

## OPTN Board of Directors Meeting Summary

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### Meeting Information: Agenda and Attendees

Thursday, January 16, 2025 | 2:00–3:00 p.m. ET Location of Event: Zoom

#### Agenda

- Welcome and Announcements
- OPTN Budget Update
- Overview of Membership & Professional Standards Committee (MPSC) Recommendation of Adverse Actions
- Transitional Nominating Committee Update
- Adjourn

#### Attendees

Attendee Name(s)	Affiliation
Richard Formica, Dianne LaPointe Rudow, Lloyd Ratner, Andrea Tietjen, Macey Levan, Brittany Clayborne, Laura Butler, Colleen McCarthy, Catherine Kling, Julie Spear, Denise Abbey, Dev Desai, Glen Kelley, Patrick Northup, Christopher Jones, Andrew Kao, Jen Lau, Erika Demars, George Surratt, Nancy Metzler, Silas Norman, Martha Pavlakis, Jenn Muriett, Emily Blumberg, Sandra Amaral, Gaurav Gupta, Caroline Alquist, Luis Hidalgo, Deb Adey, Robert Harland, Kelley Hitchman, Dorrie Dils	OPTN Board of Directors
Aitebureme Aigbe, Mesmin Germain, Stephanie Grosser, Jayme Locke, Raymond Lynch, Chris McLaughlin, Janelle Isley, Steven Keenan, Frank Holloman	HRSA Representatives
Tennille Daniels, Jady Dunning, Karen Edwards, Anthony LaBarrie, George Barnette, Emily Elstad, Christine Jones, Tessa Kieffer, Mona Kilany, Mary Lavelle, Markus Louis, James Montgomery, Rachel Shapiro, Christina Sledge, Lee Thompson, Andrew London	OPTN Board Support Staff
Betsy Warnick, Krissy Laurie, Sarah Payamps, Kim Uccellini, Emy Trende	OPTN Operations Contractor Staff
Rexanah Wyse Morrissette	OPTN Interim Executive Director

## Meeting Summary

### OPTN Budget Update

The Board discussed the OPTN Budget, the need to resume a normal cadence for updates from the Finance Committee, and factors impacting the Finance Committee's development and presentation of a budget to the Board for discussion.

The Board discussed the need for a clear distinction between new business and existing business, specifically as it relates to the current tasks of OPTN contracts. Once HRSA and the Board make that determination, the Finance Committee will be able to update the budget and share with the Board for discussion.

HRSA stated that they provided direction to OPTN contractors regarding spending limits within available funds, to ensure that they are operating within their budgets.

The Board discussed raising the registration fee as a potential opportunity to increase revenue for special projects and other OPTN costs. The fee has not increased in several years. HRSA stated that they will consider all possibilities, regarding increasing revenue for OPTN activities.

### Overview of Membership & Professional Standards Committee (MPSC) Recommendation of Adverse Actions

Representatives from the OPTN Operations Contractor presented an overview of MPSC recommendations of adverse actions. A summary of the presentation is as follows:

- The MPSC maintains OPTN membership criteria and monitors OPTN member compliance with membership criteria, bylaws and policies, and the OPTN final rule. The MPSC can take action or make recommendations for further action to the OPTN Board of Directors as needed. Through peer review, the MPSC reviews events identified as presenting a risk to patient safety, public health or the integrity of the OPTN.
- The OPTN Management and Membership policies provides (1) OPTN's ability to address urgent and severe risks to patient health and public safety; (2) the framework for MPSC review of potential policy and bylaw violations; (3) describes member rights when under review; and (4) defines actions MPSC can take or recommend.
- The OPTN may impose actions based on a member's failure to comply with OPTN obligations.
- Adverse actions that can be recommended to the Board include Probation and Member Not in Good Standing. Adverse actions must be approved by the Board and require public notice.
- Once the MPSC has reviewed the case information, the member will be offered an interview. After the member participates in the interview, the MPSC will recommend an adverse action to the Board and the member will participate in a hearing with the Board (Members that waive their right to appear accept the MPSC's adverse action recommendation). The Board will review the case information and approve or modify the MPSC's recommendation.
- A majority of the Board of Directors must approve the recommendation to declare a Member Not in Good Standing.
- If the Board determines a Member Not in Good Standing, members can continue to operate as a transplant program, with strong monitoring by the MPSC. The MPSC will monitor the member throughout the Member Not in Good Standing period, which will include (1) one or more unannounced on-site reviews and (2) one or more presentations by the member before the

MPSC to provide an update on their corrective action plan and ongoing compliance with OPTN Obligations.

- If the MPSC recommends a program to voluntarily inactivate, the MPSC must approve the reactivation of the program after meeting the standards required by the committee. The reactivation and introduction or release from Member Not in Good Standing function independently from one another, meaning the program could be allowed to reactivate before being released from Member Not in Good Standing
- At least nine (9) months after the Board's vote and the MPSC's approval of the member's corrective action plan, the member must submit a written request to the OPTN requesting release from the adverse action.

### Transitional Nominating Committee (TNC) Update

HRSA provided an overview of the OPTN Modernization Act, and a status update on seating the TNC. Following a robust applicant review process, thirteen individuals were selected to serve on the TNC<sup>1</sup>.

The Board discussed the TNC and the selection process. The Board's discussion included feedback on HRSA's classification of potential COI and the COI vetting process for TNC members. Board members also discussed the importance of OPTN experience within the TNC, noting that this experience will be valuable when determining criteria for incoming Board members.

The Board emphasized the importance of diverse patient and family representation, noting the unique experiences of living donors, transplant recipients, and deceased donor families.

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<sup>1</sup> <https://www.hrsa.gov/optn-modernization>