

SB 194

SENATE FINANCE COMMITTEE REPORT

DATE: 4/26/91

FURTHER:

DATE TURNED INTO OFFICE: 5-15-91

The Finance Committee considered SSSB 194

"An Act relating to hepatitis B vaccinations for law enforcement officers and emergency medical services providers; and providing for an effective date."

and recommended:

- replace with CS ~~SSB-194 (FW)~~ same title
- or adopt CS _____ new title
- attached amendment(s) technical title change (HB only)
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Dept/Date:

fiscal note(s) DH&S 5-13-91 30.0

zero fiscal note(s) _____

appropriation-no fiscal note

SIGNING DO PASS:

Lee Adams
Juan Rivera

APPROVES PREVIOUS:

Dept/Date:

fiscal note(s) _____

zero fiscal note(s) DPS 4-18-91

OTHER RECOMMENDATIONS:

John Kelly (No Roe)

1.

Pat Kunkel do pass

2.

W. H. ... do pass

Co-Chairs: Signatures and Recommendations

FISCAL NOTE

No. 1

Bill Version: SSSB 194

(S) Publish Date: 4/26/91

STATE OF ALASKA
1991 LEGISLATIVE SESSION

Revision Date: _____
Title: "An Act relating to Hepatitis B vaccinations..."
Sponsor: Senator Menard
Requestor: Senate HESS

Department Affected: Public Safety
BRU: Alaska State Troopers
Component: Detachments

COMPONENT SERIAL NO.

	7	9	9
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EXPENDITURES/REVENUES: (Thousands of Dollars) (Inflation not Included)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER/PROG RCPT						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
PROBATIONARY	0	0	0	0	0	0

Changes in CS SSSB 194/195 have no fiscal impact. This fiscal note is appropriate.

Estimated date of current year impact None

26 APR 91 MAF
date Comte Aide (initial)

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact upon the Alaska State Troopers is anticipated.

Changes in CS SSSB 194 (AW) have no fiscal impact. This fiscal note is appropriate.
5-15-91
date

Prepared by: Lt. Patrick Kasnick Phone: 269-5641
Position: Alaska State Troopers Date: 4/18/91
Approved by Commissioner: [Signature] Richard L. Burton
Agency: Department of Public Safety Date: 4/18/91

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act Relating to Hepatitis B BRU: State Health Services
 Sponsor: Menard, Collins Components: Epidemiology
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
Personal Services						
Travel						
Contractual						
Supplies	30.0	30.0	30.0	30.0	30.0	30.0
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	30.0	30.0	30.0	30.0	30.0	30.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds	30.0	30.0	30.0	30.0	30.0	30.0
Federal Funds						
Other						
TOTAL	30.0	30.0	30.0	30.0	30.0	30.0


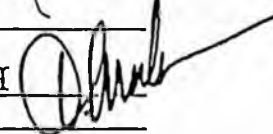
POSITIONS

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

See Attached

Changes in CSSB 194 (614)
 reflect NO FISCAL CHANGE from the original
 fiscal note. This fiscal note is appropriate.
 5-15-91 ML
 date Compt. Aide (initial)...

Prepared By: Peter N. Nakamura, MD, MPH 
 Division: PUBLIC HEALTH
 Approved By Commissioner: Theodore Mala, MD, MPH 
 Agency: HEALTH & SOCIAL SERVICES

Phone: 465-3090
 Date: 05/13/91
 Date: 5/14/91

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

CS for SS Senate Bill 194

Estimating the cost of screening and vaccinating emergency medical services providers who do not reside in a municipality that has the power to establish a program of hepatitis B testing and vaccination, is difficult. According to the Alaska Department of Public Safety, there are 258 uniformed State Troopers, plus another 32 uniformed court officers, and 125 village public safety officers (VPSO's). Under recent [OSHA requirements, if these people come into contact with blood or other body fluids in the emergency patient care setting at least once a month, then their employer would be required to provide hepatitis B testing and vaccination.] We also estimate that there are about 300 volunteer EMT's and rescue personnel outside incorporated cities and boroughs in Alaska. Also, without doing a statewide survey, we cannot estimate how many of these people already have been vaccinated.

CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 194 (FINANCE)

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY THE SENATE FINANCE COMMITTEE

**Offered:
Referred:**

Sponsor(s): SENATORS MENARD, Collins, Sturgulewski

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to hepatitis B vaccinations for law enforcement officers and emergency
2 medical and rescue personnel; and providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * Section 1. AS 18.15 is amended by adding a new section to read:

5 **ARTICLE 3A. HEPATITIS B.**

6 **Sec. 18.15.250. VACCINATION PROGRAM FOR VOLUNTEER EMERGENCY**
7 **PERSONNEL.** (a) The department shall establish a program under which hepatitis B testing and
8 vaccination is reasonably accessible at no charge to all volunteer emergency medical and rescue
9 personnel in the state who provide an emergency medical or rescue service primarily within an
10 unincorporated community or within a municipality that does not provide funding for the service.

11 (b) A municipality that has the power to do so shall establish a program under which
12 hepatitis B testing and vaccination is reasonably accessible at no charge to all law enforcement
13 officers and all volunteer or employed emergency medical and rescue personnel who provide
14 service to the public within the municipality. The department shall, upon request, assist a

1 municipality in establishing a program required under this subsection.

2 (c) The Department of Public Safety shall establish a program under which hepatitis B
3 resting and vaccination is reasonably accessible at no charge to all officers of the state troopers.
4 The Department of Health and Social Services shall, upon request, assist the Department of
5 Public Safety in establishing a program required under this subsection.

