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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2015

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Ottiano, and Archambault

Date Introduced: February 05, 2015

Referred To: Senate Health & Human Services

(by request)

It is enacted by the General Assembly as follows:

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

3 **27-18-82. Cancer patient safety and environmental protection. -- (a) Purpose. It is the**  
4 **policy of the state of Rhode Island not to permit introduction of pollutants into the ground waters**  
5 **and water systems of the state or otherwise to be discharged in concentrations which are known to**  
6 **be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island**  
7 **department of environmental management: groundwater quality rules and the rules and**  
8 **regulations for hazardous waste management. More specifically, the Rhode Island department of**  
9 **environmental management, in regulation #DEM OWM-HW 01-14, most recent revision dated**  
10 **January 7, 2014, defines certain antineoplastic or cytotoxic chemotherapy agents and drugs as**  
11 **"extremely hazardous waste."**

12 **(b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients**  
13 **undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic,**  
14 **mutagenic or teratogenic for a certain period of time, to such an extent that The World Health**  
15 **Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and**  
16 **vomit from patients, which may contain potentially hazardous amounts of the administered**  
17 **cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least**  
18 **forty-eight (48) hours and sometimes up to one week after drug administration. According to the**  
19 **World Health Organization, ten percent (10%) of known carcinogens are chemicals used to cure**

1 cancer.

2 (2) While, according to the American Society of Clinical Oncology, the cost of one  
3 additional cancer patient resulting from the exposure to these harmful chemicals is approximately  
4 one hundred seventy thousand dollars (\$170,000) per treatment year, the cost of the  
5 implementation of cytotoxic chemical safety protocols is estimated to be less than two percent  
6 (2%) of that cost.

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

14 (4) The European Commission, Executive Agency for Health and Consumers undertook a  
15 comprehensive "Study on the environmental risks of medicinal products" which was released in  
16 June of 2014, drafted by BIO Intelligence Service, a division of Deloitte Consulting LLP,  
17 reviewing the prevalence of contaminants in drinking water and noting the extreme dangers  
18 arising from improper disposal of cytotoxic chemotherapy drugs.

19 (5) Dr. Christan G. Daughton, former chief of environmental chemistry for the United  
20 States Environmental Protection Agency, notes in a paper entitled "Eco-directed sustainable  
21 prescribing: feasibility for reducing water contamination by drugs" published in the journal  
22 "Science of the Total Environment" on June 3, 2014, that generally, the best practice for lowering  
23 the level of drugs in our environment is reduction of dosages, but that "[c]ertain drug classes  
24 (especially cytotoxic chemotherapeutics) may not be amenable to this approach; the best control  
25 measure for such highly toxic drugs may simply be the prevention of urine and feces from  
26 entering sewers."

27 (6) The federal Occupational Safety and Health Administration ("OSHA") is the main  
28 federal agency charged with the enforcement of safety and health legislation. OSHA, in concert  
29 with the National Institute for Occupational Safety and Health ("NIOSH") and the Joint  
30 Commission on Healthcare, an independent, not-for-profit organization that accredits and certifies  
31 more than twenty thousand (20,000) healthcare organizations and programs in the United States,  
32 stated in a 2011 letter to every hospital in the country that "[e]very day in healthcare settings  
33 across America, workers are exposed to hundreds of powerful drugs used for cancer  
34 chemotherapy, antiviral treatments, hormone regimens and other therapies. While these drugs are

1 used to relieve and heal patients, many of them present serious hazards to the health and safety of  
2 your workers. Some of these drugs have been known to cause cancer; reproductive and  
3 developmental problems, allergic reactions, and other adverse effects that can be irreversible even  
4 after low-level exposures."

5 (7) Further, because of the risk of ongoing exposure to these extremely hazardous  
6 excreted drugs, the American Cancer Society has published a comprehensive list of safety  
7 precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy  
8 and their families.

9 (8) Therefore, for the protection of both the public health and the environment, the  
10 general assembly shall require that standards are set forth pursuant to this section to address this  
11 serious health and safety issue.

