MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

1152

DESCRIPTION

2001 HOUSE INDUSTRY, BUSINESS AND LABOR

HB 1152

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1152

House Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date 01-24-10

Tape Number	Side A	Side B	Meter #
1	x		39.2 - 49.5
2	x		18.8 - 27.3

Committee Clerk Signature Erica Norman

Minutes:**HB 1152**

Chairman Berg opened the hearing.

David Thiele, Senior Litigation Counsel for ND Workers Comp., testified for the bill. See written testimony.

Rep. Keiser, Did I understand you to say that the bureau will be establishing a new category for identifying people with this risk of exposure and it will have a higher rate?

David Thiele, Chapter 23-07.3 lists the emergency medical services providers and defines that group. This is the limited group that we are going to provide preventative medical care for when they have incidence where they are exposed to this. We don't anticipate that this is going to affect any premium rates. This cost will be minimal for this expanded backup to that group.

Rep. Keiser, If utilization is high, will that effect the rates for that group?

David Thiele, That is something we would have to evaluate as we go along. If the costs are greater than what we anticipated, there probably have to be some adjustment.

Rep. Keiser, Will the exposures being defined here, will they follow the deductible formula for other injuries?

David Thiele, Yes they would. The other thing I need to note is that when someone is exposed to blood or bodily fluids and it's in the course of employment and they test positive and we can demonstrate that the injury is a cause of work, that would be preventative medical care.

Chuck Petersen, a member of GNDA, testified in favor of the bill. See written testimony.

Chairman Berg closed the hearing.

Tape 2, side A, No. 18.8.

Chairman Berg reopened the hearing.

Rep. Ruby made a motion for a Do Pass.

Rep. Klein second the motion.

There was some committee discussion about the bill.

Roll call vote: 13 yes, 0 no, 2 absent.

The motion carries.

Rep. Ruby will carry the bill.

FISCAL NOTE

Requested by Legislative Council
12/26/2000

Bill/Resolution No.: HB 1152

Amendment to:

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant your analysis.*

NORTH DAKOTA WORKERS COMPENSATION
2001 LEGISLATION
SUMMARY OF ACTUARIAL INFORMATION

***BILL DESCRIPTION*: Exposures for Infectious Disease**

***BILL NO:* HB 1152**

SUMMARY OF ACTUARIAL INFORMATION : North Dakota Workers Compensation, together with its actuary, Glenn Evans of Pacific Actuarial Consultants, has reviewed the legislation proposed in this bill in conformance with Section 54-03-25 of the North Dakota Century Code.

The proposed legislation amends the definition of "compensable injury" to allow NDWC to pay for preventive treatment for exposures to infectious diseases occurring in the course of employment for EMS providers, firefighters, employees of medical facilities and law enforcement personnel, and to pay for exposure to rabies occurring in the course of employment.

***FISCAL IMPACT*:** We believe that the proposed legislation will increase loss cost by a nominal amount. Information provided by NDWC suggests that aggregate annual loss costs may increase by $5 thousand to $15

thousand – less than 0.05% of current premium levels.

DATE: December 27, 2000

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Name:	Paul R. Kramer	**Agency:**	ND Workers Compensation
Phone Number:	328-3856	**Date Prepared:**	12/27/2000

HB 1152

Date: 01-24-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. *Click here to type Bill/Resolution No.*

House Industry, Business and Labor Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Rep Ruby Seconded By Rep Klein

Representatives	Yes	No	Representatives	Yes	No
Chairman- Rick Berg	✓		Rep. Jim Kasper	✓	
Vice-Chairman George Keiser			Rep. Matthew M. Klein	✓	
Rep. Mary Ekstorm	✓		Rep. Myron Koppang	✓	
Rep. Rod Froelich			Rep. Doug Lemieux	✓	
Rep. Glen Froseth	✓		Rep. Bill Pietsch	✓	
Rep. Roxanne Jensen	✓		Rep. Dan Ruby	✓	
Rep. Nancy Johnson	✓		Rep. Dale C. Severson	✓	
			Rep. Elwood Thorpe	✓	

Total (Yes) 13 No 0

Absent 3

Floor Assignment Rep Ruby

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1152: Industry, Business and Labor Committee (Rep. Berg, Chairman) recommends **DO PASS** (13 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1152 was placed on the Eleventh order on the calendar.

