

## Testimony in Support of HB 2541A

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Chair Monnes Anderson and members of the committee, thank you for the opportunity to submit testimony in support of HB 2541A, which would require a Registered Nurse or other licensed health care professional to be present on blood drives. I support HB 2541A.

I am a clinical laboratory pathologist with 27 years' experience in transfusion medicine. Most recently, I was medical director of the Red Cross in Portland from 2007-2013. I have also directed large hospital transfusion services, regional blood collection centers, and academic hospital transfusion services

I will present my responses to some of the points raised in opposition to this bill by the Red Cross. I will also discuss my concerns about Red Cross' apparent inability to fully manage the current changes in the blood collection industry. It is my opinion that this inability has increased the organization's focus on cost savings via staff reductions.

Red Cross' opposition to this bill includes, but is not limited to, the following issues:

**Cost of blood products.** As Red Cross is already using nursing staff on blood drives, this cost has already been built into the cost recovery price of blood products. To the extent that this pricing may not be competitive with other suppliers in the area, other means that do not impact donor and blood safety can be found to decrease the company's outlays and prevent price increases for blood.

**HB 2541A will not enhance blood safety and would place constraint on blood collections.**

The safety of donors and the blood supply is enhanced by the presence of licensed staff at blood collection drives, as eligibility and donor reaction issues can be promptly and knowledgeably dealt with. Better care at the donor site means safer units of blood and more repeat donors who are confident that their safety during the donation process will be assured.

**Red Cross medical staff and MDs are available 24/7 to consult on medical concerns.** This statement is true. However, when an acute medical issue occurs with a donor, or a complex eligibility concern is raised, time is of the essence. The provision of the proper donor care and the efficient resolution of donor eligibility concerns are both key to ensuring the safety of the donor and the blood supply. The presence of licensed medical staff on site at blood drives provides by far the greatest chance of the most prompt resolution of these important issues. From my experience, Red Cross medical staff and physicians on call are often handling issues from multiple callers and/or blood service regions, and may not have the opportunity to call back as promptly as the situation at a blood drive may demand.

**HB 2541A will increase operational costs for all blood collectors in Oregon and limit local blood collections, leading to hospitals purchasing blood from out of state suppliers.**

The Red Cross has been operating under this standard in Oregon for many years and has been able to maintain operations and supply blood to Oregon hospitals. Hospitals are increasingly using price rather than location of the blood supplier as the deciding factor when determining from where to source blood products. As a result, some hospitals in Oregon have in the past and may currently be purchasing blood products from out of state suppliers, by phone or internet, when needs are not met by in state blood collection centers.

My concerns with the Red Cross' ability to rapidly adapt to the changing blood collection environment stem from my experiences over 6 years as a blood center medical director in Portland. A large part of my job responsibility included visits to hospitals throughout Oregon served by the Red Cross, with the Red Cross accounts manager. These hospital visits included the presentation of new Red Cross policies and airing of concerns about blood deliveries and service. I also presented education on many transfusion issues to physicians and medical staff at nearly 60 of the approximately 80 hospitals served by the Portland Red Cross during my tenure.

These visits made it clear to me that hospital blood usage was declining as early as 2008, for the reasons I have presented in my oral testimony. When I conveyed this information to local and divisional Red Cross leadership, it was met with assertions that this was a temporary drop, and would resolve with improvement of the financial crisis. From my first hand discussions with customers, it was clear to me that this would be an ongoing trend, due to cuts in reimbursement promised by health care reform, and demands for cost containment in multiple hospital services.

My visits to numerous blood drives during my tenure showed me that having a licensed medical staff member on site, particularly at blood drives with a preponderance of donors in their teens and 20s, resulted in more efficient triage and care on the rare occasions a serious reaction took place.

Large organizations, such as the Red Cross, with complex management reporting structures, can find it difficult to rapidly adjust to changes in their business environment. In my view, the Red Cross has been slow in recognizing the longer term nature of these changes, and in transitioning operations to the new realities of the blood collection environment. This has led to an increased emphasis on staffing cuts, including nursing staff and physicians in some regions of the US, in order to enhance revenue. This trend within the company toward cutting the licensed healthcare work force does not, in my opinion, enhance patient or donor safety.

Passage of HB 2541A would put a hold on further licensed staff reductions at blood drives by Red Cross in Oregon, and level the playing field for new blood collection firms entering the marketplace in Oregon. The continued safety of our blood donors and blood recipients is crucial. I urge you to support HB 2541A. Thank you.