

# OPTN Board of Directors Meeting Summary

## Meeting Information: Agenda and Attendees

Thursday, November 20, 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 **November 20, 2025, 1:00–3:00 p.m. ET**.

### Agenda

#### Open Session

- Welcome
- Update on Lung Continuous Distribution (CD) Policy
- Health Resources and Services Administration (HRSA) Directive for OPTN Donation after Circulatory Death (DCD) Policy Drafting Update
- Approval of Revisions to OPTN Management and Membership Policies
- Update from the Allocation Out of Sequence (AOOS) Workgroup
- Update on HRSA Directive on Normothermic Regional Perfusion (NRP)
- Updates on Other Timely Patient Safety Issues
- Announcements
- Adjourn

### 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, 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, Joseph Magliocca, Jerold Mande, Dan Meyer, Cathi Murphey, Peter Nicastro, Robert (Cody) Reynolds, Austin Schenk, John Sperzel, Mark Wakefield, Kymberly Watt	OPTN Board of Directors
Aite Aigbe, Jim Bowman, Brianna Doby, Mesmin Germain, Stephanie Grosser, Amy Harbaugh, Sarah Laskey, Raymond Lynch, Patrick Mauro, Joni Mills, Annie Tor	HRSA Representatives
Doug Fesler	OPTN Executive Director
Christine Jones, Rachel Shapiro, Vanessa Amankwaa, Thomas Barker, Melanie Bartlett, Tennille Daniels, Camellia Bollino Doyle, Jadyn Dunning, Sam Hoff, Tessa Kieffer, Mona	OPTN Board Support Staff

Attendee Name(s)	Affiliation
Kilany, Anthony LaBarrie, Mary Lavelle, Markus Louis, Taylor Melanson, Janine Schuh, Lee Thompson	
Kaitlin Swanner, Susan Tlusty, Sara Rose Wells	OPTN Operations Contractor
Marie Budev, PJ Geraghty, Matthew Hartwig, Dennis Lyu	OPTN Committee Representatives
Jon Snyder	Scientific Registry of Transplant Recipients (SRTR)

## Meeting Summary

### Welcome

The OPTN Executive Director, Doug Fesler, convened the open session and confirmed quorum. The OPTN Board President (“President”) John Magee opened by acknowledging that this is an open session meeting 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.

### Update on Lung Continuous Distribution (CD) Policy

#### Overview of Committee Charge and Process

Dr. Matthew Hartwig, Chair of the Lung Transplantation Committee, presented the committee’s work in response to the Board’s October directive to evaluate and propose modifications to the Lung CD allocation framework. The directive focused on reducing AOOS while protecting equity, transparency, and waitlist outcomes. The Lung Transplantation Committee convened an additional out-of-cycle meeting on November 20, 2025, to meet the Board’s deadline.

#### Context and Current Trends

HRSA-provided data showed a significant and encouraging national decline in AOOS practices across all organs, especially lungs, approaching pre-CD levels. Despite the positive trend, ongoing real-time policy review continues to be needed to ensure consistency and adherence to the OPTN Final Rule.

#### Committee Modeling and Limitations

Due to the expedited timeline to modify the policy, the modeling efforts were constrained. The committee reviewed: (1) adjustments to placement efficiency weighting (currently 10% of the composite score); (2) three alternative rating scale curves for placement efficiency; and (3) impacts on the following key outcomes: (a) waitlist mortality, (b) distance traveled, (c) number of centers in the top match run, and (d) effects on vulnerable populations (i.e., blood type O, pediatrics, short-statured candidates).

#### Key Findings

- Increasing placement efficiency above 15% correlated with rising waitlist mortality across rating scales.

- A combined approach—increasing placement efficiency weighting to 15% and adopting rating scale #2—significantly reduced distance traveled and reduced the number of centers appearing early in match runs.
- This combined approach mitigated most adverse effects for blood type O and pediatric candidates, although short-statured candidates remained particularly sensitive.

***Committee Recommendation***

Although the committee unanimously expressed discomfort with modifying the system at this time due to improving AOOS trends and concerns about unintended consequences, the committee voted (9 approve, 0 reject, 3 abstain) that if the Board determined immediate action was necessary, the most responsible approach would be: (1) increase placement efficiency weighting to 15%; and (2) adopt “Rating Scale #2” (the revised distance-based curve).

***Discussion Highlights***

Board members discussed urgency, the need for sustainability beyond observer-ship effects, and the broader implication for unpausing CD development for other organs. This will be implemented as an emergency action, with enhanced monitoring and future adjustments as needed.

Following the discussion, the Board voted on the following:

RESOLVED, that, pursuant to Policy E.7 of the OPTN Management and Membership Policies, the Board hereby determines that an emergency action is warranted and in the best interests of the OPTN and its members in order to increase the percentage of available points allocated to placement efficiency in all active OPTN allocation policies that include a placement efficiency attribute or analogous factor.

FURTHER RESOLVED, that, effective upon notice to the OPTN membership, each active OPTN policy that assigns a percentage of available points to placement efficiency (or any substantially equivalent concept) is hereby amended so that the percentage of available points allocated to placement efficiency an increase to fifteen percent (15%) of the approved rating scale, five percent (5%) being proportionally adjusted across the remaining attributes, superseding any lower or different percentage currently specified in such policies.

FURTHER RESOLVED, that this emergency amendment shall be submitted for public comment no later than six (6) months of the effective date and shall automatically expire twelve (12) months from its effective date unless permanently adopted, amended, or replaced by the Board following completion of public comment.

