

Approved: 2-14-96
Date

MINUTES OF THE SENATE COMMITTEE ON ENERGY & NATURAL RESOURCES.

The meeting was called to order by Chairperson Don Sallee at 8:00 a.m. on February 6, 1996 in Room 254-E- of the Capitol.

All members were present:

Committee staff present: Raney Gilliland, Legislative Research Department
Dennis Hodgins, Legislative Research Department
Ardan Ensley, Revisor of Statutes
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Rob McBride
Steven J. Cornelius, Topeka
George E. Peterson
Orville Johnson
Darrell Monte, Wildlife & Parks
Sean White, Deffenbaugh Industries
John Hinnenkamp, Salina Regional Medical Center, Kansas Hospital Engineers' Assn.
Bill Bider, Director, Bureau of Waste Management, KDHE
Written testimony only, John Peterson for Browning-Ferris Industries, Inc.

Others attending: See attached list

SB 519 - concerning Wildlife & Parks; relating to exemptions for hunter safety education

Senator Emert explained that he had requested the introduction of **SB 519** and noted the bill provides an exemption from Hunter Safety Education in the state of Kansas for individuals serving on active duty in the armed services or anyone who has served under any branch of the military. He stated he felt offering the bill would be supportive of those with military service or training as they already undergo intensive training.

Rob McBride appeared in support of **SB 519** stating that due to intensive training through a number of classes and training opportunities with numerous types of weapons he felt those in the service received sufficient training in the use of weapons. Mr. McBride felt such persons should be allowed to hunt wild game without having to comply with hunter safety training.

Steven J. Cornelius appeared in opposition to **SB 519** stating he has raised funds for the Shawnee Hunter Education Association for a number of years. In written testimony Mr. Cornelius compared his military training to that of the Kansas Hunter Education Program and stated he did not receive instruction concerning "hunter responsibilities and ethics" at any time during his military training (Attachment 1). He noted the course teaches firearm safety in the field and in the home as well as Archery safety. Other education includes preservation and wildlife management. Mr. Cornelius expressed the opinion that it was the state's obligation to see that every man, woman and child participating in sport hunting be thoroughly educated and prepared to be a responsible citizen in the field.

George E. Peterson appeared and presented written testimony in opposition to **SB 519** stating military training emphasizes safe weapon handling and how to use the weapons to kill other persons, which is what the military is supposed to do in combat situations (Attachment 2). Hunter Safety Education teaches safe handling of Firearms, not weapons and stresses safe handling and use of sporting firearms in the field, cleaning and safe storage of firearms at home in addition to numerous other subjects such as state game laws, conservation and wildlife management, hunter ethics and others. He stressed that it was in the best interests of the hunting public and youth in the state to meet the current requirements and also understand that hunting in Kansas is a privilege and not a right.

Orville Johnson appeared and submitted written testimony in opposition to **SB 519** stating he understood the "good intentions" behind the bill but felt there were large differences in weapons and sporting arms and the manner in which each is handled (Attachment 3). Mr. Johnson provided the table of contents from the Kansas Hunter Education Manual noting the extensive and varied subject matter, all of which he feels is necessary for the safety of all Kansans.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON ENERGY AND NATURAL RESOURCES, ROOM 254-E-Statehouse, at 8:00 a.m. on February 6, 1996.

Darell Montei, Department of Wildlife & Parks, appeared and submitted written testimony in opposition to **SB 519** (Attachment 4). Mr. Montei also made available to committee members the Kansas Hunter Education Student Manual which is not included in the attachment but may be obtained from the Kansas Department of Wildlife and Parks. Mr. Montei stated that service in the military may provide basic understandings of how to maintain and fire military firearms but service training does not produce hunting proficiency or safety nor does it incorporate many of the other components of the Hunter Education program. Mr. Montei told the Committee that the Hunter Safety program enjoys general public support and that hunting is not a right, it is a privilege which has a bearing on the future of hunting in Kansas.

Discussion following testimony touched on the availability of the Hunter Education Courses in more rural areas and Mr. Montei conceded that sometimes people do have to wait for a class to be organized. It was also noted that the present law does not affect persons born prior to July 30, 1957.

SB 559 - regulated medical waste; concerning the treatment or disposal of such waste; defining certain terms

Sean White, Deffenbaugh Industries, Inc., appeared and presented written testimony in support of **SB 559**. Mr. White told the Committee that Engineered Recovery Systems, Inc. is a Deffenbaugh affiliate, a regional leader in the collection and treatment of medical waste (Attachment 5). He commented that many states, Kansas included, have improved the handling of infectious waste through the development of targeted statutes and regulations. However, the EPA has no regulations currently in effect but does recommend all infectious medical waste be treated by an appropriate method prior to final disposal in a sanitary landfill. Mr. White stated it was the opinion of his organization that due to the infectious dangers associated with management of medical waste, all medical waste should be treated prior to landfilling.

Written testimony only was presented by John C. Peterson for Browning-Ferris Industries, Inc. in support of **SB 559** (Attachment 6). Browning-Ferris Industries strongly supports the development of reasonable yet protective medical/infectious waste regulations and noted Kansas is one of the few states that does not have an express prohibition on the landfilling of untreated medical waste. Testimony expressed the opinion that with the advent of Federal emission standards many small, poorly operated and ineffective incinerators will close and more untreated wastes could be directed to landfills in the absence of a prohibition of the practice.

