

OPTN Board of Directors Meeting Summary

Meeting Information: Agenda and Attendees

Thursday, August 21, 2025 | 1:00–3:00 p.m. ET | Location of Event: Zoom

The following are meeting minutes from the OPTN Board of Directors meeting, which took place on **August 21, 2025, 1:00–3:00 p.m. ET.**

Agenda

Closed Session

- The Board met in a closed session.

Open Session

- Welcome
- OPTN Budget, Fee Recommendation, and Policy Projects Update
- Transfer of OPTN Reserves
- Policy Project Proposals: Approval for Public Comment
- Extension of Current Pause on Routine Surveys for the First Six Months of FY26
- Updates on AOOS
- Announcement of Updates to Summaries of Evidence
 - SARS-CoV-2
 - Mpox
- Adjourn

Attendees

Attendee Name(s)	Affiliation
John Magee (President), Shelley Hall (Vice President), Alan Reed (Treasurer), Justin Wilkerson (Secretary), Gina Marie-Barletta, George Bayliss, Jen Benson, Vincent Casingal, James Cason, Kenneth Chavin, Ari Cohen, Andrew Courtwright, Ryan Davies, Meelie DebRoy, Samantha Endicott, Gitthaline Gagne, Joshua Gossett, John Hodges, Mary Homan, Kevin Lee, Joseph Magliocca, Dan Meyer, Cathi Murphey, Annette Needham, Peter Nicastro, Robert (Cody) Reynolds, Austin Schenk, John Sperzel, Mark Wakefield, Kymberly Watt	OPTN Board of Directors
Aitebueme Aigbe, Robbin Durie, Mesmin Germain, Stephanie Grosser, Frank Holloman, Marilyn Levi, Raymond Lynch, Carolyn Nganga-Good, Nolan Simon	HRSA Representatives

Attendee Name(s)	Affiliation
Rachel Shapiro, Thomas Barker, George Barnette, Melanie Bartlett, Tamika Cowans, Tennille Daniels, Lori Downing, Jadyn Dunning, Karen Edwards, Emily Elstad, Rebecca Fritz, Samuel Hoff, Tessa Kieffer, Mona Kilany, Anthony LaBarrie, Andrew London, Markus Louis, Taylor Melanson, Eliana Saltares, Christina Sledge, Zulma Solis, Lee Thompson	OPTN Board Support Staff
Roslyn Mannon, Jon Snyder	Scientific Registry of Transplant Recipients (SRTR)
Lindsay Larkin, Lauren Mauk, Jacqui O’Keefe, Desiree Tenenbaum, Sara Rose Wells	OPTN Operations Contractor Staff

Meeting Summary

Closed Session

The Board met in a closed session.

Open Session

Welcome

The Board President welcomed attendees to the August Board of Directors meeting.

OPTN Budget, Fee Recommendation, and Policy Projects Update

The Board Treasurer provided an update on the OPTN budget and fee. He shared that the previous Board approved a Fiscal Year 2026 (FY26) budget of \$74,522,805. This budget assumed a 5.53 percent fee increase, from the existing fee of \$868 to a new fee of \$916. That recommended fee increase was sent to HRSA for review as part of the FY26 budget package; however, it had not been approved by HRSA yet. The Treasurer said that the approved FY26 budget did not include any expenses associated with the Secretarial or HRSA directives or any of the other OPTN initiatives or priority activities that the Executive Committee deemed important. With the addition of those expenses, the fee would need to increase to \$1,035.38, which represents a 19.28% increase.

The Treasurer stated that there has not be a fee increase for the past four years. The previous Board had approved an increased fee amount of \$1,025 as part of the FY25 budget; however, HRSA did not approve the increase and the fee remained \$868.

