STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING

RICK SNYDER
GOVERNOR

C. HEIDI GRETHER
DIRECTOR

April 24, 2018

Mr. Vern Johnson, President
Michigan Association of Local Environmental Health Administrators
426 South Walnut Avenue
Lansing, Michigan 48933

Dear Mr. Johnson:

SUBJECT: Medical Waste Program Proposal

Thank you for your request dated December 5, 2017, summarizing the information the Michigan Association of Local Environmental Health Administrators (MALEHA) seeks from the Department of Environmental Quality (DEQ) regarding the Medical Waste Program Local Health Department (LHD) inspection proposal.

Referencing the questions in your request, the DEQ can provide the following information:

1. Your first concern states that the proposed reimbursement allocations of $100-$250 to the LHDs for the inspection activities will be inadequate to cover the costs to the LHDs. While the DEQ has gradually increased the reimbursement allocations in response to pilot participant feedback since 2014, it is understood that this could still be an issue for counties with a large geographic area and low population densities. The DEQ would be interested in hearing any counter proposal MALEHA and its members may feel would make these inspections more attractive for the LHDs participation.

2. Specific data as to the number of medical waste registrants in each of Michigan's LHDs was requested. A table that represents the most current facility data the DEQ has and how a five-year model would look in terms of each LHDs activities annually are included in the enclosed DEQ Proposal for Expanded Medical Waste Producing Facilities Inspection Program. A stakeholder suggestion was that the DEQ should decrease the inspection frequency to occur every five years to reduce the base fee increase that would be needed to fund LHD inspections statewide and to allow the LHDs with large numbers of facilities a more reasonable goal. The DEQ has modified the proposal from one inspection every three years to one every five years. The enclosed DEQ Proposal for the Expanded Medical Waste Producing Facilities Inspection Program summarizes how the program would function and a modified registrant fee structure has been incorporated for your consideration.

3. The proposal is that the DEQ would authorize each LHD on a voluntary basis to perform the inspections and would train staff at no cost to the LHD. All forms, reference documents, and other deliverables will be developed by the DEQ.

4. Escalated enforcement will be performed by the DEQ. The LHD would be expected to consult with the DEQ upon receiving a report of an incident or complaint allegations. If the complexity of the complaint or incident exceeds the inspector's knowledge or training, the LHD should refer all collected information to DEQ staff via email or phone as soon as possible. The DEQ would assume full responsibility regarding enforcement for referred cases, including any escalated actions or complex situations for which the LHD has not been trained, or is not considered a routine approved activity under each annual contract. Only a referral to DEQ is necessary in these situations. This would be evaluated on a case by case basis.

5. The inspection program would be strictly voluntary. In addition, the DEQ proposes to allow maximum flexibility and incentive for LHDs to participate by not making any specific number of inspections mandatory. If it doesn't fit into the priorities of the LHD at any point, participating only means the LHD tries to meet the goal for the number of inspections and will be reimbursed for the actual work completed in any given year based on the reimbursement schedule contained in the grant contract, up to the amount allocated to the LHD.

We hope this information addresses your concerns and provides the needed clarification to gain MALEHA's support of the proposal.

If you have any questions, please contact Mr. Andrew Shannon, Medical Waste Regulatory Program Specialist, Waste Management and Radiological Protection Division, at 517-230-9800, shannona1@michigan.gov, or DEQ, Grand Rapids District Office, 350 Ottawa Avenue NW, Unit 10, Grand Rapids, Michigan 49503, or you may contact me.

Sincerely,

Rhonda S. Oyer

Rhonda S. Oyer, Manager
Solid Waste Section
Waste Management and Radiological
Protection Division
517-284-6591

Enclosure

cc: Jack Schinderle, DEQ
Andrew Shannon, DEQ

DEQ Proposal for Expanded Medical Waste Producing Facilities Inspection Program

April 24, 2018

The Medical Waste Regulatory Act (MWRA), Part 138 of the Public Health Code, 1978 PA 368, as amended, was enacted in 1990. The purpose of the MWRA is to safeguard public health by preventing human exposure to physical injury or contraction of communicable diseases, which may result from the improper management of potentially infectious medical waste. The regulations also serve to protect Michigan's environment and natural resources from degradation.

The Medical Waste Regulatory Program (MWRP) administers Michigan's MWRA, and rules. The MWRA provides management priorities for the handling, storage, treatment, and disposal of medical waste. The objective is to minimize risk to people who encounter medical waste from exposure to the risk of injury, infection, or disease created from improperly managed medical waste. The MWRA mandates how facilities producing medical waste must manage their medical waste from the point at which it is generated to its ultimate disposal. The MWRP is a self-implementing program that uses educational tools, outreach, compliance assistance, inspections, and enforcement to increase awareness of the intended purpose and goals of the program to regulated entities and the public. This is accomplished through development and implementation of grant funded Local Health Department (LHD) inspections, increased community programs that collect sharps from the public, presentations, and development of guidance documents. The transportation of medical waste is regulated under United States Department of Transportation (USDOT) regulations for transportation of hazardous materials and enforced by the Michigan Department of State Police, Hazardous Materials and Investigations Unit.

DEQ/LHD PILOT PROJECT BACKGROUND

- In consultation with the Michigan Association of Local Public Health (MALEHA), nine LHDs representing 23 of Michigan's counties began a pilot inspection program for medical waste producing facilities in 2014 through a grant process funded by the Department of Environmental Quality (DEQ).
- $65,000 per year was allocated from the Medical Waste Regulatory Fund over the first four years of the pilot inspection program and $70,000 was allocated for 2018. An average of $100 per inspection was paid to LHDs. Pilot inspection activities will continue this year (2018).
- Participating LHDs have included DHD #2, DHD #10, Allegan, Barry-Eaton, Branch-Hillsdale-St Joseph, Ionia, Kent, Livingston, Mid-Michigan District, Muskegon, and Oakland Counties.

- The overall approach is to perform educational outreach and compliance assistance inspections.
- LHD field staff are trained in performing inspections by DEQ.
- The facilities inspected included both existing registrants (both small and large volume generators) and potential registrants that were not registered with the DEQ but were found in other agency databases, such as body art facility and medical profession licensing databases, and others that are likely to generate regulated medical waste.
- Facilities found to have compliance issues were given 30 days to return to compliance or were referred to DEQ if the non-compliance was substantial or they did not return to compliance with assistance in 30-days.
- A post-pilot evaluation survey was completed each year and discussed with the LHDs to gauge what went well and incorporate suggestions for improvement.

2014-2017 SUMMARY/RESULTS

Between 2014-2017, approximately 2,750 medical waste producing facilities or 17 percent of the over 16,000 known medical waste producing facilities were inspected. The most commonly reported issues discovered by LHDs included the following:

- 38 percent of facilities lacked certificates of destruction /final disposal of regulated medical waste.
- 20 percent of facilities had no medical waste management plan as required.
- 8 percent of facilities lacked medical waste disposal records.

These results show a potential for medical waste to be improperly managed, stored, or disposed of which could lead to human exposure to physical injury, infection, or contraction of communicable diseases. These results also suggest some facilities may not recognize the potential risks associated with medical waste and may benefit from additional education and outreach activities.

- 4 percent stored medical waste more than 90 days.

These results show a potential for putrefaction of waste resulting in potential odor issues and potential human exposure to physical injury, infection, or contraction of communicable diseases.

The DEQ has engaged a stakeholder work group to amend the MWRA. Suggestions incorporated into the proposed amendments are to extend the storage period limitation for sharps as no putrefaction generally occurs with this type of medical waste and decrease the storage time allowed for facilities such as transfer stations due to

increased chance of putrefaction/exposure when other types of medical waste are stored over 90 days at multiple locations awaiting pick up and disposal.

- 2 percent improperly disposed of medical waste.

These results show a significantly increased potential for human exposure to physical injury, infection, or contraction of communicable diseases or degradation of the environment and natural resources from the improperly disposed medical waste.

- 8 percent had no records of training for employees in the proper handling, packaging, and disposal of medical waste.

Employees without proper training are at a greater risk of being exposed to injury, infection or contraction of communicable diseases and mismanagement of medical waste that could result in impacts to others.

- 13 percent of facilities were not registered.
- 450 new facilities registered as required.

These results suggest that these facilities may not recognize the potential risks associated with medical waste and may benefit from additional education and outreach activities. Owners and employees of facilities that are unaware of the requirements of the MWRA may in turn have a greater potential to mismanage medical waste, which could lead to human exposure to physical injury, infection, or contraction of communicable diseases.

Post-pilot evaluation comments from the pilot LHDs included the following:

- 83 percent thought the regulations and inspections were important to protect Public Health.
- 80 percent thought the pilot confirmed a need for medical waste inspections to be performed on a more regular basis statewide.
- 73 percent thought MALPH and MALEHA should be represented on a legislative stakeholder work group to amend the Medical Waste Regulatory Act.

MEDICAL WASTE STAKHOLDERS ADVISORY GROUP

- DEQ established the Medical Waste Stakeholders Advisory Group (MWSAG) and has held five meetings with the MWSAG since March 2017 to discuss amending the Medical Waste Regulatory Act, Part 138 of the Public Health Code. The MWSAG includes stakeholders representing LHDs. Proposed amendments include a provision that would expand the Medical Waste Inspection Pilot to allow the DEQ to authorize LHDs to engage in performing inspections of medical waste producing facilities on a regular basis. This proposal would need to cover costs

incurred by LHDs to inspect medical waste producing facilities, and the DEQ's costs to administer the grant program.

- DEQ's goals are to make the medical waste inspection program simple and attractive to the LHDs to encourage participation in order get unregistered medical waste producers registered and to provide a medical waste program presence at the medical waste producing facilities. This in turn amplifies the ability to achieve the outcomes of the MWRP.

- The DEQ would develop guidance documents, standards, training, authorization, and resources for the participating LHDs.

Expanding the partnership with Michigan's LHDs to complete inspections of registered and unregistered medical waste producing facilities will help ensure that medical waste producing facilities safely handle and dispose of medical waste. This will increase the protection of public health, promote safe communities, ensure pollution prevention efforts, increase educational outreach, and promote compliance assistance in Michigan on a wider scale.

Expansion Proposal

- Participation in the inspection of regulated medical waste producing facilities by the LHDs would be on a voluntary basis. Those LHDs wishing to participate would request an annual authorization from the DEQ to conduct these inspections. The authorization would be memorialized through a grant contract or memorandum of understanding between the DEQ and the authorized LHD.

- The authorized LHD would receive reimbursement on the order of $100-$250 per inspection completed. For inspections of hospitals, medical waste hauler storage facilities, and medical waste treatment facilities, a payment of $250 would be allocated per inspection. For inspections of all remaining facility types, a payment of $100 would be allocated per inspection.

- The goal would be to perform field inspections of each medical waste producing facility once every five years for each individual medical waste producing facility in the LHD's jurisdiction. See Table 1 below. While the goal is to inspect each facility once every five years, LHDs would not be required to inspect any set number of facilities per year. LHDs would be allocated a predetermined grant amount each year by the DEQ based upon registrant numbers in the LHD's jurisdiction. It is acknowledged that the LHD's allocation may not be completely expended due to staff resources and the work priorities of the LHD. In these cases, remaining funding from one LHD may be transferred to other LHDs for their inspection needs. A formal request by the LHD for additional funding would be needed with sufficient time remaining under the LHD/DEQ contract to complete the work.

- Authorized activities would be like the pilot program activities the DEQ and the LHDs have implemented over the past five years and would include:

  - Initial inspection of new facilities registering with the DEQ.
  - Inspection of facilities currently registered with the DEQ.
  - Inspection of potential registrants that are not currently registered with the DEQ.
  - Compliance follow-up after inspection if needed.

