Facilities providing essential services such as these could be fully eligible for assistance. However, since facilities exclusively providing agricultural water supply are not eligible for assistance, where facilities provide both types of service, eligibility for assistance should be determined on a prorated basis. An irrigation facility, like all private nonprofit facilities eligible for assistance, should not be considered ineligible for assistance simply because it is located on private property.

Mr. OBERSTAR. I thank the gentlewoman for her clarification and explanation.

Mrs. FOWLER. Madam Speaker, I wish to extend my thanks to all the committee and subcommittee personnel on both the majority and minority side who have spent so much time and effort in working this resolution out.

Madam Speaker, I include the following statement of Virginia Governor, James Gilmore, on behalf of the congressionally authorized bipartisan Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction for the RECORD:

NATIONAL TERRORISM PANEL CALLS FOR WHITE HOUSE TERRORISM MANAGEMENT OFFICE

GOVERNOR GILMORE PANEL, CALL FOR ''SWEEPING CHANGES'' TO ADDRESS NATIONAL TERRORISM PREPAREDNESS

RICHMOND, VA.—Governor Jim Gilmore, chairman of a national panel that is assessing U.S. preparedness for a terrorist attack inside U.S. borders, today announced the panel's consensus that a single federal entity within the White House be given overall authority for the planning and coordination of the nation's preparedness for the consequences of a domestic terrorist strike.

''The issue of who-is-in-charge at the federal level is one of the key questions that must be addressed in order to develop a sensible, comprehensive national policy on how we can best respond to, and recover from, a terrorist attack inside our borders. Today, the panel agreed that at the forefront of sweeping changes to the way America prevents as well as deals with a terrorist attack on U.S. soil is the establishment of a White House-level Office of Domestic Preparedness for Terrorism Management,'' said Governor Gilmore.

Governor Gilmore is chairman of the commission known as the Congressional Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction. The panel is in the process of recommending a federal, state and local response and recovery strategy to be submitted to the President and Congress in two final reports, the first due December 15, 2000. The panel will offer its final report in December 2001. A copy of the first report can be found at www.rand.org/organization/nard/terrpanel.

The panel began two days of meetings in Richmond today. Governor Gilmore was appointed chairman in April 1999 of the panel.

As it did in the first report, the panel's December 2000 report is expected to further reiterate its call for a clear, comprehensive national strategy, especially one that takes into account the broad range of disaster-response experience of state and local first-responders—fire, police, health and medical, emergency managers.

''Integrating the nation's ability to effectively and simultaneously conduct concurrent law enforcement and consequence management operations is a key element of national preparedness. Terrorism events require these two distinct elements be integrated with multiple disciplines, including the military, and levels of government into a single response structure.''

''It is critical that we be able to 'operate as one,' within different levels of responsibility, ranging from the emergency first-response community to elected officials, whether at the local, state or federal levels,'' governor Gilmore said, ''Currently, we do not have such a focused, coordinated mechanism. Some federal agencies have good plans and operational strategies, but there is little or no strategic guidance because there is no one agency or entity in charge. That needs to change, and quickly.''

Members of the Panel include retired Lt. Gen. James Clapper, Jr., former Director, Defense Intelligence Agency; L. Paul Bremer III, former State Department ambassador-at-large for counter-terrorism; Dr. Richard Falkenrath, Harvard University Kennedy School of Government; James Greenleaf, former Assistant Director, FBI; retired Maj. Gen. William Garrison, former commander, U.S. Army Special Operations; Dr. Ken Shine, President, National Institute of Medicine; John O. Marsh, former Secretary of the Army, and other state, local and nationally recognized experts in emergency management, law enforcement, fire and rescue operations, and public health.

Panel activities for 2000 will focus on a survey of local and state emergency management and response officials; a thorough review of federal programs; interviews with federal, state, and local officials, including elected leaders, on their concerns and recommendations; case studies, and an analysis of training standards, equipment, notification procedures, communications; and planning.

Mrs. FOWLER. Madam Speaker, I yield back the balance of my time.

Mr. OBERSTAR. Madam Speaker, I have no requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Florida (Mrs. FOWLER) that the House suspend the rules and agree to the resolution, House Resolution 607.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1600

GENERAL LEAVE

Mrs. FOWLER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H. Res. 607.

The SPEAKER pro tempore (Mrs. MORELLA). Is there objection to the request of the gentlewoman from Florida?

There was no objection.

NEEDLESTICK SAFETY AND PREVENTION ACT

Mr. BALLENGER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5178) to require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970, as amended.

The Clerk read as follows:

H.R. 5178

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Needlestick Safety and Prevention Act.''

SEC. 2. FINDINGS.

The Congress finds the following:

(1) Numerous workers who are occupationally exposed to bloodborne pathogens have contracted fatal and other serious viruses and diseases, including the human immunodeficiency virus (HIV), hepatitis B, and hepatitis C from exposure to blood and other potentially infectious materials in their workplace.

(2) In 1991 the Occupational Safety and Health Administration issued a standard regulating occupational exposure to bloodborne pathogens, including the human immunodeficiency virus, (HIV), the hepatitis B virus (HBV), and the hepatitis C virus (HCV).

(3) Compliance with the bloodborne pathogens standard has significantly reduced the risk that workers will contract a bloodborne disease in the course of their work.

(4) Nevertheless, occupational exposure to bloodborne pathogens from accidental sharps injuries in health care settings continues to be a serious problem. In March 2000, the Centers for Disease Control and Prevention estimated that more than 380,000 percutaneous injuries from contaminated sharps occur annually among health care workers in United States hospital settings. Estimates for all health care settings are that 600,000 to 800,000 needlestick and other percutaneous injuries occur among health care workers annually. Such injuries can involve needles or other sharps contaminated with bloodborne pathogens, such as HIV, HBV, or HCV.

(5) Since publication of the bloodborne pathogens standard in 1991 there has been a substantial increase in the number and assortment of effective engineering controls available to employers. There is now a large body of research and data concerning the effectiveness of newer engineering controls, including safer medical devices.

(6) 396 interested parties responded to a Request for Information (in this section referred to as the ''RFI'') conducted by the Occupational Safety and Health Administration in 1998 on engineering and work practice controls used to eliminate or minimize the risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. Comments were provided by health care facilities, groups representing healthcare workers, researchers, educational institutions, professional and industry associations, and manufacturers of medical devices.

(7) Numerous studies have demonstrated that the use of safer medical devices, such as needleless systems and sharps with engineered sharps injury protections, when they are part of an overall bloodborne pathogens risk-reduction program, can be extremely effective in reducing accidental sharps injuries.

(8) In March 2000, the Centers for Disease Control and Prevention estimated that, depending on the type of device used and the procedure involved, 62 to 88 percent of sharps injuries can potentially be prevented by the use of safer medical devices.

