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S T A T E O F R H O D E I S L A N D

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2014

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senator Christopher S.Ottiano

Date Introduced: March 25, 2014

Referred To: Senate Health & Human Services

(by request)

It is enacted by the General Assembly as follows:

SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance Policies" is hereby amended by adding thereto the following section:

27-18-82. Cancer patient safety and environmental protection. -- (a) Purpose. It is the policy of the state of Rhode Island not to permit the introduction of pollutants into the groundwaters and water systems of the state, or otherwise to be discharged in concentrations which are known to be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island department of environmental managements groundwater quality rules and the rules and regulations for hazardous waste management.

(b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic, mutagenic or teratogenic for a certain period of time, to such an extent that the World Health Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and vomit from patients, which may contain potentially hazardous amounts of the administered cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least forty-eight (48) hours and sometimes up to one week after drug administration.

(2) The World Health Organization further states that any discharge of genotoxic waste into the environment could have disastrous ecological consequences. The World Health Organization core principles require that all personnel associated with financing and supporting healthcare activities should provide for the costs of managing healthcare waste. This is the duty of

care. The World Health Organization places the responsibility for genotoxic waste on the chief pharmacist and further states that the chief pharmacist also has the special responsibility of ensuring that genotoxic products are used safely, and that genotoxic waste is managed safely.

(3) The federal Occupational Safety and Health Administration ("OSHA") is the main federal agency charged with the enforcement of safety and health legislation. OSHA, in concert with the National Institute for Occupational Safety and Health ("NIOSH") and the joint commission on healthcare, an independent, not-for-profit organization that accredits and certifies more than twenty thousand (20,000) healthcare organizations and programs in the United States, stated in a 2011 letter to every hospital in the country that "[s]ome of these drugs have been known to cause cancer, reproductive and developmental problems, allergic reactions, and other adverse effects that can be irreversible even after low-level exposures"; and

(4) The American Cancer Society has published a comprehensive list of safety precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy and their families. Therefore, for the protection of both the public health and the environment, the general assembly shall require that standards as set forth pursuant to this section be observed to address this serious safety issue.

(c) Chemotherapy precautions following treatment. All physicians, pharmacists, or other health care professionals licensed in the state of Rhode Island authorized to prescribe and/or administer chemotherapy treatment shall:

(1) Provide written notice from the prescribing pharmacist to each patient undergoing such treatment as to the hazards posed to patients and their families of extremely hazardous excretions, including, but not limited to, urine, vomit, and feces for a period following treatment as generally determined by the food and drug administration label accompanying said chemotherapy drug or drugs;

(2) Provide a sufficient collection method so that providers and patients can safely collect and contain extremely hazardous excretions for a period of time as determined by the United States Food and Drug Administration ("FDA") and referenced on the relevant FDA prescription insert(s); and

(3) Provide for safe and proper disposal of said collected extremely hazardous excretions.

(d) All expenses incurred as a result of this section shall be paid by Medicare, Medicaid or any private insurance company providing health care insurance and licensed pursuant to this chapter.

(e) Receipt of notice from the party administering chemotherapy drugs or their agent is responsible for proper disposal of the hazardous wastes by the prescribing pharmacist or chief

pharmacist shall satisfy the responsibility of the prescribing pharmacist hereunder.

(f) For the purposes of this section, "extremely hazardous excretions" shall mean any excretion from a patient on a regimen of chemotherapy agents that are antineoplastic or cytotoxic, during the period of administration and the time period referenced in subsection (c) of this section, including, but not limited to, drugs listed in the NIOSH list of antineoplastic and other hazardous drugs, as the same may be updated or amended from time to time.

SECTION 2. Chapter 27-18.5 of the General Laws entitled "Individual Health Insurance Coverage" is hereby amended by adding thereto the following section:

27-18.5-11. Cancer patient safety and environmental protection. --

(a) Purpose. It is the policy of the state of Rhode Island not to permit the introduction of pollutants into the groundwaters and water systems of the state, or otherwise to be discharged in concentrations which are known to be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island department of environmental management groundwater quality rules and the rules and regulations for hazardous waste management.

(b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic, mutagenic or teratogenic for a certain period of time, to such an extent that the World Health Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and vomit from patients, which may contain potentially hazardous amounts of the administered cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least forty-eight (48) hours and sometimes up to one week after drug administration.