TABLE I: Medical Waste Registrants by LHD/Average Number of Inspections Per Year

Local Health Departments in Michigan: Med Waste Registrants and Average Inspections to be Performed		
LHD	Registrants in MW Database as of 12/11/17	# to Inspect Each Year on 5 Year Rotation
Allegan County Health Dept.	103	21
Barry-Eaton District Health Dept.	226	45
Bay County Health Department	194	39
Benzie-Leelanau District Health Dept.	34	7
Berrien County Health Dept.	232	46
Branch-Hillsdale-St. Joseph Community Health Agency	233	47
Calhoun County Health Dept.	254	51
Central Michigan District Health Dept.	257	51
Chippewa County Health Dept.	48	10
Delta & Menominee Counties, Public Health	90	18
Detroit Health Department	568	114
Dickinson-Iron District Health Dept.	83	17
District Health Dept. No. 10	371	74
District Health Dept. No. 2	121	24
District Health Dept. No. 4	127	25
Genesee County Health Dept.	837	167
Grand Traverse County Health Dept.	215	43
Huron County Health Dept.	63	13
Ingham County Health Dept.	516	103
Ionia County Health Dept.	86	17
Jackson County Health Dept.	987	197
Kalamazoo County Health Dept. & Community Svcs	408	82
Kent County Health Dept.	913	183

Local Health Departments in Michigan: Med Waste Registrants and Average Inspections to be Performed		
LHD	Registrants in MW Database as of 12/11/17	# to Inspect Each Year on 5 Year Rotation
Lapeer County Health Dept.	122	24
Lenawee County Health Dept.	176	35
Livingston County Health Dept.	258	52
Luce-Mackinac-Alger-Schoolcraft District Health Dept.	43	9
Macomb County Health Dept.	1586	317
Marquette County Health Dept.	101	20
Mid-Michigan District Health Dept.	228	46
Midland County Health Dept.	118	24
Monroe County Health Dept.	191	38
Muskegon County Public Health Dept.	255	51
Northwest Michigan, Health Dept. of	214	43
Oakland County Health Division	2862	572
Ottawa County Dept. of Public Health	315	63
Saginaw County Dept. of Public Health	375	75
Sanilac County Health Dept.	56	11
Shiawassee County Health Dept.	115	23
St. Clair County Health Dept.	246	49
Tuscola County Health Dept.	76	15
Van Buren/Cass County Health Dept.	100	20
Washtenaw County Public Health Dept.	545	109
Wayne County Public Health Dept.	1932	386
Western Upper Peninsula Health Dept.	107	21

- The DEQ will develop guidance documents, standards, training, authorization, and other resources for the participating LHDs. Authorized LHD duties would be performed in accordance with standards/guidelines developed with the DEQ.

The initial training of each authorized LHD to perform the authorized activities would be the responsibility of DEQ staff. LHD staff already trained by DEQ would subsequently be authorized by DEQ to train other staff in their jurisdiction at the LHDs request and expense.

- Authorized LHD's could not enact additional standards or inspection requirements under the MWRP inspection program that are stricter than state law.

- Administration and enforcement of the MWRA would be retained by the DEQ to include:

    - Authorization of LHDs to perform delegated duties.
    - Initial LHD inspector training at no cost to the LHD and upon the request of the LHD thereafter as needed.
    - Development of all forms, guidance documents, and training.
    - Maintenance of the DEQ registration program, database, and associated registrant data listings which would be sent to the LHDs if there are significant changes in registrant data or upon request by the LHD.
    - Applications for and approvals of alternative medical waste treatment technologies.
    - Allocation of grant funds.
    - Approval of documentation for reimbursement submitted by LHDs and appropriate payments.
    - Incident/complaint response and remediation.
    - Escalated enforcement activities.
    - Audits of activities performed under the MWRP inspection program.
    - Any other duties or responsibilities not specified listed in this proposal.

Funding Considerations

Currently there are approximately 16,300 registered medical waste producing facilities which bring in revenue of approximately $302,000 per year. It costs the DEQ roughly $300,000 per year to administer the medical waste program, including the current LHD pilot inspection program. These grants are $70,000 for Fiscal Year 2018.

The DEQ proposes to offer a baseline amount of funding of $100 per inspection completed to each participating LHD.

If all LHDs participated and every medical waste producing facility is inspected once every five years, below is the additional funding that would be needed to roll out the inspection program to all 45 LHDs statewide:

Proposed Fee Increases and Background Data*

(**Data Source: 2017 Annual Report***)

Smaller Volume Producing Facility Inspections: For inspections allocated at $100, an additional $316,000 annually.

Assumption(s)/Data Used:

- Smaller volume facility inspections to be allocated at this amount.

- This pool represents all other types of facilities except large/small hospital systems, medical waste hauler storage facilities, and medical waste treatment facilities.
- Approximately 15,800 of 16,300 facilities are this type (97 percent).
- 15,800 facilities x $100 per inspection/5-year cycle = $316,000 per year.

Higher Volume Producing Facility Inspections: For inspections allocated at $250, an additional $25,000 annually.

Assumption(s)/Data Used:

- Higher volume facility inspections (hospital systems, medical waste hauler storage facilities, and medical waste treatment facilities) to be allocated at this amount.
- Approximately 500 of 16,300 facilities are this type (3 percent).
- Calculation: 500 facilities x $250 per inspection/5 years = $25,000 per year.

Fee Increase Summary: Additional cost per registration fee for each facility type is projected below along with the total increased cost per registration cycle.

Assumption(s)/Data Used:

- Registration fees are paid every 3 years.
- Inspections occur once every 5 years.
- Total fee increase (all facilities) paid every 3 years:

  ($316,000 x 3) + ($25,000 x 3) = $948,000 total
- Fee increase for small volume facilities: $316,000 per year x 3-year registration cycle/15,800 facilities = **$60/3-year cycle**.
- Large volume facilities: $25,000 per year x 3-year registration cycle / 500 facilities = **$150/3-year cycle**.

These fee increases are expected to cover costs incurred by the LHDs to inspect medical waste producing facilities and the DEQ's costs to administer this expanded grant program. This includes an additional 1-2 full-time equated positions for DEQ in the MWRP.

Tentative 2018-2019 MWSAG Statutory Amendment Process Status:
Remaining Tasks, Goals, and Targeted Timeline

Targeted Completion	Topic
May 2018	End of comment/suggestion period for MALPH and MALEHA on the statewide inspection expansion proposal and the proposed Part 138 amendments.
June 2018	Conference call with MWSAG stakeholders. Wrap up final comments/suggestions.
July 2018	Follow-up to final comments/suggestions by stakeholder work group. Discussion of final draft timelines and presentation to director.
August 2018	Respond to comments raised by DEQ director.
Late fall/winter 2018	Prepare final package for introduction and secure legislative sponsorship.
Early 2019	Introduction of bill.

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978
PART 138
MEDICAL WASTE

333.13801 Short title.
Sec. 13801. This part shall be known and may be cited as the "medical waste regulatory act."

333.13803 Meanings of words and phrases; general definitions and principles of construction.
Sec. 13803. (1) For purposes of this part, the words and phrases defined in sections 13805 and 13807 have the meanings ascribed to them in those sections.
(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

333.13805 Definitions; A to M.
Sec. 13805. (1) **"MWRA" MEANS THE MEDICAL WASTE REGULATORY ACT, PART 138 OF ACT ~~NO.~~368 OF THE PUBLIC ACTS OF 1978, AS AMENDED, BEING SECTIONS 333.13801 TO 333.1383~~1~~4 ET SEQ. OF THE MICHIGAN COMPILED LAWS.** ~~"Advisory council" means the interdepartmental medical waste advisory council created in section 13827.~~
(2) "ALTERNATIVE TREATMENT TECHNOLOGY" MEANS A METHOD FOR THE DECONTAMINATION OF MEDICAL WASTE OTHER THAN INCINERATION OR AUTOCLAVING THAT IS APPROVED FOR USE BY THE DEQ.
(3) "AUTHORIZED REPRESENTATIVE," MEANS A LOCAL HEALTH DEPARTMENT AS AUTHORIZED UNDER SECTION 13808.
(~~5~~4) ~~(2)~~ "Autoclave" means ~~to sterilize using~~ **A VESSEL USED TO DECONTAMINATE MEDICAL WASTE BY** superheated steam under pressure.
(~~6~~5) **"BIOHAZARD SYMBOL" MEANS THE SYMBOL DEPICTED IN PART 554 (BLOODBORNE INFECTIOUS DISEASES) OF THE MIOSHA ~~BLOODBORNE INFECTIOUS DISEASES STANDARD~~ GENERAL INDUSTRY SAFETY AND HEALTH STANDARDS, MICH ADMIN CODE, R 325.70001 TO R 325.70016, AS AMENDED (PART 554) ~~PART 554 OF PA 1974, AS AMENDED~~.**
(~~7~~6) **"BODY ART FACILITY" MEANS A FACILITY THAT PRACTICES PHYSICAL HUMAN BODY ADORNMENT BY AN OPERATOR UTILIZING BODY PIERCING, BRANDING, TATTOOING, SCARIFICATION, OR PERMANENT COSMETICS. AS USED IN THIS SUBSECTION:**
(A) "BODY PIERCING" MEANS THE PERFORATION OF HUMAN TISSUE, OTHER THAN AN EAR, FOR A NONMEDICAL PURPOSE.
(B) "BRANDING" MEANS MAKING A PERMANENT MARK ON HUMAN TISSUE BY BURNING WITH A HOT IRON OR OTHER INSTRUMENT.
(C) "SCARIFICATION" MEANS MAKING A SCAR ON HUMAN TISSUE BY REMOVAL OF SKIN AND TISSUE FOR A NONMEDICAL PURPOSE.
(D) "TATTOOING" MEANS 1 OR MORE OF THE FOLLOWING:
(*i*) MAKING AN INDELIBLE MARK UPON THE HUMAN BODY BY THE INSERTION OF A PIGMENT UNDER THE SKIN.
(*ii*) MAKING AN INDELIBLE MARK UPON THE HUMAN BODY BY PRODUCTION OF SCARS OTHER THAN BY BRANDING OR SCARIFICATION.
~~(8) "CATEGORIES OF MEDICAL WASTE," AS DEFINED IN SUBSECTION 13805(21) OF THE ACT, SHALL BE CONSIDERED AS WASTE WHEN THE ITEMS ARE READY TO BE DISPOSED. SHARPS SHALL BE CONSIDERED AS A MEDICAL WASTE AND DISPOSED OF UNDER §13811(D) OF THE ACT REGARDLESS OF WHETHER THEY HAVE BECOME CONTAMINATED WITH AN AGENT INFECTIOUS TO HUMANS.~~
(~~7~~9) **"CATEGORY A" PATHOGENS MEANS THE ORGANISM(S) OR BIOLOGICAL AGENT(S) THAT ARE EASILY DISSEMINATED OR TRANSMITTED FROM PERSON AND INFECTION MAY RESULT IN HIGH RATES OF MORTALITY.**
(~~10~~8)~~(3)~~ "Decontamination" means ~~rendering~~ **THE PROCESS OF REDUCING POTENTIAL INFECTIOUS AGENTS IN** medical waste **TO RENDER IT** safe for routine handling as solid waste.
(~~11~~9) **"DEQ" MEANS THE DEPARTMENT OF ENVIRONMENTAL QUALITY.**

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(120) "Fund" means the medical waste emergency response fund created in section 13829 **OF THE ACT**.

(131) "Health facility or agency" means that term as defined in section 20106 **OF THE MICHIGAN PUBLIC HEALTH CODE**.

(142) "Household" means a single detached dwelling unit or a single unit of a multiple dwelling.

(135) ~~(7)~~ "Infectious agent" means a pathogen that ~~is sufficiently virulent so that if a susceptible host is exposed to the pathogen in an adequate concentration and through a portal of entry, the result could be transmission of disease to a human~~ **CAN CAUSE DISEASE IN HUMANS**.

(164) "LABORATORY" MEANS ANY OF THE FOLLOWING THAT GENERATES MEDICAL WASTE:

(A) A RESEARCH FACILITY.

(B) AN ANALYTICAL FACILITY.

(C) A CLINICAL FACILITY THAT PERFORMS ANALYSIS OR RESEARCH.

(175) "LANDFILL" MEANS A MUNICIPAL SOLID WASTE LANDFILL AS THAT TERM IS DEFINED IN PART 115 OF THE NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, MCL 324.11501 TO 324.11550,

(186) "LIFE SUPPORT AGENCY" MEANS AN ENTITY DESCRIBED IN SECTION 20106(1)(A) OF THE MICHIGAN PUBLIC HEALTH CODE.

