



# House of Representatives

General Assembly

**File No. 663**

*January Session, 2001*

Substitute House Bill No. 6885

*House of Representatives, May 8, 2001*

The Committee on Appropriations reported through REP. DYSON of the 94th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING WORKERS' COMPENSATION COVERAGE  
FOR EXPOSURE TO HEPATITIS, TUBERCULOSIS AND MENINGITIS.***

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

1 (NEW) (a) As used in this section:

2 (1) "Body fluids" means blood and body fluids containing visible  
3 blood and other body fluids to which universal precautions for  
4 prevention of occupational transmission of blood-borne pathogens, as  
5 established by the Centers for Disease Control, apply. For purposes of  
6 potential transmission of meningococcal meningitis or tuberculosis, the  
7 term "body fluids" includes respiratory, salivary and sinus fluids,  
8 including droplets, sputum and saliva, mucous and other fluids  
9 through which infectious airborne organisms can be transmitted  
10 between persons.

11 (2) "Emergency rescue or public safety worker" means a local or  
12 state police officer, state marshal, judicial marshal, correction officer,

13 emergency medical technician, medical response technician,  
14 paramedic, ambulance driver, firefighter, active member of a volunteer  
15 fire company or fire department engaged in volunteer duties, or active  
16 member of an organization certified as a volunteer ambulance service  
17 in accordance with section 19a-180 of the general statutes who, in the  
18 course of employment, runs a high risk of occupational exposure to  
19 hepatitis, meningococcal meningitis or tuberculosis.

20 (3) "Hepatitis" means hepatitis A, hepatitis B, hepatitis non-A,  
21 hepatitis non-B, hepatitis C or any other strain of hepatitis generally  
22 recognized by the medical community.

23 (4) "High risk of occupational exposure" means risk that is incurred  
24 because a person subject to the provisions of this section, in  
25 performing the basic duties associated with such person's  
26 employment:

27 (A) Provides emergency medical treatment in a nonhealthcare  
28 setting where there is a potential for transfer of body fluids between  
29 persons;

30 (B) At the site of an accident, fire or other rescue or public safety  
31 operation, or in an emergency rescue or public safety vehicle, handles  
32 body fluids in or out of containers or works with or otherwise handles  
33 needles or other sharp instruments exposed to body fluids;

34 (C) Engages in the pursuit, apprehension or arrest of law violators  
35 or suspected law violators and, in performing such duties, may be  
36 exposed to body fluids; or

37 (D) Is responsible for the custody and physical restraint, when  
38 necessary, of prisoners or inmates within a prison, jail or other criminal  
39 detention facility, while on work detail outside the facility or while  
40 being transported and, in performing such duties, may be exposed to  
41 body fluids.

42 (5) "Occupational exposure", in the case of hepatitis, meningococcal  
43 meningitis or tuberculosis, means an exposure that occurs during the  
44 performance of job duties that may place a worker at risk of infection.

45 (b) Any emergency rescue or public safety worker who suffers a  
46 condition or impairment of health that is caused by hepatitis,  
47 meningococcal meningitis or tuberculosis that requires medical  
48 treatment, and that results in total or partial incapacity or death shall  
49 be presumed to have sustained such condition or impairment of health  
50 in the course of employment and shall be entitled to receive workers'  
51 compensation benefits pursuant to chapter 568 of the general statutes,  
52 unless the contrary is shown by competent evidence, provided:

53 (1) The emergency rescue or public safety worker has, prior to  
54 diagnosis, undergone standard, medically acceptable tests for evidence  
55 of the communicable disease for which the presumption is sought or  
56 for evidence of medical conditions derived therefrom, which tests  
57 failed to indicate the presence of infection, or in the case of hepatitis  
58 infection, shall have banked serum for future testing, which future  
59 tests fail to reveal evidence of infection; and

60 (2) The emergency rescue or public safety worker presents a written  
61 affidavit verifying by written declaration that, to the best of the  
62 worker's knowledge and belief:

63 (A) In the case of meningococcal meningitis, in the ten days  
64 immediately preceding diagnosis, the worker was not exposed, outside  
65 the scope of employment, to any person known to have meningococcal  
66 meningitis or known to be an asymptomatic carrier of the disease.

67 (B) In the case of tuberculosis, in the period of time since the  
68 worker's last negative tuberculosis skin test, the worker has not been  
69 exposed, outside the scope of employment, to any person known by  
70 the worker to have tuberculosis.

71 (c) The employing agency shall maintain a record of any known or  
72 reasonably suspected exposure of an emergency rescue or public safety  
73 worker in its employ to the diseases described in this section and shall  
74 immediately notify the employee of such exposure. An emergency  
75 rescue or public safety worker shall file an incident or accident report  
76 with the worker's employer of each instance of known or suspected  
77 occupational exposure to hepatitis infection, meningococcal meningitis  
78 or tuberculosis.

**LAB**      *JOINT FAVORABLE SUBST. C/R*                      APP  
**APP**      *JOINT FAVORABLE*

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:

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**OFA Fiscal Note**

**State Impact:** Potential Significant Cost, Future Years

**Affected Agencies:** Workers' Compensation Commission, State Treasurer, Second Injury Fund, Workers' Compensation Claims - Department of Administrative Services, Various State Agencies

**Municipal Impact:** Potential Significant Cost, Future Years:  
STATE MANDATE

**Explanation**

**State and Municipal Impact:**

This bill results in additional costs to the state and municipalities that are anticipated to be minimal at this time. However, future costs could be potentially significant, especially to the state and municipalities that are self-insured for workers' compensation. It is a State Mandate on municipalities.