(2) The World Health Organization further states that any discharge of genotoxic waste into the environment could have disastrous ecological consequences. The World Health Organization core principles require that all personnel associated with financing and supporting healthcare activities should provide for the costs of managing healthcare waste. This is the duty of care. The World Health Organization places the responsibility for genotoxic waste on the chief pharmacist and further states that the chief pharmacist also has the special responsibility of ensuring that genotoxic products are used safely, and that genotoxic waste is managed safely.

(3) The federal Occupational Safety and Health Administration ("OSHA") is the main federal agency charged with the enforcement of safety and health legislation. OSHA, in concert with the National Institute for Occupational Safety and Health ("NIOSH") and the joint commission on healthcare, an independent, not-for-profit organization that accredits and certifies more than twenty thousand (20,000) healthcare organizations and programs in the United States, stated in a 2011 letter to every hospital in the country that "[s]ome of these drugs have been

known to cause cancer, reproductive and developmental problems, allergic reactions, and other adverse effects that can be irreversible even after low-level exposures"; and

(4) The American Cancer Society has published a comprehensive list of safety precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy and their families. Therefore, for the protection of both the public health and the environment, the general assembly shall require that standards are set forth pursuant to this section to address this serious safety issue.

(c) Chemotherapy precautions following treatment. All physicians, pharmacists, or other healthcare professionals licensed in the state of Rhode Island authorized to prescribe and/or administer chemotherapy treatment shall:

(1) Provide written notice from the prescribing pharmacist to each patient undergoing such treatment as to the hazards posed to patients and their families of extremely hazardous excretions, including, but not limited to, urine, vomit, and feces, for a period following treatment as generally determined by the food and drug administration label accompanying said chemotherapy drug or drugs;

(2) Provide a sufficient collection method so that providers and patients can safely collect and contain extremely hazardous excretions for a period of time as determined by the United States Food and Drug Administration ("FDA") and referenced on the relevant FDA prescription insert(s); and

(3) Provide for safe and proper disposal of said collected extremely hazardous excretions.

(d) All expenses incurred as a result of this section shall be paid by Medicare, Medicaid or any private insurance company providing healthcare insurance and licensed pursuant to this chapter.

(e) Receipt of notice from the party administering chemotherapy drugs or their agent responsible for proper disposal of the hazardous wastes by the prescribing pharmacist or chief pharmacist shall satisfy the responsibility of the prescribing pharmacist hereunder.

(f) For the purposes of this section, "extremely hazardous excretions" shall mean any excretion from a patient on a regimen of chemotherapy agents that are antineoplastic or cytotoxic, during the period of administration and the time period referenced in subsection (c) of this section, including, but not limited to, drugs listed in the NIOSH list of antineoplastic and other hazardous drugs, as the same may be updated or amended from time to time.

SECTION 3. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service Corporations" is hereby amended by adding thereto the following section:

27-19-73. Cancer patient safety and environmental protection. --

(a) Purpose. It is the policy of the state of Rhode Island not to permit the introduction of pollutants into the groundwaters and water systems of the state, or otherwise to be discharged in concentrations which are known to be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island department of environmental management groundwater quality rules and the rules and regulations for hazardous waste management.

(b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic, mutagenic or teratogenic for a certain period of time, to such an extent that the World Health Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and vomit from patients, which may contain potentially hazardous amounts of the administered cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least forty-eight (48) hours and sometimes up to one week after drug administration.

(2) The World Health Organization further states that any discharge of genotoxic waste into the environment could have disastrous ecological consequences. The World Health Organization core principles require that all personnel associated with financing and supporting healthcare activities should provide for the costs of managing healthcare waste. This is the duty of care. The world health organization places the responsibility for genotoxic waste on the chief pharmacist and further states that the chief pharmacist also has the special responsibility of ensuring that genotoxic products are used safely, and that genotoxic waste is managed safely.

(3) The federal Occupational Safety and Health Administration ("OSHA") is the main federal agency charged with the enforcement of safety and health legislation. OSHA, in concert with the National Institute for Occupational Safety and Health ("NIOSH") and the joint commission on healthcare, an independent, not-for-profit organization that accredits and certifies more than twenty thousand (20,000) healthcare organizations and programs in the United States, stated in a 2011 letter to every hospital in the country that "[s]ome of these drugs have been known to cause cancer, reproductive and developmental problems, allergic reactions, and other adverse effects that can be irreversible even after low-level exposures"; and

(4) The American Cancer Society has published a comprehensive list of safety precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy and their families. Therefore, for the protection of both the public health and the environment, the general assembly shall require that standards as set forth pursuant to this section be observed to address this serious safety issue.

