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House Bill 4458 (as passed by the House)

House Bill 4459 (Substitute H-2 as passed by the House)

Sponsor: Representative Fred Miller House Committee: Regulatory Reform Senate Committee: Health Policy

Date Completed: 9-15-10

CONTENT

House Bill 4458 would amend Part 138 (Medical Waste) of the Public Health Code to do the following:

- Require a trauma scene waste management practitioner to register with the Department of Energy, Labor, and Economic Growth (DELEG).
- -- Prescribe a \$75 three-year registration fee.
- Require DELEG to conduct a background check on a registration applicant.
- Require DELEG to establish standards for the management of trauma scene waste.
- -- Require DELEG to post and maintain on its website a list of registered practitioners.

House Bill 4459 (H-2) would amend Part 138 to revise general provisions applicable to facilities that generate, store, decontaminate, remove, or transport medical waste ("producing facilities"). Specifically, the bill would do the following:

- -- Revise the definition of "producing facility".
- -- Revise requirements regarding the storage and disposal of specific types of medical waste.
- Require a medical waste treatment technology to be approved by the Department of Natural Resources and Environment (DNRE).

- -- Revise registration fees for different types of producing facilities.
- -- Revise the information that must be included in a producing facility's medical waste management plan, and require a facility to update its plan at least every three years.
- -- Authorize the DNRE to require a producing facility to update its plan if the plan were not adequate to protect public safety and welfare, and the environment.
- -- Revise requirements for reporting the discovery of medical waste.
- Eliminate the Interdepartmental Medical Waste Advisory Council, and transfer its duties to the DNRE.
- Allow the Medical Waste Emergency Response Fund to be used for programs relating to medical waste reduction, management, and education.
- -- Allow the DNRE to request that the Attorney General bring an action for a violation of Part 138 or Part 138 rules.
- -- Change existing administrative fines for violators to civil fines, and require the revenue to be deposited in the State's General Fund.
- -- Allow a court to require a violator to pay costs incurred by the State or a local unit of government, as well as the cost of damage to natural resources; and require the money to be deposited in the Medical Waste Emergency Response Fund or forwarded to the local unit.

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- -- Authorize the DNRE to issue a cease and desist order if a violation were causing an imminent public health hazard or threat to the environment.
- -- Provide that a violator would be guilty of a misdemeanor punishable by imprisonment for up to six months and/or a maximum fine of \$1,000.

House Bill 4458 is tie-barred to House Bill 4459.

House Bill 4459 (H-2)

Producing Facility

Part 138 defines "producing facility" as a that generates, facility stores, decontaminates, or incinerates medical The bill would include in the definition a facility that removes or transports medical waste, and delete the reference to incineration. The term also would include a transfer station where medical waste is stored and a trauma scene waste management practitioner. The term would not include a funeral home that does not practice embalming and does not generate medical waste, a home health care agency, a household, a farm operation or other agricultural business, or a facility licensed by the Department of Human Services that provides residential care services, such as adult and child foster family and group homes, child day care centers, child care institutions, child or adult foster care camps, and homes for the aged.

"Medical waste" means any of the following:

- Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.
- -- Liquid human and animal waste, including blood and blood products and body fluids, but excluding urine or materials stained with blood or body fluids.
- -- Pathological waste.
- -- Sharps.
- -- Waste from animals used in research that have been exposed to an infectious agent.

The bill would refer to toxins, rather than biologicals, in the provision regarding cultures and stocks. Regarding research animal waste, the bill would include carcasses, body parts, blood, body fluids, or other material contaminated with the infectious agent.

Part 138 defines "pathological waste" as human organs, tissues, body parts other than teeth, products of conception, and fluid that are removed by trauma or during and that are not fixed in surgery, formaldehyde or other fixative agent. Under the bill, pathological waste would not include a particular organ, body part, or tissue removed by trauma or during surgery, autopsy, or other medical procedure that is not known to be or is not highly likely to be contaminated with an infectious agent and that is requested by an individual to be returned for religious, ethnic, or personal reasons.

