The Gift of Organ Donation

Ashlei Lind, Director of External Affairs

We’re reminded every day that donation is a rare and remarkable process.

The generosity of the person at the center of this process – the donor – touches everyone who takes part, from family members to medical professionals to transplant recipients.

About LifeCenter Northwest

A non-profit federally-designated organization dedicated to saving lives through deceased organ and tissue donation in Alaska, Montana, North Idaho and Washington.

As one of 55 federally designated Organ Procurement Organizations (OPOs) in the United States, we are uniquely designed to:

- Orchestrate the deceased organ and tissue donation process
- Support donor families
- Educate communities

Julie Shepherd became an organ donor in January 2027 at Benefis Health System in Great Falls, Montana. Julie generous donation saved the lives of 6 individuals.

Formation of LifeCenter Northwest (1997)

- LifeCenter Northwest was established in 1997 following a federally mandated consolidation of two regional OPOs
  - **Northwest Organ Procurement Agency (NOPA)**: based in Seattle; served Western Washington, Alaska, and Montana
  - **Sacred Heart Organ Procurement Agency (SHOPA)**: based in Spokane; served Eastern Washington and North Idaho
- The merger unified our region's donation efforts under a single organization, LifeCenter Northwest, to improve performance, coordination, and service across the region

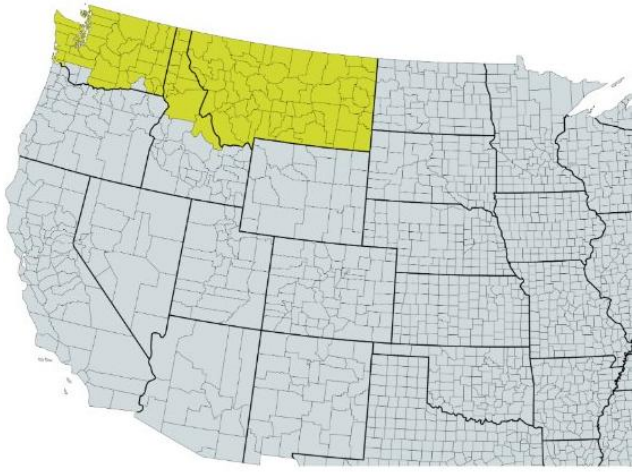
Who We Are & Where We Serve

325+ team members

- 70% clinical
- 15% administrative
- 15% leadership

Locations where our staff live

- Alaska: 11
- Idaho: 8
- **Montana: 32**
- Washington: 283



230+
hospitals

100+
languages spoken

270+
Indigenous tribes

10.4 million
people in diverse communities

100+
Licensing offices (in Montana and Washington)

