



American Red Cross
Pacific Northwest
Blood Services Region

Testimony of Ryan Warren – May 6, 2015

Chair Monnes Anderson and members of the Senate Health Care Committee, I am Ryan Warren, Interim Chief Executive Officer of the American Red Cross Pacific Northwest Blood Services Region. I am submitting this written testimony today on behalf of the Red Cross to oppose House Bill 2541-A.

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 Red Cross 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 House Bill 2541-A

We oppose House Bill 2541-A 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-A 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-A, 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-A 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-A.