

SENATE BILL No. 633

December 3, 1991, Introduced by Senators PRIDNIA, DI NELLO, KOIVISTO, DUNASKISS, HONIGMAN, CISKY, CONROY, BARCIA, MC MANUS and EMMONS and referred to the Committee on Health Policy.

A bill to amend sections 16221 and 16226 of Act No. 368 of the Public Acts of 1978, entitled as amended "Public health code,"

as amended by Act No. 15 of the Public Acts of 1989, being sections 333.16221 and 333.16226 of the Michigan Compiled Laws; and to add sections 16268, 16269, 20169a, and 20169b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Section 1. Sections 16221 and 16226 of Act No. 368 of the
2 Public Acts of 1978, as amended by Act No. 15 of the Public Acts
3 of 1989, being sections 333.16221 and 333.16226 of the Michigan
4 Compiled Laws, are amended and sections 16268, 16269, 20169a, and
5 20169b are added to read as follows:

6 Sec. 16221. The department may investigate activities
7 related to the practice of a health profession by a licensee, a
8 registrant, or an applicant for licensure or registration. The

1 department may hold hearings, administer oaths, and order
2 relevant testimony to be taken and shall report its findings to
3 the appropriate board or appropriate task force. ~~The~~ A board
4 shall proceed under section 16226 if the board finds that any of
5 the following grounds exist:

6 (a) A violation of general duty, consisting of negligence or
7 failure to exercise due care, including negligent delegation to
8 or supervision of employees or other individuals, whether or not
9 injury results, or any conduct, practice, or condition ~~which~~
10 THAT impairs, or may impair, the ability to safely and skillfully
11 practice the health profession.

12 (b) Personal disqualifications, consisting of any of the
13 following:

14 (i) Incompetence.

15 (ii) Substance abuse as defined in section 6107.

16 (iii) Mental or physical inability reasonably related to and
17 adversely affecting the licensee's ability to practice in a safe
18 and competent manner.

19 (iv) Declaration of mental incompetence by a court of compe-
20 tent jurisdiction.

21 (v) Conviction of a misdemeanor or felony reasonably related
22 to and adversely affecting the licensee's ability to practice in
23 a safe and competent manner. A certified copy of the court
24 record ~~shall be~~ IS conclusive evidence of the conviction.

25 (vi) Lack of good moral character.

26 (vii) Conviction of a criminal offense under sections ~~520a~~
27 ~~to 520i~~ 520B TO 520G of the Michigan penal code, Act No. 328 of

1 the Public Acts of 1931, being sections ~~750.520a to 750.520i~~
2 750.520B TO 750.520G of the Michigan Compiled Laws. A certified
3 copy of the court record ~~shall be~~ IS conclusive evidence of the
4 conviction.

5 (viii) Conviction of a violation of section 492a of the
6 Michigan penal code, Act No. 328 of the Public Acts of 1931,
7 being section 750.492a of the Michigan Compiled Laws. A certi-
8 fied copy of the court record ~~shall be~~ IS conclusive evidence
9 of the conviction.

10 (ix) Conviction of a misdemeanor or felony involving fraud
11 in obtaining or attempting to obtain fees related to the practice
12 of a health profession. A certified copy of the court record
13 ~~shall be~~ IS conclusive evidence of the conviction.

14 (c) Prohibited acts, consisting of any of the following:

15 (i) Fraud or deceit in obtaining or renewing a license.

16 (ii) Permitting the license to be used by an unauthorized
17 person.

18 (iii) Practice outside the scope of a license.

19 (iv) Obtaining, possessing, or attempting to obtain or pos-
20 sess a controlled substance as defined in section 7104 or a drug
21 as defined in section 7105 without lawful authority; or selling,
22 prescribing, giving away, or administering drugs for other than
23 lawful diagnostic or therapeutic purposes.

24 (d) Unethical business practices, consisting of any of the
25 following:

26 (i) False or misleading advertising.