John Hinnenkamp, Salina Regional Medical Center, Kansas Hospital Engineers' Association appeared and presented testimony in opposition to **SB 559** (Attachment 7). Mr. Hinnenkamp explained the distinction between infectious and noninfectious medical waste, noting that infectious waste should and must be disinfected prior to its disposal. The written testimony poses a number of questions concerning the bill which need consideration. It also states that until the Federal incineration standard are finalized, and until it is known how the specific language in the bill would affect hospitals in Kansas it was suggested the legislature proceed cautiously. Mr. Hinnenkamp stated support of the concept of regulating medical waste but felt it would be premature to pass **SB 559** as it reads at the present time.

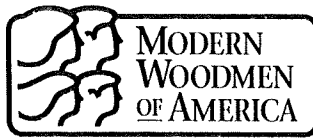
Bill Bider, Director, Bureau of Waste Management, KDHE, appeared in opposition to **SB 559** and presented written testimony (Attachment 8). Mr. Bider told the Committee that the reason for opposition to the bill is related to the timing of the bill rather than content. It is anticipated that new, more stringent emissions standards will soon be adopted for new and existing medical waste incinerators and will be applicable to many existing hospital incinerators in Kansas. He further stated that the proposed federal air pollution regulations are not yet adopted and the rules would not apply to existing hospital incinerators for two or more years and following that time the State of Kansas would need to develop a state implementation plan for the rule which is approved by EPA. Following such approval existing facilities would have 1 to 3 years to comply with new standards. Mr. Bider included in his testimony a number of ideas to be considered for incorporation into the proposed bill.

Discussion touched on the fact that this possibly could be the subject of an interim study but due to the fact that EPA regulations may be delayed until at least the end of 1996 it was suggested such a study might be premature.

Minutes for January 30, 31, February 1 and 2 were presented for approval or correction.

Senator Emert moved, with a second from Senator Vancrum to approve the minutes for January 30, 31 and February 1 and 2. The motion carried.

The meeting adjourned at 8:50 a.m.
The next meeting is scheduled for February 7, 1996.



A Fraternal Life Insurance Society
HOME OFFICE ROCK ISLAND ILLINOIS

STEVEN J. CORNELIUS, FICF-CLU
AGENCY MANAGER

RE: Senate Bill No. 519

February 6, 1996

Opposing position offered by:

Steven J. Cornelius, FICF-CLU
5968 SW Christina Court
Topeka, KS 66614

Senate Energy & Nat'l Resources
February 6, 1996
Attachment 1

I have been an avid hunter and sportsman for over 25 years. For the past three years I've sponsored three fund raising events that have raised over \$30,000 for the Shawnee County Hunter Education Association. These funds have been used to partially offset the cost of construction projects and equipment purchases. The time I've put into these projects has enabled me to become very familiar with the Hunter Ed Program, its intent and purpose, and the many outstanding volunteers who participate.

To the uninformed, one might conclude that Hunter Ed is singular in purpose. I suspect most would conclude the course is about gun safety only. If this were true, then certainly serious consideration should be given to Senate Bill No. 519. My three years of military service taught me a great deal about the M-14 rifle and the .45 caliber handgun. Much of my military training dealt with the safe use of these weapons. The balance of what I learned concerned offensive and defensive actions for survival and/or the taking of another life.

Very little of my military training parallels the information gained from participating in the Kansas Hunter Education Program. At no time during my military training did I receive instruction concerning "hunter responsibilities and ethics." Generally speaking, very few military personnel are exposed to a wide variety of firearms, and specifically not those used for sport hunting. The Hunter Ed Program covers a broad variety of firearms, to include the safe handling of different types of shotguns, rifles, handguns and

the correct ammunition for each. Hunter Ed provides a great deal of information concerning proper methods for reloading of ammunition and the special considerations concerning steel shot. Additionally, specific information is provided on muzzle loading and muzzle loading safety.

In addition to teaching firearm safety in the field, a portion of the course covers firearm safety in the home. These specific areas of instruction are vital. Hunter Ed goes to great length in discussing alcohol and drugs and how the two don't mix with field sporting activities.

Students participating in the Hunter Ed Program also benefit greatly from a specific section concerning the proper and safe use of archery equipment in the field. Archery equipment can be very dangerous when used incorrectly by the novice. Rifle and archery hunters both gain valuable knowledge about the safe placement of tree stands used for deer hunting.

Kansas is quickly becoming known as the nations hot-spot for wild turkey hunting. Specific sections of the Hunter Ed Program cover the potential dangers that can befall a turkey hunter in the field.

With the recent increase in the number of waterfowl available for hunting, Hunter Eds role is crucial in defining which type and how many are legal to take. Additionally, special instruction is given on the use of firearms by hunters using boat and ground blinds.

In my opinion, equal to the many units of safety instruction provided, are also those special units that cover

conservation and wildlife management. Hunter Ed does an outstanding job of educating the hunter on environmental issues as they relate to Kansas. The Hunter Ed graduate is taught about modern wildlife management, the wise use of our natural resources, and given essential information on wildlife habitat. This portion of the instruction assists the student in gaining a substantial respect for both wildlife and its environment.

