

MMA Public Health Committee

April 9, 2014

4pm-6pm

Conference Call Dial in Number: 1-877-668-4493 ****Note this is a new number****

Access Code: 23025386

AGENDA

(5 min) I. Welcome and Introductions – Drs. Lani Graham

(5 min) II. Acceptance of February 2014 Minutes (attachment 1)

(5 min) III. Announcements

(45 min) IV. Priority Topics

1. Committee priorities for 2014-2015 (attachments 2, 3 & 4)
 - a. Review of Survey Monkey Results, discussion & voting
 - b. Implications for meeting agendas, member engagement

(45 min) V. Old Business & Brief Updates

1. Legislative Updates (Ms. Barnard, MMA Staff)
 - a. LD 1578 & 1487, Medicaid Expansion
 - b. LD 1345, Single Payer
 - c. LD 1699, HIV Education
 - d. LD 1719, FHM Funding
 - e. LD 1811, Drug Enforcement
 - f. State Budget
 - g. Safe Chemicals Act
2. Climate Change & Adaptation
3. Update on Domestic Violence Linkage Project (Dr. Postman)
4. Updates from MeCDC (Dr. Sears)
5. Physician Wellness (Dr. Graham)
 - a. Carried over from February: Update on workplace Injuries/OSHA (attachment 5)
6. Update on Trigger Lock Campaign (Ms. Barnard/Dr. Walworth)

(15 min) VI. New Business

1. New Public Health Issues on the Horizon
2. Upcoming Events

MAINE MEDICAL ASSOCIATION - PUBLIC HEALTH COMMITTEE
MEETING MINUTES
February 12, 2014

MEMBERS PRESENT: Co-Chair, Daniel Oppenheim, MD, Co-Chair, Lani Graham, MD, John Garafalo, MD, Norma Dracyfus, MD, (phone), Lawrence Mutty, MD, Stephen Sears, MD, Robert Struba, MD, (phone), Edward Walworth, MD, (phone), Phil Caper, MD, (phone), Jim Maier, MD (phone)

OTHERS PRESENT: Kate Perkins (MCD Public Health), Leah Postman, DVM, Staff: Jessa Barnard, Ashley Bernier.

TOPIC	DISCUSSION	ACTION/FOLLOWUP/RESULTS
<p>Welcome & Introductions</p> <p>Review of December 2013 Meeting Minutes</p> <p>Announcements</p> <p>Priority Topics & Guest Speakers</p> <p>1. Community Health Workers/SIM Grant</p>	<p>Introductions were made around the room and on the phone.</p> <p>Members reviewed the minutes. Motion made to approve December 2013 minutes as written.</p> <p>Jessa Barnard is moving to Vermont this summer when she leaves for her maternity leave.</p> <p>Ms. Kate Perkins from Maine Care Development was invited to update the Committee on a Community Health Worker Program. Maine Care Development's Public Health program was created in Maine in 1966, and they have done consulting work in other states. They specialize in rural health. Community health workers (CHW) tend to be located in prevention programs and there are currently 45 in the state. The Maine State Innovation Model (SIM) grant is funding a state community health worker pilot program. The CHW</p>	<p>Minutes were accepted.</p> <p>MMA staff will continue to work on a transition plan for the Public Health Committee and will report back at Committee meetings.</p>

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	<p>program will be used for public health outreach efforts. They will be trusted members in the community and will be a link between the general population and social, community and health services. They will need to find a member of the community, already recognized as a leader, and give them additional training. They will then be sent back to the community to hear their needs and feelings and then help them connect to the right resources and care. ICER review (page six of PowerPoint) found a financial benefit to the health care system. Some PHC members asked how this is different than a navigator or peer educator. Ms. Perkins answered that they may not look different. It is mostly a language issue, a difference in training and that CHW's come from within the community and are focused on meeting the needs identified by the community. SIM will be funding 6 pilots in different areas of the state and each model may look different. MCD hopes the RFP will be released soon. Additional information and the ICER Review can be found at this link: http://cepac.icer-review.org/?page_id=1066</p>	
	<p>• Looked at current committee priorities list. Some members mentioned Medicaid expansion, the population's access to healthcare. Many agreed that this is a huge issue and that it is getting worse –priority is improving access, focus on that and not providing care.</p> <p>• The health impacts of climate change is a pressing issue. Norm Anderson's last presentation was eye opening. Members agreed that the PHC needs to be part of the medical voice with this issue. We can prepare and educate our members with recognize the problem, and</p>	
	<p>2. Committee Priorities/Major Initiatives for 2014 (attachments 2 & 3)</p>	<p>PHC members discussed possible priority ideas and agreed that they should focus on just a few main priorities, and possibly have an A, B and C ranking system. MMA staff to create & circulate a poll to all Committee members on what members want the PHC to focus on. Next meeting there will be a vote on priorities.</p>