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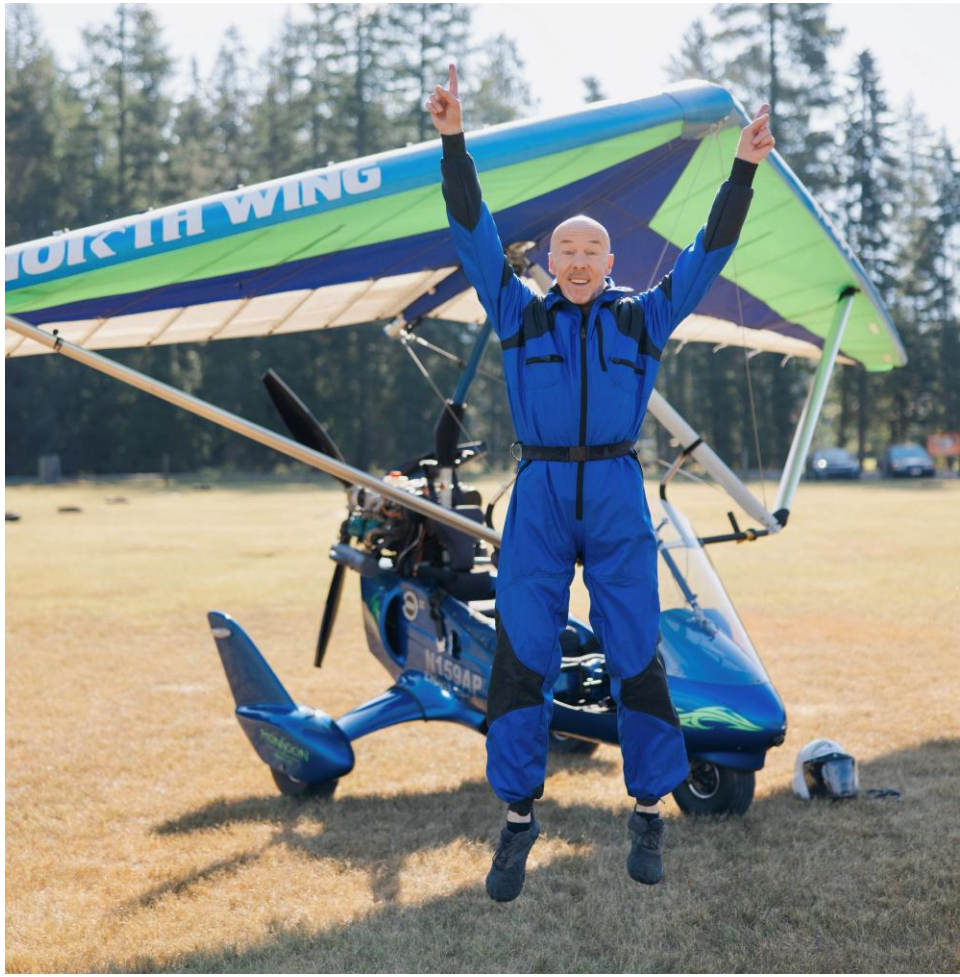
Who We Are, cont.

Team member backgrounds

- Licensed medical professionals including:
  - MDs, RNs, NPs
  - Surgical Technicians, Respiratory Therapists
- Paramedics and Emergency Medical Technicians
- Social Workers / Counselors / Chaplaincy
- Certified Business and Non-profit Professionals
- Hospital Administrators and Industry Executives
- Military Veterans

Donation Facts

- Less than **1%** of people die in a way that allows them to become an organ donor.
- **One** donor can save the lives of up to **8** people through organ donation and help many more through tissue and cornea donation.
- More than **100,000** people in the United States are waiting for a life-saving organ transplant, about **2,000** in LifeCenter's service area, which includes nearly **200 Montanans**.
- Nationwide, an average of **17** people die every day waiting for a life-saving organ transplant.
- Every **10** minutes another person is added to the transplant waiting list.



Todd Ware, of Big Fork, Montana, received a double lung transplant in 2020, and he's now in the best physical, mental and spiritual shape that he's ever been in—and has committed to a healthy life to honor his donor.

