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THIRTEENTH DISTRICT, CALIFORNIA

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CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

June 23, 1998

California Takes the Lead to Protect Health Care Workers

Dear California Colleague:

California's Occupational Safety and Health Administration has proposed aggressive new regulations requiring the use of safety needles for use in California's hospitals. This important step by CAL-OSHA will help protect the thousands of health care workers in California from accidental needlesticks that could be life threatening.

I have attached an article from the San Francisco Chronicle that outlines this life-saving step. Once again, California is at the forefront of safety regulations for workers.

I introduced H.R. 2754, the Health Care Worker Protection Act of 1997 to require hospitals and hospital-owned facilities to use safe and approved needle devices as a condition of participation in the Medicare program. I have attached a summary of the legislation for your review.

Please support health care workers by becoming a cosponsor of H.R. 2754. You may contact Jake Johnston of my staff at 5-5065 to cosponsor or with questions.

Sincerely,

Pete Stark

Pete Stark
Member of Congress

State Wants Tough New Needle Rules
Cal OSHA proposes safe devices for workers

William Carlsen, Chronicle Staff Writer
Monday, June 22, 1998

URL: http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/1998/06/22/MN66586.DTL

California's occupational safety agency has proposed aggressive new regulations requiring the use of safety needles to stem a deadly epidemic of needle sticks among health care workers.

The California Occupational Safety and Health Administration last week issued a draft of tough compliance rules, which, if implemented, will lead the nation in forcing health care employers to provide their workers with safe needle devices.

``These changes will have tremendous impact nationwide,'' said Bill Borwegen, health and safety director of the Service Employees International Union, which represents half a million health care workers. ``This will spur federal OSHA to take this matter much more seriously.''

The action by Cal OSHA follows a Chronicle series in April that described how more than 1 million accidental needle sticks each year are striking down doctors, nurses, laboratory technicians and other medical workers. Over the past few decades, tens of thousands of health care workers have become infected with HIV, hepatitis and other contagious diseases through accidental needle sticks. Thousands of those workers have died.

Needles and syringes with safety features such as sliding protective sheaths have been on the market for 10 years, but high profits demanded by manufacturers, reluctance by employers to pay the extra costs, and lax regulation have effectively kept the devices out of the hands of medical workers.

Borwegen predicted that if the new regulations are approved, the price of safety needles and syringes will fall as a result of the large number of devices the regulation would require California medical facilities to purchase.

``This could be a lifesaver for small, more technologically innovative needle makers with excellent safety products,'' he said.

`INNOVATIVE' PROPOSAL

Steven Gaskill, spokesman for federal OSHA in Washington, D.C., described the proposed regulations as innovative.

``Once again,'' he said, ``California is leading the way in workers' safety and health issues. We are encouraged by this innovative approach.''

Gaskill added that, as a result of the Chronicle series, there have been continuing discussions within the agency on enforcement options using existing federal regulations. A new federal plan of action could be announced this year, he said.

In a letter dated June 18, Cal OSHA chief John Howard released the proposed regulations and called for comments, including estimates of the costs and savings of changing to the safer devices.

Cal OSHA's proposed changes have clearly been pushed onto a fast track. Howard convened an advisory committee meeting on June 7 and said in his letter that committee members and other interested parties must forward their comments on the proposed regulations by no later than July 10.

The final draft regulations will then go to the state's Occupational Safety and Health Standards Board, a seven-member body appointed by the governor that must approve any regulatory changes. The approval process could take up to a year. Meanwhile, federal OSHA officials said earlier this month that they are also considering issuing interim compliance directives to their inspectors to enforce existing regulations aimed at shifting employers to safety needles.

VAGUE '91 GUIDELINE

In 1991, federal OSHA approved a new ``bloodborne pathogen standard'' to protect health care workers from infectious diseases. The standard required employers to use ``engineering controls'' such as self-sheathing needles to reduce the danger of needle sticks. But since then, regulators say, the vagueness of the ``engineering control'' language has hamstrung efforts to enforce the regulation.

In April, in response to the Chronicle series, Cal OSHA's Howard said that his agency did not have the authority, using the ``engineering control'' language, to mandate safe needles unless more specific language was added.