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

15 (1) Provide written notice from the prescribing pharmacist to each patient undergoing  
16 such treatment as to the hazards posed to patients and their families of extremely hazardous  
17 excretions, including, but not limited to, urine, feces, and vomit, for a period following treatment  
18 as generally determined by the food and drug administration label accompanying said  
19 chemotherapy drug or drugs. To the extent such notices are generally consistent with those now  
20 provided for patients undergoing treatment with radioactive drugs, or consistent with the  
21 recommendations of the World Health Organization with regard to cytotoxic drugs, or otherwise  
22 consistent with similar standards that may be adopted by the Rhode Island department of health,  
23 then the prescribing pharmacist will not be held liable for the form of such notice;

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

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

29 (d) Consistent with the core principles of the World Health Organization for achieving  
30 safe and sustainable management of healthcare waste, all personnel associated with financing and  
31 supporting healthcare activities should provide for the costs of managing the healthcare waste  
32 identified in this chapter.

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

1 pharmacist shall satisfy the responsibility of the prescribing pharmacist hereunder.

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

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

10 **27-18.5-11. Cancer patient safety and environmental protection. -- (a) Purpose. It is**  
11 the policy of the state of Rhode Island not to permit introduction of pollutants into the ground  
12 waters and water systems of the state or otherwise to be discharged in concentrations which are  
13 known to be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode  
14 Island department of environmental management: groundwater quality rules and the rules and  
15 regulations for hazardous waste management. More specifically, the Rhode Island department of  
16 environmental management, in regulation #DEM OWM-HW 01-14, most recent revision dated  
17 January 7, 2014, defines certain antineoplastic or cytotoxic chemotherapy agents and drugs as  
18 "extremely hazardous waste."

19 (b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients  
20 undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic,  
21 mutagenic or teratogenic for a certain period of time, to such an extent that The World Health  
22 Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and  
23 vomit from patients, which may contain potentially hazardous amounts of the administered  
24 cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least  
25 forty-eight (48) hours and sometimes up to one week after drug administration. According to the  
26 World Health Organization, ten percent (10%) of known carcinogens are chemicals used to cure  
27 cancer.

28 (2) While, according to the American Society of Clinical Oncology, the cost of one  
29 additional cancer patient resulting from the exposure to these harmful chemicals is approximately  
30 one hundred seventy thousand dollars (\$170,000) per treatment year, the cost of the  
31 implementation of cytotoxic chemical safety protocols is estimated to be less than two percent  
32 (2%) of that cost.

33 (3) The World Health Organization further states that any discharge of genotoxic waste  
34 into the environment could have disastrous ecological consequences. The World Health

1 Organization core principles require that all personnel associated with financing and supporting  
2 healthcare activities should provide for the costs of managing healthcare waste. This is the duty of  
3 care. The World Health Organization places the responsibility for genotoxic waste on the chief  
4 pharmacist and further states that the chief pharmacist also has the special responsibility of  
5 ensuring that genotoxic products are used safely, and that genotoxic waste is managed safely.

6 (4) The European Commission, Executive Agency for Health and Consumers undertook a  
7 comprehensive "Study on the environmental risks of medicinal products" which was released in  
8 June of 2014, drafted by BIO Intelligence Service, a division of Deloitte Consulting LLP,  
9 reviewing the prevalence of contaminants in drinking water and noting the extreme dangers  
10 arising from improper disposal of cytotoxic chemotherapy drugs.

11 (5) Dr. Christan G. Daughton, former chief of environmental chemistry for the United  
12 States Environmental Protection Agency, notes in a paper entitled "Eco-directed sustainable  
13 prescribing: feasibility for reducing water contamination by drugs" published in the journal  
14 "Science of the Total Environment" on June 3, 2014, that generally, the best practice for lowering  
15 the level of drugs in our environment is reduction of dosages, but that "[c]ertain drug classes  
16 (especially cytotoxic chemotherapeutics) may not be amenable to this approach; the best control  
17 measure for such highly toxic drugs may simply be the prevention of urine and feces from  
18 entering sewers."