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	<p>having members able to respond. MMA on adaptation side not preventing climate change.</p> <ul style="list-style-type: none"> • Child immunizations not as big of a problem now that Universal Program is up and running Rite aid is working on keeping track of doses and will report them. In 2015 pharmacists will be looking to change the age at which they can administer many vaccines from 18 to younger. • Members discussed Physician Wellness and the burning out of the physician workforce. This could possibly be another priority, or a subset of access to health care (burn out effects health care and their access). This may be one of the issues where the PHC is really the only voice so should take the lead. • Could contact representatives of Medical Societies in New Hampshire and Vermont to compare which issues they are prioritizing. • Keep domestic violence on list. • The PHC members agreed with having too many priorities, you don't get much done. Need to get specific strategies for each. What can the committee really do? Members discussed the possibility of having A, B and C priorities. Have active issues (A) and some where we join other organization's efforts (B's) and some that we monitor (C's). Also have list for proactive and reactive priorities. Legislature should drive discussions. Proactive idea – LD 1345 concerning the single payer system. • Next meeting vote on top priorities. Maybe do poll (survey) with members, what are the best priorities? Members agreed it would be valuable to hear from full 	
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<p>Old Business and Brief Updates</p> <p>1. Legislative Updates</p> <p>a. LD 1578, Medicaid Expansion</p> <p>b. LD 1345, Single Payer</p> <p>c. LD 386, Tobacco Cessation Benefit</p> <p>d. LD 1699, HIV Education</p> <p>e. LD 1719, FHM Funding</p>	<p>Committee membership. Slot for other option too.</p> <p>Negotiations are going on behind the scenes, and a compromise bill will hopefully be coming together soon (maybe a week or two). With the linkage to managed care, Senator Katz is taking the lead. Some members disagreed with this idea. MMA is neutral on managed care, and is expressing pros and cons.</p> <p>Most likely to be made a resolution, and unlikely to move forward. Vermont much further along – maybe a 50% chance of it happening.</p> <p>House and senate overrode the Governor’s veto, so it is restored and will be strengthening smoking sensation services for Medicaid beneficiaries. Going into law 90 days after adjournment.</p> <p>MMA testified to restore \$100,000 to educating students about prevention. Unclear where the funding will be found.</p> <p>Ms. Barnard testified for the MMA and PHC for a \$5 million the state is receiving due to an arbitration to stay within the Fund for a Healthy Maine. This money would go to one time projects in areas such as tobacco, obesity, home visiting, Head Start and family planning.</p>	<p>MMA continues to encourage members to contact their legislators, especially moderate Republicans.</p> <p>The LD will most likely not move further.</p> <p>Going into law.</p>
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<p>f. Safe Chemicals Act</p>	<p>Ms. Barnard met with Senator Collins staff concerning this act. Ms. Barnard said it was a positive meeting, and that the staff there was supportive who will relay the informative to Senator Collins.</p>	
<p>2. Vermont Medical Society Resolution on Integrating Public Health into Health Reform (attachment 4)</p>	<p>Not discussed due to time.</p>	
<p>3. Climate Change & Adaptation</p>	<p>Not discussed due to time.</p>	
<p>4. Update on Domestic Violence Linkage Project (Dr. Postman)</p>	<p>Not discussed due to time.</p>	
<p>5. Updates from MeCDC (Dr. Sears)</p>	<p>Dr. Sears provided several updates, including: Chris Perkins, director of Emergency Preparedness, is retiring and the position will not be filled immediately. Vaccines this year were a good match for the flu and the state has seen less flu this year. The Department continues to work on SIM grant projects.</p>	<p>Chris Perkins, director of Emergency Preparedness, is retiring.</p>