The Treasurer provided additional detail about the expenses that were not included in the initial FY26 budget that was approved in June 2025, as follows

- An estimated \$4.1 million is needed for Secretarial Data Directives.
- There are placeholder estimates for HRSA directives, including \$500,000 for Normothermic Regional Perfusion (NRP) and \$500,000 for Allocation Out of Sequence (AOOS), as well as a placeholder estimate of \$440,000 for the DCD Policy Corrective Action Directive out of the \$800,000 that was allocated for additional data directives.

- Other OPTN priority activity fees include the cloud migration (\$3,800,000) and increase in litigation fees beyond FY26 estimates.

These items total \$8,900,000 of additional funding that is needed to support the discussed OPTN activities and directives.

The Treasurer explained that the initially budgeted \$74,522,805 plus the newly estimated \$8,900,000 of additional expenses brings the total adjusted budget, which includes the work on the directives and initiatives, to \$83.4 million. Factoring in the anticipated 74,294 registrations that will occur in FY26 and subtracting the appropriation that HRSA pays directly to the contractor, the new budget estimate is \$76.9 million. The recommendation to make up the budget shortfall is to increase the current fee from \$868 to \$1035.38.

The Board Treasurer presented a list of six policy projects approved by the previous Board, now in various phases of their life cycle, and the projects' estimated carryover expenses into FY26, which account for \$1.67 million of the FY26 budget. Following the Ad Hoc Board meeting on August 1, 2025, the Board Support Contractor and Board Treasurer had several discussions with the Operations Contractor to get more detail about the costs of these ongoing projects. The Board Treasurer asked the Operations Contractor to make sure that project expenses were accurately accounted for in the timeframe that the project implementation costs were expected to impact the budget.

The Board Treasurer stated that the total estimated implementation cost for FY26 for the six proposed policy projects is \$2.5 million.

The Treasurer informed the Board that the NRP and National Kidney Expedited Placement Policy (EPP) were removed from the list of proposed policy projects for approval because they will be integrated into other projects going forward. The Treasurer also emphasized the importance of the Board understanding that there will be cost implications over several years for the six policy projects up for approval.

The Board then voted to approve the recommended FY26 19.28% fee increase to \$1,035.38.

NOW, THEREFORE, BE IT RESOLVED, that the OPTN Board has reviewed and discussed the Fiscal Year 2026 Budget and Fee Proposals and hereby approves a 19.28% fee increase for Fiscal Year 2026 as a final recommendation to be presented to HHS.

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

The proposed fee increase will now go to HRSA for approval, and then the HHS Secretary for final approval.

Transfer of OPTN Reserves

The Treasurer reported that starting on October 1, 2025, HRSA will begin collecting the OPTN registration fees; they are currently collected by the Operations Contractor. Pursuant to the OPTN Management and Membership Policies, HRSA is requesting mutual, written agreement from the Board to release all the funds from the OPTN Reserve accounts to the OPTN primary account. The Operations Contractor will then spend down the existing OPTN reserve on approved expenditures. The new account

that HRSA will use to collect registration fees and pay OPTN expenses will include a contingency fund (three months of reserve) for emergency items.

The Board voted to approve the release of all funds from the OPTN Reserve account(s) to the OPTN Primary Account.

NOW, THEREFORE, BE IT RESOLVED, the Board hereby authorizes the release of all funds from the OPTN Reserve account(s) to the OPTN Primary Account.

FURTHER RESOLVED, that the OPTN officers are hereby authorized and directed to take such additional actions as they may deem necessary or desirable to carry out the release of funds pursuant to the foregoing resolutions.

Final Vote: 29 approve, 2 reject, 0 abstain.

Policy Project Proposals: Approval for Public Comment

The President provided an overview of six policy proposals that the POC approved on July 24, 2025. The Board voted whether to approve each of the policy proposals.

[2025 Histocompatibility Human Leukocyte Antigens \(HLA\) Table Update](#)

The *2025 Histocompatibility HLA Table Update* proposal, sponsored by the Histocompatibility Committee, proposes updates to OPTN Policy 4.11: *Reference Tables of HLA Antigen Values and Split Equivalences*. This update aligns with the primary strategic plan goal *Optimizing Organ Use* and had a benefit score of 91. The POC's vote to recommend approval was: 12 Yes, 0 No, 0 Abstain.