6 (d) In this section,

7 (1) "emergency medical and rescue personnel" means a trauma technician, medical
8 technician, rescuer, or paramedic;

9 (2) "employed" means that the person is a paid employee of a first responder
10 service, a rescue service, an ambulance service, or a fire department that provides emergency
11 medical or rescue services as part of its duties;

12 (3) "law enforcement officer" means a member of the police force of a
13 municipality;

14 (4) "volunteer" means that the person is an active volunteer of a first responder
15 service, a rescue service, an ambulance service, or a fire department that provides emergency
16 medical or rescue services as part of its duties.

17 * Sec. 2. This Act takes effect immediately under AS 01.10.070(c).

Proposed CS CHANGES:
see mark ups

7-LS0362S ✓
Dierdorff/Lauterbach
5/14/91

CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 194 ()

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): SENATORS MENARD, Collins, Sturgulewski

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9 personnel in the state who provide an emergency medical or rescue service primarily within an
10 unincorporated community or within a municipality that does not provide funding for the service.

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14 service to the public within the municipality. The department shall, upon request, assist a

1 municipality in establishing a program required under this subsection.

2 (c) The Department of Public Safety shall establish a program under which hepatitis B
3 testing and vaccination is reasonably accessible at no charge to all officers of the state troopers.
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8 technician, rescuer, or paramedic;

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10 service, a rescue service, an ambulance service, or a fire department that provides emergency
11 medical or rescue services as part of its duties;

12 (3) "law enforcement officer" means a member of the police force of a
13 municipality; [state troopers, village public safety officer]

14 (4) "volunteer" means that the person is an active volunteer of a first responder
15 service, a rescue service, an ambulance service, or a fire department that provides emergency
16 medical or rescue services as part of its duties.

17 * Sec. 2. This Act takes effect immediately under AS 01.10.070(c).

PROPOSED COMMITTEE SUBSTITUTE:

The draft committee substitute better defines which entity is responsible for infection control of the various categories of volunteers and employees who are at risk of contracting hepatitis B.

In this draft, the Department of Health and Social Services is responsible for volunteers in the unincorporated areas of the state and in municipalities who have not assumed health powers and do not fund emergency medical services for their citizens.

Employees and volunteers who serve municipalities who do have health powers will be provided coverage by their respective municipalities. In addition to the defined emergency medical services groups, this section also requires the same coverage for law enforcement officers.

Infection control for the state troopers is the responsibility of the Department of Public Safety. DPS has responded to the draft CS with a zero fiscal note and a statement of support.

The last change in the proposed committee substitute is the addition of "rescuers" to the categories of groups to be covered.



Alaska State Legislature

SENATE

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

TO: Senator Pat Pourchot
Senator Jay Kerttula
Co-Chair - Senate Finance

FROM: Senator Curt Menard *Curt*

DATE: April 26, 1991

RE: Hearing request

1577 2 - 1991

SB 194: "An Act relating to hepatitis B vaccinations for law enforcement officers and emergency medical services providers"

The above referenced bill has been referred to your committee. I am writing to request public hearing at your earliest convenience.

Hepatitis B is second in importance only to tobacco as a known human carcinogen. Hundreds of millions of people are chronically infected with the virus and face an elevated risk of acquiring liver cancer. Many chronic carriers appear healthy but can still transmit the virus through close contact thereby starting the cycle of disease anew.

The high cost of vaccine prevents universal vaccination but we can, and must, protect those at highest risk of infection. This proposed legislation is a very important element in the control of hepatitis B virus.

Thank you for your attention to my request. Please call if you have any questions. My staff person working on this issue is Iola Young.



Alaska State Legislature

SENATE

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

Senator Curt Menard

SPONSOR STATEMENT:

(SS)SB 194: "An Act relating hepatitis B vaccinations for law enforcement officers and emergency medical services providers"

Infection control is a growing concern throughout the nation. The legislation before you is a very important element in the control of hepatitis B virus.

Under the provisions of this bill, a program of hepatitis B testing and vaccination would be available to those most at risk of infection: all emergency medical services providers and law enforcement personnel.

Hepatitis B virus is a serious health threat. The Journal of Infectious Diseases reports "Yupik Eskimos of southwestern Alaska have the highest known prevalence of hepatitis B virus infection of any general population in the United States."

An OSHA instruction dated Feb. 27, 1990 requires a testing and vaccination program with respect to workers who are exposed to blood or other potentially infectious materials. That instruction is presently being interpreted to mean "paid health care workers" and I believe, given the serious nature of the disease, is much too narrow in its application.

Alaska has over 2500 volunteer care providers, affiliated with 91 ambulance services and 56 first responder services. Each year more than \$4.5 million dollars in uncompensated volunteer services is provided by these dedicated individuals.

This bill does have a fiscal impact but the cost of implementing a hepatitis B infection control program is minimal when compared to the costs--direct, indirect, and non-monetary--resulting from a law enforcement officer or emergency medical services provider contracting this infectious disease.

BILL NO: CS SSSB 194(FIN) DRAFT

DATE: 5/14/91 ..

TITLE: "An Act relating to Hepatitis
B vaccinations. . ."

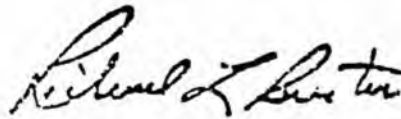
CONTACT: Gayle A. Horetski
465-4322

DEPARTMENT OF
PUBLIC SAFETY

Under the proposed Finance Committee CS for SSSB 194, the Department of Health and Social Services would be required to establish a program in which testing and vaccination for hepatitis B would be provided free of cost to volunteer emergency medical services providers. Certain municipalities also would be required to establish a similar program for their law enforcement officers and emergency medical services providers.

