

HOUSE BILL REPORT

2SHB 2805

As Passed House:
February 13, 2008

Title: An act relating to umbilical cord blood.

Brief Description: Regarding the collection of umbilical cord blood.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Schual-Berke, Cody, Barlow, Hudgins, Hunt, Green, Hasegawa, Pedersen, Loomis, Santos and Kagi).

Brief History:

Committee Activity:

Health Care & Wellness: 1/28/08, 1/30/08 [DPS];
Appropriations: 2/11/08 [DP2S(w/o sub HCW)].

Floor Activity:

Passed House: 2/13/08, 97-0.

Brief Summary of Second Substitute Bill

- Requires the Department of Health to identify and fund a work group on expanding cord blood collection practices, and to identify an institution conducting prematurity research to participate in a pilot project with three hospitals in eastern Washington to increase the ethnic and racial diversity of umbilical cord blood units that are collected for research and transplantation.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Barlow, Condotta, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Staff: Chris Cordes (786-7103).

HOUSE COMMITTEE ON APPROPRIATIONS

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 32 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Haler, Assistant Ranking Minority Member; Anderson, Chandler, Cody, Conway, Darneille, Ericks, Fromhold, Grant, Green, Haigh, Hinkle, Hunt, Kagi, Kenney, Kessler, Kretz, Linville, McIntire, Morrell, Pettigrew, Priest, Ross, Schmick, Schual-Berke, Seaquist, Sullivan and Walsh.

Staff: Wendy Polzin (786-7137).

Background:

Cord blood banks, both public and private, store placental and umbilical cord blood that is collected from newborns. Public banks accept cord blood donations, store the cord blood anonymously without charge, and make it available to any patient that needs it. Private banks store the donor's collected cord blood for a fee, and the stored blood is intended for future use by the donor or donor's family.

A 2005 Institute of Medicine (IOM) report on cord blood banking discusses the potential for using stem cells in regenerative medicine. This potential exists because stems cells are unspecialized cells that are capable of dividing and replicating indefinitely and of giving rise to specialized cells, such as heart muscle cells, nerve cells, blood cells, and other cell types.

One type of stem cell, the hematopoietic progenitor cell (HPC), is responsible for the continuous production of several types of normal blood cells. The HPCs have been used in transplants to treat leukemia, lymphoma, aplastic anemia, sickle cell anemia, and certain inherited immunity disorders. The HPCs are obtained from various sources, including bone marrow and umbilical cord blood. They have been used as an alternative to bone marrow for many treatments. According to the IOM report, HPCs obtained from cord blood have a lower risk of a poor immune response to transplantation than HPCs obtained from bone marrow. In addition, the IOM report states that cord blood is readily available, has a low risk for transmitting infectious disease, and involves minimal risk to the mother or the infant at collection.

The 2005 IOM report recommended the creation of a nationwide cord blood stem cell bank program. The U.S. Congress, in late 2005, adopted the C.W. Bill Young Transplantation Program, under which the U.S. Department of Health and Human Services regulates cord blood banks, including recognizing entities for the accreditation of cord blood banks, providing standards for the operation of cord blood banks, and establishing a public donor system for cord blood.

Summary of Second Substitute Bill:

Legislative Findings

A statement of legislative findings recognizes that placental and umbilical cord blood is a viable and more accessible alternative to bone marrow in many medical therapies. It cites the estimated need for units of usable placental and umbilical cord blood, the need to increase the ethnic diversity of the supply, and the pioneering work done in Washington on transplantation therapies.

Cord Blood Collection Practices Work Group

The Department of Health (DOH) must identify, support, and provide funding to a work group charged with expanding umbilical cord blood collection practices. The work group must represent:

- a major health research institution engaged in premature birth research;
- a nationally recognized cancer treatment and research institution;
- a nonprofit blood bank engaged in umbilical cord blood collection;
- an accredited private cord blood bank engaged in cord blood collection in Washington;
- and
- an organization representing hospitals.

The work group must develop:

- model educational materials for expectant parents and health care providers regarding donating umbilical cord blood and its uses, with the materials including sufficient information about the full range of options to allow an informed decision before the third trimester of pregnancy about participating in public or private cord banking or donating cord blood for research;
- common protocols for hospitals and blood banks in collecting umbilical cord blood; and
- methods to decrease the cost of umbilical cord blood banking.

Cord Blood Pilot Project

The DOH, in consultation with the work group, must identify a research institution to participate in a pilot project in three hospitals in eastern Washington. The research institution must be actively conducting prematurity research in Washington that requires the collection of blood and specimens, including umbilical cord blood, from pregnant women. The three pilot project hospitals must be selected for the purpose of increasing the ethnic and racial diversity of cord blood units collected for research and transplantation. The pilot project must support, with staff and resources, an expansion of retrieval and collection, using the protocols and methods provided by the work group.

Work Group and Pilot Project Report

By July 1, 2010, the DOH must submit a report to the Legislature and the Governor on the work group's recommendations and the findings of the pilot projects.

The bill is null and void unless funded in the budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony: (Health Care & Wellness)

(In support) Cord blood is an important tool for curing certain diseases because it is easier to make transplant matches with cord blood stem cells than with bone marrow cells. This is particularly important for patients with diverse ethnic heritage. There is work going on in Washington that needs to be unified. There is an urgent need to expand the current infrastructure to collect and store more cord blood, and the quality of samples needs to be improved. There are waiting lists, too many populations are underserved, and hospitals are not prepared to address the need. Premature births result in a very large cost to the state. The prematurity network at Children's Hospital is doing work to collect and store cord blood. This research will bring together multiple experts and promote collaborate development of treatment strategies. There are three eastern Washington hospitals that could help expand sources of collection.

(In support with amendments) There are two kinds of cord blood samples, family and publicly banked. Family samples reduce the problem of matching in transplantation. One successful example was a perfect match that cured Sickle Cell Anemia in a child using stem cells from the cord blood of a sibling. Families need to understand their options for donating and storing cord blood. Fair and balanced education and informed decision-making is critical, and should occur before the third trimester. Nine states have enacted such laws. The family cord blood banks should be represented on the working group so that all parties share their ideas.

(Opposed) None.

Staff Summary of Public Testimony: (Appropriations)

This will greatly increase the availability of umbilical cord blood for the treatment of cancer, blood, and immune disorders. The bill allows umbilical cord blood collection for public banking in eastern Washington hospitals that serve racially and ethnically diverse populations and will increase access to compatible donors, benefitting the community at large by collecting cord blood for public banking. Children's Hospital has laid the groundwork for cord blood collection by building relationships with hospitals around the state. Children's Hospital will be donating administrative support for the eastern Washington hospitals.

Persons Testifying: (Health Care & Wellness) (In support) Representative Schual-Berke, prime sponsor; Bev Holland, Swedish Medical Center; Craig Rubens and Donna Russell, Seattle Children's Hospital; and Jo-Anna Reems, Puget Sound Blood Center.

(In support with amendments) Paul Billings, Cord Blood Registry Systems; Ann Langer, Cord Blood Registry; and Darlene, Issac, and Joseph Davis.

Persons Testifying: (Appropriations) (In support) Representative Schual-Berke, prime sponsor; and Donna Russell, Children's Hospital.

Persons Signed In To Testify But Not Testifying: (Health Care & Wellness) None.

Persons Signed In To Testify But Not Testifying: (Appropriations) None.