Off-Site Decontamination

Currently, a producing facility that does not incinerate medical waste on site must ensure that certain requirements are met to contain medical waste. The bill would refer to a facility that does not decontaminate medical waste, rather than one that does not incinerate it.

Under these conditions, the facility may not compact or mix medical waste with other waste materials before decontamination, incineration and disposal; if decontaminated medical waste is mixed with other solid waste, the container must be labeled clearly to indicate that it contains decontaminated medical waste. The bill would delete these provisions. The bill would require that medical waste that was being packaged for final decontamination or disposal be segregated from other waste materials.

Under the Code, medical waste may not be stored on the producing facility's premises for more than 90 days. The bill specifies that the storage period would begin when the use of the storage container was initiated. If a producing facility generated only sharps as medical waste, however, and generated a maximum of one liter of sharps waste in a 90-day period, the 90-day storage period would begin when the sharps container became full. A partially full sharps container would have to be disposed of

within one year after sharps were first placed in it.

The bill would prohibit transfer station storage containers from being stored for more than seven days without approval from the DNRE. The bill also would require trauma scene waste being transported in a trauma scene vehicle to be stored so that it was physically separated by partition or compartments and would not present a cross-contamination hazard to the decontamination equipment and supplies stored and transported in the same vehicle.

Under the bill, medical waste would have to be packaged and transported in accordance with applicable U.S. Department of Transportation (USDOT) hazardous material regulations, and USDOT medical waste shipping paper records would have to be retained in accordance with applicable regulations.

On-Site Decontamination

Under Part 138, a producing facility that incinerates medical waste on site must ensure that certain requirements are met to contain medical waste. The bill would refer to a facility that decontaminates, rather than incinerates, medical waste.

In addition to the current requirements, the bill would require that medical waste be sorted and separated by type into appropriate containers.

Producing Facility Requirements

<u>Storage</u>. The Code requires a producing facility to ensure that medical waste is stored, decontaminated, and disposed of according to specific requirements. The bill would delete the reference to medical waste storage.

<u>Cultures & Stocks</u>. Currently, cultures and stocks of material contaminated with an infectious agent must be stored in closed, puncture-resistant containers, decontaminated by use of an autoclave or incinerator, and disposed of in a landfill. Under the bill, medical waste also could be subjected to a decontamination and disposal process approved by the DNRE.

Blood & Body Fluids. Blood, blood products, and body fluids must be disposed of by a

process approved by the DNRE, flushing down a sanitary sewer, decontamination by autoclaving or incineration, solidification, or, if not in liquid form, transfer to a sanitary landfill. The bill would delete the last three methods and instead would refer to decontamination, by use of an autoclave or incinerator; and solidification then decontamination, by use of an autoclave or incinerator, and disposal in a landfill.

<u>Pathological Waste</u>. Pathological waste must be disposed of by one or more of the following methods:

- -- Incineration or cremation.
- -- Grinding and flushing into a sanitary sewer.
- -- Burial in a cemetery, if transported in leakproof containers of sufficient integrity to prevent rupture.
- Grinding until rendered unrecognizable; stored in closed, puncture-resistant properly labeled containers; and, if not in liquid form, disposal in a sanitary landfill.
- -- A process approved by the DNRE.

Under the bill, instead, the waste would have to be disposed of by one of the following methods:

- -- Incineration and disposal in a landfill.
- -- Cremation.
- Grinding and flushing into a sanitary sewer.
- Burial in a cemetery, if packaged and transported in accordance with USDOT requirements.
- -- A decontamination and disposal process approved by the DNRE.

<u>Sharps</u>. Part 138 requires sharps to be disposed of by one of the following methods:

- Placement in rigid, puncture-resistant containers that are labeled appropriately and transported to a sanitary landfill in a manner that retains the integrity of the container.
- -- Incineration or decontamination and grinding that renders the objects unrecognizable.
- -- A process approved by the DNRE.