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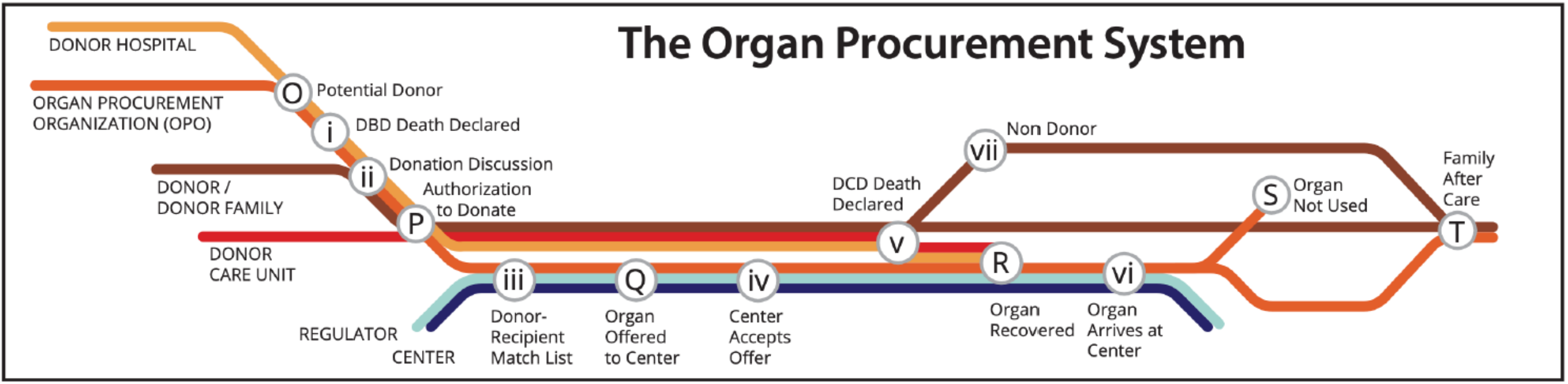
The Organ Donation Ecosystem is Complex



How Organ Donation Referrals Work in Hospitals

Organ donation regulations ensure that every donor's decision is honored, and families are supported, while maintaining hospital compliance with federal standards and promoting consistency in donation practices nationwide.

- **Federal Oversight:** Hospitals are required by the U.S. Department of Health and Human Services and CMS to partner with their local Organ Procurement Organization (OPO) to identify potential donors.
- **Timely Referral:** Hospitals must notify the OPO within one hour when a patient's condition suggests potential for organ donation (e.g., severe brain injury or consideration of end-of life care)
- **Ongoing Support:** Once referred, the hospital continues medical support until the OPO determines eligibility and timing for family discussion

Reference: CMS Sec. 482.45 Conditions for participation: Organ, tissue and eye procurement

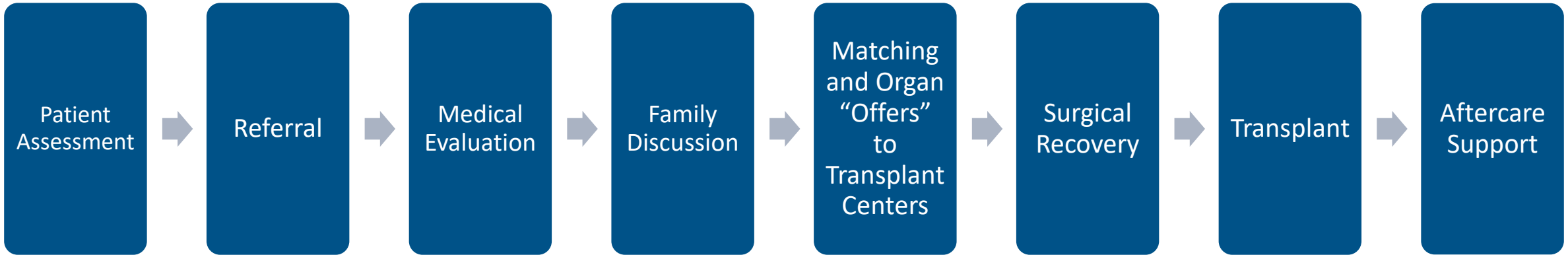
Understanding Deceased Organ Donation

Declaration of brain death or death by circulatory criteria, and the removal of patients from ventilator support, are not “donation” dependent medical circumstances. These processes occur thousands of times each year in the U.S. even when no organ donation is involved.

There are **two** pathways for deceased organ donation: donation after brain death and donation after circulatory death. Donation after circulatory death is less common as compared with donation after brain death.

Donation occurs only after death has been declared, either by brain death or circulatory criteria. Hospital physicians, or designated staff, declare death, not OPO or transplant staff.

