



**House
Legislative
Analysis
Section**

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**HOSPITAL BIOHAZARD DETECTION
AND HANDLING PLAN**

**Senate Bill 1005 as passed by the Senate
First Analysis (2-21-02)**

**Sponsor: Sen. Martha G. Scott
House Committee: Health Policy
Senate Committee: Health Policy**

THE APPARENT PROBLEM:

The spate of anthrax attacks and threats over the past several months has shaken many Americans to their core. In its report "War Against Terrorism: Overview & Ramifications for Michigan," the Legislative Service Bureau offers a helpful definition of bioterrorism: "Bioterrorism is the threat or intentional release of biological agents (viruses, bacteria, or their toxins) for the purpose of influencing the conduct of government, or intimidating or coercing a civilian population." The report explains that the possibility of a bioterrorist attack is difficult to predict or prevent. Further, some biological agents, such as anthrax, initially result in non-specific symptoms and thus the cause of the patient's illness may be difficult to detect. Reports of actual and threatened anthrax poisoning have left people with the deeply unsettling awareness that, in the course of their everyday lives, they can fall prey to biological agents without even knowing that they had ever been exposed to them. The public health impact of an undetected exposure can be staggering. Conservative estimates suggest, for instance, that ten initial exposures to smallpox could infect up to 2.2 million people in just six months!

This past December, the Joint Commission on Accreditation of Healthcare Organizations published a special issue of its newsletter, Joint Commission Perspectives, which focused largely on the need for healthcare facilities to be prepared to respond to bioterrorism. The newsletter quoted the "incident commander" at Bellevue Hospital Center in Manhattan who, reporting on her experience of September 11, said: "When I had a chance to look outside the command center I saw all the doctors and nurses watching and waiting. I realized if there was a biological component to this attack, they would all be contaminated. If that had been the case, I would have had to call all new surgeons." Although hospitals have plans for dealing with emergencies involving biological agents, September 11 has left many people wanting additional assurance that hospitals are truly

prepared to respond to such emergencies. Legislation has been introduced that would provide additional assurance that the state's hospitals are prepared to deal with biohazards.

THE CONTENT OF THE BILL:

Senate Bill 1005 would amend the Public Health Code (MCL 333.21513) to require the owner, operator, and governing body of a licensed hospital to assure that the hospital developed and maintained a plan for biohazard detection and handling.

FISCAL IMPLICATIONS:

According to the Senate Fiscal Agency, the bill would have no fiscal impact on the state or local units of government.(1-29-02)

ARGUMENTS:

For:

According to an August 2001 report by the Department of Community Health, "during bioterrorism incidents and public health emergencies resulting in mass casualties, local area hospitals will admit patients until they reach maximum capacity. Most hospitals have in place disaster response plans specific to their institution." The Michigan Health and Hospital Association confirms that most of the state's hospitals have plans to deal with a variety of emergencies involving biological and chemical hazards. In fact, hospitals must have emergency plans to deal with such hazards in order to receive accreditation from the Joint Commission on Accreditation of Health Organizations (JCAHO). Still, some people are concerned that, whatever the plans say, smaller hospitals and hospitals in rural areas of the state, and even large suburban and urban hospitals, may not truly be prepared to respond in the

Senate Bill 1005 (2-21-02)

event of an actual bioterrorist attack or other outbreak of biological agents.

The bill would help the state ensure that the state's hospitals would be prepared to deal with such events. By establishing some state oversight of hospital's emergency management planning procedure, the bill would help strengthen the state's public health infrastructure. Ultimately, this would help the DCH ensure that if a bioterrorist attack or some other outbreak of biological agents occurred, the DCH and the hospitals could combine their collective expertise and training to respond effectively. According to Dr. David Johnson, the Chief Medical Executive for the state Department of Community Health, Michigan has been bolstering its plans for responding to bioterrorism since 1999. In 2000, the state received a multi-year grant of \$1.5 million per year from the Centers for Disease Control and Prevention (CDC) to enhance the state's public health infrastructure for the purposes of planning for and responding to bioterrorism and other emergencies. During the next couple of years, the DCH anticipates receiving federal funds to help further improve the state's public health infrastructure and to assist hospitals in preparing for emergencies, including disasters involving biological agents. Both the DCH and the state's hospitals hope that they never have to deal with an outbreak of anthrax, smallpox, or other biological agents. If they do, however, the DCH and the hospitals want to be able to mount an effective response so that they can minimize the damage. Regardless of whether Michigan ever faces a bioterrorist attack or other exposure to biological agents, the DCH is confident that improving the state's public health infrastructure will have long-lasting, positive effects on the health of Michiganians.

POSITIONS:

The Michigan Health and Hospital Association supports the bill. (2-19-02)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.