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House Bill 4459 (Substitute S-1 as reported)

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

## CONTENT

The bill would amend Part 138 (Medical Waste) of the Public Health Code 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:

- -- Include in the definition of "producing facility" a transfer station where medical waste is stored and a trauma scene waste management practitioner.
- -- 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; and require the money to be deposited in the Medical Waste Emergency Response Fund or forwarded to the local unit.
- -- Allow a court to order a violator to pay the cost of damage to natural resources; and require the revenue to be deposited in the General Fund.
- -- 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.

MCL 333.13805 et al.

## **FISCAL IMPACT**

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

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 could be ordered to pay for costs associated with their violation, including cleanup of medical waste, monitoring and enforcement, and the value of damage done to the natural resources of the State. Revenue from civil fines and payments for damage to natural resources would go to the General Fund. Reimbursement for costs would go to the Medical Waste Emergency Response Fund, except when a local government incurred costs as a result of a violation. In that case, the local government could 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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