

Red Cross Opposes House Bill 2541



**American
Red Cross**

- **The American Red Cross Pacific Northwest Blood Services Region opposes House Bill 2541.**
 - The consequences of House Bill 2541 are likely to be impactful in terms of an increase in the cost of blood products for community healthcare providers and the potential erosion of Red Cross blood services in the community.
- **The Red Cross Pacific Northwest Blood Services Region currently has a collective bargaining agreement in place with the Oregon Nurses Association, which includes a commitment to use best efforts to deploy nurses on blood drives in parts of the state, where it is feasible to do so.**
 - Per the agreement, the region makes every reasonable effort to have a least one licensed nurse on blood drives with a goal of 59 or fewer procedures and two licensed nurses on blood drives with a goal of 60 or more procedures.
- **House Bill 2541 would not enhance donor safety or the safety of the blood supply and it would place unnecessary constraints on blood collections in Oregon.**
 - The top priority of the Red Cross is the safety of blood donors and the ultimate recipients of blood.
 - All blood collection organizations are regulated by the Food and Drug Administration (FDA). The Red Cross extensively trains and assesses the competency of its workforce to ensure compliance with the regulatory requirements of the FDA as well as its own high standards of performance.
 - Each Red Cross Blood Region has dedicated medical staff, including physicians, available 24-hours-a-day to consult on any medical concerns relating to blood drives.
- **House Bill 2541 will cause operational challenges, the cancellation of blood drives and will have a negative impact on the community blood supply.**
 - The recruitment and retention of nurses for positions that are not traditionally associated with the nursing profession is difficult – particularly in rural communities, where nursing resources are scarce.
 - While the Red Cross has a national network that allows it to move blood where it needed, the 'local' blood supply is a fragile and precious resource.
- **If House Bill 2541 becomes law, it will increase operational costs, placing a financial burden on all blood collectors that wish to operate in Oregon and increasing the cost of blood products for community healthcare providers.**
 - If the cost to collect blood is higher in Oregon than other states, then blood centers in this region could become compelled to reduce or eliminate local blood collections. This could impact local jobs and force Oregon hospitals to rely on the generosity of blood donors from outside the state to satisfy the needs of their patients.
 - Increased expenses would be passed along to community healthcare providers, which compensate the Red Cross and other blood collectors for the costs associated with collecting, testing and distributing the blood they supply.
- **The Red Cross has a long tradition of employing nurses and encourages available nurses to apply for all open positions, including management positions.**



American Red Cross
Pacific Northwest
Blood Services Region

Testimony of Michael Mawdsley 2015-Feb-11

Chair Greenlick and members of the House Health Care Committee, I am Michael Mawdsley, former Director of Blood Collections of the American Red Cross Blood Services Pacific Northwest Region and currently the Director of Customer Experience and Loyalty for the National Red Cross. I am here today on behalf of the Red Cross Pacific Northwest Region to oppose House Bill 2541.

Rural Nurse Staffing

Recent statistics for the time it takes the Red Cross to fill a nursing position show alarmingly long periods of searching to find the right candidates. In fact, the last nurse position filled in Bend took 125 days and Roseburg 135 days. Klamath Falls has seen more than a year to fill a nursing position, complicated by a lack of full time work. The likelihood of creating daily blood drive cancellations from these long-term shortages of nurses is real and will directly impact blood availability in Oregon hospitals. Add to that the geography that our collection teams cover in a given week and one can quickly grasp the logistical impossibility of having nurses available to work and also to backup drives ranging from John Day to Bend to Klamath Falls all in a single day.

Donor Service Excellence

For the past nine months, I have served the American Red Cross as the Director of Customer Experience and Loyalty, examining the blood donation experience across the nation, and formulating a plan to improve that experience with the aim of increased donor retention and ultimately, more blood donations. In 100,000 surveys, not one donor has identified the desire to have a licensed staff member present for his or her donation. In fact, donors do report to us that one of their most frequent concerns with our process is when they have an appointment and we are not ready to take their blood at their scheduled appointment time (often due to a last minute blood drive cancellation).