2001 SENATE INDUSTRY, BUSINESS AND LABOR

HB 1152

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1152

Senate Industry, Business and Labor Committee

❑ Conference Committee

Hearing Date February 14, 2001.

Tape Number	Side A	Side B	Meter #
1	x		17.1 to 25.2
			27.6 to 29.2

Committee Clerk Signature Nora B Perez

Minutes:

The meeting was called to order. All committee members present. Hearing was opened on HB 1152 relating to the definition of compensable injury for workers' compensation purposes; and to provide an effective date.

David Thiele, Senior Litigation Counsel, Workers' Compensation Bureau. Written testimony attached. In favor.

Chuck Peterson, GNDA, in favor. Written testimony attached.

Representative Todd Porter, District 34. Blood splatter is not considered an injury to health care workers, this bill will correct that. Urge do pass.

No opposing testimony. Hearing closed.

1-A-27.6 to 29.2. Discussion held.

Senator Espegard: Motion do pass. **Senator Mathern**: Second.

Roll call vote: 7 yes; 0 no. Motion carried. Floor assignment: **Senator Tollefson.**

Date: 2/14/01
Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1152

Senate Industry, Business and Labor Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen Espegaard Seconded By Sen Mathern

Senators	Yes	No	Senators	Yes	No
Senator Mutch - Chairman	✓		Senator Every	✓	
Senator Klein - Vice Chairman	✓		Senator Mathern	✓	
Senator Espegard	✓				
Senator Krebsbach	✓				
Senator Tollefson	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen Tollefson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 14, 2001 10:45 a.m.

Module No: SR-27-3291
Carrier: Tolletson
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1152: Industry, Business and Labor Committee (Sen. Mutch, Chairman) recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1152 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

HB 1152

Fifty-seventh
Legislative Assembly
of North Dakota

House Bill 1152

PREVENTIVE MEDICAL TREATMENT FOR SIGNIFICANT EXPOSURES TO EMERGENCY MEDICAL SERVICE PROVIDERS

Testimony
Before the House Industry, Business, and Labor Committee

January 24, 2001

David Thiele, Senior Litigation Counsel
North Dakota Workers Compensation

Mr. Chairman, Members of the Committee:

My name is David Thiele and I am the senior litigation counsel for North Dakota Workers Compensation. I am here today to testify in support of House Bill 1152. The Workers Compensation Board of Directors has approved this bill. This bill amends subsection 11 of section 65-01-02 of the North Dakota Century Code dealing with the definition of compensable injury. The bill allows NDWC to pay benefits for preventive medical care for certain workers that have a significant exposure to bloodborne pathogens. This bill will be effective for all claims filed after July 31, 2001.

Historically, NDWC has not covered preventive medical care for communicable diseases (N.D.C.C. 65-01-02(11)(b)(1)). With the spread of HIV and hepatitis some employees, due to the nature of their work, may be exposed to significant health risks due to exposure to blood or other bodily fluids of individuals that can be at high risk for underlying communicable diseases. This bill would allow for the payment of preventive medical care for emergency medical technicians, firefighters, law enforcement officers, and workers in hospitals, nursing homes, and group homes, who can show an exposure to an infectious disease as defined by N.D.C.C. 23-07.3-01(5), which occurred in the course of employment.

This bill is not intended to provide preventive care to the general population who may allege an exposure to an infectious disease in the course of employment. It is intended to provide reasonable and necessary preventive treatment for workers whose employment places them at a higher risk for exposure to and contracting infectious diseases.