The Donation Process



Caring for the Donor Family

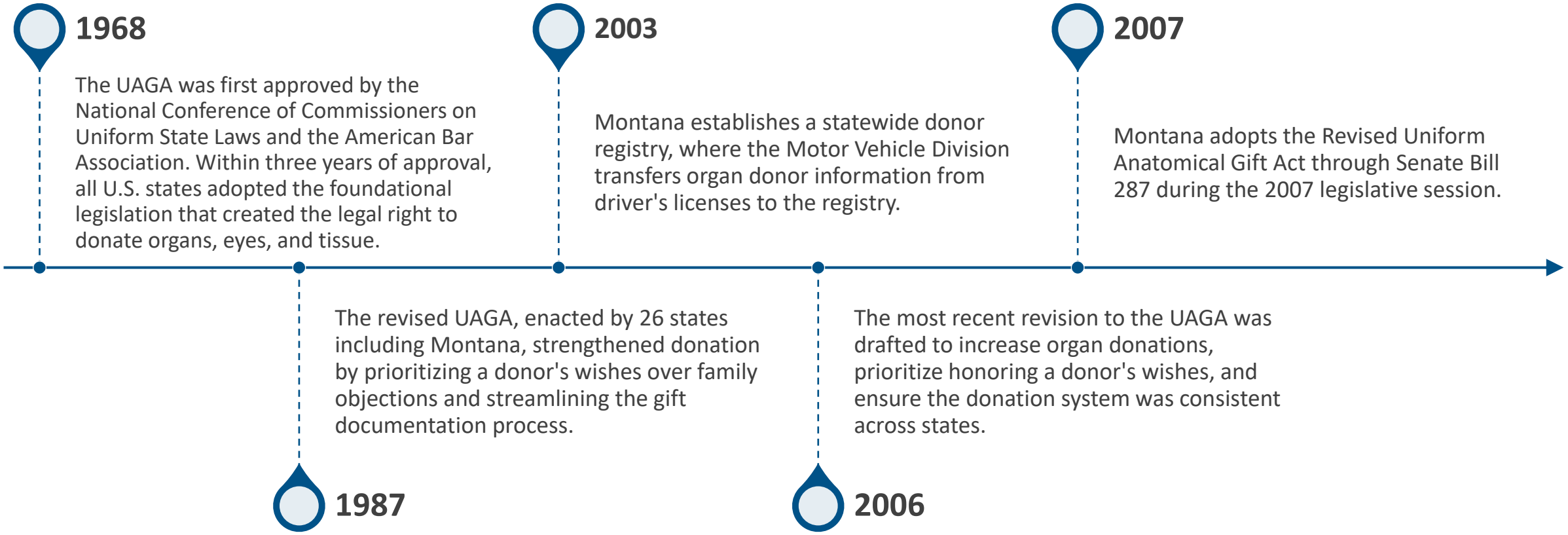
- Providing compassionate trauma informed support to families throughout the donation process
- Opportunities for memory-making and honoring the donor while at the hospital
- Grief and bereavement print materials and resources
- Sharing donation outcomes
- Annual donor remembrance events and gatherings
- Virtual and in-person support groups and workshops
- Donor family and recipient correspondence and connection

Legal Basis for Donation

Uniform Anatomical Gift Act (UAGA)

- Governs deceased donation in the United States
- Outlines how individuals can legally document their decision to donate organs and tissues
- Recognizes a registered donor’s decision as legally binding
- Allows authorized surrogates to consent to donation if no decision is documented
- Provides immunity for healthcare providers who act in good faith under the UAGA
- Works in conjunction with hospital regulatory requirements for organ procurement organizations to honor all donor decisions