Blood Collections and Availability

Every day, the hospitals that we serve rely on our consistent ability to provide the blood products that are needed for their patients. It is crucial that we never have an interruption in our supply of blood because it is a perishable product with a limited shelf life. Unfortunately the mandate provided for in House Bill 2541,

requiring a nurse at every blood drive, will force the cancellation of blood drives when a nurse is not available and thus, will decrease the amount of blood we collect, jeopardizing blood availability for local hospitals.

Imagine if you will, the volunteer blood drive chair in your local community who has put countless hours into planning a successful blood drive, signing up donors, recruiting committed volunteers and more. On blood drive day, the nurse assigned to the drive calls in sick and no one else is available on such short notice to take that assignment. We have to call that volunteer blood drive coordinator and tell him or her that we can't hold the blood drive because one of our staff called out sick and we cannot get a replacement in time. Through experience, we know that we have the staff capable of executing a safe blood drive, but instead of doing that, we send those staff home for the day because one person called in sick. Blood donors with appointments, averaging about 30 at each drive, are unhappy because they cannot donate. Staff members assigned to that blood drive have their schedules changed at the last minute because that nurse is not available.

- It is unlikely that these blood donors will want to reschedule when we stood them up at the last minute.
- It is unlikely that are our staff members will want to continue working for us when we change their schedules at the last minute.
- And, it is unlikely that we will be able to meet hospital demand for blood when we cancel blood drives because of that need for a nurse.

These points have negative consequences for blood availability, for licensed and non-licensed staff who choose blood collection as their profession, for hospitals who rely on a steady supply of blood products at a competitive price, and for our volunteers who tirelessly plan blood drives across our state every day and those who generously come in to these blood drives to donate.

Over the life of the current Oregon Nurses Association (ONA) American Red Cross bargaining agreement, we have consistently maintained 92 percent of blood drives with a nurse on them. We consistently schedule 100 percent with a nurse and despite our best attempts to keep these blood drives staffed, unplanned absenteeism and turnover equates to 92 percent coverage. One result of House Bill 2541, most assuredly, will be the cancellation of another 5 percent of blood drives on any given day. These cancellations could result in significantly lower collections of blood products locally and a greater need to import blood from other states to Oregon. It is already challenging to collect enough blood to meet patient needs, particularly in the winter and summer months. Anything from severe weather to school breaks to holidays can affect our ability to collect blood – and each can result in blood shortages. What

this bill proposes – mandating a licensed staff person – would create another significant obstacle to ensuring patients have the blood they need when they need it.

Potential Impact on Jobs in Oregon

The transfusion medicine and blood banking industry is very competitive. As hospital systems consolidate to meet the requirements of a cost effective health care model, blood centers are responding with consolidation of their own in order to serve across multiple states and geographies. As cost effectiveness becomes increasingly important, the organizations that can optimize their cost structure while maintaining high standards of performance are the ones that will continue to prosper and serve our community hospitals. Blood centers will collect blood where it is the least expensive to do so and distribute blood wherever it is needed.

House Bill 2541 would do more to increase the cost of collecting a unit of blood in Oregon and likely have unintended consequences, as collections are reduced to offset expense increases, blood will begin coming into Oregon from other states to satisfy hospital demand.

Conclusion

In conclusion, the American Red Cross respectfully opposes House Bill 2541. We owe our communities, our volunteers, our donors, our hospitals, and our licensed and unlicensed team members better than this bill provides. We will continue to provide the high level of donor care our donors and blood recipients have come to expect nationwide as a result of our highly proficient and well trained workforce, whether or not House Bill 2541 passes. Please help us to do this in Oregon at a cost that makes sense to hospitals and blood collectors alike.

Thank you for the opportunity to testify before you today. I am happy to answer any questions.



American Red Cross
Cascades Region

Serving Oregon and SW Washington

Testimony of Amy Shlossman 2015-Feb-11

Chair Greenlick and members of the House Health Care Committee, thank you for having us here today. My name is Amy Shlossman, Chief Executive Officer of the American Red Cross Cascades Region. I am here today on behalf of Red Cross humanitarian services to oppose House Bill 2541.