This bill is also not intended to cover any ordinary diseases or illnesses common to the general public, such as the flu or cold. The types of disease intended to be covered are those that may be transmitted by contact with bloodborne pathogens or other bodily fluid and include HIV, Hepatitis B virus, and Hepatitis C virus.

This bill will also allow NDWC to cover treatment for rabies when the exposure occurs in the course of employment. NDWC has seen several claims filed in the past few years where an employee of either a veterinary clinic or other facility that contains animals in the course of business has an exposure to rabies that requires treatment. When the exposure occurs due to a bite the vaccine is administered as part of the treatment for the bite. If, however the exposure does not arise from an injury, but from a body fluid contact, the vaccine would be preventive in nature. This bill will allow NDWC to pay for all rabies occurring in the course of employment without distinction.

The care for these cases will typically follow the Centers for Disease Control (CDC) guidelines for preventive medical care based upon the nature of the risk factors involved and the level of exposure. NDWC will not authorize medical treatment of a speculative nature or treatment that hasn't been approved by the Food and Drug Administration (FDA) or the CDC as appropriate (enclosed is the CDC-Department of Health and Human Services pamphlet "*Exposure to Blood--What Health-Care Workers Need to Know*").

NDWC requests your favorable consideration of 2001 HB No. 1152. Thank you for your consideration. I will be glad to answer any questions you may have.

CHAPTER 23-07.3

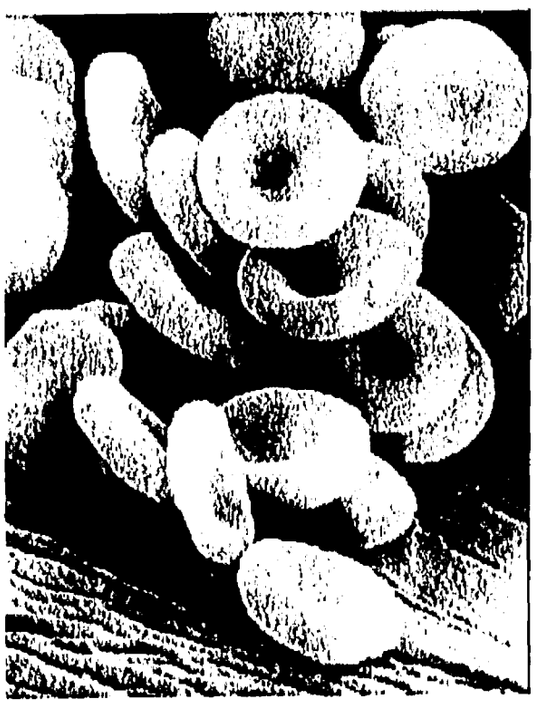
NOTIFICATION OF EXPOSURE TO INFECTIOUS DISEASES

23-07.3-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Contagious disease" means the interruption, cessation, or disorder of body functions, systems, or organs transmissible by association with the sick or their secretions or excretions, excluding the common cold.
2. "Department" means the state department of health.
3. "Emergency medical services provider" means a firefighter, law enforcement officer, or other person trained and authorized by law or rule to render emergency medical assistance or treatment.
4. "Licensed facility" means a hospital, nursing home, dialysis center, or any entity licensed by the state to provide medical care.
5. "Significant exposure" means:
   a. Contact of broken skin or mucous membrane with a patient's blood or bodily fluids other than tears or perspiration;
   b. The occurrence of a needle stick or scalpel or instrument wound in the process of caring for a patient; or
   c. Exposure that occurs by any other method of transmission defined by the department as a significant exposure.

Exposure to Blood

What Health-Care Workers Need to Know



Department of Health & Human Services

CDC

OCCUPATIONAL EXPOSURES TO BLOOD

Introduction

Health-care workers are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. Important factors that may determine the overall risk for occupational transmission of a bloodborne pathogen include the number of infected individuals in the patient population, the chance of becoming infected after a single blood contact from an infected patient, and the type and number of blood contacts.

