



Senate Fiscal Agency
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BILL ANALYSIS

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House Bills 5630 and 5631 (as reported without amendment)

Sponsor: Representative Leslie Mortimer (H.B. 5630)

Representative Richard Ball (H.B. 5631)

House Committee: Health Policy

Senate Committee: Health Policy

Date Completed: 5-12-06

RATIONALE

During the 20th century, influenza pandemics occurred in 1918, 1957, and 1968. The most serious of these, in 1918, killed more than 675,000 people in the United States and more than 50.0 million worldwide. According to a Federal government website, pandemicflu.gov, an influenza pandemic occurs when a new influenza A virus to which humans have little or no immunity emerges and spreads from person to person all over the world. Under such conditions, countries might be able to delay the arrival of the virus through measures such as travel restrictions and border closures, but cannot prevent it.

Although it is difficult to predict when a pandemic will occur, government officials and health workers from a multitude of nations are concerned about a strain of the influenza virus generally found in birds (H5N1). Since 2003, H5N1 cases have been reported in humans, primarily in Asia, who had contact with infected poultry. More than half of the people infected with this virus have died. While there has been no sustained human-to-human transmission of the virus, some fear that H5N1 could evolve into a strain that is easily transmitted between human beings and spur a pandemic. In order to ensure that the State is prepared for this type of public health crisis, it has been suggested that the Department of Community Health (DCH), and, when appropriate, the Michigan Department of Agriculture (MDA), be required to formulate a pandemic influenza plan and update it periodically.

CONTENT

House Bill 5630 would amend the Public Health Code to require the DCH to establish and maintain a pandemic influenza plan.

House Bill 5631 would amend the Code to require the Director of the MDA to assist the DCH in any review or update of the pandemic influenza plan, and cooperate with the DCH Director in his or her response to certain epidemics.

House Bill 5631 is tie-barred to House Bill 5630. The bills are described below in further detail.

House Bill 5630

The DCH would have to consult with the U.S. Department of Health and Human Services and the Federal Centers for Disease Control and Prevention to ensure that the State's pandemic influenza plan was consistent with the national preparedness efforts. In consultation with the MDA and the State's local health departments, the DCH would have to review and update the plan at least annually. The DCH would have to make the plan and any updates to it available to the public through the Department's website.

Additionally, beginning one year after the bill took effect, the DCH would have to prepare an annual report regarding the plan, including an assessment of its effectiveness and Michigan's preparedness for an influenza outbreak, and present the report to the standing committees and appropriations subcommittees of the Senate and the House of Representatives that address public health issues primarily.

House Bill 5631

Under the Code, if the DCH Director determines that control of an epidemic is necessary to protect the public health, he or she may prohibit by emergency order the gathering of people for any purpose, and may establish procedures to be followed during the epidemic to ensure continuation of essential public health services and enforcement of health laws.

Under the bill, if an epidemic involved avian influenza or another virus or disease that is or may be spread by contact with animals, the MDA would have to cooperate with and assist the DCH Director in his or her response to the epidemic.

Additionally, upon the DCH Director's request, the MDA Director would have to assist the DCH in any review or update of the pandemic influenza plan (required by House Bill 5630).

Proposed MCL 333.5112 (H.B. 5630)
MCL 333.2253 (H.B. 5631)

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

An outbreak of disease whose worldwide spread is considered inevitable presents immense challenges for national, state, and local governments and the health care workers who must address it. During a more routine, seasonal outbreak of the flu, children, the elderly, and those in poor health are most susceptible. In the case of pandemic influenza, however, even healthy people are susceptible due to the absence of immunity to the particular strain of the virus within the human population. The elevated rates of infection and illness can place enormous demands on health care resources such as the supply of medication, medical facilities, hospital beds, staff, and equipment. Shortages in vaccines and antiviral drugs might necessitate decisions regarding who receives them.

In addition to the costs in terms of health and human life, pandemics can result in severe social and economic disruption. The fear of exposure, as well as the need to care

for sick relatives, can lead to worker absenteeism. Additionally, restrictions on travel, closings of schools and businesses, and the cancellation of certain events can have detrimental effects on individuals, communities, and the economy.

Due to the probably disastrous impact of an influenza pandemic, particularly in light of the threat posed by the avian flu spreading in Asia, it is critical that a coordinated response plan be in place. Officials with the World Health Organization, as well as the Federal government, are monitoring avian flu cases and working to improve preparedness, should the disease rise to the level of a global crisis. States and local health departments have an essential role in designing and implementing a pandemic influenza plan, since many response activities would be carried out at those levels. The DCH has had a pandemic influenza plan in place for several years. The bills would codify the Department's current efforts, helping to ensure that the State was prepared to mitigate the potentially devastating effects of a pandemic to the greatest extent possible.

Legislative Analyst: Julie Koval

FISCAL IMPACT

Over the past 12 months, the Department of Community Health, in conjunction with the Departments of Agriculture and Natural Resources and Federal agencies, has updated Michigan's pandemic influenza response plan. The cost of formulating and maintaining this response plan has been largely underwritten by Federal grant funds. The State of Michigan recently received an additional \$3 million grant from the Federal government designed to accelerate State pandemic influenza planning efforts.

The reporting requirements included in House Bill 5630 would likely create additional minor administrative costs to the DCH, although it is probable that Federal grant funds could be used to cover these costs.

Fiscal Analyst: Bruce Baker
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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.