19 (6) The federal Occupational Safety and Health Administration ("OSHA") is the main  
20 federal agency charged with the enforcement of safety and health legislation. OSHA, in concert  
21 with the National Institute for Occupational Safety and Health ("NIOSH") and the Joint  
22 Commission on Healthcare, an independent, not-for-profit organization that accredits and certifies  
23 more than twenty thousand (20,000) health care organizations and programs in the United States,  
24 stated in a 2011 letter to every hospital in the country that "[e]very day in healthcare settings  
25 across America, workers are exposed to hundreds of powerful drugs used for cancer  
26 chemotherapy, antiviral treatments, hormone regimens and other therapies. While these drugs are  
27 used to relieve and heal patients, many of them present serious hazards to the health and safety of  
28 your workers. Some of these drugs have been known to cause cancer; reproductive and  
29 developmental problems, allergic reactions, and other adverse effects that can be irreversible even  
30 after low-level exposures."

31 (7) Further, because of the risk of ongoing exposure to these extremely hazardous  
32 excreted drugs, the American Cancer Society has published a comprehensive list of safety  
33 precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy  
34 and their families.

1 (8) Therefore, for the protection of both the public health and the environment, the  
2 general assembly shall require that standards are set forth pursuant to this section to address this  
3 serious health and safety issue.

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

7 (1) Provide written notice from the prescribing pharmacist to each patient undergoing  
8 such treatment as to the hazards posed to patients and their families of extremely hazardous  
9 excretions, including, but not limited to, urine, feces, and vomit, for a period following treatment  
10 as generally determined by the food and drug administration label accompanying said  
11 chemotherapy drug or drugs. To the extent such notices are generally consistent with those now  
12 provided for patients undergoing treatment with radioactive drugs, or consistent with the  
13 recommendations of the World Health Organization with regard to cytotoxic drugs, or otherwise  
14 consistent with similar standards that may be adopted by the Rhode Island department of health,  
15 then the prescribing pharmacist will not be held liable for the form of such notice;

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

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

21 (d) Consistent with the core principles of the World Health Organization for achieving  
22 safe and sustainable management of health-care waste, all personnel associated with financing  
23 and supporting healthcare activities should provide for the costs of managing the healthcare waste  
24 identified in this chapter.

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

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

34 SECTION 3. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service

1 Corporations" is hereby amended by adding thereto the following section:

2 **27-19-73. Cancer patient safety and environmental protection.** -- (a) Purpose. It is the  
3 policy of the state of Rhode Island not to permit introduction of pollutants into the ground waters  
4 and water systems of the state or otherwise to be discharged in concentrations which are known to  
5 be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island  
6 department of environmental management: groundwater quality rules and the rules and  
7 regulations for hazardous waste management. More specifically, the Rhode Island department of  
8 environmental management, in regulation #DEM OWM-HW 01-14, most recent revision dated  
9 January 7, 2014, defines certain antineoplastic or cytotoxic chemotherapy agents and drugs as  
10 "extremely hazardous waste."

11 (b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients  
12 undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic,  
13 mutagenic or teratogenic for a certain period of time, to such an extent that The World Health  
14 Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and  
15 vomit from patients, which may contain potentially hazardous amounts of the administered  
16 cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least  
17 forty-eight (48) hours and sometimes up to one week after drug administration. According to the  
18 World Health Organization, ten percent (10%) of known carcinogens are chemicals used to cure  
19 cancer.

20 (2) While, according to the American Society of Clinical Oncology, the cost of one  
21 additional cancer patient resulting from the exposure to these harmful chemicals is approximately  
22 one hundred seventy thousand dollars (\$170,000) per treatment year, the cost of the  
23 implementation of cytotoxic chemical safety protocols is estimated to be less than two percent  
24 (2%) of that cost.

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

32 (4) The European Commission, Executive Agency for Health and Consumers undertook a  
33 comprehensive "Study on the environmental risks of medicinal products" which was released in  
34 June of 2014, drafted by BIO Intelligence Service, a division of Deloitte Consulting LLP,

1 reviewing the prevalence of contaminants in drinking water and noting the extreme dangers  
2 arising from improper disposal of cytotoxic chemotherapy drugs.

3 (5) Dr. Christan G. Daughton, former chief of environmental chemistry for the United  
4 States Environmental Protection Agency, notes in a paper entitled "Eco-directed sustainable  
5 prescribing: feasibility for reducing water contamination by drugs" published in the journal  
6 "Science of the Total Environment" on June 3, 2014, that generally, the best practice for lowering  
7 the level of drugs in our environment is reduction of dosages, but that "[c]ertain drug classes  
8 (especially cytotoxic chemotherapeutics) may not be amenable to this approach; the best control  
9 measure for such highly toxic drugs may simply be the prevention of urine and feces from  
10 entering sewers."