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<p>6. Physician Wellness (Dr. Graham/Ms. Barnard) a. Update on Workplace Injuries/OSHA (attachment 5)</p>	<p>Not discussed due to time though Ms. Barnard provided handouts showing a new website that OSHA has created to address health care worker safety.</p>	
<p>7. Membership</p>	<p>Not discussed due to time.</p>	
<p>New Business</p> <p>1. Request for MMA Involvement with Trigger Lock Campaign (Dr. Walworth) (attachment 6)</p>	<p>Maine Citizens Against Handgun Violence has requested that MMA support a Trigger Lock Giveaway by promoting the effort and potentially contributing funds. The Sheriffs did a similar giveaway 5-10 years ago and it was very successful. Several members agreed that this would serve the public interest, especially since the trigger locks would be given to people who might not buy them. The average price online for trigger locks is \$20. Some PHC members asked why some companies make guns without triggers. The committee then discussed how guns already do come with safety locks, but a trigger lock would be separate. Some others questioned if any data existed that would support the fact that those who receive these trigger locks actually put them on their guns. Dr. Walworth said he did not possess such data. Some may never think to buy them, but if they come with a gun, maybe more likely to use them. The Maine AAP has already endorsed the effort. Members motioned that the PHC encourage the MMA board support the trigger lock giveaway and MMET</p>	<p>Unanimous vote for the PHC to support the trigger lock campaign. They will encourage MMA Board to endorse the effort and MMET Board to contribute funds. MMA staff to communicate this support. Dr. Walworth will contact Maine pediatrics to find data on Maine children whose households possess guns.</p>

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<p>2. EPA Wood Stove Regulation Sign on Request (Ms. Barnard) (attachment 7)</p>	<p>consider a donation. PHC members then discussed that the effort should reach out to family physicians so they can give away trigger locks to families. Unanimous vote to support.</p> <p>Request a few days ago from the Clean Air Act Coalition to sign on in support of regulating wood burning boilers and furnaces. This would grandfather existing stoves and any new regulations would only apply to new stoves. Maine is second in country for wood burning. This can bring huge problems such as educating people about filters, and encouraging people to get better stoves. Not only does it affect a household who has a wood stove, but it also affects the next house over which gets massive pulmonary exposure, even more than the owner of the house with the wood stove. The PHC agrees to sign on to request.</p>	<p>The PHC agrees to sign on to request to regulate new wood burning stoves.</p>
<p>3. New Public Health Issues on the Horizon</p>	<p>MMA will have a half table at the Heart Association’s Gala on March 11th at the Holiday Inn by the Bay. Seats are still available. Dr. Walworth stated there will be a climate solutions exposition at the Augusta Civic Center on March 12th.</p> <p>Ms. Barnard brought an issue with the State Health Improvement Plan to the attention of the Committee. The Commissioner of DHHS recently took out four of the five written tobacco objectives and several dealing with obesity – for example, removing the item related to increasing the tobacco tax, increasing funding for the state tobacco programs and educating the public on tobacco cessation benefit coverage. Some organizations are threatening to</p>	<p>The Heart Association’s Gala is March 11th. Contact Ms. Barnard if you are interested in a seat. .</p> <p>The Committee members support MMA staff moving forward with contacting DHHS regarding the report and to remove MMA’s support from the document if it is not amended to restore evidence-based practices.</p>

