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2015-2016 Regular Sessions

I N A S S E M B L Y

January 7, 2015

Introduced by M. of A. ENGLEBRIGHT, COLTON, SCHIMEL -- Multi-Sponsored
by -- M. of A. ABINANTI, CLARK, CYMBROWITZ -- 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 ASSEM-
BLY, DO ENACT AS FOLLOWS:

1 Section 1. The public health law is amended by adding a new section
2 2803-u to read as follows:
3 S 2803-U. INTEGRATED PEST MANAGEMENT REQUIREMENTS FOR HOSPITALS. 1.
4 FOR PURPOSES OF THIS SECTION, THE FOLLOWING TERMS ARE DEFINED:
5 (A) "INTEGRATED PEST MANAGEMENT" MEANS A DECISION-MAKING PROCESS FOR
6 PEST CONTROL THAT UTILIZES REGULAR MONITORING TO DETERMINE IF AND WHEN
7 CONTROLS ARE NEEDED; EMPLOYS PHYSICAL, MECHANICAL, CULTURAL, BIOLOGICAL
8 AND EDUCATIONAL TACTICS TO CONTROL CONDITIONS THAT PROMOTE PEST INFESTA-
9 TIONS AND TO KEEP PEST POPULATIONS AT TOLERABLE DAMAGE OR ANNOYANCE
10 LEVELS; AND ONLY AS A LAST RESORT, UTILIZES LEAST-TOXIC PESTICIDE
11 CONTROLS. THE OVERALL GOALS OF INTEGRATED PEST MANAGEMENT ARE TO ELIMI-
12 NATE THE UNNECESSARY USE OF PESTICIDES AND REDUCE THE USE OF ALL PESTI-
13 CIDES.
14 (B) "FACILITIES" MEANS HOSPITAL BUILDINGS, LAND AND OTHER APPURTENANC-
15 ES.
16 2. TO ENSURE THAT HOSPITALS ARE SAFE AND HEALTHY ENVIRONMENTS FOR
17 PATIENTS, VISITORS AND HOSPITAL STAFF MEMBERS, CERTAIN REQUIREMENTS
18 SHALL BE PLACED ON PESTICIDE USE IN HOSPITAL FACILITIES.
19 (A) EACH HOSPITAL SHALL HAVE A PEST MANAGEMENT PLAN FOR ALL PEST
20 CONTROL ACTIVITIES. SUCH PLAN SHALL UTILIZE INTEGRATED PEST MANAGEMENT
21 TECHNIQUES TO MANAGE AND CONTROL PESTS AND PROBLEMS. EACH INTEGRATED
22 PEST MANAGEMENT PLAN SHALL INCLUDE A PROVISION FOR PUBLIC ACCESS TO ALL
23 INFORMATION ABOUT THE IMPLEMENTATION OF THE PLAN. HOSPITALS MAY ESTAB-
24 LISH 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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1 MANAGEMENT PLANS, AND TO MONITOR THE IMPLEMENTATION OF SUCH PLANS. NO
2 HOSPITAL SHALL CONDUCT OR HAVE CONDUCTED ANY PESTICIDE APPLICATION TO
3 ITS FACILITIES WHICH IS PREVENTATIVE IN NATURE AND WHICH DOES NOT
4 RESPOND TO A VERIFIABLE PEST PROBLEM.

5 (B) EACH HOSPITAL SHALL BE RESPONSIBLE FOR PROVIDING AN ANNUAL EVALU-
6 ATION OF THE IMPLEMENTATION OF ITS INTEGRATED PEST MANAGEMENT PLAN TO
7 THE DEPARTMENT. EVERY HOSPITAL SHALL UPDATE ITS INTEGRATED PEST MANAGE-
8 MENT PLAN AT LEAST ONCE EVERY THREE YEARS.

9 (C) EVERY PESTICIDE APPLICATION AT A HOSPITAL FACILITY SHALL BE
10 CONDUCTED BY A CERTIFIED COMMERCIAL PESTICIDE APPLICATOR. NO SUCH APPLI-
11 CATION SHALL BE CONDUCTED BY A PERSON NOT SO CERTIFIED REGARDLESS OF
12 WHETHER SUCH PERSON IS WORKING UNDER THE DIRECT SUPERVISION OF A CERTI-
13 FIED COMMERCIAL PESTICIDE APPLICATOR.

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

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

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