(197) "LOCAL HEALTH DEPARTMENT" MEANS:

(A) A COUNTY HEALTH DEPARTMENT OF A SINGLE COUNTY PROVIDED PURSUANT TO SECTION 2413 OF THE MICHIGAN PUBLIC HEALTH CODE AND ITS BOARD OF HEALTH, IF ANY.

(B) A DISTRICT HEALTH DEPARTMENT CREATED PURSUANT TO SECTION 2415 OF THE MICHIGAN PUBLIC HEALTH CODE AND ITS BOARD OF HEALTH.

(C) A CITY HEALTH DEPARTMENT CREATED PURSUANT TO SECTION 2421 OF THE MICHIGAN PUBLIC HEALTH CODE AND ITS BOARD OF HEALTH, IF ANY.

(D) ANY OTHER LOCAL AGENCY APPROVED BY THE DEQ UNDER PART 24 OF THE PUBLIC HEALTH CODE MCL 333.2401-333.2498.

(2018) "LOCAL HEALTH OFFICER" MEANS THE INDIVIDUAL IN CHARGE OF A LOCAL HEALTH DEPARTMENT OR HIS OR HER AUTHORIZED REPRESENTATIVE.

(2119) (a) ~~(8)~~ "Medical waste" means any of the following: ~~that are not generated from a household, a farm operation or other agricultural business, a home for the aged, or a home health care agency:~~

(~~a~~i) Cultures and stocks of infectious agents and associated ~~biologicals~~ **TOXINS**, including **BUT NOT LIMITED TO,** laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.

(~~b~~ii) Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids.

(~~c~~iii) Pathological waste.

~~(d~~iv) Sharps.

(ive) ~~Contaminated wastes~~ **WASTES** from animals **USED IN RESEARCH** that have been exposed to ~~agents~~ **AN** infectious ~~to humans~~ **AGENT**, ~~these being primarily research animals~~ **INCLUDING, BUT NOT LIMITED TO, CARCASSES, BODY PARTS, BLOOD, BODY FLUIDS, OR OTHER MATERIAL CONTAMINATED WITH THE INFECTIOUS AGENT**.

(~~f~~v) PRION OR CATEGORY A CONTAMINATED WASTE.

(b) MEDICAL WASTE DOE NOT INCLUDE:

(i) PHARMACEUTICALS.

(ii) WASTE CONTAINING RADIOACTIVE MATERIAL BEING MANAGED UNDER A SPECIFIC LICENSE ISSUED BY THE U.S. NUCLEAR REGULATORY COMMISSION.

333.13807 Definitions; P to T.

Sec. 13807. ~~(1) "Pathogen" means a microorganism that produces disease.~~

(1) ~~(2)~~ "Pathological waste" means human organs, tissues, body parts other than teeth, products of conception, and fluids **THAT ARE** removed by trauma or during surgery, autopsy, or other medical procedure, and **THAT ARE** not fixed in formaldehyde **OR ANY OTHER FIXATIVE AGENT. A SPECIFIC ORGAN, BODY PART, OR TISSUE REMOVED BY TRAUMA OR DURING**

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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 IS NOT PATHOLOGICAL WASTE. Pathological waste does not include a fetus or fetal body parts.

(2) "PERSON" MEANS AN INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION, GOVERNMENTAL ENTITY, OR OTHER LEGAL ENTITY.

~~(2)~~**(3) "PHARMACEUTICAL" MEANS A DRUG INTENDED FOR USE IN DIAGNOSIS, CURE, MITIGATION, TREATMENT, THERAPY, OR PREVENTION OF DISEASE IN HUMANS OR ANIMALS.**

(3) "Point of generation" means the point at which medical waste leaves the producing facility site.

(4) "PRIONS" ARE INFECTIOUS AGENTS COMPOSED OF COMPLEX PROTEINS CAPABLE OF TRANSMISSION OF DISEASES IN HUMANS AND ANIMALS. THEY ARE HIGHLY RESISTANT TO MOST FORMS OF DECONTAMINATION AND REQUIRE SPECIAL HANDLING, PACKAGING, AND TREATMENT METHODS.

(5) "Producing facility" means a facility that generates, stores, **REMOVES,** decontaminates, or ~~incinerates~~ **TRANSPORTS** medical waste**, INCLUDING, BUT NOT LIMITED TO, ALL OF THE FOLLOWING:**

(A) A TRANSFER STATION WHERE MEDICAL WASTE IS STORED.

(B) A TRAUMA SCENE WASTE MANAGEMENT COMPANY.

(6) "PRODUCING FACILITY" DOES NOT INCLUDE THE FOLLOWING:

~~**(A) A FUNERAL HOME THAT DOES NOT PRACTICE EMBALMING AND DOES NOT GENERATE MEDICAL WASTE.**~~

(~~B~~A) A HOME HEATH CARE AGENCY.

(~~C~~B) A HOUSEHOLD.

(~~D~~C) A FARM OPERATION OR OTHER AGRICULTURAL BUSINESS.

(~~E~~D) A FACILITY LICENSED BY THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS AS FOLLOWS:

i. AN ADULT FOSTER CARE FACILITY LICENSED UNDER THE ADULT FOSTER CARE FACILITY LICENSING ACT.

ii. A HOME FOR THE AGED LICENSED UNDER THE PUBLIC HEALTH CODE.

iii. A CHILD CARE ORGANIZATION LICENSED UNDER THE CHILD CARE ORGANIZATIONS ACT WHICH INCLUDES A CHILD CARING INSTITUTION, CHILDREN'S CAMP, CHILDREN'S CAMPSITE, CHILDREN'S THERAPEUTIC GROUP HOME, CHILD CARE CENTER, DAY CARE CENTER, NURSERY SCHOOL, PARENT COOPERATIVE PRESCHOOL, FOSTER HOME, GROUP HOME, OR CHILD CARE HOME.

(~~F~~E) A FACILITY OR OTHER HOUSING, OR STAFFING AGENCY, PROVIDING SUPERVISION, PERSONAL CARE, PROTECTION, ROOM OR BOARD FOR ADULTS OR CHILDREN WHICH IS NOT REQUIRED TO BE LICENSED BY THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS.

(7) ~~(5)~~ "Products of conception" means any tissues or fluids, placenta, umbilical cord, or other uterine contents resulting from a pregnancy **EXCLUDING FETAL REMAINS**.

(8) "PUBLIC SHARPS COLLECTION PROGRAM" MEANS A PROGRAM OPERATED BY A PUBLIC AUTHORITY OR NONPROFIT ORGANIZATION DESIGNED TO ASSIST A PERSON WHO USES SHARPS IN HIS OR HER HOME TO SAFELY DISPOSE OF DISCARDED SHARPS ONLY.

(9) ~~(6)~~ "Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing of medical waste into the environment in violation of this part.

(10) ~~(7)~~ "Response activity" means an activity necessary to protect the public health, safety, **OR** welfare, ~~and~~ **OR** the environment, and includes, but is not limited to, evaluation, cleanup, removal, containment, isolation, treatment, monitoring, maintenance, replacement of water supplies, and temporary relocation of people.

(11) ~~(8)~~ "Sharps" means ~~needles, syringes, scalpels, and intravenous tubing with needles attached~~ **ANY OBJECT GENERATED AS WASTE ~~AT A PRODUCING FACILITY~~ THAT IS DESIGNED FOR, CAPABLE OF, OR INTENDED TO CUT OR PENETRATE THE SKIN OF HUMANS OR ANIMALS FOR MEDICAL OR BODY ART PURPOSES. THIS INCLUDES, BUT IS NOT LIMITED TO, A NEEDLE, SYRINGE WITH AN ATTACHED NEEDLE, SCALPEL, LANCET, BROKEN VACCINE VIAL, CULTURE SLIDE OR DISH, CAPILLARY TUBE, AND INTRAVENOUS TUBING WITH A**

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NEEDLE ATTACHED. SHARPS SHALL BE CONSIDERED AS A MEDICAL WASTE AND DISPOSED OF UNDER SECTION 13811(D) OF THE ACT REGARDLESS OF WHETHER THEY HAVE BECOME CONTAMINATED WITH AN AGENT INFECTIOUS TO HUMANS.

(12) "STAINED WITH BLOOD OR BODY FLUIDS," AS USED IN SUBSECTION 13805(21)(B) OF THE ACT, MEANS THE CONTAMINATED ITEM CANNOT RELEASE BLOOD OR BODY FLUIDS IN A LIQUID OR SEMILIQUID STATE WHEN COMPRESSED, OR CAKED AND DRIED BLOOD OR BODY FLUIDS ARE NOT CAPABLE OF BEING RELEASED WHEN HANDLED.

(13) ~~(9)~~ "Storage" means the containment of medical waste in a manner that does not constitute disposal of the medical waste.

(14) "SYRINGES," AS INCLUDED IN THE DEFINITION OF "SHARPS" UNDER SUBSECTION 13807(~~7~~11) OF THE ACT, INCLUDES ALL SYRINGES WITH AN ATTACHED NEEDLE AND THOSE PARTS OF A SYRINGE, WITH OR WITHOUT AN ATTACHED NEEDLE, THAT ARE CONTAMINATED WITH A POTENTIALLY INFECTIOUS AGENT. NEEDLES SHALL ONLY BE REMOVED FROM A SYRINGE IN ACCORDANCE WITH THE PROCEDURES ESTABLISHED BY RULE 325.70007~~(2)~~(EE) ADOPTED UNDER ~~MIOSHA—BLOODBORNE INFECTIOUS DISEASES STANDARD,~~ PART 554~~, OF PA 1974, AS AMENDED.~~

(15) "TOXINS" MEANS A POISON PRODUCED BY CERTAIN PLANTS, ANIMALS, FUNGI, OR BACTERIA.

(16) ~~(10)~~ "Transport" means the movement of medical waste from the point of generation **OR FROM A TRAUMA SCENE** to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of medical waste from a health facility or agency to another health facility or agency for the purposes of testing and research.

(17) "TRAUMA SCENE" MEANS A PREMISES OR VEHICLE CONTAMINATED WITH MEDICAL WASTE AS A RESULT OF HUMAN INJURY, TRAUMA, OR DEATH, OTHER THAN INJURY, TRAUMA, OR DEATH CAUSED BY SURGERY OR ANOTHER MEDICAL PROCEDURE.

(18) "TRAUMA SCENE WASTE" MEANS WASTE DESCRIBED IN SUBSECTIONS 13805(21)(B), (C), (D), OR (F) AND GENERATED AT A TRAUMA SCENE.

(19) "TRAUMA SCENE WASTE MANAGEMENT COMPANY" MEANS A PERSON WHO UNDERTAKES AS A COMMERCIAL ACTIVITY THE CLEANUP OR REMOVAL OF TRAUMA SCENE WASTE FROM A TRAUMA SCENE.

(20) "USDOT" MEANS THE UNITED STATES DEPARTMENT OF TRANSPORTATION.

333.13808 LOCAL HEALTH DEPARTMENT AUTHORIZATIONS; REPORTING; TRAINING; DEQ RESPONSIBILITY

SEC. 13808. (1) AUTHORIZATION OF EACH PARTICIPATING LHD WOULD BE PERFORMED BY DEQ INITIALLY UPON THE REQUEST OF THE LHD AND ON AN ANNUALLY ~~BASIS THEREAFTER BY DEQ~~

(A) THE LOCAL HEALTH DEPARTMENT ACTING IN SUCH A CAPACITY SHALL BE AUTHORIZED PER THE SPECIFICATIONS BELOW:

i. AUTHORIZED ON AN INITIAL AND ANNUAL BASIS BY THE DEQ, AS MEMORIALIZED THROUGH A CONTRACT OR MEMORANDUM OF UNDERSTANDING BETWEEN THE DEQ AND THE AUTHORIZED LOCAL HEALTH DEPARTMENT.

II. INITIAL TRAINING OF EACH LHD TO PERFORM AUTHORIZED ACTIVITIES SHALL BE THE RESPONSIBLY OF THE DEQ.

iii. AFTER RECEIVING TRAINING FROM THE DEQ, LHD STAFF ALREADY TRAINED WOULD BE AUTHORIZED TO TRAIN OTHER STAFF IN THEIR JURISDICTION.

