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Preparedness and Response Policies: Improving the Resiliency of the Nation's Blood Supply

AABB (formerly known as the American Association of Blood Banks), America's Blood Centers and the American Red Cross are committed to improving the nation's preparedness and response capabilities. Collectively, our organizations represent the nation's blood collection establishments, transfusion services, and transfusion medicine professionals. We encourage Congress to consider opportunities to improve the resiliency of the nation's blood supply throughout the bill intended to strengthen the nation's preparedness and response infrastructure. These opportunities include, but are not limited to the following:

- **Include the blood supply in all pandemic preparedness and response policies.** The blood supply needs to be considered early and often in the disaster preparedness process. The Pandemic and All-Hazards Preparedness and Innovation Act (PAHPIA) took a substantial step towards this goal but more work is necessary to make the mandate of that law into a reality. As a vital part of the U.S. health care system, the blood community must be considered as an integral part of emergency preparedness; the essential role of blood collectors must be considered right from the start by federal, state, and local officials during disasters, including public health emergencies.
- **Including blood banking and transfusion medicine occupations in all policy proposals intended to strengthen the laboratory workforce.** Unfortunately, a variety of blood banking and transfusion medicine positions are impacted by laboratory workforce shortages, including phlebotomists, medical laboratory technologists (also referred to as medical laboratory scientists), medical laboratory technicians, and supervisory staff roles in blood banking. The workforce shortages of qualified personnel for blood banking and transfusion medicine present risks to patient safety and blood availability and reduce the nation's preparedness and response capabilities.^{1,2}
- **Dedicating funding to support a campaign to raise awareness for the importance of blood donation.** Congress recognized the value of a national message on blood donation by including in the Coronavirus Aid, Relief, and Economic Security (CARES) Act a requirement that HHS carry out a national blood donor awareness campaign. This messaging is important for both prospective blood donors as well as the community partners that support blood donation events. We encourage Congress to continue to support a culture of blood donation by committing funding to support the effort.

¹ The Clinical Laboratory Workforce: Understanding the Challenges to Meeting Current and Future Needs, April 2021, available at

https://ascpcdn.s3.amazonaws.com/static/ISTP/Siemens_Clinical+Laboratory+Workforce_Brochure_042721.pdf.

²Edna Garcia, MPH, Iman Kundu, MPH, Melissa Kelly, PhD, Ryan Soles, MS, The American Society for Clinical Pathology's 2018 Vacancy Survey of Medical Laboratories in the United States, *American Journal of Clinical Pathology*, Volume 152, Issue 2, August 2019, Pages 155–168, <https://doi.org/10.1093/ajcp/aqz046>.



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- **Implementing the September 2020 [recommendations](#) made by the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) and the recommendations in the Department of Human Services' [Report to Congress](#) on the adequacy of the national blood supply, such as:**
 - **Establish, implement, and fund comprehensive, sustainable, minimally burdensome infrastructure that monitors and makes available real-time data on blood availability and utilization.** The absence of data has been a significant challenge throughout the pandemic due to significant fluctuations in blood availability and utilization. For example, at the beginning of the pandemic, blood donation centers experienced a sharp decline in blood donation due to travel restrictions and social distancing efforts. As the pandemic progressed, hospitals stopped performing non-emergent procedures, which resulted in a steep reduction of blood utilization. As hospitals resumed non-emergent and elective services, utilization increased and the blood supply was again strained. A data infrastructure can provide visibility into the status of the blood supply, which can help predict demand, understand availability, and ensure that patients have access to this life-saving therapy.
 - **Developing policies and providing funding to strengthen the resiliency of the blood supply chain to ensure product availability to hospitals during emergencies.** Such policies should address personnel, supplies needed for collection (i.e., personal protective equipment (PPE), bags, needles, pipette tips, reagents, etc.), transportation, delivery systems and logistics resources, as well as support for blood donation. We urge Congress to ensure that the blood community is prioritized in all policies intended to strengthen the supply chain.
 - **Dedicating funding to support research intended to generate efficient and effective strategies to engage and retain younger and more diverse blood donors.** The COVID-19 pandemic disrupted the steady stream of blood donors critical to maintaining the blood supply. Additionally, Black, Indigenous, and People of Color are disproportionately impacted by conditions such as sickle cell disease, which is treated with blood transfusions, but are underrepresented in the current donor base. Since blood is more likely to be a match if the donor and recipient share the same racial or ethnic background, the discrepancy between the patients requiring chronic transfusions and the current donor base negatively impacts patients' health outcomes. Congress can help ensure the stability of the blood supply and can foster health equity by providing flexible financial support to those involved in blood collection for local efforts to attract and retain diverse donors needed to ensure all patients can receive the blood components they need.
 - **Encouraging HHS to establish a defined locus of national authority for blood policy, inclusive of the Assistant Secretary for Health, FDA, CDC, NIH, HRSA, ASPR, CMS, DoD, VA, and those non-government organizations that provide and transfuse blood products.** Several federal agencies establish and implement policies impacting the safety and availability of the blood supply. However, the governance is uncoordinated, resulting in misaligned policies, such as new safety requirements being divorced from



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payment policies. The government and private sector will more efficiently and effectively improve the nation's preparedness, advance innovation, and strengthen the blood supply infrastructure through better coordination and communication.

- **Urging HHS to identify and secure stable funding sources and mechanisms to support the national blood system.** Such funding could be used to support (1) innovation that has the potential to improve the safety, efficacy, or reliability of the blood supply; (2) creation of redundant capacity in the blood system to reduce risk of blood product or critical supply shortages; (3) implementation of new mandated regulatory requirements that improve blood safety; and (4) urgent financial needs of blood centers during national emergencies. Additionally, Congress should encourage HHS to consider successful models for the timely adoption of new blood products and testing requirements for blood collectors, such as how the Biomedical Advanced Research and Development Authority (BARDA) supported the start-up, collection and distribution of COVID-19 convalescent plasma (CCP).