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HB 54 RELATING TO PUBLIC HEALTH

Statement for
House Committee on
Health
Public Hearing - January 27, 1989

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HB 54 would add new sections to HRS 340A and HRS 321 wherein the Department of Health would require, through permit action and rulemaking, that special sorting and handling procedures be established for solid wastes so as to facilitate recycling of certain wastes and the safer handling of infectious medical wastes.

Our statement on this bill does not represent an institutional position of the University of Hawaii.

Section 2. The problem of ever increasing volumes of solid waste, diminishing land areas suitable for solid waste disposal and potential contamination of surrounding areas and groundwaters due to leachate from land fills has generated a nationwide recognition of the need to reduce solid waste through vigorous implementation of recycling programs. The proposed direction provided by HB 54, to the Department of Health, would require a place for collecting source-separated recyclable materials at the disposal site or some other location convenient to the public served is an appropriate first action in this regard.

We assume that the legislation proposed would apply to the collection of solid waste by the Counties. We note that many innovative and cost effective procedures to facilitate the pick up of recyclable materials have been developed in a number of mainland cities. We suggest that in implementing this legislation the DOH be encouraged to consult with these communities as to their source separation and collection systems.

Section 3. The amendment proposed in Section 3 of HB 54 would add a new subsection, HRS 321-11.1, giving the Department of Health authority to adopt rules for the management and disposal of certain infectious wastes and to require proof of implementation of these rules by July 1, 1991.

Following indiscriminate disposal of medical wastes and subsequent contamination of public beaches on the east coast of the mainland, concerns have been expressed in recent months as to disposal practices for such waste in Hawaii. Assurance is needed that Hawaii's population will not be similarly exposed to potentially infectious wastes.

We concur with the intent of Section 3, however, we offer the following amendments for your consideration:

321-11[.1](27). Infectious Waste. [. Management and Disposal.] The Department of Health shall adopt rules [pursuant to Chapter 91] for the management and disposal of infectious wastes. [generated by hospitals, doctor's offices, dentist's offices, and other health care settings. the rules shall include a definition of infectious waste that clearly and objectively defines infectious wastes and specifies acceptable containers for sharp instruments, the use of double bagging, and other factors related to the identification, segregation, containment, and transportation of infectious medical wastes.] The department shall require implementation of the rules by July 1, 199[1]0. [that all potential generators of infectious medical wastes are being managed and disposed of according to departmental rules.]

Rationale

1. We note that both HRS 321-10 and the revised (1988) introductory statement of HRS 321-11 require conformity with Chapter 91 therefore it is unnecessary to repeat the provision in the proposed new language.
2. We suggest that the infectious waste provision be added to the existing list of subjects of health regulations rather than establishing a new subpart HRS 321.11.1 to HRS 321.11.
3. We suggest that lines 22 and 23 regarding specific, potential infectious waste generators be deleted as both unnecessary and potentially restrictive. It is likely that other possible generators of infectious waste may be identified in the future but they would be omitted if they did not fall within the specific categories cited. For example research institutes or biotechnology industries could generate infectious wastes but would not be covered by the present language of HB 54.