

# Legislative Analysis



## REPLACE STATUTORY REFERENCES TO THE TERM "VENEREAL DISEASE"

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**Senate Bill 374 reported from committee**  
**Sponsor: Sen. Curtis Hertel, Jr.**

**Senate Bill 378 as reported**  
**Sponsor: Sen. Margaret E. O'Brien**

**Senate Bill 375 as reported**  
**Sponsor: Sen. Peter MacGregor**

**Senate Bill 379 as reported**  
**Sponsor: Sen. Rebekah Warren**

**Senate Bill 376 as reported**  
**Sponsor: Sen. David Knezek**

**Senate Bill 380 as reported**  
**Sponsor: Sen. Jim Marleau**

**Senate Bill 377 as reported**  
**Sponsor: Sen. Wayne Schmidt**

**Senate Bill 381 as reported**  
**Sponsor: Sen. Coleman Young II**

**Senate Committee: Health Policy**  
**House Committee: Health Policy**  
**Complete to 3-4-16**

*(Enacted as Public Acts 63 to 70 of 2016)*

**BRIEF SUMMARY:** Senate Bills 374 through 381 would amend the Public Health Code to replace references to "venereal disease" with "sexually transmitted infection" (STI), as well as make other minor changes in language. The only substantive change in these bills is the removal of a subsection in SB 378, explained below.

**FISCAL IMPACT:** The bills would not appear to have a fiscal impact.

### **THE APPARENT PROBLEM:**

"Venereal disease" is an outdated term. The World Health Organization (WHO) began using the terms "sexually transmitted disease" (STD) and STI in the 1990s, and has used STI exclusively since 1994. This bill would bring Michigan law in line with current medical terms.

### **THE CONTENT OF THE BILL:**

Senate Bill 374 would modify several definitions in Article 5 of the Health Code, including the definition of *sexually transmitted infection*: syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale, and other STIs that the department might designate.

Senate Bill 375 would amend the language in the requirement that the Department of Health and Human Services maintain a list of reportable diseases, infections, and disabilities that designates and classifies communicable, chronic, or noncommunicable diseases, infections, and disabilities.

Senate Bill 376 would change the language for the requirement that a local health department provide necessary care for a person it determines has a serious communicable disease or infection, regardless of whether the person lives in the local health department's jurisdiction.

Senate Bill 377 would adjust the language regarding education about STIs for individuals applying for a marriage license. As before, the county clerk is charged with providing information about STIs and HIV, and ensuring that applicants sign a statement that they have received such information and been informed of testing for both HIV and STIs.

Senate Bill 378 would amend the language categorizing the following actions as misdemeanors: (1) issuance of a marriage license by a county clerk to a person who fails to present a certificate that he has been informed about testing for HIV and STI; and (2) disclosure that a marriage applicant has taken an STI test and/or the results of that test by any person.

The bill would also delete a provision designating as a misdemeanor a false statement by a physician in a certificate given to a marriage license applicant as documentation that the applicant has received mandatory counseling on STI transmission, prevention, and testing. (Public Act 209 of 2000 eliminated the counseling requirement and instead requires the county clerk to give this information to applicants in written form).

Senate Bill 379 would change the language regarding the testing of pregnant women for STIs.

Senate Bill 380 would amend the language stating that a minor may consent to HIV treatment without parental consent.

Senate Bill 381 would alter the language in provisions regarding STI testing, information, reporting, counseling, and treatment referrals for individuals arrested and charged with offenses ranging from prostitution to illegal intravenous use of a controlled substance.

These eight bills are tie-barred to each other, and would not take effect unless all are enacted. They would take effect 90 days after they are enacted.

#### ***HOUSE COMMITTEE ACTION:***

The members of the House Health Policy committee reported out the Senate-passed version of Senate Bills 374 to 381 without amendment.

#### ***POSITIONS:***

The Department of Health and Human Services support these bills. (2-23-16)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.