A quick look through the Student Manual published by the Kansas Department of Wildlife and Parks for Hunter Education will fast convince almost anyone that the Hunter Ed Program touches on far more than just firearm safety.

Because Kansas law mandates this Program, many who attend do so begrudgingly. Within minutes you sense a dramatic change in the attendees level of interest. By the end of the program almost everyone who has attended appears to walk away gratified by the knowledge and information they've gained.

I personally rank high on the list the section of the Program that defines "in no uncertain terms" that hunting in the State of Kansas is a privilege and not a right. An educated hunter can and must be a responsible hunter if this privilege is to continue. The State of Kansas has an obligation to see to it that every man, woman and child participating in sport hunting be thoroughly educated and prepared to be responsible citizens in the field.

RE: SENATE BILL NO. 519

February 6, 1996

Opposing Position Offered by

**George E. Petersen
Master Hunter Education Instructor
3223 SW McClure Rd.
Topeka, Ks 66614**

**Chairman Sallee,
Members of the Committee,
Ladies & Gentlemen**

My name is George Petersen, and I am a Master Hunter Education Instructor, living here in Topeka. I stand before you today as the representative of the Hunter Education Instructors of Shawnee County who are opposed to Senate Bill No. 519.

There are many reasons to kill this bill. The assumption that military firearms training is a substitute for the hunter education program in this state is a flawed idea. Speaking as a former member of the United States Army and thus as a person who has experienced military training, and as an instructor with over 20 years experience in the Kansas Hunter Ed program, I feel that I can speak with some authority on the differences with the two types of training.

Military training emphasizes safe weapon handling and also how to use the weapon to kill other persons, which is what the military is supposed to do in combat situations.

Hunter Education teaches safe handling of FIREARMS, not weapons. Weapons are made to kill people and they become a weapon only when the person carrying them uses the firearm in such a manner. Any object can become a lethal weapon in the hands of a person who is trained to use them as such or desires to use said object as a weapon. Hunter Education teaches the safe handling and use of sporting firearms in the field, safe transportation to and from the field, and cleaning and safe storage of the firearms in the home. In addition, portions of the 10 hour course, as required by Kansas Law, cover Kansas Game Laws, Conservation and Wildlife Management, Archery, Hunter Ethics, Home and Boat Safety. To the best of my knowledge and my past military training these subjects are NOT a part of the military firearms training course. To exempt persons who have

*Senate Energy & Nat'l Resources
February 6, 1996
Attachment 2*

not completed all the portions of the Kansas Law would appear to violate the intent of the law.

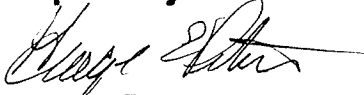
The Kansas Hunter Education will be 25 years old next year and the positive effect its has had on the accident rate can easily be seen by the reduction in the number of hunting accidents over this time frame. The Kansas program has consistently been rated one the top five programs in the United States. All but one state now has a mandatory program to obtain a hunting license, and in that one state Hunter Ed. is a voluntary program. All states honor the certification given by other states. Should a portion of the hunting public be exempted by legislation such as is proposed under Senate Bill No. 519, this recognition granted by other states could become jeopardized.

We, the volunteers that administer the Kansas program, feel this bill is not in the best interests of the hunting public and the youth of the state who have or will be required to take the course to meet the current requirements of Kansas Law. It is important that the students leave the class with the understanding that hunting in Kansas is a privilege and not a right. We have always welcomed constructive changes in the program such as the increase in the required class time from the original 8 hours to 10 hours. Most Kansas instructors go beyond this and teach a minimum of 12 hours.

Each Kansas instructor must undergo additional training every three years to remain active. We have provided many thousands of volunteer hours to the program and we want to keep improving on it, not watering it down as this bill would do.

Should this group be exempted, what group will next ask for similar consideration? We again ask that this bill be killed for the good of the Hunter Ed program.

Respectfully submitted



George E. Petersen
Master Hunter Education Instructor #5166
Shawnee County Kansas

KANSAS SENATE ENERGY & NATURAL RESOURCES COMMITTEE

Feb. 6, 1996

OPPOSITION TO SENATE BILL 519

Orville Johnson
2401 SW Bradbury
Topeka, Kansas 66611
R 913 233 0212
B 913 267 8665
M 913 640 6565

1. I understand the "good intentions" behind SB 519, and I, too, applaud and pay tribute to the brave and unselfish men and women who have and are serving to protect the United States of America. Only can we achieve peace and safety for all but by having men and women trained in handling various "weapons of war".
2. As a veteran, I know that there are large differences in the weapons and the ways they are handled by the military and sporting arms and the ways that they are handled by outdoor sportsmen.
3. Every state has a hunter education program and Kansas does not deny those who have completed another states program the privilege of hunting in Kansas, but reciprocates with them. There is no excuse for anyone to have not completed a hunter education course in Kansas or their home state.
4. Last, but certainly not least, hunter education is not just about firearm handling and firearm safety, but covers many other subjects not taught in the military, but vital to the protections for the hunter, the land owner and the nations natural resources of wildlife and public lands. (Hunter Education was formerly called Hunter Safety.) Please review the table of contents from the Kansas Hunter Education Manual.