(9) The OSHA 200 Log, as it is currently maintained, does not sufficiently reflect injuries that may involve exposure to

bloodborne pathogens in healthcare facilities. More than 98 percent of healthcare facilities responding to the RFI have adopted surveillance systems in addition to the OSHA 200 Log. Information gathered through these surveillance systems is commonly used for hazard identification and evaluation of program and device effectiveness.

(10) Training and education in the use of safer medical devices and safer work practices are significant elements in the prevention of percutaneous exposure incidents. Staff involvement in the device selection and evaluation process is also an important element to achieving a reduction in sharps injuries, particularly as new safer devices are introduced into the work setting.

(11) Modification of the bloodborne pathogens standard is appropriate to set forth in greater detail its requirement that employers identify, evaluate, and make use of effective safer medical devices.

SEC. 3. BLOODBORNE PATHOGENS STANDARD.

The bloodborne pathogens standard published at 29 C.F.R. 1910.1030 shall be revised as follows:

(1) The definition of ''Engineering Controls'' (at 29 C.F.R. 1910.1030(b)) shall include as additional examples of controls the following: ''safer medical devices, such as sharps with engineered sharps injury protections and needleless systems''.

(2) The term ''Sharps with Engineered Sharps Injury Protections'' shall be added to the definitions (at 29 C.F.R. 1910.1030(b)) and defined as ''a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident''.

(3) The term ''Needleless Systems'' shall be added to the definitions (at 29 C.F.R. 1910.1030(b)) and defined as ''a device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, (B) the administration of medication or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps''.

(4) In addition to the existing requirements concerning exposure control plans (29 C.F.R. 1910.1030(c)(1)(iv)), the review and update of such plans shall be required to also—

(A) ''reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens''; and

(B) ''document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure''.

(5) The following additional recordkeeping requirement shall be added to the bloodborne pathogens standard at 29 C.F.R. 1910.1030(h): ''The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum—

''(A) the type and brand of device involved in the incident,

''(B) the department or work area where the exposure incident occurred, and

''(C) an explanation of how the incident occurred.''.

The requirement for such sharps injury log shall not apply to any employer who is not required to maintain a log of occupational injuries and illnesses under 29 C.F.R. 1904 and the sharps injury log shall be maintained for the period required by 29 C.F.R. 1904.6.

(6) The following new section shall be added to the bloodborne pathogens standard: ''An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.''.

SEC. 4. EFFECT OF MODIFICATIONS.

The modifications under section 3 shall be in force until superseded in whole or in part by regulations promulgated by the Secretary of Labor under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)) and shall be enforced in the same manner and to the same extent as any rule or regulation promulgated under section 6(b).

SEC. 5. PROCEDURE AND EFFECTIVE DATE.

(a) PROCEDURE.—The modifications of the bloodborne pathogens standard prescribed by section 3 shall take effect without regard to the procedural requirements applicable to regulations promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)) or the procedural requirements of chapter 5 of title 5, United States Code.

(b) EFFECTIVE DATE.—The modifications to the bloodborne pathogens standard required by section 3 shall—

(1) within 6 months of the date of enactment of this Act, be made and published in the Federal Register by the Secretary of Labor acting through the Occupational Safety and Health Administration; and

(2) at the end of 90 days after such publication, take effect.

The SPEAKER pro tempore (Mr. ROGAN). Pursuant to the rule, the gentleman from North Carolina (Mr. BALLENGER) and the gentleman from New York (Mr. OWENS) each will control 20 minutes.

The Chair recognizes the gentleman from North Carolina (Mr. BALLENGER).

GENERAL LEAVE

Mr. BALLENGER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 5178.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

(Mr. BALLENGER asked and was given permission to revise and extend his remarks.)

Mr. BALLENGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to have the opportunity today to talk about H.R. 5178, the Needlestick Safety and Prevention Act, a bill that I introduced last week.

A tremendous amount of bipartisan discussion and effort has gone into this bill. Since its introduction last month, many Members, from both sides of the aisle, have joined as cosponsors, including many members of our full committee. I am especially pleased to have worked with my colleague from the Subcommittee on Workforce Protection, the gentleman from New York (Mr. OWENS), on this bill, and thank him for his support and sponsorship.

This bill represents the consensus agreement of many groups, from hospitals to nurses to health care workers to industry. I know there are compromises that have gone into this effort. I want to commend all those who have been involved in this work and who helped bring us here today.

I want to thank the gentleman from Pennsylvania (Chairman GOODLING) for his support of this bill, and also take another opportunity to acknowledge his distinguished service as chairman of our committee and for his leadership on so many workforce issues.

I also want to acknowledge my colleagues from the other body, Senators JEFFORDS, ENZI, KENNEDY and REID, for their work on this important workplace safety issue. On matters related to the Occupational Safety and Health Administration, it is not often that I find myself in such company. However, as we have all learned of the important basic public health issue at the heart of this bill, it was apparent the opportunity to work together and advance this legislation was at hand.

This legislation is the product of a hearing held this past June by the Subcommittee on Workforce Protection on the public health concern about accidental needlestick injuries to health care workers. Even more than that, this legislation will help to ensure that our Nation's nearly 8 million health care workers will not have to risk their own health, and perhaps their own lives, when providing care for all of us.

Our knowledge about needlestick and other ''sharps'' injuries and what can be done about them has greatly increased over the past decade. One estimate is that more than 600,000 needlestick and other sharps injuries occur in health care settings in the United States each year. The very consequences of such injuries to health care workers can mean exposure to serious viruses and diseases, including the HIV virus, hepatitis B and hepatitis C.

At the same time as our knowledge about the risks and consequences of needlestick injuries has increased, the technology of devices used in health care settings which can protect against these injuries has also advanced. Today, our knowledge about the effectiveness of such ''safer medical devices'' such as needleless systems, is also better known. H.R. 5178 will assure that safer medical devices will be used, and the lives of health care workers will be made better for it.

H.R. 5178 builds on the work of an OSHA guidance document, a compliance directive, issued last fall. Quite simply, H.R. 5178 amends the OSHA Bloodborne Pathogens Standard. It makes clear in the standard itself the direction already provided by OSHA in its compliance directive, that is, that employers who have employees with occupational exposure to bloodborne pathogens must consider, and where

appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments. This legislation requires employers to use safer medical devices only where the devices are appropriate, commercially available, and effective at reducing or eliminating sharps injuries.

Under no circumstances, either through this legislation or through the underlying Bloodborne Pathogen Standard, are employers required to use a safer medical device or engineering control where such a device jeopardizes a patient's safety and an employee's safety, or where such a device is medically contraindicated. All affirmative defenses are available to an employer and are kept intact in this legislation.

