



Students for Patient Advocacy Nationwide

1702 Clifton Road Suite 1650
Atlanta, GA 30322
www.spanationwide.org

April 3, 2026

The Honorable Juliet Charron

Director, Idaho Department of Health and Welfare

450 W. State Street

Boise, ID 83702

Position Letter: H.B. 528 – Directed Blood Product Transfusion Rights

Dear Director Charron, and members of the Department of Health and Welfare.

Students for Patient Advocacy Nationwide (SPAN) is writing to express our strong support for H.B. 528, with the proposed amendments. This legislation establishes new provisions regarding directed blood product transfusions; however, SPAN believes that specific adjustments are necessary to ensure that the intent of the bill for patient autonomy is acknowledged, while maintaining the appropriate protocols.

H.B. 528 proposes to ensure patients can use their own blood or a designated donor's blood, which adheres to federal collection standards. As of recently, under the current draft, the right to direct blood is not applicable during emergencies, if there is insufficient time, or if the transfusion would be considered harmful.

H.B. 528 addresses these barriers through the following:

- **Expansion of Patient Autonomy:** Recognizing the right of Idahoans to make informed decisions regarding the biological products used in their medical care.
- **Liability Safeguards:** Providing immunity from civil and criminal liability for healthcare providers using patient-supplied products, unless gross negligence occurs.
- **Safety Thresholds:** Creating essential exceptions for emergency care and situations where directed donation would compromise patient health.

Recommendations for Amendments

While SPAN supports the committee's intent to serve patients, we urge the Department and Committee to adopt the following amendments to ensure practical implementation.

1. **Standardized "Insufficient Time" Windows:** To prevent arbitrary denials based on administrative convenience, the bill should define a standard minimum timeframe (e.g., 5 to 7 business days) required for blood establishments to satisfy federal screening and transport protocols.
2. **Clinical Justification Requirements:** When a provider invokes the "harmful" exception to deny a directed donation, they should be required to provide a brief written clinical justification (such as blood-type incompatibility) to the patient to ensure transparency.
3. **Cost Neutrality for Facilities:** The bill should explicitly state that any additional costs associated with the testing, processing, and storage of directed donations are the responsibility of the patient or the donor, protecting rural healthcare facilities from unfunded mandates.

The Case for Autonomy with Accountability

Evidence supports the importance of patient choice in the healing process:

- **Patient Trust and Outcomes:** Studies in patient-centered care indicate that when patients feel they have agency over their treatment, including the source of blood products, they report higher satisfaction and lower perioperative anxiety.
- **Regulatory Harmony:** By aligning these rights with federal FDA and CLIA standards, Idaho can lead the nation in creating a transfusion model that respects individual liberty without sacrificing public safety.

By advancing H.B. 528 with these clarifying amendments, Idaho can ensure a medical model that is both innovative and patient-focused.

Sincerely,

A handwritten signature in black ink that reads "Kaulini Chakraborty".

Kaulini Chakraborty

kaulini.chakraborty@spanationwide.org

Policy Analyst & Content Writer, SPAN

References

1. Ahmed, Abeer, et al. "Preoperative Anxiety and Information Desire among Patients Undergoing Elective Surgery in Northern Sudan: Multicenter Cross-Sectional Study." *JMIR Perioperative Medicine*, vol. 8, 15 Oct. 2025, pp. e75736–e75736, <https://doi.org/10.2196/75736>. (Highlighting how patient anxiety can be mitigated through increased patient information and involvement in care decisions)
2. "Bill Tracking in Idaho - H 528 (2026 Legislative Session) - FastDemocracy." *Fastdemocracy.com*, 2026, fastdemocracy.com/bill-search/id/2026/bills/IDB00008533/. Accessed 27 Apr. 2026.
3. Epstein, R. M., and R. L. Street. "The Values and Value of Patient-Centered Care." *The Annals of Family Medicine*, vol. 9, no. 2, 2011, pp. 100–103, [pmc.ncbi.nlm.nih.gov/articles/PMC3056855/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC3056855/), <https://doi.org/10.1370/afm.1239>. (Defines patient-centered care as respectful and responsive to individual patient preferences.)
4. "H528 | Idaho 2026 | Directed Blood Product Transfusion - Legislative Tracking | PolicyEngage." *Trackbill.com*, 2026, trackbill.com/bill/idaho-house-bill-528-directed-blood-product-transfusion/2792468/. Accessed 27 Apr. 2026.
5. Levitan, Susan Edgman, and Stephen C. Schoenbaum. "Patient-Centered Care: Achieving Higher Quality by Designing Care through the Patient's Eyes." *Israel Journal of Health Policy Research*, vol. 10, no. 1, 5 Mar. 2021, pp. 1–5, [pmc.ncbi.nlm.nih.gov/articles/PMC7934513/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC7934513/), <https://doi.org/10.1186/s13584-021-00459-9>. (Shared decision-making and incorporating patient values lead to improved satisfaction and recovery outcomes.)
6. Wadge, Gordon, et al. "Directed Donation: Special Considerations and Review for Contemporary Clinical Practices." *Ochsner Journal*, vol. 21, no. 3, 2021, pp. 281–286, doi.org/10.31486/toj.20.0068, <https://doi.org/10.31486/toj.20.0068>. (Motivations behind directed donations, including kin altruism and patient agency, while noting administrative and safety complexities.)