

**FINAL REPORT**

**INFECTIOUS MEDICAL WASTE DISPOSAL  
STUDY COMMITTEE**

**Presented to the Legislative Council  
and the Iowa General Assembly  
January 1991**

**Prepared by the Legislative Service Bureau**



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## INFECTIOUS MEDICAL WASTE DISPOSAL STUDY COMMITTEE

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### AUTHORIZATION AND APPOINTMENT

The Infectious Medical Waste Disposal Study Committee was established by the Legislative Council. The charge of the Committee was to "study the handling and proper disposal of infectious medical waste including the possibility of waste volume reduction, incineration as a means of disposal, and alternative disposal methods. The Committee shall study the benefits and risks associated with each method of disposal and make recommendations to the General Assembly."

The members appointed to the Study Committee were:

Senator Alvin Miller, Co-chairperson  
Representative Glen Jesse, Co-chairperson  
Senator Michael Gronstal  
Senator Al Sturgeon  
Senator Jack Hester  
Senator Dale Tieden  
Representative Joel Brown  
Representative Jim Lykam  
Representative Bob Kistler  
Representative Joseph Kremer

### BACKGROUND INFORMATION

Iowa Code section 455B.501 defines "infectious waste" and also requires the Department of Natural Resources and the Iowa Department of Public Health to cooperate in the development and implementation of an infectious waste management program. The elements of the program include: recommendations for the revision of rules referring to infectious waste as hazardous or toxic wastes; an information and educational effort which must include an inventory of the numbers of generators and the volumes generated; development of standards for on-site and off-site treatment of infectious waste; and a public information program to promote public understanding of state and private efforts to manage infectious wastes.



During the 1990 Session of the 73rd General Assembly, legislation was enacted which requires a city, county, or private agency to obtain local approval from the city council or county board of supervisors prior to the siting of a proposed new sanitary landfill or infectious waste incinerator. The legislation also imposed a one-year moratorium on commercial infectious waste incinerators with an exclusion for hospitals, licensed pursuant to Iowa Code Chapter 135B, which accept waste from other infectious waste generators if the total amount of infectious waste accepted from other generators is less than 66% of the infectious waste incinerated.

### COMMITTEE PROCEEDINGS

The Study Committee was authorized two meeting days which were held on August 13 and November 26, 1990.

#### August 13, 1990, Meeting

During the August 13 meeting, the Committee received the following testimony:

Dr. LaVerne Wintermeyer, State Epidemiologist, Iowa Department of Public Health, presented an historical overview of medical waste, discussed the federal Medical Waste Tracking Act, provided information to support the conclusion that medical waste in the Des Moines area is not a problem and explained the guidelines developed by the Greater Des Moines Area Hospitals' Committee for the management of hospital medical waste.

Ms. Theresa Hay, Administrator, Waste Management Authority Division, Department of Natural Resources, presented information regarding the inventory compiled by the Authority which provides information regarding the quantities of infectious waste generated in Iowa, the types of this waste generated, the sources of generation, and concluded by providing the Committee with a preliminary total of 14,971,690 pounds per year as an estimate of the infectious waste generated in the state.

Mr. Walt McDonald, State Department of Transportation, informed the Committee that there are no specific state regulations which pertain to the transportation of infectious medical waste unless the waste may also be classified as another type of waste such as hazardous or radioactive. Mr. McDonald also stated that the U. S. Congress is currently updating the Hazardous Materials Transportation Act of 1975 which might indirectly affect the transportation of infectious waste and is also considering strengthening preemption of state and local



laws that are inconsistent with federal hazardous material transportation regulations or that interfere with the free flow of commerce.

Mr. Michael Leary, Iowa Dental Association, commented that the dental profession had been practicing infection control procedures long before attention was drawn to the issue of infectious waste. Mr. Leary encouraged the Committee to exclude the dental profession from stringent regulations which might be developed in the future because dental offices are small generators and currently practice infectious waste control. He also provided information from the American Dental Association which estimates that currently the average dental office produces 0.68 pounds per month of discarded sharp items derived from patient care including hypodermic needles, and 0.60 pounds per month of human tissue.

Dr. Randy Winston, Iowa Medical Society, encouraged the Committee to develop a reasonable definition of infectious waste which is not over-inclusive. He encouraged the Committee to base its policy decisions on problems occurring within the state rather than basing policy on what is happening in other areas of the nation, not to overregulate physicians' offices, to ensure the availability of disposal and treatment facilities for small quantity generators, to provide programs to assist in proper waste handling, to encourage creativity in the development of alternative waste management techniques, and to limit regulation of infectious waste management to that which is necessary.

