PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

PART 54
CHRONIC DISEASES

333.5401 "Chronic disease" defined; general definitions and principles of construction.

Sec. 5401. (1) As used in this part, "chronic disease" includes an impairment or deviation from normal having 1 or more of the following characteristics:

(a) It is permanent.

(b) It leaves residual disability.

(c) It is caused by nonreversible pathological alterations.

(d) It requires special training of the patient for rehabilitation.

(e) It may be expected to require a long period of supervision, observation, or care.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code and part 51 contains definitions applicable to this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of certain powers and duties of the center for health promotion and chronic disease prevention from the department of public health to the director of the department community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.5411 Chronic disease prevention and control program; statewide program as to mental disabilities; establishment; scope; programs continued.

Sec. 5411. (1) The department shall establish a chronic disease prevention and control program which shall include arthritis, cancer, dental disease, diabetes, genetic disease, heart disease, hypertension, renal disease, and any other disease the department designates as chronic pursuant to section 5439. The department shall cooperate with the department of mental health in establishment of a statewide program for genetic screening and counseling in the area of mental disabilities.

(2) Programs established under this part shall continue, at a minimum, the programs established pursuant to Act No. 96 of the Public Acts of 1975, being sections 329.551 to 329.557 of the Michigan Compiled Laws, and Act No. 335 of the Public Acts of 1974, being sections 325.531 to 325.533 of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.5412 Scope of chronic disease program; availability of services subject to appropriation; contracts for programs; evaluation of program; recommending discontinuance of program.

Sec. 5412. (1) The chronic disease program shall include the prevention of chronic diseases; the early detection and reporting of cases; and surveillance, treatment, education, rehabilitation, and maintenance of patients suffering from chronic diseases. The availability of services under this program is subject to appropriations.

(2) The program may include the promotion, support, or conduct of studies or research on chronic diseases and their relation to the health and welfare of the people of this state; the promotion, support, and conduct of programs of community and professional education; the development or purchase and distribution of educational and informational material; the furnishing of laboratory services; and the promotion and establishment of cooperative relationships or programs with hospitals, clinics, social and health agencies, educational and research organizations, and other related groups.

(3) The department may contract with local health departments, other agencies of government, nonprofit corporations, and individuals for carrying out any of these programs.

(4) Periodically, but not less than each 3 years, the department shall evaluate the program to determine its effectiveness.

(5) The public health advisory council, based on appropriate data, may recommend discontinuance of a disease program established under this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

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333.5413-333.5415 Repealed. 1992, Act 25, Eff. Mar. 30, 1996.

Compiler's note: The repealed sections pertained to establishment of a registry to record cases of spinal cord injury and traumatic brain injury; creation of a spinal cord injury and traumatic brain injury committee; and, appropriation of funds to implement the sections.

Popular name: Act 368

333.5421 Chronic disease advisory committee; creation; appointment of members; committee subject to MCL 333.2215.

Sec. 5421. The chronic disease advisory committee is created in the department. The governor shall appoint the members with the advice and consent of the senate. The committee is subject to section 2215.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of authority, powers, duties, functions, and responsibilities of the chronic disease advisory committee to the director of the Michigan state department of public health, see E.R.O. No 1994-1, compiled at MCL 333.26322 of the Michigan Compiled Laws.

Popular name: Act 368

333.5423 Chronic disease advisory committee; advising and assisting department; reimbursement for travel expenses.

Sec. 5423. (1) The chronic disease advisory committee shall advise and assist the department in the implementation of this part.

(2) The chronic disease advisory committee members shall be reimbursed for their necessary travel expenses for attendance at meetings pursuant to section 1216.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.5425 Chronic disease advisory committee; creation and purpose of subcommittee; chairperson; membership.

Sec. 5425. Except as otherwise provided in section 5414, the chronic disease advisory committee may create a subcommittee to advise it as to a specific chronic disease, determine the size of the subcommittee, and appoint its members, who need not all be members of the committee. The chairperson of a subcommittee shall be a member of the committee. The members of a subcommittee shall be individuals concerned with the prevention and control of the specific chronic disease.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1988, Act 122, Eff. Mar. 30, 1989.

Popular name: Act 368

333.5429 Terminated. 1978, Act 368, Eff. Sept. 30, 1980.

Compiler's note: Subsection (2) of this section provided :

"(2) This section shall terminate when the renal disease subcommittee of the committee is appointed or 2 years after the effective date of this part, whichever occurs first."

The date the renal disease subcommittee was appointed is not determinable.

Popular name: Act 368

333.5430 Newborn screening quality assurance advisory committee; membership; appointment; screening tests; annual review of list; report; recommendations; approval or rejection by legislature.