Most exposures do not result in infection. Following a specific exposure, the risk of infection may vary with factors such as these:

- The pathogen involved
- The type of exposure
- The amount of blood involved in the exposure
- The amount of virus in the patient's blood at the time of exposure

Your employer should have in place a system for reporting exposures in order to quickly evaluate the risk of infection, inform you about treatments available to help prevent infection, monitor you for side effects of treatments, and to determine if infection occurs. This may involve testing your blood and that of the source patient and offering appropriate postexposure treatment.

How can occupational exposures be prevented?

Many needlesticks and other cuts can be prevented by using safer techniques (e.g., not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries. Many exposures to the eyes, nose, mouth, or skin can be prevented by using appropriate barriers (e.g., gloves, eye and face protection, gowns) when contact with blood is expected.

IF AN EXPOSURE OCCURS

What should I do if I am exposed to the blood of a patient?

1. Immediately following an exposure to blood:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

2. Following any blood exposure you should:

Report the exposure to the department (e.g., occupational health, infection control) responsible for managing exposures. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible.

Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for postexposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.

RISK OF INFECTION AFTER EXPOSURE

What is the risk of infection after an occupational exposure?

HBV
Health-care workers who have received hepatitis B vaccine and have developed immunity to the virus are at virtually no risk for infection. For an unvaccinated person, the risk from a single needlestick or a cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. Individuals who are both hepatitis B surface antigen (HBsAg) positive and HBeAg positive have more virus in their blood and are more likely to transmit HBV.

HCV
Based on limited studies, the risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood splash is unknown, but is believed to be very small; however, HCV infection from such an exposure has been reported.

HIV

- The average risk of HIV infection after a needlestick or cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.

- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).

- The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time). The risk may be higher if the skin is damaged (for example, by a recent cut) or if the contact involves a large area of skin or is prolonged (for example, being covered in blood for hours).

How many health-care workers have been infected with bloodborne pathogens?

HBV

The annual number of occupational infections has decreased sharply since hepatitis B vaccine became available in 1982 (i.e., there has been a 90% decrease in the number of estimated cases from 1985 to1996). Nonetheless, approximately 800 health-care workers become infected with HBV each year following an occupational exposure.

HCV

There are no exact estimates on the number of health-care workers occupationally infected with HCV. However, studies have shown that 1% of hospital health-care workers have evidence of HCV infection (about 1.8% of the U.S. population has evidence of infection). The number of these workers who may have been infected through an occupational exposure is unknown.

HIV

As of December 1998, CDC had received reports of 54 documented cases and 134 possible cases of occupationally acquired HIV infection among health-care workers in the United States since reporting began in 1985.

TREATMENT FOR THE EXPOSURE

Is vaccine or treatment available to prevent infections with bloodborne pathogens?

HBV

As mentioned above, hepatitis B vaccine has been available since 1982 to prevent HBV infection. All health-care workers who have a reasonable chance of exposure to blood or body fluids should receive hepatitis B vaccine. Vaccination ideally should occur during the health-care worker's training period. Workers should be tested 1-2 months after the vaccine series to make sure that vaccination has provided immunity to HBV infection.

Hepatitis B immune globulin (HBIG) is effective in preventing HBV infection after an exposure. The decision to begin treatment is based on several factors, such as:

- Whether the source individual is positive for hepatitis B surface antigen.
- Whether you have been vaccinated.
- Whether the vaccine provided you immunity.

HCV

There is no vaccine against hepatitis C, and no treatment after an exposure that will prevent infection. Immune globulin is not recommended. For these reasons, following recommended infection control practices is imperative.

HIV

There is no vaccine against HIV. However, results from a small number of studies suggest that the use of zidovudine after certain occupational exposures may reduce the chance of HIV transmission.

Postexposure treatment is not recommended for all occupational exposures to HIV because most exposures do not lead to HIV infection and because the drugs used to prevent infection may have serious side effects. Taking these drugs for exposures that pose a lower risk for infection may not be worth the risk of the side effects. You should discuss the risks and side effects with a health-care provider before starting postexposure treatment for HIV.