1 (ii) Dividing fees for referral of patients or accepting
2 kickbacks on medical or surgical services, appliances, or
3 medications purchased by or ~~in~~ ON behalf of patients.

4 (iii) Fraud or deceit in obtaining or attempting to obtain
5 third party reimbursement.

6 (e) Unprofessional conduct, consisting of any of the
7 following:

8 (i) Misrepresentation to a consumer or patient or in obtain-
9 ing or attempting to obtain third party reimbursement in the
10 course of professional practice.

11 (ii) Betrayal of a professional confidence.

12 (iii) Promotion for personal gain of an unnecessary drug,
13 device, treatment, procedure, or service.

14 (iv) Directing or requiring an individual to purchase or
15 secure a drug, device, treatment, procedure, or service from
16 another person, place, facility, or business in which the
17 licensee has a financial interest.

18 (f) Failure to report a change of name or address within 30
19 days after the change occurs.

20 (g) A violation, or aiding or abetting in a violation, of
21 this article or of rules promulgated under this article.

22 (h) Failure to comply with a subpoena issued pursuant to
23 this part.

24 (i) Failure to pay an installment of an assessment levied
25 pursuant to section 2504 of the insurance code of 1956, Act
26 No. 218 of the Public Acts of 1956, as amended, being section

1 500.2504 of the Michigan Compiled Laws, within 60 days after
2 notice by the appropriate board.

3 (j) A violation of section 17013 or 17513.

4 (K) A VIOLATION OF SECTION 16268.

5 (l) A VIOLATION OF A FINAL DECISION OF THE DIRECTOR OF
6 PUBLIC HEALTH ISSUED UNDER SECTION 16269.

7 Sec. 16226. (1) After finding the existence of 1 or more of
8 the grounds for board action listed in section 16221, a board
9 shall impose 1 or more of the following sanctions for each
10 violation:

11 <u>Violations of Section 16221</u>	<u>Sanctions</u>
12 Subdivision (a),	Probation, limitation, denial,
13 (b) (ii),	suspension, revocation,
14 (b) (iv),	restitution, or fine.
15 (b) (vi), or	
16 (b) (vii)	
17 Subdivision (b) (viii)	Revocation.
18 Subdivision (b) (i),	Limitation, suspension,
19 (b) (iii),	revocation, denial,
20 (b) (v), or (b) (ix)	probation, restitution, or
21	fine.
22 Subdivision (c) (i)	Denial, revocation, suspension,
23	probation, limitation, or
24	fine.
25 Subdivision (c) (ii)	Denial, suspension, revocation,
26	restitution, or fine.

1 Subdivision (c)(iii)	Probation, denial, suspension,
2	revocation, restitution, or
3	fine.
4 Subdivision (c)(iv)	Fine, probation, denial,
5 or (d)(iii)	suspension, revocation,
6	or restitution.
7 Subdivision (d)(i)	Reprimand, fine, probation,
8 or (d)(ii)	or restitution.
9 Subdivision (e)(i)	Reprimand, fine, probation,
10	limitation, suspension, or
11	restitution.
12 Subdivision (e)(ii)	Reprimand, probation,
13 or (h)	suspension, restitution, or
14	fine.
15 Subdivision (e)(iii)	Reprimand, fine, probation,
16 or (e)(iv)	suspension, revocation, limita-
17	tion, or restitution.
18 Subdivision (f)	Reprimand or fine.
19 Subdivision (g) OR (K)	Reprimand, probation, denial,
20	suspension, revocation, limita-
21	tion, restitution, or fine.
22 Subdivision (i)	Suspension or fine.
23 Subdivision (j)	Reprimand or fine.
24 SUBDIVISION (1)	SUSPENSION OR REVOCATION.
25 (2) Determination of sanctions for violations under THIS	
26 section 16226 shall be made by a board. If, during judicial	
27 review, a court holds that a sanction is unlawful under section	

1 106 of the administrative procedures act of 1969, Act No. 306 of
2 the Public Acts of 1969, being section 24.306 of the Michigan
3 Compiled Laws, the court shall state on the record the reasons
4 for the holding and may remand the case to the board for further
5 consideration.