Ground sharps must be placed in a sealed, rupture-resistant container and transported to a sanitary landfill.

Under the bill, instead, sharps would have to be disposed of by one of the following methods:

- Disposal in a landfill if packaged and transported in accordance with USDOT requirements.
- -- Decontamination, by use of an autoclave or incinerator, and disposal in a landfill.
- -- A decontamination and disposal process approved by the DNRE.

Animal Waste. Currently, animal waste contaminated with an infectious agent must be disposed of by incineration or by burial in a sanitary landfill in properly labeled, double containers that are leakproof and punctureresistant, and that are tightly sealed to prevent escape of fluids or material. Contaminated animal organs disposed of separately must be rendered unrecognizable. The bill would delete these provisions. Instead, the waste would have to be disposed of by one of the following methods:

- -- Decontamination, by use of an autoclave or incinerator, and disposal in a landfill.
- -- Disposal in a landfill if packaged and transported in accordance with USDOT requirements.
- -- A decontamination and disposal process approved by the DNRE.

Medical Waste Treatment Technology

The bill would require a medical waste treatment technology used by a producing facility to meet the Code's requirements to attain a minimum level of decontamination to protect public health, safety, and welfare, and the environment as established by DNRE rules.

A medical waste treatment technology could not be installed or used unless it had been reviewed and approved by the DNRE. The Department would have to review the technology for compliance with Part 138 and rules promulgated under it.

The DNRE would have to provide an application form for evaluation and review of the technology to the manufacturer upon request. The application would have to be completed and submitted to the Department with supportive documentation as part of the request for review and approval. The DNRE would have to review the application

and documentation, and approve the application if the technology complied with Part 138 and rules. Otherwise, the Department would have to deny it. If the application were denied, the DNRE would have to specify the reasons for the denial and what additional information was needed for approval.

The manufacturer would have to give the DNRE the name and address of each producing facility where the approved waste treatment technology would be installed. The equipment could not be used until onsite efficacy and validation testing were completed successfully. Approval of a treatment technology by the DNRE would be for the use of the technology as a medical waste treatment method only. The producing facility would be responsible for securing any other permits or required approvals needed for the technology from other agencies or DNRE programs.

Producing Facility Registration; Fees

Under Part 138, a producing facility must register with the DNRE, and submit the following registration fee with the registration form:

- -- For a producing facility that is a private practice office with fewer than four licensees who are physicians, dentists, podiatrists, nurse practitioners, nurse midwives, or veterinarians employed by, under contract to, or working at the producing facility, \$50.
- -- For a producing facility that is a private practice office with four or more of the specified licensees employed by, under contract to, or working at the facility, \$20 for each licensee, up to a total fee of \$80.

The bill would delete the reference to a private practice office for a facility with fewer than four licensees. In addition, the bill would refer to licensees or registrants and would include physician assistants and acupuncturists among the specified health professionals. The bill also would eliminate the \$20-per-person fee for a facility with at least four licensees or registrants and prescribe a flat \$80 fee.

In addition, the bill would establish the following registration fees:

- -- For a producing facility that was a hospital with at least 150 licensed beds or a laboratory, \$150.
- -- For all other producing facilities that were health facilities or agencies, \$75.

For a facility that was not a health facility or agency, including a body art facility, medical waste treatment facility, medical waste collection and transport company, blood draw station, blood or blood product collection facility, funeral home, animal control shelter, pharmacy, or school district, the registration fee would be \$75.

A life support agency that did not store medical waste would not have to register as a producing facility. A mobile health care unit, such as a bloodmobile or a licensed ambulance, that was owned and operated by a registered facility in a fixed location would be considered to be included under the registration of the registered facility.

Currently, upon receiving a complete registration form and fee, the DNRE must issue a certificate of registration to the producing facility. Under the bill, this provision would apply unless the Department determined that the facility was not in compliance with Part 138 or rules promulgated under it.