11 (6) The federal Occupational Safety and Health Administration ("OSHA") is the main  
12 federal agency charged with the enforcement of safety and health legislation. OSHA, in concert  
13 with the National Institute for Occupational Safety and Health ("NIOSH") and the Joint  
14 Commission on Healthcare, an independent, not-for-profit organization that accredits and certifies  
15 more than twenty thousand (20,000) health care organizations and programs in the United States,  
16 stated in a 2011 letter to every hospital in the country that "[e]very day in healthcare settings  
17 across America, workers are exposed to hundreds of powerful drugs used for cancer  
18 chemotherapy, antiviral treatments, hormone regimens and other therapies. While these drugs are  
19 used to relieve and heal patients, many of them present serious hazards to the health and safety of  
20 your workers. Some of these drugs have been known to cause cancer; reproductive and  
21 developmental problems, allergic reactions, and other adverse effects that can be irreversible even  
22 after low-level exposures."

23 (7) Further, because of the risk of ongoing exposure to these extremely hazardous  
24 excreted drugs, the American Cancer Society has published a comprehensive list of safety  
25 precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy  
26 and their families.

27 (8) Therefore, for the protection of both the public health and the environment, the  
28 general assembly shall require that standards are set forth pursuant to this section to address this  
29 serious health and safety issue.

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

33 (1) Provide written notice from the prescribing pharmacist to each patient undergoing  
34 such treatment as to the hazards posed to patients and their families of extremely hazardous



1 excretions, including, but not limited to, urine, feces, and vomit, for a period following treatment  
2 as generally determined by the food and drug administration label accompanying said  
3 chemotherapy drug or drugs. To the extent such notices are generally consistent with those now  
4 provided for patients undergoing treatment with radioactive drugs, or consistent with the  
5 recommendations of the World Health Organization with regard to cytotoxic drugs, or otherwise  
6 consistent with similar standards that may be adopted by the Rhode Island department of health,  
7 then the prescribing pharmacist will not be held liable for the form of such notice;

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

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

13 (d) Consistent with the core principles of the World Health Organization for achieving  
14 safe and sustainable management of healthcare waste, all personnel associated with financing and  
15 supporting healthcare activities should provide for the costs of managing the healthcare waste  
16 identified in this chapter.

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

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

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

28 **27-20-69. Cancer patient safety and environmental protection. -- (a) Purpose. It is the**  
29 **policy of the state of Rhode Island not to permit introduction of pollutants into the ground waters**  
30 **and water systems of the state or otherwise to be discharged in concentrations which are known to**  
31 **be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island**  
32 **department of environmental management: groundwater quality rules and the rules and**  
33 **regulations for hazardous waste management. More specifically, the Rhode Island department of**  
34 **environmental management, in regulation #DEM OWM-HW 01-14, most recent revision dated**

1 January 7, 2014, defines certain antineoplastic or cytotoxic chemotherapy agents and drugs as  
2 "extremely hazardous waste."

3 (b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients  
4 undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic,  
5 mutagenic or teratogenic for a certain period of time, to such an extent that The World Health  
6 Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and  
7 vomit from patients, which may contain potentially hazardous amounts of the administered  
8 cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least  
9 forty-eight (48) hours and sometimes up to one week after drug administration. According to the  
10 World Health Organization, ten percent (10%) of known carcinogens are chemicals used to cure  
11 cancer.

12 (2) While, according to the American Society of Clinical Oncology, the cost of one  
13 additional cancer patient resulting from the exposure to these harmful chemicals is approximately  
14 one hundred seventy thousand dollars (\$170,000) per treatment year, the cost of the  
15 implementation of cytotoxic chemical safety protocols is estimated to be less than two percent  
16 (2%) of that cost.

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

24 (4) The European Commission, Executive Agency for Health and Consumers undertook a  
25 comprehensive "Study on the environmental risks of medicinal products" which was released in  
26 June of 2014, drafted by BIO Intelligence Service, a division of Deloitte Consulting LLP,  
27 reviewing the prevalence of contaminants in drinking water and noting the extreme dangers  
28 arising from improper disposal of cytotoxic chemotherapy drugs.

