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SFA**BILL ANALYSIS**

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Senate Bill 1005 (as enrolled)
Sponsor: Senator Martha G. Scott
Senate Committee: Health Policy
House Committee: Health Policy

PUBLIC ACT 125 of 2002

Date Completed: 6-11-02

RATIONALE

According to the Michigan Infectious Disease Society, bioterrorism is the intentional use, or threat of use, of biological agents or their toxic products by individuals, groups, or countries, for the purpose of producing widespread outbreaks of illness or death in order to incite mass chaos, fear, and hysteria among their targets. Reports of anthrax exposure and threats of smallpox infection in the wake of September 11 have alerted many people to the potential for widespread bioterrorist attacks.

An article in the *Detroit News* (10-10-01) reports that according to experts and Federal studies, the United States is not well prepared to handle a large chemical or biological terrorist attack, and such an event could easily overwhelm the nation's emergency health system. The article cites a study published in the *American Journal of Public Health* which reviewed 186 emergency departments in four northwestern states, and indicated that less than 20% of the hospitals reviewed had biohazard plans to treat victims of chemical or biological weapon incidents. The article also reports, however, that metropolitan Detroit hospitals seem to have a higher level of preparedness than those surveyed in the study.

According to the Centers for Disease Control and Prevention, all hospitals are required to maintain disaster response plans and to practice applying them as part of the accreditation process. Specific plans for bioterrorism have been added to the latest accreditation requirements of the Joint Commission on Accreditation of Healthcare Organizations. For example, the University of Michigan, like many accredited hospitals, has

a written protocol for dealing with anthrax, smallpox, pneumonic plague, and botulism. Its emergency room has a decontamination room with a special air system to protect staff, and an inflatable tent ready to erect in an open space for decontamination. In order to provide additional assurance, it was suggested that all of Michigan's licensed hospitals be prepared with a similar plan to respond to biohazard emergencies.

CONTENT

The bill amended the Public Health Code to require the owner, operator, and governing body of a licensed hospital to assure that the hospital develops and maintains a plan for biohazard detection and handling.

MCL 333.21513

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

A hospital bioterrorism preparedness plan may first begin with a report from the emergency department of a patient with possible anthrax or smallpox infection. A successful bioterrorism preparedness plan requires a hospital to compile a list of essential employees, treat infected patients, and determine procedures to transform its emergency room quickly into a contained, infection control treatment area. Hospitals also need to check their supplies of antibiotics, masks, and other medical supplies. Nurses and residents must know how to evacuate

patients effectively, materials management staff must know how to activate their supply plan, and waste management personnel must know how to dispose of extremely hazardous biological waste. Hospitals should regularly practice their procedures, and take stock of medicines needed to care for victims of biological or chemical attacks.

Although the Joint Commission on Accreditation of Healthcare Organizations requires hospitals to have emergency plans for a variety of disasters involving biological and chemical hazards in order to receive accreditation, the bill establishes in statute that all hospitals in Michigan, including small hospitals and those in rural areas, must be prepared to respond in the event of an actual biohazard emergency.

Legislative Analyst: Nobuko Nagata

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Maria Tyszkiewicz

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.