

# OPTN Executive Committee Meeting Summary

## Meeting Information: Agenda and Attendees

Friday, September 12, 2025 | 1:00–2:30 p.m. ET | Location of Event: Zoom

The following are meeting minutes from the OPTN Executive Committee meeting, which took place on **September 12, 2025, 1:00–2:30 p.m. ET.**

### Agenda

#### Open Session

- Welcome
- OPTN Policy Project Prioritization
- Open Variance for Expedited Placement
- Overview of OPTN Member Security
- Introduction of and Remarks from OPTN Executive Director
- Incorporate Multi-Organ Post Transplant Graft Survival into Performance Evaluations (MPSC)

#### Closed Session

- Closed Session
- Adjourn

### Attendees

Attendee Name(s)	Affiliation
John Magee (President), Shelley Hall (Vice President), William (Bill) Ryan (Vice President of Patient Donor Affairs), Alan Reed (Treasurer), Justin Wilkerson (Secretary), George Bayliss, Jen Benson, Nahel Elias, Samantha Endicott, Cathi Murphey, Annette Needham	OPTN Executive Committee
Brianna Doby, Jim Duff, Mesmin Germain, Stephanie Grosser, Patrick Mauro, Raymond Lynch, Nolan Simon	HRSA Representatives
Doug Fesler	OPTN Executive Director
Christine Jones, Vanessa Amankwaa, George Barnette, Melanie Bartlett, Tennille Daniels, Jadyn Dunning, Karen Edwards, Becca Fritz, Samuel Hoff, Anthony LaBarrie, Mary Lavelle, Andrew London, Markus Louis, Christina Sledge	OPTN Board Support Staff
Bryan Carnahan, Lindsay Larkin, Sharon Shepherd	OPTN Operations Contractor Staff
Erika Lease, Cliff Miles	OPTN Committee Representatives

## Meeting Summary

### *Open Session*

#### ***Welcome and Announcements***

After reaching quorum, the OPTN Board President (“President”) welcomed attendees and began the meeting. The President reported that Board Officers have been receiving valuable feedback during the Regional Meetings. Additionally, Board Officers recently met with the Policy Oversight Committee (POC) Chair and several other OPTN Committee leads to discuss the current state of OPTN committee membership.

#### ***OPTN Policy Project Prioritization***

The Board Treasurer (“Treasurer”) provided an overview of the OPTN Policy Project Prioritization process. He shared that the OPTN budget operates in a fixed income environment, which means working within the approved allocated budget without assuming additional revenue.

He stated that the Policy Oversight Committee (POC) does a good job at vetting policy projects. However, it is within the Board’s purview to determine which policy projects can be managed financially by the current OPTN budget and in what time frame.

The Treasurer reviewed the three current inputs to policy project prioritization: (1) Benefit Scoring Tool (benefit score assigned by POC); (2) Benefit vs. Cost Plot Tool (developed by POC); and (3) Policy Prioritization Matrix (tool developed by a previous Board member to assist Board in prioritizing projects, given available financial resources). He explained that some of the tools can be improved by the Executive Committee or full Board, noting that the tools could benefit from more granularity to differentiate impact and cost benefits between the projects. He also said that the Executive Committee should consider the possibility of the Board and Executive Committee intervening earlier in the current, 10-step policy development process.

The Treasurer stated the importance of getting a better understanding of the costs of projects over the different phases of the life cycle. For example, if the current Board approves a 5-year project, they will be committing future Boards to funding that project.

The Treasurer discussed the Policy Prioritization Matrix, which uses the POC Benefit Score tool and other inputs (i.e., timeframe to realize benefits, level of difficulty of implementation, legal risk, cost of implementation, and total estimated cost over time).

An Executive Committee member emphasized the importance of keeping in mind the amount of time it takes to move a project forward, given the multiple levels of review required as part of the public-private partnership of the OPTN. The Vice President noted the importance of the Board being preemptive rather than reactive in the policy development phase.

An Executive Committee member stated that it is unfair to sponsoring committees to go through the process of generating projects that are ultimately halted because of funding. He suggested that cost evaluation should occur earlier in the policy development process.

***Open Variance for Expedited Placement***

The President reviewed the Open Variance for Expedited Placement Policy. In March 2024, the Board of Directors approved Policy 6.5.G, to allow for variances for expedited placement, with a sunset date of December 31, 2025. The variance allowed organ procurement organizations (OPOs) to recommend special approved projects for placing organs that otherwise might go unused, in an effort to improve organ utilization. With the sunset date approaching, the Executive Committee has the option of either approving, amending, or terminating the variance.

