

Chairman Brett Guthrie
Opening Statement - Subcommittee on Oversight and Investigations
“Ensuring Patient Safety: Oversight of the U.S. Organ Procurement
and Transplant System”
July 22, 2025

Good morning, and congratulations to Chairman Joyce on your first hearing at the O&I Subcommittee. Thank you for holding this important hearing, and I look forward to working with you as the Subcommittee continues to conduct important oversight work this Congress.

For decades, our nation’s organ procurement and transplant system has answered the prayers of so many Americans through selfless donations provided by individuals who elect to join the donor registries or by families who make hard decisions on behalf of their loved ones in difficult times. The goal of this hearing is to begin restoring the faith and confidence needed for this system to work by protecting patients and strengthening our nation’s organ procurement and transplant system.

The HRSA report obtained by the Committee sheds new light on the challenges facing the organ procurement and transplant system, and the organ procurement organization

(OPO) that is the subject of HRSA's report hits close to home. As Chairman Joyce detailed in his remarks, cases reviewed within this report occurred within the OPO that serves Kentucky, known as "Network for Hope," following a recent merger of organizations.

The report describes what happened to a Kentucky man who was on the organ donor registry, known as the "index case" in the report. After his family consented to organ donation, the HRSA report details the critical failure to reassess that decision following developing circumstances.

Specifically, hospital and OPO staff documented improved neurologic function at multiple points between when the OPO was contacted and when the patient was in the operating room. An OPO coordinator even escalated statements of concern from hospital staff to the OPO's leadership.

It was the physician in the operating room who finally decided to stop the attempted organ recovery because she felt it was inhumane and unethical. Thankfully, this Kentuckian is still alive today.

But this report goes far beyond the index case. In fact, HRSA determined that of the 351 documented cases reviewed in this investigation, 103 cases—or nearly 30 percent—had “concerning features.” HRSA found concerning patterns that include failures to recognize increased neurologic function in patients who were previously identified as candidates for organ donation, failure to work collaboratively with medical teams, and failure to safeguard decision-making or follow best practices. The numerous cases within the report show a deeply concerning pattern.

This is why we are having this oversight hearing today. We need to have an open and honest discussion about these systematic failures.

With over 103,000 individuals on the transplant waiting list, this Committee remains committed to working on a bipartisan basis to ensure that patient safety—both for potential donors and for those needing a transplant—remains a top priority.

We must have a culture of transparency within the organ procurement and transplant system, one that encourages reporting concerns and then taking them seriously.

My mother passed away waiting for a liver transplant. The issue of organ donation is deeply personal for me. I know how the families in the waiting rooms are feeling, and how much hope they have that their loved one will receive a donated organ. I am proud of our bipartisan work here to identify issues within the organ donation system so that we can address them and ensure that donors, patients, and their families have confidence in the system.

I want to thank the witnesses for being here today and I look forward to hearing your testimonies. I yield back.