A new subsection (c) (page 2, lines 12-15 of the draft) requires the Department of Public Safety to "establish a program under which hepatitis B testing and vaccination is reasonably accessible at no charge to all officers of the state troopers". The Department recommends the deletion of the language "officers of the" as unnecessary duplication. The Department has no objection to this new subsection, as such a program is already in place. State Troopers are required to have a physical examination every other year, and may request hepatitis B testing and vaccination at that time. This physical exam and testing is provided at no cost to the trooper. Additionally, at any time that a state trooper believes he or she may have been exposed to infection in the course of their duties, the trooper is tested, and vaccinated if appropriate. This expense is covered through either insurance reimbursement or the state worker's compensation program.

The Department of Public Safety supports the draft CS for SSSB 194. Hepatitis is one of the many dangers inherent in police and emergency response work, so assuring that vaccination and testing programs are available to all police officers and emergency medical services providers is appropriate, and good public policy.



Richard L. Burton
Commissioner

Position Paper

CS for Sponsor Substitute for Senate Bill No. 194

For An Act Entitled: "An Act relating to Hepatitis B vaccinations for law enforcement officers and emergency medical services providers; and providing for an effective date."

Section (a) of CS for SS SB 194 will require the Department of Health and Social Services to establish a program to make hepatitis B testing and vaccinations reasonably accessible at no charge to all volunteer emergency medical services and rescue personnel in the state who provide an emergency medical or rescue service primarily within a unincorporated community or within a municipality that does not provide funding for the service. Section (b) would require a municipality that has the power to do so to establish a program under which hepatitis B testing and vaccination is reasonably accessible at no charge to all law enforcement officers and emergency medical service providers who provide service to the public within the municipality. Section (c) would require the Department of Public Safety to establish a program under which Hepatitis B testing and vaccinations is reasonably accessible at no charge to all officers of the state troopers.

Hepatitis B infection is caused by the hepatitis B virus. The incubation period of hepatitis B is long - 45 to 160 days; average 120 days. The virus is transmitted by percutaneous (intravenous, intramuscular, subcutaneous, and intradermal) and permucosal exposure to infective body fluids, as may occur in needle sticks, perinatal exposure, or sexual exposure.

Illness can range from no symptoms to severe illness and death. Clinical symptoms include loss of appetite, malaise, nausea, vomiting, abdominal pain, and jaundice. Skin rashes, joint pain, and arthritis can also occur. The case-fatality rate is approximately 1.4%. Some individuals who become infected with Hepatitis B virus will become chronically infected with the virus.

Excellent guidelines exist to provide information and recommendations on prevention of hepatitis. One of the best is "Protection Against Viral Hepatitis, Recommendations of the Immunization Practices Advisory Committee (IPAC)," MMWR 1990;39S-2. Both nationally and in Alaska the present strategy for hepatitis B prevention is to vaccinate those individuals at high risk of infection. The major deterrents to controlling the viruses include lack of knowledge about risk of the disease, lack of public sector programs, inability to access most of the high risk populations, and the cost of the vaccine.

Without conducting a statewide screening program, it is impossible to know how many public safety providers in Alaska are seropositive for hepatitis B, and it is even more difficult to determine how many may have been infected while providing patient care.

In February 1990, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) released an OSHA Instruction on "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)." This instruction required employers of health care workers, including emergency medical services personnel, to offer to each employee, of substantial risk of directly contacting bodily fluids, HBV vaccinations free of charge, and appropriate equipment as recommended by the Centers for Disease Control. This requirement took effect in February 1991. However, the Alaska Department of Labor states that our OSHA laws do not apply to volunteers in this state.

A central issue in hepatitis B vaccine policy is the high cost of the vaccine. If the vaccine were inexpensive, then national and state public health professionals would recommend universal vaccination of all persons. However, the high cost of the vaccine (\$30.64 per dose, 3 doses per person or a minimum of \$91.92 per person plus testing and administrating costs) has required the vaccine to be targeted at those at highest risk of infection.

Active emergency medical service providers in Alaska number about 3000. Statewide, there currently are over 1500 certified EMT-I's, about 450 EMT-II's, 350 EMT-III's and 160 Mobile Intensive Care Paramedics, plus there is an estimated 500 active volunteer Emergency Trauma Technicians (ETT's). There also is a significant turnover among volunteer emergency medical responders with approximately 1,000 to 2,000 newly certified ETT's and EMT's each year.

Although we believe that the risk for emergency medical responders and law enforcement officers to get hepatitis B while providing emergency medical care is low, we cannot say that there is no risk at all. We also note that many emergency medical responders and law enforcement officers have Workers' Compensation coverage and the cost of lost work time and disability benefits for an emergency responder who gets hepatitis B in the emergency care setting could easily exceed \$ 20,000, even if the disease does not progress to the acute carcimona stage.

Volunteer EMT's who are not currently covered under Workers Compensation could have to endure significant personal financial hardship if they get injured or sick in the course and scope of providing patient care.

While recognizing the importance of the volunteer emergency personnel and their concerns regarding hepatitis B, the department has concerns about the policy effects of this bill upon the state vaccination program. If special consideration is granted to law

enforcement and emergency medical service providers, it can be anticipated that public safety and health care workers who are at similar risk would advocate for equal coverage.