Sec. 5430. (1) The newborn screening quality assurance advisory committee is created in the department. The newborn screening quality assurance advisory committee shall consist of 10 members and be appointed by the department as follows:

(a) One individual representing a Michigan nonprofit health care corporation.

(b) One individual representing the Michigan health and hospital association.

(c) One individual representing the Michigan state medical society.

(d) One individual representing the Michigan osteopathic association.

(e) One individual representing the department's medical services administration.

(f) One individual representing the department's public health administration.

(g) One individual who is a neonatologist with experience and background in newborn screening.

(h) One individual representing health maintenance organizations.

(i) Two individuals representing the general public.

(2) The newborn screening quality assurance advisory committee shall meet annually to review the list of newborn screening tests required under section 5431 and under department rules, regulations, and guidelines. The newborn screening quality assurance advisory committee shall, on an annual basis, submit a written

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report to the department regarding the appropriateness of the existing list of required newborn screening tests. The newborn screening quality assurance advisory committee shall also include in the report recommendations to revise the list to include additional newborn screening tests that are nationally recognized in the scientific literature or national standards for conditions that can be ameliorated or treated if identified by a newborn screening test and to remove certain tests that are no longer supported in the scientific literature or national standard as being effective for ameliorating or treating conditions that can be identified by newborn screening.

(3) The newborn screening quality assurance advisory committee shall conduct a financial review of any recommended changes to the list of newborn screening tests and shall include in the written report required under subsection (2) a recommendation for the increase or decrease in the amount charged pursuant to section 5431 for newborn screening tests. The recommended change shall not exceed any net change in the amount of the actual cost of any proposed additional tests and follow-up minus savings from any proposed deleted tests and follow-up.

(4) Within 30 days after the department has received the report required under subsection (2), the department may approve or reject the recommendations of the newborn screening quality assurance advisory committee. If the department does not reject the recommendations or fails to act within the 30 days, then the recommendations shall be forwarded to the standing committees in the senate and house of representatives that consider issues pertaining to public health for approval.

(5) Within 45 days after the recommendations are forwarded and received, the legislature shall approve or reject those recommendations without amendment by concurrent resolution adopted by both standing committees of the senate and house of representatives that consider issues pertaining to public health and both houses of the legislature by recorded vote. If the proposed recommendations are not submitted on a legislative session day, the 45 days commence on the first legislative session day after the recommendations are submitted. The 45 days shall include not less than 9 legislative session days. If the recommendations are not rejected within the 45-day period, the recommendations shall be considered approved, shall be adopted by the department, and shall take effect 6 months after the recommendations are adopted by both houses of the legislature or considered approved as provided under this subsection.

History: Add. 2006, Act 31, Imd. Eff. Feb. 23, 2006.

Compiler's note: For transfer of powers and duties of the medical services administration to the health and aging services administration created within the department of health and human services; and abolishment of the medical services administration, see E.R.O. No. 2021-2, compiled at MCL 400.562.

Popular name: Act 368

333.5431 Testing newborn infant for certain conditions; reporting positive test results to parents, guardian, or person in loco parentis; compliance; fee; “Detroit consumer price index” defined; violation as misdemeanor; hardship waiver; conduct of department regarding blood specimens; pamphlet; additional blood specimen for future identification.

Sec. 5431. (1) A health professional in charge of the care of a newborn infant or, if none, the health professional in charge at the birth of an infant shall administer or cause to be administered to the infant a test for each of the following:

(a) Phenylketonuria.

(b) Galactosemia.

(c) Hypothyroidism.

(d) Maple syrup urine disease.

(e) Biotinidase deficiency.

(f) Sickle cell anemia.

(g) Congenital adrenal hyperplasia.

(h) Medium-chain acyl-coenzyme A dehydrogenase deficiency.

(i) Other treatable but otherwise disabling conditions as designated by the department.

(2) The informed consent requirements of sections 17020 and 17520 do not apply to the tests required under subsection (1). The tests required under subsection (1) shall be administered and reported within a time and under conditions prescribed by the department. The department may require that the tests be performed by the department.

(3) If the results of a test administered under subsection (1) are positive, the results shall be reported to the infant's parents, guardian, or person in loco parentis. A person is in compliance with this subsection if the person makes a good faith effort to report the positive test results to the infant's parents, guardian, or person in loco parentis.