H.R. 5178 amends the OSHA standard in two additional ways. First, in considering and selecting safer medical devices, employers would be required to solicit input from the frontline health care workers who would actually use the devices. Testimony at our hearing in June indicated the importance of this requirement. Because there are so many new devices on the market and because each health care setting is different, careful evaluation of devices by the professionals who will use them is necessary to know what works and what does not in particular settings.

Second, this legislation requires employers to maintain a sharps injury log. Now, I am certainly not one to favor increased paperwork for employers. In this situation, however, I understand the importance of such a law as a tool to track high-risk areas for injury and also as a means to evaluate the effectiveness of particular devices. This legislation ensures that such a log will protect the confidentiality of the insured employee.

While it does all that, this legislation also provides employers with the needed flexibility to determine the best technology to use in particular circumstances. It is careful not to favor the use of a specific device. In fact, this legislation is crafted not to impede, but to encourage, technological development by encouraging the use of new technologies. It is left to the employer to evaluate the effectiveness of these available devices, and I would like to emphasize this to any Senator who may be listening to this: it is careful not to favor the use of a specific device. In fact, this legislation is crafted not to impede, but to encourage technological development, by encouraging the use of new technologies; and it is left to the employer to evaluate the effectiveness of the available devices.

H.R. 5178 will help resolve an important public health worker safety issue.

Mr. Speaker, this legislation has broad-based support from both employer and employee communities. The American Hospital Association; the American Nurses Association; Premier, the leading group health purchasing organization; the Service Employees International Union; AFSCME; the American Federation of Teachers; the Firefighters; and many manufacturers, are all supporters. And it certainly has the support of one nurse from Massachusetts, Karen Daley, who told us at our hearing in June of her personal experience with a needlestick injury and who so generously asked that we take this action; not to help her, for it was too late, but to make a difference in working lives of the Nation's nearly 8 million health care workers.

Mr. Speaker, at this time I am offering a substitute to the version of H.R. 5178 that passed the Subcommittee on Workforce Protection. This substitute makes a technical correction to clarify that the documentation of the consideration and implementation of safer medical devices is to be done annually.

Along with my distinguished colleague, the gentleman from New York (Mr. OWENS), I am offering a joint statement of legislative intent.

I would like to go out of my way now to thank Vickie Lipnic and Greg Maurer for the time and effort in resolving the many problems that arose in this effort. I want to thank all of my colleagues who have joined together in bringing this issue forward, and I urge its support in the full House.

Mr. Speaker, I include for the RECORD the joint statement of legislative intent on H.R. 5178.

H.R. 5178—NEEDLESTICK SAFETY AND PREVENTION ACT: JOINT STATEMENT OF LEGISLATIVE INTENT ON SUBSTITUTE BY HON. CASS BALLENGER OF NORTH CAROLINA AND HON. MAJOR OWENS OF NEW YORK IN THE HOUSE OF REPRESENTATIVES, TUESDAY, OCTOBER 3, 2000

Mr. Speaker, I am joined today by the ranking member of the Subcommittee on Workforce Protections of the Committee on Education and the Workforce, the Honorable Major Owens, in discussing the Needlestick Safety and Prevention Act. I am pleased to offer this bipartisan legislation which addresses an important public health issue confronting our nation's health care workers.

At this time, pending is a substitute to the version of H.R. 5178 which passed the Workforce Protections Subcommittee. I am pleased to be joined by Mr. Owens in offering the substitute. What follows is both the text of the substitute to H.R. 5178 and a statement of legislative intent which I offer on behalf of myself and Mr. Owens.

JOINT STATEMENT OF LEGISLATIVE INTENT ON SUBSTITUTE TO H.R. 5178

This legislation follows a hearing held by the Workforce Protections Subcommittee in late June of this year. The legislation derives from the convergence of two critical circumstances which have a profound effect on the safety of health care workers in the United States.

The first circumstance is the increased concern over accidental needlestick injuries suffered by health care workers each year in health care settings. ''Needlesticks'' is a term used broadly, as health care workers can suffer injuries from a broad array of ''sharps'' used in health care settings, from needles to IV catheters to lancets. The second circumstance is the technological advancements made over the past decade in the many types of ''safer medical devices'' that can be used in health care settings to help protect health care workers against sharps injuries. Because of the convergence of these two circumstances—and because of increasing concern over the public health issue related to the spread of hepatitis C, it is appropriate to take this action at this time.

Section 1 of the Bill provides the title the ''Needlestick Safety and Prevention Act.'' Section 2 of the bill provides the Congressional findings.

Section 3 of the bill directly modifies the Bloodborne Pathogens Standard, 29 C.F.R. 1910.1030, one of the health and safety standards promulgated by the Department of Labor's Occupational Safety and Health Administration (OSHA). The legislation builds on the most recent action taken by OSHA related to the Bloodborne Pathogens Standard—the revision in November 1999 to OSHA's Compliance Directive on Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens (''Compliance Directive'').

In modifying the Bloodborne Pathogens Standard (''BBP standard'') this bill makes narrowly-tailored changes to the BBP standard. It makes clear in the BBP standard the direction already provided by OSHA in its Compliance Directive: namely, that employers who have employees with occupational exposure to bloodborne pathogens must consider and, where appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments (''sharps'').

The bill accomplishes this in several ways. First, the BBP standard is modified so that the definition of ''engineering controls'' at 29 C.F.R. 1910.1030(b) includes as additional examples of such controls, ''safer medical devices, such as sharps with engineering sharps injury protections and needleless systems.'' Following that step, the BBP standard is amended so that both ''sharps with engineered sharps injury protections'' and ''needleless systems'' are added to the definitions of the standard.

While sharps with engineered sharps injury protections and needleless systems are examples of safer medical devices, it is not the intent of this legislation to limit engineering controls or, for that matter, safer medical devices, to the examples cited in this legislation. Nor should the citing of these examples be considered an endorsement or preference of a specific product or assurance of a specific product's effectiveness.

Rather, it is the intent of this legislation to reflect innovation and evolving technology in the marketplace. It is also the intent of this legislation that any devices that have been considered or determined to be engineering controls by OSHA shall continue to be considered as such. This legislation anticipates that hospitals and other employers, in crafting their Exposure Control Plans, will adopt procedures and use devices that have been proven to reduce the risk of needlestick injuries.

Employers use their Exposure Control Plans to evaluate appropriate practices and devices for reducing occupational exposure. To focus attention on the need for employees to look at changes in technology, this legislation further modifies the BBP standard by adding to the existing requirements concerning Exposure Control Plans at 29 C.F.R. 1910.1030(c)(1)(iv). Through these modifications, employers will be required to demonstrate in the review and update of their Exposure Control Plans that their Exposure Control Plans reflect changes in technology and also that they document annually the consideration and implementation of appropriate, commercially available and effective safer medical devices. The clarification that documentation of such devices is to be done

''annually'' is the only difference between the substitute bill described here and the bill as reported by the Subcommittee on Workforce Protections.