6 (3) A board created under part 170 or 175 may impose a fine
7 of up to, but not exceeding, \$250,000.00 for a violation of
8 section 16221(a) or (b).

9 SEC. 16268. (1) AS USED IN THIS SECTION:

10 (A) "HBV" MEANS HEPATITIS B VIRUS.

11 (B) "HIV" MEANS HUMAN IMMUNODEFICIENCY VIRUS.

12 (C) "PATHOGEN" MEANS A MICROORGANISM THAT PRODUCES DISEASE.

13 (D) "POTENTIALLY INFECTIOUS MATERIAL" MEANS ANY OF THE FOL-
14 LOWING BODY FLUIDS OR SECRETIONS FROM A LIVING OR DEAD HUMAN:

15 (i) SEMEN.

16 (ii) VAGINAL SECRETIONS.

17 (iii) VOMIT.

18 (iv) FECES.

19 (v) PURULENT DRAINAGE.

20 (vi) AMNIOTIC FLUID.

21 (vii) CEREBROSPINAL FLUID.

22 (viii) PERITONEAL FLUID.

23 (ix) PLEURAL FLUID.

24 (x) PERICARDIAL FLUID.

25 (xi) SYNOVIAL FLUID.

26 (xii) URINE.

1 (xiii) SALIVA.

2 (xiv) SPUTUM.

3 (xv) BODY SECRETIONS AND FLUIDS OTHER THAN THOSE LISTED IN
4 SUBPARAGRAPHS (i) TO (xiv) THAT ARE CONTAMINATED WITH BLOOD.

5 (E) "UNIVERSAL PRECAUTIONS" MEANS A METHOD OF INFECTION CON-
6 TROL AS DEFINED BY RULE OF THE DEPARTMENT OF PUBLIC HEALTH UNDER
7 SUBSECTION (2) THAT TREATS ALL HUMAN BLOOD AND POTENTIALLY INFEC-
8 TIOUS MATERIAL AS CAPABLE OF TRANSMITTING HIV, HBV, OR OTHER
9 BLOOD-BORNE PATHOGENS.

10 (2) WITHIN 60 DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION,
11 THE DEPARTMENT OF PUBLIC HEALTH SHALL SUBMIT FOR PUBLIC HEARING
12 UNDER THE ADMINISTRATIVE PROCEDURES ACT OF 1969 RULES DEFINING
13 UNIVERSAL PRECAUTIONS FOR PURPOSES OF THIS SECTION. THE DEPART-
14 MENT OF PUBLIC HEALTH MAY PROMULGATE OTHER RULES TO IMPLEMENT
15 THIS SECTION.

16 (3) BEGINNING 30 DAYS AFTER THE EFFECTIVE DATE OF THE RULES
17 PROMULGATED UNDER SUBSECTION (2), A LICENSEE SHALL DO EACH OF THE
18 FOLLOWING:

19 (A) EMPLOY UNIVERSAL PRECAUTIONS.

20 (B) PROVIDE TRAINING, AT LEAST ONCE ANNUALLY, IN APPLICABLE
21 UNIVERSAL PRECAUTIONS PROCEDURES TO EACH EMPLOYEE OR AGENT OF THE
22 LICENSEE WHO MAY COME INTO DIRECT CONTACT WITH HUMAN BLOOD OR
23 OTHER POTENTIALLY INFECTIOUS MATERIAL.