The new Cal OSHA proposal adds that language: ``Needles with engineered needle stick protection shall be used for procedures involving the withdrawal of body fluids or the administration of medication.''

The regulation also defines ``engineered needle stick protection'' for the first time, describing it as ``a physical attribute built into a blood-drawing or medication-administering device which effectively reduces the risk of employee exposure to blood or other potentially infectious materials by a mechanism such as withdrawal, encapsulation, barrier creation or other similar mechanism.''

In a crucial change, the regulation also places the burden on employers to show that a safety needle device is not more protective than a conventional needle if they request an exemption from the new rule.

Until now, some employers and regulators have argued against the mandatory use of safety needles because there are not enough studies showing the effectiveness of safety needles in reducing needle sticks.

NEW TESTING FOR VICTIMS

The new regulations would also require employers to add hepatitis C testing for workers who have been stuck with a contaminated needle. Currently, employers are required to administer HIV and hepatitis B tests.

Assemblywoman Carole Migden, D-San Francisco, said the proposed regulatory change would not derail legislation she has proposed that would make safety needles mandatory

in California.

She said that Cal OSHA has ``heard the message and is willing to make amends for lack of prior enforcement. That's good.''

But, she noted, the regulation has not yet been approved, so her legislation is still necessary. ``This only fortifies our effort and strengthens the legislation,'' she said. Migden's bill will get its first hearing in the Senate health committee on July 1.

The California Health Care Association, which represents most of the state's major health care employers, said it is not ready yet to take a position on the new Cal OSHA regulation.

``Our task force needs to take a close look at the language,'' said Roger Richter, the group's vice president for professional services.

Health Care Worker Protection Act
Talking Points

- Health care workers should not have to risk their lives in the process of helping others.

- According to the Centers for Disease Control and Prevention (CDC), American health care workers report more than 800,000 needlesticks and injuries from sharp products each year. Needlestick injuries are considered to be widely under reported.

- CDC has documented 42 cases of HIV serconversions among U.S. health care workers resulting from occupational exposures since December 1994.

- Needlestick injuries caused by hollow-bore needles accounted for 86% of all reported occupational HIV exposures. In addition, an estimated 12,000 health care workers are infected with Hepatitis B and C through needlesticks every year, and 200 to 300 of these victims may die from bloodborne diseases.

- Imagine what someone must go through when accidentally pricked with a used needle device. Tests must be conducted to determine if the blood on the device contained an infectious agent. If so, the health care worker must undergo tests to see if they have been infected. If the blood contained the HIV virus, one could not be sure for up to three months whether an infection occurred.

- Every year more than 200 health care prôfessionals die of occupationally acquired hepatitis.

- The needlestick problem has persisted and health care workers have died because many health care facilities continue to use needles without safety features.

- On average, two health care workers in each of the 6,300 hospitals nationwide become infected with a bloodborne disease through needlesticks every year.

- Lab tests, counseling, follow-up tests and administrative time can drive the cost to the health care facility per needlestick incident to $2,800.

- Over 80 % of all needlestick injuries could be prevented by using safer devices.

- The Health Care Worker Protection Act of 1997 requires hospitals and hospital-owned facilities to use safe and approved hollow-bore needle devices as a condition of participation in the Medicare program -- and effect punitive measures for those who fail to do so. This legislation would stipulate that, for a health care facility to have continued access to funds provided by the Medicare program, it must provide only those devices that are deemed safe by the Food and Drug Administration (FDA) in consultation with an Advisory Counsel.

- The Health Care Worker Protection Act of 1997 is designed to reduce the risks to health care workers from accidental needlesticks. The legislation would ensure that the necessary tools -- better information and better medical devices -- are made available to our front-line health care workers in order to reduce the injury and death which result from needlesticks each year.

Congressman Pete Stark's
Statement

239 Cannon Building
Washington, D.C. 20515

(202) 225-5065
petemail@stark.house.gov

Statement in Support of Legislation to Protect Health Care Workers at the Needle-Safe NOW Rally March 15, 1998

I'd like to thank the SEIU and Supervisor Ammiano for bringing attention to this issue of health care worker safety. This local effort is an important step toward making sure that health care employees have the necessary tools -- safer equipment and better training -- to protect themselves as they work to care for us.