If similar coverage were to be provide by the state to all such individual, it is anticipated that the cost to the state could be as much as \$1,100,000 per year for the vaccines.

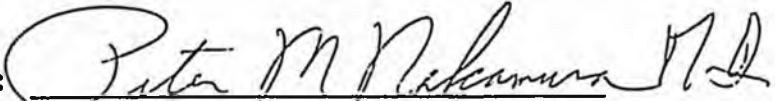
Recommendation

The Department of Health and Social Services supports the intent of CS for SS SB 194, but we are concerned about the potential cost of implementing this bill. We do not believe that law enforcement officers are at significant risk unless they encounter blood or other body fluids in the prehospital setting at least once a month (CDC guidelines).

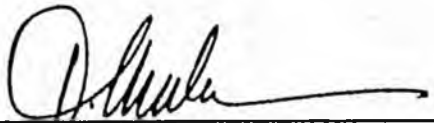
With the proposed amendments to the bill, the cost to the Department of Health and Social Services would be about \$30,000 per year (300 volunteer EMS providers x \$100 per provider = \$30,000). This is not including the cost to vaccinate officers of the state troopers.

Position

The Department of Health and Social Services supports the intent of this legislation, but we don't believe that all law enforcement officers are at significant risk of getting hepatitis B unless they come into contact with blood or other body fluids at least once a month.

Recommended by: 
Peter M. Nakamura, MD, MPH
Director
Division of Public Health

Date: 5/13/91

Approved by: 
Theodore A. Mala, MD, MPH
Commissioner
Dept. of Health & Social Services

Date: 14 May 1991

Position Paper

Sponsor Substitute for Senate Bill No. 194

For An Act Entitled: "An Act relating to Hepatitis B vaccinations for law enforcement officers and emergency medical services providers; and providing for an effective date."

SS SB 194 will require the Department of Health and Social Services to establish a program to make hepatitis B testing and vaccinations reasonably accessible at no charge to all law enforcement officers and emergency medical services providers in the state who do not reside in a municipality that has the power to establish a program of Hepatitis B testing and vaccination.

Hepatitis B infection is caused by the hepatitis B virus. The incubation period of hepatitis B is long - 45 to 160 days; average 120 days. The virus is transmitted by percutaneous (intravenous, intramuscular, subcutaneous, and intradermal) and permucosal exposure to infective body fluids, as may occur in needle sticks, perinatal exposure, or sexual exposure.

Illness can range from no symptoms to severe illness and death. Clinical symptoms include loss of appetite, malaise, nausea, vomiting, abdominal pain, and jaundice. Skin rashes, joint pain, and arthritis can also occur. The case-fatality rate is approximately 1.4%. Some individuals who become infected with Hepatitis B virus will become chronically infected with the virus.

Excellent guidelines exist to provide information and recommendations on prevention of hepatitis. One of the best is "Protection Against Viral Hepatitis, Recommendations of the Immunization Practices Advisory Committee (IPAC)," MMWR 1990;39S-2. Both nationally and in Alaska the present strategy for hepatitis B prevention is to vaccinate those individuals at high risk of infection. The major deterrents to controlling the viruses include lack of knowledge about risk of the disease, lack of public sector programs, inability to access most of the high risk populations, and the cost of the vaccine.

Without conducting a statewide screening program, it is impossible to know how many public safety providers in Alaska are seropositive for hepatitis B, and it is even more difficult to determine how many may have been infected while providing patient care.

In February 1990, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) released an OSHA Instruction on "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)." This instruction required employers of health care workers, including emergency medical services personnel, to offer to each employee, of substantial risk of directly contacting bodily fluids, HBV vaccinations free of charge, and appropriate equipment as

recommended by the Centers for Disease Control. This requirement took effect in February 1991. However, the Alaska Department of Labor states that our OSHA laws do not apply to volunteers in this state.

A central issue in hepatitis B vaccine policy is the high cost of the vaccine. If the vaccine were inexpensive, then national and state public health professionals would recommend universal vaccination of all persons. However, the high cost of the vaccine (\$30.64 per dose, 3 doses per person or a minimum of \$91.92 per person plus testing and administrating costs) has required the vaccine to be targeted at those at highest risk of infection.

Active emergency medical service providers in Alaska number about 3000. Statewide, there currently are over 1500 certified EMT-I's, about 450 EMT-II's, 350 EMT-III's and 160 Mobile Intensive Care Paramedics, plus there is an estimated 500 active volunteer Emergency Trauma Technicians (ETT's). There also is a significant turnover among volunteer emergency medical responders with approximately 1,000 to 2,000 newly certified ETT's and EMT's each year.

Although we believe that the risk for emergency medical responders and law enforcement officers to get hepatitis B while providing emergency medical care is low, we cannot say that there is no risk at all. We also note that many emergency medical responders and law enforcement officers have Workers' Compensation coverage and the cost of lost work time and disability benefits for an emergency responder who gets hepatitis B in the emergency care setting could easily exceed \$ 20,000, even if the disease does not progress to the acute carcimona stage.

While recognizing the importance of the volunteer emergency personnel and their concerns regarding hepatitis B, the department has concerns about the policy effects of this bill upon the state vaccination program. If special consideration is granted to law enforcement and emergency medical service providers, it can be anticipated that public safety and health care workers who are at similar risk would advocate for equal coverage. If similar coverage were to be provide by the state to all such individual, it is anticipated that the cost to the state could be as much as \$1,100,000 per year for the vaccines.