A Board member noted that in Region 5, this project will go through expedited discussion, and he does not anticipate that the Board will receive much feedback for public comment. He said that the Board should consider not advancing this project considering that it is \$85,000 and that the Board has heard from the Histocompatibility Committee that there are existing workarounds for dealing with most of the issues discussed in this proposal.

Another Board member noted that the OPTN Bylaws mandate that the HLA equivalency tables are updated annually, so this is something that the Board and Committee must do.

The Board Treasurer asked if the estimated cost is limited to implementation labor, or if it includes the labor to send the proposal out for public comment and gather feedback. A representative from the Operations Contractor stated that the cost includes public comment facilitation and any costs associated with public comment (e.g., administrative or Committee support with evaluation of public comment).

The Board voted to approve the 2025 Histocompatibility HLA Table Update proposal for public comment.

NOW, THEREFORE, BE IT RESOLVED, that, pursuant to the recommendations of the Policy Oversight Committee, the Board hereby approves the project entitled "2025 Histocompatibility HLA Table Update" and directs that this project shall be released for Public Comment.

Final Vote: 28 approve, 2 reject, 1 abstain.

Update and Improve Efficiency in Living Donor Data Collection

The *Update and Improve Efficiency in Living Donor Data Collection* proposal, sponsored by the Living Donor Committee, proposes collecting data on potential donors who do not donate their organs, and to transition long-term follow-up responsibilities to the Scientific Registry of Transplant Recipients. This policy aligns with the primary strategic plan goal *Enhance OPTN Efficiency* and has a benefit score of 93. The POC's vote to recommend approval was: 12 Yes, 0 No, 0 Abstain.

The POC supported the proposal's release for public comment based on the review criteria and provided considerable feedback. The POC stated the importance of understanding the gap between those who are interested in organ donation versus those who ultimately donate. The Committee also noted concerns of feasibility, but thought it was important to gain input from the community about intended consequences.

A Board member stated that this proposal should go to public comment, but thinks there may be several challenges with implementation, specifically, the need for resources from individual centers to track all potential donors. He stated that the cost for the OPTN and the centers will need to be evaluated closely. A representative from the Operations Contractor noted that, assuming the items are approved for public comment, estimates will be updated and provided again to the Board for final approval to move to implementation at the in-person December 2025 Board meeting.

The Board voted to approve the Update and Improve Efficiency in Living Donor Data Collection proposal for public comment.

NOW, THEREFORE, BE IT RESOLVED, that, pursuant to the recommendations of the Policy Oversight Committee, the Board hereby approves the project entitled "Update and Improve Efficiency in Living Donor Data Collection" and directs that this project shall be released for Public Comment.

Final Vote: 30 approve, 1 reject, and 0 abstain.

Modify Guidance for Pediatric Heart Exception Requests to Address Temporary Mechanical Circulatory Support Equipment Shortage

The *Modify Guidance for Pediatric Heart Exception Requests to Address Temporary Mechanical Circulatory Support Equipment Shortage* proposal, sponsored by the Heart Transplantation Committee, proposes an update to the Heart Review Board Guidance to add descriptions of the circumstances and clinical factors under which the National Heart Review Board for Pediatrics should consider granting pediatric status 1A exception requests to address a shortage of ventricular assist devices for the pediatric population. This policy aligns with the primary strategic plan goal *Aligns with Other Important Initiatives*. The POC's vote to recommend approval was: 12 Yes, 0 No, 0 Abstain.

The POC supported the proposal's release for public comment based on the review criteria and provided considerable feedback. The proposal does not have a benefit score because it was approved by the previous Board in June and is now going out for retrospective public comment in case there were unintended consequences with implementation of the policy. A representative from the Operations Contractor stated that when the Board approved the policy project in June, there was a provision within the voting resolution for the committee to sunset the update next year once FDA-approved devices are available for the pediatric population.