It is through an employers' Exposure Control Plan that engineering controls and safer devices are considered and deployed in the workplace. To the extent that specific types of devices, such as catheter securement devices or needle destruction devices can reduce the risk of needlestick injuries, such devices could be appropriate components of an employer's comprehensive exposure control plan. Nevertheless, it is impossible for this legislation to recommend any one type of engineering control. Perhaps better stated it is not the intent of this legislation to disturb the underlying flexible, performance-oriented nature of the Bloodborne Pathogens Standard, whereby the employer must evaluate the circumstances of the workplace and assess what is effective and what is not in that particular work setting.

It is important to note also that the requirement in this legislation for the consideration and implementation of safer medical devices is hinged upon the ''appropriateness'' and the ''commercial availability'' of such devices. Finally, while this may be stating the obvious, it is not the intent of this legislation, nor for that matter of the current Bloodborne Pathogens Standard, for employers to implement use of any engineering control, including a safer medical device, in any situation where it may jeopardize a patient's safety, an employee's safety or where it may be medically contraindicated. We do not expect an OSHA inspector to substitute his judgment for that of the professional clinical and medical judgment of health care professionals responsible for patient safety. Moreover, all of the affirmative defenses available to an employer under the current Bloodborne Pathogens Standard remain intact with this legislation.

Section 3 of the bill amends the BBP standard in two additional ways. First, it adds a requirement that in addition to the recordkeeping requirements already found in the BBP standard, employers must record percutaneous injuries from contaminated sharps in a sharps injury log. The legislation sets out the minimum information to be included in such a log, namely the type of device used, an explanation of the incident, and where the injury occurred. Employers are free to include other information should they find it helpful. However, this legislation does require that in recording the information and maintaining the log, the confidentiality of the injured employee is to be protected.

The requirement for a sharps injury log is consistent with current OSHA recordkeeping in two specific ways. First, the sharps injury log requirement does not apply to any employer who is not already required to maintain a log of occupational injuries and illnesses under 29 C.F.R. 1904. Second, employers are not required to maintain the logs for a period of time beyond that currently required for the OSHA 200 logs.

It is the sole intent of the sharps injury log requirement that it be used as a tool only for employers so that they may determine their high risk areas for sharps injuries and use it as a means to evaluate particular devices that may or may not be effective in reducing sharps injuries. At a Subcommittee on Workforce Protection hearings in June, representatives of the American Hospital Association testified that many health care settings, particularly hospitals, already have in place some type of ''surveillance system'' for tracking needlestick and other sharps injuries. The AHA witness noted that hospitals have found this to be an effective tool to provide necessary information to help reduce such injuries.

The second way in which Section 3 amends the BBP standard is by specifying that employers must solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation and selection of effective engineering and work practice controls. Employers are also to document this in the Exposure Control Plans. The intent of this section is simple—to involve those workers who will actually be using the new devices in their selection. It is not the intent of this legislation to force a particular technology on employers or employees without some careful consideration and evaluation of the technology's effectiveness.

Section 4 of the legislation explains that the modifications as delineated by Section 3 of the bill can be changed by a future rulemaking by OSHA on the Bloodborne Pathogens Standards.

Finally, Section 5 of the bill directs that the modifications to the BBP standards are to be made without regard to the standard OSHA rulemaking requirements or the requirements of the Administrative Procedures Act. Admittedly, preemption of the OSHA rulemaking procedures is not an action to be undertaken lightly. Indeed, the requirements of this bill are driven by the unique circumstances surrounding this narrow and particular public health issue. Although there is no such thing as binding precedent for Congress, it is not the intent of this legislation, through the process used here, to diminish the carefully constructed requirements and procedures for OSHA rulemaking.

The legislation does prescribe, however, that the changes to the BBP standard are to be made by the Secretary of Labor and published in the Federal Register within six months of enactment and that the changes will take effect 90 days after such publication.

Mr. OWENS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it is not exaggerating to say this is legislation that will save lives. I rise in support of H.R. 5178. This legislation will significantly improve the health and safety of health care workers by reducing accidental needlesticks and other sharps injuries.

It is estimated that there are between 600,000 and 800,000 incidences of accidental needlestick injuries among health care workers every year. As a direct result, more than 1,000 of these workers will contract a serious potentially life-threatening disease such as HIV or hepatitis C. Studies have shown that as many as 80 percent of these accidental needlesticks can be avoided through the use of available safer medical devices.

The Occupational Safety and Health Administration, OSHA, has already taken action to reduce accidental needlestick injuries. In November 1999, OSHA issued a revised compliance directive on enforcement procedures for occupational exposure to bloodborne pathogens. The principal purpose of the new directive is to emphasize the requirement that health care employers identify, evaluate, and make use of effective, safer medical devices. H.R. 5178 builds upon OSHA's efforts.

Specifically, H.R. 5178 amends OSHA's 1991 Bloodborne Pathogen Standard to clarify and reiterate the requirement to use ''appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure to bloodborne pathogens.'' H.R. 5178 provides definitions of ''engineering controls,'' ''sharps with engineered sharps injury protections,'' and ''needleless systems'' in order to provide greater clarity of the requirements of the standard.

The legislation ensures that employers regularly monitor and assess the development of appropriate commercially available and effective safer medical devices. It ensures that health care workers who must use the equipment will have a voice in its selection and will be properly trained in its use. Finally, the legislation promotes greater awareness and more active vigilance through the use of a sharps injury log.

The primary intent of H.R. 5178 is to protect the safety and health of health care workers. One of the principal ways the legislation accomplishes this is by encouraging the development of safer medical devices. Under the bill, it is the responsibility of health care employers, in consultation with their workers and subject to oversight by OSHA, to determine for themselves what are the safest devices on the market that meet their individual needs.

As newer safer devices come to the market, employers are required to consider and implement appropriate and effective safer medical devices. Since the bill anticipates and encourages technological development, the bill intentionally does not define any specific medical device as a safer medical device per se. To do so would be self-defeating.

While reinforcing the requirement that safer medical devices be used where they are commercially available, this legislation does not mandate the use of engineered controls where such controls are not commercially available. Neither this legislation, nor the underlying standard it amends, requires anyone to use any engineering control, including a safer medical device, where such use may jeopardize a patient's safety, an employee's safety, or where it may be medically contraindicated.

This legislation leaves intact all of the affirmative defenses available to employers related to the use of engineered controls under the Bloodborne Pathogen Standard.