Ms. Linda Goeldner, Iowa Hospital Association, provided information regarding the amount of medical waste generated by the membership of the Association including both infectious medical waste and other medical waste; outlined the options which hospitals have for disposal of medical waste; and provided recommendations for the Committee to consider. The recommendations included: basing regulatory decisions upon statutory definitions already in place, that alternatives for waste disposal be considered, establishing incinerators or autoclaves for the use of small generators, providing public education and information efforts regarding medical waste, and enhancing funding to various state agencies for educational and technical assistance efforts.

Mr. David Gude, member of the Shelby County Organization for the Protection of the Environment (S.C.O.P.E.) and resident of Harlan, Iowa, provided information regarding the history of the proposed establishment of medical waste incinerators in Harlan. Mr. Gude recommended that if incineration is allowed to take place in Iowa on a large-scale basis, the Committee should consider all of the following: the waste be regulated as hazardous waste; Iowa should manage its own wastes and not be responsible for large amounts of waste from outside of the state; that the management of waste is not an acceptable means of economic development; and that transportation and disposal options be selected which are the safest possible.



Mr. Doran Bollman, Eldon, Iowa, commented that the three main reasons for which an autoclave or incinerator should not be established in Eldon include that there is no demonstrated need for a facility, the site is unsafe and inappropriate, and the risks or damage to the environment and the public health are too great. Ms. Barbara Pauls also provided information regarding the proposed site in Eldon, Mr. Jerry Burk, Fairfield, Iowa, provided information regarding his visit to a mass-burn incinerator in Cleveland, Ohio, and Ms. Sandy Moradi, Douds, Iowa, stated her concerns with the importation of infectious waste into the area.

Mr. Mike Ayers, Divisional Vice President, Medical Waste, Browning-Ferris Industries, Inc., (BFI), provided background regarding BFI and the development of the services which it provides throughout the United States and Canada. The Committee viewed a videotape depicting a BFI autoclave in operation and the comprehensive program BFI utilizes in its management of waste. He informed the Committee that BFI welcomes necessary regulation and that BFI has set the standard for the industry.

Representative Mark Shearer cautioned the Committee that infectious waste is a concern and that the intent of the one-year moratorium is to allow a period of time during which the state might review its waste management options and develop standards in this area. He encouraged the Committee to develop recommendations which provide for the management of the state's own infectious waste while discouraging the importation of out-of-state waste.

#### November 26, 1990, Meeting

During the November 26 meeting, the Committee received the following testimony:

Ms. Shirley Lindell, Ph. D., Biological Safety Consultant, University of Iowa, provided information regarding alternative treatment and disposal options for medical waste and their health, safety and environmental implications. Ms. Lindell concluded her presentation with a videotape depicting shredding/disinfectant and treatment/incineration processes.

Ms. Theresa Hay, Department of Natural Resources, Waste Management Authority Division, discussed infectious waste management treatment and disposal capacity in Iowa. Ms. Hay concluded her presentation by stating that there is a need for increased quality disposal capacity within Iowa and recommended cooperative efforts to develop regionalized management capacity.

Mr. Allan Stokes, Department of Natural Resources, Environmental Protection Division, addressed the regulatory aspects of infectious waste including the effects of the federal Clean Air Act of 1990. He stated that currently there are



no state regulations that pertain specifically to infectious wastes and that the Department of Natural Resources regulatory authority is limited to the use of construction permits for infectious waste facilities.

Mr. Steve Hirsch, Voluntary Hospitals of America, Iowa presented information regarding his organization's recommendation of a regionalized effort on the part of hospitals to manage infectious waste.

Dr. George Beran, Iowa Veterinary Medical Association, presented information regarding the management of veterinary medical waste.

### COMMITTEE RECOMMENDATIONS

During the November 26, 1990, meeting, the Committee approved the following recommendations:

1. That the Department of Natural Resources be granted the authority to issue operating permits for all infectious medical waste treatment and disposal facilities. The operating permits would address, but are not limited to, stack emissions, ash disposal, personnel training, transportation, and packaging.
2. That an exception to the stringency clause for infectious medical waste treatment and disposal facilities be created and be effective upon enactment.
3. That the current legal moratorium be extended to all infectious medical waste treatment and disposal facilities until such time as the Department of Natural Resources adopts rules for operating permits and not earlier than April 1, 1992. The extension would be effective upon enactment and would allow the current exception for hospitals to remain intact.
4. That an attempt be made to establish a compact with surrounding states to discuss infectious medical waste treatment and disposal and other types of waste disposal problems.

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