(c) Chemotherapy precautions following treatment. All physicians, pharmacists, or other healthcare professionals licensed in the state of Rhode Island authorized to prescribe and/or

administer chemotherapy treatment shall:

(1) Provide written notice from the prescribing pharmacist to each patient undergoing such treatment as to the hazards posed to patients and their families of extremely hazardous excretions, including, but not limited to, urine, vomit, and feces, for a period following treatment as generally determined by the food and drug administration label accompanying said chemotherapy drug or drugs;

(2) Provide a sufficient collection method so that providers and patients can safely collect and contain extremely hazardous excretions for a period of time as determined by the United States Food and Drug Administration ("FDA") and referenced on the relevant FDA prescription insert(s); and

(3) Provide for safe and proper disposal of said collected extremely hazardous excretions.

(d) All expenses incurred as a result of this section shall be paid by Medicare, Medicaid or any private insurance company providing healthcare insurance and licensed pursuant to this chapter.

(e) Receipt of notice from the party administering chemotherapy drugs or their agent responsible for proper disposal of the hazardous wastes by the prescribing pharmacist or chief pharmacist shall satisfy the responsibility of the prescribing pharmacist hereunder.

(f) For the purposes of this section, "extremely hazardous excretions" shall mean any excretion from a patient on a regimen of chemotherapy agents that are antineoplastic or cytotoxic, during the period of administration and the time period referenced in subsection (c) of this section, including, but not limited to, drugs listed in the NIOSH list of antineoplastic and other hazardous drugs, as the same may be updated or amended from time to time.

SECTION 4. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service Corporations" is hereby amended by adding thereto the following section:

27-20-69. Cancer patient safety and environmental protection.--

(a) Purpose. It is the policy of the state of Rhode Island not to permit the introduction of pollutants into the groundwaters and water systems of the state, or otherwise to be discharged in concentrations which are known to be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island department of environmental management groundwater quality rules and the rules and regulations for hazardous waste management.

(b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic, mutagenic or teratogenic for a certain period of time, to such an extent that the World Health Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and

vomit from patients, which may contain potentially hazardous amounts of the administered cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least forty-eight (48) hours and sometimes up to one week after drug administration.

(2) The World Health Organization further states that any discharge of genotoxic waste into the environment could have disastrous ecological consequences. The World Health Organization core principles require that all personnel associated with financing and supporting healthcare activities should provide for the costs of managing healthcare waste. This is the duty of care. The world health organization places the responsibility for genotoxic waste on the chief pharmacist and further states that the chief pharmacist also has the special responsibility of ensuring that genotoxic products are used safely, and that genotoxic waste is managed safely.

(3) The federal Occupational Safety and Health Administration ("OSHA") is the main federal agency charged with the enforcement of safety and health legislation. OSHA, in concert with the National Institute for Occupational Safety and Health ("NIOSH") and the joint commission on healthcare, an independent, not-for-profit organization that accredits and certifies more than twenty thousand (20,000) healthcare organizations and programs in the United States, stated in a 2011 letter to every hospital in the country that "[s]ome of these drugs have been known to cause cancer, reproductive and developmental problems, allergic reactions, and other adverse effects that can be irreversible even after low-level exposures"; and

(4) The American Cancer Society has published a comprehensive list of safety precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy and their families. Therefore, for the protection of both the public health and the environment, the general assembly shall require that standards as set forth pursuant to this section be observed to address this serious safety issue.

(c) Chemotherapy precautions following treatment. All physicians, pharmacists, or other healthcare professionals licensed in the state of Rhode Island authorized to prescribe and/or administer chemotherapy treatment shall:

(1) Provide written notice from the prescribing pharmacist to each patient undergoing such treatment as to the hazards posed to patients and their families of extremely hazardous excretions, including, but not limited to, urine, vomit, and feces, for a period following treatment as generally determined by the food and drug administration label accompanying said chemotherapy drug or drugs;

(2) Provide a sufficient collection method so that providers and patients can safely collect and contain extremely hazardous excretions for a period of time as determined by the United States Food and Drug Administration ("FDA") and referenced on the relevant FDA prescription

insert(s); and

(3) Provide for safe and proper disposal of said collected extremely hazardous excretions.