Recommendation

The Department of Health and Social Services supports the intent of SS SB 194, but we are concerned about the potential cost of implementing this bill, up to \$115,300 per year.

The intent of this bill can be met at reduced cost to the state if the bill is amended as follows:

Sec. 18.08.081. Hepatitis B Vaccination Program. (a) The department shall establish a program under which hepatitis B testing and vaccination is reasonably accessible at no charge to all volunteer emergency medical services providers in the state who do not provide services in a municipality.

(b) A municipality that has power shall establish a program under which hepatitis B testing and vaccination is reasonably accessible at no charge to all emergency medical services providers who provide service to the public within the municipality. The department shall, upon request, assist a municipality in establishing a program required under this subsection.

With these proposed amendments to the bill, the cost to the state would be about \$30,000 per year (300 volunteer EMS providers x \$100 per provider = \$30,000), and perhaps \$15,000 to \$20,000 in subsequent years.

Position

The Department of Health and Social Services supports the intent of this legislation, but we propose that it be amended to require the department to provide hepatitis B testing and vaccinations only to volunteer emergency medical services providers who do not reside in a municipality that has the power to establish a program of hepatitis B testing and vaccinations.

Recommended by Peter M. Nakamura, MD, MPH
Peter M. Nakamura, MD, MPH
Director
Division of Public Health

Date:

4/18/91

Approved by:

Theodore Mala, MD, MPH
for Theodore Mala, MD, MPH
Commissioner
Dept. of Health & Social Services

Date:

4/18/91

BILL NO: SSSB 194

DATE: April 17, 1991

TITLE: "An Act relating to
Hepatitis B vaccinations."

CONTACT: Lt. Patrick Kasnick
269-5641

POSTION PAPER / DEPARTMENT OF PUBLIC SAFETY

Under the provisions of this bill, the Department of Health and Social Services would be required to provide a program in which testing and vaccinations for hepatitis B would be provided free of cost to Alaskan law enforcement officers and emergency medical services providers.

The Department of Public Safety supports SSSB 194. Hepatitis is one of the many dangers inherent in police work, so assuring that preventative vaccination and testing programs are available to all police officers is appropriate and good public policy.



Richard L. Burton
Commissioner

OSHA

Mandates Infection Control For EMS and Fire Service

by Gordon M. Sachs

Infection control is a growing concern throughout emergency services. While EMS and fire service managers recognize the need to protect their employees from the risks of communicable diseases, there has been little information available on the subject specific to their profession.

On Feb. 27, 1990, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) released OSHA Instruction CPL 2-2.44B, "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)." This document clarifies the requirements of those who employ health-care workers who may be occupationally exposed to HBV and HIV. Thus, the mandate is of vital importance to fire and emergency medical services throughout the nation.

OSHA released this instruction after concluding that the risk of emergency workers contracting HBV and HIV required an immediate response and that documentation existed to define

guidelines for such a response. Specifically, the U.S. Department of Health and Human Services/Centers for Disease Control (CDC) infection control guidelines formed the basis for "an appropriate and widely recognized and accepted standard of protection to be followed by health-care employers in carrying out their responsibilities," which could be carried out under the auspices of the Occupational Safety and Health (OSH) Act.

The "general duty clause" of the OSH Act provides that, "Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees." This clause allows for the creation of standards, such as OSHA Instruction CPL 2-2.44B.

The OSHA instruction's definition of "health-care worker" includes paramedics, EMTs and other personnel, such as firefighters, whose work

involves direct contact with bodily fluids. Similarly, the document mandates that each state with an existing state OSHA plan "extend coverage under its procedures for addressing occupational exposure to HBV and HIV in the public sector, such as police, fire, ambulance and other emergency response workers" (see Table 1).

While the OSHA instruction is intended as an enforcement guideline, it is also an effective tool for identifying critical components of an infection control program. The document mandates that an infection control program address the following personal protective measures:

- Using disposable gloves whenever there is potential for contact with bodily fluids
- Using gowns, aprons or lab coats when splashes to skin or clothing with bodily fluids are likely to occur
- Using masks and protective eye-wear when contamination of mucous membranes (eyes, mouth or nose) with bodily fluids is likely to occur

- Placing pocket masks, resuscitation bags and other ventilation equipment in strategic locations where the need for resuscitation is likely, and providing such equipment to key personnel to minimize the need for mouth-to-mouth contact
 - The mandatory use of the aforementioned personal protective equipment when performing invasive procedures or when the worker's skin or mucous membranes may come in contact with bodily fluids
- The OSHA-mandated infection control program must also address the proper precautions to take while cleaning patient-care areas, equipment and blood spills, as well as procedures for disinfecting these areas. Additionally, the program must address the handling and disposal of potentially contaminated items, such as sharp instruments, disposable items and linens. Needles cannot be recapped or broken, and puncture-resistant containers must be easily accessible and located in any areas in which needles, syringes and other sharp instruments are commonly used. Bags and receptacles containing items contaminated with bodily fluids must be tagged or otherwise identified.

Based on the CDC infection control guidelines and the general duty clause of the OSH Act, the OSHA instruction identifies seven specific items that must be implemented. According to the instruction, "The non-use of any of these methods is likely to result in the continued existence of a serious hazard and may, therefore, allow for citation." These items are:

- All employees at substantial risk of directly contacting bodily fluids shall be offered HBV vaccinations free of charge.
- There shall be specific procedures for dealing with soiled linen.
- Reusable equipment shall be disinfected according to standard procedures.
- Objects contaminated with bodily fluids shall be placed in an impervious bag; if outside contamination of the bag is likely, a second bag shall be added.
- After removing gloves, hands and other skin surfaces shall be washed thoroughly and immediately after contact with bodily fluids.
- Specific follow-up procedures shall be followed after a possible exposure to bodily fluids:
 - a) The source patient shall be

informed of the incident and, on consent, be tested for HIV and HBV infections.