24 (4) AN INDIVIDUAL MAY FILE A COMPLAINT WITH THE DEPARTMENT
25 OF PUBLIC HEALTH OR THE DEPARTMENT OF LABOR FOR A LICENSEE'S
26 FAILURE TO EMPLOY UNIVERSAL PRECAUTIONS. THE DEPARTMENT OF
27 PUBLIC HEALTH OR THE DEPARTMENT OF LABOR SHALL INVESTIGATE EACH

1 COMPLAINT IT RECEIVES UNDER THIS SECTION, AND SHALL REPORT ITS
2 FINDINGS TO THE APPROPRIATE BOARD.

3 (5) IN ADDITION TO THE ADMINISTRATIVE PENALTIES DESCRIBED IN
4 SECTION 16226, AN INDIVIDUAL WHO VIOLATES THIS SECTION IS SUBJECT
5 TO SECTION 16299.

6 SEC. 16269. (1) AS USED IN THIS SECTION:

7 (A) "HBV" MEANS HEPATITIS B VIRUS.

8 (B) "HIV" MEANS HUMAN IMMUNODEFICIENCY VIRUS.

9 (C) "HIV INFECTED" MEANS THAT TERM AS DEFINED IN
10 SECTION 5101.

11 (2) A LICENSEE WHO IS HIV INFECTED OR INFECTED WITH HBV
12 SHALL REPORT THAT FACT IN WRITING TO THE DIRECTOR OF PUBLIC
13 HEALTH WITHIN 15 DAYS AFTER RECEIVING THE TEST RESULTS CONFIRMING
14 THAT THE LICENSEE IS HIV OR HBV INFECTED.

15 (3) WITHIN 15 DAYS AFTER RECEIPT OF A REPORT UNDER SUBSEC-
16 TION (2), THE DIRECTOR OF PUBLIC HEALTH SHALL APPOINT AN EXPERT
17 REVIEW PANEL. THE DIRECTOR OF PUBLIC HEALTH SHALL APPOINT ALL OF
18 THE FOLLOWING TO THE EXPERT REVIEW PANEL:

19 (A) THE LICENSEE'S PERSONAL PHYSICIAN.

20 (B) AN INFECTIOUS DISEASE SPECIALIST WITH EXPERTISE IN THE
21 EPIDEMIOLOGY OF HIV OR HBV TRANSMISSION, AS APPROPRIATE.

22 (C) ONE OR MORE HEALTH PROFESSIONALS WITH EXPERTISE IN THE
23 PROCEDURES PERFORMED BY THE LICENSEE IN THE PRACTICE OF HIS OR
24 HER HEALTH PROFESSION.

25 (D) A STATE OR LOCAL PUBLIC HEALTH OFFICIAL.

26 (E) A REPRESENTATIVE OF THE LICENSEE'S PROFESSIONAL
27 ASSOCIATION OR COLLECTIVE BARGAINING AGENT.

1 (4) AS SOON AS PRACTICABLE AFTER APPOINTMENT UNDER
2 SUBSECTION (3), THE EXPERT REVIEW PANEL SHALL SCHEDULE A REVIEW
3 CONFERENCE AND NOTIFY THE LICENSEE IN WRITING OF THE DATE, TIME,
4 AND LOCATION OF THE REVIEW CONFERENCE. THE EXPERT REVIEW PANEL
5 SHALL REVIEW THE LICENSEE'S PRACTICE AND MAKE A FINDING AS TO
6 WHETHER OR NOT THE LICENSEE CAN SAFELY ENGAGE IN THE PRACTICE OF
7 HIS OR HER HEALTH PROFESSION WITHOUT LIMITATION. THE EXPERT
8 REVIEW PANEL MAY RECOMMEND SPECIFIC SAFETY MEASURES FOR THE
9 LICENSEE TO FOLLOW AND, IF DETERMINED NECESSARY BY THE EXPERT
10 REVIEW PANEL, RECOMMEND LIMITATIONS ON THE LICENSEE'S PRACTICE.