IV. AUTHORIZED LHD DUTIES WOULD BE PERFORMED IN ACCORDANCE WITH SPECIFIC STANDARDS AND GUIDELINES DEVELOPED BY THE DEQ.

V. AT THE DISCRETION OF THE AUTHORIZED LOCAL HEALTH DEPARTMENT, BE AUTHORIZED TO PERFORM THE FOLLOWING DUTIES ~~EITHER INITIALLY OR EVERY AND THREE YEARS THEREAFTER~~:

I) INITIAL INSPECTIONS OF NEW FACILITIES REGISTERING WITH THE DEQ AS PRODUCING FACILITIES.

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II) ROUTINE INSPECTIONS OF FACILITIES CURRENTLY REGISTERED WITH THE DEQ AS PRODUCING FACILITIES.

III) INSPECTION OF POTENTIAL REGISTRANTS THAT ARE NOT CURRENTLY REGISTERED WITH THE DEQ TO DETERMINE WHETHER THEY SHOULD BE REGISTERED.

IV) COMPLAINT/INCIDENT RESPONSE AND MITIGATION. INCIDENTS THAT ARE HIGHLY TECHNICAL, COMPLEX, OR CONTROVERSIAL IN NATURE SHALL BE REFERRED TO THE MEDICAL WASTE REGULATORY PROGRAM STAFF IN DEQ PER GUIDANCE DEVELOPED BY DEQ.

V) GENERAL COMPLIANCE FOLLOW-UP IF NEEDED.

IV) GENERAL COMPLAINT AND OR INCIDENT RESPONSE THAT FALLS WITHIN THE LIMITS OF PRE-ESTABLISHED GUIDELINES DEVELOPED BY THE DEQ. THESE GUIDELINES WILL BE MADE AVAILABLE ONLINE AND INCORPORATED INTO THE TRAINING AND AUTHORIZATION OF EACH PARTICIPATING LHD.

(~~C~~B) REPORT TO THE DEQ ON AN ANNUAL BASIS THE RESULTS OF ALL INSPECTIONS PERFORMED UNDER THIS PART FOR REIMBURSEMENT OF FUNDS AUTHORIZED TO BE ALLOCATED UNDER THIS PART.

(~~D~~C) USE ~~UNIFORM DOCUMENTATION FOR~~ THE INSPECTION FORM ~~PURPOSES AS~~ PROVIDED BY THE DEQ.

~~(E) HAVE THE AUTHORITY TO ESTABLISH ANY ADDITIONAL FEES TO COVER THE COST OF ACTIVITIES PERFORMED UNDER THIS PART THAT ARE NOT COVERED BY THE DEQ.~~

(2) THE DEQ MAY DETERMINE WHETHER A LOCAL HEALTH DEPARTMENT SHALL BE OR CONTINUE TO BE CONSIDERED AS AN AUTHORIZED REPRESENTATIVE AS ESTABLISHED UNDER THIS PART AND MAY RESCIND THE AUTHORIZATION BASED UPON THE CRITERIA FOR AUTHORIZATION AT ANY TIME.

(3) THE DEQ SHALL RETAIN FULL RESPONSIBILITY AND AUTHORITY OVER THE FOLLOWING:

(A) LHD APPROVAL FOR AUTHORIZATION TO PERFORM DELEGATED DUTIES.

(B) ALL FORMS, REGULATIONS, RULES USED AND ADMINISTERED AS THEY PERTAIN TO THESE ACTIVITIES.

(~~D~~C) STANDARDIZATION AND APPROVAL OF PROCEDURES TO ENSURE UNIFORMITY IN SCOPE.

(~~E~~D) MAINTENANCE OF THE DEQ DATABASE AND PROVISION OF ASSOCIATED REGISTRANT DATA TO LOCAL HEALTH DEPARTMENTS.

(~~F~~E) APPLICATIONS AND APPROVALS OF ALTERNATIVE TREATMENT TECHNOLOGIES.

(~~G~~F) REVIEW OF ALL DOCUMENTATION SUBMITTED BY LHDS FOR AUTHORIZATION OF STATE FUNDING DISBURSEMENTS.

(~~H~~G) ANY OTHER DUTIES OR RESPONSIBILITIES NOT SPECIFIED OR LISTED UNDER THE MWRA.

(~~J~~H) FUNDS COLLECTED AND DISBURSEMENT OF THOSE FUNDS AS APPROPRIATE.

(I) ADMINISTRATION AND ENFORCEMENT OF THIS PART OUTSIDE THE SCOPE OF DUTIES LISTED ~~IN SUBSECTION 3(A) THROUGH 3(F)~~ IN SUBSECTION 13808 (1)(A) (V)~~(i) V(iv)~~ ABOVE OR AS DETERMINED BY THE DEQ.

333.13809 Producing facility not incinerating medical waste on site; containment of medical waste.

Sec. 13809. A producing facility that does not ~~incinerate~~ **DECONTAMINATE** medical waste on site shall ~~do~~ **ENSURE THAT** all of the following **REQUIREMENTS ARE MET** to contain medical waste:

(a) ~~Package, contain, and locate m~~ **M**edical waste **IS PACKAGED, CONTAINED, AND LOCATED** in a manner that protects and prevents the medical waste from release at the producing facility or at any time before ultimate disposal.

(b) ~~Separate the categories of~~ **AT THE POINT OF ORIGIN,** medical waste ~~at the point of origin~~ **IS SORTED AND SEPARATED BY TYPE AS LISTED IN SUBSECTION 13805(2~~1~~0)** into appropriate containers ~~that are labelled as required under subdivision (c)~~.

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(i) ~~I)~~ **CATEGORY A WASTE NEEDS TO BE RENDERED SAFE FOR TRANSPORT AT THE POINT OF ORIGIN AND ACCORDING TO MOST RECENT GUIDANCE FROM PUBLIC HEALTH AND USDOT.**

(ii) **PRION CONTAMINATED WASTE MUST ALSO BE RENDERED SAFE FOR TRANSPORT AT THE POINT OF ORIGIN AS IN SUBSECTION (B)(i) ABOVE.**

(c) ~~Label the c~~ **C**ontainers required under subdivision (b) ~~with a biohazard symbol or the words "medical waste" or "pathological waste" in letters not less than 1 inch high~~ **ARE LABELED OR MARKED BEFORE TRANSPORT IN ACCORDANCE WITH USDOT REGULATIONS AS SPECIFIED IN CFR PART 172, SUBPARTS D AND E**.

(d) ~~Not compact or mix medical waste with other waste materials before decontamination, incineration, and disposal.~~ **MEDICAL WASTE THAT IS BEING PACKAGED FOR FINAL DECONTAMINATION OR DISPOSAL IS SEGREGATED FROM OTHER WASTE MATERIALS.**

(e) ~~If decontaminated medical waste is mixed with other solid waste, clearly label the container to indicate that it contains decontaminated medical waste.~~ ~~Store m~~ **M**edical waste **IS STORED** in ~~such~~ a manner that prevents putrefaction and also prevents infectious agents from coming in contact with the air or with individuals.

(F) ~~(g)~~ If medical waste is stored outside of the producing facility, ~~store~~ the medical waste **IS STORED** in a secured area or locked in a container that weighs more than 500 pounds and ~~prevent~~ access to the area or container by vermin or unauthorized individuals **IS PREVENTED**.

(G) ~~(h) Not store m~~ **M**edical waste **IS NOT STORED** on the premises of the producing facility for more than 90 days. **THE STORAGE PERIOD BEGINS WHEN THE USE OF THE STORAGE CONTAINER IS INITIATED. HOWEVER, IF A PRODUCING FACILITY THAT GENERATES SHARPS AS A MEDICAL WASTE GENERATES 1 LITER OR LESS OF SHARPS WASTE IN A 90-DAY PERIOD, THE 90-DAY STORAGE PERIOD BEGINS WHEN THE SHARPS CONTAINER BECOMES FULL, EXCEPT THAT A PARTIALLY FULL SHARPS CONTAINER SHALL BE DISPOSED OF WITHIN 1 YEAR AFTER SHARPS ARE FIRST PLACED IN THE CONTAINER.**

(H) A SHARPS CONTAINER SHALL BE AVAILABLE AND ACCESSIBLE ~~PLACED IN EACH ROOM OR LOCATION~~ WHERE SHARPS ARE GENERATED. ~~ONCE THE USE OF A CONTAINER HAS BEEN INITIATED, IT SHALL REMAIN IN A DESIGNATED, STATIONARY LOCATION UNTIL READY TO BE PACKAGED FOR TRANSPORT. SHARPS CONTAINERS IN USE SHALL NOT BE MOVED DURING ACTIVE USE.~~

(~~H~~I) TRANSFER STATION STORAGE CONTAINERS ARE NOT STORED FOR MORE THAN 7 DAYS WITHOUT THE APPROVAL OF THE DEQ.

(~~I~~J) TRAUMA SCENE WASTE BEING TRANSPORTED IN A TRAUMA SCENE VEHICLE IS STORED SO THAT IT IS PHYSICALLY SEPARATED BY PARTITION OR COMPARTMENTS AND DOES NOT PRESENT A CROSS-CONTAMINATION HAZARD TO THE DECONTAMINATION EQUIPMENT AND SUPPLIES STORED AND TRANSPORTED IN THE SAME TRAUMA SCENE WASTE VEHICLE.

(~~J~~K) MEDICAL WASTE IS PACKAGED AND TRANSPORTED IN ACCORDANCE WITH APPLICABLE USDOT HAZARDOUS MATERIAL REGULATIONS UNDER 49 CFR PARTS 171 TO 180.

~~(K) CATEGORY A WASTE WILL BE KEPT SEGREGATED FROM MEDICAL WASTE IN A SECURED LOCATION UNTIL TRANSPORT BY A RECOGNIZED USDOT AGENCY.~~

~~(M) (ii) PRION CONTAMINATED WASTE MUST ALSO BE RENDERED SAFE FOR TRANSPORT AT THE POINT OF ORIGIN AS IN SECTION (L) ABOVE.~~

(~~L~~NL) USDOT MEDICAL WASTE SHIPPING PAPER RECORDS ARE RETAINED IN ACCORDANCE WITH APPLICABLE USDOT HAZARDOUS MATERIAL REGULATIONS UNDER 49 CFR PARTS 171 TO 180.

~~(13)~~ ~~(10) "Transport" means the movement of medical waste from the point of generation~~ **~~OR FROM A TRAUMA SCENE~~** ~~to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of medical waste from a health facility or agency to another health facility or agency for the purposes of testing and research.~~

333.13810 Producing facility incinerating medical waste on site; containment of medical waste.

Sec. 13810. A producing facility that ~~incinerates~~ **DECONTAMINATES** medical waste on site shall ~~do~~ **ENSURE THAT** all of the following **REQUIREMENTS ARE MET** to contain medical waste:

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(a) ~~Package, contain, and locate m~~ **M**edical waste **IS PACKAGED, CONTAINED, AND LOCATED** in a **MANNER** that protects and prevents the medical waste from release at the producing facility or at any time before ultimate disposal.

(i) ~~(i)~~ **CATEGORY A WASTE IS RENDERED SAFE AT THE POINT OF ORIGIN BEFORE TRANSPORT** ~~**TO AN INCINERATOR**~~**.**

(ii) CATEGORY A WASTE WILL BE KEPT SEGREGATED FROM MEDICAL WASTE IN A SECURED LOCATION UNTIL TRANSPORT BY A RECOGNIZED USDOT AGENCY.

(iii) PRION CONTAMINATED WASTE IS CONTAINED AND TREATED IN A MANNER CONSISTENT WITH ~~**SUB**~~**SECTION 13809(A)(i) ABOVE.**

(iv) PRION CONTAMINATED WASTE MUST ALSO BE RENDERED SAFE FOR TRANSPORT AT THE POINT OF ORIGIN CONSISTENT WITH SECTION 13809(a)(ii) ABOVE.

(b) ~~Separate and dispose of sharps in the manner described in section 13811(d).~~

(C) SORTED AND SEPARATED BY TYPE AS LISTED IN SUBSECTION 13805(21) INTO APPROPRIATE CONTAINERS.