What about exposures to blood from an individual whose infection status is unknown?

HBV-HCV-HIV

If the source individual cannot be identified or tested, decisions regarding follow-up should be based on the exposure risk and whether the source is likely to be a person who is infected with a bloodborne pathogen. Follow-up testing should be available to all workers who are concerned about possible infection through occupational exposure.

What specific drugs are recommended for postexposure treatment?

HBV

If you have not been vaccinated, then hepatitis B vaccination is recommended for any exposure regardless of the source person's hepatitis B status. HBIG and/or hepatitis B vaccine may be recommended depending on your immunity to hepatitis B and the source person's infection status.

HCV

Currently there is no recommended postexposure treatment that will prevent HCV infection.

HIV

The Public Health Service recommends a 4-week course of two drugs (zidovudine and lamivudine) for most HIV exposures, or zidovudine and lamivudine plus a protease inhibitor (indinavir or nelfinavir) for exposures that may pose a greater risk for transmitting HIV (such as those involving a larger volume of blood with a larger amount of HIV or a concern about drug-resistant HIV). Differences in side effects associated with the use of these two drugs may influence which drug is selected in a specific situation.

These recommendations are intended to provide guidance to clinicians and may be modified on a case-by-case basis. Determining which drugs and how many drugs to use or when to change a treatment regimen is largely a matter of judgement. Whenever possible, consulting an expert with experience in the use of antiviral drugs is advised, especially if a recommended drug is not available, if the source patient's virus is likely to be resistant to one or more recommended drugs, or if the drugs are poorly tolerated.

How soon after exposure to a bloodborne pathogen should treatment start?

HBV
Postexposure treatment should begin as soon as possible after exposure, preferably within 24 hours, and no later than 7 days.

HIV
Treatment should be started promptly, preferably within hours as opposed to days, after the exposure. Although animal studies suggest that treatment is not effective when started more than 24-36 hours after exposure, it is not known if this time frame is the same for humans. Starting treatment after a longer period (e.g., 1-2 weeks) may be considered for the highest risk exposures; even if HIV infection is not prevented, early treatment of initial HIV infection may lessen the severity of symptoms and delay the onset of AIDS.

Has the FDA approved these drugs to prevent blood-borne pathogen infection following an occupational exposure?

HBV
Yes. Both hepatitis B vaccine and HBIG are approved for this use.

HIV
No. The FDA has approved these drugs for the treatment of existing HIV infection, but not as a treatment to prevent infection. However, physicians may prescribe any approved drug when, in their professional judgment, the use of the drug is warranted.

What is known about the safety and side effects of these drugs?

HBV
Hepatitis B vaccine is very safe. There is no information that the vaccine causes any chronic illnesses. Most illnesses reported after an HBV vaccination are often related to other causes and not the vaccine. However, you should report any unusual reaction after a hepatitis B vaccination to your health-care provider.

HIV
All of the antiviral drugs for HIV have been associated with side effects. The most common side effects include upset stomach (nausea, vomiting, diarrhea), tiredness, or headache. The few serious side effects that have been reported in health-care workers using combination postexposure treatment have included kidney stones, hepatitis, and suppressed blood

cell production. Protease inhibitors (indinalvir and nefinavir) may interact with other medicines and cause serious side effects and should not be used in combination with certain other drugs, such as prescription antihistamines. It is important to tell the health-care provider managing your exposure about any medications you are currently taking, if you need to take antiviral drugs for an HIV exposure.

Can pregnant health-care workers take the drugs recommended for postexposure treatment?

HBV
Yes. Women who are pregnant or breast feeding can be vaccinated against HBV infection and/or get HBIG. Pregnant women who are exposed to blood should be vaccinated against HBV infection, because infection during pregnancy can cause severe illness in the mother and a chronic infection in the newborn. The vaccine does not harm the fetus.

HIV
Pregnancy should not rule out the use of postexposure treatment when it is warranted. If you are pregnant you should understand what is known and not known regarding the potential benefits and risks associated with the use of antiviral drugs in order to make an informed decision about treatment.