Mr. Speaker, this is good legislation. This is life-saving legislation. It is supported by health care employers, including the American Hospital Association and Kaiser Permanente. It is supported by medical equipment manufacturers, including Becton-Dickinson and Retractable Technologies, Inc.; and it is supported by the unions that represent health care workers, including the American Nurses Association, the Service Employees, AFSCME, AFT, AFGE, and the Firefighters.

I commend the gentleman from North Carolina (Chairman BALLENGER)

for his leadership on this issue, and I urge my colleagues to support H.R. 5178.

Mr. Speaker, I reserve the balance of my time.

Mr. BALLENGER. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. GOODLING).

(Mr. GOODLING asked and was given permission to revise and extend his remarks.)

Mr. GOODLING. Mr. Speaker, I want to encourage everyone to vote for that legislation, but particularly I want to thank our subcommittee Chair, the gentleman from North Carolina (Mr. BALLENGER), because if I were a betting person several months ago and they said this legislation was going to come to the floor of the House, I would have said I doubt that.

☐ 1615

I did not think you could get the employees and the employers together on the issue, but the gentleman from North Carolina (Chairman BALLENGER) and his cunning ways overwhelmed them and brought that about, and what that means is an awful lot of people will not risk the danger of some horrible disease, and not only that, the expense of trying to prevent that disease from happening after the needlestick.

Again, I compliment the gentleman from North Carolina (Mr. BALLENGER), our subcommittee chair, the gentleman has done an outstanding job.

Mr. Speaker, I rise in support of H.R. 5178, the Needlestick Safety and Prevention Act. I want to congratulate Congressman BALLENGER for his leadership in forging a consensus between the employer and the employee communities on this once contentious issue. Congressman BALLENGER'S work on this issue is indicative of his excellent service as Chairman of the Subcommittee on Workforce Protections for the past six years.

More than 600,000 times a year, healthcare workers are accidentally stuck by needles and other devices in the course of their work. With every accidental needlestick, health care workers risk contracting fatal diseases such as AIDs and Hepatitis C. H.R. 5178 will help prevent many of these accidental needlesticks.

Even in the fortunate majority of these cases when no diseases are transmitted, employers incur thousands of dollars in expenses for blood tests and preventative medications.

Fortunately, rapidly improving technology offers workers and employers safer medical devices that reduce the risk of needlestick injuries. H.R. 5178 requires employers to consider using safer medical devices. When such devices are appropriate, commercially available and effective, employers must implement safer devices in the workplace.

H.R. 5178's flexible approach to safer medical devices puts the decision-making in the hands of employers rather than distant Washington bureaucrats.

Employers, with input from frontline health care employees, have the flexibility and the responsibility to choose practices and devices that will help protect their workers in their workplaces.

By embracing a flexible, decentralized solution, H.R. 5178 enables employer and employee representatives to unite behind legislation that will help make work safer for health care workers. As a result, both the American Hospital Association and the American Nurses Association have enthusiastically endorsed H.R. 5178. I encourage my colleagues to vote for H.R. 5178.

Mr. OWENS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from New York (Mrs. MCCARTHY).

Mrs. MCCARTHY of New York. Mr. Speaker, before I make my remarks on this legislation, I also would like to compliment the gentleman from North Carolina (Chairman BALLENGER) for the work and how swiftly we have gotten this through the committee, and I appreciate that. I thank my colleague from New York (Mr. OWENS) again for his work to protect our health care workers, that is what it comes down to.

Mr. Speaker, I have spent over 30 years of nursing before I came here; and I certainly can tell my colleagues how many times I have gotten stuck with a needle. And I was probably very lucky, because many years ago, we did not face the diseases that we are facing today. Today, we are facing TB, Hepatitis B, Hepatitis C, HIV, AIDS, and these are the things we have to be concerned about. What people have to realize, it is not that nurses or health care workers are not being careful; but when we are dealing with life-threatening situations of taking care of a patient, we are concerned about giving the patient certainly the medications they need fast, starting IVs and everything else goes out of their minds.

This legislation is going to protect health care workers across this Nation. We heard that 600,000 to 800,000 healthcare workers are stuck every single year. We know that when a health care worker is stuck, they have to go down for a test. They have to be followed through. It can cost, for each person that is stuck, $3,000. We are not even talking about those that, unfortunately, do get fatal diseases from these injuries.

Mr. Speaker, I commend certainly the committee and the hard work that has been done on this and how fast it has gone, because now we know we have legislation that is out there that is going to protect our health care workers, and more than that, this is legislation that can save lives.

I am very proud to be here to encourage all of my colleagues, all of my colleagues to support this overwhelmingly. This is good legislation, and it should pass unanimously. I thank all my colleagues for their work.

Mr. BALLENGER. Mr. Speaker, I yield 2½ minutes to the gentlewoman from New Jersey (Mrs. ROUKEMA).

Mrs. ROUKEMA. Mr. Speaker, I certainly thank the gentleman from North Carolina (Mr. BALLENGER), our subcommittee chairman, but I think we are here today to say in a very real and definite and substantial way that Congress, when it sets public policy, it should put health and safety first. And as such, the safety of our health care workers and their patients are of paramount concern in this legislation.

I will tell my colleagues, we have safer medical devices that are being added to OSHA, as we amend OSHA in this legislation today, but in addition, employers are required to consider and implement the use of such safe medical devices in their facilities. It is certainly because of the leadership of the gentleman from North Carolina (Mr. BALLENGER), the gentleman from New York (Mr. OWENS), and the gentleman from Pennsylvania (Chairman GOODLING) on this subject. It was mentioned earlier nobody thought we could get this kind of a compromise in this kind of a leadership in such a short period of time.

Mr. Speaker, I will not go into all the statistics that have already been noted here today, but they are alarming statistics about the health and the safety, not only of the workers, but also the spread of terrible diseases, because of the breakdown of these safety devices, to the patients in our hospitals.

These numbers are alarming as they have already been stated, but especially alarming since we already know that the technology exists that could prevent these injuries and this spread of infection.

The least we can do is see that the medical professionals have the latest in safety precautions available to them. We cannot prevent all the hospitals and doctor office accidents, but certainly we can with today's safety needles provide the lifesaving support for those that need it.

I would like to point out, too, that while the statistics are alarming, I must also say that we should put health and safety first, not only health and safety first, but the bottom line, we are saving money.

Mr. Speaker, I do want to finally commend again the gentleman from North Carolina (Mr. BALLENGER) and the gentleman from New York (Mr. OWENS) for their leadership, but also we must remember the forward thinking companies like Becton-Dickinson in Bergen County, New Jersey for their contribution to the development of these safe technologies.

Mr. Speaker I rise in strong support of H.R. 5178, the Needlestick Safety and Prevention Act. When we in Congress set public policy, we must always put health and safety first. As such, the safety of health care workers and their patients are of a paramount concern.