- b) If consent is refused or the source patient tests positive for HIV, the health-care worker shall be evaluated clinically and by HIV antibody testing (and retesting after six weeks, 12 weeks and six months).
- c) If consent is refused or the source

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patient tests positive for HBV, follow-up procedures for HBV exposure will depend on the immunization status of the worker.

- All high-risk health-care workers shall receive education on precautionary measures, epidemiology, modes of transmission and prevention of HIV/HBV. In addition, these workers must receive training regarding the location and proper use of personal protective equip-

ment, proper work practices and the concept of universal precautions.

Perhaps the most controversial of these provisions, due to the costs involved, are the requirements for hepatitis vaccination at no charge to the employee; mandatory education and training for all firefighters, EMTs and paramedics; and handwashing capabilities at all emergency scenes where there is potential for bodily fluid contact.

Prior to the release of the OSHA instruction, there was some confusion in the industry as to the meaning of the term "mandated by OSHA." The U.S. Fire Administration (USFA), considered by many to be the source for infection control information for fire services and EMS agencies, recognized the ties between the OSH Act's general duty clause and the CDC infection control guidelines. In December 1989, USFA distributed an open letter to all emergency response agencies, identifying hepatitis vaccines as an OSHA mandate and recommending that all emergency response personnel be immunized against all vaccine-preventable diseases. Until the release of the OSHA instruction, however, there were no widely known OSHA documents that specifically discussed those requirements (other than the proposed 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens.")

At OSHA public hearings on the proposed regulation in the fall of 1989, former U.S. Fire Administrator, Clyde Bragdon, testified on the need for such protection for firefighters, EMTs, and paramedics, citing examples of circumstances unique to these occupations in which the risk of exposure to communicable diseases is high. His testimony was supported and substantiated by representatives from the National Association of EMTs, the International Association of Fire Chiefs and the International Association of Fire Fighters, among others.

Testimony at the public hearings seemed to alert OSHA officials to the severity of the problems, which are affecting all aspects of the emergency services. When promulgated, 1910.1030 will stipulate even more specifically the requirements of health-care agencies in the protection of their employees. However, OSHA officials realized that the present risk is too severe to wait until the proposed rule is revised—possibly not until early 1991—to delineate and enforce the pro-

Infection Control Resources

The following resources can provide fire and emergency medical service managers with additional information to assist in meeting the requirements of the OSHA compliance directive. These can be obtained free of charge from the listed agency or from the U.S. Fire Administration's Office of Firefighter Health and Safety.

U.S. Fire Administration:

- *Second Forum on Communicable Diseases*, 1989.
- *Testimony on Occupational Exposure to Bloodborne Pathogens*, Sept. 14, 1989.
- *Open letter to All Emergency Response Agencies*. December 1989.
- *Model Infection Control Program* (under development). Available early 1991.

U.S. Department of Labor:

- 29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens; Proposed Rule*. May 30, 1989.
- CPL2-2.44B, *Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)*. Feb. 27, 1990.
- *Joint Advisory Notice, Protection Against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)*. Oct. 19, 1987.

U.S. Department of Health and Human Services:

- *Joint Advisory Notice* (see above).
- *Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers*. CDC, February 1989.
- *A Curriculum Guide for Public-Safety and Emergency-Response Workers*. NIOSH, February 1989.
- *Educational Materials and Resources for Emergency Responder* (printouts). National AIDS Information Clearinghouse (CDC), 800/458-5231.

Other general information on infection control is available from your local hospital, local health agency and state public health agency.

visions outlined by the CDC guidelines to ensure safe and healthy employment and work places.

In addition to the OSHA instruction and information available from USFA and CDC, other information is being developed on a national level for fire service and EMS managers. USFA is preparing to develop a model infection control program. Also, a subcommittee of the National Fire Protection Association's Technical Committee on Fire Service Occupational Safety and Health is developing NFPA 1581, "Standard for a Fire Department Infection Control Program," which should be released for public comment in late summer.

For fire and EMS supervisors, USFA and the National Fire Academy (NFA) are working jointly on the development of a two-day field course entitled, "Infection Control for Emergency Response Personnel: The Supervisor's Role and Responsibilities." Depending on the availability of funds, this course will be pilot-tested this fall.

While it is heartening that other organizations are developing such guidelines, the significance of the new OSHA initiative is that emergency services managers will now be held accountable for the protection of their workers. Without a doubt, the impact on fire services and EMS will be great. Managers should look at this initiative as a benefit, however, because the costs of implementing an infection control program are minimal when compared to the costs—direct, indirect and non-monetary—resulting from a firefighter, EMT or paramedic contracting an infectious disease on the job.

The long-term benefits to emergency services, and to society in general, through an increased understanding of the problem and a decreased exposure potential, could result in an overall reduction in the rate of infection of communicable diseases, such as HBV and HIV. This, in itself, is part of the mission of the fire service and EMS—to protect and save lives. It is a rare opportunity for emergency service managers to be able to do so by protecting their own employees. □

Gordon M. Sachs is the EMS program manager for the U.S. Fire Administration in Emmitsburg, Md. He has more than 12 years of fire service and EMS experience, and is a member of the National Fire Protection Association's subcommittee on Infection Control Programs.

Table 1.