American Red Cross opposes H.B. 2541

I echo my colleague, Jeff Allen's remarks regarding concerns with H.B. 2541.

Strong Partnership

I'm here today to speak to the strong partnership and deep respect we have for our colleagues throughout the health care industry and the value of these relationships across each Red Cross line of service, including and beyond blood services.

Disasters

Within humanitarian services, we work closely with nurses, public and mental health professionals to support clients after disasters in their greatest times of need.

Our trained volunteer healthcare professionals deploy day and night, whenever, wherever there's a need to support families affected by disasters, providing hope, comfort and immediate support in the aftermath of a devastating home fire or large scale disaster. In the days that follow, Red Cross healthcare professionals continue to work with clients and make referrals as needed for longer term support.

Healthcare professionals train our disaster workforce in psychological first aid locally and across the country, and provide wellness support to volunteers / staff during national disaster deployments.

We also have strong partnerships with local Public Health departments, collaborating with health authorities on medical emergencies such as Ebola, and with Oregon Medical Reserve Corps, offering Psychological First Aid training to their team members across the state.

Service to the Armed Forces

Through the Red Cross Service to the Armed Forces program, healthcare professionals directly support members of the military and their families before, during and post-deployment and in VA facilities around the country, help care for our wounded service members.

Health and Safety

Within our Health and Safety division, we train and test Certified Nursing Assistants and provide Basic Life Support training via First Aid/ CPR certification. This curriculum is created in conjunction with medical professionals on the Red Cross Scientific Advisory Council, comprised of members from a broad range of professional specialties.

Community Engagement

Finally, Certified Nurses and Nursing Assistants, along with Doctors, and Mental Health Professionals serve on local and regional Red Cross Boards, lending their experience and expertise to collaborative efforts between the Red Cross and health care professionals and organizations.

Conclusion

In conclusion, the American Red Cross values our strong partnerships with healthcare professionals, including the Oregon Nurses Association, but respectfully opposes House Bill 2541.

Thank you for the opportunity to testify before you today. I am happy to answer any questions.



American Red Cross

Pacific Northwest
Blood Services Region

Testimony of Laura Marines 2015-Feb-11

Chair Greenlick and members of the House Health Care Committee, my name is Laura Marines and I am the Collections Director for the American Red Cross Pacific Northwest and Northern California Blood Services Regions. I have worked in the blood services industry for the past 22 years and I am also a registered nurse. I am here today on behalf of the Red Cross Pacific Northwest Region to oppose House Bill 2541.

As a blood donor myself, I feel 100 percent confident that our blood drives are safe and our staff has adequate training to care for me if a complication should occur while I'm donating blood. When my own father received blood following a complicated orthopedic surgery, I can't tell you how grateful I was that the label said it was collected by the American Red Cross.

I want to provide a few points for you to consider with the recommendation to vote no on House Bill 2541.

Training and Competency

All Red Cross Collections staff members, which include our technicians and licensed staff, are trained in Red Cross Standard Operating Procedures (SOPs) in exactly the same way. There is no fast tracking. Our expectations for successful performance are the same for technicians and licensed staff. The Red Cross training program lasts 11 weeks before a trainee is released to perform tasks independently. We provide a combination of classroom and on-the-job training to ensure each one of our staff achieves the same level of proficiency, and we perform periodic evaluations and annual competency assessments to ensure compliance to procedures.

Quality Assurance

Our regional Quality Assurance group performs regular local audits and a separate group from our national headquarters performs annual system audits. Additionally, all regions are audited by the FDA annually. The Red Cross has a high standard for compliance to procedures. We have a process for documenting, tracking and trending deviations from standard operating procedures and ensure appropriate corrective actions related to staff competency and blood product safety.

Employee Impact

If this bill is enacted into law, I am concerned about how it would affect my staff in Oregon. We would need to reduce the number of technician positions to account for an increased number of nurse positions. As it is, we have a difficult time attracting and retaining nurses as the schedules and work hours are variable so that we can accommodate our donors and blood drive sponsors.