I have introduced legislation, H.R. 2754, the Health Care Worker Protection Act, that would require the use of needle-safe technology as a condition of participation in the Medicare program. I'm proud of San Francisco and the Bay Area for recognizing the importance of this problem, and I welcome their efforts as a part of the federal campaign to make sure all health care workers get the same protections as are today being sought for their counterparts in the Bay Area.

Although needlestick injuries are considered to be widely underreported, health care workers report more than 800,000 needlesticks and injuries each year. According to the Centers for Disease Control and Prevention, there have been at least 52 actual and 111 possible documented cases of HIV seroconversions among U.S. health care workers resulting from occupational exposures since 1996. Needlestick injuries caused by hollow-bore needles accounted for 86% of all reported occupational HIV exposures. Of the needles involved in the reported injuries, two percent, or roughly 16,000, are likely to be contaminated by the HIV virus.

Imagine what someone must go through when accidentally pricked with a used needle device. Tests must be conducted to determine if the blood on the device contained an infectious agent. If so, the health care worker must undergo tests to see if they have been infected. If the blood contained the HIV virus, one could not be sure for up to two years whether an infection occurred. The missed work time, the expense of the tests and the mental anguish for the health worker and their family cannot be measured.

While you can't put a dollar figure on the psychological toll of a needlestick, the direct cost to treat a needlestick injury can average $2,809 even if there is no infection. If an infection occurs, direct and indirect costs can total more than $500,000.

I am proud of the hospitals in the San Francisco Bay Area, including some in my district, for taking the lead on this issue. The Washington Hospital Healthcare System in Fremont, the University of California San Francisco Medical Center in San Francisco, the Columbia Good Samaritan Hospital in San Jose and Kaiser Hospital in San Jose have all signed a pledge by the National Campaign for Health Worker Safety to adopt needle-safe devices. These hospitals have voluntarily recognized the need to protect health care workers and have pledged to be needle-safe. I applaud their leadership and their commitment to protecting health employees.

Unfortunately not all hospitals share this point of view. As the San Francisco Chronicle has reported, many hospitals claim increased equipment costs as a reason for not adopting these devices. One hospital executive, Jerry Rakes of Columbia/HCA put it this way, "the cost of implementing the (needleless) system, and the cost savings is not that great. . . It's going to have to be up to the manufacturers to make the product available at the, at dirt cheap prices before we can go out and spend the extra money to put them into the system."

As Jerry Rakes so eloquently points out for us, the need for a federal law to protect health care workers is long overdue.

"The Health Care Worker Protection Act of 1997" requires hospitals and hospital-owned facilities to use safe and approved hollow-bore needle devices as a condition of participation in the Medicare program. Hospitals would be required to use safe needle devices as approved by the FDA in consultation with an advisory committee comprised of representatives from consumer groups, front-line health care workers, industry representatives, and technical experts. To enhance compliance, $5,000,000 would be provided for education and training in the use of safety devices.

Support for H.R. 2754 has come from all quarters: the American Nurses Association, the American Association of Occupational Health Nurses, the Service Employee International Union, American Federation of Teachers, the American Federation of State, County and Municipal Employees, Lynda Arnold's National Campaign for Healthcare Worker Safety, Association of Operating Room Nurses, American Association of Critical-Care Nurses, many product researchers and manufacturers, and most important, health care workers. Supporters of the bill share the opinion that this legislation will provide important protections for health care workers at their place of employment.

Better information and better devices are the key to reducing injuries from needlesticks. Hospitals must be encouraged to substitute existing needlestick products with products proven to be safe. Nurses, doctors and other front-line health workers care each day for those individuals we love. They shouldn't have to risk their lives to save lives.

I applaud the efforts of SEIU and the San Francisco Board of Supervisors here in the Bay Area. This local effort is a first step towards a national policy to protect health care employees.

You can E-Mail Pete 

 **Be sure to sign the guestbook before you leave**

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Congressman Pete Stark's Statement

239 Cannon Building
Washington, D.C. 20515
(202) 225-5065
petemail@stark.house.gov

Front Line Health Care Workers Shouldn't Have to Risk Their Lives to Save Lives
October 28, 1997

Mr. Speaker, along with over twenty original cosponsors , I am introducing the "Health Care Worker Protection Act of 1997." This bill is designed to reduce the risk to health care workers from accidental needlesticks. The legislation would ensure that the necessary tools -- better information and better medical devices -- are made available to our front-line health care workers in order to reduce the injury and death which may result from accidental needlesticks each year.