29 (5) Dr. Christan G. Daughton, former chief of environmental chemistry for the United  
30 States Environmental Protection Agency, notes in a paper entitled "Eco-directed sustainable  
31 prescribing: feasibility for reducing water contamination by drugs" published in the journal  
32 "Science of the Total Environment" on June 3, 2014, that generally, the best practice for lowering  
33 the level of drugs in our environment is reduction of dosages, but that "[c]ertain drug classes  
34 (especially cytotoxic therapeutics) may not be amenable to this approach; the best control

1 measure for such highly toxic drugs may simply be the prevention of urine and feces from  
2 entering sewers."

3 (6) The federal Occupational Safety and Health Administration ("OSHA") is the main  
4 federal agency charged with the enforcement of safety and health legislation. OSHA, in concert  
5 with the National Institute for Occupational Safety and Health ("NIOSH") and the Joint  
6 Commission on Healthcare, an independent, not-for-profit organization that accredits and certifies  
7 more than twenty thousand (20,000) healthcare organizations and programs in the United States,  
8 stated in a 2011 letter to every hospital in the country that "[e]very day in healthcare settings  
9 across America, workers are exposed to hundreds of powerful drugs used for cancer  
10 chemotherapy, antiviral treatments, hormone regimens and other therapies. While these drugs are  
11 used to relieve and heal patients, many of them present serious hazards to the health and safety of  
12 your workers. Some of these drugs have been known to cause cancer; reproductive and  
13 developmental problems, allergic reactions, and other adverse effects that can be irreversible even  
14 after low-level exposures."

15 (7) Further, because of the risk of ongoing exposure to these extremely hazardous  
16 excreted drugs, the American Cancer Society has published a comprehensive list of safety  
17 precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy  
18 and their families.

19 (8) Therefore, for the protection of both the public health and the environment, the  
20 general assembly shall require that standards are set forth pursuant to this section to address this  
21 serious health and safety issue.

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

25 (1) Provide written notice from the prescribing pharmacist to each patient undergoing  
26 such treatment as to the hazards posed to patients and their families of extremely hazardous  
27 excretions, including, but not limited to, urine, feces, and vomit, for a period following treatment  
28 as generally determined by the food and drug administration label accompanying said  
29 chemotherapy drug or drugs. To the extent such notices are generally consistent with those now  
30 provided for patients undergoing treatment with radioactive drugs, or consistent with the  
31 recommendations of the World Health Organization with regard to cytotoxic drugs, or otherwise  
32 consistent with similar standards that may be adopted by the Rhode Island department of health,  
33 then the prescribing pharmacist will not be held liable for the form of such notice;

34 (2) Provide a sufficient collection method so that providers and patients can safely collect

1 and contain extremely hazardous excretions for a period of time as determined by the United  
2 States Food and Drug Administration ("FDA") and referenced on the relevant FDA prescription  
3 insert(s); and

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

5 (d) Consistent with the core principles of the World Health Organization for achieving  
6 safe and sustainable management of healthcare waste, all personnel associated with financing and  
7 supporting healthcare activities should provide for the costs of managing the healthcare waste  
8 identified in this chapter.

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

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

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

20 **27-41-86. Cancer patient safety and environmental protection.** -- (a) Purpose. It is the  
21 policy of the state of Rhode Island not to permit introduction of pollutants into the ground waters  
22 and water systems of the state or otherwise to be discharged in concentrations which are known to  
23 be toxic, carcinogenic, mutagenic, or teratogenic as the same are defined in the Rhode Island  
24 department of environmental management: groundwater quality rules and the rules and  
25 regulations for hazardous waste management. More specifically, the Rhode Island department of  
26 environmental management, in regulation #DEM OWM-HW 01-14, most recent revision dated  
27 January 7, 2014, defines certain antineoplastic or cytotoxic chemotherapy agents and drugs as  
28 "extremely hazardous waste."