The bill provides that a public sharps collection program would have to register as a medical waste producing facility but would be exempt from payment of any registration fee.

Medical Waste Management Plan

Part 138 requires a producing facility to have a written medical waste management plan on file on the premises within 90 days after registering with the DNRE. The bill also would require a copy of the common plan to be kept available at each producing facility site for inspection by the Department.

Among other things, a medical waste management plan must describe the corporate or other legally recognized business name of solid waste haulers who transport medical waste for the producing facility. Under the bill, instead, the plan would have to describe the corporate or other legally recognized business name, address, and telephone number of medical

waste disposal service companies that transported or treated medical waste for the facility.

A medical waste management plan also must describe the use of sanitary landfills, cemeteries, and other disposal sites. The bill would require the plan to describe the name and address, rather than the use, of disposal sites to which medical waste was directly taken by the producing facility.

The bill also would require a plan to describe cleanup methods and procedures to be used in response to spills of medical waste.

Currently, a producing facility must update its medical waste management plan within 30 days each time there is a change in a person or site named in the plan, or the types of medical waste handled or the methods of handling the waste at the facility. Under the bill, a facility would have to update its plan every three years or within 30 days of a change.

Part 138 authorizes the DNRE to require a producing facility to modify its medical waste management plan at any time the Department determines that the plan is not adequate to protect the public health or is inconsistent with State or Federal law. Under the bill, the Department also could require a facility to modify its plan if the plan were not adequate to protect public safety and welfare, and the environment. Currently, the facility must modify its plan within 10 days after receiving notice from the Department, and the DNRE may issue a warning to a facility that fails to do so. Under the bill, instead, the facility would have to modify the plan within the time period specified by the Department in its notice.

Compliance Determination

The bill would authorize the DNRE at any reasonable time to enter upon public or private property upon which medical waste was reasonably believed to be located to determine compliance with Part 138 or a rule promulgated under it.

Transport & Disposal of Medical Waste

Part 138 prescribes specific requirements and procedures for the packaging of medical waste by a producing facility that transports the waste off the premises. provisions apply to sharps that are not ground or incinerated and to medical waste other than sharps. The bill would delete these provisions. Instead, medical waste that was decontaminated and packaged in accordance with the bill could be disposed of as solid waste pursuant to Part 115 (Solid Management) Waste of the Natural Resources and Environmental Protection Act (NREPA). Hazardous waste, as defined in Section 11103 of NREPA, could not be disposed of as medical waste. (That section defines "hazardous waste" as waste or a combination of waste and other discarded material, including solid, liquid, semisolid, or contained gaseous material, that because of its quantity, quality, concentration, or chemical, physical, or infectious characteristics may cause or contribute significantly to an increase in mortality or an increase in serious irreversible illness or serious incapacitating but reversible illness, or may pose a substantial present or potential hazard to human health or the environment if improperly treated, stored, transported, disposed of, or otherwise managed.)

Reporting Suspected Medical Waste

Currently, if suspected medical waste is discovered on any land or water in Michigan and reported to the DNRE, the Department of Community Health (DCH), a local health department, the Michigan State Police (MSP), or any other State or local governmental agency, the agency or department receiving the report must investigate promptly to confirm existence of medical waste. If the existence is confirmed by a department or agency other than the DNRE, a report must be transmitted immediately to the DNRE. The bill would delete these requirements. Instead, person who discovered any suspected medical waste on any land or water in Michigan would have to report it to the DNRE.

The bill would retain a provision allowing the Department to conduct an investigation to determine the source of the medical waste.

Currently, the DNRE may consult with the DCH, the appropriate local health department, the MSP, and the Department of Attorney General on the actions taken by the DNRE. After the DNRE confirms the

existence of medical waste, it must inform the Legislature, the Governor, the Interdepartmental Medical Waste Advisory Council, and the public on the results of any investigation conducted within 30 days. The bill would delete these provisions.

