# SENATE COMMITTEE ON APPROPRIATIONS
**Senator Sabrina Cervantes, Chair**
**2025 - 2026 Regular Session**

**AB 2009 (Chen) - Blood banks and plasma centers**

**Version:** April 23, 2026
**Urgency:** No
**Hearing Date:** August 3, 2026
**Policy Vote:** HEALTH 11 - 0
**Mandate:** Yes
**Consultant:** Agnes Lee

**Bill Summary:** AB 2009 would make changes to provisions governing the regulation of plasma centers.

**Fiscal Impact:** The California Department of Public Health (CDPH) estimates annual costs of approximately $91,000 in 2027-28 through 2029-30 for state administration (Clinical Laboratory Improvement Fund).

**Background:** According to the National Institutes of Health, plasma is the pale-yellow liquid part of whole blood, in which the cellular elements are suspended. It is enriched in proteins that help fight infection and aid the blood in clotting. Plasma collected from blood group AB donors is considered "universal donor" plasma because it is suitable for all recipients, regardless of blood group. Plasmapheresis is the procedure by which plasma is separated from whole blood and collected. Blood flows through a single needle placed in an arm vein, into a machine that contains a sterile, disposable plastic kit. The plasma is channeled out into a special bag, and red blood cells and other parts of the blood are returned to the donor in the same needle.

Current law prohibits a person from engaging in the production of human whole blood or human whole blood derivatives unless the person is licensed by the CDPH, and the human whole blood or human whole blood derivative is collected, prepared, labeled, and stored in accordance with specified standards. Current law defines “plasma center,” for these purposes, to mean any place where the process of plasmapheresis is conducted, as defined in state regulations, and includes a place where leukopheresis or platelet pheresis, or both, is conducted.

**Proposed Law:** Specific provisions of the bill would:

- Add to the conditions that a person must meet in order to perform a total protein test using a digital refractometer in a licensed plasma collection center, to include the following: The licensed plasma collection center’s supervising physician and surgeon or licensed clinical laboratory director has sufficient proficiency and knowledge with the use and supervision of digital refractometers in performing total protein tests, as specified. If the plasma collection center only performs services related to plasma collection, the CDPH cannot impose additional unrelated experiential requirements for supervisors of plasma donation centers, including transfusion principles and transfusion practices.

- Add to the types of identification that each blood bank or plasma center can require from all donors of human whole blood or blood components who receive payment in

return for the donation of the blood or blood components, to include identification issued by another state, federal agency, or tribal government.

- Specify that licensed source plasma donation centers are not blood bank depositories; and define “source plasma donation center” to mean a facility, other than a licensed blood bank, where source plasma is collected by plasmapheresis.

- Provide that a licensed plasma collection center’s supervising physician and surgeon may establish protocols for authorizing other licensed health care professionals acting within their scope of practice to perform donor screenings, predonation health screenings, and donor suitability assessments, as specified.

- Repeal the provision that requires a license to be automatically revoked when there is a change of person in charge of biologics production, and instead impose requirements when a person in charge of biologics production disassociates with the licensed facility.

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