

OPTN Board of Directors Meeting Summary

Meeting Information: Agenda and Attendees

Friday, June 20, 2025 | 4:00–5:00 p.m. ET | Location of Event: Teams

The following are meeting minutes from the OPTN Board of Directors meeting, which took place on **June 20, 2025, 4:00–5:00 p.m. ET.**

Agenda

Open Session

- Welcome and Announcements
- OPTN Investment Policy Review
- FY26 Budget
- FY25 Q4 Spending
- Announcements

Attendees

Attendee Name(s)	Affiliation
Deborah Adey, Gina Marie-Barletta, George Bayliss, Jen Benson, Laura Butler, Vincent Casingal, James Cason, Kenneth Chavin, Ari Cohen, Andrew Courtwright, Ryan Davies, Erika Demars, Nahel Elias, Samantha Endicott, Garrett Erdle, Richard Formica, Gitthaline Gagne, Tonya Gomez, Brett Gordon, Joshua Gossett, Robert Harland, Calvin Henry, John Hodges, Christopher Jones, Andrew Kao, Michael Kwan, Kevin Lee, John Magee, Nancy Metzler, Dan Meyer, Colleen McCarthy, Jenn Muriett, Amanda Nathan, Annette Needham, Peter Nicastro, Silas Norman, Patrick Northrup, Martha Pavlakis, Sara Rasmussen, Alan Reed, Jennifer Reese, Robert Reynolds, Dianne LaPointe Rudow, William (Bill) Ryan, George Surratt, Andrea Tietjen, Mark Wakefield, Betsy Walsh, Kymberly Watt, Justin Wilkerson, Vicky Young	OPTN Board of Directors
David Berick, Raymond Lynch	HRSA Representatives
Vanessa Amankwaa, George Barnette, Melanie Bartlett, Tennille Daniels, Lori Downing, Karen Edwards, Samuel Hoff, Christine Jones, Tessa Kieffer, Mona Kilany, Anthony LaBarrie, Andrew London, Taylor Melanson, Laila Odeh, Zulma Solis	OPTN Board Support Staff
Rexanah Wyse Morrisette	OPTN Interim Director
Roger Brown, Liz Robbins, Dale Smith, Sara Rose Wells	OPTN Operations Contractor Staff

Attendee Name(s)	Affiliation
Allyson Hart, Ryutaro Hirose	Scientific Registry of Transplant Recipients (SRTR)

Meeting Summary

Welcome and Announcements

After reaching quorum, the OPTN Board President (“President”) welcomed attendees and began the meeting. The President described the purpose of the meeting and thanked the OPTN Board Treasurer (“Treasurer”) and the Finance Committee for the work they completed throughout the year.

OPTN Investment Policy Review

The Treasurer provided an update on the OPTN investment policy. During their April meeting, the Finance Committee noted that the current investment policy speaks to asset allocation and risk tolerance but does not include parameters around investment values (e.g., investments in tobacco, firearms, etc.). Additionally, the current investment policy stands as a UNOS policy and there is no specific policy for the OPTN. The Treasurer shared that after review and consultation, the Finance Committee determined that with the upcoming changes to the collection of patient registration fees by HRSA, the funds will be under the management of the Treasury and therefore, modifications to the policy will not be necessary regarding asset allocation of risk and value parameters.

The Treasurer invited the Board to ask questions about the investment policy review.

- A Board member asked if the Finance Committee’s determination applies to the OPTN reserve fund and who would own those accounts. A representative from Health Resources and Services Administration (HRSA) stated that the OPTN reserve fund is currently owned by UNOS and will be transitioned as the OPTN moves into the multi-vendor environment. The Treasurer added that the account will remain under UNOS while a transition plan is put in place (the transition process will take about 30 days).
- The President asked if the government could hold an investment account. The Treasurer responded that the account would be considered a reserve not an investment and reserves may be held in the Treasury. The OPTN Operations Contractor added that the OPTN operating account and reserve accounts are held under UNOS’ employer insurance number (EIN) and their financial statements display both restricted cash and investments under assets, as well as liabilities, which the OPTN is listed under. UNOS stated they await HRSA’s guidance on any next steps.

FY26 Budget

The Chief Operating Officer of the OPTN Operations Contractor (“Operations Contractor”) shared an overview of the fiduciary responsibilities of the OPTN Finance Committee and the Board of Directors. One of the primary responsibilities is to develop the annual budget for the OPTN and provide annual recommendations to the Board regarding the OPTN registration fee schedule. The OPTN Operations Contractor shared that the Finance Committee met virtually five times from mid-May through mid-June 2025 and voted unanimously to recommend the FY2026 budget to the Board. The Finance Committee

held office hours for Board members to preview the budget and ask questions. The OPTN Board of Directors also have the fiduciary responsibility of engaging in conversations and asking questions during the meeting to help inform their vote for the FY2026 budget.