When a nurse calls in sick or has to take medical leave, another nurse will need to be relocated to ensure we are not forced to cancel a blood drive. If no other nurse is available on short notice, all the technicians scheduled to work at that blood drive will miss out on a full day of work. This will affect our employee's quality of life.

Conclusion

In conclusion, the Red Cross respectfully opposes House Bill 2541. If the Red Cross cancels critical blood drives, those who ultimately suffer are our donors, blood drive sponsors, the hospitals we serve and their patients. Thank you for the opportunity to testify before you today. I am happy to answer any questions.



American Red Cross
Pacific Northwest
Blood Services Region

Testimony of Ross M. Herron, Jr., MD, 2015-Feb-11

Chair Greenlick and members of the House Health Care Committee, I am Ross M. Herron, Jr., MD, Chief Medical Officer of the West Division of American Red Cross Blood Services. I join my colleagues of the American Red Cross Pacific Northwest Region to oppose House Bill 2541.

Donor Safety and the Safety of the Blood Supply

House Bill 2541 would not enhance donor safety or the safety of the blood supply, and it would place unnecessary constraints on blood collections in Oregon. The top priority of the Red Cross is the safety of blood donors and the recipients of blood and blood products.

First, all blood collection organizations are regulated by the Food and Drug Administration (FDA). The applicable regulations for donor suitability and blood collections are contained in Title 21 of the Code of Federal Regulations, which is attached to my written statement submitted for the record.

Second, the Red Cross extensively trains and assesses the competency of its workforce to ensure compliance with the regulatory requirements of the FDA as well as its own high standards of performance. Under our Standard Operating Procedures (SOPs) relating to Donor Suitability and Donor Complication management, Collections staff undergo extensive training, including both classroom and on-the-job training before being released to perform tasks independently. Competency assessment occurs during the initial training period, and continuing competency assessments occur at periodic intervals throughout each year of employment.

Moreover, each Red Cross Blood Services region has dedicated physicians available 24-hours-a-day to consult on any medical concerns relating to blood drives. Our Donor and Client Support Center (DCSC) is staffed 24-hours-a-day, 7 days a week with Donor Suitability specialists and Donor Complications specialists who are able to provide telephone consultation to Collections staff regarding any matters that may arise during blood drives. DCSC staff also provides toll-free telephone consultation to donors who may have questions or concerns after leaving the blood drive collection site. For donors who may have

contacted our DCSC, the staff remains in contact either by phone or written communication until the matter is resolved. Red Cross physicians are available to assist DCSC staff 24-hours-a-day as needed.

And finally, the Red Cross tracks donor complication data through the Red Cross Biomedical Headquarters Hemovigilance Program. There are some variations among Red Cross regions, with most donor complications being mild in nature, like lightheadedness, and brief in duration. Total rates for donor complications range from 3 to 6 per every 100 blood collections, with minor complications accounting for the large majority of complications.

Complications that are somewhat more severe, such as prolonged recovery over 30 minutes, are much less common with regional rates ranging from 2 to 3 per every 1,000 blood collections. While the rates vary from region to region, the data from the Red Cross Hemovigilance Program show that regions with unlicensed Collections staff have similar rates of donor complications or lesser rates of donor complications as those regions with a combination of unlicensed staff and licensed staff (Registered Nurses; Medical Technologists/Clinical Laboratory Specialists; Licensed Vocational Nurses/Licensed Practical Nurses).

Therefore, the Red Cross opposes House Bill 2541 as it would not enhance donor safety or the safety of the blood supply, and it would place unnecessary constraints on blood collections in Oregon.

Thank you for the opportunity to testify before you today. I am happy to answer any questions.



American Red Cross
Pacific Northwest
Blood Services Region

Testimony of Jeffrey D Allen 2015-Feb-11

Chair Greenlick and members of the House Health Care Committee, I am Jeffrey Allen, Chief Executive Officer of the American Red Cross Pacific Northwest Blood Services Region. I am here today on behalf of the Red Cross to oppose House Bill 2541.

