

NEEDLE SAFETY

House Bill 4621 (Substitute H-4)
Sponsor: Rep. Dave Woodward

House Bill 4780 (Substitute H-3)
Sponsor: Rep. Paul DeWeese

Committee: Health Policy
First Analysis (4-26-00)

THE APPARENT PROBLEM:

Health care studies have estimated that between 600,000 and 1 million health care workers, including nurses, physicians, lab technicians, emergency medical technicians and paramedics, and housekeeping and maintenance workers, are stuck by needles each year in the course of their employment. Approximately 1,000 of these workers will develop a serious disease such as HIV infection or Hepatitis B or C. Annually, about 100 health care workers die from a disease that was contracted via a needle stick injury.

In recent years, advances in medical technology have brought the development of syringes, IV catheters, lancets, scalpels, and safer blood-drawing equipment with built-in, engineered safety features. For instance, some needles now on the market have a protective shield over the needle, a mechanism that automatically retracts the needle after use, and IV tubing devices that operate without a needle. The Centers for Disease Control estimate that at least three-quarters of needlestick injuries could be prevented by widespread use of the newer, safer needles.

Reportedly, though, only a small percentage of health care facilities use the safer needle technology. Several states, including California, Tennessee, Maryland, and Texas, have adopted legislation mandating the use of safety needles in health care facilities, and legislation is pending in several other states. In light of the protection that could be afforded to health care workers, it has been proposed that Michigan also require the use of safer needle technology in health care facilities.

THE CONTENT OF THE BILLS:

House Bill 4621 and 4780 would amend the Michigan Occupational Safety and Health Act, MCL 408.1024a and 408.1024b, respectively, to require the use of safe needles and to require a study to be done on the

practices and procedures in the health care workplace related to needle safety. The bills are tie-barred to each other. Specifically, the bills would do the following:

Under House Bill 4621, an employer with 15 or more employees with occupational exposure to needles could not allow a health care employee to use a needle that was not a needleless system or was not a needle with engineered sharps injury protection. An exception would be made in circumstances in which the use of the safe needles would not promote employee or patient safety or that interfered with a medical procedure. A "health care employee" would be a person who worked in a health occupation or health profession. "Needle" or "needles" would be defined as a hypodermic syringe or other device that was used to withdraw body fluids, access a vein or artery, or administer medications or other fluids. An "engineered sharps injury protection" would mean a physical attribute that was built into or used with a needle that "reduces 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."

Under the bill, employers with 15 or more employees with occupational exposure to needles would have to do the following:

- Establish an evaluation committee to conduct an evaluation of needleless systems and sharps with engineered sharps injury protections. Fifty percent of the members would have to be frontline health care workers from a variety of health fields such as nurses, nurse aides, dentists, clinical laboratory representatives, phlebotomists, and physicians.
- Establish a written exposure control plan that included an effective procedure for identifying and selecting existing sharps prevention technology along with identifying those situations in which the technology did not promote employee or patient safety

or interfered with a medical procedure. The written exposure control plan would have to be updated at least annually and be reviewed by the evaluation committee.

- Information concerning exposure incidents would have to be recorded in a sharps injury log, as specified by the bill.

The Occupational Health Standards Commission, in conjunction with the Department of Community Health, would have to compile and maintain a list of existing needleless systems and needles with engineered sharps injury protection and make that list available to assist employers in complying with the new standard. The list could be developed from existing sources of information such as 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.

Prefilled syringes that are approved by the Federal Food and Drug Administration (FDA) would be exempt from the bill's requirements for a period of two years from the bill's effective date. The bill would take effect one year after the bill was enacted.

House Bill 4780 would require the Department of Consumer and Industry Services (DCIS) and the Department of Community Health (DCH) to jointly 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. The bill's provisions would be repealed two years after its effective date. "Health care workplace" would mean health facilities licensed under Part 17 of the Public Health Code or any other facilities in which health care services are provided. Licensed health facilities include clinical laboratories, county medical care facilities, freestanding surgical outpatient facilities, health maintenance organizations, homes for the aged, hospitals, nursing homes, hospices, and hospice residences. "Needle" would be defined as it is in House Bill 4621.

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, neither bill would have a fiscal impact on local government. House Bill 4621, which would impose new requirements on employers with 15 or more employees with occupational exposure to needles, and require the Occupational Health Standards Commission and the Department of Community Health to jointly compile, maintain, and make available to employers a list of safe needles currently on the market, would impose some new administrative costs on the commission and the department. House Bill 4780, which would require the Department of Consumer and Industry Services and the Department of Community Health to jointly conduct a study regarding needle safety (and DCIS to offer training opportunities to health care employers) would increase costs to the two departments by an indeterminate amount. (4-25-00)

ARGUMENTS:

For:

Needlestick injuries affect a significant portion of health care workers each year. For each 1,000 workers who get stuck by a needle while administering a shot, drawing blood, or starting an IV, at least one will develop a life threatening or life shortening disease such as HIV infection or Hepatitis B or C. In addition, needles occasionally get lost in a patient's bedding, putting not the only the patient at risk (e.g., if the needle had stabbed the health care worker before being lost), but also aides who change the bedding and housekeeping and laundry staff who may be stuck while laundering the bedding. Since many blood borne diseases may not show up right away, employees spend several months (typically, six months to a year) agonizing over whether or not they will develop a potentially deadly disease, being subjected to repeated blood tests, and having to be diligent in practicing safety procedures so as not to further expose friends, family, or others. In the case of HIV exposure, a person may have to undergo prophylactic treatment, which, due to side effects, may leave the person unable to continue working. Even if the worker eventually receives a clean bill of health, the psychological toll can be devastating.