A HRSA representative explained that the previous Board declined to pursue approving individual protocols as proposed by OPTN members. Currently, there are no Board of Director approved protocols under this variance in effect at this time. The variance allows the Executive Committee on behalf of the Board to approve protocols for expedited placement of organs. Each protocol must include: (1) criteria for organs eligible for expedited placement; (2) criteria for candidates eligible to receive expedited placement offers; (3) conditions for the use of expedited placement; and (4) OPO and transplant hospitals' responsibilities. All approved protocols will be made available to the public and last no longer than six months unless amended by the Executive Committee.

The Executive Committee discussed the duration of an extension. A legal representative from the Board Support Contractor stated that the extension can be more or less than 6 months. The Vice President explained that the AOOS workgroup and future Normothermic Regional Perfusion (NRP) workgroup will need an additional year for proposal development; implementation of a mechanism to pilot some of the work that will come out of the AOOS workgroup; and data analysis. The Board can consider other variances as needed. Executive Committee members proposed extending the sunset date to December 31, 2026.

The Executive Committee voted on the following:

NOW, THEREFORE, BE IT, RESOLVED, that Policy 5.4.G, Line 68, is hereby amended to read *"This variance will expire on December 31, 2026, unless further extended, modified, or terminated by the OPTN Board of Directors or Executive Committee pursuant to OPTN Bylaws Article XI."*

Voting Results: 9 approve, 0 reject, 0 abstain.

***Overview of OPTN Member Security***

A HRSA representative provided an overview of OPTN Member Security. He informed the Executive Committee that there have been several ransomware attacks on OPOs. An attack that prompted the change to the strengthening Section 3.1 of the policy occurred in 2022; this attack did not impact the OPTN system. The changes included a public comment period and significant expansions of policies on member security including: yearly training; OPTN Contractor Terms of Use; active (signed) Interconnection Security Agreement (ISA); Business members assist the member organizations; members must sign security attestation that their system meets the most recent revision of a NIST infosec framework or an infosec framework with equivalent controls; security audit every 3 years; and members must have site access administrators.

The HRSA representative noted that the current self-attestation policy in section 3.1.B will continue to be actively enforced. He also informed the Executive Committee that audit cost estimates are about

\$5,000 per member for the OPTN (for a total cost estimate of \$2.5 million to \$3 million over 3 years), plus significant per-member costs to prepare for an audit.

The President agreed that it is critical to ensure that the system is safe, compliant, and protects patients.

### ***Introduction of and Remarks from OPTN Executive Director***

The OPTN Executive Director, Doug Fesler, introduced himself and expressed his excitement to contribute to the meaningful work of the OPTN. His focus over the next few weeks will be gaining an in-depth understanding of the OPTN's strengths, and opportunities from the Executive Committee and the Board.

### ***Incorporate Multi-Organ Post Transplant Graft Survival into Performance Evaluations – Membership and Professional Standards Committee (MPSC)***

The POC Chair provided an overview of the Incorporate Multi-Organ Post-Transplant Graft Survival into Performance Evaluations project, by the MPSC. The Chair stated that it is within the Executive Committee's purview to review and take action on proposed projects from the POC. If the project is approved by the Executive Committee, it will move to the evidence gathering phase. If approved, the sponsoring committee will begin developing a proposal, which varies for each project but may include data request execution, values prioritization exercises (VPE), and research and analysis.

The purpose of the MPSC project is to develop evaluation reports and a process to review multi-organ post-transplant graft survival, given the increasing annual volume of multi-organ transplants.

The estimated timeframe is: June 2025 to June 2026 for project development; June 2026 to September 2026 for implementation; September 2026 to September 2028 for ongoing monitoring. The total estimated timeframe is 39 months. The POC determined that the project aligns with the strategic plan goal of optimizing organ use. The POC classified the project as low cost, low benefit, and gave it a project score of 74. The Chair informed the Executive Committee that public comment would be expected to take place in Winter 2026. The POC generally supported the project, and noted that it is well timed, offers strong benefits, and is relatively low cost.

The POC encouraged the MPSC to consider how the project will intersect with the proposed changes to multi-organ allocation currently in development. The POC suggested the MPSC evaluate key metric by organ type. A risk that was identified was that transplant centers could become more risk-averse in performing MOT transplants. However, monitoring these outcomes is critical to ensuring equitable and effective use of donor organs. The POC approved the project to move forward to the Executive Committee (14 approve, 0 reject, 0 abstain).

The POC Chair explained that the proposed project does not impact the clinical aspects of determining the "how, when, and who" of multi-organ transplants. The Chair clarified that the project focuses on how multi-organ transplant programs will be evaluated and reviewed by the MPSC.

### ***Closed Session***

The Executive Committee met in closed session. The President adjourned the meeting.