29 (b) Findings. (1) It is acknowledged by medical experts that bodily wastes of patients  
30 undergoing chemotherapy treatment may contain levels of chemicals that are toxic, carcinogenic,  
31 mutagenic or teratogenic for a certain period of time, to such an extent that The World Health  
32 Organization defines genotoxic waste as chemotherapy drug waste including urine, feces and  
33 vomit from patients, which may contain potentially hazardous amounts of the administered  
34 cytostatic drugs or of their metabolites, and which should be considered genotoxic for at least

1 forty-eight (48) hours and sometimes up to one week after drug administration. According to the  
2 World Health Organization, ten percent (10%) of known carcinogens are chemicals used to cure  
3 cancer.

4 (2) While, according to the American Society of Clinical Oncology, the cost of one  
5 additional cancer patient resulting from the exposure to these harmful chemicals is approximately  
6 one hundred seventy thousand dollars (\$170,000) per treatment year, the cost of the  
7 implementation of cytotoxic chemical safety protocols is estimated to be less than two percent  
8 (2%) of that cost.

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

16 (4) The European Commission, Executive Agency for Health and Consumers undertook a  
17 comprehensive "Study on the environmental risks of medicinal products" which was released in  
18 June of 2014, drafted by BIO Intelligence Service, a division of Deloitte Consulting LLP,  
19 reviewing the prevalence of contaminants in drinking water and noting the extreme dangers  
20 arising from improper disposal of cytotoxic chemotherapy drugs.

21 (5) Dr. Christan G. Daughton, former chief of environmental chemistry for the United  
22 States Environmental Protection Agency, notes in a paper entitled "Eco-directed sustainable  
23 prescribing: feasibility for reducing water contamination by drugs" published in the journal  
24 "Science of the Total Environment" on June 3, 2014, that generally, the best practice for lowering  
25 the level of drugs in our environment is reduction of dosages, but that "[c]ertain drug classes  
26 (especially cytotoxic chemotherapeutics) may not be amenable to this approach; the best control  
27 measure for such highly toxic drugs may simply be the prevention of urine and feces from  
28 entering sewers."

29 (6) The federal Occupational Safety and Health Administration ("OSHA") is the main  
30 federal agency charged with the enforcement of safety and health legislation. OSHA, in concert  
31 with the National Institute for Occupational Safety and Health ("NIOSH") and the Joint  
32 Commission on Healthcare, an independent, not-for-profit organization that accredits and certifies  
33 more than twenty thousand (20,000) health care organizations and programs in the United States,  
34 stated in a 2011 letter to every hospital in the country that "[e]very day in healthcare settings

1 across America, workers are exposed to hundreds of powerful drugs used for cancer  
2 chemotherapy, antiviral treatments, hormone regimens and other therapies. While these drugs are  
3 used to relieve and heal patients, many of them present serious hazards to the health and safety of  
4 your workers. Some of these drugs have been known to cause cancer; reproductive and  
5 developmental problems, allergic reactions, and other adverse effects that can be irreversible even  
6 after low-level exposures."

7 (7) Further, because of the risk of ongoing exposure to these extremely hazardous  
8 excreted drugs, the American Cancer Society has published a comprehensive list of safety  
9 precautions regarding the in-home personal hygiene for individuals undergoing chemotherapy  
10 and their families.

11 (8) Therefore, for the protection of both the public health and the environment, the  
12 general assembly shall require that standards are set forth pursuant to this section to address this  
13 serious health and safety issue.

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

17 (1) Provide written notice from the prescribing pharmacist to each patient undergoing  
18 such treatment as to the hazards posed to patients and their families of extremely hazardous  
19 excretions, including, but not limited to, urine, feces, and vomit, for a period following treatment  
20 as generally determined by the food and drug administration label accompanying said  
21 chemotherapy drug or drugs. To the extent such notices are generally consistent with those now  
22 provided for patients undergoing treatment with radioactive drugs, or consistent with the  
23 recommendations of the World Health Organization with regard to cytotoxic drugs, or otherwise  
24 consistent with similar standards that may be adopted by the Rhode Island department of health,  
25 then the prescribing pharmacist will not be held liable for the form of such notice;

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

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

31 (d) Consistent with the core principles of the World Health Organization for achieving  
32 safe and sustainable management of healthcare waste, all personnel associated with financing and  
33 supporting healthcare activities should provide for the costs of managing the healthcare waste  
34 identified in this chapter.

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

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

10           SECTION 6. This act shall take effect on September 1, 2015.

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

5           This act would take effect on September 1, 2015.

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