The Operations Contractor stated that the Board ultimately recommends the registration fee to HRSA, this recommendation is shared with the Secretary of Health and Human Services (HHS) who will decide whether to accept or reject the fee as recommended. The Operations Contractor noted that in the past when the registration fee was not accepted as recommended, it stayed consistent at \$868 from the previous year. The Operations Contractor will submit the proposal package, including FY2026 budget and registration fee, to the HRSA Contracting Officer Representative for ultimate decision-making.

He shared that the FY2026 budget was developed based upon what the Finance Committee currently knows and not future conjecture; the Finance Committee expects that overall costs will change during FY2026, and the budget may need to be revisited. The Operations Contractor shared the proposed total budget for FY2026 was \$74.5 million, which is supported by a \$916 OPTN registration fee. The Operations Contractor noted the proposed registration fee is a \$48 increase from previous years, as the fee has remained the same since FY2022. The Operations Contractor noted additional factors that contributed to the annual budget, such as budgeting for two in-person Board meetings while all other OPTN meetings would remain virtual; changing the frequency of site survey and member compliance work from once every three years to once every five-years; and an increase in HRSA investigations, inquiries, and directives to align with requests from FY2025.

The President asked for clarification about the change in frequency of site survey and member compliance work, stating that OPTN member transplant programs that are performing as expected will only be evaluated once every five-years, however, should a complaint arise, the Board would have the capacity to assess the situation. UNOS confirmed this understanding as accurate. The President added that a good transplant program self-governs and corrects, as the Board has seen with the Membership and Professional Standards Committee and noted that is what the Board should strive for. He shared that he did not feel the proposed frequency change was risky and asked if the Operations Contractor agreed with his assessment. The Operations Contractor stated agreement with the President's assessment.

The Treasurer asked the Board to remember that the FY2026 budget is not final, and that the Finance Committee worked on a proposal that will be reviewed and voted on which includes a hierarchy that would trigger site surveys more frequently, as necessary. The Treasurer added that the retrospective analysis found there were no serious patient safety findings from the surveys which led to the Finance Committee developing a survey cadence that aligned with current Centers for Medicare & Medicaid Services conditions of participation survey routine. The Operations Contractor provided additional rationale for the frequency change, citing the expansion to five-years would allow for more time to be spent conducting risk evaluation with higher-risk programs rather than those that are performing well.

The Operations Contractor shared the assumptions that informed the FY2026 budget: an increase in forecasted registrations (74,294) based on historical annual increases and proprietary forecasting models; anticipated litigation costs; proposed projects and resource capacity; technology end of life expenses; cost reimbursement contract with zero margin; HRSA's collection of the OPTN Registration Fee in FY26; and a budget containing no contingency.

The Treasurer spoke to the proposed projects and resource capacity assumption, noting that the FY2026 budget accounts for all projects currently in progress, those paused in Q4 FY2025 and those most recently approved at a Board meeting on June 4, 2025. The Treasurer added the assumption relates to the pace at which the Board will approve projects, as some projects incur expenses early on in the project and others incur monitoring expenses. The Treasurer noted that, ideally, the Board would move towards knowing exactly how many resource hours are available, how many have been committed, and how many are available for the next fiscal year.

The President emphasized that the FY2026 budget considers patient care issues as well as fiscal responsibility; he urged the Board to reflect on that as they voted on the budget.

The Treasurer noted that OPTN Modernization tasks will not come from the OPTN operational budget and for technology end of life expenses and IT, the Operations Contractor will work with HRSA so that there is oversight and agreement on the approved expenses.

The Treasurer discussed the budget containing no contingency. Although the OPTN budget does not have a traditional contingency in place, there are three mechanisms that can be utilized in the event expenses exceed what the OPTN anticipates can be accessed: (1) looking at projects to determine opportunities for efficiency and cost savings while prioritizing patients and patient safety; (2) recommending an additional registration fee increase to HRSA; and (3) accessing the operational reserve.

Board members raised questions that were answered by various meeting attendees:

- A Board member asked for confirmation about the OPTN reserve fund's origin, stating it began in 2014 or 2015 with a \$20 registration fee dedicated specifically to building the fund. The Treasurer confirmed this was correct. The Board member asked for clarification that the reserve fund consists of registration fee money, not appropriation funds. The Treasurer also confirmed that point. The Board member asked if there had been any requests this calendar year to access the reserve fund. The Treasurer noted that there have been discussions with HRSA regarding accessing the reserve fund and specified there was an inquiry in 2024 for the Expeditious Task Force and another when the Finance Committee anticipated there would be more expenses than revenue. HRSA advised that accessing the reserve fund was not an option for FY2025. The Board member inquired why the Finance Committee was advised against accessing the fund. The President acknowledged the Board member's point and stated that although the OPTN is supposed to be independent, the environment has not lent itself to that. He added that the Board has voted to increase the OPTN registration fee since 2022 to meet expenses but have been unable to do so because the Secretary must approve the registration fee.
- HRSA responded that limiting access to the reserve fund fell into good fiscal practice and cost control was the better alternative. HRSA added that increasing the registration fee would fall directly on patients and therefore, assessing what was dispensable and could be done in the most efficient manner without cutting into the reserve fund was best practice.
- The President responded that registration fees have not been raised in proportion to the cost of living and inflation. A representative from HRSA acknowledged this point, adding that fees are recovered per wait list addition, and the OPTN has recovered more costs because of the higher

volume and many of the OPTN's functions are fixed compared to the number of new waitlist additions.