(c~~D~~) ~~Label the c~~ **C**ontainers required under subdivision ~~(a)~~ **(B) ARE LABELED** with a biohazard symbol or the words "medical waste" or "pathological waste" in letters not less than 1-inch high.

(d~~E~~) ~~Not store m~~ **M**edical waste **IS NOT STORED** on premises of the producing facility for more than 90 days**, EXCEPT AS PROVIDED IN SUBSECTION 13809(G)**.

(~~E~~F) SHARPS ARE SEPARATED AND DISPOSED OF IN THE MANNER DESCRIBED IN SUBSECTION 13811(1) (D).

333.13811 Storage, decontamination, and disposal of medical waste.

Sec. 13811. **(1)** A producing facility shall ~~store, decontaminate, and dispose of~~ **ENSURE THAT** medical waste **IS DECONTAMINATED AND DISPOSED OF** pursuant to **ALL OF** the following REQUIREMENTS:

(a) Cultures and stocks of material contaminated with an infectious agent ~~shall be~~ **ARE** stored in closed, puncture-resistant containers, decontaminated by ~~autoclaving or incineration~~ **USE OF AN AUTOCLAVE, INCINERATOR**, disposed of in a ~~sanitary~~ landfill**, OR ARE SUBJECTED TO A DECONTAMINATION AND DISPOSAL PROCESS APPROVED BY THE DEQ**.

(b) Blood**,** ~~and~~ blood products**,** and body fluids ~~shall be~~ **ARE** disposed of by 1 or more of the following methods:

(*i*) Flushing down a sanitary sewer.

(*ii*) ~~Decontaminating by autoclaving or incineration.~~ **DECONTAMINATION BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL.**

(*iii*) ~~Solidifying.~~ **SOLIDIFICATION THEN DECONTAMINATION BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL**

(*iv*) ~~If not in liquid form, transferring to a sanitary landfill.~~ A **DECONTAMINATION AND DISPOSAL** process approved by the DEQ.

(c) Pathological waste ~~shall be~~ **IS** disposed of by 1 or more of the following methods:

(*i*) ~~Incineration or cremation.~~ **INCINERATION AND DISPOSAL IN A LANDFILL.**

***(ii)* CREMATION**

(iii) ~~(*ii*)~~ Grinding and flushing into a sanitary sewer.

(iv) ~~(*iii*)~~ Burial in a cemetery~~,~~ if **PACKAGED AND** transported in ~~leakproof containers of sufficient integrity to prevent rupture~~ **ACCORDANCE WITH USDOT REQUIREMENTS**.

~~(*iv*) Grinding until rendered unrecognizable, stored in closed, puncture-resistant, properly labeled containers, and, if not in liquid form, disposed of in a sanitary landfill.~~

(*v*) A **DECONTAMINATION AND DISPOSAL** process approved by the DEQ**.**

(d) Sharps ~~shall be~~ **ARE** disposed of by 1 of the following methods:

(*i*) ~~Placement in rigid, puncture-resistant containers that are appropriately labeled and transported to a sanitary landfill in a manner that retains the integrity of the container~~ **DISPOSAL IN A LANDFILL IF PACKAGED AND TRANSPORTED IN ACCORDANCE WITH USDOT REQUIREMENTS**.

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(*ii*) ~~Incineration or decontamination and grinding that renders the objects unrecognizable. Ground sharps shall be placed in a sealed, rupture-resistant container and transported to a sanitary landfill~~ **DECONTAMINATION BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL**.

(*iii*) A **DECONTAMINATION AND DISPOSAL** process approved by the **DEQ**.

(e) Animal waste contaminated with ~~organisms infectious to humans shall be~~ **AN INFECTIOUS AGENT IS** disposed of by ~~incineration or by burial in a sanitary landfill in properly labeled, double containers that are leakproof and puncture-resistant and are tightly sealed to prevent escape of fluids or material. Contaminated animal organs disposed of separately shall be rendered unrecognizable.~~ **1 OF THE FOLLOWING METHODS:**

***(i)* DECONTAMINATION, BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL.**

***(ii)* DISPOSAL IN A LANDFILL IF PACKAGED AND TRANSPORTED IN ACCORDANCE WITH USDOT REQUIREMENTS.**

***(iii)* A DECONTAMINATION AND DISPOSAL PROCESS APPROVED BY THE DEPARTMENT.**

~~(3)~~ (2)**A MEDICAL WASTE TREATMENT TECHNOLOGY USED BY A PRODUCING FACILITY TO MEET THE REQUIREMENTS OF SUBSECTION (1) SHALL ATTAIN A MINIMUM LEVEL OF DECONTAMINATION TO PROTECT PUBLIC HEALTH, SAFETY, AND WELFARE AND THE ENVIRONMENT AS ESTABLISHED BY THE DEQ.**

(4) BLOOD AND BLOOD PRODUCTS AND BODY FLUIDS THAT ARE SOLIDIFIED, BUT NOT DECONTAMINATED DURING THE SOLIDIFICATION PROCESS, SHALL BE PACKAGED AND DISPOSED OF AS MEDICAL WASTE.

(5) MEDICAL WASTE PRODUCING FACILITIES SHALL PERFORM TESTING OF THEIR DECONTAMINATION OR SANITIZATION EQUIPMENT TO DEMONSTRATE THE CONTINUED EFFECTIVE OPERATION OF THE EQUIPMENT. TESTING FREQUENCY AND PROCEDURES SHALL BE PURSUANT TO THE MANUFACTURER'S RECOMMENDATIONS OR METHODS AND FREQUENCIES APPROVED BY THE DEPARTMENT.

(A) FACILITIES SHALL RETAIN AND MAKE AVAILABLE TESTING DATA AND RESULTS FROM THE MOST RECENT TEST PERFORMED FOR INSPECTION BY THE DEPARTMENT.

(B) TESTING FREQUENCY AND PROCEDURES SHALL BE CONTAINED IN THE PRODUCING FACILITY'S MEDICAL WASTE MANAGEMENT PLAN.

333.13812 MEDICAL WASTE TREATMENT TECHNOLOGY; REVIEW AND APPROVAL OR DENIAL BY DEQ; APPLICATION; NOTIFICATION OF USE

SEC. 13812. (1) A MEDICAL WASTE TREATMENT TECHNOLOGY SHALL NOT BE INSTALLED OR USED UNLESS THE TECHNOLOGY HAS BEEN REVIEWED AND APPROVED BY THE DEQ. THE DEQ SHALL REVIEW THE TECHNOLOGY FOR COMPLIANCE WITH THIS PART.

(2) THE DEQ SHALL PROVIDE AN APPLICATION FORM FOR EVALUATION AND REVIEW OF THE MEDICAL WASTE TREATMENT TECHNOLOGY TO THE MANUFACTURER UPON REQUEST. THIS APPLICATION SHALL BE COMPLETED AND SUBMITTED TO THE DEQ WITH SUPPORTIVE DOCUMENTATION AS PART OF THE REQUEST FOR REVIEW AND APPROVAL. THE DEQ SHALL REVIEW THE APPLICATION AND SUPPORTIVE DOCUMENTATION. THE DEQ SHALL APPROVE THE APPLICATION IF THE TECHNOLOGY COMPLIES WITH THIS ACT AND RULES PROMULGATED UNDER THIS ACT. OTHERWISE, THE DEQ SHALL DENY THE APPLICATION. IF THE APPLICATION IS DENIED, THE DEQ SHALL SPECIFY THE REASONS FOR THE DENIAL AND WHAT ADDITIONAL INFORMATION IS NEEDED TO APPROVE THE APPLICATION.

(3) THE MANUFACTURER SHALL PROVIDE TO THE DEQ THE NAME AND ADDRESS OF EACH PRODUCING FACILITY WHERE THE APPROVED MEDICAL WASTE TREATMENT TECHNOLOGY WILL BE INSTALLED. THE EQUIPMENT SHALL NOT BE USED UNTIL ON-SITE EFFICACY AND VALIDATION TESTING ARE SUCCESSFULLY COMPLETED. APPROVAL OF A TREATMENT TECHNOLOGY BY THE DEQ UNDER THIS PART IS FOR THE USE OF THE TECHNOLOGY AS A MEDICAL WASTE TREATMENT METHOD ONLY. THE PRODUCING

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FACILITY IS RESPONSIBLE FOR SECURING ANY OTHER PERMITS OR REQUIRED APPROVALS NEEDED FOR THE TECHNOLOGY FROM OTHER AGENCIES OR FEDERAL, STATE, OR LOCAL DEPARTMENT PROGRAMS.

333.13813 Producing facility; registration; form; medical waste management plan required; registration fee; certificate of registration; investigation of complaint; inspection of facility; disposition of fees.

Sec. 13813. (1) ~~Each~~ **SUBJECT TO SUBSECTION (3) AND (4), A** producing facility shall register with the **DEQ** on a form prescribed by the DEQ. ~~A producing facility shall have a written medical waste management plan that contains information required in section 13817 on file on the premises within 90 days after registration.~~

(2) A producing facility shall submit the following registration fee with the registration form:

(a) For a producing facility ~~that is a private practice office~~ with fewer than 4 licensees **OR REGISTRANTS** under article 15 who are physicians, **PHYSICIAN ASSISTANTS,** dentists, podiatrists, certified nurse practitioners, certified nurse midwives, **ACUPUNCTURISTS,** or veterinarians employed by, under contract to, or working at the producing facility, a registration fee of $50.00.

(b) For a producing facility that is a private practice office with 4 or more licensees **OR REGISTRANTS** under article 15 who are physicians, **PHYSICIAN ASSISTANTS,** dentists, podiatrists, certified nurse practitioners, certified nurse midwives, **ACUPUNCTURISTS,** or veterinarians employed by, under contract to, or working at the producing facility, a registration fee of~~ $20.00 for each licensee, up to a maximum total~~ $~~80.00~~75.00.

(C) EXCEPT AS PROVIDED ~~1~~ IN ~~SUBDIVISION (D)~~ SECTIONS (3) AND (4) BELOW, FOR A PRODUCING FACILITY THAT IS A HEALTH FACILITY OR AGENCY, A REGISTRATION FEE OF $75.00.

(D) FOR A PRODUCING FACILITY THAT IS A HOSPITAL WITH 150 OR MORE LICENSED BEDS OR A LABORATORY, A REGISTRATION FEE OF $150.00.

(E) FOR A PRODUCING FACILITY THAT IS NOT A HEALTH FACILITY OR AGENCY, INCLUDING, BUT NOT LIMITED TO, 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, A REGISTRATION FEE OF $75.00.

(3) A LIFE SUPPORT AGENCY THAT DOES NOT STORE MEDICAL WASTE IS NOT REQUIRED TO REGISTER AS A PRODUCING FACILITY.

(4) A MOBILE HEALTH CARE UNIT, SUCH AS A BLOODMOBILE, MOBILE DENTAL FACILITY, OR A LICENSED AMBULANCE, THAT IS OWNED AND OPERATED BY A REGISTERED PRODUCING FACILITY IN A FIXED LOCATION IS CONSIDERED TO BE INCLUDED UNDER THE REGISTRATION OF THE REGISTERED FACILITY.

(5) ~~(3)~~ Upon receipt of a complete registration form and registration fee under this section ~~or section 13815,~~ the DEQ shall issue a certificate of registration to the producing facility **UNLESS THE DEQ DETERMINES THAT THE PRODUCING FACILITY IS NOT IN COMPLIANCE WITH THIS PART OR RULES PROMULGATED UNDER THIS PART**. A certificate of registration issued under this section is valid for 3 years from its date of issuance. ~~The department shall investigate each complaint received and may inspect a producing facility registered under this section pursuant to the receipt of a complaint.~~

(6) ~~(4)~~ Registration fees collected pursuant to this section ~~and section 13815~~ shall be forwarded to the state ~~treasury~~ **TREASURER** and deposited ~~pursuant to section 13829~~ **IN THE FUND**.

(7) A PUBLIC SHARPS COLLECTION PROGRAM THAT DOES NOT GENERATE ITS OWN SHARPS SHALL REGISTER AS A MEDICAL WASTE PRODUCING FACILITY BUT IS EXEMPT FROM PAYMENT OF ANY REGISTRATION FEE UNDER THIS SECTION.