(d) All expenses incurred as a result of this section shall be paid by Medicare, Medicaid or any private insurance company providing healthcare insurance and licensed pursuant to this chapter.

(e) Receipt of notice from the party administering chemotherapy drugs or their agent responsible for proper disposal of the hazardous wastes by the prescribing pharmacist or chief pharmacist shall satisfy the responsibility of the prescribing pharmacist hereunder.

(f) For the purposes of this section, "extremely hazardous excretions" shall mean any excretion from a patient on a regimen of chemotherapy agents that are antineoplastic or cytotoxic, during the period of administration and the time period referenced in subsection (c) of this section, including, but not limited to, drugs listed in the NIOSH list of antineoplastic and other hazardous drugs, as the same may be updated or amended from time to time.

SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance Organizations" is hereby amended by adding thereto the following section:

27-41-86. Cancer patient safety and environmental protection.--

(a) Purpose. It is the policy of the state of Rhode Island not to permit the introduction of pollutants into the groundwaters and water systems of the state, or otherwise to be discharged in concentrations which are known to be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island department of environmental management groundwater quality rules and the rules and regulations for hazardous waste management.

(b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic, mutagenic or teratogenic for a certain period of time, to such an extent that the World Health Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and vomit from patients, which may contain potentially hazardous amounts of the administered cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least forty-eight (48) hours and sometimes up to one week after drug administration.

(2) The World Health Organization further states that any discharge of genotoxic waste into the environment could have disastrous ecological consequences. The World Health Organization core principles require that all personnel associated with financing and supporting healthcare activities should provide for the costs of managing healthcare waste. This is the duty of care. The world health organization places the responsibility for genotoxic waste on the chief pharmacist and further states that the chief pharmacist also has the special responsibility of

ensuring that genotoxic products are used safely, and that genotoxic waste is managed safely.

(3) The federal Occupational Safety and Health Administration ("OSHA") is the main federal agency charged with the enforcement of safety and health legislation. OSHA, in concert with the National Institute for Occupational Safety and Health ("NIOSH") and the joint commission on healthcare, an independent, not-for-profit organization that accredits and certifies more than twenty thousand (20,000) healthcare organizations and programs in the United States, stated in a 2011 letter to every hospital in the country that "[s]ome of these drugs have been known to cause cancer, reproductive and developmental problems, allergic reactions, and other adverse effects that can be irreversible even after low-level exposures"; and

(4) The American Cancer Society has published a comprehensive list of safety precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy and their families. Therefore, for the protection of both the public health and the environment, the general assembly shall require that standards as set forth pursuant to this section be observed to address this serious safety issue.

(c) Chemotherapy precautions following treatment. All physicians, pharmacists, or other healthcare professionals licensed in the state of Rhode Island authorized to prescribe and/or administer chemotherapy treatment shall:

(1) Provide written notice from the prescribing pharmacist to each patient undergoing such treatment as to the hazards posed to patients and their families of extremely hazardous excretions, including, but not limited to, urine, vomit, and feces, for a period following treatment as generally determined by the food and drug administration label accompanying said chemotherapy drug or drugs;

(2) Provide a sufficient collection method so that providers and patients can safely collect and contain extremely hazardous excretions for a period of time as determined by the United States Food and Drug Administration ("FDA") and referenced on the relevant FDA prescription insert(s); and

(3) Provide for safe and proper disposal of said collected extremely hazardous excretions.

(d) All expenses incurred as a result of this section shall be paid by Medicare. Medicaid or any private insurance company providing healthcare insurance and licensed pursuant to this chapter.

(e) Receipt of notice from the party administering chemotherapy drugs or their agent responsible for proper disposal of the hazardous wastes by the prescribing pharmacist or chief pharmacist shall satisfy the responsibility of the prescribing pharmacist hereunder.

(f) For the purposes of this section, "extremely hazardous excretions" shall mean any

excretion from a patient on a regimen of chemotherapy agents that are antineoplastic or cytotoxic, during the period of administration and the time period referenced in subsection (c) of this section, including, but not limited to, drugs listed in the NIOSH list of Antineoplastic and other hazardous drugs, as the same may be updated or amended from time to time.

SECTION 6. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

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This act would require that protections related to the disposal of extremely hazardous wastes generated by the use of toxic, carcinogenic, mutagenic, or teratogenic chemotherapy drugs be implemented by pharmacists, physicians, healthcare providers, and insurers in the state of Rhode Island.

This act would take effect upon passage.

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