FOLLOW-UP AFTER AN EXPOSURE

What follow-up should be done after an exposure?

HBV
Because postexposure treatment is highly effective in preventing HBV infection, CDC does not recommend routine follow-up after treatment. However, any symptoms suggesting hepatitis (e.g., yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness) should be reported to your health-care provider.

HCV
You should have an antibody test for hepatitis C virus and a liver enzyme test (alanine aminotransferase activity) as soon as possible after the exposure (baseline) and at 4-6 months after the exposure. Some clinicians may also recommend another test (HCV RNA) to detect HCV infection 4-6 weeks after the exposure. Report any symptoms suggesting hepatitis (mentioned above) to your health-care provider.

HIV

You should be tested for HIV antibody as soon as possible after exposure (baseline) and periodically for at least 6 months after the exposure (e.g., at 6 weeks, 12 weeks, and 6 months).

If you take antiviral drugs for postexposure treatment, you should be checked for drug toxicity by having a complete blood count and kidney and liver function tests just before starting treatment and 2 weeks after starting treatment.

You should report any sudden or severe flu-like illness that occurs during the follow-up period, especially if it involves fever, rash, muscle aches, tiredness, malaise, or swollen glands. Any of these may suggest HIV infection, drug reaction, or other medical conditions.

You should contact the health-care provider managing your exposure if you have any questions or problems during the follow-up period.

What precautions should be taken during the follow-up period?

HBV

If you are exposed to HBV and receive postexposure treatment, it is unlikely that you will become infected and pass the infection on to others. No precautions are recommended.

HCV

Because the risk of becoming infected and passing the infection on to others after an exposure to HCV is low, no precautions are recommended.

HIV

During the follow-up period, especially the first 6-12 weeks when most infected persons are expected to show signs of infection, you should follow recommendations for preventing transmission of HIV. These include not donating blood, semen, or organs and not having sexual intercourse. If you choose to have sexual intercourse, using a condom consistently and correctly may reduce the risk of HIV transmission. In addition, women should consider not breast-feeding infants during the follow-up period to prevent exposing their infants to HIV in breast milk.

1-24-01 STATEMENT BY CHUCK PETERSON, REPRESENTING GNDA, REGARDING HB 1152 WORKER'S COMPENSATION LEGISLATION.

Chairman Berg and members of the House Industry, Businesses and Labor Committee. I am Chuck Peterson, a member of GNDA, and a North Dakota businessman. Thank you for the opportunity to provide testimony in support of HB 1152.

The Greater North Dakota Association is the voice of business and the principle advocate of positive change in North Dakota. As a member of GNDA we represent over 1000 business and professional organizations from all areas of North Dakota. GNDA is governed by a 25 member Board of Directors elected by our membership.

I also speak for the Associated General Contractors, the North Dakota Petroleum Council, the North Dakota Retail Petroleum Marketers Association, the North Dakota Motor Carriers Association, and the Automobile Dealers and Implement Dealers Association.

HB 1152 provides that the North Dakota Worker's Compensation Bureau will provide preventative treatment for exposure documented by emergency medical services providers, for significant exposure for employees of licensed facilities and for exposure to rabies in the coarse of employment.

The members of GNDA believe that this is appropriate legislation. This legislation will provide assurance of prompt treatment to workers who may

be exposed to bodily fluids, which may cause disease, and to those who are unfortunate enough to have been injured by a rabid animal.

We support HB 1152.

2-14-01 STATEMENT BY CHUCK PETERSON, REPRESENTING GNDA, REGARDING HB 1152 WORKER'S COMPENSATION LEGISLATION.

Chairman Mutch and members of the Senate Industry, Businesses and Labor Committee. I am Chuck Peterson, a member of GNDA, and a North Dakota businessman. Thank you for the opportunity to provide testimony in support of HB 1152.