The bill establishes a rebuttable presumption that certain emergency-rescue or public safety personnel who develop hepatitis, tuberculosis or meningitis got the condition from the workplace and are entitled to workers' compensation benefits. The personnel include local or state police officers, state marshals, judicial marshals, correction officers, emergency medical technicians, medical response technicians, paramedics, ambulance drivers, and firefighters, who run

a high risk of occupational exposure to hepatitis, tuberculosis or meningococcal meningitis. To be covered, the condition must require medical treatment and result in total or partial incapacity or death.

Establishing a rebuttable presumption shifts the burden of proof to the employer or insurer to attempt to refute the employee's claim that the disease was contracted on the job. Currently, such persons seeking workers' compensation benefits have the burden of proving that they contracted the disease from the workplace. In order to be entitled to the rebuttable presumption, the worker must (1) have undergone medical tests prior to the diagnosis and tested negative (or banked blood for future testing in the case of hepatitis) and (2) in the case of meningitis and tuberculosis provide a written affidavit that he was not exposed to any person known to have the disease outside of work. The bill also requires emergency rescue and public safety workers to file reports about exposures and requires employers to maintain records of such exposures. Since the bill establishes these substantive changes in workers compensation coverage on the effective date of the act of October 1, 2001, only claims filed on or after that date could be considered under the rebuttable presumption provisions.

It is not known how many emergency workers (1) contract these diseases, (2) claim workers' compensation benefits, and (3) are granted or denied benefits by their employer or insurer. However, only five to seven such cases per year are brought before the Workers' Compensation Commission (WCC) and virtually all of them are determined in favor of the claimant. The National Council on Compensation Insurance, the Department of Administrative Services, and the State Treasurer's Second Injury Fund all estimate that the current costs of the bill would be minimal because most of the claimants are currently provided benefits under workers' compensation.

However, future costs could be significant, depending on the

increase of these diseases, especially hepatitis C. The Center for Disease Control estimates that Hepatitis C currently infects over 3 million Americans, most of who do not know they have the disease. Hepatitis C can result in liver damage and liver failure and currently kills four times as many Americans as does AIDS. About 75% to 80% of infected persons have chronic infection, and 70% of these persons have chronic liver disease. About 3% of the infected persons die from chronic liver disease. The number of cases of tuberculosis and meningitis are also increasing, and these diseases are becoming increasingly resistant to treatment and antibiotics. Just one case could result in costs of \$800,000 to \$1 million. This would be significant, especially for the state and municipalities that self-insure for their workers' compensation costs.

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**OLR Bill Analysis**

sHB 6885

***AN ACT CONCERNING WORKERS' COMPENSATION COVERAGE FOR EXPOSURE TO HEPATITIS, TUBERCULOSIS AND MENINGITIS.***

**SUMMARY:**

This bill creates a rebuttable presumption that an emergency rescue or public safety worker who develops hepatitis, meningococcal meningitis, or tuberculosis got the condition from work and is entitled to workers' compensation benefits. The condition must require medical treatment and result in total or partial incapacity or death.

The bill requires such workers to have tested negative for the condition previously and, in cases of meningitis and tuberculosis, swear they were not exposed to the claimed condition outside of work.

The bill also requires emergency rescue and public safety workers to file reports about exposures and employers to maintain records of exposures.

EFFECTIVE DATE: October 1, 2001

**EMERGENCY RESCUE AND PUBLIC SAFETY WORKERS**

The bill applies to emergency rescue and public safety workers who run a high risk of occupational exposure to hepatitis, meningococcal meningitis, or tuberculosis in their work. These are individuals who work as state or local police officers, state or judicial marshals, correction officers, emergency medical or medical response technicians, paramedics, ambulance drivers, fire fighters, active members of volunteer fire companies or departments engaged in volunteer duties, or active members of volunteer ambulance services.

“High risk of occupational exposure” means a risk that is incurred because a person, in performing his basic duties:

1. provides emergency medical treatment outside of a non-healthcare setting where there is a potential for transferring body fluids;
2. handles body fluids, needles, or other sharp instruments exposed to body fluids at the site of an accident, fire, or other rescue or safety operation or in an emergency rescue or public safety vehicle;
3. may be exposed to body fluids while engaged in the pursuit, apprehension, or arrest of law or suspected law violators; or
4. may be exposed to body fluids when responsible for the custody and physical restraint of prisoners or other detainees.

“Body fluids” are blood, fluids containing blood, and other body fluids for which universal precautions apply. For purposes of meningococcal meningitis or tuberculosis, they include respiratory, salivary, and sinus fluids.

### **MEDICAL TESTS AND AFFIDAVITS**

In order to be entitled to the rebuttable presumption, the emergency rescue or public safety worker must (1) have undergone medical tests prior to diagnosis for the condition benefits are sought and tested negative (and in cases of hepatitis must have banked blood for future testing) and (2) in cases of meningitis, present a written affidavit that in the 10 days prior to diagnosis, he was not exposed outside of work to any person having or carrying the disease and, in cases of tuberculosis, present a written affidavit that he was not exposed outside of work to any person known to have the disease since his last negative test.

### **RECORDS**

Emergency rescue and public safety workers must file a report with their employer concerning each known or suspected occupational exposure to hepatitis, meningococcal meningitis, or tuberculosis.

Employing agencies must maintain a record of known or reasonably suspected cases of exposure and must notify all employees of such

exposures immediately.

## **BACKGROUND**

### ***Legislative History***

On April 6, the Senate referred the bill to the Appropriations Committee. On April 23, the Appropriations Committee favorably reported it without any change.

## **COMMITTEE ACTION**

Labor and Public Employees Committee

Joint Favorable Substitute Change of Reference  
Yea 9      Nay 5

Appropriations Committee

Joint Favorable Report  
Yea 29      Nay 22