11 (5) THE EXPERT REVIEW PANEL SHALL TRANSMIT ITS FINDINGS AND
12 RECOMMENDATIONS UNDER SUBSECTION (4) TO THE DIRECTOR OF PUBLIC
13 HEALTH AS A PROPOSED DECISION WITHIN 15 DAYS AFTER THE REVIEW
14 CONFERENCE HELD UNDER SUBSECTION (4). THE DIRECTOR OF PUBLIC
15 HEALTH MAY ACCEPT, REJECT, OR MODIFY, IN WHOLE OR IN PART, THE
16 PROPOSED DECISION OF THE EXPERT REVIEW PANEL. THE DIRECTOR OF
17 PUBLIC HEALTH SHALL MAKE A FINAL DECISION ON THE MATTER WITHIN 15
18 DAYS AFTER RECEIVING A PROPOSED DECISION FROM THE EXPERT REVIEW
19 PANEL. THE DIRECTOR OF PUBLIC HEALTH SHALL ADDRESS ALL OF THE
20 FOLLOWING IN A FINAL DECISION MADE UNDER THIS SUBSECTION:

21 (A) WHETHER THE LICENSEE CAN SAFELY ENGAGE IN SOME OR ALL OF
22 THE ASPECTS OF THE LICENSEE'S HEALTH PROFESSION.

23 (B) SPECIFIC SAFETY MEASURES TO BE FOLLOWED BY THE LICENSEE
24 IN THE PRACTICE OF HIS OR HER HEALTH PROFESSION.

25 (C) SPECIFIC LIMITATIONS, IF ANY, ON THE LICENSEE'S PRACTICE
26 OF HIS OR HER HEALTH PROFESSION.

1 (6) THE DIRECTOR OF PUBLIC HEALTH SHALL TRANSMIT A COPY OF
2 THE FINAL DECISION TO THE LICENSEE. IF THE LICENSEE AGREES WITH
3 THE FINAL DECISION, THE LICENSEE SHALL COMPLY WITH THE FINAL
4 DECISION. IF THE LICENSEE DISAGREES WITH THE FINAL DECISION, THE
5 LICENSEE MAY REQUEST A HEARING. UPON RECEIPT OF A REQUEST FOR A
6 HEARING UNDER THIS SUBSECTION, THE DIRECTOR OF PUBLIC HEALTH
7 SHALL SCHEDULE AND CONDUCT A HEARING UNDER THE ADMINISTRATIVE
8 PROCEDURES ACT OF 1969.

9 (7) INFORMATION PERTAINING TO A LICENSEE'S HIV INFECTED OR
10 HBV INFECTED STATUS OBTAINED BY AN EXPERT REVIEW PANEL DURING A
11 REVIEW CONFERENCE HELD UNDER SUBSECTION (4) OR CONTAINED IN A
12 FINAL DECISION IS CONFIDENTIAL AND INFORMATION PERTAINING TO A
13 LICENSEE'S HIV INFECTED STATUS IS SUBJECT TO SECTION 5131. A
14 REVIEW CONFERENCE HELD UNDER SUBSECTION (4) IS NOT OPEN TO THE
15 PUBLIC.

16 (8) THE MEMBERS OF AN EXPERT REVIEW PANEL APPOINTED UNDER
17 THIS SECTION SHALL SERVE ONLY UNTIL A PROPOSED DECISION IS TRANS-
18 MITTED TO THE DIRECTOR OF PUBLIC HEALTH UNDER SUBSECTION (4).

19 (9) THE DIRECTOR OF PUBLIC HEALTH SHALL TRANSMIT A COPY OF
20 THE FINAL DECISION UNDER SUBSECTION (5) TO THE APPROPRIATE
21 BOARD.

22 (10) UPON RECEIPT OF A FINAL DECISION OF THE DIRECTOR OF
23 PUBLIC HEALTH UNDER THIS SECTION, OR AFTER THE CONCLUSION OF A
24 HEARING AND APPEAL OF A FINAL DECISION, IF ANY, UNDER
25 SUBSECTION (6), A BOARD SHALL MONITOR A LICENSEE'S COMPLIANCE
26 WITH THE FINAL DECISION.