H.R. 5178, the Needlestick Safety and Prevention Act, takes an important step in helping to reduce the risks of occupational exposure to bloodborne pathogens. The bill requires the Occupational Safety and Health Administrative (OSHA) to amend the Bloodborne Pathogens Standard to include the definition of ''safer medical devices.'' In addition, employers are required to consider and implement the use of such safer medical devices in their facilities. I would like to thank

Mr. BALLENGER and Mr. OWENS and Committee Chairman GOODLING for leading the charge to bring this bipartisan legislation to the floor.

It is currently estimated that there are between 800,000 and 1 million needlesticks and other sharps injuries to healthcare workers in the United states each year. An average hospital incurs approximately 30 worker needlestick injuries per 100 beds per year. These numbers are alarming, especially since the technology exists to prevent these injuries.

Many of these accidents are instant tragedies, infecting dedicated medical workers with blood-borne diseases, sometimes even the incurable AIDS virus. And ALL of these needlesticks leave the victim frightened of the consequences until a blood test can be done to determine whether they have been infected.

The least we can do is see that medical professionals have the latest in safety precautions available to them. We cannot prevent all hospital and doctor's office accidents, but we should prevent those we can. Today's safety needles are lifesavers for those trying to save lives. We need to encourage the use of safe needles and devices to improve healthcare worker safety in the workplace.

Numerous studies have demonstrated that the use of safe-needle devices, when they are part of an ''overall'' bloodborne pathogens risk-reduction program, are extremely effective in reducing accidental needlesticks. In fact, the Centers for Disease Control and Prevention estimates that 76 percent of needlestick injuries could be eliminated immediately if health care institutions switched to safe needles and similar devices. We should be doing everything possible to encourage the use of safe technology.

Not only does the use of safe technology save lives—it also saves money. For example, it is estimated that for a 300 bed hospital to convert to safe technology, it would cost $70,000 a year. When you compare that amount to the estimated $500,000 in testing and drug regimens for just one needlestick injury, it becomes clear—needlestick prevention makes practical and fiscal sense. And this does not begin to include the emotional toll of the injured worker or the countless lawsuits filed.

The use of safe technology should be viewed as an insurance policy: an insurance policy for workers and patients and an insurance policy for hospitals.

Mr. Speaker, I commend Mr. BALLENGER and Mr. OWENS for their leadership on this important issue. I also would like to commend forward-thinking companies like Becton-Dickinson of Bergen County, New Jersey, for their contribution to the development of this safe technology.

I strongly urge my colleagues to vote in favor of this important legislation.

Mr. OWENS. Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Mr. Speaker, I thank my friend, the gentleman from New York (Mr. OWENS), for yielding me the time.

Mr. Speaker, I rise in support of this legislation. I want to congratulate the gentleman from North Carolina (Mr. BALLENGER) and the gentleman from New York (Mr. OWENS), my friend, for their intelligence in bringing this to the floor.

There are a lot of competing interests in this legislation, union and management, health care providers and product providers, and it was a substantial task to bring all of those parties together. The gentleman from North Carolina (Mr. BALLENGER) and the gentleman from New York (Mr. OWENS) took the lead in doing that, and I thank them and commend them for it.

The gentleman from New York (Mr. OWENS) said in his remarks that it is not an overstatement to say that this legislation will save peoples' lives; he is right. There are instances where people are injured and sometimes fatally injured as a result of injuries on the job that will be prevented as a result of passing this legislation.

This is what we are here to do, to bring the two parties together and both sides of the bargaining table to make this happen. I know the gentleman from New York (Mr. OWENS) in particular has been tenacious in pursuing this legislation for many numbers of years, and on behalf of my constituents, I thank him for it.

I also thank the gentleman from Pennsylvania (Mr. GOODLING) and the gentleman from Missouri (Mr. CLAY) for their leadership of the full committee in bringing us here.

I first heard about this legislation when members of the health care team, nurses, mainly, at the Camden County Health Services Center in my district visited me in my office here, they are members of the AFSCME union, and they had called it to the attention of their employer to voluntarily adopt a standard like this, which the employer, to its credit, did. That was then followed up here at the national level by any number of groups and interests to make sure that we could codify this effort by OSHA to balance the concerns of union and management, to balance all concerns and to write a good bill. I believe that we have done that.

I also appreciate the way that this bill incorporates technological changes and does not wed itself to any particular technology. I applaud that, because I believe that it will permit the development and evolution of even greater technologies as time goes by.

Mr. Speaker, I also applaud the fact that the bill reflects my own understanding that a device that does not use needles for the securement of devices for administration of medication or fluids and thereby diminishes or eliminates exposure to bloodborne pathogens clearly falls within the definition of a device that does not use needles for any other procedure involving the potential for occupational exposure to bloodborne pathogens due to the injuries from contaminated sharps.

I think I followed that, not being a medical professional. In other words, that OSHA can find the very best technology available in any given time in the future to protect workers, that is what we are here to do.

Mr. Speaker, I again thank the gentleman from North Carolina (Mr. BALLENGER) and the gentleman from New York (Mr. OWENS). I rise in enthusiastic support of the legislation and urge its unanimous approval.

Mr. BALLENGER. Mr. Speaker, I yield 2 minutes to the gentleman from Nebraska (Mr. BARRETT).

Mr. BARRETT of Nebraska. Mr. Speaker, I thank the gentleman from North Carolina (Mr. BALLENGER) for yielding me this time, and I compliment him as well, the job that he did in bringing this bill to the floor.

And I certainly am pleased to join with my colleagues in total support of H.R. 5178, the Needlestick Safety and Prevention Act. I think this is one of the major public health issues facing the health care community today, and I think it certainly deserves the attention of the Congress.

According to the Department of Labor, as has already been mentioned, there are an estimated 800,000 needlestick injuries which occur in the United States each year, and this puts thousands of health care workers including nurses and doctors and CNAs and even custodians at the risk of accidental exposure to more than 20 pathogens, including HIV and Hepatitis B and C. In addition to protecting health care workers, Congress should be concerned about protecting every patient admitted to a hospital or treated at a clinic, because patients are also at risk of an accidental needlestick injury.

A very crucial component of the comprehensive prevention program is the use of the so-called safe needles. These are needles designed to retract into the body of the syringe once it is used so it can then be disposed of with a much lower chance of an accidental needlestick. A company in my district, Becton-Dickinson is a leading manufacturer of these devices, and I am pleased that a company with Nebraska ties can play a role in addressing this very important public health concern.

For the safety of health care workers and patients, this very important public health issue should not be overlooked. And I certainly extend my full support to the bill and urge its passage.

Mr. OWENS. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. THOMPSON).

(Mr. THOMPSON of California asked and was given permission to revise and extend his remarks.)

