



Maryland
Hospital Association

House Bill 1481 - Tissue Banks and Hospitals - Autologous and Directed Blood Donations

Position: *Oppose*

March 11, 2026

House Health Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of House Bill 1481.

While we understand the intent of this bill is to expand access to physician-ordered autologous and directed donations, the legislation contains several practical, safety-related, and operational problems that could ultimately harm patients and strain hospital resources. If enacted, HB1481 would create new legal protections to ensure that patients in Maryland can receive physician-ordered autologous or directed blood donations, and it would limit when hospitals or tissue banks may refuse such requests.

HB1481 prohibits hospitals and tissue banks from denying a physician-ordered autologous or directed donation except under narrowly defined circumstances. However, hospitals and licensed blood banks must maintain broad discretion to decline units for clinical safety, infectious-disease risk, storage limitations, donor suitability, logistical constraints, and turnaround time requirements. The proposed statutory language reduces that discretion by limiting the reasons a hospital may deny a donation request, despite the fact that:

- Directed donors may not always meet optimal safety criteria, and directed donations have previously been associated with higher infectious risk due to social pressure affecting donor disclosure.
- Autologous units can also be problematic, including unexpected anemia in donors, last-minute surgical changes, and units expiring unused, as standard safety rules prevent transfusing these to other patients.

By constraining when hospitals may decline these units, HB 1481 effectively sets mandates over medical judgment.

HB 1481 does not address cost, reimbursement, or financial burden, even though autologous and directed donations require additional labor, testing, and processing steps, which hospitals must provide. Since the bill is silent on who pays for these required services, hospitals will either absorb unreimbursed cost increases or shift them to patients, potentially creating economic inequities in access. When hospitals charge patients, these are non-refundable extra fees for autologous and directed units due to staffing, handling, and specialized processing demands of handling these products.

Autologous Donation (per unit)

- Total typical cost to patient: ~\$300–\$700
 - Blood unit itself (\$200–\$500)
 - Handling/processing (\$50–\$150)

Directed Donation (per unit)

- Total typical cost to patient: ~\$400–\$900
 - Blood unit (\$200–\$500)
 - Extra donor testing/processing (\$75–\$200)
 - Handling/processing (\$50–\$150)

Autologous units, when unused, must be discarded due to safety rules prohibiting transfusion to another patient. Increasing mandates around autologous donations will therefore increase the volume of non-reusable blood units, reducing availability for patients who depend on volunteer-donor blood. Directed donations also divert resources—collection slots, testing capacity, transport—from the general volunteer blood supply, which is more efficient, evidence-based, and safer. Mandating expanded accommodation without expanding infrastructure may create bottlenecks, particularly in rural or capacity-limited hospitals.

There is no evidence that directed donations are safer and that social pressure may compromise donor truthfulness in health screening, increasing potential infectious risk. HB 1481 inadvertently promotes a form of donation that may increase risk, while limiting hospitals' ability to apply appropriate caution.

The operational complexity required to comply with HB 1481 increases risk of error. Directed and autologous donations require: Separate scheduling, special collection orders, segregated labeling and tracking, non-standard cross-matching workflows, individualized inventory management. These complexities increase labor demands and opportunity for labeling, routing, and transfusion errors, especially in smaller or lower-resource hospitals. HB 1481 adds mandates but provides no support for implementation, training, or bolstering the workforce burden.

For these reasons, we request a unfavorable report on HB 1481.

For more information, please contact:

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