

Claims Fact Check

Each of the following claims aired at Energy and Commerce Subcommittee on Oversight and Investigations [hearing](#) "A Year Removed: Oversight of Securing the U.S. Organ Procurement and Transplantation Network Act Implementation" contain serious accusations, but they lack evidence to suggest widespread or systemic issues. OPOs and the organ donation system operate under rigorous oversight, ensuring ethical standards. These claims paint an unverified and exaggerated picture that contrasts with the operational reality of OPOs.

Claim: OPO employees are "hastening the death with fentanyl" of potential donors.

Fact: There is no evidence of OPO staff hastening death with fentanyl. Fentanyl is used for pain management in end-of-life care by the hospital care team, and OPOs only act after death is declared by independent medical staff.

Claim: Organs can be recovered by an "Uber Driver" with no clinical experience.

Fact: This is not true. There are strict [federal regulations](#) as well as [national hospital accreditation standards](#) that require OPOs to ensure that only qualified and trained clinical professionals recover organs.

Claim: OPO employees are engaged in "falsification of medical records, as well as lying to donor families".

Fact: No widespread evidence supports claims of falsified records. OPOs operate under strict regulatory oversight from CMS and the OPTN to ensure transparency and ethical conduct.

Claim: OPO employees are "harvesting organs from patients who would otherwise survive."

Fact: There is no credible evidence to support this. Organ recovery only occurs after an independent declaration of death, following strict medical and legal standards.

Claim: OPO employees are "preferencing white, wealthy, and famous people on the organ transplant waiting list."

Fact: Organ allocation is based on medical urgency, time on the waitlist, and geographic location. Socioeconomic status and race are not factors in the process, which is regulated by the OPTN. In addition, OPOs have no input into nor know who is receiving the organs they are recovering. Transplant centers are responsible for placing individuals on the wait list and an algorithm within OPTN determines the best candidates for recovered organs. The system is intentionally separated to ensure equity.

Claim: OPO executives are "directing staff to deprioritize Black patients."

Fact: There is no evidence that OPOs deprioritize Black patients. [Recent research](#) shows that OPOs pursue all potential donors, regardless of race, and OPOs continually work to dispel myths and misconceptions about organ donation in communities of color to improve rates of donation.

Claim: OPO executives are "joyriding on taxpayer-funded private jets."

Fact: Charter flights are used for organ transport in time-sensitive cases, and financial audits prevent misuse of funds.