Organ Donation Law in Montana



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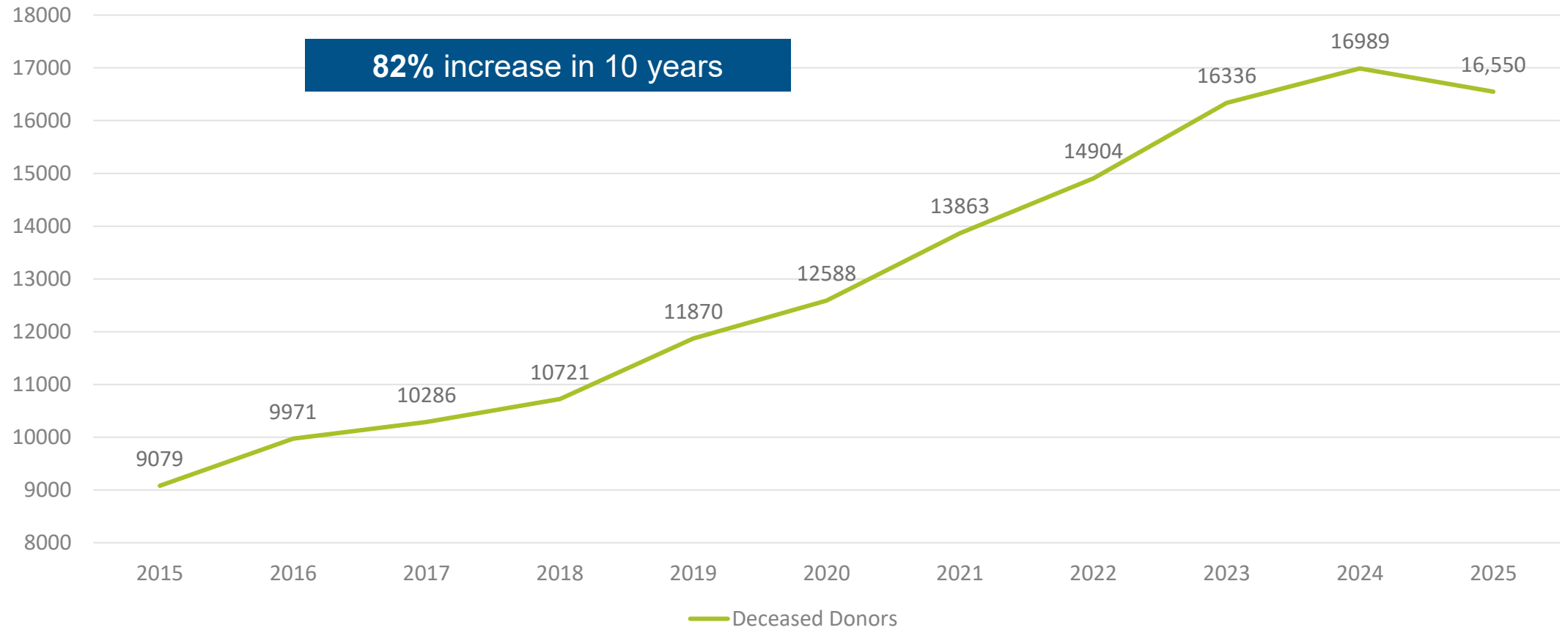
U.S. Deceased Donors, 2015 - 2025



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National rates for donation and transplantation in 2025

16,551 deceased donors gave selflessly

46,129 transplants were performed

(2% increase from 2024)

