

Lane Blood Center Position on Oregon House Bill 2541

HB 2541 under consideration by the Oregon State legislature would require a physician, physician assistant or individual licensed to practice nursing, in specified numbers, to be present at blood drives. It would also require that assessments of blood donor suitability be performed only when a physician, physician assistant or individual licensed to practice nursing is present.

Blood centers in nearly every state operate safely and are managed with the appropriate level of trained and credentialed staff without restrictive laws mandating credentials. Our federal regulations and accreditation requirements are sufficient to ensure donor and patient safety. This is consistently proven by the exemplary safety record of the US blood supply.

Oregon blood centers have operated safely for decades without a legislated requirement for a doctor, PA or nurse to be present at blood collection activities. All centers in Oregon are FDA licensed and are subject to all Code of Federal Regulations requirements. All centers in Oregon are also voluntarily accredited by the AABB (American Association of Blood Banks). Both regulations and accreditation standards require that our activities be conducted under the direction of a licensed physician acting as medical director (21 CFR). Both FDA and AABB conduct regular, no-notice inspections of our facilities to ensure compliance.

Our center operates with highly-trained staff on a number of levels—from the licensed physician to the medical assistant. Our training programs are compliant with FDA regulations, requirements of the Clinical Laboratory Improvement Amendments (CLIA) and AABB standards.

Blood drives are operated with a comprehensive and well-defined health history questionnaire that has been developed over decades of experience and approved on a national level by both FDA and AABB. These standardized questionnaires and associated instructions provide solid guidance for donor acceptance or deferral. Blood center training also provides for the needed post-phlebotomy care to be provided by all personnel attending donors.

In the very rare situation in which a severe donor reaction occurs, the emergency medical response system has been shown to be the appropriate paramedic response.

Lane Blood Center leadership supports a constructive nursing presence in blood center activities.

There are a variety of ways in which nursing engagement is secured in our blood center operations:

- Writing operating instructions that guide donor screening, qualification and selection, blood collection and post-phlebotomy care;
- Performing specialized patient collection procedures;
- Donor counseling and discussions of test results;
- Consultation for unusual situations;
- Consultation with the center medical director in bridging operational issues and the clinical judgment of the physician in charge (much as nurses function in other clinical environments).

Nurses and physicians are readily available at all times for consultation during blood collection as well as after hours.

Experience in California blood centers confirms that such a law has been expensive and has not added value. Blood costs to California hospitals has historically been among the highest in the country. Our California colleagues state that the current requirement that a nurse be present at blood drives is limiting and adds unnecessary cost.

Blood centers need appropriate flexibility for where and how nursing staff is employed in mobile and fixed blood drive sites. HB 2541 will deny blood centers of this needed flexibility in employing the right level of trained personnel to staff our operations.

The current shortage of skilled nurses in our changing healthcare environment raises questions about the value of a requirement to stipulate how nurses must be utilized in blood centers where a good safety record exists.

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3

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