Senate Energy & Nat'l Resc.
February 6, 1996
Attachment 3

CONTENTS

To the student, To parents	inside cover
Foreword, Introduction	1
Ch. 1 Hunter Responsibility and Ethics	3
Sportsmen	3
A Responsible Hunter, Respect For Landowners	4
Respect For Game, Respect For Others In The Outdoors	6
Self Respect	7
Ch. 2 History of Firearms	9
The First Guns	9
Cartridge Firearms	10
Ch. 3 Firearms Basics	13
Action Types	14
Safeties, Physical Fitness, Dominant Eye, Rifles	15
Shotguns	18
Handguns	19
Ch. 4 Ammunition	22
Steel Shot	23
Reloading	24
Ch. 5 Muzzleloaders	26
Accessories	26
Muzzleloader Safety, Charging Muzzleloaders	27
Cleaning Muzzleloaders	28
Ch. 6 Basic Gun Safety	29
Firearms Safety In The Field	29
Firearms Safety In The Home	33
Ch. 7 Alcohol and Drugs	35
What You Should Know	35
What Would You Do?	37
Ch. 8 Bowhunting	39
Types of Bows	39
Types of Arrows, Accessories	40
Care of Equipment, Shooting A Bow	41
Archery Safety	42
Methods of Bowhunting	43
Ch. 9 Conservation and Wildlife Management	46
America Was Built On Wildlife	46
The Beginning of Wildlife Conservation	47
Modern Wildlife Management	48
Law Enforcement	53
Ch. 10 Wildlife of Kansas	56
Upland Birds	56
Other Small Game	58
Kansas Big Game	60
Waterfowl	62
Recommended Firearms, Ammunition, Ranges	69
Care of Game Meat	71
Ch. 11 First Aid	75
Rescue Breathing	75
Bleeding and Wounds	77
Shock	78
Sprains and Fractures, Objects in the Eyes, Burns, Getting Help	79
Animal Bites	80
Heat Stroke, Frostbite, Hypothermia	81
Ch. 12 Survival	84
Winter Car Kit	83
Hunting In Other States, Basic Survival Rules, Using Maps and Compasses	85
If You Become Lost	86
Survival Kit	88
Ch. 13 Boating Safety For Hunters	90
Glossary	93
Ten Commandments of Firearm Safety	back cover



STATE OF KANSAS
DEPARTMENT OF WILDLIFE & PARKS

Office of the Secretary
900 SW Jackson, Suite 502
Topeka, KS 66612
913/296-2281 FAX 913/296-6953



S.B. 519

Testimony Provided To: Senate Energy & Natural Resources Committee

Presented By: Kansas Department of Wildlife & Parks

February 6, 1996

S.B. 519 would exempt individuals from the Kansas Hunter Education requirements if the individual is on active duty in the military or has served in active military duty. It is the Department's position that this bill fails to recognize the value and purpose of the Kansas Hunter Education Program and the programs of every other state. Those objectives include not only firearms safety, but also hunter ethics, respect, conservation and wildlife management, wildlife identification, understanding laws and regulations, bow hunting, equipment, first aid, survival and boating safety in regards to hunting. Alcohol and drug education are important components of the training. A copy of the student manual has also been distributed for your information. All these reasons and more are why the program is known as Hunter Education and not just firearms safety.

Service in the military may provide basic understandings of how to maintain and fire military firearms. However, service does not produce hunting proficiency or safety and certainly does not incorporate many of the other important components of the Kansas Hunter Education program.

Since its' start, about 325,000 individuals have taken the hunter education course with many Kansans contributing as trained volunteer instructors. There are currently 1,200 volunteer instructors and about 13,000 people annually who take the course.

Senate Energy & Nat'l Resources
February 6, 1996
Attachment 4

The program is successful and enjoys general public support. Hunting is not a right, it is a privilege and how well individuals are enabled to pursue that privilege has bearing on the future of hunting. The Department does not support relaxing the standards that have made the Kansas Hunter Education Program a valuable part of the Kansas hunting experience. The Department respectfully requests that S.B. 519 not be passed.

DEFFENBAUGH INDUSTRIES, INC.

POST OFFICE BOX 3220
SHAWNEE, KANSAS 66203
913-631-3300

February, 6 1996

Senate Committee on Energy and Natural Resources
Kansas Senate
State Capitol
Topeka, KS 66612

RE: Senate Bill 559

Dear Mr. Chairman and Members of the Committee:

My name is Sean White, and I represent Deffenbaugh Industries, Inc.. I appear before you today to express my company's support of Senate Bill 559.

Deffenbaugh Industries, headquartered in Shawnee, has been a leader in solid waste management in Kansas for over 20 years. Deffenbaugh and its affiliate companies employ over 1,100 people in Kansas at operations in Shawnee, Bonner Springs, Olathe, Kansas City, Newton, Pittsburg, and Wichita. Engineered Recovery Systems, Inc. (ERS), a Deffenbaugh affiliate, is a regional leader in the collection and treatment of medical waste. ERS's clients include hospitals, clinics, medical practices, nursing homes and similar establishments that generate medical waste requiring special handling.

A decade after medical waste was discovered washing up on beaches in the Eastern U.S., many states, Kansas included, have improved the handling of infectious waste through the development of targeted statutes and regulations. Although there are no U.S. Environmental Protection Agency (EPA) regulations currently in effect, EPA recommends¹ that all infectious medical waste be treated by an appropriate method prior to final disposal in a sanitary landfill, due to the dangers associated with management of such waste.

