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SFA



BILL ANALYSIS

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House Bill 4621 (Substitute S-2 as reported)
House Bill 4780 (Substitute H-3 as reported without amendment)
Sponsor: Representative Dave Woodward (H.B. 4621)
Representative Paul DeWeese (H.B. 4780)
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 11-20-00

RATIONALE

According to the Centers for Disease Control and Prevention, needlestick and other percutaneous (passed through the skin) injuries to health care workers pose the greatest risk to them of the occupational transmission of bloodborne viruses. The National Institute of Occupational Safety and Health reports that within the 8 million health care workers in the United States, it is estimated that 600,000 to 800,000 needlestick or other percutaneous injuries occur annually, mostly to nursing staff, and to a lesser degree to laboratory staff, physicians, and housekeepers. These injuries expose workers to many pathogens, the most serious being Hepatitis B, Hepatitis C, and HIV, which can be life-threatening.

Recent advances in medical technology have resulted in the development of needleless IV systems, syringes to draw blood that are built with recessed needles or needle guards, and syringes that retract the needle when it is removed from a vein. Further, IV catheters, lancets, scalpels, and other types of blood-drawing equipment are now available with built-in safety features. Each of these devices can reduce the risk of unintentional transmission of bloodborne material from a patient to a health care worker. Reportedly, however, only a relatively few of the State's health care facilities and other health care employers regularly supply their employees with these devices. It has been suggested that the State require the use of the safer devices under certain circumstances, as well as conduct a study on needle safety and provide needle safety training opportunities to employers.

CONTENT

House Bill 4621 (S-2) would amend the Michigan Occupational Safety and Health Act to prohibit certain employers from permitting employees to use a needle that was not a needleless system or was not a needle with "engineered sharps injury

protection"; and require certain employers to do the following:

- **Establish an evaluation committee to evaluate needleless systems and needles with engineered sharps injury protection.**
- **Establish an effective procedure for identifying and selecting existing needleless systems and needles with engineered sharps injury protection technology.**
- **Record and report certain information about needle exposure incidents.**

House Bill 4780 (H-3) would amend the Act to require the Department of Consumer and Industry Services (DCIS) and the Department of Community Health (DCH) to conduct a study on needle safety in the health care workplace; and require the DCIS to provide needle safety training opportunities.

House Bill 4621 (S-2) would take effect two years after the date of its enactment, and House Bill 4780 (H-3) would be repealed two years after its enactment. The bills are tie-barred to each other.

House Bill 4621 (S-2)

The bill provides that an employer with 15 or more employees with occupational exposure to human blood or other material potentially infectious to humans through needle punctures could not permit an employee to use a needle that was not a needleless system or was not a needle with engineered sharps injury protection, except in circumstances in which the technology did not promote employee or patient safety or interfered with a medical procedure. "Occupational exposure to needles" would mean reasonably anticipated skin, eye, mucous membrane, or parenteral contact with human blood or other material potentially infectious to humans that could result from the use of needles in the performance of an employee's duties. The

term would not include exposures that could take place on the job, and that were neither reasonably nor routinely expected and that the worker was not required to incur in the normal course of employment. "Engineered sharps injury protection" would mean a physical attribute built into or used with a needle that effectively reduced the risk of an accidental needle stick, or other needle exposure incident, by a mechanism such as barrier creation, blunting, encapsulation, withdrawal retraction, destruction, or other effective mechanism.

The bill would require an employer with more than 15 employees with occupational exposure to human blood or other material potentially infectious to humans to establish an evaluation committee. At least half of the committee members would have to be health care employees from a variety of health occupations and health professions. The committee would have to conduct an evaluation of needleless systems and needles with engineered sharps injury protections. Health care employee members of the committee would have to include nonmanagerial health care employees directly involved in patient care.

Further, the employer would have to establish an effective procedure for identifying and selecting existing needleless systems and needles with engineered sharps injury protection technology, and identifying circumstances in which that technology did not promote employee or patient safety or interfered with a medical procedure. The procedure would have to be updated and reviewed annually by the evaluation committee, to reflect progress in implementing the needleless systems and needles with engineered sharps injury protection technology.