- A representative from HRSA added that they have not cut OPTN expenses, instead expenses have grown and although the registration fees have not increased, the registrations currently held make up for it as there is an increase in registrations each year. He noted that HRSA must be fiscally conservative with how OPTN funds are utilized to support the program. The President agreed and added that the Board did not draw on reserve funds throughout the COVID-19 pandemic and the challenges of allocation out of sequence (AOOS) and organ use that the Board is faced with now.
- One Board member stated that if there is a need to raise the OPTN registration fee, the patients must be informed how they will benefit and that reasoning should be provided to HRSA.
- One Board member asked what the next steps would include once the OPTN registration fee increase was recommended to or shared with the Secretary. The Treasurer responded that the Finance Committee would share the budget with the Operations Contractor, who would submit the budget to HRSA for recommendation for approval. A representative from HRSA added that the Board will make a recommendation to the Secretary to approve the registration fee, and the Secretary will review it along with the justification. Additionally, HRSA will review the provided data and make changes, ask for additional information from the Board, or approve it on behalf of the Secretary. The Board member asked what division within HRSA would recommend the registration fee be approved to the Secretary; HRSA responded that the Division of Transplantation oversees all matters of the transplant system and would provide information to the Secretary to make decisions.
- The President asked for clarity on what additional information HRSA might need to recommend the registration fee increase to the Secretary. A representative from HRSA clarified that they will request more information from the Board, as appropriate, and if not, they will decide to approve based on the proposal package submitted. The Treasurer added that the proposal package that will be shared with HRSA will include justification for any increases made throughout the proposal.

The Operations Contractor continued the presentation and shared the FY2026 budget detailed by expenses side by side with the FY2025 forecast and the cost variance for the Board. The three leading factors behind the increase in the FY2026 budget are: maintaining up-to-date servers and end of life technology; litigation; and personnel. The Operations Contractor detailed the need to keep the OPTN's standard server up-to-date and ensure it is well structured to support the OPTN while also protecting data and thwarting any malicious activity. The increase in litigation costs is to support two cases in Nashville and Los Angeles. The increase in personnel costs is to support the cost-of-living increase and an annual raise. Additionally, UNOS mentioned that the increase in the OPTN registration fee is included in the \$74.5 million FY2026 budget and if the registration fee were to remain at its current amount (\$868) there would be an estimated \$3.5 million decrease of the FY2026 budget. UNOS noted that if the registration fee were to remain its current amount, ideally, the new Finance Committee and Board would discuss what work the OPTN would reduce in September or October 2025, versus continuing the work and waiting until May or June 2026 to decide on changes.

The Treasurer and UNOS shared the FY2026 proposed fee structure and shared the registration fee calculation that resulted in the increase.

Voting Item

The Board voted on the following resolution:

RESOLVED, that the FY 2026 OPTN Operating Budget of \$74,522,805 is hereby approved, effective October 1, 2025.

FURTHER RESOLVED, that changes to *Policy 3.4.A: Registration Fee*, as set forth below, are hereby approved, effective October 1, 2025.

3.4.A Registration Fee: The Registration fee of ~~\$868~~ \$916 for the registration of a transplant candidate is authorized by 42 C.F.R § 121.5(c) and OPTN Bylaws Section 1.2(D): *Registration Fees*.

The voting results were: 25 approve, 0 reject, 0 abstain.

FY25 Q4 Spending

The Treasurer and UNOS shared that based on the FY2025 assessment, there will be no further reductions for the FY2025 budget, and no further action is necessary. The Treasurer stated that the Board approved policy projects for implementation are set to proceed and do not need to be paused until Q1 FY2026, as previously discussed.

- One Board member suggested that the future Board should develop a metric that can determine how to deploy scarce dollars and hours from UNOS and relate it to specific outcomes (e.g., the number of net transplants that will occur; or how many fewer candidates on the waitlist would die by adopting a specific policy, etc.). The President acknowledged their point and shared that the Policy Oversight Committee has prioritized projects based on benefit and vulnerable populations, which results in the net benefit score. The Board member stated that he does not agree with the score as it is calculated now and hopes the new Board can develop a new metric.
- One Board member shared they were glad to hear the approved policy projects would move forward as they are important for patients and vulnerable populations.
- One Board member added that moving forward with continuous distribution is important for patients as it is part of modernization.

Announcements

The OPTN Interim Director thanked the Board for serving throughout a monumental transition year.