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<p>Next Meetings: April 9, June 11, August 13, October 8, December 10, 4-6 pm, MMA Offices or by phone</p>	<p>take their names off to show they are no longer supporting the report now that it that no longer reflects their initial objectives and well-established, evidence-based interventions. The plan is to send a letter to DHHS expressing these concerns and if the report is not amended, to ask that our names be removed. Some PHC members suggested the organizations make a media move to bring additional light to the issue.</p>	<p>Meeting Adjourned</p>
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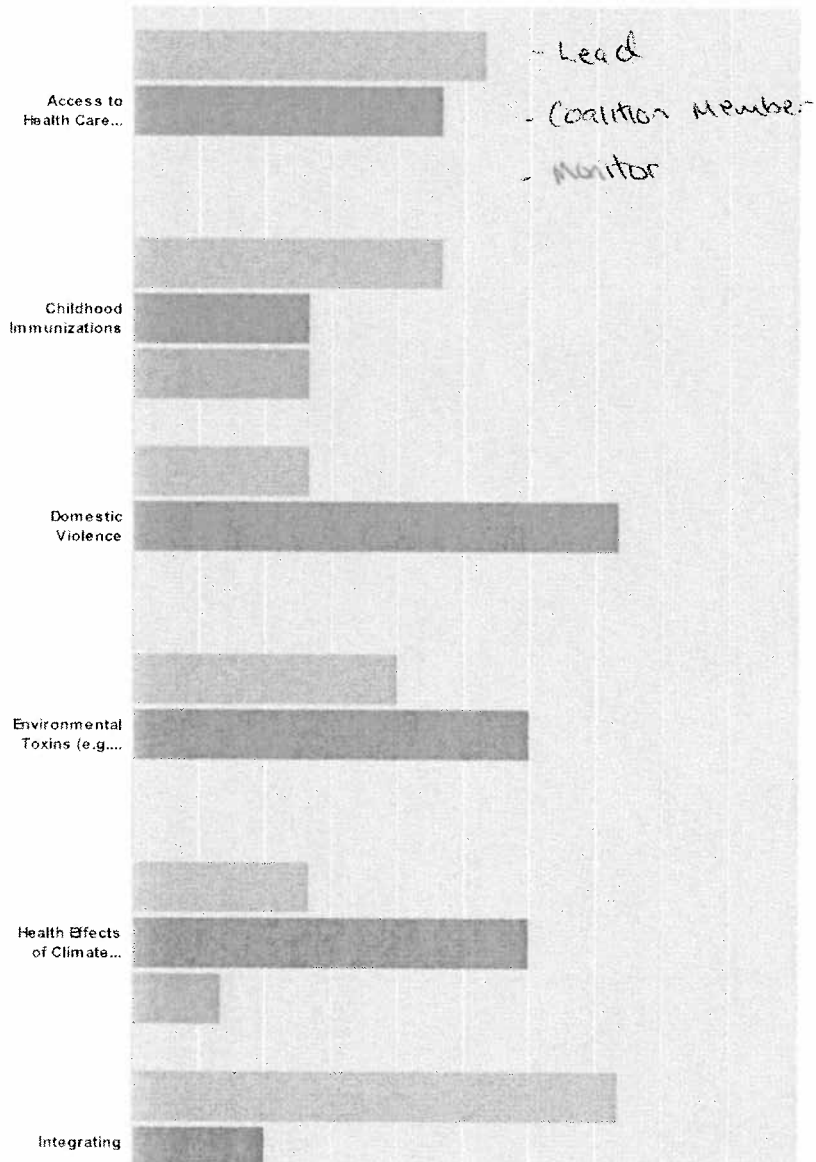
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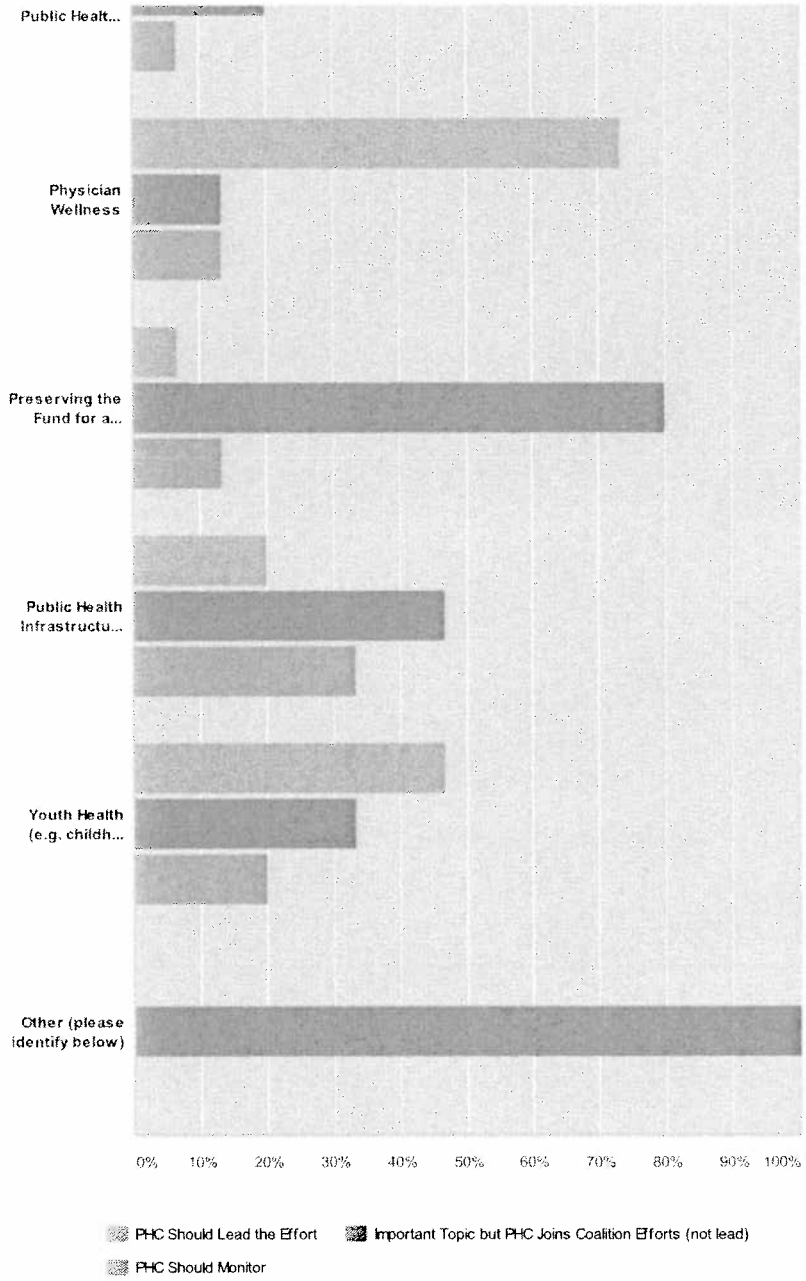
Q1