An average of **134** transplants performed each day

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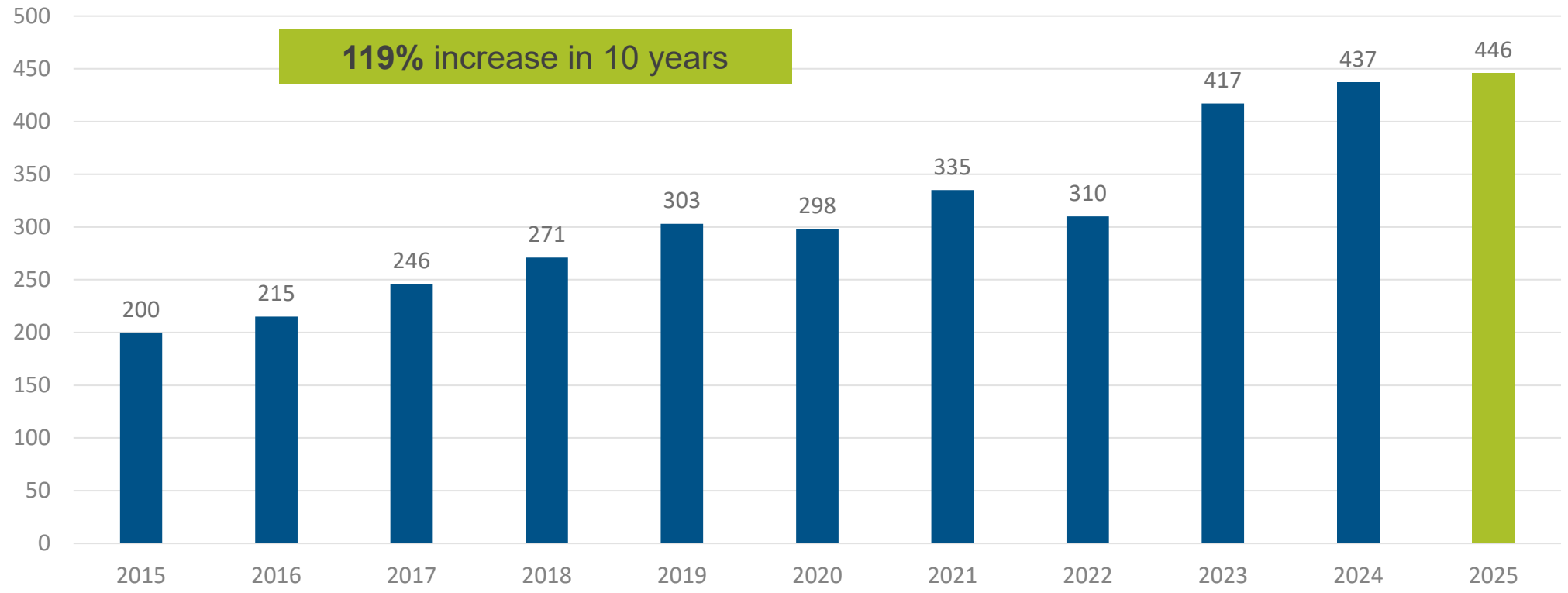
LifeCenter Northwest Organ Donors, 2015 - 2025