**Final Vote: 30 approve, 2 reject, 0 abstain.**

***HRSA Directive for OPTN Donation after Circulatory Death (DCD) Policy Drafting Update******Purpose of Revised DCD Policy***

PJ Geraghty, Chair of the Organ Procurement Organization (OPO) Committee, presented updates in response to HRSA’s directive to strengthen safeguards for DCD donors and families, improve neurological status verification, and ensure transparent processes around potential pauses in DCD cases.

The directive emphasizes ethical integrity, protection of potential donors, and improved member communication.

**Key Policy Elements:****1. Neurological Assessment Requirements**

- OPOs must ensure accurate assessments.
- Reassessments must occur every 12 hours and again within 2 hours prior to withdrawal of life-sustaining therapy.

**2. New Authorization Requirements**

- Explicit consent for any pre-mortem cannulation or donation-related drug administration (including heparin).

**3. Unplanned DCD Pause Process**

- Triggered when stakeholders disagree about whether DCD criteria are met.
- Must temporarily suspend allocation and convene stakeholders.
- OPO must notify the OPTN within 24 hours.
- Accepting transplant programs must acknowledge awareness of the pause.

**4. Family Communication Requirements**

- Standardized, minimum required disclosures.
- Clarification of where withdrawal will occur, potential scenarios if the patient does not pass within necessary time, and specific reference to NRP if applicable.

**5. Data, Reporting, and Monitoring**

- Expanded donor ID requirements for all authorized potential donors.
- New reporting template via the Patient Safety Portal.
- Membership and Professional Standards Committee (MPSC) review of reported pauses.

**Discussion Highlights**

Board members sought clarification on the following topics:

- Scope of “unplanned pause”—whether it includes autoresuscitation events.
- Hospital-level variability and need for standardization.
- Burden of documenting pre-mortem drug administration.
- Implementation, auditability, and communication pathways.

**Next Steps:** Because the U.S. Department of Health and Human Services Office of the General Counsel is finalizing technical edits, the Board will vote electronically to release the proposal for a 30-day *expedited public comment* period.

### *Approval of Revisions to OPTN Management and Membership Policies*

#### ***Purpose of Revisions:***

Treasurer Alan Reed presented housekeeping updates to align OPTN policies with the new HRSA-directed fee collection and financial management structure implemented earlier this year. These revisions reflect the following:

- HRSA is now directly invoicing transplant hospitals for the OPTN fee.
- The transfer of the historically referenced OPTN “reserve fund” to HRSA stewardship.
- Removal of outdated references to contractor-controlled accounts.

Following the presented updates, the Board voted on the following:

RESOLVED, that the Board hereby approves the revisions to the OPTN Management and Membership Policies reviewed by the Board on November 20, 2025.

FURTHER RESOLVED, that the Board directs the OPTN officers to (i) submit the approved revised Management and Membership Policies to HRSA, (ii) communicate them to the OPTN membership and (iii) coordinate with HRSA to implement comprehensive updates to reflect the new fee-collection and cash-management processing.

**Final Vote: 30 approve, 0 reject, 0 abstain.**

### *Update from the Allocation Out of Sequence (AOOS) Workgroup*

#### ***Overview***

Secretary and Chair of AOOS Workgroup, Justin Wilkerson, on behalf of the AOOS Workgroup leads, reported substantial progress across three subgroups: (1) Offer Definition & Batched Offers (Lead: Dr. Steve Potter); (2) Member Compliance & Oversight (Lead: Justin Wilkerson); and (3) Expedited Kidney Placement Pathway (Lead: Kevin Lee).

#### ***Key Developments***

- An official *definition of an organ offer* and associated glossary is being developed.
- The compliance group is analyzing center and OPO patterns, proposing advisement and mentorship strategies.
- Expedited kidney placement policy is furthest along, with draft framework and refinement underway; it is anticipated that this will serve as a model for other organs.
- HRSA plans to release a new AOOS scorecard by OPO to improve transparency and reporting.

**Next Steps: A December full AOOS workgroup meeting (to be scheduled) will integrate proposals and avoid duplication.**

### *Update on HRSA Directive on Normothermic Regional Perfusion (NRP)*

Magee provided a brief update that the NRP directive workgroup has met several times and is preparing a scoped charge and work plan. As with other Board-directed initiatives, the goal is to define structure, timelines, and membership before widening participation. The workgroup’s deliverables and policy implications will be shared with the Board in future meetings.

## ***Announcements***

### ***HRSA Modernization Updates***

HRSA provided extensive system, data, technology, and contract updates, including:

- Continuity-of-operations plans for the expiring OPTN contract.
- Cloud migration for OPTN systems.
- New unified collaboration platform for all OPTN committees and Board members.
- Data modernization efforts including Application Programming Interfaces (APIs) and a consolidated “source of truth” data system.
- Migration of the OPTN website and patient services line to new vendors.

### ***Upcoming Meetings***

Doug Fesler, OPTN Executive Director, provided updates on upcoming Board meetings:

- December 5, 2025: Repurposing originally scheduled Ad Hoc Board meeting to an Executive Committee meeting.
- December 12, 2025: Full Board meeting (virtual), replacing planned in-person meeting
- December 18, 2025: Full Board meeting
- January 2, 2025: Ad Hoc Board meeting will be cancelled.

Fesler also informed Board Directors that they will review and approve meeting summaries for July–November at the December meetings.

**The next Board meeting will be held on December 12, 2025.**

## ***Adjourn***

The President thanked the Board Directors for their engagement and adjourned the meeting.