



**House
Legislative
Analysis
Section**

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REVISE MEDICAL WASTE ACT

House Bill 4832

Sponsor: Rep. Teola P. Hunter

Committee: Public Health

Complete to 8-28-91

A SUMMARY OF HOUSE BILL 4832 AS INTRODUCED 5-16-91

In 1990, the legislature enacted a package of bills that regulated medical waste under the Public Health Code. The bill would make several amendments to the new part of the health code regulating medical waste.

More specifically, the bill would:

- * Revise the definition of "medical waste," which currently exempts waste generated from households, farms (or other agricultural businesses), homes for the aged, and home health care agencies. Under the bill, home health care agencies no longer would be exempt from the act's provisions.

- * Revise the definition of "pathological waste," which currently exempts from the definition (and therefore regulation) human organs, tissues, body parts (other than teeth), products of conception, and fluids removed by injury or surgery so long as these items are preserved in formaldehyde. The bill would delete this exemption.

- * Revise the definition of "sharps" to include not only needles, syringes, scalpels, and intravenous tubing with needles attached but also "other instruments or equipment designated by rule" of the Department of Public Health (DPH). (The bill also would give the department rule-making power to add instruments and other equipment to the definition of "sharps.")

- * The act currently prohibits facilities that produce and incinerate medical waste on site from storing medical waste on their premises for more than 90 days. The bill would allow such facilities to store a sharps container on the premises for 90 days after it was full.

- * The act currently requires facilities which produce medical waste to store cultures and stocks of material contaminated with infectious agents in closed, puncture-resistant containers; decontaminate them by autoclaving or incineration; and dispose of them in a sanitary landfill. The bill would allow such wastes to be, in addition, stored, decontaminated, and disposed of in a manner approved by the Department of Public Health.

- * The act currently imposes on private practice offices that produce medical waste a registration fee based on the number of certain kinds of practitioners licensed under the health code (physicians, dentists, podiatrists, veterinarians, and certified nurse practitioners or nurse midwives). Offices with fewer than four licensed staff pay a \$50 fee, while those with more than four licensed staff pay \$20 for each licensee up to a maximum fee of \$80.

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The bill would set a uniform \$50 fee for all private practice offices employing the specified licensed practitioners.

- * The act currently requires that "sharps" be transported separately from other medical waste. The bill would allow properly contained sharps and other medical waste to be transported together.

- * The act currently requires that whenever suspected medical waste is reported to the Department of Natural Resources (DNR) or the Department of Public Health (DPH), the state police, a local health department, or any other state or local government agency, that department or agency must investigate. If the existence of medical waste is confirmed by a department of agency other than the DNR, it must report its findings to the DNR, which then may ("if appropriate") take appropriate action. The DNR may consult with the Department of Public Health (among others), and after the DNR confirms the existence of medical waste, it must inform the legislature, governor, advisory council, and the public on the results of any investigation it conducted. The bill would amend the act to transfer these responsibilities from the Department of Natural Resources to the Department of Public Health, and allow the Department of Public Health to consult with the DNR.

- * Finally, the bill would specify that if there were a conflict between the medical waste act and other state law, the act would take precedence over the other laws.

MCL 333.13805 et al.