

**STATEMENT
OF THE
GREATER NEW YORK HOSPITAL ASSOCIATION
TO THE
NEW YORK STATE ASSEMBLY COMMITTEE ON HEALTH
REGARDING NEW YORK STATE'S BLOOD SUPPLY
NOVEMBER 22, 2002**

The Greater New York Hospital Association (GNYHA), which represents the interests of over 200 hospitals and continuing care facilities in New York City and surrounding areas, including Long Island, the lower Hudson Valley of New York State, and Northern New Jersey, is pleased to provide this statement regarding New York State's blood supply. By way of introduction, all of GNYHA's members are either not-for-profit, charitable organizations or publicly-sponsored institutions that provide state-of-the-art, acute tertiary care while, at the same time, often serving as the principal source of primary care in their service areas. GNYHA members and their related medical schools also provide extensive medical education and training and undertake cutting-edge medical research that will benefit generations to come. Finally, GNYHA members often act as the anchor for their communities by providing not only health care but also other needed social services, employment, and community and urban development.

I. BACKGROUND

We thank you for the opportunity to comment on the extremely important issue of New York State's blood supply. Indeed, because of the necessity for a safe and adequate blood supply for its members, GNYHA has been active in raising concerns regarding the negative impact of recent Federal Food and Drug Administration (FDA) restrictions, which became effective on May 31 and October 31 of this year. Those restrictions prevent persons who have lived or traveled in European countries for certain periods of time from donating blood and also prohibit the importation of blood from Europe ("Euroblood"). The restrictions were implemented due to concerns regarding transmission of bovine spongiform encephalopathy (BSE) in humans through blood transfusions. GNYHA notes that the risk of transmission of BSE in humans through the blood supply remains purely theoretical; there has been no identified case of transmission of BSE in humans through blood transfusions.

The New York Blood Center estimates that it provides approximately 75-80% of the total New York City area's blood supply, with the remainder consisting of blood from hospital collections and other providers. Thus, GNYHA members are highly dependent on the New York Blood Center's ability to provide them with an adequate and safe blood supply. When the FDA restrictions were proposed, the Blood Center estimated that as much as one-third of the blood supply in the New York City area would be eliminated as a result of the restrictions, 25% resulting from the loss of Euroblood and the remainder from the loss of donors who had spent certain periods of time in Europe.

While GNYHA has been supportive of the FDA's efforts to determine the possible risk of transmission of BSE through blood transfusions since the restrictions were first proposed, GNYHA has been quite concerned about the very real and severe negative impacts of the restrictions upon the public health of all of those who receive care in our immense service area (estimated at 18 million persons), as well as on the orderly operations of our members. GNYHA members utilize blood products for a variety of procedures, including many emergency procedures and cancer surgeries. If blood supplies are not available in sufficient quantities to meet the needs of GNYHA members, patient care will be threatened due to dangerously low blood availability. Inadequate blood supplies will cause GNYHA members to ration blood

within institutions. With a limited blood supply, emergency procedures would likely receive priority and elective surgeries would be curtailed. Life-saving blood transfusions and organ transplants might have to be cancelled, and emergency departments would have to divert patients.

II. IMPACT OF THE FDA RESTRICTIONS ON THE NEW YORK CITY AREA'S BLOOD SUPPLY

The FDA restrictions have already had a serious negative impact on the New York City metropolitan area's blood supply. Because Euroblood was only imported for use in the New York/New Jersey area, the FDA restrictions have had a disproportionate impact on this region. In order to comply with the FDA restrictions, the New York Blood Center has discontinued the importation of Euroblood and has deferred potential donors who have spent certain periods of time in Europe. In order to replace the blood supply no longer available due to the FDA restrictions, the New York Blood Center entered into new contracts with other domestic blood collection agencies and increased its outreach efforts in order to attract new donors. Unfortunately, however, according to the New York Blood Center, since the implementation of the first phase of the FDA restrictions earlier this year, blood collections have been 20-25% below expected levels. According to the Blood Center, this is due, in part, to donor groups being displaced or downsized as a result of the events of September 11, 2001. Because actual blood collections after the implementation of the first phase of the restrictions were well below the Blood Center's projections, the Blood Center is concerned that its efforts to replace the blood that was lost due to the FDA restrictions will be insufficient to meet the needs of those it serves.

