

1999 National Blood Policy Forum

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January 28, 2004

Forum Objective

- Establish dialogue between blood banking and transfusion medicine community, government, patients and other interested parties to review the 1974 National Blood Policy and discuss the need for and appropriate scope of an updated national blood policy

Forum Participants

- Over 50 participants
- Representatives from:
 - Blood banks
 - Hospital transfusion services
 - Consumer organizations
 - Medical societies
 - Government agencies
 - Others

Review of 1974 NBP

- 1974 National Blood Policy generally considered successful in:
 - Promoting all volunteer blood supply;
 - Improving blood safety (esp. through volunteer supply – e.g., hepatitis)
 - Helping to even out supply and reduce shortages

Conclusions from 1999 NBP Forum

- No consensus reached regarding need for updated NBP
- Vast majority of participants said US should have a NBP
 - Private sector should take lead in implementing and government should oversee implementation

Goals of 1974 NBP Remain

- Participants believed 4 principal goals remained consistent:
 - Safety
 - Availability
 - Accessibility
 - Efficiency

Particular Issues Change over Time

- Particular issues needing to be addressed had changed between 1974 and 1999, due both to successes (e.g., volunteer supply achieved) and changing circumstances (e.g., technological advances).

Priority Issues

- Participants identified several issues that needed addressing in order to achieve 4 principal goals.

Priority Issues

- **Supply:** need to ensure safe, adequate blood supply, particularly at time when data showed demand was increasing and donations decreasing
- **Data Collection:** lack of sufficient data to identify problems and potential solutions

Priority Issues

- **Education:**

- Public education regarding need to donate and blood safety
- Physician education regarding appropriate use of blood and transfusion therapies

- **Research:**

- Appropriate use of components, autologous, etc.
- Transfusion-transmitted diseases

Priority Issues

- **Adequate reimbursement for blood:**
CMS (then HCFA) and other third-party payers should pay for blood safety advances, particularly those “required” by FDA.
 - Inadequate reimbursement is disincentive to invest in future generations of blood safety technologies

Priority Issues

- Cooperation/Coordination in Blood Donation: Blood centers should give consistent messages to donors

Minority Opinion: Reservations about NBP

- A few participants said a new NBP was NOT needed.
- Questioned role of “big government” plan

Plasma Issues

- Participants debated need for NBP focus on plasma derivative issues.
 - Hemophilia patient advocate said NBP a failure because it didn't include plasma.
 - Industry representative said challenges of plasma industry “have largely been met” and questioned role of big government policy

General Conclusion

- Although they are different today (in 1999), many blood issues merit examination at the national level, with a recommitment to a safe and adequate blood supply for all Americans.