

Rhode Island Blood System – Financial & Operational Context

Prepared for Legislative Review

Subject: HB 7815 – Autologous & Directed Blood Donations

Overview

The blood supply system serving Rhode Island operates as part of the New York Blood Center (NYBC), a large, multi-state nonprofit healthcare organization. Understanding its scale and structure provides helpful context when evaluating concerns related to system capacity, cost, and operational burden.

Financial Scale (NYBC – Form 990 Filings)

2023 (Filed May 2024)

Total Revenue: \$564.8 million

Program Service Revenue: \$540.7 million (~96%)

Total Assets: \$784.3 million

2022 (Filed May 2023)

Total Revenue: \$550.3 million

Program Service Revenue: \$522.6 million (~95%)

Total Assets: \$766.7 million

2021 (Filed 2022)

Revenue and structure consistent with above trends

Large-scale, stable, multi-state operations

Executive Compensation (CEO – NYBC)

2023: ~\$2.8 million total compensation

2022: ~\$2.0 million total compensation

2021: ~\$2.08 million total compensation

Key Observations

1. Established, Scalable System

NYBC operates at significant scale across multiple states

Infrastructure is designed to support large volumes and operational complexity

2. Service-Based Model

Approximately 95%+ of revenue comes from program services (blood collection, processing, and distribution)

Minimal reliance on charitable donations

3. Capacity Context

Directed and autologous donations represent a very small fraction of total blood usage
Such cases can be accommodated within existing systems without disrupting overall supply

Relevance to HB 7815

HB 7815:

Does not alter safety standards

Does not require use of directed blood

Does not mandate new programs or infrastructure

Instead, it ensures that when a physician determines a directed or autologous donation is appropriate, that option is not denied.

Summary

The existing blood system is well-established, financially robust, and operationally scalable.

Closing Perspective

HB 7815 does not seek to change or disrupt the existing system. It ensures that the system can accommodate individual patient needs in limited, physician-directed circumstances while maintaining all current safety and operational standards.

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Blessed By His Blood

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