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REVISE MEDICAL WASTE ACT

House Bill 4252 as passed by the House
Second Analysis (8-18-94)

Sponsor: Rep. Michael J. Bennane
Committee: Public Health

THE APPARENT PROBLEM:

In 1990, the legislature enacted a number of amendments to the Public Health Code that regulate the storage, transportation, and disposal of medical wastes. Since the enactment of the amendments, a number of problems with the original legislation have become apparent. Legislation has been introduced to address these problems.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to:

- * change the definition of medical waste to include waste generated by home health agencies;
- * change the definition of "sharps" to include only glass syringes and syringes with needles attached, and to allow the Department of Public Health to add other instruments or equipment by administrative rule;
- * change the definition of "transport" to exempt from the act's requirements the movement of medical waste from "satellite" facilities for incineration at a central location;
- * allow sharps to be stored at producing facilities for not more than 120 days (the current prohibition against storing medical waste on the premises for more than 90 days would be continued);
- * allow sharps to be transported with other medical waste;
- * allow microwaving as another means of disposal for medical waste except for animal waste contaminated with organisms infectious to humans;
- * increase the maximum registration fee for producing facilities with four or more licensees by \$70 to \$150 (registration fees for facilities with

fewer than four licensees would remain at \$50);

- * require that sharps not ground or incinerated be disposed of in "leak-resistant" rather than "leakproof" containers;
- * make the Department of Public Health alone responsible for control of medical waste disposal (including investigating and containing suspected medical waste), instead of involving the Department of Natural Resources, the state police, local health departments, and any other agency or department receiving reports of suspected medical waste;
- * change the reporting requirement (currently, the Department of Natural Resources is required, within 30 days after an investigation is completed, to report to the legislature, the governor, the advisory council, and the public) to require the Department of Public Health, upon request, to report to the standing legislative health committees; and
- * allow the Department of Public Health to promulgate rules to add instruments and other equipment to the definition of "sharps."

MCL 333.13805 et al.

FISCAL IMPLICATIONS:

The bill would increase registration fees for facilities with more than four licensees by \$70 to \$150, but no specific fiscal information is available at present. (8-18-94)

ARGUMENTS:

For:

The bill would fine tune the 1990 medical waste disposal amendments to the Public Health Code. It would, for example, allow hospitals with off-site clinics to transfer the clinic waste to a central

location for disposal, saving the hospital the expense of separate manifests and hauling. It also would give the Department of Public Health the flexibility to add, by administrative rule, additional instruments and equipment as "sharps," while at the same time specifying that only syringes with needles attached need to be stored in sharps containers (since it is the needles, not the syringes, that cause skin punctures, and since syringes still would be treated as medical waste). Finally, by assigning all responsibility for inspection of suspected medical waste to a single department, the Department of Public Health, the bill would streamline the existing investigation and reporting process.

POSITIONS:

The Department of Public Health supports the bill.
(8-11-94)

The Michigan Dental Association supports the bill.
(8-15-94)

The Michigan Veterinary Medical Association supports the bill. (8-15-94)