About the American Red Cross

The Red Cross introduced the first nationwide civilian blood program nearly 70 years ago, and now provides roughly 40 percent of the nation's blood supply. The Red Cross plays a leading role in protecting the safety of donors and blood recipients and ensuring an adequate blood supply. The Pacific Northwest Blood Services Region is one of 36 regions in the country and our service extends to hospitals throughout Oregon, Washington and Alaska. Each year in Oregon alone, we collect approximately 200,000 pints of blood and platelets, which are provided to nearly 40 hospitals throughout the state. We have six Oregon blood donation centers, and we hold an average of 20 mobile blood drives each day in partnership with local businesses, civic groups and other community organizations. Our lifesaving mission is made possible only through the generous support of volunteers and blood donors in the communities we serve.

The Red Cross opposes H.B. 2541

We oppose House Bill 2541 because it does not enhance donor or patient safety. It would put unnecessary restrictions on our ability to collect blood for the hospitals we serve, particularly in rural areas of Oregon, and it would unnecessarily increase costs, creating a competitive disadvantage for organizations that wish to collect blood in the state of Oregon. In today's competitive healthcare environment, in which blood centers and transfusion medicine companies compete both locally and on national levels, the passage of House Bill 2541 could ultimately serve to diminish the level of operations in Oregon and enhance operations in adjacent states that could provide blood in a more cost effective manner, thereby ultimately costing the state of Oregon the very jobs we wish to protect.

Safety

The U.S. Food and Drug Administration (FDA), AABB (formerly known as the American Association of Blood Banks) and the American Red Cross have regulations and professional standards for holding blood drives, and none require a nurse to be present at every blood drive. Such a requirement has not been standard for blood collection sites across the United States. We know of no data or research that suggests by requiring a nurse at every blood drive, donor safety will increase.

The Red Cross trains every member of our collection staff during an extensive program to ensure compliance with all FDA regulatory requirements, the professional standards set by AABB, and our own high standards of performance.

Blood Collections and Availability

While the Red Cross does attempt to have nurses at every blood drive in Oregon in accordance with our current bargaining agreement, in 2014, we would have been forced to cancel blood drives associated with more than 12,400 blood collections due to the unavailability of existing nursing staff on certain days (as a result of existing nursing staff illness, Family Medical Leave, planned time off and other absences) for certain drives. That is roughly a 5 percent impact on the annual blood supply in Oregon.

Costs

By requiring nurses to be present at every blood drive in Oregon, we would be imposing a cost structure not required in most states across the country. In order for us to be fully compliant with House Bill 2541, and provide nursing cross-coverage in all instances, we would need to employ 46 nurses in Oregon. Because nurses demand approximately \$10 more per hour than non-nursing trained staff that could otherwise perform the function, we would be incurring roughly \$1,000,000 more in cost per year than we would if we were operating in most other states. That equates to approximately \$5 per unit of blood that would need to be passed on to Oregon health care consumers.

Potential Impact on Jobs in Oregon

The Red Cross employs more than 450 individuals in the state of Oregon, but that number could be jeopardized if we create an unnecessary cost burden by requiring nurses for non-nursing activities.

Bargaining Agreement in Oregon

The Red Cross already has a bargaining agreement in place with the Oregon Nurses Association and largely complies with the requirements of House Bill 2541 to deploy nurses on blood drives. If the House

Bill is passed, we will lose the flexibility and agility to respond to changing daily circumstances, when nurses are unavailable at a given site on a given day for any reason.

Regardless of any bargaining agreement, the Red Cross is committed to a qualified workforce, including the deployment of nursing staff where they can make an appropriate impact. As such, we are proud to employ nurses in providing clinical care to patients in a variety of ways, and we intend to continue our long history in investing in opportunities for our nursing and medical professionals. We simply do not find that we are exercising sound stewardship of community resources when we deploy nurses in non-nursing functions, where they are under-utilized.

Conclusion

In conclusion, the American Red Cross Pacific Northwest Blood Services Region respectfully opposes House Bill 2541.

Thank you for the opportunity to testify before you today. I am happy to answer any questions.