A Board member stated that he contacted several key people who were involved in the equipment shortage who stated that they do not want to produce more of the older drivers, but there are not enough of the new drivers. He stated that it is not clear when the issue is going to be resolved. He stated that there are some alternatives that can be used for long-term support, however, they are not FDA-approved for long-term support yet.

The Board voted to approve the Modify Guidance for Pediatric Heart Exception Requests to Address Temporary Mechanical Circulatory Support Equipment Shortage proposal for public comment.

NOW, THEREFORE, BE IT RESOLVED, that, pursuant to the recommendations of the Policy Oversight Committee, the Board hereby approves the project entitled "Modify Guidance for Pediatric Heart Exception Requests to Address Temporary Mechanical Circulatory Support Equipment Shortage" and directs that this project shall be released for Public Comment.

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

[Require West Nile Virus \(WNV\) Seasonal Testing for Donors](#)

The *Require West Nile Virus Seasonal Testing for Donors* proposal, sponsored by the Disease Transmission Advisory Committee (DTAC), proposes updates to OPTN Policy 2.9: *Required Deceased Donor Infectious Disease Testing* and 14.4: *Medical Evaluation Requirements for Living Donors*. These updates would require all organ procurement organizations (OPOs) and living donor recovery hospitals to test potential donors for WNV seasonally, between July 1 and October 31. This policy aligns with the primary strategic plan goal *Aligns with Other Important Initiatives* and has a benefit score of 53. The POC's vote to recommend approval was: 12 Yes, 0 No, 0 Abstain.

The POC supported the proposal's release for public comment based on review criteria. The POC recommended the DTAC add actual numbers of deaths from WNV in lieu of percentages, and add an additional question to the community that asks whether the proposed requirement for seasonal testing provides adequate coverage for all OPOs based on regional seasonal WNV occurrences.

The Board voted to approve the Require West Nile Virus Seasonal Testing for Donors proposal for public comment.

NOW, THEREFORE, BE IT RESOLVED, that, pursuant to the recommendations of the Policy Oversight Committee, the Board hereby approves the project entitled "Require West Nile Virus Seasonal Testing for all Donors" and directs that this project shall be released for Public Comment.

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

[Establish Comprehensive Multi-Organ Allocation Policy](#)

The *Establish Comprehensive Multi-Organ Allocation Policy* proposal, sponsored by the Ad Hoc Multi-Organ Transplantation (MOT) Committee, proposes policy that standardizes the order of priority for how organs from the same donor should be offered to multiple candidates who need different organs. Current policies provide some direction on allocating multi-organ combinations, but they do not establish an extensive framework. The MOT developed six multi-organ donor allocation tables to support implementation of complex multi-organ policy and establish consistent allocation of multi-organ

combinations. This update aligns with the primary strategic plan goal *Optimizing Organ Use*. The POC's vote to recommend approval was: 12 Yes, 0 No, 0 Abstain.

The POC supported the proposal's release for public comment based on the review criteria and acknowledged that it is an important, well-developed proposal to address a complicated issue. The POC had concerns about the project's complexity and noted that as with any policy, post-monitoring would be essential to make sure there are no unintended consequences.

A Board member asked whether there are any groups (e.g., highly sensitized candidates, pediatric patients, etc.) that may have received organs before this policy, but may not receive organs under this new policy. Another Board member asked whether the Board should spend money on approving this proposal for public comment if they do not know if implementation will occur.

The Vice President stated that this proposal has already been out for public comment and is now being revised based on that feedback. When the proposal was out for public comment, it received a comment about whether this would be paused since continuous distribution was paused. The Vice President stated that as continuous distribution is implemented, this policy will be modified again and that this policy addresses issues as they stand now. The Vice President stated that right now, there is no "fair" allocation because every match run is run independently, and then OPOs must figure out which to look at first. She stated that interdigitating the organs together must get started now so that the process can then be refined going forward.

