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BILL ANALYSIS

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Senate Bill 1129 (as introduced 3-30-04)
Sponsor: Senator Virg Bernero
Committee: Health Policy

Date Completed: 6-22-04

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.

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 (DCH), within seven days of obtaining the test result, all of the following information:

- 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.

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 had been diagnosed as HIV-infected a test result ordered for the management and surveillance of the infection or the detection of the HIV infection or AIDS, the person or governmental entity would have to report within seven days 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.

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 further 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 acquired immunodeficiency syndrome.

MCL 333.5114 & 333.5114a

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 case 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: Dana Patterson

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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.