333.13815 Registration fee.

Sec. 13815. **(1) MULTIPLE PRODUCING FACILITIES THAT ARE OWNED BY 1 ENTITY AND LOCATED ON CONTIGUOUS PROPERTY THAT IS OWNED BY THE SAME ENTITY, SUCH AS COLLEGE CAMPUSES AND LARGE HOSPITAL CORPORATIONS, MAY REGISTER UNDER ONE REGISTRATION. THE REGISTRANT SHALL MAINTAIN A LIST OF THE LOCATION OF ALL PRODUCING FACILITIES LOCATED UPON THE CONTIGUOUS PROPERTIES AND THE TYPE OF MEDICAL WASTE PRODUCED AT EACH RESPECTIVE FACILITY. THE REGISTRANT SHALL MAINTAIN THE LIST OF PRODUCING FACILITIES AND THEIR RESPECTIVE TYPES OF MEDICAL WASTE IN THE REGISTRANT'S MEDICAL WASTE MANAGEMENT PLAN. EACH**

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PRODUCING FACILITY SHALL HAVE A COPY OF THE MEDICAL WASTE MANAGEMENT PLAN ON SITE.

(2) A SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM THAT GENERATES OR STORES MEDICAL WASTE SHALL REGISTER AS A MEDICAL WASTE PRODUCING FACILITY. THE NAME AND LOCATION OF ALL SCHOOLS PRODUCING MEDICAL WASTE WITHIN THE SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM AND THE TYPE OR TYPES OF MEDICAL WASTE PRODUCED OR STORED AT THE RESPECTIVE SCHOOLS SHALL BE CONTAINED IN THE SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM MEDICAL WASTE MANAGEMENT PLAN. A SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SHALL MAINTAIN A COPY OF THE PLAN AT EACH SCHOOL PRODUCING MEDICAL WASTE.

(3) THE APPLICABLE MULTIPLE FACILITY, OR SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM REGISTRATION FEE SHALL BE THE GREATER OF THE FEES ESTABLISHED IN SUBSECTION 13813(2) OR SECTION 13815 OF THE ACT THAT WOULD APPLY TO ANY INDIVIDUAL FACILITY LOCATED ON THE CONTIGUOUS PROPERTY OR SCHOOL WITHIN THE SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM IF IT IS REGISTERED SEPARATELY.

(4) REGISTRATION FEE PAYMENTS RECEIVED FROM PRODUCING FACILITIES WITH EXPIRED REGISTRATIONS SHALL HAVE THE FEES APPLIED BY THE DEPARTMENT BACK TO THE DATE WHEN THE LAST REGISTRATION EXPIRED.

(5) IF A CHANGE IN OWNERSHIP OF A PRODUCING FACILITY OCCURS, THEN THE NEW OWNER SHALL NOTIFY THE DEPARTMENT AND REGISTER AS A NEW PRODUCING FACILITY AND PAY THE DESIGNATED FEE IN ACCORDANCE WITH SUBSECTIONS 13813(1) AND (2) OF THE MWRA.

333.13817 Medical waste management plan; contents; compliance; update; availability.

Sec. 13817. (1) **A PRODUCING FACILITY SHALL HAVE A WRITTEN MEDICAL WASTE MANAGEMENT PLAN ON FILE ON THE PREMISES WITHIN 90 DAYS AFTER REGISTRATION AS A PRODUCING FACILITY.** The medical waste management plan ~~required in section 13813~~ shall contain information relating to the handling of all medical waste generated, stored, **OR** decontaminated, ~~or incinerated~~ at ~~each~~ **THE** producing facility or transported from the producing facility for handling by another facility for storage~~,~~ **OR** decontamination~~, incineration~~, or for disposal in a ~~sanitary~~ landfill, cemetery, or other disposal site. A ~~professional corporation~~ **PERSON** may ~~identify and~~ prepare a common medical waste management plan for all producing facilities owned and operated by the ~~corporation~~ **PERSON**. **A COPY OF THE COMMON MEDICAL WASTE MANAGEMENT PLAN SHALL BE KEPT AVAILABLE AT EACH PRODUCING FACILITY SITE FOR INSPECTION BY THE DEQ.**

(2) ~~The~~ **A** medical waste management plan shall **COMPLY WITH THIS PART AND RULES PROMULGATED UNDER THIS PART AND** describe each of the following, to the extent the information is applicable to the producing facility:

(a) The types of medical waste handled.

(b) The segregation, packaging, labeling, and collection procedures used.

(c) The use and methods of on-site or off-site storage.

(d) The use and methods of on-site or off-site decontamination.

(e) The use of on-site or off-site incineration.

(f) The corporate or other legally recognized business name**,** ~~of solid waste haulers who transport~~ **ADDRESS, AND TELEPHONE NUMBER OF MEDICAL WASTE DISPOSAL SERVICE COMPANIES THAT TRANSPORT OR TREAT** medical waste for the producing facility.

(g) The ~~use~~ **NAME AND ADDRESS** of ~~sanitary~~ landfills, cemeteries, and other disposal sites **TO WHICH MEDICAL WASTE IS DIRECTLY TAKEN BY THE PRODUCING FACILITY**.

(~~2~~3**)** ~~(3)~~ A producing facility shall **REVIEW, AND AS NECESSARY,** update ~~a~~ **ITS** medical waste management plan ~~each time there is~~ **EVERY 3 YEARS OR WITHIN 30 DAYS OF** a change in ~~either~~ **ANY** of the following~~, within 30 days after the change occurs~~:

(a) A person or site named in the plan.

(b) The types of medical waste handled or the methods of handling medical waste at the facility.

(~~3~~4**)** ~~(4)~~ Upon request, a producing facility shall make its medical waste management plan available to the DEQ pursuant to a routine or unannounced inspection or the investigation of a complaint.

(45) ~~(5)~~ Upon receipt of 24 hours' advance notice, a producing facility shall make its medical waste management plan available to an employee of the producing facility for inspection on the premises or provide a copy of the medical waste management plan to the employee.

(56) ~~(6)~~ A producing facility shall comply with its medical waste management plan.

333.13818 EMPLOYEE TRAINING

SEC. 13818 A PRODUCING FACILITY MUST TRAIN EMPLOYEES THAT HANDLE OR DISPOSE OF MEDICAL WASTE IN ACCORDANCE WITH THE FOLLOWING REQUIREMENTS:

(1) DEVELOP AND MAINTAIN A BLOODBORNE INFECTIOUS DISEASE EXPOSURE CONTROL PLAN THAT IS SPECIFIC TO THE LOCATION OF THAT FACILITY AND THAT IS IN COMPLIANCE WITH ~~APPLICABLE THE MIOSHA BLOODBORNE INFECTIOUS DISEASES STANDARD,~~ PART 554 ~~OF PA 1974, AS AMENDED~~.

~~(2)~~ ENSURE THAT THE PRODUCING FACILITY AS A WHOLE, THE PERSON, OWNER, OR OPERATOR, AN AGENT OF THE OWNER OR OPERATOR, AN EMPLOYEE AND ANY INDIVIDUAL WHO HAS THE POTENTIAL FOR OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS RECEIVE TRAINING ~~ANNUALLY ON~~ IN ACCORDANCE ~~THE MIOSHA BLOODBORNE INFECTIOUS DISEASES STANDARD,~~ PART 554 ~~OF PA 1974, AS AMENDED~~.

~~(2) WITH PART 554, THE BLOODBORNE INFECTIOUS DISEASES STANDARD.~~

~~(3)~~

333.13819 Medical waste management plan; modification; warning.

Sec. 13819. ~~(1) Upon review of a medical waste management plan under section 13817(4), t~~**T**he DEQ may require a producing facility to modify ~~the~~ **ITS** medical waste management plan **UNDER SECTION 13817** at any time the DEQ **OR ITS AUTHORIZED REPRESENTATIVE** determines **THAT** the plan is not adequate to protect the public health**, SAFETY, AND WELFARE, AND THE ENVIRONMENT** or is inconsistent with state or federal law. Upon ~~determining that the plan is inadequate or inconsistent under this section~~ **MAKING SUCH A DETERMINATION**, the DEQ **OR ITS AUTHORIZED REPRESENTATIVE** shall notify the producing facility in writing of ~~its~~ **THE** determination and the specific modifications necessary for compliance. The producing facility shall modify the plan **ACCORDINGLY** within ~~10 days after receipt of the notice from the~~ **THE TIME PERIOD SPECIFIED BY** the DEQ **OR ITS AUTHORIZED REPRESENTATIVE IN ITS NOTICE**.

~~(2) The department may issue a warning to a producing facility that fails to modify a plan within the 10-day period.~~

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333.13820 ENTRY AUTHORITY

SEC. 13820. THE DEQ OR AN AUTHORIZED REPRESENTATIVE OF THE DEQ MAY ENTER AT ANY REASONABLE TIME UPON PRIVATE OR PUBLIC PROPERTY UPON WHICH MEDICAL WASTE IS REASONABLY BELIEVED TO BE LOCATED TO DETERMINE COMPLIANCE WITH THIS PART.

333.13821 Manner of packaging medical waste.

Sec. 13821. ~~A producing facility that transports medical waste off the premises of the producing facility shall package the medical waste in the following manner:~~

~~(a) Sharps that are not ground or incinerated as described in section 13811(d) shall be contained for disposal in individual leak proof, rigid, puncture-resistant containers that are secured to preclude loss of the contents. In addition, a container used to store or transport a number of individual sharps containers shall be leak proof. These containers shall be conspicuously labeled with the word "sharps". Sharps that are contained pursuant to this subdivision may be disposed of as solid waste pursuant to part 115 (solid waste management) of the natural resources and environmental protection act, Act No. 451 of the Public Acts of 1994, being sections 324.11501 to 324.11549 of the Michigan Compiled Laws. However, sharps shall not be compacted or handled during transport in a manner that will result in breakage of a sharps container.~~

~~(b) Medical waste other than sharps shall be contained in bags other than body pouches or other containers that are impervious to moisture and have a strength sufficient to resist ripping, tearing, breaking, or bursting under normal conditions of usage or handling. The bags or containers shall be secured so as to prevent leakage during storage, handling, or transport.~~

(1) MEDICAL WASTE THAT IS DECONTAMINATED AND PACKAGED IN ACCORDANCE WITH SECTION 13809 OR 13810, AS APPLICABLE, AND SECTION 13811 MAY BE DISPOSED OF AS SOLID WASTE PURSUANT TO PART 115 OF THE NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, MCL 324.11501 TO 324.11550.

(2) HAZARDOUS WASTE, AS DEFINED IN SECTION 11103 OF THE NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, MCL 324.11103, SHALL NOT BE DISPOSED OF AS MEDICAL WASTE.

(3) CONTAINERS USED FOR PACKAGING, SHIPPING, AND TRANSPORTATION OF REGULATED MEDICAL WASTE SHALL COMPLY WITH THE REQUIREMENTS OF MICHIGAN'S MOTOR CARRIER SAFETY ACT, ACT NO. 181 OF THE PUBLIC ACTS OF 1963, AS AMENDED, BEING SUBSECTIONS 480.11 TO 480.22 OF THE MICHIGAN COMPILED LAWS.

(4) IDENTIFYING LABELS THAT ARE PLACED ON CONTAINERS CONTAINING DECONTAMINATED MEDICAL WASTE MIXED WITH OTHER SOLID WASTE, AS REQUIRED IN SUBSECTION 13809(E) OF THE ACT, SHALL BE A MINIMUM OF 1 INCH HIGH.

(5) THE 90-DAY PERIOD FOR "STORAGE" OF MEDICAL WASTE, AS REQUIRED IN SUBSECTIONS 13809(H) AND 13810(D) OF THE ACT, SHALL BEGIN WHEN USE OF THE STORAGE CONTAINER IS INITIATED.

(6) WHEN BEING TRANSPORTED TO A SANITARY LANDFILL FOR DISPOSAL, PACKAGED MEDICAL WASTE THAT IS NOT DECONTAMINATED SHALL NOT BE MIXED WITH NON-MEDICAL WASTES.

333.13823 Investigation and confirmation of reported medical waste on land or water; report; protective measures; consultations; information on results of investigation.

