

HOUSE JOINT MEMORIAL 25

51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013

INTRODUCED BY

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FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

A JOINT MEMORIAL

REQUESTING CERTAIN BOARDS OF HEALTH CARE PROFESSIONS TO ADOPT
CONTINUING EDUCATION REQUIREMENTS THAT INCLUDE PERIODIC REVIEW
OF STANDARD PRECAUTIONS AND SAFE INJECTION PRACTICES AS A
CONDITION OF ISSUANCE AND RENEWAL OF LICENSURE OR
CERTIFICATION.

WHEREAS, according to the federal centers for disease
control and prevention, the hepatitis C virus is an increasing
cause of morbidity and mortality in the United States; and

WHEREAS, the hepatitis C virus can cause liver damage,
liver cancer and even death if untreated, and it is the single
leading cause of liver transplantation in the United States;
and

WHEREAS, New Mexico has the highest rate of deaths due to
chronic liver disease and cirrhosis in the nation; and

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1 WHEREAS, the hepatitis C virus is ten times more prevalent
2 than the human immunodeficiency virus in New Mexico, and a 2002
3 university of New Mexico study of emergency room admissions
4 found that seventeen percent of patients were infected with the
5 hepatitis C virus; and

6 WHEREAS, many of the two million seven hundred thousand to
7 three million nine hundred thousand persons in the United
8 States living with the hepatitis C virus are unaware that they
9 are infected and do not receive care and treatment; and

10 WHEREAS, fewer than ten percent of those infected with the
11 virus develop acute disease, characterized by the sudden onset
12 of symptoms; and

13 WHEREAS, those who do become symptomatic may do so weeks
14 or months after infection; and

15 WHEREAS, the centers for disease control and prevention
16 estimates that persons born between 1945 and 1965 comprise
17 three-fourths of all cases of hepatitis C virus infection in
18 the United States, and it has recently recommended one-time
19 testing for these persons without prior ascertainment of risk;
20 and

21 WHEREAS, the hepatitis C virus is spread through blood-to-
22 blood contact and not through household or casual contact, and
23 at room temperature, the virus can survive on surfaces for from
24 sixteen to ninety-six hours; and

25 WHEREAS, in 2008, unsafe injection practices at a small

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1 endoscopy center in Las Vegas, Nevada, caused an outbreak in
2 Nevada that potentially exposed over sixty thousand patients to
3 hepatitis C virus; and

4 WHEREAS, unsafe injection practices include reuse of
5 syringes for multiple patients or to access shared medications;
6 administration of medication from a single-dose, single-use
7 vial to multiple patients; and failure to use aseptic
8 techniques when preparing and administering injections; and

9 WHEREAS, Nevada public health officials estimated that the
10 investigation, response and community testing associated with
11 the 2008 outbreak cost between sixteen million dollars
12 (\$16,000,000) and twenty million dollars (\$20,000,000); and

13 WHEREAS, following the Nevada outbreak, Nevada's health
14 division strongly advised that physicians and other health care
15 providers undergo periodic mandated education in proper
16 infection control procedures; and

17 WHEREAS, Nevada currently requires certain categories of
18 health care professionals to attest to their respective
19 professional boards that they have knowledge of and comply with
20 centers for disease control and prevention infection control
21 guidelines, including safe injection practices; and

22 WHEREAS, according to the centers for disease control and
23 prevention, many outbreaks occur when health care workers do
24 not adhere to fundamental principles related to safe injection
25 practices, suggesting that those workers fail to understand the

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1 potential for their actions to lead to disease transmission;
2 and

3 WHEREAS, centers for disease control and prevention
4 experts studying hepatitis C virus outbreaks in non-hospital
5 settings have concluded that many outbreaks go undetected and
6 that those that are discovered represent the "tip of the
7 iceberg"; and

8 WHEREAS, centers for disease control and prevention
9 evidence-based guidelines define safe injection practices under
10 "Standard Precautions", and since the publication of these
11 guidelines in 2007, the centers for disease control and
12 prevention is aware of at least nineteen outbreaks associated
13 with single-dose, single-use medication involving bloodborne
14 pathogens and bacterial infections, with a majority of patients
15 requiring hospitalization; and

16 WHEREAS, all of these outbreaks arose in outpatient
17 settings; and

18 WHEREAS, to prevent the transmission of bloodborne
19 viruses, the centers for disease control and prevention
20 recommends certification and training in infection control
21 principles and practices, including aseptic techniques and safe
22 injection practices; and

23 WHEREAS, in addition, the centers for disease control and
24 prevention recommends frequent in-service education and
25 oversight by management of outpatient settings to detect and

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1 correct breaches in infection-control practices; and

2 WHEREAS, state boards of health care professions are
3 authorized to establish and adopt continuing education
4 requirements for their respective licensees and for persons
5 whom they certify; and

6 WHEREAS, the centers for disease control and prevention's
7 guidelines and educational materials on safe injection
8 practices are accessible through the its web site, and, in
9 fact, a new free continuing education and continuing medical
10 education course entitled, "Unsafe Injection Practices:
11 Outbreaks, Incidents and Root Causes", is available through
12 Medscape, an accredited continuing medical education provider;

13 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
14 STATE OF NEW MEXICO that the board of optometry, board of
15 nursing, New Mexico board of dental health care, board of
16 pharmacy, New Mexico medical board, board of osteopathic
17 medical examiners, board of podiatry and board of acupuncture
18 and oriental medicine be requested to establish and adopt
19 continuing education requirements for their respective
20 licensees and for persons whom the boards certify, to include
21 periodic review of centers for disease control and prevention
22 guidelines for "Standard Precautions and Safe Injection
23 Practices", no later than July 1, 2013; and

24 BE IT FURTHER RESOLVED that those boards be requested to
25 report on continuing education requirements adopted for their

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