Although Kansas regulations address medical waste generally², KDHE still allows the disposal of untreated medical waste in Kansas landfills. It is our position that, due to the

¹ "EPA Guide For Infectious Waste Management", EPA/530-SW-86-014, May 1986,

² K.A.R. §28-29-27

Senate Energy & Nat'l Resources
February 6, 1996
Attachment 5

infectious dangers associated with management of medical waste, all medical waste should be treated prior to landfilling.

Thank you for the opportunity to testify on this important matter. I would be happy to answer any questions that the Committee may have at this time.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Sean White", with a long horizontal flourish extending to the right.

D. Sean White

28-29-27. Medical services waste.

KSRag28\at29\pt2\se28-29-27

"Medical services waste" means those solid waste materials which are potentially capable of causing disease or injury and which are generated in connection with human or animal care through inpatient and outpatient services. Medical services waste shall not include any solid waste which has been classified by the secretary as a hazardous waste under K.S.A. 1982 Supp. 65-3431 and any amendments thereto, or which is radioactive treatment material licensed under K.S.A. 1982 Supp. 48-1607 and regulations adopted under that statute.

KSRag28\at29\pt2\se28-29-27(b)

(b) Segregation. All medical services waste shall be segregated from other solid wastes at the point of origin.

KSRag28\at29\pt2\se28-29-27(c)

(c) Storage. All medical services waste shall be stored in a manner and in a container that will prevent the transmission of disease or the causing of injury. Hypodermic needles and syringes, scalpel blades, suture needles, or other sharp objects shall be stored only in a rigid, puncture proof container which has been closed to prevent the escape of any material, including liquids or aerosols. All reuseable containers used to store infectious waste shall be cleaned and disinfected before each use.

KSRag28\at29\pt2\se28-29-27(d)

(d) Collection. Medical services wastes shall be collected at least daily from the point of origin for transport to a storage or disposal area or a processing facility. Personnel shall take precautions to prevent accidental contact with the waste during transfer.

KSRag28\at29\pt2\se28-29-27(e)

(e) Transportation. All medical services wastes transported off-site shall be transported in a manner which will prevent the spread of disease or the causing of injury to persons.

KSRag28\at29\pt2\se28-29-27(e)(1)

(1) The waste transporter or disposal firm shall be notified of the types of waste.

KSRag28\at29\pt2\se28-29-27(e)(2)

(2) Containers of medical services waste transported off-site shall be "international orange" in color.

KSRag28\at29\pt2\se28-29-27(f)

(f) Processing. In any processing of medical services waste, dispersal of aerosols and liquids shall be prevented through the use of proper coverings, seals, and ventilation. Personnel shall be protected against contact with the waste through the use of protective clothing and equipment. Medical services waste that has been processed may be combined with other solid waste. Where feasible, all medical services wastes shall be processed before transportation off-site by:

KSRag28\at29\pt2\se28-29-27(f)(1)

(1) Sterilizing infectious wastes by autoclaving or chemical treatment, to destroy the disease transmission potential; or

KSRag28\at29\pt2\se28-29-27(f)(2)

(2) Grinding, melting, or pulverizing sharp objects to destroy their injury producing potential.

KSRag28\at29\pt2\se28-29-27(g)

(g) Disposal. Medical services waste shall be disposed of in a manner which minimizes the risk to health, safety, or the environment. The following shall be considered acceptable disposal methods:

KSRag28\at29\pt2\se28-29-27(g)(1)

(1) Discharge of liquids to a sanitary sewer which is connected to a secondary sewage treatment plant;

KSRag28\at29\pt2\se28-29-27(g)(2)

(2) Incineration of combustible solids, followed by disposal of the ash in a sanitary landfill;

KSRag28\at29\pt2\se28-29-27(g)(3)

(3) Disposal in a hazardous waste disposal facility which has a permit issued under K.A.R. 28-31-9; or

KSRag28\at29\pt2\se28-29-27(g)(4)

(4) Disposal in a sanitary landfill in accordance with the provisions of K.A.R. 28-29-23(s).

**S.B. 559 WOULD ENSURE THAT MEDICAL SERVICES WASTES ARE
ADEQUATELY MANAGED AND TREATED**

Browning-Ferris Industries, Inc. ("BFI") strongly supports the enactment of S.B. 559. As the world's largest provider of medical waste treatment services, and as a significant provider of landfilling services, we are aware of the acute need for legislation that prohibits the disposal of untreated medical waste.

BFI is the world's largest provider of medical waste services. The company operates a network of collection and treatment systems throughout the United States and Canada. In addition, BFI owns or operates over 100 solid waste landfills. The company has strongly supported the development of reasonable yet protective medical/infectious waste regulations. Kansas is one of the few states that does not have an express prohibition on the landfilling of untreated medical waste.

All medical waste, regardless of quantity, presents risks--particularly to human health--if it is not handled appropriately. The issue of whether untreated waste should be landfilled has been extensively addressed. A substantial majority of the states specifically preclude the landfilling of untreated waste, and specify that regulated waste must be treated by one or more approved methods. BFI--as both a landfill operator and as an operator of medical waste treatment facilities such as incinerators and autoclaves--strongly supports the promulgation of prohibitions on the landfilling of untreated waste. We believe such requirements are necessary to protect human health and the environment.

