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LANSING

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DIRECTOR

DATE: October 31, 2003

TO: Fred Shaw, Director
Public Health Legal Preparedness Clearinghouse
Centers for Disease Control

FROM: Denise Chrysler, Director
Joe Baumann, Policy Analyst
Office of Legal Affairs

RE: Legal Authority of Michigan Department of Community Health to Respond to a SARS Outbreak

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This is in response to a telephone call from Karen McKie requesting information about the legal authority of Michigan public health officials to quarantine individuals who test positive for SARS.

The Michigan Public Health Code, MCL 333.1101 *et seq.*, and rules thereunder, 1999 ACS R 325.171 *et seq.*, establish the power and responsibilities of the Michigan Department of Community Health (MDCH) and local public health (LPH) departments to prevent and control the spread of disease. MDCH and LPH officers have numerous powers they may use to control SARS and other diseases and protect the general public.

Issuance of Emergency Orders to Control an Epidemic or an Imminent Danger.

Both MDCH and LPH departments are authorized to issue emergency orders to control an epidemic. In this regard, if the Director of MDCH

> determines that control of an epidemic is necessary to protect the public health, the director, by emergency order, may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws.

Section 2253.

Similarly, if a LPH officer determines that control of an epidemic is necessary to protect the public health, he or she may issue an emergency order prohibiting the gathering of people and establish procedures to be followed by persons, including a local governmental entity, during the

epidemic to insure continuation of essential public health services and enforcement of health laws. Section 2453(1). An "epidemic" means "any increase in the number of cases, above the number of expected cases, of any disease, infection, or other condition in a specific time period, area, or demographic segment of the population." R 325.171(g).

Additionally, both MDCH and a LPH official may issue orders to respond to an imminent danger to health or lives. Sections 2251, 2451. "Imminent danger" means "a condition or practice which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided." Sections 2251(4)(a), 2451(3)(a).

Section 2251 provides:

> (1) Upon a determination that an imminent danger to the health or lives of individuals exists in this state, the director immediately shall inform the individuals affected by the imminent danger and issue an order which shall be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The order shall incorporate the director's findings and require immediate action necessary to avoid, correct, or remove the imminent danger. The order may specify action to be taken or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary to avoid, correct, or remove the imminent danger.

Section 2451, which applies to local health departments, is identical, except the LPH official's authority is limited to an imminent threat in an area served by the local health department.

Under conditions of "imminent danger", in addition to issuing orders, MDCH's Director (alone) has extensive controlling powers to take full charge of the administration of state and local health laws, rules, regulations and ordinances. Section 2251(3).

Upon the failure of a person to comply promptly with an order issued by MDCH or a LPH official, as applicable, MDCH or the LPH official may petition a court having jurisdiction to restrain a condition or practice causing the imminent danger or to require action to avoid, correct, or remove the imminent danger. Sections 2251(2), 2451(2).

Issuance of a Warning Notice.

Sections 5201 to 5238 of the Public Health Code establish powers, responsibilities, and procedures concerning an individual who is a carrier and a health threat to others. A "carrier" means "[a]n individual who serves as a potential source of infection and who harbors or who the department reasonably believes to harbor a specific infectious agent or a serious communicable disease or infection, whether or not there is present discernible disease." Section 5201(1)(a). MDCH has promulgated rules that designate and classify serious communicable disease. Although SARS or smallpox are not explicitly listed in the applicable rule, both diseases would fall under subsection (s) of this rule pertaining to the "unusual occurrence, outbreak, or epidemic

of any condition, including nosocomial infections." Rule 325.172(1)(s).[1] "Health threat to others" means "that an individual who is a carrier has demonstrated an inability or unwillingness to conduct himself or herself in such a manner as to not place others at risk of exposure to a serious communicable disease or infection." Section 5201(b). "Health threat to others" may be shown by the individual's behavior, evidence of careless disregard for transmission or exposure of others, or misrepresentation about disease status before engaging in behavior that puts others at risk. *Id.*

Under section 5203, MDCH or the LHD shall issue a warning notice to such an individual requiring that the individual cooperate with MDCH or the LPH department in efforts to prevent or control transmission of serious communicable diseases or infections. The warning notice may require the individual to participate in education, counseling, or treatment programs, and to undergo medical tests to verify the person's status as a carrier. The section specifies the form of the warning notice, requirements for service, and contents, including a statement that unless the individual takes the action requested in the warning notice, MDCH or the LPH department shall seek a court order. Absent an emergency, the individual has certain rights, including the right to a hearing, before a court can issue an order. These rights must be stated in the warning notice.

Involuntary Detention and Treatment.

Both MDCH and a LPH department are authorized to "provide for the involuntary detention and treatment of individuals with hazardous communicable disease in the manner prescribed in sections 5201 to 5238 [of the Public Health Code]." Section 2453(2).

If MDCH or the LPH department knows, or has reasonable grounds to believe, that the individual has failed or refused to comply with a warning notice, then MDCH or the LPH department may petition the court for an order. Section 5205 sets out the procedural requirements and the individual's rights, including the right to a hearing and the right to be represented by an attorney. An attorney is appointed for indigent individuals. The hearing must be set within 14 days of the date the petition was filed. If the court finds that the allegations in the petition are proven by clear and convincing evidence, the court may issue 1 or more of the following orders:

(a) An order that the individual participate in a designated education program.
(b) An order that the individual participate in a designated counseling program.
(c) An order that the individual participate in a designated treatment program.
(d) An order that the individual undergo medically accepted tests to verify the individual's status as a carrier or for diagnosis.
(e) An order that the individual notify or appear before designated health officials for verification of status, testing, or other purposes consistent with monitoring.
(f) An order that the individual cease and desist conduct that constitutes a health threat to others.