The Increased Cost of Blood—In addition, according to the New York Blood Center, its costs of securing blood under the new contracts are higher than the Blood Center's costs under the previous contracts for "Euroblood." Further, due to the advent of costly new tests and procedures that are performed on blood to improve its safety, the costs of processing blood have increased over the past few years. Those increased costs have been passed on to GNYHA members, resulting in dramatic price increases for blood products. Because blood products are vital in order to provide quality patient care, GNYHA members have had no choice but to pay these increased costs.

III. PUBLIC EDUCATION CAMPAIGN

Despite blood donations being vital to the public health, a recent United States General Accounting Office report found that only five percent of those eligible to donate blood actually do so. In addition, a recent public opinion poll conducted by the American Red Cross revealed that a majority of respondents underestimated the everyday need for blood and overestimated the availability of the blood supply. In addition, a recent American Hospital Association survey revealed that a majority of America's hospitals experienced a blood shortage in 2001, with the impact on urban hospitals greater than the impact on rural ones. Thus, there is great progress to be made in increasing public awareness of the importance of donating blood, increasing blood donations through recruitment of new donors, and maintaining those donors over time.

We are all aware that thousands of New Yorkers lined up to donate blood on September 11, 2001, to assist the victims of the World Trade Center disaster. However, we are also sadly aware that because there were relatively few patients, hospitals used little of the blood that was donated on September 11. Unfortunately, many members of the public, including many who donated, are unaware of the limited shelf life of blood (42 days) and are under the mistaken impression that the blood donated on September 11, 2001, is still available for use by hospitals. It is also unfortunate that despite efforts of the New York Blood Center and hospitals that

collect blood, many of those who donated blood on September 11 did not become repeat donors. Thus, the historic blood donation and collection efforts did little to assist in alleviating New York's chronic blood shortage.

In order to attract new blood donors, New York State should engage in a massive Statewide public education campaign designed to increase public awareness that blood donors are needed all the time, not just during disasters. The campaign could encourage blood donations on a regular basis in memory of those who died on September 11. To ensure donations throughout the year, the campaign could encourage individuals to give blood at least once a year, perhaps on their own birthday, the 11th of any month, or every year on the birth date of someone who died on September 11 to honor the victims of the World Trade Center. The campaign could also stress the importance of donating blood on a regular basis so that there is blood available in the event of future terrorist acts.

IV. OTHER EFFORTS TO INCREASE THE BLOOD SUPPLY

In addition to the public education campaign described above, GNYHA believes that there are several actions that the New York State legislature and Governor Pataki could undertake in order to increase the blood supply. It is vital to the public health that hospitals receive a safe and adequate blood supply. Therefore, New York State's elected officials should consider taking the following actions:

- New York State government should provide funding for research to develop a test to detect BSE in the blood supply as well as research into more efficient utilization of limited blood resources.
- New York State could enact legislation or Governor Pataki could adopt an Executive Order requiring all New York State offices to hold blood drives. As an incentive to donate, employees who volunteer to donate could be provided with time off.
- As incentives to increase blood collection efforts, New York State could provide tax credits to businesses that host blood drives and tax credits to individuals who donate blood.
- New York State could provide funding for start-up costs to hospitals that want to start their own blood collection programs. While several GNYHA members collect their own blood through their hospital-based blood programs, many more would like to collect their own blood, but do not have the funding to do so. Funding is necessary to purchase equipment and hire staff to collect and process the blood.
- Similar to efforts under way to increase organ donations through New York State's organ donor registry, the New York State Department of Motor Vehicles (DMV) could provide information to those visiting DMV offices urging them to donate blood. DMV staff would ask whether the individuals visiting DMV want to be included in a blood donor registry and if so, whether they would prefer to donate blood near their residence or place of business. The blood collection site closest to the individual's residence or place of business (operated either by The New York Blood Center or a hospital that collects blood) would then contact the individual to make an appointment.
- New York State should increase Medicaid reimbursement to hospitals for utilizing blood products. Currently, New York Blood Center fees charged to hospitals greatly exceed the Medicaid reimbursement for blood products used in connection with clinic visits. The Medicaid rate has not been increased since the early 1990s, despite increased costs for processing blood products (including increased costs for new tests), as described above. Increasing the Medicaid rate could help fund recruitment of new blood donors and other activities aimed at increasing the blood supply.

V. CONCLUSION

Thank you for the opportunity to comment regarding the availability of New York State's blood supply. GNYHA commends the New York State Assembly Committee on Health for focusing on this important issue and stands ready to work with the Assembly Committee on Health and other New York State officials to increase New York State's blood supply.