Customize Export

Please choose the role the Committee should take with regard to the following topics:

Answered: 15 Skipped: 0





	PHC Should Lead the Effort	Important Topic but PHC Joins Coalition Efforts (not lead)	PHC Should Monitor	Total
* Access to Health Care (health coverage and access to preventive services)	53.33% 8	46.67% 7	0.00% 0	15
Childhood immunizations	46.67% 7	26.67% 4	26.67% 4	15
Domestic Violence	26.67% 4	73.33% 11	0.00% 0	15
Environmental Toxins (e.g. BPA in children's products, Kids Safe Products Act, Toxic Substances	40.00% 6	60.00% 9	0.00% 0	15

Control Act)					
Health Effects of Climate Change/Climate Change Adaptation	26.67% 4		60.00% 9	13.33% 2	15
Integrating Public Health Into Health Care Services	73.33% 11		20.00% 3	6.67% 1	15
Physician Wellness	73.33% 11		13.33% 2	13.33% 2	15
Preserving the Fund for a Healthy Maine	6.67% 1		80.00% 12	13.33% 2	15
Public Health Infrastructure (e.g. public health districts)	20.00% 3		46.67% 7	33.33% 5	15
Youth Health (e.g. childhood obesity & tobacco use)	46.67% 7		33.33% 5	20.00% 3	15
Other (please identify below)	0.00% 0		100.00% 4	0.00% 0	4

Comments (5)

Responses (5) Text Analysis My Categories

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mental health and substance abuse services access
3/28/2014 2:04 PM View respondent's answers

Emerging threats to public health, such as wood smoke in homes or outside boilers
3/21/2014 8:15 AM View respondent's answers

Background checks for firearm permits
3/19/2014 5:01 PM View respondent's answers

Patient participation in/responsibility for own health, public education on "evidence based" medicine, study of the potential PH significance of better engaging of CAM practitioners in total patient care, study of potential for food coop /farm community to educate financially challenged folks on value/healthful nutrition, suicide prevention, ditto with bullying, subcommittee in PHC for behavioral health issues. Just for starters, and so on. munity s , n
3/19/2014 10:45 AM View respondent's answers

Suicide prevention - In youth, physicians & others
3/19/2014 9:53 AM View respondent's answers

MMA Public Health Committee – 2014 Priority Planning

Current Committee Priorities (2012-2013):

- 1) Obesity & Environmental Toxins, including Maine's Kid Safe Product Act and reform of the Toxic Substances Control Act
- 2) Physician Wellness
- 3) Preserving the Fund for a Healthy Maine and the Public Health Infrastructure
- 4) Domestic Violence

Prior Committee Priorities (2009-2011)

- 1) Environmental Toxins (emphasis on TSCA & KSPA)
- 2) Childhood Immunizations (emphasis on Universal Vaccination Program)
- 3) Public Health Infrastructure
- 4) Health Effects of Climate Change (emphasis on Clean Air Act)
- 5) Youth Health (Childhood Obesity & Tobacco Use) (added 2011)