[1] Michigan Attorney General Michael Cox recently opined in a formal opinion that, while not explicitly listed, both smallpox and SARS, would fall under subsection (s) of Rule 325.172(1). Atty Gen Op No. 7141 (Issued 10/6/03).

(g) An order that the individual live part-time or full-time in a supervised setting for the period and under the conditions set by the circuit court.
(h) Subject to [section 2506(8)], an order that the individual be committed to an appropriate facility for the period and under the conditions set by the circuit court. A commitment ordered under this subdivision shall not be for more than 6 months, unless the director of the facility, upon motion, shows good cause for continued commitment.
(i) Any other order considered just by the circuit court.

An individual has the right to seek appellate review of an order, however, an order may not be stayed except upon motion for good cause.

The court can enter an order committing an individual to an appropriate facility only if the court considers the recommendation of a commitment review panel appointed by the court that consists of 3 physicians from a list submitted by MDCH. The section sets out criteria for physicians on the review panel – for example, at least two of the physicians shall have training and experience in the diagnosis and treatment of serious communicable diseases and infections. The commitment panel must (1) review the record of the proceeding, (2) interview the individual or document the reasons the individual was not interviewed, and (3) recommend either commitment or an alternative or alternatives to commitment, and document the reasons for the recommendation. There are also provisions for petition and review by a commitment panel as to whether or not the individual's commitment should be terminated.

The State Court Administrator's Office (SCAO) within the Michigan Supreme Court promulgates standard forms for use by attorneys and judges that can be found at: http://courts.michigan.gov/scao/courtforms/infectiousdisease/infindex.htm. The following SCAO forms are attached for involuntary detention and treatment actions under section 5205 of the Public Health Code: Petition for Treatment of Infectious Disease, Notice of Hearing on Petition for Treatment of Infectious Disease, Order Following Hearing on Petition for Treatment of Infectious Disease, Petition for Continued Commitment for Treatment of Infectious Disease and Order to Reconvene Commitment Review Panel, and Order Following Hearing on Petition for Continued Commitment for Treatment of Infectious Disease.

Emergency Custody, Detention, and Treatment of the Individual.

Section 5207 covers emergency health threats of a carrier to others. To protect the public health in an emergency, upon the filing of an affidavit by MDCH or a LPH officer, the circuit court may order an MDCH representative, LPH officer, or peace officer to take an individual whom the court has reasonable cause to believe is a carrier and is a health threat to others into custody. The order would authorize the transport of the individual to an appropriate emergency care or treatment facility for observation, examination, testing, diagnosis, or treatment and, if determined necessary by the court, temporary detention. If the individual is already institutionalized in a facility, the court may order the facility to temporarily detain the individual.

An order for emergency custody may be issued in an *ex parte* proceeding upon an affidavit of a department representative or a local health officer. An emergency order may be requested and

executed on any day and at any time, and must be served upon the individual who is the subject of the order immediately upon apprehension or detention.

An individual temporarily detained under an emergency order shall not be detained longer than 72 hours, excluding Saturdays, Sundays, and legal holidays, without a court hearing to determine if the temporary detention should continue. Notice of a hearing must be served upon the individual not less than 24 hours before the hearing is held. The notice shall contain certain information, including the factual basis for the detention, the individual's due process rights at a hearing, and the right to counsel, including an indigent individual's right to appointed counsel.

At the hearing, if the court finds, by a preponderance of the evidence, that the individual would pose a health threat to others if released, it may order that the individual continue to be temporarily detained. However, the court's order for temporary detention cannot continue longer than 5 days, unless a petition is filed under section 5205, described above, for involuntary detention or treatment.

The following SCAO forms are attached for emergency actions under section 5207 of the Public Health Code: Petition and Ex Parte Order for Transport and/or Temporary Detention, Affidavit to Accompany Petition for Transport and/or Temporary Detention, Notice of Hearing on Petition for Temporary Detention, and Order Following Hearing on Petition to Continue Temporary Detention.

Conclusion.

We believe that Michigan's Public Health Code provides sufficient power so that public health officials can assure the safety of the public and prevent outbreaks once the existence of a carrier has been identified. Moreover, the provisions of the Public Health Code that cover epidemics and the power of MDCH and LPH department to prevent and control communicable diseases, make it clear that these provisions do not limit their power, or the power of the court, to deal with the prevention and control of communicable diseases and infections. Sections 2253(1), 2453, 5209. Consequently, MDCH and LPH departments may exercise authority under any other federal or state laws – including any emergency preparedness laws – that contain provisions for the protection of the pubic health and the control of disease.

If you have questions or need further information about Michigan's laws to prevent and control the outbreak of disease, including SARS, please do not hesitate to ask.

cc: Jan Christensen
Ronald J. Styka
David Johnson, M.D.
Matthew Boulton

Attachments

g:legal affairs/ola assigns/03-032/Memo Shaw CDC re legal auth of MDCH to respond to SARS outbreak