A Board member stated that public comment will serve as a method to obtain more data. The Board member also stated that there would be an ongoing implementation cost for the Committee to determine if any further modifications are necessary. The Treasurer reiterated that approving the proposal for public comment does not commit the Board to the implementation costs; it can be reprioritized at the in-person December 2025 Board meeting before it is approved for implementation. The President asked if OPTN can issue best practices or guidelines rather than approving the proposal as a formal policy. The Board Treasurer stated that the more the OPTN can conform action, the easier it will be to monitor what is and is not working, which would be more beneficial for patient safety. Another Board member stated that there is an inconsistency in practice which stems from an inconsistency in training materials and policy, and that there is room for improvement in policy. Another Board member stated that this is an opportunity for the OPTN to move forward cohesively with a new set of guidelines and policies. Another Board member stated that this work should be integrated into AOOS and continuous distribution work moving forward.

The Board voted to approve the Establish Comprehensive Multi-Organ Allocation Policy proposal for public comment.

NOW, THEREFORE, BE IT RESOLVED, that, pursuant to the recommendations of the Policy Oversight Committee, the Board hereby approves the project entitled "Establish Comprehensive Multi-Organ Allocation Policy" and directs that this project shall be released for Public Comment.

Final Vote: 25 approve, 6 reject, 0 abstain.

Require Patient Notifications for Waitlist Status Changes

The *Require Patient Notifications for Waitlist Status Changes* proposal, sponsored by the Transplant Coordinators Committee, proposes an update to OPTN Policy 3.5 *Patient Notification* to add a requirement for notification of status change for patients on the waitlist. This policy aligns with the primary strategic plan goal *Increase Opportunities for Transplant*. The POC's vote to recommend approval was: 12 Yes, 0 No, 0 Abstain.

The POC supported the proposal's release for public comment based on review criteria and provided considerable feedback. The POC's feedback stated that the proposal is an important project and has the potential for large patient benefit. The POC stated that the proposal aligns with patient-centered care principles and supports transparency, trust, and shared decision-making.

A Board member asked whether all the sponsoring Committee's work will halt if the Board does not approve this proposal for public comment. A representative from the Operations Contractor explained that if the Board does not approve the proposal, it would be helpful to provide direction to the Committee regarding what they need to reconsider for the project to bring it forward for a vote again. He stated that the Patient Affairs Committee overwhelmingly supported this proposal to move forward.

The Board voted to approve the *Require Patient Notifications for Waitlist Status Changes* proposal for public comment.

NOW, THEREFORE, BE IT RESOLVED, that, pursuant to the recommendations of the Policy Oversight Committee, the Board hereby approves the project entitled "Require Patient Notifications for Waitlist Status Changes" and directs that this project shall be released for Public Comment.

Final Vote: 29 approved, 0 reject, 0 abstain.

Extension of Current Pause on Routine Surveys for the First Six Months of FY26

A representative from HRSA stated that HRSA and the Operations Contractor reviewed the data from the routine surveys and determined that the data did not identify high acuity or urgent patient safety needs, so deferring the site visits would be a good way to save resources. The Board and HRSA can discuss the frequency (i.e., whether a three, four, or five year cadence would be best).

The Board voted to approve the *Extension of Current Pause on Routine Surveys for the First Six Months of FY26*.

WHEREAS, pursuant to the recommendation of the Finance Committee, the Board, at its meeting on June 9 and 10, 2025, approved a pause of routine site visits in the fourth quarter of fiscal year 2025; and

WHEREAS, the Board has determined that it is in the interest of the OPTN to extend the pause of routine site visits for the first six months of fiscal year 2026;

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby approves the extension of the pause on routine site visits for the first six months following the end of fiscal year 2025, beginning on September 30, 2025, and remaining in effect until March 31, 2026;

FURTHER RESOLVED, that the Board specifies this six-month extension shall apply only to routine site visits, and not to any other type of visit, including, but not limited to, visits conducted in connection with allegations of safety and/or non-compliance with OPTN rules or policies or applicable law.