The overwhelming majority of the states--states as disparate as Alabama, Alaska, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Louisiana, Maine, Massachusetts, Mississippi, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Virginia, West Virginia and Wisconsin--have specifically prohibited the practice of disposing of untreated waste in landfills. Before 1988, at least 30 states required infectious waste to be treated before disposal. Special Report, Medical Waste Management, National Solid Wastes Management Association (1989). Since that time, virtually all states have adopted specific bans.

Similarly, of those states that have recognized a "small quantity generator exemption", the exemption is typically from fee, permitting, and manifest requirements only. Indeed, the U.S. EPA suggests an exemption of small quantity generators only from the tracking requirements in order to alleviate paperwork burdens. EPA First Interim Report to Congress, Medical Waste Management in the United States, EPA/530-SW-90-151A (May, 1990), at 11-1, 11-2.

The objection to landfilling is in part a product of the lack of preventive measures at many solid waste landfills--a situation that

Senate Energy & Nat'l Resources
February 6, 1996
Attachment 6

exists in many parts of Kansas at smaller, remote landfills. Indeed, many landfill operators--even in the few States that still tolerate some degree of untreated waste disposal--are refusing to accept untreated waste due to liability and worker safety considerations. We believe that a complete prohibition on the intentional landfilling of untreated waste is needed to ensure the protection of landfill workers.

As several reports prepared by Federal and State agencies have noted, the potential risks to landfill workers from exposure to untreated infectious wastes are real. For example, researchers from the U.S. EPA Office of Research and Development concluded that "(1) landfill disposal of infectious waste is recommended only following incineration or sterilization." C.C. Lee, George Huffman and Richard Nalesnik, Medical Waste Management: The State of the Art, 25 Environ. Sci. Technol. 360 (1991). A report prepared for the EPA noted the benefits of treatment of medical waste. P. Layne, Review and Evaluation of Existing Literature on Generation, Management and Potential Health Effects of Medical Waste, prepared by Research Triangle Park for the U.S. Environmental Protection Agency, November, 1988. A 1987 study conducted by the New Jersey State Department of Health concluded that landfill workers should not be exposed to untreated infectious waste. Patrick Bost and Richard Lynch, An Investigation of the Handling of Hospital Waste and Hazards Incidental to Landfilling Operations, Public Employees Occupational Safety and Health Project, March 10, 1987. See also Larry Tye, Thousands of Tons of Infectious Debris Go Unregulated, Boston Globe, Sept. 5, 1988, at 1 (describing reluctance of landfill operators to accept untreated waste).

The Council of State Governments, in its voluntary guidelines for state medical/infectious waste regulations, encourages states to require that waste be treated prior to landfilling. The Council's "Model Guidelines for State Medical Waste Management" emphasizes that "(m)edical waste that has been treated as described in previous sections and packaged such that it is clearly evident that the waste has been effectively treated is no longer subject to management as medical waste and may be collected, transported and disposed of as municipal solid waste. Therefore, once medical waste has been treated, it may be disposed at a sanitary landfill as regular municipal waste." Council of State Governments, Model Guidelines for State Medical Waste Management, 1992, at 27.

Similarly, the Occupational Safety and Health Administration ("OSHA"), in promulgating the Bloodborne Pathogens Standard, noted that the proper handling of medical/infectious waste includes effective treatment. OSHA stated that "(t)o the extent that infectious waste in the general waste stream is currently handled improperly, the rule may improve environmental quality as previously misdirected infectious waste is redirected toward preferred disposal alternatives." 56 Fed. Reg. 64,004, 64,068 (Dec. 6, 1991) (preamble to Standard).

The allowance of disposal of untreated medical waste in landfills poses real risks to solid waste haulers and landfill personnel. The majority of "needle stick injuries" occur in solid waste and landfill operations. Landfill equipment maintenance employees appear to be especially susceptible to needle sticks from syringes caught in the tracks of bulldozers and scrapers. Even when the waste is packaged, the packaging frequently does not withstand the compaction pressure at the landfill. See Issues in Medical Waste Management, supra, at 14 ("those actually working or associated with the housekeeping, janitorial, and refuse handling and disposal of medical wastes indicate that packaging frequently (although actual numbers are not available) does not hold wastes, and that workers are exposed. Bags and boxes may leak fluids, or sharps may protrude.")

Moreover, before landfills could knowingly accept untreated waste, they would likely have to take precautions to protect their employees from potential health risks by compliance with the OSHA Bloodborne Pathogens Standard (29 C.F.R. Section 1910.1030). The Standard requires that employers provide the hepatitis-B vaccine, free of charge, to all employees at risk of occupational exposure. Id. Section 1910.1030(f)(1)(ii). In addition, employers are required to comply with extensive recordkeeping requirements. Compliance with the Standard would impose an economic burden upon landfill owners/operators that is clearly unjustified. This burden would come at a time when landfills throughout the State are already fiscally impacted by the existing Kansas and Federal Subtitle D 40 C.F.R. Part 258 requirements. Moreover, it is highly questionable whether public or private landfill owners/operators should be willing to accept the risk of harm and liability that might stem from the landfilling of untreated waste. The promulgation of an express prohibition on the landfilling of untreated waste will ensure that landfill workers and refuse haulers are adequately protected from the risks of exposure.

