S T A T E O F N E W Y O R K

5651

2013-2014 Regular Sessions

I N A S S E M B L Y

March 4, 2013

Introduced by M. of A. ENGLEBRIGHT, COLTON, SCHIMEL -- Multi-Sponsored by -- M. of A. ABINANTI, CLARK, CYMBROWITZ, JACOBS -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to integrated pest management requirements for hospitals

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The public health law is amended by adding a new section 2803-t to read as follows:

S 2803-T. INTEGRATED PEST MANAGEMENT REQUIREMENTS FOR HOSPITALS. 1. FOR PURPOSES OF THIS SECTION, THE FOLLOWING TERMS ARE DEFINED:

(A) "INTEGRATED PEST MANAGEMENT" MEANS A DECISION-MAKING PROCESS FOR PEST CONTROL THAT UTILIZES REGULAR MONITORING TO DETERMINE IF AND WHEN CONTROLS ARE NEEDED; EMPLOYS PHYSICAL, MECHANICAL, CULTURAL, BIOLOGICAL AND EDUCATIONAL TACTICS TO CONTROL CONDITIONS THAT PROMOTE PEST INFESTATIONS AND TO KEEP PEST POPULATIONS AT TOLERABLE DAMAGE OR ANNOYANCE LEVELS; AND ONLY AS A LAST RESORT, UTILIZES LEAST-TOXIC PESTICIDE CONTROLS. THE OVERALL GOALS OF INTEGRATED PEST MANAGEMENT ARE TO ELIMINATE THE UNNECESSARY USE OF PESTICIDES AND REDUCE THE USE OF ALL PESTICIDES.

(B) "FACILITIES" MEANS HOSPITAL BUILDINGS, LAND AND OTHER APPURTENANCES.

2. TO ENSURE THAT HOSPITALS ARE SAFE AND HEALTHY ENVIRONMENTS FOR PATIENTS, VISITORS AND HOSPITAL STAFF MEMBERS, CERTAIN REQUIREMENTS SHALL BE PLACED ON PESTICIDE USE IN HOSPITAL FACILITIES.

(A) EACH HOSPITAL SHALL HAVE A PEST MANAGEMENT PLAN FOR ALL PEST CONTROL ACTIVITIES. SUCH PLAN SHALL UTILIZE INTEGRATED PEST MANAGEMENT TECHNIQUES TO MANAGE AND CONTROL PESTS AND PROBLEMS. EACH INTEGRATED PEST MANAGEMENT PLAN SHALL INCLUDE A PROVISION FOR PUBLIC ACCESS TO ALL INFORMATION ABOUT THE IMPLEMENTATION OF THE PLAN. HOSPITALS MAY ESTABLISH ADVISORY COMMITTEES TO ASSIST IN THE DEVELOPMENT OF INTEGRATED PEST

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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MANAGEMENT PLANS, AND TO MONITOR THE IMPLEMENTATION OF SUCH PLANS. NO HOSPITAL SHALL CONDUCT OR HAVE CONDUCTED ANY PESTICIDE APPLICATION TO ITS FACILITIES WHICH IS PREVENTATIVE IN NATURE AND WHICH DOES NOT RESPOND TO A VERIFIABLE PEST PROBLEM.

(B) EACH HOSPITAL SHALL BE RESPONSIBLE FOR PROVIDING AN ANNUAL EVALUATION OF THE IMPLEMENTATION OF ITS INTEGRATED PEST MANAGEMENT PLAN TO THE DEPARTMENT. EVERY HOSPITAL SHALL UPDATE ITS INTEGRATED PEST MANAGEMENT PLAN AT LEAST ONCE EVERY THREE YEARS.

(C) EVERY PESTICIDE APPLICATION AT A HOSPITAL FACILITY SHALL BE CONDUCTED BY A CERTIFIED COMMERCIAL PESTICIDE APPLICATOR. NO SUCH APPLICATION SHALL BE CONDUCTED BY A PERSON NOT SO CERTIFIED REGARDLESS OF WHETHER SUCH PERSON IS WORKING UNDER THE DIRECT SUPERVISION OF A CERTIFIED COMMERCIAL PESTICIDE APPLICATOR.

(D) A NOTICE OF PESTICIDE APPLICATION AND A COPY OF THE PESTICIDE LABEL SHALL BE PROMINENTLY POSTED IN A COMMON AREA OF A BUILDING WHICH IS TO RECEIVE A PESTICIDE APPLICATION. SUCH COMMON AREA SHALL BE READILY ACCESSIBLE TO ALL PERSONS IN THE BUILDING. SUCH NOTICE AND PESTICIDE LABEL SHALL REMAIN POSTED FOR NOT LESS THAN FORTY-EIGHT HOURS FOLLOWING THE PESTICIDE APPLICATION. THE NOTICE OF PESTICIDE APPLICATION SHALL INCLUDE, BUT NOT BE LIMITED TO, THE NAME AND TELEPHONE NUMBER OF A HOSPITAL EMPLOYEE OR CONTACT PERSON WHO SHALL PROVIDE DETAILED INFORMATION ON THE PESTICIDE APPLICATION. A COPY OF THE PESTICIDE LABEL SHALL BE MADE AVAILABLE TO ANY PERSON REQUESTING SUCH LABEL WITHIN TWENTY-FOUR HOURS OF SUCH REQUEST.

(E) WHEN PESTICIDES ARE APPLIED TO HOSPITAL GROUNDS, TURF, TREES OR SHRUBS, VISUAL NOTIFICATION MARKERS, AS PROVIDED BY SECTION 33-1003 OF THE ENVIRONMENTAL CONSERVATION LAW, SHALL BE POSTED AT LEAST EVERY FIFTY FEET WITH AT LEAST ONE MARKER ON EACH SIDE OF THE APPLICATION AREA.

S 2. This act shall take effect on the one hundred eightieth day after it shall have become a law.