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House Bill 4621 (Substitute H-4 as passed by the House)  
House Bill 4780 (Substitute H-3 as passed by the House)  
Sponsor: Representative Dave Woodward (H.B. 4621)  
Representative Paul DeWeese (H.B. 4780)  
House Committee: Health Policy  
Senate Committee: Health Policy

Date Completed: 9-15-00

## **CONTENT**

**House Bill 4621 (H-4) would amend the Michigan Occupational Safety and Health Act to do the following:**

- Prohibit certain employers from allowing health care employees to use a needle that was not a needleless system or engineered with injury protection.
- Require employers with more than 15 health care employees to establish an evaluation committee and exposure control plans, as well as record and report information about needle exposure incidents.
- Require the Occupational Health Standards Commission and the Department of Community Health (DCH) to compile a list of needleless systems and needles with injury protection, and make the list available to employers.

**House Bill 4780 (H-3) would amend the Act to require the Department of Consumer and Industry Services (DCIS) and the 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House Bill 4621 (H-4) would take effect two years after the date of its enactment, and House Bill 4780 (H-3) would be repealed two years after its enactment.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 (H-4)**

The bill provides that an employer with 15 or more employees with "occupational exposure to needles" could not permit a health care employee (a person engaged in a health occupation or health profession) 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 blood or other potentially infectious materials, 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 health care employees with occupational exposure to needles to establish an evaluation committee. At least half of the committee members would have to be frontline health care workers from a variety of occupational classifications and departments, including nurses, nurses aides, clinical laboratory representatives, phlebotomists, dentists, and physicians. The committee would have to conduct an evaluation of needleless systems and needles with engineered sharps injury protections. If a collective bargaining relationship were in effect between the employer and the

employer's health care employees, the health care employee members of the committee would have to be selected from employees nominated by the authorized employee representative.

Further, the employer would have to establish written exposure control plans that included 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 plans would have to be updated at least annually, and reviewed 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 record information concerning accidental needle sticks or other needle exposure incidents, as provided in Section 61 of the Act. (Section 61 requires an employer to keep records of work illnesses and injuries, report the information to the appropriate State department, and maintain records of employee exposures to potentially toxic substances and harmful physical agents.) 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 health care 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 Occupational Health Standards Commission and the DCH.

The Commission and the DCH jointly would have to compile and maintain a list of existing needleless systems and needles with engineered sharps injury protection and make the list available to assist employers in complying with the bill. The list could be developed from existing sources of information, including the U.S. Food and Drug Administration, the U.S. Centers for Disease Control, the National Institute of Occupational Safety and Health, and the U.S. Department of Veterans Affairs.

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)

Legislative Analyst: G. Towne

### **FISCAL IMPACT**

### **House Bill 4621 (H-4)**

The Department of Community Health would incur the costs of compiling and maintaining a list of needleless systems and needles with engineered sharps injury protection and making this list available to employers. As the list could be compiled from existing sources of information, the costs associated with developing the

list should be nominal. The costs associated with making the list available to employers would depend on how the Department chose to do so, but also should be nominal. For example, if the Department made the list available on the Internet, costs would be absorbed by existing resources.

The bill would have no fiscal impact on the Department of Consumer and Industry Services, and should have no fiscal impact on 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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