The employer also would have to provide information to the evaluation committee concerning accidental needle sticks or other needle exposure incidents. The information would have to include the following:

- The date and time of the accidental needle stick or other needle exposure incident.
- The type and brand of needle involved.
- A full description of the accidental needle stick or incident, including the job classification of the exposed employee; the work area where the exposure occurred; the procedure the employee was performing; the patient's status related to bloodborne pathogens, if known; whether the needle had engineered sharps injury protection; and whether the employee had been trained in the use of needles, needleless systems, and sharps injury protection technology.

Each year, the employer would have to summarize the number of needle sticks and injuries from those needle sticks, and submit that information to the

DCH.

For two years beginning on the bill's effective date, pre-filled syringes approved by the U.S. Food and Drug Administration would be exempt from the bill's requirements.

House Bill 4780 (H-3)

The bill would require the DCIS and DCH jointly to conduct a study of practices and procedures in the health care workplace related to needle safety. The DCIS would have to provide training opportunities to employers on needle safety in the health care workplace, through the Department's safety education training program.

A "health care workplace" would be a licensed health care facility or any other facility in which health care services were provided.

Proposed MCL 408.1024a (H.B. 4621)

Proposed MCL 408.1024b (H.B. 4780)

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

Improving the safety of health care workers in the State is vital. According to the Michigan Nurses Association, the most common cause of exposure to bloodborne pathogens for health care workers is needlesticks, which account for approximately 80% of the total number of contacts. Health care workers who accidentally get stuck by a needle after administering a shot, drawing blood, or starting an IV are at a greatly increased risk of exposure to many diseases, especially the viruses of Hepatitis B and C, and HIV, all of which can be life-threatening or life-altering. Even if a worker is not infected, since many bloodborne diseases may not appear immediately after exposure, the person may spend several months being subjected to repeated blood tests while agonizing over whether the exposure will develop into a fatal disease. The psychological effect on these workers and their families can be real and damaging.

Recent years have seen significant progress in the development of needleless systems, retractable and recessed needles, and other sharps injury protection devices. It has been estimated that a high percentage of needlestick injuries and other percutaneous injuries caused by sharps could be prevented by the use of the new designs. By requiring these new devices to be used, except in circumstances in which the technology did not promote employee or patient safety or interfered with

a medical procedure, House Bill 4621 (S-2) would greatly reduce the exposure of health care workers to bloodborne pathogens and thus reduce the number of workers who become infected.

Supporting Argument

House Bill 4780 (H-3) would require the DCIS and the DCH jointly to study the issue of needle safety in the workplace, thus promoting the assessment of current practices in the State and determining what, if any, protocols should be followed in the future. Further, since even a safe needle can become unsafe if used incorrectly, the training that the DCIS would have to provide could help to decrease needlestick injuries and increase safety in the workplace for the State's health care workers.

Opposing Argument

Reportedly, use of safe needles increases the cost of needle use by approximately 37 cents per needle. While there is not at this time an estimate of the number of needles used statewide on a daily basis, it can be postulated that the number is large. Thus, requiring the use of the new devices would increase the costs of health care in the State.

Response: While it is likely the bills would initially increase expenses for the delivery of health care, treating an infected worker can be very expensive, particularly if the person develops a lifelong, chronic condition that requires regular treatment. More importantly, health care workers should not have to feel that their lives are in danger every time they go to work. The technology to reduce the incidence of needlestick injuries is now widely available, and it should be used.

Legislative Analyst: G. Towne

FISCAL IMPACT

House Bill 4621 (S-2)

The bill would have no fiscal impact on State or local government.

House Bill 4780 (H-3)

The Departments of Community Health and Consumer and Industry Services would incur the costs of conducting a study of practices and procedures in the health care workplace related to needle safety. The cost of this bill would be influenced by the scope and extensiveness of the study. As the bill provides no guidelines regarding how the study would have to be conducted, the fiscal impact is indeterminate.

The bill also would require the DCIS to offer training on needle safety. The training would be funded through the grant process by which all training through the Safety Education Training (SET)

Program is done. These grants would be awarded from the SET Fund.

The bill should have no fiscal impact on local government.

Fiscal Analyst: D. Patterson
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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.