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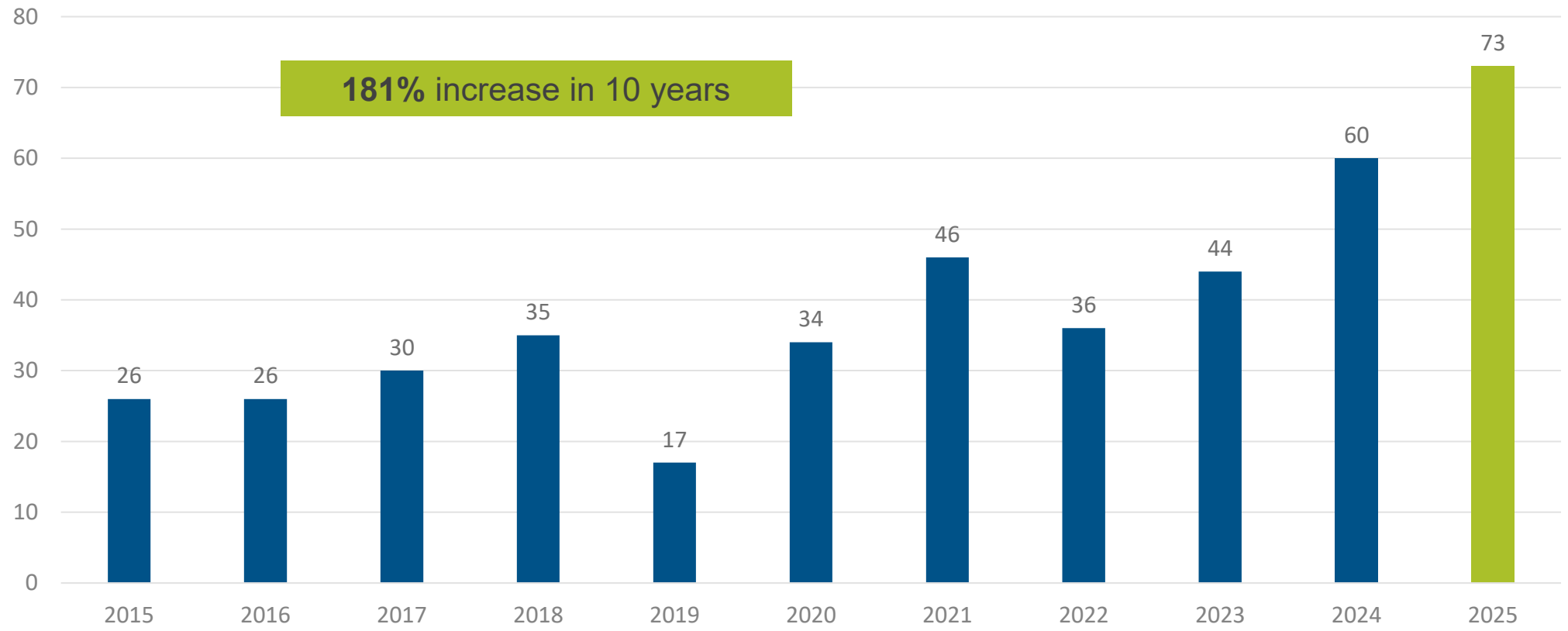
Montana Organ Donors, 2015 - 2025



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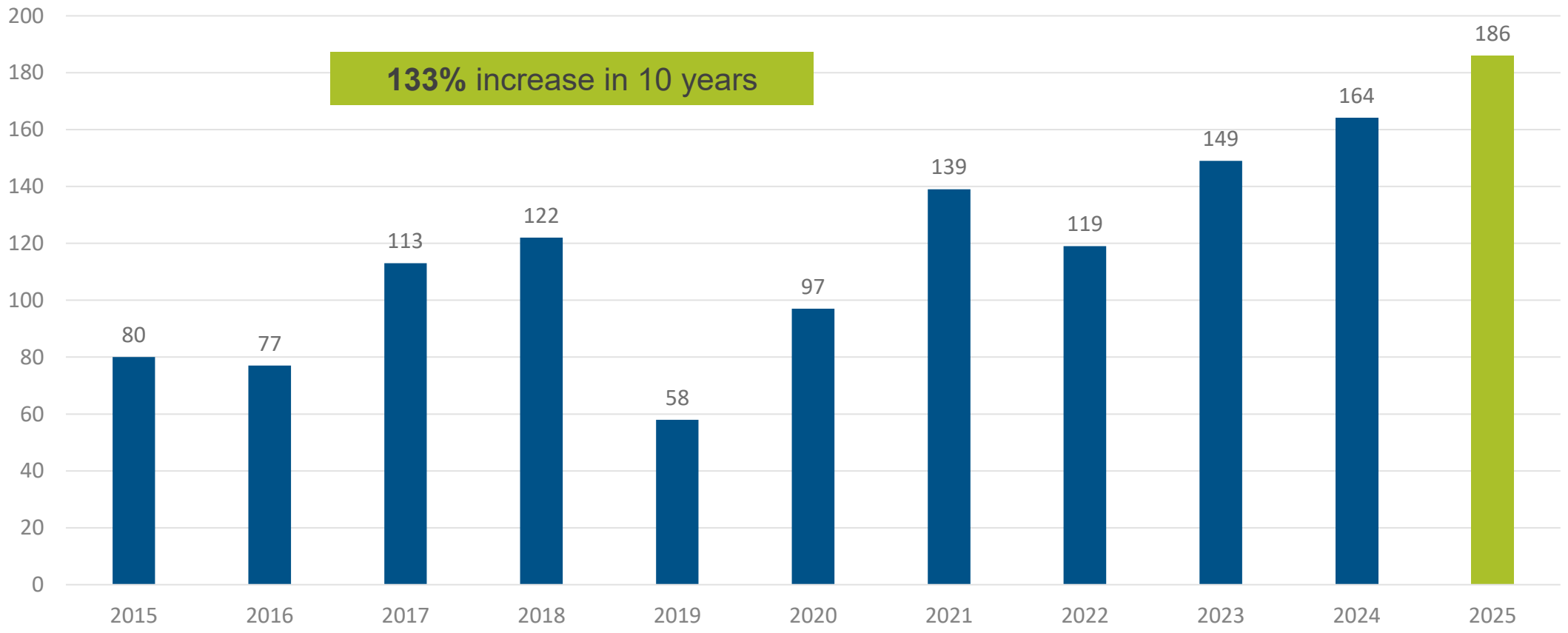
Lives Saved from Montana Donors, 2015 – 2025