1 (11) IF A BOARD DETERMINES THAT A LICENSEE IS NOT COMPLYING
2 WITH A FINAL DECISION ISSUED UNDER THIS SECTION, THE BOARD MAY
3 PROCEED UNDER SECTIONS 16221(1) AND 16226 AND MAY DETERMINE
4 WHETHER OR NOT EACH PATIENT WHO HAS UNDERGONE AN INVASIVE SURGI-
5 CAL PROCEDURE PERFORMED OR ASSISTED IN BY THE LICENSEE WITHIN A
6 TIME PERIOD CONSIDERED APPROPRIATE BY THE BOARD SHOULD BE NOTI-
7 FIED OF THE LICENSEE'S HIV OR HBV INFECTED STATUS. IF THE BOARD
8 DETERMINES THAT EACH PATIENT DESCRIBED IN THIS SUBDIVISION SHOULD
9 BE NOTIFIED, ALL OF THE FOLLOWING SHALL OCCUR:

10 (A) THE BOARD SHALL REQUEST THE LICENSEE TO SUBMIT THE MEDI-
11 CAL RECORDS FOR EACH PATIENT DESCRIBED IN THIS SUBDIVISION.

12 (B) THE LICENSEE SHALL SUBMIT THE MEDICAL RECORDS REQUESTED
13 UNDER SUBDIVISION (A) WITHIN 7 DAYS AFTER RECEIPT OF THE BOARD'S
14 REQUEST.

15 (C) THE BOARD SHALL NOTIFY EACH PATIENT IN WRITING OF THE
16 LICENSEE'S HBV OR HIV INFECTED STATUS.

17 (12) THE DEPARTMENT OF PUBLIC HEALTH AND THE DEPARTMENT OF
18 LICENSING AND REGULATION MAY PROMULGATE RULES TO ENABLE EACH
19 DEPARTMENT TO FULFILL ITS RESPECTIVE DUTIES UNDER THIS SECTION.

20 SEC. 20169A. (1) AS USED IN THIS SECTION:

21 (A) "HBV" MEANS HEPATITIS B VIRUS.

22 (B) "HIV" MEANS HUMAN IMMUNODEFICIENCY VIRUS.

23 (C) "PATHOGEN" MEANS A MICROORGANISM THAT PRODUCES DISEASE.

24 (D) "POTENTIALLY INFECTIOUS MATERIAL" MEANS ANY OF THE FOL-
25 LOWING BODY FLUIDS AND SECRETIONS FROM A LIVING OR DEAD HUMAN:

26 (i) SEMEN.

- 1 (ii) VAGINAL SECRETIONS.
- 2 (iii) VOMIT.
- 3 (iv) FECES.
- 4 (v) PURULENT DRAINAGE.
- 5 (vi) AMNIOTIC FLUID.
- 6 (vii) CEREBROSPINAL FLUID.
- 7 (viii) PERITONEAL FLUID.
- 8 (ix) PLEURAL FLUID.
- 9 (x) PERICARDIAL FLUID.
- 10 (xi) SYNOVIAL FLUID.
- 11 (xii) URINE.
- 12 (xiii) SALIVA.
- 13 (xiv) SPUTUM.
- 14 (xv) BODY SECRETIONS AND FLUIDS OTHER THAN THOSE LISTED IN
- 15 SUBPARAGRAPHS (i) TO (xiv) THAT ARE CONTAMINATED WITH BLOOD.
- 16 (E) "UNIVERSAL PRECAUTIONS" MEANS A METHOD OF INFECTION CON-
- 17 TROL AS DEFINED BY RULE OF THE DEPARTMENT PROMULGATED UNDER
- 18 SECTION 16268 THAT TREATS ALL HUMAN BLOOD AND POTENTIALLY INFEC-
- 19 TIOUS MATERIAL AS CAPABLE OF TRANSMITTING HIV, HBV, OR OTHER
- 20 BLOOD-BORNE PATHOGENS.
- 21 (2) BEGINNING 30 DAYS AFTER THE EFFECTIVE DATE OF THE RULES
- 22 PROMULGATED UNDER SECTION 16268, A HEALTH FACILITY OR AGENCY
- 23 LICENSED UNDER THIS ARTICLE SHALL DO EACH OF THE FOLLOWING:
- 24 (A) REQUIRE ITS EMPLOYEES AND AGENTS WHO MAY COME INTO
- 25 DIRECT CONTACT WITH HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS
- 26 MATERIAL TO EMPLOY UNIVERSAL PRECAUTIONS.