Mr. THOMPSON of California. Mr. Speaker, I rise in strong support of this

measure. I would like to thank the gentleman from North Carolina (Mr. BALLENGER) and the gentleman from New York (Mr. OWENS) for bringing this important bill to the floor today for this vote.

H.R. 5178 is an important bill that I believe will truly make a difference in the lives of health care workers, patients and the families of both throughout this Nation. As was pointed out earlier, there is an estimated 800,000 needlesticks per year across this country. The potential for needlesticks put health care workers and patients at risk of contracting diseases, like Hepatitis C and B and HIV.

In California, the results of legislation that I authored when in the State Senate found that most needlesticks could be prevented by using better designed safer needles and following stricter disposal protocols.

This bill and these findings helped to lead to a 1998 mandate for safer needles in California. In addition to saving lives, it is estimated that in California, we will save over $100 million per year as a result of these safer needles. The savings are calculated by using the costs of disability payments, testing and treatment, lost wages, and liability costs.

H.R. 5178 will require the use of safer needles, require more consistent documentation of needlestick injuries, and it establishes the stronger Federal uniform standard for the disposal and the usage of needles. It will save lives. It will save money, and it deserves the support of every Member of Congress.

Mr. BALLENGER. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. LATOURETTE).

(Mr. LATOURETTE asked and was given permission to revise and extend his remarks.)

Mr. LATOURETTE. Mr. Speaker, I want to commend the gentleman from North Carolina (Mr. BALLENGER) for this bill, H.R. 5178, and commend him for his hard work in bringing it to the floor today.

I also want to thank the gentleman from New York (Mr. OWENS). I share their commitment to reducing the risk of exposure from men and women whose occupation places them in close proximity to bloodborne pathogens in the workplace.

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H.R. 5178 amends the OSHA standards on blood-borne pathogens to include the definition of safer medical devices. I especially want to thank both gentlemen today for including that in their manager's statement of legislative intent, clarifying that it is not the intent of the legislation to limit in any way any engineering controls or safer medical devices to the few examples that are cited in the legislation.

The statement offered today clearly expresses the intent of the bill's crafters to provide for innovative and evolving technology in our efforts to minimize risk.

As the gentleman from North Carolina knows, I am particularly concerned about a device that is manufactured not surprisingly in my district by a fellow named Joe Adkins through his company, Safeguard Medical Devices. The product they have developed is roughly the size of a pocket pager, and is intended to be carried by all personnel who may encounter unsafe used syringes. It is designed to blunt and seal the end of the needle with a ''BB'' type ball that seals the syringe hub, further reducing the risk of downstream infection.

The language thankfully included in the manager's statement leaves no doubt that products that minimize the risks of exposures to blood-borne pathogens, like the one developed by Safeguard Medical Devices, are intended to be covered by the broad language of section 3 in the bill referring to safer medical devices, and that the examples cited in the bill were intended to be illustrative, rather than exhaustive.

For that, I thank the chairman and thank the gentleman from New York (Mr. OWENS).

Mr. OWENS. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I will enter into the RECORD a letter by Mr. Charles Loveless, director of legislation for the Association of Federal, State, County and Municipal Employees, the AFL–CIO.

AFSCME, AFL-CIO,
Washington, DC, October 2, 2000.

DEAR REPRESENTATIVE: On behalf of the 1.3 million members of the American Federation of State, County and Municipal Employees (AFSCME), I urge you to support the Needlestick Safety and Prevention Act (H.R. 5178), introduced by Representatives Cass Ballenger and Major Owens.

H.R. 5178 would amend the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard to require that employers use safety-designed needles and sharps in order to reduce needlestick injuries and the transmission of serious diseases from patients to nurses and other workers. This important legislation codifies and refines a compliance directive issued by OSHA late last year, after seeking public input on the use of safer devices.

Needlestick injuries are a serious, but preventable, public health problem. Despite the availability of safer devices, the vast majority of needles and sharps in use today are old-style devices that lack integrated safety features. As a consequence, 600,000 to 800,000 needlestick injuries occur each year in the health care workplace. Among those who sustain such an injury, an estimated 1,000 contract a serious disease, including Hepatitis C and HIV.

H.R. 5178 is an important measure that will save lives. We endorse this bipartisan bill and urge you to approve it.

Sincerely,

CHARLES M. LOVELESS,
Director of Legislation.

Madam Speaker, I have no additional speakers, and I yield back the balance of my time.

Mr. BALLENGER. Madam Speaker, I yield 2 minutes to the gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Madam Speaker, I rise in strong support of H.R. 5178, the Needle Stick Safety and Prevention Act.

I do want to thank the gentleman from North Carolina (Mr. BALLENGER) for bringing this bill to the floor. I want to thank the ranking member, the gentleman from New York (Mr. OWENS), for his role and leadership in bringing this bill before us. I am proud to be a cosponsor.

This bipartisan legislation is designed to protect health care workers from needle stick injuries by updating the Occupational, Safety, and Health Administration's standards in order to address advances in safer medical devices such as needleless systems and needles that are specifically engineered for injury protection.

Passage of H.R. 5178 would reduce the risk of HIV, hepatitis B, hepatitis C, that are caused by accidental needle sticks. This year, the Centers for Disease Control and Prevention estimated that more than 380,000 needle stick injuries from contaminated needles occur annually among health care workers in our U.S. hospitals.

The total number of needle stick and other skin-puncturing injuries in all health care settings is, as Members have heard before, 600,000 to 800,000 annually.

The CDC has also estimated that, depending on the type of device used and the procedure involved, that 62 to 82 percent of needle stick injuries can potentially be prevented by the use of safer medical devices.

One particular needleless system has been developed by Calypte Biomedical Corporation of Rockville, Maryland. Long concerned about the risk of HIV transmission through accidental needle stick injuries, Calypte Biomedical manufactures FDA-approved, urine-based HIV diagnostic tests which would dramatically reduce needle stick accidents.

This legislation is supported by the American Hospital Association, the American Nurses Association, a number of other agencies and organizations. It ensures that hospitals and other medical employers will have the flexibility to best protect their workers. I urge my colleagues to support it.

Mr. BALLENGER. Madam Speaker, I yield 2 minutes to the gentleman from Georgia, (Mr. ISAKSON).

Mr. ISAKSON. Madam Speaker, I thank the gentleman for yielding time to me, and commend him on this important issue, as well as the gentleman from New York (Mr. OWENS) and his support.

Madam Speaker, the transfer of blood-borne pathogens in this country is a problem in our hospitals and facilities, and it does threaten our health care leaders.

Our chairman and author of this bill, the gentleman from North Carolina (Mr. BALLENGER), has done a great job in holding hearings to bring about that information.

I associate myself with the remarks of the gentleman from Ohio (Mr.