Although needlestick injuries are considered to be widely under reported, health care workers report more than 800,000 needlesticks and injuries from sharp products each year. According to the Center for Disease Control and Prevention (CDC) there have been at least 52 actual and 111 possible documented cases of HIV seroconversions among U.S. health care workers resulting from occupational exposures since 1996. Needlestick injuries caused by hollow-bore needles accounted for 86% of all reported occupational HIV exposures. Of the needles involved in the reported injuries, two percent or roughly 16,000 are likely to be contaminated by the HIV virus.

Imagine what someone must go through when accidentally pricked with a used needle device. Tests must be conducted to determine if the blood on the device contained an infectious agent. If so, the health care worker must undergo tests to see if they have been infected. If the blood contained the HIV virus, one could not be sure for up to one year whether an infection occurred.

While you can't put a dollar figure on the psychological toll of a needlestick, if only one employee becomes HIV positive, the direct cost to treat a needlestick injury can average $2,809 even if there is no infection. If an infection occurs, direct and indirect costs can total more than $500,000.

"The Health Care Worker Protection Act of 1997" requires hospitals and hospital-owned facilities to use safe and approved hollow-bore needle devices as a condition of participation in the Medicare program. Hospitals would be required to use safe needle devices as approved by the FDA in consultation with an advisory committee

comprised of representatives from consumer groups, front-line health care workers, industry representatives, and technical experts. To enhance compliance, $5,000,000 would be provided for education and training in the use of safety devices.

Support for this bill has come from all quarters: the American Nurses Association, the American Association of Occupational Health Nurses, the Service Employee International Union, American Federation of Teachers, Lynda Arnold's National Campaign for Healthcare Worker Safety, Association of Operating Room Nurses, American Association of Critical-Care Nurses, many product researchers and manufactures, and most importantly, health care workers. Supporters of the bill share the opinion that this legislation will provide important protections for health care workers in the workplace.

Better information and better devices are the key to reducing injuries from needlesticks. Hospitals must be encouraged to substitute existing needlestick products with products proven to be safe. Nurses, doctors and other front-line health workers care each day for those individuals we love. They shouldn't have to risk their lives to save lives. I urge my colleagues to support this bill.

You can E-Mail Pete 

Congressman Pete Stark's Press Release

239 Cannon Building
Washington, D.C. 20515
(202) 225-5065
petemail@stark.house.gov

Health Care Workers Shouldn't Have to Risk Their Lives to Save Lives
Rep. Pete Stark Introduces Legislation to Require Use of Safe Needle Products by Hospitals

Rep. Pete Stark (D- CA) today introduced the "Health Care Worker Protection Act of 1997," a bill which would reduce the risk of accidental needlesticks to health care workers in hospitals.

According to the Centers for Disease Control and Prevention (CDC), American health care workers report more than 800,000 needlesticks and injuries from sharp products each year. The CDC has documented 52 actual and 111 possible cases of HIV seroconversions among U.S. health care providers resulting from occupational exposures since December 1996.

"Health care workers shouldn't have to risk their lives while saving the lives of their patients," said Stark. "This bill would ensure that the necessary tools--better information and better medical devices--are made available to our front-line health care workers."

The "Health Care Worker Protection Act of 1997" requires hospitals to use approved and safe hollow-bore needle products. As a condition of participation in the Medicare program, hospitals would be required to provide only those devices that are deemed safe by the Food and Drug Administration (FDA) in consultation with an Advisory Council comprised of representatives from consumer groups, front-line health care workers, industry representatives, and technical experts. To enhance compliance, $5,000,000 would be provided for education and training in the use of safety devices.

"While you can't put a dollar figure on the psychological toll of a needlestick, if only one employee becomes HIV positive, the direct cost to treat a needlestick injury can average $2,809 even if there is no infection. If an infection occurs, direct and indirect costs can total more than $500,000," said Stark. "Providing basic protections for health care workers is the least we can do for those individuals who take care of our loved ones."

Contact: Jake Johnston

You can E-Mail Pete

Be sure to sign the guestbook before you leave

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