



Senate Fiscal Agency
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BILL ANALYSIS



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Senate Bill 1129 (as enrolled)
Sponsor: Senator Virg Bernero
Senate Committee: Health Policy
House Committee: Health Policy

Date Completed: 12-16-04

RATIONALE

In 1988, legislation was enacted to make HIV reporting mandatory in Michigan. Clinical laboratories, however, are exempt from the reporting requirements. According to a 2001 evaluation conducted by the Department of Community Health (DCH), only 58% of HIV infections are reported to the Department due to the exemption of clinical labs. It is believed that underreporting hinders efforts to manage HIV, and results in the loss of Federal funding for HIV programs. Similarly, it is believed that the number of AIDS cases is underreported. It has been suggested that the exemption for clinical labs should be eliminated, the reporting requirements revised, and AIDS cases counted to provide a more complete picture of HIV and AIDS in Michigan, and assist the Department in its prevention, detection, and treatment efforts.

- The name and address of the person or governmental entity submitting the report.
- The age, race, sex, and county of residence of the test subject.
- The date on which the test was performed.
- The test result.
- If known, whether or not the test subject has tested positive for the presence of HIV or an antibody to HIV on a previous occasion.
- The probable method of transmission.
- The purpose of the test.
- Any other medical or epidemiological information the DCH considers necessary for the surveillance, control, and prevention of HIV infection, pursuant to DCH rules.

CONTENT

The bill would amend the Public Health Code to delete a provision exempting licensed clinical laboratories from HIV reporting requirements; revise the reporting requirements; and require a physician to send a specimen to a laboratory for an HIV test without specified identifying information, upon a patient's request.

The bill would take effect April 1, 2005.

Under the Code, except for a licensed clinical laboratory, if a person or governmental entity obtains from a test subject a test result that indicates that the subject is HIV-infected, the person or entity must report to the Department of Community Health, within seven days of obtaining the test result, all of the following information:

Any person or governmental entity that obtains a test result indicating an HIV infection must report to the appropriate local health department within seven days all of the information listed above, as well as the test subject's name, address, and telephone number.

The bill would delete the exemption for licensed clinical laboratories. Under the bill, if any person or governmental entity obtained from a test subject a result indicating an HIV infection, or obtained from a test subject who already was diagnosed as HIV-infected a test result ordered to evaluate immune system status, quantify HIV levels, or diagnose AIDS, the person or governmental entity would have to report to the appropriate local health department or, at the local health department's request, to the DCH, the following information, if available:

- The name and address of the person or governmental entity who submitted the report.
- The name, address, and telephone number of the health care provider who diagnosed the test subject or ordered the test.
- The name, date of birth, race, sex, address, and telephone number of the test subject.
- The date on which the specimen was collected for testing.
- The type of test performed.
- The test result.
- If known, whether or not the test subject had tested positive for the presence of HIV or an HIV antibody on a previous occasion.
- The purpose of the test.
- Any other medical or epidemiological information the DCH considered necessary for the surveillance, control, and prevention of HIV infections, pursuant to DCH rules.

The person or entity would have to report the information within seven days after obtaining a diagnostic test result or within a timeframe determined by the DCH after obtaining a nondiagnostic test result.

Currently, the required information must be reported on a form provided by the DCH. The bill would require reporting on the DCH form or through electronic means approved by the Department.

Under the Code, if an individual undergoes a test for HIV or an HIV antibody in a physician's private practice office or the office of a physician employed by or under contract with a health maintenance organization, the individual may request that the physician's report not include his or her name, address, and telephone number. The physician must comply with the request, subject to the partner notification requirements of Section 5114a. The bill would extend this requirement to a specimen submitted to a physician for either an HIV or HIV antibody test, and also would require the physician to submit the specimen to the laboratory without the test subject's name, address, or telephone number.

The Code requires the DCH, in consultation with local health departments, to submit a biennial report to the Senate and House standing committees responsible for public

health legislation. The DCH must report on the effect of Section 5114a on the Department's efforts to monitor and control HIV infection. The bill would refer to HIV infection and AIDS.

MCL 333.5114 & 333.5114a

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

Eliminating the exemption for clinical laboratories would improve the timeliness and accuracy of HIV reporting, which would strengthen Michigan's efforts to manage HIV. Additionally, the bill would require that AIDS cases be reported, helping the DCH to measure its success in preventing HIV-infected people from developing AIDS. These incidence data are important because they define the epidemic and form the basis of prevention priorities. The bill would help local and State officials identify unmet needs and help those who are infected get the necessary treatment while maintaining the anonymous reporting option. Furthermore, the number of HIV/AIDS cases drives decisions regarding resource allocation and forms the basis for Federal funding for critical prevention, detection, and treatment programs. The bill could lead to better-informed decisions and increased funding.

Legislative Analyst: Julie Koval

FISCAL IMPACT

Effectively, this bill would add HIV/AIDS to the list of 42 infectious diseases that clinical labs already are required to report to the Department. To the extent that the bill led to an increase in the number of HIV/AIDS cases that are reported, Michigan could become eligible for additional Federal funding under the Ryan White CARE Act, as this funding is determined according to the prevalence of the disease.

Fiscal Analyst: David Fosdick

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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.