Sec. 13823. **(1)**~~(1) If~~ **A PERSON WHO DISCOVERS** suspected medical waste ~~is discovered~~ on any land or water in ~~the~~ **THIS** state ~~and reported to the department of natural resources, the department of public health, a local health department, the department of state police, or any other state or local governmental agency, the agency or department receiving the report shall promptly investigate to confirm the existence of medical waste. If the existence of medical waste is confirmed by a department or agency other than the department of natural resources, a report shall be transmitted immediately to the department of natural resources~~ **SHALL REPORT THE MEDICAL WASTE TO THE DEQ**. The DEQ ~~of natural resources~~ may if appropriate take measures to contain the medical waste, to close off the area, to remove the medical waste from the environment, and ~~to do all things necessary~~ to **OTHERWISE** protect the public health, safety, and welfare and the environment. The DEQ ~~of natural resources~~ may ~~if appropriate~~ conduct an investigation to determine the source of the medical waste.

~~(2) The department of natural resources may consult with the department of public health, the appropriate~~

~~local health department, the department of state police, and the department of attorney general on the actions taken by the department of natural resources under this section.~~

~~(3) After the department of natural resources confirms the existence of medical waste under this section, the department of natural resources shall inform the legislature, the governor, the advisory council, and the public on the results of any investigation conducted within 30 days after the investigation is completed.~~

(2) FAILURE TO COMPLY WITH THE MWRA MAY RESULT IN FINES AND PENALTIES ASSESSED BY THE DEQ AS PROVIDED UNDER SECTIONS 13831, 13833, AND 13834 ~~**AND ASSESSED BY THE DEQ**~~**.**

333.13825 Investigation and confirmation of violation; report; corrective and protective measures; consultations; assistance; information on results of investigation.

Sec. 13825(1). ~~If there is a suspected violation of this part on the premises of a health facility or agency or on the premises of an incinerator owned and operated by a health facility or agency,~~ **IF THE DEQ SUSPECTS THAT A PRODUCING FACILITY HAS VIOLATED THIS PART OR RULES PROMULGATED UNDER THIS PART**, the DEQ ~~of public health~~ shall promptly conduct an investigation to confirm the violation. ~~If the suspected violation is reported to the department of natural resources, a local health department, the department of state police, or any other state or local governmental agency, the report immediately shall be transmitted to the department of public health.~~ If the investigation confirms the existence of a violation of **THE MWRA** the DEQ **OR ITS AUTHORIZED REPRESENTATIVE** ~~of public health~~ may ~~if appropriate~~ take measures to correct the violation and to do all things necessary to protect the public health, safety, and welfare and the environment.

~~(2) The department of public health may consult with the department of natural resources, the appropriate local health department, the department of state police, and the department of attorney general on the actions taken by the department of public health under this section. If the suspected violation of this part is at an incinerator owned and operated by a health facility or agency, the department of public health immediately shall notify the department of natural resources and request the assistance of the department of natural resources in conducting the investigation.~~

~~(3) If the department of public health confirms the existence of a violation under this section, the department of public health shall inform the legislature, the governor, the advisory council, and the public on the results of the investigation conducted within 30 days after the investigation is completed.~~

(2) ~~**A PERSON WHO VIOLATES ANY OF THE PROVISIONS OF THESE RULES SHALL BE SUBJECT TO THE REMEDIES AND PENALTIES UNDER THE ACT.**~~ **FAILURE TO COMPLY WITH THE MWRA MAY RESULT IN FINES AND PENALTIES ASSESSED BY THE DEQ AS PROVIDED UNDER SECTIONS 13831, 13833, AND 13834.**

333.13827 ANNUAL REPORTING

SEC. 13827 (1) THE DEQ shall do all of the following:

(a) Collect data pertaining to medical waste reports and investigations under this part.

(b) Annually report to the governor~~,~~ **AND** the standing committees in the senate and house of representatives with jurisdiction over public health matters, the department of ~~public~~ health AND HUMAN SERVICES, and the department of natural resources on all of the following:

(*i*) **REPORT** the number of medical waste reports received and investigations conducted under this part. (*ii*) The implementation and effectiveness of this part.

(*iii*) **RECOMMEND** changes in the overall regulatory scheme pertaining to medical waste, including, but not limited to, the enactment of pertinent federal law.

(*iv*) Recommend **SUGGESTIONS THE DEQ** has for changes to this part or any other state statute or rule that pertains to medical waste.

~~(*v*) Coordinate reports and investigations under this part between the department of public health and the department of natural resources.~~

333.13829 Medical waste emergency response fund; creation; deposits; investments; interest and earnings; no reversion to general fund; use of fund.

Sec. 13829. (1) The medical waste emergency response fund is created in the state treasury.

(2) The state treasurer shall deposit in the fund all **OF THE FOLLOWING:**

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(A) ALL money received pursuant to this ~~act and all~~ **PART, EXCEPT FOR CIVIL FINES, COSTS, AND DAMAGES UNDER SECTION 13831 AND PENAL FINES UNDER SECTION 13833.**

(B) ALL money ~~received by~~ **DESIGNATED FOR** the fund as otherwise provided by law.

(3) The state treasurer shall direct the investment of the fund. Interest and earnings of the fund shall be credited to the fund. Money in the fund at the close of the fiscal year shall remain in the fund and shall not revert to the general fund.

(4) THE DEQ SHALL BE THE ADMINISTRATOR OF THE FUND FOR AUDITING PURPOSES.

(5) THE DEPARTMENT SHALL EXPEND MONEY FROM THE FUND, UPON APPROPRIATION, ONLY FOR THE FOLLOWING PURPOSES:

~~(4)~~ **(A)** Not more than 80% of the total amount in the fund ~~shall be used by the department of public health for administrative~~ **FOR** expenses related to the ~~implementation~~ **ADMINISTRATION AND ENFORCEMENT** of this part. ~~, and the balance may be used by the department of natural resources for~~

(B) FOR response activities ~~necessitated by~~ **ADDRESSING** the release of medical waste into the environment.

(C) FOR PROGRAMS RELATING TO MEDICAL WASTE REDUCTION, MANAGEMENT, AND EDUCATION.

(D) FOR GRANT ALLOCATION FUNDING LOCAL HEALTH DEPARTMENTS TO ACT AS AUTHORIZED REPRESENTATIVES OF THE DEQ.

333.13831 Violation; administrative fine; failure to register or have plan available for inspection; injunction.

Sec. 13831. (1) ~~Except as provided in subsection (2), a person who violates this part or a rule promulgated under this part is subject to an administrative fine of not more than $2,500.00 for each violation and an additional fine of not more than $1,000.00 for each day during which the violation continues. For a first offense, the department of public health or the department of natural resources may postpone the levying of a fine under this subsection for not more than 45 days or until the violation is corrected, whichever occurs first~~ ~~**FOR A FIRST OFFENSE, THE DEQ MAY POSTPONE THE LEVYING OF A FINE UNDER THIS SUBSECTION FOR NOT MORE THAN 45 DAYS OR UNTIL THE VIOLATION IS CORRECTED, WHICHEVER COMES FIRST.**~~ **THE DEQ MAY REQUEST THAT THE ATTORNEY GENERAL BRING AN ACTION IN THE NAME OF THE PEOPLE OF THIS STATE FOR ANY APPROPRIATE RELIEF, INCLUDING INJUNCTIVE RELIEF, FOR A VIOLATION OF THIS PART OR RULES PROMULGATED UNDER THIS PART.**

(2) ~~A person who fails to register with the department or have a medical waste management plan available for inspection in compliance with sections 13813 and 13817 is subject to an administrative fine of $500.00.~~ **IN ADDITION TO ANY OTHER RELIEF PROVIDED UNDER THIS SECTION, THE COURT MAY IMPOSE ON ANY PERSON IN VIOLATION OF THIS PART OR RULES PROMULGATED UNDER THIS PART A CIVIL FINE AS FOLLOWS:**

(A) EXCEPT AS PROVIDED IN SUBDIVISION (B), A CIVIL FINE OF NOT MORE THAN $2,500.00 FOR EACH VIOLATION AND AN ADDITIONAL CIVIL FINE OF NOT MORE THAN $1,000.00 FOR EACH DAY DURING WHICH THE VIOLATION CONTINUES.

(B) A CIVIL FINE OF $500.00 FOR FAILURE TO REGISTER WITH THE DEQ UNDER SECTION 13813 OR 13815 OR TO MAKE A MEDICAL WASTE MANAGEMENT PLAN UNDER SECTION 13817 OR A TRAUMA SCENE WASTE MANAGEMENT PLAN UNDER SECTION 13815 AVAILABLE TO THE DEQ AS REQUIRED UNDER THOSE SECTIONS, RESPECTIVELY.

(C) FOR A FIRST OFFENSE, THE DEQ MAY POSTPONE THE LEVYING OF A FINE UNDER THIS SUBSECTION FOR NOT MORE THAN 45 DAYS OR UNTIL THE VIOLATION IS CORRECTED, WHICHEVER COMES FIRST.

(3) ~~A person who violates this act may be enjoined by a court of competent jurisdiction from continuing the violation.~~ **IN ADDITION TO ANY OTHER RELIEF PROVIDED BY THIS SECTION, THE COURT MAY ORDER A PERSON WHO VIOLATES THIS PART OR RULES PROMULGATED UNDER THIS PART TO PAY AN AMOUNT EQUAL TO** ~~**ALL OF**~~ **THE S U M O F T H E FOLLOWING:**

(A) COSTS TO CONTAIN OR REMOVE MEDICAL WASTE OR ~~**TAKE ACTION**~~ **ACT AS NECESSARY TO PROTECT PUBLIC HEALTH, SAFETY, OR WELFARE, OR THE**

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I made some changes below to try and make it simpler and clearer.

ENVIRONMENT, INCURRED BY THISE STATE OR A LOCAL UNIT OF GOVERNMENT ~~AS A RESULT OF~~BECAUSE OF THE VIOLATION.

(B) COSTS OF SURVEILLANCE OR ENFORCEMENT INCURRED BY THISE STATE OR A LOCAL UNIT OF GOVERNMENT ~~AS A RESULT OF~~BECAUSE OF THE VIOLATION.

C) THE FULL VALUE OF DAMAGE DONE TO THE NATURAL RESOURCES OF THISE STATE.

(4) MONEY COLLECTED UNDER SUBSECTION (2) SHALL BE DEPOSITED IN THE STATE GENERAL FUND. MONEY COLLECTED UNDER SUBSECTION (3) SHALL BE DEPOSITED IN MEDICAL WASTE REGULATORY~~THE~~ FUND. HOWEVER, IF A LOCAL UNIT OF GOVERNMENT INCURRED COSTS DESCRIBED IN SUBSECTION (3)(A) OR (B), THE COURT MAY ORDER THAT MONEY COLLECTED UNDER SUBSECTION (3)(A) OR (B), RESPECTIVELY, IN AN AMOUNT NOT EXCEEDING THE COSTS INCURRED ~~BY THE LOCAL UNIT OF GOVERNMENT UNDER SUBSECTION (3)(A) OR (B), RESPECTIVEL~~Y, INSTEAD BE FORWARDED TO THAT LOCAL UNIT OF GOVERNMENT.

(5) THE DEQ MAY ISSUE A FINAL ORDER REVOKING, SUSPENDING, OR RESTRICTING A REGISTRATION ISSUED UNDER THIS PART AFTER A CONTESTED CASE HEARING AS PROVIDED IN THE ADMINISTRATIVE PROCEDURES ACT OF 1969, ACT NO. 306 OF THE PUBLIC ACTS OF 1969, BEING SECTIONS 24.201 TO 24.328 OF THE MICHIGAN COMPILED LAWS, IF THE DEQ FINDS THAT THE REGISTRANT IS NOT IN COMPLIANCE WITH THIS PART. A FINAL ORDER ISSUED PURSUANT TO THIS SECTION IS SUBJECT TO JUDICAL REVIEW AS PROVIDED IN ACT NO. 306 OF THE PUBLIC ACTS OF 1969

(~~5~~6) ADMINISTRATIVE PROCEDURES IN CONTESTED CASES AND JUDICIAL REVIEW SHALL BE IN ACCORDANCE WITH, AND SUBJECT TO, CHAPTERS 4, 5, AND 6 OF ACT NO. 306 OF THE PUBLIC ACTS OF 1969~~, AS AMENDED, BEING SUBSECTIONS 24.271 TO 24.306 OF THE MICHIGAN COMPILED LAWS~~.

