



Senate

General Assembly

File No. 112

February Session, 2000

Substitute Senate Bill No. 173

Senate, March 20, 2000

The Committee on Public Health reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

An Act Concerning Needlestick Prevention.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 19a-490d of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 Each health care facility or institution licensed by the Department of
4 Public Health [,] pursuant to this chapter shall, if advised by the
5 federal Occupational Health and Safety Administration, and each
6 entity that employs public employees shall use only injectable
7 equipment having self-contained secondary precautionary type
8 sheathing devices or alternate devices designed to prevent accidental
9 needlestick injuries.

PH Committee Vote: Yea 25 Nay 0 JFS

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Indeterminate Cost, Indeterminate Future Savings

Affected Agencies: Various

Municipal Impact: Indeterminate Cost, Indeterminate Future Savings

Explanation

State and Municipal Impact:

An indeterminate cost will result for the state and municipalities to the extent that mandating the use of “safe-needles” by any entity employing public employees results in the purchase of more expensive injectable equipment. Safety needles can cost 3 - 5 times as much as conventional needles.

The University of Connecticut Health Center currently purchases approximately 800,000 needle/syringe combination devices annually, at a cost of \$0.06 each (or \$48,000 in total). Mandating the use of safe needles would result in a cost increase of \$96,000 - \$198,000.

Each year approximately 15,000 - 16,000 HIV test samples are drawn by syringe in Connecticut. Seventy-five percent of these are drawn at state agency or local health department counseling and testing sites. Since the Department of Public Health pays for the needles/syringes used during HIV testing conducted by agencies with which it contracts, it is estimated to incur a cost of approximately \$5,800 annually based upon a cost difference between self sheathing

needles and non-self sheathing needles of approximately \$.50 each.

Additionally, if the bill's provisions are interpreted to apply to four Needle and Syringe Exchange programs managed by local health departments, an additional cost of \$36,500 would be incurred. These programs are funded with a combination of state, local and private dollars. They distribute approximately 73,000 needles/syringes annually.

A future savings, which cannot be quantified at this time, will result to the extent that implementing this requirement results in fewer needle-stick injuries. The Centers for Disease Control and Prevention (CDC) has estimated that up to 88 percent of needlestick injuries to 600,000 - 800,000 U.S. healthcare workers could be eliminated each year from the use of needle-less and safe needle devices. Savings would be associated with reduced state and municipal workers' compensation claims, health insurance costs, and/or liability claims.

OLR BILL ANALYSIS

sSB 173

AN ACT CONCERNING NEEDLESTICK PREVENTION.

SUMMARY:

This bill requires each entity employing public employees to use only safe needle devices. Current law requires only Department of Public Health-licensed health care facilities and institutions to use such devices if advised by the federal Occupational and Safety Administration. By law, these devices must be injectable equipment with secondary precautionary type sheathing devices or alternate devices designed to prevent accidental needlestick injuries.

EFFECTIVE DATE: October 1, 2000

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0