The good news is that needleless systems and other types of safer needles (well over a hundred types of new products) are now available. According to studies done by the Centers for Disease Control, up to three-quarters of needlestick injuries could be prevented simply by using the newer, safer needles. Reportedly, though, many hospitals and other facilities continue to use the standard equipment because of cost concerns, as the safe needles, as they are referred to, do cost more. For instance, a typical syringe that costs about 7 cents per unit would cost about 35 cents with a safe needle. However, the higher cost per unit would most likely be offset by savings in workers' compensation claims, lost time, repeat blood screens on exposed employees, counseling services, prophylactic treatments, disability claims, and so on. Adoption of both bills would move Michigan to the forefront in increasing workplace safety for health care employees.

For:

House Bill 4621, which mandates the use of safe needles, would only apply to health care facilities and agencies in which 15 or more employees have occupational exposure to needles. Since clerical staff, appointment setters, and so on would not be counted, the bill would in effect exempt small practices and most dental offices from the bill's requirements. Therefore, the bill would not place an undue hardship on small businesses.

Response:

Unfortunately, the provision exempting employers with fewer than 15 workers with occupational exposure to needles from the bill's requirements inadvertently exempts many fire departments, as most have fewer than 15 paramedics or emergency medical technicians on staff. However, though all health care workers should be protected with the safest equipment available, paramedics and EMTs treat people under very adverse conditions. Unlike a patient who is voluntarily seeking treatment in a doctor's office or for many conditions requiring hospitalization, emergency medical workers frequently treat people who cannot assist in their own treatment due to drug overdoses, severe injuries that result in unconsciousness, and so on. Patients are often combative, creating a higher potential for needlestick injuries. The bill should be amended to require all fire departments to provide safe needles for use by their emergency medical staff.

For:

House Bill 4780 would require the Departments of Consumer and Industry Services and Community Health to jointly study the issue of needle safety in the workplace. This would be a great step towards assessing current practices in the state and in 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 would have to be provided by DCIS could go a long way in decreasing needlestick injuries and increasing safety in the workplace for the state's health care workers.

Against:

House Bill 4621 is unnecessary and could result in needless cost increases in the delivery of health care services. Both federal Occupational Safety and Health Administration (OSHA) and Michigan Occupational Health Standards Commission (MIOSHA) standards currently meet the requirements of this bill. According to information supplied by the Michigan Health and Hospital Association (MHA), "both standards mandate engineering and work practice controls" and include the use of "new technology that would eliminate or minimize employee exposure to bloodborne pathogens." MHA also reports that the current regulations require a written exposure plan similar to what is contained in the bill.

Further, the bill takes a one-size-fits-all approach that denies employers the flexibility to determine the best medical practice for differing medical procedures and treatment environments. For instance, where the use of needlelessIV systems may be the best and safest choice for emergency situations or other settings where a high number of patients are combative or uncooperative, it may not be as necessary (given adequate training) to use in all situations. Therefore, the bill could result in unnecessary costs that would be passed on to consumers in higher medical bills, insurance premiums, and taxes to support public pay recipients. House Bill 4780, on the other hand, is a good first step to assess current practices around the state and to determine in which settings the use of the safe needles constitutes best medical practice. As the information is compiled and disseminated, as increased safety training is offered, and as professional medical journals and societies make recommendations, it is likely that the use of safe needles will increase significantly without a legislative mandate.

POSITIONS:

The Service Employees International Union, AFL-CIO supports the bills. (4-24-00)

The Michigan Federation of Teachers and School-Related Personnel supports the bills. (4-24-00)

The Michigan Society for Clinical Laboratory Science supports the bills. (4-24-00)

The Michigan Association of Governmental Employees supports the bills. (4-25-00)

The Michigan Health & Hospital Association (MHA) opposes House Bill 4621 and supports House Bill 4780. (4-24-00)

The Michigan Professional Fire Fighters Union is generally supportive of both bills, but would like to ensure that all fire departments would be required to use safe needles. (4-25-00)

The Michigan State Medical Society (MSMS) is opposed to House Bill 4621 and has no position on House Bill 4780. (4-24-00)

The Michigan Osteopathic Association is opposed to the bills as introduced. (4-24-00)

The Michigan Association of Health Plans opposes House Bill 4621 and supports House Bill 4780. (4-25-00)

The Department of Community Health has no position on House Bill 4621 and supports House Bill 4780. (4-24-00)

The Michigan Pharmacists Association does not have a position on either bill. (4-24-00)

Analyst: S. Stutzky

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.