333.13833 VIOLATION; CEASE AND DESIST DUE TO IMMINENT PUBLIC HEALTH HAZARD OR THREAT TO ENVIRONMENT

SEC. 13833. THE DEQ, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OR A LOCAL HEALTH ~~MAY~~OFFICER, MAY ISSUE A CEASE AND DESIST ORDER TO CORRECT A VIOLATION OF THIS PART OR A RULE PROMULGATED UNDER THIS PART IF THE VIOLATION IS CAUSING AN IMMINENT PUBLIC HEALTH HAZARD OR THREAT TO THE ENVIRONMENT.

333.13834 VIOLATION AS A MISDEMEANOR; PENALTIES; SEPARATE VIOLATIONS

SEC. 13834. A PERSON WHO VIOLATES THIS PART, A RULE PROMULGATED UNDER THIS PART, OR A FINAL ORDER PURSUANT TO THIS PART IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 6 MONTHS OR A FINE OF NOT MORE THAN $1,000.00, OR BOTH, PLUS ANY PAYMENT ORDERED UNDER SECTION 13831(3). EACH DAY UPON WHICH A VIOLATION DESCRIBED IN THIS SECTION OCCURS IS A SEPARATE OFFENSE.

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From: Vern L. Johnson
To: maleha@malph.org
Subject: HB 5752/5753
Date: Tuesday, May 1, 2018 3:35:55 PM
Attachments: Failing Septic Systems in Mid Michigan - An Unseen Threat to Public Hea....pdf

Good afternoon MALEHA,

Yesterday, a few members of MALEHA were invited to participate in a stakeholder meeting regarding HB 5752/5753 (State Sanitary Code). The quick summary of the meeting:

1. Rep. Lower is unwilling to remove the preemption language found in Section 12816(2) that requires LPH to "Phase out or Repeal" Point of Sale ordnances. He did not understand why we opposed preemption as he views his bills as a positive step forward for Michigan. I did explain to him that this sets a precedent and undermines our authority under the Michigan Public Health Code. This seems to be driven by the Real Estate lobbyist.
2. Rep. Lower is willing to discuss LPH funding needs if HB 5752/5753 is enacted, however he is waiting for LPH to provide him a cost estimate. I stated that we have all of three weeks to answer that question and it would take a committee time to accurately come up with a cost as every LPH has differing staffing needs. It was also pointed out by Tony that we have concerns regarding DEQ's ability to develop and maintain a tracking database. Additionally, he pointed out concerns related to enforcement including and up to working with the local prosecuting attorney's office.
3. Rep. Lower also did not address the question related to MDEQ approving LHD Onsite Programs, removing powers and duties and enforcement of our own Sanitary Codes.

Other stakeholders such as Larry Stephens from MOWRA supported the bills and see this as a positive step forward for Michigan. I did get a chance to talk with the Real Estate lobbyist after the meeting to ask questions related to their Time of Sale position. They stated that the "root cause" of wanting preempting Time of Sale programs was directly related to LHD interference in home closings (interesting that the reason did not include surface or ground water protection or LHD consistency). I also directly asked Rep. Lower if he felt he had the necessary votes to pass these bills. He confirmed that he believed that he did.

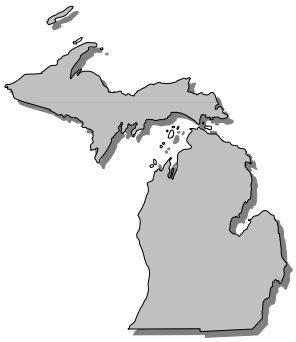
At the end of the meeting, Angela Ayers (Director of Strategy for the Governor), stated that these bills are of high importance to the Governor and he would like to see both bills become law.

Lastly, please find attached a Failing Septic Systems in Mid-Michigan report that I received yesterday from Larry Stephens. Thanks all, Vj

Vern Johnson – Environmental Health Manager
Health & Community Services Department
3299 Gull Road | Kalamazoo, MI 49048

Phone: (269) 373-5356 | Fax: (269) 373-5333
Website: www.kalcounty.com/eh

KALAMAZOO COUNTY GOVERNMENT
In the Pursuit of Extraordinary Governance...



Michigan Association of Local Environmental Health Administrators MALEHA

Representing Local Environmental Public Health Departments in Michigan

TO: Representative Abdullah Hammoud and Representative James Lower

FROM: Vern Johnson, MALEHA President

DATE: April 24, 2018

RE: Comments on House Bills 5752 and 5753

The Michigan Association of Local Environmental Health Administrators (MALEHA) represents the environmental health divisions of all 45 Local Health Departments (LHDs) in Michigan. We are an organization of leaders that promote and strengthen all facets of environmental health including the responsibility of protecting our groundwater and surface water from untreated on-site sewage waste. We recognize that Michigan, with the longest freshwater coastline in the country, is blessed with an abundance of surface water and groundwater available for use as drinking water, for recreation, and tourism. Our residents and visitors deserve and expect this resource to be available without concern of contamination or health hazard. MALEHA strongly supports protecting this resource through sound environmental regulation based on current science, best available cost effective technology, and best practice.

MALEHA represents the dedicated professionals that are uniquely positioned and experienced in the direct application of onsite wastewater treatment and groundwater regulation; face-to-face with property owners, developers, and contractors. Through these relationships, members of this organization have a wealth of experience identifying problems and solutions involving onsite sewage treatment and groundwater protection. While there are positive provisions in HB 5752 and HB 5753, MALEHA is not supportive as currently written due primarily to the following concerns:

- This Amendatory Act requires a tremendous amount of additional work to be completed by LHD personnel without prior planning for adequate funding. Immediately effective is a provision for all conventional systems to have a septic tank assessment every 10 years (Sec. 12810) and the inspection of Alternative Systems every five (5) years

(Sec. 12805). These requirements will create the need to review and file reports, collect fees, and initiate enforcement for those septic systems that have been identified as in a state of failure. MALEHA feels that these provisions equate to an unfunded mandate, as additional staff resources would be required locally with no additional State funding.

- HB 5752, Section 12816 (2) requires LHD that administer their own point of sale program to repeal their program. MALEHA strongly believe that this is in direct conflict with Section 333.2435(d) of the Public Health Code that gives LHD authority to develop programs that protect public health within our communities, prevent the spread of diseases and sources of contamination. Point of sale programs have proven to be an effective local tool to protect public health through the identification and correction of failing septic systems and if eliminated will negatively affect established public health protections.

- Several provisions of the Amendatory Act will remove existing LHD regulations, may require revisions to local Sanitary Codes, and will grant the MDEQ authority to approve local Sanitary Code as it relates to onsite wastewater systems. These provisions restrict the local authority and undermines powers and duties of the local health departments to implement and enforce local ordinances. In a unified form of county government, the Board of Commissioners has the authority to approve local Sanitary Codes (Sec. 12803, 12809, 12816). Further, the preemption of point of sale ordinances established in Sec.12816 also restricts local authority to implement locally driven public health protection programs. As mentioned above, point of sale programs have proven to be an effective tool to identify and correct failing septic systems.

- MALEHA has concerns that the MDEQ has the appropriate funding mechanism in the Act to effectively meet the requirements. Sections 12802 and/or 12803 make MDEQ responsible if LHDs do not become “authorized”. Section 12802 requires the creation of statewide soils training, which to date is a need that MDEQ has not been able to meet. This Amendatory Act also requires the MDEQ to establish state-wide lists of registered evaluators (Sec. 12812) and to create and maintain a state-wide electronic database (Sec. 12813). MALEHA has significant concerns for the MDEQ’s ability to develop, adapt and maintain an electronic database to meet program needs on an ongoing basis.

In closing, MALEHA has concerns related to Local Health Department funding, preemption, and the feasibility of MDEQ being granted the resources and support necessary to fulfill the requirements of the Amendatory Act. While we are unsupportive of the language in the current Bill, we are hopeful that we can work with you to find areas to enhance public health protections.

MALEHA Project Tracker

Committee	Project	Start Date	Work Completed Date	Present to Forum Date	Outcome
Food Committee: Kristen Schweighoefer and Liz Braddock Co-Chairs	Culture of Food Safety Training	17-Nov	18-Aug	18-Aug	One day workshop in May 2018 for food managers and regulators
	Summer Feeding Program	17-Dec	18-Apr	18-May	Partnership with MDE to inspect summer feeding programs and obtain reimbursement for the goal of improving food safety
	Review/Update Emergency Action Plans	17-Dec	18-Jun	18-Jun	Have recommendations for updated EAP for restaurants
	Latex Gloves	1-Mar	April, 2018	April, 2018	
	Michigan Plumbing Code	29-Jan-18	April, 2018	May, 2018	Drop portions of the Plumbing Code for FSE
Water Committee: Tip MacGuire and Mark Hansell Co-Chairs	Closed Loop Legislation	Now	Pending	TBD	New Legislation
	FSMA	Now	Pending	TBD	LHD part of process
	Parjana	Now	Pending	TBD	Permit not renewed
	Michigan draft Lead/Copper Rules	January	February	February	Provide comments to MALPH
	Agg. Wells	Now	Pending	TBD	LHD part of process
On-Site Sewage and Land Use Committee: Matt Bolang and Mark Hansell Co-Chair	State Sanitary Code	Jan-18	TBD	TBD	Unknown
Legislative Committee: Ken Bowen - Chair	HB 4978 of 2017	10/20/2017	Nov-17	16-Nov-17	Neutral Position Pending Clarification
Technology and Training Committee: Don Hayduk - Chair	1. MALEHA Directors Confernce Speaker Setup	Ongoing	Sep-18	Sep-18	2. Participate by providing a TnT Committee member to MPHI's Cross Jurisdictional Training project headed by Mark Miller. This workgroup will develop a toolbox of training/guidance materials for newly hired Environmental Health and Nursing Administrators with minimal experience at this level. Kevin Green of Calhoun HD volunteered to be the MALEHA rep to this workgroup.

Cross Jurisdictional Sharing Project: Kevin Green Representing MALEHA	Participate by providing a TnT Committee member to MPHI's Cross Jurisdictional Training project headed by Mark Miller. This workgroup will develop a toolbox of training/guidance materials for newly hired Environmental Health and Nursing Administrators with minimal experience at this level. Kevin Green of Calhoun HD volunteered to be the MALEHA rep to this workgroup.	Dec-17	May-18	June/July 2018 for MALEHA to vette the drafted document content	A toolbox/guidance document that provides new and inexperienced Environmental Health and Nursing Directors with additional training and guidance to enhance their prospects for success. An emphasis will be placed on general Supervisory and Leadership topics.
Harmful Algal Bloom: Chris Westover and Tony Drautz		8-Jan-18			
Vapor Intrusion: Don Hayduk	Form a Stakeholder's group of State and local agencies to develop a Guidelline/Toolbox for responding to Vapor Intrusion events.	September, 3017	Goal of Spring/summer of 2018	Upon completion of the toolbox in the Spring/summer of 2018	A comprehensive toolbox of materials and guidance documents that provide flexible options and direction for local health departments to respond collaboratively in a coordinated manner with the State agencies of MDEQ and MDHHS in any Vapor Intrusion event. The toolbox will be developed so that all local Health Departments, regardless of size and staff expertise, will be able to utilize it.
	Key components of the toolbox will include: site assessmentevaluation process description, notification protocols, communication guidelines, LHD response options based on severity and complexity of the situation, and public information materials and templates.				
Communication Workgroup -Tony Drautz	Improve Communication between state and local	Jan-18	Jun-18	Jul-18	1. Develop a standardized process by which LPH can request asstance from the state as events occur. 2. Develop a mechanism that the state and other key partners can act swiftly and efficiently provide assistance to LPH
Opioid Workgroup (MDHHS)	Develop cleanup criteria for synthic opioid				Workgroup: Lucus Pols, Chris Klawuhn, Ken Bowen, Maureen Franklin, Liz Braddock, Scott Withington