LATOURETTE), the gentlewoman from Maryland (Mrs. MORELLA), and others who have understood the leadership that has been shown in this by not issuing a franchise to one single producer of a product that destroys needles, but rather, to acknowledge that every hospital and health care facility should select those products that are best for them, to have a clear and direct policy to minimize and we hope eliminate needle stick injuries and the transfer of possible dangerous germs and disease in their facility.

The leadership the gentleman from North Carolina (Mr. BALLENGER) has shown Americans and assured health care workers that the hospitals and medical workplaces of America will be safer. It has also ensured that incentive remains for the private sector to produce new and modern products that are safer and more efficient than those in the past, so hospitals can develop the very best possible policy to meet OSHA's, what I would add, very thoughtful rule in terms of developing these plans for every hospital in America.

Mr. GILMAN. Madam Speaker, I rise today in support of H.R. 5178, the Needlestick Safety and Prevention Act. I applaud my colleague from North Carolina, Mr. BALLENGER for his leadership on this issue and as a cosponsor of this legislation, I urge my colleagues to support this much needed bill.

H.R. 5178 directs employers to consider, and where appropriate, use such safer medical devices to reduce the risk of needlesticks and other injuries from sharps. Employers with employees who may be exposed to bloodborne pathogens are required to use safer medical devices only where such devices are appropriate, effective and commercially available. I have met with various nurses' groups over the years who have been pushing for the use of safer needles in hospitals and doctors' officers throughout the country. Although these safe needles tend to cost more than the average needle that is currently used, the safe needles protect health care professionals by featuring one of a number of new innovations such as a retractable needle.

Moreover, H.R. 5178 calls for employers to maintain a sharps injury log to record sharps injuries and to call upon frontline health care workers who would actually use the devices in the selection of the devices. This will ensure that the people actually using the new needles will be comfortable with all aspects of the safe device.

Accordingly, I urge my colleagues to protect our Nation's health care professionals and support this legislation.

Mr. STARK. Madam Speaker, I am pleased to speak in support of H.R. 5178, The Needlestick Safety and Prevention Act and urge all of my colleagues to join me in voting to protect nurses, doctors, and other health care workers from accidental needlestick injuries in the workplace.

This legislation is long overdue. Health care workers across our country are put in danger each and every day because safe needle technologies that exist and are proven to reduce the risk of workplace needlestick injuries are still not widely used in our nation's health facilities.

Through accidental needlesticks, health care workers are exposed to the spread of deadly bloodborne diseases such as AIDS and Hepatitis B and C. Estimates are that some 600,000 to one million needlesticks occur each year. While the vast majority of those injuries do not result in the spread of a bloodborne pathogen, those that do can prove debilitating and even fatal. Health care workers simply should not be forced to risk their lives while trying to save ours.

Enactment of H.R. 5178 will dramatically lower the occurrence of accidental needlestick injuries by requiring the use of safer needle technology in our nation's health care system. This bill, like the legislation I co-authored with Representative ROUKEMA (H.R. 1899), will dramatically improve needlestick protections for health care workers by: clarifying the bloodborne pathogens requirements regarding the use of safer needle devices, improving existing reporting requirements, and ensuring that health care workers are involved in the selection of appropriate safety devices.

I have been working on this issue for many years. My first bill to protect health care workers from preventable needlestick injuries was introduced in 1993. In the last Congress, similar legislation gained the support of more than 100 of my colleagues. H.R. 1899, which Representative ROUKEMA and I introduced together in this Congress, now has the bipartisan support of more than 185 of our colleagues.

States have also begun focussing attention on this important issue. My home state of California was the first state to pass comprehensive legislation requiring the use of safe needle devices in 1998. Since then, more than a dozen states have followed course and passed legislation protecting health care workers their own borders.

But, this is a national problem that deserves a national solution. That is why I am so pleased to join Representative BALLENGER and Representative OWENS in support of H.R. 5178 on the House floor today. I would also like to congratulate both of them for stepping into leadership roles on this vitally important safety issue for health care workers across the country.

While I fully support the bill before us today, our work to protect health care workers from these injuries will not be complete even with passage of this important legislation. We need to go further. OSHA applies mainly to the private sector and therefore H.R. 5178 leaves health care workers in public hospitals in approximately 27 states without the same protections. We need to extend equivalent protections to these workers and I pledge to work with my colleagues to achieve this goal as well.

Passage of H.R. 5178 will take us a long way toward minimizing the danger of needlestick injuries and potential infection by deadly diseases for the millions of health care workers across our country. Put simply, a yes vote for H.R. 5178 will save lives. I urge all of my colleagues to join me in voting yes.

Mr. KUCINICH. Madam Speaker, I rise in strong support for H.R. 5178, the Needlestick Safety and Prevention Act. There are an estimated 600,000 to 800,000 needlestick injuries each year. Over 80 percent of these injuries could have easily been prevented with the use of safer needle devices. Hospital nurses are the most frequently injured, followed by physicians, nursing assistants and housekeepers.

A resident of Cleveland, Ohio, Mr. Stanley McKee, testified before the Ohio Senate regarding his needlestick injury. Mr. McKee works at a hospital in the environmental services department. He was disposing of the trash from the intensive care unit when he felt an object stick him in the leg. When he checked the bag he saw the used needle protruding out. For months, Mr. McKee was forced to undergo a series of shots until it could be determined whether he had indeed contracted an illness. The costly medical care he required and the severe mental anguish he experienced while awaiting news of his test results could have easily been prevented with safety devices as required in The Health Care Worker Needlestick Prevention Act, H.R. 5178. The average cost to test and treat a worker following an accidental stick where an infection does not occur is about $500. The costs to treat an employee who is infected from an accidental stick can total up to one million dollars over a person's life. However, these injuries can be prevented with safer needles that cost less than a postage stamp.

This bill will save lives by drastically reducing the threat of contracting infectious diseases including hepatitis and the HIV virus through accidental needlesticks. Healthcare professionals dedicate their lives to caring for others. Let us show our appreciation and respect by working to pass this important legislation to ensure the safety of members of the healthcare community.

I would like to thank Chairman BALLENGER for leading the Subcommittee on Workplace Protections of the Committee on Education and the Workforce to report H.R. 5178 to the whole House of Representatives. I would also like to praise Rep. FORTNEY PETE STARK, whose many yeas of advocacy for needlestick safety laid the groundwork for today's bill. I urge a YES vote.

Mr. BALLENGER. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. MORELLA). The question is on the motion offered by the gentleman from North Carolina (Mr. BALLENGER) that the House suspend the rules and pass the bill, H.R. 5178, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

CUSTOMIZED TRAINING FLEXIBILITY ACT

Mr. MCKEON. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4216) to amend the Workforce Investment Act of 1998 to authorize reimbursement to employers for portable skills training, as amended.

The Clerk read as follows:

H.R. 4216

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Customized Training Flexibility Act''.