Finally, in the absence of a prohibition on the landfilling of untreated waste, the upcoming promulgation of Federal air emission standards for medical waste incinerators could well lead to increased volumes of landfilled waste. The 1990 amendments to the Federal Clean Air Act require the EPA to propose and promulgate a New Source Performance Standard ("NSPS") for new and existing medical waste incinerators. See 58 Fed. Reg. 69,361 (Dec. 30, 1993) (describing proposed settlements in NRDC v. U.S. EPA and Sierra Club v. U.S. EPA, which have lead to binding consent orders regarding the issuance of medical waste incinerator emission standards). The 1990 amendments established a comprehensive and stringent new program to assure that emissions from the vast majority of new and existing incinerators are aggressively controlled.

Once the NSPS is established, incinerators (including hospital facilities) will be required to obtain operating permits pursuant to Title V of the CAAA and Kansas implementing regulations. The emission sources will also be required to comply with any substantive emission control and operator training requirements.

It seems clear that with the advent of Federal emission standards many small, poorly operated and ineffective incinerators will close. To the extent that many of the facilities close, more untreated wastes could be directed to landfills in the absence of a prohibition of the practice.

The enactment of S.B. 559 will be of substantial benefit to those individuals who collect, process, and dispose of refuse. It will ensure that medical wastes are treated through environmentally sound and technologically demonstrated methods. It will conform Kansas' standards to those of other states. And, in light of the ample competition among medical waste treatment providers, it will ensure that cost-effective alternatives are available for the safe and protective management of medical waste.

Memorandum



Donald A. Wilson
President

TO: Senate Committee on Energy and Natural Resources

FROM: Kansas Hospital Association
Kansas Hospital Engineers' Association

RE: **Senate Bill 559**

DATE: February 6, 1996

My name is John Hinnenkamp and I am a member of the Kansas Hospital Engineers' Association, an affiliated organization of the Kansas Hospital Association. I am presenting testimony for both associations today. I appreciate the opportunity to comment regarding the provisions of Senate Bill 559.

It has been estimated that approximately 75 to 80 percent of all medical waste is generated by hospitals. The Environmental Protection Agency (EPA) has estimated that eight to thirteen pounds of infectious waste is generated each day by each hospital bed utilized. A more accurate estimate is probably four pounds per occupied bed per day. Only a small percentage (approximately 18-22 percent) of all medical waste is currently classified as potentially infectious.

The distinction between infectious and noninfectious medical waste is important because noninfectious medical waste can be disposed of safely in a manner similar to general waste, while infectious waste should and must be disinfected prior to its disposal. Currently the federal regulations are sparse. Therefore, unless medical waste is regulated by the state, any effort by generators of medical waste to treat it prior to disposal will most likely remain voluntary. Still many landfill operators refuse to accept infectious waste even if it is treated prior to delivery. Regardless of regulatory requirements, most generators of medical waste have and will continue to disinfect their waste because of a sense of social responsibility as well as a fear of liability.

Senate Bill 559 speaks to the regulation of medical waste. The concern of hospitals is not that there will be regulation of medical waste. This is a recognized concept and Kansas hospitals have had programs in place to deal with medical waste issues for many years. The concern of hospitals is less that there is regulation and more with how the regulation is designed, interpreted and administered. Hospitals have every desire to perform responsibly in the handling of medical waste generated by their service to the community

*Senate Energy & Nat'l Res.
February 6 1996
Attachment 7*

populations for which they deliver health care and doing so in a method that is both environmentally and economically sound.

Many factors such as variability of facility size, availability of treatment alternatives, budgetary constraints, and location, must be considered in the drafting of such a plan. The plan must be flexible in recognizing the differing facilities.

In Senate Bill 559, the questions posed from the language are:

What will constitute a “regulated medical waste incineration facility approved and under permit . . .”? Will this language allow hospitals that have existing MWI’s (medical waste incinerators) in place to continue in operation or require them to eliminate functional equipment in favor of “for profit” commercial enterprises? If “for profit” commercial mechanisms become the sole relief for disposition of identified medical waste, how will control of costs be governed to prevent rapid escalation of pricing in a captive market?

What are the time frames intended for compliance with the regulation as proposed: Wholesale changes in methodologies, without sufficient opportunities to explore effective options from those now responsibly employed by hospitals will create an additional financial burden on institutions.

Will the regulation allow for future acquisition by hospitals of cost effective incinerators and technologies capable of handling the waste generated within their own facilities? What time frame will be allowed to come into compliance?

Currently, many items leaving hospitals as “red bag waste” i.e. medical waste, represent less hazard than items leaving households every day. Will the regulation truly allow for minimization of hospital generated wastes to those articles that represent proven hazards and limit exposure to unnecessary and expensive treatments?

What will constitute “items saturated with blood or blood products” and how will rule and regulation be determined that may exclude items? By request? Individual exemptions? Case by case basis?

It is not unusual for some hospitals to receive some “red bag waste” from their concerned community citizens and assist them in the disposal of these products within currently existing mechanisms. Will that arrangement be prohibited under the language of Senate Bill 559? Or will it make it impractical for hospitals to provide that service?

