LEGISLATIVE HISTORY CHECKLIST Compiled by the NJ State Law Library

NJSA: 26:2A-1

(''Blood Safety Act'--options)

LAWS OF: 1991

CHAPTER: 131

Bill No:

\$3053

Sponsor(s):

Dalton & Codey

Date Introduced: October 15, 1990

Committee: Assembly: Health and Human Services

Senate:

Institutions, Health & Welfare

A mended during passage:

Yes

A mendments during passage

denoted by asterisks.

Date of Passage:

Assembly:

March 21, 1991

Senate:

January 24, 1991

Date of Approval: May 6, 1991

Following statements are attached if available:

Sponsor statement:

Yes

Committee Statement: Assembly: Yes

Senate:

Yes

Fiscal Note:

No

Veto Message:

No

Message on signing:

No

Following were printed:

Reports:

No

Hearings:

No

See newspaper clippings--attached:

KBG/SLJ

[SECOND REPRINT] SENATE, No. 3053

STATE OF NEW JERSEY

INTRODUCED OCTOBER 15, 1990

By Senators DALTON and CODEY

AN ACT concerning blood transfusions and supplementing Title 26 of the Revised Statutes.

- BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:
- 1. This act shall be known and may be cited as the "Blood Safety Act of 1990."
- 2. a. Whenever a blood transfusion may be necessary during a surgical procedure, a physician or surgeon shall inform the surgery patient, prior to performing the surgical procedure, of the ¹[positive and negative aspects] options ¹ of receiving autologous blood transfusions, designated blood transfusions or homologous blood transfusions.
- b. The physician or surgeon who will perform the surgery shall note on the patient's medical record that the patient was advised of the opportunity to receive an autologous, designated blood or homologous blood transfusion, if a transfusion becomes necessary.
- c. The physician or surgeon who will perform the surgery shall not be required to provide his patient with an explanation of the transfusion options pursuant to this section, if medical contraindications exist or the surgery is performed on an emergency basis.
- d. If there are no medical contraindications or the surgery is not performed on an emergency basis, the physician or surgeon shall allow adequate time, prior to surgery, for predonation to occur. If the patient waives the option to predonate blood, the physician or surgeon shall not incur any liability for his failure to allow the predonation to occur.
- 3. a. A ¹[helath] <u>health</u> ¹ care facility which performs a transfusion shall be required to accept autologous or designated blood for a potential transfusion to a patient, if the blood is received from a blood bank licensed by the Department of Health, and has been tested and prepared in accordance with standards approved by the department.
- b. A health care facility which accepts autologous or designated blood and similar blood components shall pay a service fee to the blood bank which provides the blood or blood components, equal to the price ¹[they are] it is ¹ charged for homologous blood or blood components.

 $\hbox{EXPLANATION---Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law. } \\$

S3053 [2R] 2

1	² 4. A blood bank which collects autologous or designated blood
2	shall inform the donor of the blood or the intended recipient of
3	the blood, in the case of a designated blood transfusion, of all
4	fees that the blood bank charges to process, store, transport or
5	otherwise prepare the blood for transfusion. ²
6	2 [4.] $5.^{2}$ This act shall take effect on the 90th day following
7	enactment.
8	
9	
10	HEALTH
11	
12	Designated the "Blood Safety Act of 1990."

1 STATEMENT

This bill establishes the "Blood Safety Act of 1990." The bill requires that if a blood transfusion is likely to be necessary during surgery, a physician or surgeon must inform his patient of blood transfusion options, that is, autologous, designated and homologous blood transfusions. The physician or surgeon would then note on the patient's medical record that all blood transfusion options have been explained to the patient prior to surgery.

A physician or surgeon would be exempt from the provisions of this bill if medical contraindications exist or the surgery is performed on an emergency basis. If there are no medical contraindications or the surgery is not an emergency, the physician or surgeon would be required to allow adequate time, prior to surgery, for predonation to occur.

The provisions of this bill address the public's concern with the safety of the nation's blood supply, as a result of the AIDS crisis. This bill would allay safety concerns by guaranteeing surgery patients full knowledge of all blood transfusion options and the advantages and risks associated with those options.

HEALTH

Designated the "Blood Safety Act of 1990."

ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

[SECOND REPRINT] SENATE, No. 3053

STATE OF NEW JERSEY

DATED: MARCH 7, 1991

The Assembly Health and Human Services Committee favorably reports Senate Bill No. 3053 [2R].

This bill designated the "Blood Safety Act of 1990," requires that if a blood transfusion is likely to be necessary during surgery, a physician or surgeon must inform his patient of blood transfusion options, that is, autologous, designated and homologous blood transfusions. The physician or surgeon would then note on the patient's medical record that all blood transfusion options have been explained to the patient prior to surgery.

An autologous blood transfusion is a transfusion of the patient's own blood that has been donated prior to surgery and stored for use by the patient at a later date. A designated blood transfusion is a transfusion of blood that was donated by another person specifically for use by the patient. A homologous blood transfusion is a transfusion of blood donated by an individual at a blood bank, for use by any patient with a matching blood type.

A physician or surgeon would be exempt from the provisions of this bill if medical contraindications exist or the surgery is performed on an emergency basis. If there are no medical contraindications or the surgery is not an emergency, the physician or surgeon would be required to allow adequate time, prior to surgery, for predonation to occur.

In addition, the bill requires that a blood bank which collects autologous or designated blood inform the donor of the blood or the intended recipient of the blood, in the case of a designated blood transfusion, of all fees that the blood bank charges to process, store, transport or otherwise prepare the blood for transfusion.

The provisions of this bill address the public's concern with the safety of the nation's blood supply, as a result of the AIDS crisis. This bill would allay safety concerns by guaranteeing surgery patients full knowledge of all blood transfusion options and the advantages and risks associated with those options.

This bill is identical to Assembly Bill No. 4282 (Roberts/Mullen), as that bill was reported with committee amendments on this date.

SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE

STATEMENT TO

SENATE, No. 3053

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 10, 1990

The Senate Institutions, Health and Welfare Committee favorably reports Senate Bill No. 3053 with committee amendments.

As amended by committee, this bill, designated the "Blood Safety Act of 1990," requires that if a blood transfusion is likely to be necessary during surgery, a physician or surgeon must inform his patient of blood transfusion options, that is, autologous, designated and homologous blood transfusions. The physician or surgeon would then note on the patient's medical record that all blood transfusion options have been explained to the patient prior to surgery.

An autologous blood transfusion is a transfusion of the patient's own blood that has been donated prior to surgery and stored for use by the patient at a later date. A designated blood transfusion is a transfusion of blood that was donated by another person specifically for use by the patient. A homologous blood transfusion is a transfusion of blood donated by an individual at a blood bank, for use by any patient with a matching blood type.

A physician or surgeon would be exempt from the provisions of this bill if medical contraindications exist or the surgery is performed on an emergency basis. If there are no medical contraindications or the surgery is not an emergency, the physician or surgeon would be required to allow adequate time, prior to surgery, for predonation to occur.

The provisions of this bill address the public's concern with the safety of the nation's blood supply, as a result of the AIDS crisis. This bill would allay safety concerns by guaranteeing surgery patients full knowledge of all blood transfusion options and the advantages and risks associated with those options.

The committee amended the bill to delete the requirement that a physician inform the patient of the positive and negative aspects of the transfusion options, and to provide, instead, that the physician is only required to inform the patient about the available options.