

SENATE BILL REPORT

SHB 1905

As of February 19, 1996

Title: An act relating to increasing the blood supply through directed donations.

Brief Description: Increasing the blood supply by authorizing directed donations.

Sponsors: House Committee on Health Care (originally sponsored by Representatives Lambert, Sherstad, Pelesky, Casada and Johnson).

Brief History:

Committee Activity: Health & Long-Term Care: 2/20/96, 2/22/96.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Wendy Saunders (786-7439)

Background: The most common source of blood for transfusions is from an anonymous volunteer donor. The blood donation centers in Washington State rely primarily on these community volunteers to donate blood. The following five blood collection centers are located in Washington: Columbia River Regional Blood Center in Yakima, Puget Sound Blood Center in Seattle, Sno-Isle Community Blood Bank in Everett, Spokane and Inland Empire Blood Bank in Spokane, and Tacoma-Pierce County Blood Bank in Tacoma.

Using volunteer donations is a safe method of obtaining blood. The volunteer blood donors are required to complete a health history questionnaire and a screening interview to identify behaviors that may indicate a risk of carrying blood-borne disease. Every unit of donated blood is then tested for nine diseases including hepatitis B and C, HIV-1 and -2, syphilis, and HTLV-1, a rare virus associated with leukemia. Any unit of blood that is contaminated with one of these diseases is discarded.

Directed blood donations are provided for a specific patient by friends, parents or other relatives. All five of the blood centers located in Washington currently provide for directed donations.

It has been suggested that directed donations may not be as safe as volunteer donations. Some blood centers have indicated that directed donors may be under pressure to donate and, as a result, may not provide accurate information on the health questionnaire or during the screening interview. They may not disclose high-risk behavior or other aspects of their medical history for fear of exposing parts of their lives that they want to keep private.

Currently there are no incentives for volunteers to donate blood. It is argued that mandating directed blood donation programs would provide an incentive for blood donation and could increase the state's blood supply. Additionally, it has been suggested that many people feel more comfortable receiving blood transfusions from relatives or friends and that directed donations should be routinely provided as a patient choice.

Summary of Bill: Blood donor programs are required to allow directed blood donations and to establish procedures for collecting directly donated blood. Directed donations are only accepted with the written consent of the patient or the legal guardian and the donor. Blood centers may charge reasonable fees to cover any administrative costs of providing directed donations.

Blood centers may keep up to one-third of all directly donated blood, as well as any blood not used by the patient, for use in the general blood supply. The centers are required to store directly donated blood for future use by the patient, if requested by the attending physician.

Potential directed blood donors are given the opportunity, in private, to indicate confidentially whether undue pressure has been placed on them to make the donation. If undue pressure has been placed on the potential donor, the blood center staff is required to terminate the donation. The donor is then provided with a statement indicating that the donation is currently incompatible for purposes of this procedure.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill contains an emergency clause and takes effect immediately.