



PERSPECTIVES | Opinion *This piece expresses the views of its author(s), separate from those of this publication.*

Federal organ donor 'reforms' proposal puts patients at risk | Opinion

Proposed new rule for the organ donation system promises stronger oversight, safer practices. But patients waiting for transplants cannot afford policy built on bad data.

Matthew Cooper Special to Milwaukee Journal Sentinel

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Teenager who died unexpectedly gives the gift of life, saves her father via organ donation

13-year-old Symaria Glenn died unexpectedly. Her family opted to donate her organs and save the lives of five people including her own father. *USA Today*

As a transplant surgeon, I have worked for decades to improve the [US organ donation and transplant system](#) so more people in need receive a second chance at life. But the latest federal “reforms” contain a fatal flaw that continue to put patients at risk.

The [Centers for Medicare & Medicaid Services](#)

a new rule for the organ donation system, a victory lap, promising stronger oversight for medically complex organs.

Those claims however, do not address a dangerous flaw in the governing rule metric itself. This has implications for Wisconsin and the nation.

For years, donation leaders, transplant surgeons and researchers have warned that the metric used to rank [Organ Procurement Organizations](#) (OPOs) into Tiers 1, 2 and 3 are statistically flawed and structurally biased.

Since 2020 a growing body of peer-reviewed research has called out the negative impacts of the metric. The most recent research, a [January 2026 study in *Transplantation*](#), confirms that the procurement organizations that serve diverse, medically complex and underserved communities are far more likely to be in Tier 2 or 3, not because they are failing patients, but because the metric is failing to accurately assess success.

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Beginning in 2026, Tier 3 OPOs face automatic decertification, and Tier 2 OPOs can be forced into destabilizing competition. That means more than half of the nation's nonprofit organizations that run the organ donation system could be eliminated.

But because the metric is wrong, CMS will shut down the wrong Organ Procurement Organizations.

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Decertification is not a paperwork exercise. It triggers disruption to hospital contracts, donor referral systems and highly trained local staff, risking fewer recovered organs and fewer transplants where need is greatest.

Federal lawsuits filed over looming decertification

Four federal lawsuits have already been filed challenging the looming decertification.

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No one wants to cede policy o
Congress and the Centers for
ignore the science.



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Watch hero mom save daughter's life with transplant

Lindsey Linn's six-year-old daughter was born with a rare liver disease. To save her life, she gave her part of her liver.

Lawmakers have a responsibility to pause implementation of a rule that independent science has repeatedly shown to be flawed, and to require the Centers for Medicare & Medicaid Services to align its oversight with valid performance measures.

In recent years, sensationalist headlines have diverted attention from the true track record of the world's best organ donation and transplant system.

A well-funded special-interest agenda has been working to dismantle the [non-profit system](#), first established under President Reagan in 1984. As a result of inaccurate headlines and ill-informed Congressional hearings, public trust in the system is faltering.

For the first time in decades, we have seen an [increase in the number of people removing themselves from donor registries and a decrease in organ donors](#), reflecting the public's reaction to misinformation.

As widely reported in 2025, Wisconsin, as with [many states](#), saw a [dramatic increase in the numbers of potential organ donors removing themselves from state registries](#). Over 800 did so in one month last year. Every potential donor is vital to the system and is potentially lifesaving for a Wisconsin resident waiting for transplant. Fueling this trend were sensational headlines, often out of context, that highlighted the ongoing inability for Centers for Medicare & Medicaid Services to adequately gauge

system performance, encourage public.

While Wisconsin's two organ procurement organizations and our transplant centers; Froedtert & the Medical College of Wisconsin, UW Health in Madison and Aurora St. Luke's in Milwaukee are high performing, they face the prospect of system disruption caused by Centers for Medicare & Medicaid Services failures and the consequences of misinformation. Our neighbors in Michigan and Minnesota find their organ procurement non-profits at risk. Wisconsin donors and recipients don't exist in isolation. National policy and its ramifications matter.

Opinion: [Imagine Green Bay Packers' stadium as Little Caesars Field](#)

Life-saving transplants only happen because of altruistic donors and willing donor families. Procurement organizations work with these families to support them through the process. This intimate exchange is made even more vital because of the extremely small percentage of people who die in a manner that is medically suitable for donation, less than 1%. While Organ Procurement Organizations work with families through the donation process, transplant centers make the decision about who receives an organ.

An increase in organs recovered after cardiac death

Over the last decade there has been a dramatic increase in organs recovered from [Donation after Cardiac Death](#). These donors are often older and sicker, which means that not all organs are appropriate for patients waiting on the list. Nearly 30% of recovered kidneys went unused, a complicated issue that both OPOs and transplant centers have been working to resolve.

The Centers for Medicare & Medicaid Services promises to, "maximize use of medically complex organs" but fails to understand that this is an issue on the transplant side, not one OPOs can resolve on their own. Government overreach and agency ineptitude extend beyond the organ donation system overseen by CMS and into the transplant process, overseen by the [Health Services and Resources Administration](#) (HRSA).

HRSA has dismantled the nonprofit structure for organ allocation under the "OPTN Modernization Act." But this is not modernization, it is bureaucratization. Now millions of taxpayer dollars are flowing into multiple for-profit corporations to do what the non-profit UNOS and its all-volunteer advisory board were doing for a fraction of the cost. In fact, the HRSA has overstepped its bounds by engaging with the Centers for Medicare & Medicaid Services to censor evidence-based presentations that contradicted their position.

Patients waiting for transplan
donor families deserve a syste
Centers for Medicare & Medic
ignoring evidence-based, peer-reviewed science that exposes flaws in OPO
performance metrics. Only sound science will lead to life-saving policy
improvements.

*Matthew Cooper, MD, is Chief of Transplantation and Director of the
Solid Organ Transplant Service Line at the Medical College of Wisconsin.
He is a former President of the OPTN/UNOS and an Advisory Board
member of Science in Donation & Transplant. The views expressed are
his own.*



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