

HOUSE BILL REPORT

SHB 2469

As Passed House:

February 11, 1998

Title: An act relating to increasing the blood supply through directed donations.

Brief Description: Increasing the blood supply through directed donations.

Sponsors: By House Committee on Health Care (originally sponsored by Representative Lambert).

Brief History:

Committee Activity:

Health Care: 2/3/98 [DPS].

Floor Activity:

Passed House: 2/11/98, 81-14.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Skinner, Vice Chairman; Cody, Ranking Minority Member; Conway; Parlette; Sherstad; Wood and Zellinsky.

Minority Report: Do not pass. Signed by 2 members: Representatives Murray, Assistant Ranking Minority Member; and Anderson.

Staff: Antonio Sanchez (786-7383).

Background: A blood transfusion is a medical procedure to correct a deficiency of blood or its parts. A person requiring a transfusion may need whole blood or blood components added directly to the bloodstream. Blood transfusions may be needed by patients as part of the treatment for bleeding due to surgery or injury or for inherited blood disorders. Receiving a blood transfusion is generally a simple procedure which does not require anesthesia or special preparation of the patient. When a physician determines that a person might require a blood transfusion, a health professional draws a small sample of blood for pre-transfusion testing within three days before the transfusion. Most commonly, in this state, the blood sample is sent to a laboratory where pre-transfusion tests are performed to select donor blood that is compatible with the patient's blood. After testing, which generally takes one to two hours, the blood is

delivered to the hospital or clinic where the patient will receive the matched blood transfusion.

Currently, the source of blood most commonly used for a blood transfusion is from an anonymous volunteer donor. In most blood donation centers in Washington only volunteers are permitted to donate blood, and there are no incentives to give. This method of obtaining blood has been found to be a safe source of blood for transfusion. Volunteer blood donors are required to complete a health history questionnaire and a screening interview to identify behaviors that may indicate a high risk of carrying blood-borne disease. Laboratory technicians perform up to nine tests on each unit of blood, including tests for hepatitis B and C, HIV-1 and -2, syphilis, and HTLV-1, a rare virus associated with leukemia. Any unit of blood that indicates evidence of carrying a disease is discarded. Donor screening and testing reduce the risk of hepatitis as much as medical technology allows, but cannot eliminate the risk entirely. Currently, the risk of hepatitis C infection from a transfusion is estimated to be less than one in 6,000, and the risk of hepatitis B is one in 200,000.

Donations from friends, relatives, or parents for a specific patient are called directed donations. Professionals maintain that donated blood from community volunteers is one of the safest sources of blood and that directed donations are not safer than volunteer blood donations. Some blood centers have indicated that directed donors may be under pressure to donate and, as a result, may fail to disclose completely their health and social histories for fear of exposing aspects of their lives that they may want to keep private. According to some blood centers, the pressures associated with directed blood transfusions could increase the risks associated with transfusions.

Currently, some states, including California, mandate that patients be allowed to select their own blood donors.

The blood needs of Washington are met by the five blood collection centers headquartered in the state. The five centers are Columbia River Regional Blood Center in Yakima, Puget Sound Blood Center in Seattle, Sno-Isle Community Blood Bank in Everett, Spokane and Inland Empire Blood Bank in Spokane, and Tacoma-Pierce County Blood Bank in Tacoma. Directed blood donations are conducted in Washington and almost all blood center in the United States now accept directed donations

Directed blood donations are not mandated in Washington.

Summary of Bill: Blood donor programs are required to allow directed blood donations and to establish a program and procedures for collecting directed donated blood. Written consent by the patient, or the legal guardian, and the donor is required. Up to one-third of the donated blood can be kept by the blood center to be used for the general blood supply. In addition, directed donated blood not used by the patient can be returned to

the blood center for use in the general blood supply if it meets all the applicable state and federal standards for quality and safety.

A procedure is established to ensure that potential directed blood donors are given the opportunity in private to indicate confidentially, both verbally and in writing, if undue pressure has been placed on them to make the donation. If undue pressure has been placed on the potential donor, the blood center staff is required to terminate the donation and provide the donor with a statement indicating that the donation is currently incompatible for purposes of this procedure. Only blood types that are medically suitable shall be used for donation. All blood donation centers are required to have the capability to test directed blood donations as determined by the federal Drug Administration.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Testimony For: The option for providing directed blood donations will apply uniformly and consistently throughout Washington and will create another option for increasing the blood supply.

Testimony Against: Blood centers in Washington have the ability to do directed donations and are doing them now.

Testified: Representative Lambert, prime sponsor; Dr. Richard Counts, Puget Sound Blood Center (con); Bruce Miyahara, Department of Health (support concept); and Walter Kirk (pro).