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CMS Outcome Metrics

- In 2020, CMS finalized new rules for OPO performance measurement that apply to the 2022-2026 certification cycle.
- The system CMS established is based on two highly correlated outcome measures:

  Donation Rate: the number of deceased donors divided by potential donors* within an OPO's donation service area (DSA).

  Organ Transplant Rate: the number of organs transplanted from an OPO's deceased donors divided by potential donors* within an OPO's DSA.

**Potential Donors = the number of deceased individuals within an OPO's DSA identified by death certificate data with a primary cause of death that is consistent with organ donation but without exclusions for contraindications for donation such as underlying cancer, systemic infection, and non-ventilated deaths.*

Tier Structure – Recertification in 2026

- A benchmark with median and top 25th % thresholds is established for 2024 based on the performance of all OPOs from the prior year period (2023).
- OPOs are placed into three tiers based on performance against the benchmark using data from a single 12-month assessment period (2024).

** Both the donation and the transplant rate measure must meet the thresholds; otherwise, the OPO is placed in the lower of the two tiers*

Tier 1	**Top 25% of the median – OPO recertified**
Tier 2	**Above the median, below top 25% – OPO threatened with potential replacement and loss of service area**
Tier 3	**Below the median – OPO automatically decertified and prohibited from participating in the nation's donation system**

CMS Outcome Metrics Will Destabilize Organ Donation System

1. OPOs with one metric below the median in 2024 will automatically be decertified.
2. CMS evaluates performance using only two closely correlated metrics and, contrary to the statute, doesn't apply process measures or multiple outcome measures.
3. OPOs are held responsible for a transplant rate when they do not have direct control over the outcome.
4. The regulations do not account for important differences in geography of service areas – including distance from transplant centers, number of local transplant programs, and activity levels of the nearest transplant centers.
5. Donor potential calculation is based on death certificates.

Ben Anderson, Organ Donor

Ben, 20, is described by his mom, Eden, as *“a comet — a bright, shining star of a kid.”* He was an active young man who pushed the physical boundaries of anything on wheels, landing 360s and backflips, going a million miles a minute.

People were drawn to Ben’s energy. His friends often confided in him because he cared about their struggles, and he also understood what it felt like to be lonely or misunderstood. Adopted by white parents at birth, Ben was deeply loved but sometimes felt isolated as a Black person in a rural town. He was eager to help others along their journeys.

Ben was injured doing something that he loved – going fast. When it was clear that he would not recover, his mom honored his life by choosing organ and cornea donation to save and heal others.

“My son will never have children. He will never again walk into a room and light it up the way he used to. But he will be remembered. His name will be spoken with reverence by people he never met. Ben gave life. He restored sight. He lives on in the people he saved. And I know he would’ve been proud of that.”

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