FURTHER RESOLVED, that the Board requests the OPTN to issue a general compliance communication summarizing the most frequent issues identified during routine site visits conducted over the past two to three years, in order to promote awareness and support ongoing compliance efforts.

Final Vote: 24 approved, 1 reject, 0 abstain.

Updates on AOOS

The Secretary and Chair of the AOOS workgroup provided an update on the AOOS work. In August 2024, HRSA sent OPTN a critical comment letter on AOOS. As a result of the critical comment letter, volunteers of the OPTN came together to address AOOS issues and provide recommendations. The critical comment letter was then addressed by the Board in July 2025. HRSA then sent a more detailed letter back to OPTN to review some of the previous Board's recommendations, which included formulating a workgroup to work on some of the problems with AOOS.

The AOOS workgroup created the following problem statement:

“A lack of concise and clear guidance (policy and definitions) and management oversight (mentorship, training, and enforcement) have caused OPOs to develop and apply local solutions to universal problems. This has led to issues including marked increases in AOOS, the public perception of unfairness, the risk of reduced registrations, and ultimately, the threat that donor organ availability is reduced for patients.”

The AOOS workgroup developed the following objective statement:

“To meet the challenges stated above, this work group is tasked to conduct a multi-month project to reduce AOOS. This project, which initiates today, will be conducted in three concurrent lines-of-effort: (1) Define Organ Offer; (2) EPP Review; (3) OPO Compliance.”

The workgroup is tasked with making recommendations to resolve existing issues and to reduce AOOS. The workgroup determined that the Define Organ Offer team, the EPP team, and the OPO compliance team will collectively make recommendations that should help reduce AOOS.

The Chair of the workgroup provided an overview of the workgroup's membership. The group is comprised of HRSA, Board and Committee members (including physician, OPO, and patient representation) with support from the Board Support Contractor, Operations Contractor, and a Discovery Contractor. The workgroup will also include a compliance team that will review items that the Membership and Professional Standards Committee (MPSC) reviews, training and education from the OPTN, and provide recommendations on training and education to OPOs to ensure consistent application. The Chair will monitor progress, initiate any course corrections, and draft public updates.

A Board member stated several of the AOOS-related issues stem from a lack of dynamic tools for decision making for OPOs and centers to help them ensure they are following allocation policies. The Board member said that, when new information is learned about the donor (e.g., test results from a biopsy), it does not have any impact on allocation because the information is not dynamic. Another Board member emphasized that not every AOOS is necessarily bad; some are beneficial to recipients.

Announcement of Updates to Summaries of Evidence

The President shared that DTAC develops Summaries of Evidence regarding donor-derived diseases, and then reviews and updates the Summaries annually to reflect current evidence. The Executive Committee then considers the updates and votes whether to approve. Updated Summaries of Evidence replace previous versions on the OPTN website and the OPTN then informs the community that the summaries have been updated.

At a meeting on August 15, 2025, the Executive Committee voted to approve the proposed changes to the SARS-CoV-2 Summary of Evidence. The Executive Committee's final vote was: 10 approve, 0 reject, 0 abstain.

At the same meeting, the Executive Committee voted to approve the proposed changes to the Mpox Summary of Evidence. The Executive Committee's final vote was: 9 approve, 0 reject, 0 abstain.

Updates and Announcements

A representative from the Board Support Contractor reminded Board members to complete their Conflict of Interest training module and shared that weekly emails would be going out to Board members to ensure that Board members are informed about OPTN activities and other key items. She informed the Board that the 2025 in-person Board meeting would take place on December 12, and that Board members would receive information on logistics soon.

Adjourn

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