



Senate Fiscal Agency
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BILL ANALYSIS



Telephone: (517) 373-5383
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House Bill 6016 and 6017 (as passed by the House)
House Bill 6018 (Substitute H-1 as passed by the House)
House Bill 6019 (as passed by the House)
House Bill 6022 (Substitute H-3 as passed by the House)
House Bill 6023 (as passed by the House)
Sponsor: Representative Edward J. Canfield, D.O (H.B. 6016 & 6017)
Representative Hank Vaupel (H.B. 6018)
Representative Abdullah Hammoud (H.B. 6019)
Representative John Bizon, M.D. (H.B. 6022)
Representative Kevin Hertel (H.B. 6023)

House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 12-11-18

CONTENT

House Bill 6016 would amend the Public Health Code to revise the definition of "HIV infection" or "HIV infected".

House Bill 6017 would amend the Public Health Code to eliminate a requirement that the Department of Health and Human Services (DHHS) submit a biennial report to the Senate and the House pertaining to HIV cases reported in the State.

House Bill 6018 would amend the Public Health Code to revise the procedure for acquiring general informed consent to order an HIV test.

House Bill 6019 would amend the Public Health Code to revise the circumstances under which confidential information pertaining to an individual who was HIV infected could be disclosed.

House Bill 6022 would amend the Public Health Code to require a physician to take or cause to be taken during the third trimester of a woman's pregnancy test specimens of the woman for the purpose of performing tests for HIV, hepatitis B, and Syphilis.

House Bill 6023 amend the Public Health Code to revise the time frame under which HIV test results would have to be reported, and to delete a provision prohibiting a local health department from maintaining a roster of names obtained through the report.

Each bills would take effect 90 days after its enactment.

House Bill 6016

The Code defines "HIV" as human immunodeficiency virus. "HIV infection" or "HIV Infected" means the status of an individual who has tested positive for HIV, as evidenced by either a double positive enzyme linked immunosorbent assay test, combined with a positive western blot assay test, or a positive result under an HIV test that is considered reliable by the Centers for Disease Control and Prevention (CDC), and is approved by the DHHS.

Under the bill, "HIV infection" or "HIV infected" would mean the status of an individual who was infected with HIV, as evidenced by either of the following: 1) an HIV test, or a combination of tests, that was considered a confirmatory diagnostic test according to prevailing medical technology and algorithms or guidance from CDC, or 2) an HIV test that was approved by the Department.

House Bill 6018

Under the Code, a physician, or an individual to whom the physician has delegated authority to perform a selected act, task, or function, may not order an HIV test for the purpose of diagnosing HIV infection without first providing the test subject with pretest information and receiving the informed consent of the test subject. Pretest information includes, among other things, an explanation of the test, an explanation of how HIV is transmitted, and an explanation of the test subject's rights. The Department of Health and Human Services must develop the information required for informed consent. The Department must provide the information to certain entities. If requested, an HIV test must be administered anonymously. The bill would delete these provisions.

Under the bill, a test subject or his or her authorized representative who provided general informed consent for medical care would be considered to have consented to an HIV test. A separate consent form for an HIV test would not be required; however, a health care provider could not order an HIV test for a test subject without first doing both of the following:

- Informing the test subject or his or her legally authorized representative verbally or in writing that an HIV test would be performed unless the test subject or his or her legally authorized representative declined the HIV test.
- Offering the test subject or the test subject's legally authorized representative an opportunity to ask questions and decline the HIV test.

If a test subject or his or her legally authorized representative declined an HIV test, the decision would have to be documented in the test subject's medical record.

If the results of an HIV test indicate a patient is HIV infected, a health facility must inform the patient of the positive test results, and provide the patient with appropriate counseling regarding HIV infection and acquired immunodeficiency syndrome. The bill also would require a health facility to provide referrals to expedite HIV treatment and services.

House Bill 6019

Under the Code, HIV test results, reports, records, and data are confidential. A person may disclose information pertaining to an individual who is HIV infected or has been diagnosed with AIDS under certain circumstances specified in the Code.

A person who discloses information pertaining to an individual who is HIV infected or has been diagnosed with AIDS must not include in the disclosure information that identifies the individual to whom the information pertains, unless the identifying information is determined

by the person making the disclosure to be reasonably necessary to prevent a foreseeable risk of transmission of HIV.

Under the bill, a person also could disclose information pertaining to an individual who is HIV infected or has been diagnosed with AIDS to protect the health of the individual to whom the information pertains, to prevent the further transmission of HIV, or to diagnose and care for a patient. A person disclosing the information described above could disclose only the minimum information necessary to accomplish the intended purpose of the disclosure.

House Bill 6022

Under the Code, a physician or an individual otherwise authorized by law to provide medical treatment to a pregnant woman must take or cause to be taken, at the time of the woman's initial examination, test specimens of the woman, must submit the specimens to a clinical laboratory approved by the DHHS for the purpose of performing tests approved by the Department for sexually transmitted infection, HIV or an antibody to HIV, and hepatitis B.

The bill would require a physician to take or cause to be taken test specimens for the purpose of performing tests for HIV, hepatitis B, and syphilis in accordance with guidelines established by the CDC.

House Bill 6023

Under the Code, a person or governmental entity that obtains from a test subject a test result that indicates that the test subject is HIV infected, or from a test subject who has already been diagnosed as HIV infected a test result ordered to evaluate immune system status, to quantify HIV levels, or to diagnose acquired immunodeficiency syndrome must report to the appropriate local health department, within seven days after obtaining a diagnostic test result or, for a nondiagnostic test result, within a time frame as determined by the DHHS.

Under the bill, a person or governmental entity that obtained a test result described would have to report to the appropriate local health department within a time frame as determined by the DHHS, report.

The bill also would delete a provision prohibiting a local health department from maintaining a roster of names obtained from test results, and requiring they be maintained in individual case files that be encoded to protect the identities of the individual test subjects.

MCL 333.5101 (H.B. 6016)
333.5114a (H.B. 6017)
333.5133 (H.B. 6018)
333.5131 (H.B. 6019)
333.5123 (H.B. 6022)
333.5114 (H.B. 6023)

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

House Bills 6016, 6019, 6022 (H-2) & 6023

The bill would have no fiscal impact on State or local government.

House Bill 6017

The bill would result in minor cost savings for the Department of Health and Human Services and local public health departments due to a reduction in document retention requirements, and duplicative reporting requirements.

House Bill 6018 (H-1)

The bill would result in a minor positive fiscal impact for the Department of Health and Human Services, and no fiscal impact on local units of government. The Department indicates savings of approximately \$25,000 due to a reduction in required pretest information materials.

Fiscal Analyst: Ellyn Ackerman

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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.