Violations of Part 138

Current provisions related to the investigation of suspected violations contain references to the DCH. They require the DCH to take certain actions, including notifying the Legislature, the Governor, the Interdepartmental Medical Waste Advisory Council, and the public of the results of an investigation confirming the existence of a violation. The bill would delete all of these provisions. Instead, if the DNRE suspected that a producing facility had violated Part 138 or rules promulgated under it, the Department promptly would have to conduct an investigation to confirm it.

Currently, if the investigation confirms the existence of a violation, the DCH may take measures to correct it and protect the public health, safety, welfare, and environment. Under the bill, this provision would apply to the DNRE rather than the DCH.

<u>Interdepartmental Medical Waste Advisory Council</u>

The Advisory Council consists of one individual representing each of the following Departments, appointed by the applicable Director: Community Health; Natural Resources and Environment; State Police; Energy, Labor, and Economic Growth; and Attorney General.

The bill would eliminate the Advisory Council and transfer its duties to the DNRE. The Advisory Council's duties include the following:

- -- The collection of data pertaining to medical waste reports and investigations under Part 138.
- -- The coordination of reports and investigations under Part 138 between the DCH and the DNRE.

In addition, the Council is required to report annually to the Governor, the standing committees of the Senate and House of Representatives with jurisdiction over public health matters, the DCH, and the DNRE on all of the following:

- -- The number of medical waste reports received and investigations conducted under Part 138.
- -- The implementation and effectiveness of Part 138.
- Changes in the overall regulatory scheme pertaining to medical waste, including the enactment of pertinent Federal law.
- -- Recommendations, if any, for changes to Part 138 or any other State statute or rule that pertains to medical waste.

The bill would eliminate the coordination of reports and investigations under Part 138 from the list of duties. Also, the bill would eliminate the DCH and the DNRE from the entities to receive the annual report.

Medical Waste Emergency Response Fund

The Fund exists within the State Treasury and the State Treasurer must deposit in the Fund money received pursuant to the Code and money received for the Fund as otherwise provided by law. Under the bill, the State Treasurer would have to deposit in the Fund all money received pursuant to Part 138, except for civil fines, costs, and damages and penal fines related to medical waste; and all money designated for the Fund as otherwise provided by law.

The bill specifies that the DNRE would be the administrator of the Fund for auditing purposes.

Currently, up to 80% of the Fund may be used for administrative expenses related to the implementation of Part 138. The DNRE may use the balance for response activities addressing the release of medical waste into the environment. The bill would add programs relating to medical waste reduction, management, and education to the authorized uses. Also, Fund money could be spent only upon appropriation.

Penalties for Part 138 Violations

Under current law, a person who violates Part 138 or a rule is subject to an administrative fine of up to \$2,500 for each violation and an additional fine of up to \$1,000 for each day the violation continues. For a first offense, the DCH or the DNRE

may postpone the levying of a fine for up to 45 days or until the violation is corrected, whichever occurs first.

A person who fails to register with the DNRE or have a medical waste management plan available for inspection is subject to an administrative fine of \$500.

In addition, a person who commits a violation may be enjoined by a court from continuing the violation.

The bill would delete all of these provisions. Instead, the DNRE could request that the Attorney General bring an action in the name of the people of Michigan for any appropriate relief, including injunctive relief, for a violation of Part 138 or Part 138 rules. In addition to any other relief, the court could impose on any violator a civil fine as follows:

- A maximum civil fine of \$2,500 for each violation and an additional civil fine of up to \$1,000 for each day the violation continued.
- -- A civil fine of \$500 for failure to register with the DNRE, or failure to make a medical waste management plan or trauma scene waste management plan available to the DNRE as required.

Additionally, the court could order a violator to pay an amount equal to all of the following:

- -- Costs to contain or remove medical waste or take action necessary to protect public health, safety, or welfare or the environment incurred by the State or a local unit of government as a result of the violation.
- -- Costs of surveillance or enforcement incurred by the State or a local unit as a result of the violation.
- -- The full value of damage done to the State's natural resources.

