

remain intact with this legislation. It is not the intent of this legislation to alter OSHA's current enforcement of the BBP standard in these circumstances. Attached to this Joint Statement is a letter from Representatives Ballenger and Owens, the co-sponsors of H.R. 5178, expressing their full support for the views expressed in this statement.

The drafters are aware that some of the newer most effective technologies are more expensive than others and may create higher costs for health care facilities. Because some entities largely dependent on Medicare and/or Medicaid, such as long term care providers, will be required to comply with this legislation, we encourage the Health Care Financing Administration to examine the costs of the new technologies and consider these costs when determining Medicare reimbursement rates. Similarly, we hope that the states will examine these costs and determine whether the costs should be reflected in the Medicaid reimbursement rates.

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

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

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

The second way in which Section 3 amends the BBP standard is by specifying that employers must solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation and selection of effective engineering and work practice controls. Employers are also to document this in the Exposure Control Plans. The intent of this section is simple—to involve in the selection of engineering controls those workers who are potentially exposed to needlestick injuries.

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

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

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

Submitted October 25, 2000.

James M. Jeffords, Edward M. Kennedy,
Michael B. Enzi, Harry Reid.

U.S. DEPARTMENT OF LABOR, AS-
SISTANT SECRETARY FOR OCCUPA-
TIONAL SAFETY AND HEALTH,

Washington, DC, October 13, 2000.

Hon. JIM BUNNING,
U.S. Senate,
Washington, DC.

DEAR SENATOR BUNNING: Thank you for your inquiry regarding OSHA's enforcement of the bloodborne pathogens standard and the effect of OSHA's November 1999 Compliance Directive on Enforcement Procedures on Occupational Exposure to Bloodborne Pathogens.

OSHA has long required employers to protect employees from exposure to bloodborne pathogens through the use of engineering controls, which include sharps disposal devices such as sharps destruction devices. To the extent that specific types of engineering controls such as sharps destruction devices can reduce the risk of needlestick injuries, such controls could be appropriate components of an employer's comprehensive exposure control plan. OSHA has allowed, and intends to continue to allow, employers to use sharps destruction devices to help reduce the risk of needlestick injuries in appropriate circumstances, as set forth in OSHA's November 1999 Compliance Directive.

It is my understanding that S. 3067, like the House companion bill, is entirely compatible with and closely tracks the language of OSHA's November 1999 Compliance Directive and will not change in any way OSHA's treatment of needle destruction devices or OSHA's enforcement of the bloodborne pathogens standard's obligation that employers use engineering controls.

I hope that this letter is responsive to your inquiry. Thank you for your interest in occupational safety and health.

Sincerely,

CHARLES N. JEFFRESS,
Assistant Secretary.

COMMITTEE ON EDUCATION AND THE
WORKFORCE, U.S. HOUSE OF REP-
RESENTATIVES,
Washington, DC, October 25, 2000.

Hon. JIM M. JEFFORDS,
U.S. Senate,
Washington, DC.

DEAR CHAIRMAN JEFFORDS: Thank you for your sponsorship of The Needlestick Safety and Prevention Act and for your work on

this important legislation. We appreciate your sharing with us the Senate Joint Statement of Legislative Intent and want to express our full support for the views expressed in the Senate statement. We want to reiterate that it is not the intent of this legislation to alter OSHA's current enforcement of the Bloodborne Pathogens Standard.

Sincerely,

CASS BALLENGER,
Chairman, Sub-
committee on Work-
force Protections.

MAJOR R. OWENS,
Ranking Member, Sub-
committee on Work-
force Protections.

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the bill be read the third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 5178) was read the third time and passed.

ORDER OF PROCEDURE

The PRESIDING OFFICER. The Senator from Nevada is recognized.

Mr. BRYAN. Mr. President, I ask unanimous consent that following my remarks and those of Senator REID, Senator HOLLINGS be recognized for up to 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

FAREWELL REFLECTIONS OF THE HON. RICHARD H. BRYAN

Mr. BRYAN. Mr. President, within the next few days, I will cast my last vote as a U.S. Senator, and by the end of this year, I will conclude 36 years of public experience.

Permit me to reflect for a moment on this experience and share with you some observations.

The last decade of the 20th century has witnessed more change than any decade in human history. When I began my Senate service in January of 1989, the world was a very different place than it is today. The Soviet Union and the United States faced off in a cold war, a cold war that dominated global politics from the end of World War II. The ancient capitals of Eastern Europe were satellite appendages of the Soviet Union. There were two Germanys and a wall divided Berlin. The economic pundits were telling us that the Japanese economic model represented the wave of the future, and it was feared that America was in decline.

All of that has changed. The Soviet Union has imploded. It no longer exists. Eastern Europe is no longer a series of satellite states of the Soviet Union, but nascent democracies are developing in most of eastern Europe. The Berlin Wall has come down. Germany is reunited. And once again, Berlin is the capital of that country. The