

BLOOD BANKING PAMPHLET

House Bill 5144 (Substitute H-2)
First Analysis (5-27-92)

Sponsor: Rep. Sharon Gire
Committee: Public Health

THE APPARENT PROBLEM:

Despite heightened public concern about the safety of blood supplies for use in transfusions during surgery, many people are unaware that they can have their own blood drawn and stored if they know that they will have to undergo surgery. Legislation has been introduced to make information about this option more readily available to patients.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to require physicians in private practice and health facilities and agencies to make available a pamphlet regarding a patient's right to store his or her own blood (or blood products) for future transfusions. The Department of Public Health (DPH) would have to develop or approve such a pamphlet within 90 days after the bill took effect. The pamphlet -- which would have to be written in nontechnical, easily understood terms and be available in English and Spanish -- would be distributed by the DPH free to requesting health facilities and agencies, physicians, and other health professionals and to others at cost. It would have to include a notice to patients that there is a charge for storing one's own blood and that the charge might not be paid by insurance companies if the blood is not used. Physicians and health facilities and agencies would be in compliance with the bill if they displayed the summary in their patient waiting areas (including admission areas in hospitals).

MCL 333.17018, 333.17518, and 333.20197

FISCAL IMPLICATIONS:

Fiscal information is not available. (5-27-92)

ARGUMENTS:

For:

In a time in which so many people are concerned about blood-borne diseases such as AIDS, this

practice, known as "autologous blood banking," should be made more widely known among the general public. Standardized information about transfusions would help patients to make more informed decisions concerning their medical care.

Against:

According to the medical society, the availability of autologous blood frequently is associated with unnecessary transfusion of this blood back to the patients. Since all transfusions have inherent risks, such practices need to be discouraged, not encouraged.

Response:

It seems unlikely that people would request transfusions simply because they had stored some of their own blood in case there was a need for transfusion. And surely physicians are too responsible to suggest transfusions that are not necessary. Not only would more people feel more confident about the source of the blood used in their transfusions (when such a procedure was medically indicated), an increase in autologous blood banking could even lead to freeing up the supply of other blood available for transfusion.

Against:

Patients will decide to have their own blood stored even for procedures which rarely use blood, which will greatly increase expenses for which reimbursement by medical insurance is not always available. For example, a unit of autologous blood collected by the Southeastern Michigan American Red Cross reportedly costs a hospital \$86.55. If a patient decided to have his or her own blood drawn and stored, and the blood was not used, the patient could wind up incurring costs of possibly several hundred dollars. People would simply be throwing away good money.

Response:

It should be made clear that this practice will not increase general medical expenses, since most medical insurance will pay for blood used in

transfusions regardless of its source. It is true that people who store their own blood but who wind up not needing to use it may be responsible for the cost of storing the unused blood. But surely it should be up to patients to decide whether or not they want to risk "losing" money in the event that their stored blood is not needed and their medical insurance will not reimburse them. The information required by the bill is important, not only for patient reassurance, but also for increased patient autonomy.

Against:

The bill should be stronger. Instead of just requiring that the information be available in pamphlet form in hospital and office waiting rooms (where people may not notice it), the bill should require all physicians and hospitals to give each of their patients a copy of the pamphlet. That way, the bill would ensure that not only was the information available, but that patients actually got it.

Response:

Such requirements could increase litigation against physicians and would infringe on the doctor-patient relationship by requiring, in effect, a discussion of transfusion for procedures which rarely, if ever, required blood transfusions.

Against:

It is likely that the bill would result in increased costs to the Department of Public Health for developing and printing the required pamphlet; the bill contains no provisions for appropriating the necessary funds.

POSITIONS:

The Michigan State Medical Society does not oppose the bill. (5-26-92)

The Department of Public Health opposes the bill. (5-27-92)