

- Future vendor contracts will introduce redundancy, resiliency, and improved oversight compared to historical single-vendor models.
- Board members asked clarifying questions about committee support during potential bridge periods; HRSA committed to collaborative prioritization with Board leadership.

Other / New Business

Two late-breaking voting items were presented for Board action:

The Heart Committee recommended removal of OPTN guidance on shortages of pediatric mechanical circulatory support devices, as supply has stabilized.

Following the discussion, the Board voted on the following:

WHEREAS, on June 9, 2025, the Board approved changes to the Guidance for Pediatric Heart Exception Requests, effective as of June 12, 2025, to address a patient safety issue associated with a shortage of MCS devices and supporting equipment and directed the OPTN Heart Transplantation Committee to re-evaluate the shortage of MCS devices and supporting equipment and recommend to the OPTN Board whether the guidance update needs to remain in effect.

WHEREAS, the OPTN Heart Transplantation Committee evaluated the circumstances and determined there is no longer a shortage of MCS devices and supporting equipment and recommends removing the guidance update that went into effect on June 12, 2025.

RESOLVED, the Board hereby accepts the OPTN Heart Transplantation Committee's recommendation to remove the Guidance for Pediatric Heart Exception Requests, that went into effect on June 12, 2025 and directs the OPTN Officers to notify OPTN members of its removal.

Final Vote: 35 approve, 0 reject, and 0 abstain.

The Board discussed a five-year extension of the variance allowing non-kidney, non-liver transplants from HIV-positive donors to HIV-positive recipients to maintain continuity in programs serving these patients. Discussion included whether the HIV variance should eventually transition into permanent policy rather than serial renewals; HRSA noted ongoing research requirements currently prevent policy codification.

Following the discussion, the Board voted on the following:

WHEREAS, the OPTN DTAC seeks to extend the open variance permitting the recovery and transplantation of non-kidney and non-liver organs from donors with HIV, which is set to expire on January 15, 2026; and

WHEREAS, DTAC leadership proposes a five-year extension of the variance to January 15, 2031, which mirrors the length of time the variance was previously extended by the OPTN Board on December 6, 2021.

RESOLVED, the Board hereby approves an extension of the open variance for the recovery and transplantation of non-kidney and non-liver organs from donors with HIV through January 15, 2031, and directs the OPTN Officers to notify OPTN members of this extension.

Final Vote: 32 approve, 0 reject, and 1 abstain.

Closed Session

The Board met in a closed session.