

## **OPTN Organ Procurement Organization Committee**

### **Meeting Summary**

**June 12, 2025**

**Conference Call**

**PJ Geraghty, MBA, CPTC, Chair**

**Lori Markham, RN, MSN, CCRN, Vice Chair**

### **Introduction**

The OPTN Organ Procurement Organization Committee (the Committee) met via WebEx teleconference on 06/12/2025 to discuss the following agenda items:

1. Welcome
2. Machine Perfusion/Normothermic Regional Perfusion Data Collection Update
3. HRSA DCD Procurement Directive
4. Open Forum

The following is a summary of the Committee's discussions.

### **1. Welcome**

The Chair welcomed the members to the meeting and reviewed the agenda.

### **2. Machine Perfusion/Normothermic Regional Perfusion Data Collection Update**

The Chair presented proposed updates to the Machine Perfusion/Normothermic Regional Perfusion (NRP) data collection proposal slated for public comment this summer, including:

- Modifications to the data definition for warm ischemic time
- Removal of the "agonal phase" data field on the Deceased Donor Registration
- Creation of the "Organ Machine Perfusion Data Report" for transplant hospitals to report use of machine perfusion for each deceased donor organ machine perfused by the transplant hospital

### Summary of discussion:

**Decision #1:** The Committee voted to include these changes in the public comment proposal (13-yes, 0-no, 0-abstain).

A member asked... The Chair clarified this data is specific to machine perfusion and not normothermic regional perfusion.

The Committee discussed the timeframe within which the transplant hospital is required to report the data on the "Organ Machine Perfusion Data Report" and supported requiring the reporting within 30 calendar days rather than in 30 business days.

Regarding the warm ischemic time definition, a member suggested that the maximum permissible time should be longer than 180 minutes. Members agreed that since the proposed definition change would start warm ischemic time at cessation of circulation, the maximum time of 180 minutes should be sufficient.

### 3. HRSA DCD Procurement Directive

The Chair presented an overview of the HRSA DCD Procurement Directive.

#### Summary of discussion:

**Decision #2:** The Committee supported delaying sending the DCD Policy Review proposal out for public comment until the directive work is completed.

The Vice Chair shared that committee leadership met with OPTN leadership and HRSA representatives last week and discussed that the OPO Committee would take the lead on this directive. The Vice Chair recommended that the committee hold off on bringing the DCD policy project to public comment until this work is complete, so that all of the work could be combined into one proposal.

A member said they often have scenarios of first person authorization and want it to be clear that it is permissible, when the person is awake and consents to organ donation prior to withdrawal of life support. The Chair expressed a concern that automatic triggers would be hard to define but said it is important to write policy that meets these requirements as closely as possible while also preserving the option of DCD donation. The Chair expressed concern that in cases where one family member objects to donation in general, this gives them an opportunity to delay the process against the potential donor's wishes and the OPO needs to have a way to resolve that. The Chair said that HRSA made it clear that the participants working on this policy do not need to be existing OPTN committee members, and that the committee can and should seek out other experts like those in critical care or palliative care. HRSA also recommended including a donor family member who did not have a positive DCD donation experience. The Chair asked the Committee for recommendations for people in their area who may be appropriate to include in these discussions.

The Vice Chair highlighted the importance of this project, including that the OPO perspective is heard, and being thoughtful in the approach. The Vice Chair asked that any volunteers for this workgroup be committed to this work due to its huge implications. The Chair and Vice Chair will co-lead the workgroup.

A member asked if there is any benefit of sending the DCD policy proposal out for public comment while completing this work. The Vice Chair said they hope to maintain the integrity of the proposal that has been developed but the changes required by the directive may require some modifications. The Chair agreed it would be best to include everything in one proposal and noted it will likely go out for a special public comment period based on the timing in the directive.

The Chair asked members to consider how they might implement this within their own OPO to inform the OPTN policy development. The Vice Chair asked members to share any current policies that align with the requirements outlined in the directive. OPTN contractor staff requested that members also send any examples of education provided in the authorization process.

A member suggested better defining the terminology of organ procurement, since procurement does not begin until there is a declaration of death.

#### **Upcoming Meetings**

- TBD

## Attendance

- **Committee Members**
  - PJ Geraghty, Chair
  - Lori Markham, Vice Chair
  - Theresa Daly
  - Micah Davis
  - Dan DiSante
  - Stephen Gray
  - Kerri Jones
  - Rachel Markowski
  - Shane Oakley
  - Ann Rayburn
  - Sharyn Sawczak
  - Donna Smith
  - Judy Storfjell
  - Greg Veenendaal
- **SRTR Staff**
  - Jon Miller
  - Katie Siegert
- **UNOS Staff**
  - Lloyd Board
  - Kevin Daub
  - Houlder Hudgins
  - Alina Martinez
  - Ethan Studenic
  - Kaitlin Swanner
  - Susan Tlusty
  - Ross Walton