Other Issues Addressed in 2012-2013: See attached annual report

Other Issues Addressed in 2011:

- 1) Nuclear Weapons (New START & Comprehensive Test Ban Treaty)
- 2) Health Care Worker Influenza Vaccination Rates
- 3) Response to Legislative Proposals (seatbelt enforcement, vaccinations, minors' rights, head injury, bullying)

Other Issues Addressed in 2010:

- 1) Drafting of State Health Plan
- 2) Lyme's Disease (planned to hold educational seminars & educate on long term antibiotic use)
- 3) Weapons (firearms in parks, New START, CTBT)
- 4) Gubernatorial Forum

Resolutions Passed in 2013

- 1) Bicycle Safety & Funding
- 2) Prohibiting Tobacco Sales in Health Care Settings
- 3) Supporting and Evidence-Basis for Public Health Policies
- 4) Updating MMA Poll on Physician's Opinions on Single Payer Health Care

Resolutions Passed in 2012

- 1) Antibiotic Stewardship
- 2) Possession of Dangerous Weapons
- 3) Public Health Infrastructure
- 4) Sugar Sweetened Beverages

Resolutions Passed in 2011

- 1) Global Climate Change and Wind Power

- 2) Government Interference in Patient Counseling
- 3) Influenza Vaccination Policies for Health Care Workers
- 4) Supporting the Clean Air Act
- 5) Prescription Drug Abuse (MMA Executive Committee)

Resolutions Passed in 2010:

- 1) Toxic Substances Control Act
- 2) New Strategic Arms Reduction Treaty with Russia and The Comprehensive Nuclear Test Ban Treaty

Resolutions Passed in 2009:

- 1) Commitment to Promote Physician Involvement & Leadership in Maine's Public Health Infrastructure
- 2) Childhood Immunization and Insurance Coverage Gaps
- 3) Integrating Early Oral Health Into Medical Practices
- 4) Global Climate Change
- 5) Hand Coughing & Sneezing (Dr. Lounsbury)
- 6) Physicians Order for Life Sustaining Treatment (POLST) (MMA Ethics Committee)
- 7) Wind Energy & Public Health (Drs. Aniel & Nissenbaum)

**MAINE MEDICAL ASSOCIATION
2013 ANNUAL REPORT OF THE PUBLIC HEALTH COMMITTEE
by
Lani Graham, MD & Daniel Oppenheim, MD, Co-chairs**

As in the past, the Public Health Committee has been very active this year, meeting every-other month in person or by phone.

The Committee has currently identified the following priorities:

- 1) Obesity & Environmental Toxins, including Maine’s Kid Safe Product Act and reform of the Toxic Substances Control Act
- 2) Physician Wellness
- 3) Preserving the Fund for a Healthy Maine and the Public Health Infrastructure
- 4) Domestic Violence

The Committee made significant progress in these four areas, as well as responding to various public health issues that came up throughout the year and during the legislative session.

In order to show the depth and breadth of the issues addressed by the Committee, this report will focus on reviewing the scope of issues taken on or discussed by the Committee this year. The work of the Committee is relevant to physicians of all specialties – from primary care to cardiology, surgery and infectious disease - and we encourage MMA Members to join us in our work, regardless of whether you consider yourself a public health “expert.”

- **Antibiotic Stewardship:** Participated in Get Smart About Antibiotic Week with cobranded media campaign with MeCDC
- **Bisphenol-A:** Testified at administrative and legislative hearings regarding removing BPA from children’s products, submitted op-eds and letters to the editor; met with congressional delegation, submitted statements in support of efforts to reform federal Toxic Substances Control Act
- **Clean Air Standards:** Sent letters and testified on federal and state air quality regulations
- **Climate Change and Adaptation:** Testified in favor of bill to require Maine DEP to start implementing climate change adaptation report
- **Domestic Violence:** Advocated for Nellie’s Web, a coalition looking to increase health professional knowledge about the link between domestic violence and animal abuse, in seeking fiscal sponsorship from the Maine Medical Education Trust; continued linkages to Physicians For Social Responsibility screening project and Maine Coalition to End Domestic Violence
- **Gun Control:** Advocated for final MMA Board adoption of policy on Possession of Dangerous Weapons, testified on relevant legislation at statehouse