(4) Subject to the annual adjustment required under this subsection and subject to subsection (6), if the

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department performs 1 or more of the tests required under subsection (1), the department may charge a fee for the tests of not more than $53.71. The department shall adjust the amount prescribed by this subsection annually by an amount determined by the state treasurer to reflect the cumulative annual percentage change in the Detroit consumer price index. As used in this subsection, "Detroit consumer price index" means the most comprehensive index of consumer prices available for the Detroit area from the bureau of labor statistics of the United States department of labor.

(5) A person who violates this section or a rule promulgated under this part is guilty of a misdemeanor.

(6) The department shall provide for a hardship waiver of the fee authorized under subsection (4) under circumstances found appropriate by the department.

(7) The department shall do all of the following in regard to the blood specimens taken for purposes of conducting the tests required under subsection (1):

(a) By April 1, 2000, develop a schedule for the retention and disposal of the blood specimens used for the tests after the tests are completed. The schedule shall meet at least all of the following requirements:

(*i*) Be consistent with nationally recognized standards for laboratory accreditation and federal law.

(*ii*) Require that the disposal be conducted in compliance with section 13811.

(*iii*) Require that the disposal be conducted in the presence of a witness. For purposes of this subparagraph, the witness may be an individual involved in the disposal or any other individual.

(*iv*) Require that a written record of the disposal be made and kept, and that the witness required under subparagraph (*iii*) signs the record.

(b) Allow the blood specimens to be used for medical research during the retention period established under subdivision (a), as long as the medical research is conducted in a manner that preserves the confidentiality of the test subjects and is consistent to protect human subjects from research risks under subpart A of part 46 of subchapter A of title 45 of the code of federal regulations.

(8) The department shall rewrite its pamphlet explaining the requirements of this section when the supply of pamphlets in existence on March 15, 2000 is exhausted. When the department rewrites the explanatory pamphlet, it shall include at least all of the following information in the pamphlet:

(a) The nature and purpose of the testing program required under this section, including, but not limited to, a brief description of each condition or disorder listed in subsection (1).

(b) The purpose and value of the infant's parent, guardian, or person in loco parentis retaining a blood specimen obtained under subsection (9) in a safe place.

(c) The department's schedule for retaining and disposing of blood specimens developed under subsection (7)(a).

(d) That the blood specimens taken for purposes of conducting the tests required under subsection (1) may be used for medical research pursuant to subsection (7)(b).

(9) In addition to the requirements of subsection (1), the health professional described in subsection (1) or the hospital or other facility in which the birth of an infant takes place, or both, may offer to draw an additional blood specimen from the infant. If such an offer is made, it shall be made to the infant's parent, guardian, or person in loco parentis at the time the blood specimens are drawn for purposes of subsection (1). If the infant's parent, guardian, or person in loco parentis accepts the offer of an additional blood specimen, the blood specimen shall be preserved in a manner that does not require special storage conditions or techniques, including, but not limited to, lamination. The health professional or hospital or other facility employee making the offer shall explain to the parent, guardian, or person in loco parentis at the time the offer is made that the additional blood specimen can be used for future identification purposes and should be kept in a safe place. The health professional or hospital or other facility making the offer may charge a fee that is not more than the actual cost of obtaining and preserving the additional blood specimen.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 300, Eff. Mar. 31, 1987;—Am. 1987, Act 14, Imd. Eff. Apr. 14, 1987;—Am. 1988, Act 264, Imd. Eff. July 15, 1988;—Am. 1992, Act 81, Imd. Eff. June 2, 1992;—Am. 1998, Act 88, Imd. Eff. May 13, 1998;—Am. 1999, Act 138, Imd. Eff. Oct. 5, 1999;—Am. 2000, Act 33, Imd. Eff. Mar. 15, 2000;—Am. 2002, Act 691, Eff. Apr. 1, 2003.

Popular name: Act 368

Administrative rules: R 325.1471 et seq. of the Michigan Administrative Code.

333.5432 Hearing test and screening.

Sec. 5432. If a health professional in charge of the care of a newborn infant or, if none, the health professional in charge at the birth of an infant, the hospital, the health department, or other facility administers or causes to be administered to the infant a hearing test and screening, then that person or facility shall report to the department, on a form as prescribed by the department, the results of all hearing tests and screens conducted on infants who are less than 12 months of age and on children who have been diagnosed with hearing loss and are less than 3 years of age. The report shall include the type, degree, and symmetry of the

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diagnosis, along with where and when the diagnosis was made.

History: Add. 2006, Act 31, Imd. Eff. Feb. 23, 2006.

333.5439 Rules.

Sec. 5439. The department may promulgate rules to implement this part including rules designating additional chronic diseases and the time and conditions under which tests required by section 5431 shall be administered.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.1471 et seq. of the Michigan Administrative Code.

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