The Greater North Dakota Association is the voice of business and the principle advocate of positive change in North Dakota. As a member of GNDA we represent over 1000 business and professional organizations from all areas of North Dakota. GNDA is governed by a 25 member Board of Directors elected by our membership.

I also speak for the Associated General Contractors, the North Dakota Petroleum Council, the North Dakota Retail Petroleum Marketers Association, the North Dakota Motor Carriers Association, the Automobile Dealers and Implement Dealers Association and North Dakota Grocers Association.

HB 1152 provides that the North Dakota Worker's Compensation Bureau will provide preventative treatment for exposure documented by emergency medical services providers, for significant exposure for employees of licensed facilities and for exposure to rabies in the coarse of employment.

The members of GNDA believe that this is appropriate legislation. This legislation will provide assurance of prompt treatment to workers who may be exposed to bodily fluids, which may cause disease, and to those who are unfortunate enough to have been injured by a rabid animal.

We support HB 1152.

Fifty-seventh
Legislative Assembly
of North Dakota

2001 House Bill 1152

PREVENTIVE MEDICAL TREATMENT FOR SIGNIFICANT EXPOSURES TO EMERGENCY MEDICAL SERVICE PROVIDERS

Testimony
Before the Senate Industry, Business, and Labor Committee

February 14, 2001

David Thiele, Senior Litigation Counsel
North Dakota Workers Compensation

Mr. Ch irman, Members of the Committee:

My name is David Thiele and I am the senior litigation counsel for North Dakota Workers Compensation. I am here today to testify in support of House Bill 1152. The Workers Compensation Board of Directors has approved this bill. This bill amends subsection 11 of section 65-01-02 of the North Dakota Century Code dealing with the definition of compensable injury. The bill allows NDWC to pay benefits for preventive medical care for certain workers that have a significant exposure to bloodborne pathogens. This bill will be effective for all claims filed after July 31, 2001.

Historically, NDWC has not covered preventive medical care for communicable diseases (N.D.C.C. 65-01-02(11)(b)(1)). With the spread of HIV and hepatitis some employees, due to the nature of their work, may be exposed to significant health risks due to exposure to blood or other bodily fluids of individuals that can be at high risk for underlying communicable diseases. This bill would allow for the payment of preventive medical care for emergency medical technicians, firefighters, law enforcement officers, and workers in houpitals, nursing homes, and group homes, who can show an exposure to an infectious disease as defined by N.D.C.C. 23-07.3-01(5), which occurred in the course of employment.

This bill is not intended to provide preventive care to the general population who may allege an exposure to an infectious disease in the course of employment. It is intended to provide reasonable and necessary preventive treatment for workers whose employment places them at a higher risk for exposure to and contracting infectious diseases.

This bill is also not intended to cover any ordinary diseases or illnesses common to the general public, such as the flu or cold. The types of disease intended to be covered are those that may be transmitted by contact with bloodborne pathogens or other bodily fluid and include HIV, Hepatitis B virus, and Hepatitis C virus.

This bill will also allow NDWC to cover treatment for rabies when the exposure occurs in the course of employment. NDWC has seen several claims filed in the past few years where an employee of either a veterinary clinic or other facility that contains animals in the course of business has an exposure to rabies that requires treatment. When the exposure occurs due to a bite the vaccine is administered as part of the treatment for the bite. If, however the exposure does not arise from an injury, but from a body fluid contact, the vaccine would be preventive in nature. This bill will allow NDWC to pay for all rabies occurring in the course of employment without distinction.

The care for these cases will typically follow the Centers for Disease Control (CDC) guidelines for preventive medical care based upon the nature of the risk factors involved and the level of exposure. NDWC will not authorize medical treatment of a speculative nature or treatment that hasn't been approved by the Food and Drug Administration (FDA) or the CDC as appropriate (enclosed is the CDC-Department of Health and Human Services pamphlet "*Exposure to Blood-What Health-Care Workers Need to Know*").

NDWC requests your favorable consideration of 2001 HB No. 1152. Thank you for your consideration. I will be glad to answer any questions you may have.