Civil fine revenue collected under the bill would have to be deposited in the State's General Fund. Money collected to reimburse the State or a local unit of government or to compensate for damage to natural resources would have to be deposited in the Medical Waste Emergency Response Fund. If a local unit incurred costs, however, the court could order that money collected to reimburse the local unit be forwarded to that local unit

instead of being deposited in the Emergency Response Fund.

The DNRE could issue a cease and desist order to correct a violation of Part 138 or rules if the violation were causing an imminent public health hazard or threat to the environment.

A person who violated Part 138, a rule promulgated under it, or a final order would be guilty of a misdemeanor punishable by imprisonment for up to six months and/or a maximum fine of \$1,000, plus any payment ordered to reimburse the State or a local unit or to compensate for damage to natural resources. Each day that a violation occurred would be a separate offense.

Part 138 Rules

Currently, the DNRE must promulgate rules to prescribe training standards for both medical and nonmedical personnel who handle medical waste in producing facilities. Each producing facility must train its personnel who handle medical waste pursuant to the rules. The bill would delete these provisions. Instead, the bill would allow the DNRE to promulgate rules to implement Part 138.

House Bill 4458

<u>Trauma Scene Waste Management</u> Registration

The bill would prohibit a person from operating as a trauma scene waste management practitioner unless the person were registered with DELEG.

(House Bill 4459 (H-2) would define "trauma scene waste management practitioner" as a person who undertakes as a commercial activity the cleanup or removal of trauma scene waste from a trauma scene. "Trauma scene waste" would mean liquid human or animal waste, including blood and blood products and body fluids; pathological waste; and sharps. "Trauma scene" would mean premises or a vehicle contaminated with medical waste as a result of human injury, trauma, or death, other than that caused by surgery or another medical procedure.)

A person operating as a trauma scene waste management practitioner immediately

before the bill took effect could continue to do so if, within 30 days after the bill took effect, the person notified DELEG that the person was operating and intended to continue to operate. By the date prescribed by the Department, the person would have to submit an application for registration. The person would have to cease operation as a trauma scene waste management practitioner upon receiving a notice that its application for registration had been denied. The person could reapply.

A person would have to apply or reapply for registration, including registration renewal, on a form and in the manner prescribed by DELEG. The person would have to submit with the application all of the following:

- -- A registration fee of \$75.
- -- A written trauma scene waste management plan that met the bill's requirements.
- Proof of financial responsibility for bodily injury, property damage, or environmental damage to third parties caused by accidental occurrences arising from the practitioner's trauma scene waste cleanup and transport activities.
- -- A fee prescribed by DELEG to cover the expense of a required background check.

Upon receiving a complete application for registration and the applicable fee or fees, DELEG would have to have a background check conducted on all individuals listed in the application as being the owners, officers, directors, partners, or other key employees of the trauma scene waste management practitioner. The Department would have to determine whether any information received as a result of the background check made the practitioner ineligible to be registered and, if so, DELEG could not register the person. The Department would have to notify the person that the application was denied and include the reasons for the denial. A person who received a notice that its application was denied could reapply. If the Department determined that the applicant was able to engage in the cleanup, handling, and transport of trauma scene waste in a manner that would protect the public health, safety, and welfare and the environment, DELEG would have to issue a certification of registration to the applicant.

A certificate of registration would be valid for three years. A trauma scene waste management practitioner would have to comply with any rules promulgated by DELEG to obtain a renewal registration. The Department would have to act on a renewal application in the same manner as a new application.

Registration fees would have to be forwarded to the State Treasurer and deposited into the Medical Waste Emergency Response Fund.

<u>Trauma Scene Waste Management Standards</u>

Within 90 days after the bill's effective date and on a continuing basis, DELEG, in consultation with the trauma scene waste management industry and the health care industry, would have to establish the following standards:

- -- Documentation of personal protection required to be provided for and used by employees of trauma scene waste management practitioners to minimize exposure to infectious agents throughout the process of handling and transporting trauma scene waste.
- Technologies, chemicals, and procedures appropriate for cleaning and disinfecting a trauma scene.
- -- Procedures and equipment appropriate for removing, storing, transporting, and disposing of trauma scene waste.
- -- Other standards as necessary.