Kansas recently passed the Kansas Clean Air Act and the EPA is in the process of proposing new federal incineration regulations for healthcare facilities. Many Kansas hospitals do not have incinerators that are adequately equipped to control particulate and acid gas emissions (especially plastics). Proper controls require at a minimum, acid-gas scrubbers (which spray lime and water into flue gas to form harmless calcium salts) and electrostatic precipitators (which collect particles that have absorbed toxic flue gases).

Because both the cost to upgrade an existing facility (approximately \$500,000) and the cost to construct a state-of-the-art incinerator to properly destruct infectious waste is substantial, many hospitals have opted to transfer their waste and disposal obligations to commercial haulers.

Hospitals using commercial haulers usually have long-term negotiated contracts. Long-term waste collection contracts often contain a formula, generally based on public price indices, for automatic adjustments of fees to cover increases in certain operating costs. Prices for hospitals generally range from \$.20 to \$.50 per pound. For small generators, prices range from \$15 to \$35 per box. However, several states, who have passed medical waste regulations, report exorbitant increases in commercial hauler fees since the regulations were passed.

Certainly there is a need to regulate medical waste. The concept behind SB 559 is a good one. However, until the Federal incineration standards are finalized, and until we know more about how the specific language in the bill would affect hospitals in Kansas, the legislature should proceed cautiously. We would support more legislative inquiries into this area to determine the full extent of the problem and the proper solution to it.

In summary, we support the concept of regulating medical waste. However we feel it would be premature to pass Senate Bill 559 as it reads at this time. Thank you for the opportunity to comment. I will stand for questions.

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony presented to

Senate Energy and Natural Resources Committee

by

The Kansas Department of Health and Environment

Senate Bill 559

The Kansas Department of Health and Environment appreciates this opportunity to present testimony in opposition to Senate Bill 559. The reason for our opposition is related to the timing of the bill rather than the content. This bill would prohibit landfill disposal of untreated medical waste. Under current conditions, only a small percentage of the medical waste generated in Kansas is landfilled prior to treatment. Most medical waste is treated or incinerated at one of the state's three commercial medical waste incinerators or at a hospital incinerator.

Untreated medical waste is classified as a "special waste" in Kansas. A special waste may be landfilled in municipal solid waste landfills if a "special waste disposal authorization" has been received from the department. Special wastes which arrive at landfills are separately identified so that they can be properly handled by landfill operators. Operators must follow the procedures stipulated in their own unique operations plans which are designed to protect themselves and the environment. Since 1990, only 116 special waste disposal authorizations have been granted for medical waste. This compares with many thousands of special waste authorizations for other types of wastes. Overall, the risks to human health and the environment are believed to be minimal given the small amount of untreated medical waste disposed and the special waste management practices which are followed.

The current level of disposal of untreated medical waste could increase if certain new federal air pollution regulations are adopted. It is anticipated that new more stringent emissions standards will soon be adopted for new and existing medical waste incinerators. These rules would be applicable to the many existing hospital incinerators in Kansas. Some opinions are that these rules could lead many hospitals to shut down their incinerators. If that happens, the waste currently being handled in these facilities will go either to a commercial treatment facility or to a landfill. If landfilling is selected as the preferred option in a significant number of cases, the total amount of untreated waste being landfilled could increase and the risks to landfill operators and the environment could increase. Under those circumstances, the department would be supportive of developing new requirements which more effectively control the landfilling of untreated medical waste.

The proposed federal air pollution regulations are not yet adopted and these rules would not apply to existing hospital incinerators for two or more years. Following final action at the federal level, the State of Kansas would need to develop a state implementation plan for the rule which is approved by EPA. After this state program is approved, existing facilities would have 1 to 3 years to come into compliance with the new standards.

Senate Energy & Nat'l Res
February 6, 1996
Attachment 8

February 6, 1996

If adopted, this bill would impose additional operational costs on some medical facilities without a detailed analysis of benefits. For this and other reasons explained above, the above reasons, the department believes it is premature to pass the proposed landfill ban on untreated medical waste. We should carefully follow developments at the federal level and attempt to learn more about the ability of our hospitals incinerators to upgrade to meet the new standards. Perhaps it will be appropriate to consider this legislation in 1997 or later, but not during this session. An alternative approach may be to address this volatile situation through rules and regulations adopted by the secretary.

If this legislation is considered, the department requests that the following ideas be considered for incorporation into the proposed bill:

- The draft bill contains many complex definitions which apply to a diverse service industry. Considerable study will be required in order to fully understand all of the implications of the details of the bill.
- The bill requires all infected animal waste to be treated before landfilling including animal carcasses. This could present a major problem if a large kill of livestock occurs and the cause of death is uncertain or even related to infection. We believe flexibility is needed to allow the immediate landfill disposal of large numbers of dead livestock without treatment.
- It is recommended the law stipulate that solid waste processing permits be required for all off-site commercial facilities except for hospitals which commonly handle waste generated by smaller nearby medical facilities. The exception for hospitals is appropriate because hospitals are routinely inspected by the Health Division of the department.
- Microwave treatment facilities should be included in the law as a pre-approved treatment method. One commercial microwave treatment unit is already in operation in Garden City.
- The bill should be amended to include provisions for the disposal of "sharps." It is recommended that the secretary be directed to adopt regulations which establish standards for the containerization and labeling of sharps.

Thank you for this opportunity to provide testimony to the committee.

Testimony presented by:

Bill Bider
Director, Bureau of Waste Management
Division of Environment
February 6, 1996