1 (B) PROVIDE TRAINING, AT LEAST ONCE ANNUALLY, IN APPLICABLE
2 UNIVERSAL PRECAUTIONS PROCEDURES TO EACH EMPLOYEE OR AGENT WHO
3 MAY COME INTO DIRECT CONTACT WITH HUMAN BLOOD OR OTHER POTEN-
4 Tially INFECTIOUS MATERIAL.

5 (3) A PERSON MAY FILE A COMPLAINT WITH THE DEPARTMENT FOR A
6 HEALTH FACILITY'S OR AGENCY'S FAILURE TO EMPLOY UNIVERSAL PRECAU-
7 TIONS AS REQUIRED UNDER THIS SECTION.

8 (4) THE DEPARTMENT SHALL INVESTIGATE EACH COMPLAINT IT
9 RECEIVES UNDER THIS SECTION. IN ADDITION TO IMPOSING 1 OR MORE
10 SANCTIONS IDENTIFIED IN SECTION 20165 FOR A VIOLATION OF THIS
11 ARTICLE, THE DEPARTMENT MAY IMPOSE A FINE FOR A VIOLATION OF THIS
12 SECTION.

13 (5) THE DEPARTMENT MAY PROMULGATE RULES TO IMPLEMENT THIS
14 SECTION.

15 SEC. 20169B. A HEALTH FACILITY OR AGENCY SHALL ACCOMMODATE
16 AND PROVIDE OPPORTUNITIES TO CONTINUE APPROPRIATE PATIENT CARE
17 ACTIVITIES TO HEALTH CARE WORKERS WHOSE PRACTICES ARE MODIFIED
18 BECAUSE OF THEIR HIV OR HBV INFECTION STATUS PURSUANT TO THE
19 AMERICANS WITH DISABILITIES ACT OF 1990, PUBLIC LAW NO. 101-336
20 104 STAT. 327 AND THE MICHIGAN HANDICAPPER'S CIVIL RIGHTS ACT,
21 ACT NO. 220 OF THE PUBLIC ACTS OF 1976, BEING SECTIONS 37.1101 TO
22 37.1607 OF THE MICHIGAN COMPILED LAWS. A HEALTH FACILITY OR
23 AGENCY SHALL ENSURE THAT CAREER COUNSELING AND JOB REASSIGNMENT
24 PROVIDED TO AN HIV OR HBV INFECTED HEALTH CARE WORKER PROMOTES
25 THE CONTINUED USE OF THE HEALTH CARE WORKER'S TALENTS, KNOWLEDGE,
26 AND SKILLS. A HEALTH FACILITY OR AGENCY SHALL PERIODICALLY
27 REEVALUATE EACH HEALTH CARE WORKER WHOSE PRACTICE IS MODIFIED

1 BECAUSE OF HBV INFECTION TO DETERMINE WHETHER THE HEALTH CARE
2 WORKER'S HBV INFECTED STATUS CHANGES DUE TO RESOLUTION OF INFEC-
3 TION OR AS A RESULT OF TREATMENT.