Impact of OSHA Instruction by State

States/Territories with Pre-Existing OSHA-Approved Occupational Safety and Health Plans

Alaska	New York*
Arizona	North Carolina
California	Oregon
Connecticut*	Puerto Rico
Hawaii	South Carolina
Indiana	Tennessee
Iowa	Utah
Kentucky	Vermont
Maryland	Virginia
Michigan	Virgin Islands
Minnesota	Washington
Nevada	Wyoming
New Mexico	

States Covered Under New Federal OSHA Regulations

Alabama	Missouri
Arkansas	Montana
Colorado	Nebraska
Delaware	New Hampshire
District of Columbia	New Jersey
Florida	North Dakota
Georgia	Ohio
Idaho	Oklahoma
Illinois	Pennsylvania
Kansas	Rhode Island
Louisiana	South Dakota
Maine	Texas
Massachusetts	West Virginia
Mississippi	Wisconsin

*Covers only state and local government employees

EMERGENCY MEDICAL SERVICES

LEGISLATIVE FACT SHEET for FY'92

Emergency Medical Services (EMS) is a system designed to respond to the needs of the general public when they are suddenly and unexpectedly taken ill or injured. Since these events are relatively rare in the life of an individual, it is easy, but mistaken to believe that these events are rare in a given community. In Alaska's larger communities, the range of calls fluctuates between 5 and 30 every day of the year. In our smaller communities it ranges from 2 to 30 per month. Although this may seem small, emergency situations in rural communities are frequently complicated with inadequate medical facilities, insufficient equipment and logistical problems.

The ultimate goal of the EMS system is the reduction of mortality and morbidity. Injury is the leading cause of death for Americans between 1 and 44 years of age. Virtually half of all children's deaths are accidental. Injuries cause the loss of more working years of life than all forms of cancer and heart disease combined. Clearly those of us interested in the quality of life in our communities must have at least a passing acquaintance with how we are addressing this public health problem.

The major components of the EMS system include citizen access, communications systems, adequate numbers of trained pre-hospital technicians, equipped ground and air transportation, hospital emergency departments and critical care centers, disaster planning and an informed general public. ***IN ALASKA, THE MAJORITY OF EMS RESPONSE IS ACCOMPLISHED BY COMMUNITY VOLUNTEERS.*** Because of legislative assistance and the support of the Department of Health and Social Services, more residents now have access to qualified emergency care in their time of need. At the same time, keeping volunteer support programs viable has become an even greater challenge. Currently, Alaska's EMS has over 2500 volunteer care providers, affiliated with 91 ambulance services and 56 first responder services.

As managers and volunteer coordinators, it is eminently clear that what worked yesterday, seldom works today. Recruitment based on an emotional commitment to do one's part following a community tragedy, or to provide a helping hand to one's neighbor no longer competes with the fear associated with individual liability, exposure to communicable diseases, scarce availability of funds and lack of State support.

For every state ems dollar invested there is a \$10 return in benefit. This benefit comes through reduction in mortality and morbidity as well as over \$4.5 Million dollars in uncompensated volunteer services to the state by 2,500 dedicated volunteers. This return is further enhanced through the fact that each regional office generates nearly 30% of its total budget.

EMERGENCY MEDICAL SERVICES SUMMARY SHEET

PRE-HOSPITAL RESOURCES

91 Certified Services
57 First Responder Services

118 Volunteer
17 Municipal
3 Commercial
0 Hospital based

41 Advanced Life Support

107 Basic Life Support

- Over 43,000 Ambulance calls answered annually
- Over 140,00 Emergency room visits annually

HOSPITAL RESOURCES

10 24-hr Emergency Rooms
0 Trauma Centers

10 Military
44 Operational Medical Director (VOL)

ADDITIONAL RESOURCES

60 Ambulances

10 Hazardous Materials Response teams
9 Critical Incident Stress Debriefing Teams

3 Regional EMS Councils

2500 Volunteer Emergency Medical Responders ———
150 Career Emergency Medical Responders

STATE OF ALASKA
1991 LEGISLATIVE SESSION

Bill Version (No. 2)
Publish Date: Bill Version: SSSB 194

(S) Publish Date: 4/26/91

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act Relating to Hepatitis B BRU: State Health Services
 Sponsor: Menard, Collins Components: Epidemiology
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services						
Travel						
Contractual						
Supplies	115.3	115.3	115.3	115.3	115.3	115.3
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	115.3	115.3	115.3	115.3	115.3	115.3
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds	115.3	115.3	115.3	115.3	115.3	115.3
Federal Funds						
Other						
TOTAL	115.3	115.3	115.3	115.3	115.3	115.3

POSITIONS

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

See Attached

Prepared By: Peter N. Nakamura, MD, MPH
 Division: PUBLIC HEALTH
 Approved By Commissioner: Theodore Mala, MD, MPH
 Agency: HEALTH & SOCIAL SERVICES