Trauma Scene Waste Management Plan

A trauma scene waste management practitioner would have to develop a trauma scene waste management plan. The plan specifically would have to describe how the practitioner would employ each of the standards established by DELEG.

A practitioner would have to update its plan every year or within 30 days of a change in any person or site named in the plan, or the types of trauma scene waste handled or the methods of handling it.

<u>Trauma Scene Waste Management</u> Requirements

A trauma scene waste management practitioner would have to comply with its plan and transport trauma scene waste to a producing facility that decontaminated or incinerated medical waste for treatment or disposal. A practitioner could not store trauma scene waste on its premises for more than seven days. A practitioner also would have to package medical waste in the manner described in Section 13821 and as otherwise prescribed by DELEG. (House Bill 4459 (H-2) would amend that section to allow medical waste decontaminated and packaged in accordance with the Code to be disposed of as solid waste.)

The Department could inspect a trauma scene waste management practitioner in either a routine or an unannounced manner order to determine whether the practitioner should be registered or to investigate a complaint. The Department could deny, suspend, or revoke registration if it determined that the practitioner was not able to engage in the cleanup, handling, and transport of trauma scene waste in a manner that would protect the public health, safety, and welfare and the environment. The Department would have to provide notice and an opportunity for a contested case hearing under the Administrative Procedures Act before suspending or revoking a registration.

Sections 13813 and 13817 would not apply to a trauma scene waste management practitioner. A practitioner, however, would have to make its trauma scene waste management plan available to DELEG in the same manner as required for a medical waste management plan. (Section 13813 contains the registration and requirements for a producing facility. Section 13817 pertains to the required medical waste management plan. sections would be amended by House Bill 4459 (H-2).)

Practitioner List

The Department would have to post and maintain on its website a current list of registered trauma scene waste management practitioners. Upon request, the Department would have to give a person a current list.

MCL 333.1104 & 333.13815 (H.B. 4458) 333.13805 et al. (H.B. 4459)

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

House Bill 4458

The bill would increase the costs of the Department of Energy, Labor, and Economic Growth by one-time costs of approximately \$50,000 to \$100,000. The Department staff indicate that this is the typical cost of implementing regulation of a new profession. It is expected that the fees authorized by the bill would generate only minimal revenue because there appear to be few companies that would be affected by the proposed regulation.

House Bill 4459 (H-2)

The bill would require facilities that produce medical waste to register with the Department and follow certain procedures when disposing of that waste. The bill also would require certain facilities to pay a registration fee. Currently, some regulated facilities already pay this fee; the bill would expand the fee base as follows:

Type of Facility	Fee
Facility with fewer than 4	\$50
acupuncturists, or physicians	
assistants	
Facility with 4 or more	\$80
acupuncturists or physician	
assistants	
Health facility - not a hospital	\$75
Hospital	\$150
Other producing facilities – not	\$75
health facilities	

The Department would collect an indeterminate amount of revenue from these fees, which would be deposited in the Medical Waste Emergency Response Fund. The Fund received about \$207,000 in FY 2008-09 and would likely collect considerably more than that under the bill.

The bill would establish a civil fine of \$500 for failure to register as a producer of medical waste. Additionally, violators would have to pay for costs associated with their violation, including cleanup of medical waste, monitoring and enforcement, and the full value of damage done to the natural resources of the State. Revenue from these fines would go to the General Fund, except in cases where a local government incurred costs as a result of a violation. In that case,

the local government would be reimbursed for its costs.

In addition, the bill would establish a penalty system that could lead to an increase in misdemeanor convictions related to the improper disposal of medical waste product. Local governments would incur the costs of incarceration in local facilities, which vary by county.

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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.