- **Health Reform/Health Coverage:** Received updates on efforts to accept federal funds to expand Medicaid coverage to low-income Mainers, coordinated with MMA Legislative Committee
- **Lyme Disease:** Testified and contacted legislators in opposition to bill that would require MeCDC to provide non-evidence based treatment guidelines on website
- **Mosquito-borne illnesses:** Discussed legislative proposal regarding pesticide use, and other approaches, with MeCDC
- **Obesity/Physical Activity:** Testified on bill in support of increased physical activity and improved nutrition policies in schools
- **Pertussis:** Received updates from MeCDC regarding outbreaks and efficacy of Tdap vaccine
- **Physician Wellness:** Received updates and coordinated with the Medical Professionals Health Program
- **Public Health Infrastructure:** Continued support for Healthy Maine Partnerships, Fund for a Healthy Maine and local public health infrastructure through testimony at statehouse and other efforts
- **Sugar Sweetened Beverage Tax:** Spoke at and gathered support from other health care provider organizations such as Maine Dental Association and Downeast Association of Physician Assistants
- **Tanning:** Testified, contacted legislators, and actively supported AAP campaign to ban minors from using tanning beds
- **Tar Sands:** Considered scientific evidence, heard expert speakers and drafted letter in opposition to tar sands transportation through Maine
- **Tobacco Control:** Testified, spoke at press events, and wrote op-eds regarding tobacco cessation coverage, taxing cigarettes and other tobacco products, exposure to second hand smoke
- **Work Force:** Received update from Dora Mills, MD, regarding public health degrees offered by University of New England
- **Vaccinations:** Testified and contacted legislators on several legislative proposals that would either strengthen or undermine childhood vaccination rates

We would like to thank all of the members of the Public Health Committee for their time and commitment to our work. They are all extremely dedicated to improving the health of Mainers and we thank them for all they have done, from letter writing, to testifying to planning educational sessions. We are already anticipating another busy and productive year and look forward to new MMA members joining us in our efforts.



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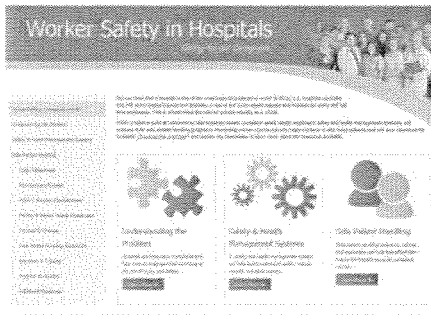
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News Release

U.S. Department of Labor

Release Number: 14-69-NAT
Date: Jan. 15, 2014
Contact: Jesse Lawder
Phone: 202-693-4659
Email: lawder.jesse@dol.gov

OSHA releases new resources to protect hospital workers and enhance patient safety



WASHINGTON - The U.S. Department of Labor's Occupational Safety and Health Administration today launched a new educational Web resource, http://www.osha.gov/hospitals, which has extensive materials to help hospitals prevent worker injuries, assess workplace safety needs, enhance safe patient handling programs, and implement safety and health management systems.

"These new materials can help prevent hospital worker injuries and improve patient safety, while reducing costs," said Dr. David Michaels, assistant secretary of labor for occupational safety and health. "At the heart of these materials are the lessons from high-performing hospitals that have implemented best practices to reduce workplace injuries while also improving patient safety."

"By fostering research to identify injury risk factors and safety interventions, steps can be taken to save costs and enhance service to the patients," said Dr. John Howard, director of the National Institute for Occupational Safety and Health.

The website's materials on safe patient handling are designed to address the most common type of injuries hospital workers face, and hospitals can use these resources to protect their workers, improve patient safety and reduce costs.

Hospital workers face serious hazards, including: lifting and moving patients, workplace violence, slips and falls, exposure to chemicals and hazardous drugs, exposures to infectious diseases and needlesticks. In 2012, U.S. hospitals recorded 250,000 work-related injuries and illnesses, almost 60,000 of which caused employees to miss work.

Michaels was joined on a call announcing the resources by Howard, Dr. Lucian Leape, chairman of the Lucian Leape Institute at the National Patient Safety Foundation, and Dr. Erin S. DuPree, chief medical officer and vice president of the Joint Commission Center for Transforming Healthcare.

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov.

###

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