Phone: 465-3090
 Date: 04/17/91
 Date: _____

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

SS Senate Bill 194

Estimating the cost of screening and vaccinating emergency medical services providers and law enforcement officers, who do not reside in a municipality that has the power to establish a program of hepatitis B testing and vaccination, is difficult. According to the Alaska Department of Public Safety, there are 258 uniformed State Troopers, plus another 32 uniformed court officers, and 125 village public safety officers (VPSO's). Under recent OSHA requirements, if these people come into contact with blood or other body fluids in the emergency patient care setting at least once a month, then their employer would be required to provide hepatitis B testing and vaccination. We also estimate that there are about 175 volunteer EMT's outside incorporated cities and boroughs in Alaska, but this bill is not limited to volunteers as currently written. We do not know exactly how many paid ETT's or EMT's, such as those that may work as a Community Health Aide, or others in remote communities, may live outside incorporated cities and boroughs, but we estimate the number to be approximately 600. However, Community Health Aides already are provided hepatitis B screening and vaccinations through the Alaska Area Native Health Service, or Native Regional Health Corporations. Therefore, as currently written, this legislation may require the state to provide hepatitis B screening and vaccinations to about 1000 to 1200 law enforcement officers and emergency medical services providers. At a cost of about \$100 per person, the cost of implementing this bill could be up to \$115,000 for the first year, and probably the same per year in subsequent years to provide hepatitis B testing and vaccinations to newly trained law enforcement officers and emergency medical service providers entering the system. Also, without doing a statewide survey, we cannot estimate how many of these people already have been vaccinated.

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. CS SSSB 194(FIN) DRAFT

Revision Date: _____
 Title: "An Act relating to Hepatitis B
 vaccinations. . ."
 Sponsor: Senator Menard
 Requestor: Senate Finance

Department Affected: Public Safety
 BRU: Alaska State Troopers
 Component: Detachments

COMPONENT SERIAL NO.

	7	9	9
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EXPENDITURES/REVENUES: (Thousands of Dollars) (Inflation not Included)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

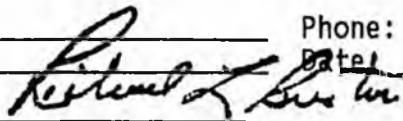
GENERAL FUND						
FEDERAL FUNDS						
OTHER/PROG RCPT						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year impact None

ANALYSIS: (Attach a separate page if necessary)
 No fiscal impact upon the Alaska State Troopers is anticipated.

Prepared by: Lt. Patrick Kasnick Phone: 269-5641
 Division: Alaska State Troopers Date: 5/14/91
 Approved by Commissioner:  Richard L. Burton
 Agency: Department of Public Safety Date: 5/14/91

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

STATE OF ALASKA
1992 LEGISLATIVE SESSION

Bill Version: No. 3
 Publish Date: Bill Version: CSSSSB 194 (HES)
 (S) Publish Date: 4/26/91

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affect: Health & Social Services
 Title: An Act Relating to Hepatitis B BRU: State Health Services
 Sponsor: Menard, Collins Components: Epidemiology
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
Personal Services						
Travel						
Contractual						
Supplies	29.0	19.4	19.4	19.4	19.4	19.4
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	29.0	19.4	19.4	19.4	19.4	19.4
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds	29.0	19.4	19.4	19.4	19.4	19.4
Federal Funds						
Other						
TOTAL	29.0	19.4	19.4	19.4	19.4	19.4

POSITIONS

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

SUPPLIES

Laboratory screening of 300 persons for FY 92 and 200 persons for each subsequent years @ \$8.04/person. As a result of the screening 5% will only receive the initial Hepatitis vaccine @ \$30.64/shot. The remaining individuals will receive the series of three shots @ \$91.92/series.

Prepared By: Peter N. Nakamura, M.D., MPH *PNN* Phone: 465-3090
 Division: PUBLIC HEALTH Date: 04/24/91
 Approved By Commission: Theodore Mala, M.D., MPH *Jay Mala* Date: 04/24/91
 Agency: HEALTH & SOCIAL SERVICES

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

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**DOCUMENTS WHICH HAVE NOT BEEN FILMED BUT ARE
AVAILABLE IN THE ORIGINAL FILE INCLUDE:**

**CORRESPONDENCE AND STATEMENTS OF SUPPORT FOR SB 194
FROM:**

1. KENAI PENINSULA FIRE CHIEFS ASSOCIATION,
4/14/91, RECOMMENDING INCLUSION OF
VOLUNTEERS AND "RESCUERS"
2. CHARLIE LEAN, LOCAL AMBULANCE SERVICE
VOLUNTEER, NOME, 4/3/91, VOICING
SUPPORT FOR INCLUSION OF VOLUNTEERS
3. GEORGE F. GARNETT, M.D., SOLDOTNA, 4/2/91,
VOICING SUPPORT FOR INCLUSION OF
VOLUNTEERS
4. NIKISKI FIRE DEPARTMENT, 4/1/91
5. INTERIOR AMBULANCE RESCUE SQUAD, FAIRBANKS,
3/28/92, VOICING SUPPORT FOR INCLUSION
OF VOLUNTEERS
6. MATANUSKA-SUSITNA BOROUGH, EMERGENCY SERVICES
DIVISION, 3/29/91, NOTING NEED FOR
INCLUSION OF "RESCUER"
7. KOTZEBUE VOLUNTEER FIRE DEPARTMENT, 3/27/91
8. GALENA HEALTH CENTER, 3/26/91
9. CORDOVA MEDICAL CLINIC, 3/25/91, VOICING
SUPPORT FOR INCLUSION OF VOLUNTEERS
10. NOME VOLUNTEER AMBULANCE SERVICE, INC.,

**3/25/91, SUPPORT FOR INCLUSION OF
VOLUNTEERS**

- 11. MARKETING BY VANCURA, 3/25/91, VOICING
SUPPORT FOR INCLUSION OF VOLUNTEERS**
- 12. SOUTHERN REGION EMERGENCY MEDICAL SERVICES
COUNCIL, INC., 10/31/90, RESOLUTION IN
SUPPORT OF INCLUSION OF VOLUNTEERS**