



HEALTH POLICY BULLETIN

FOCUS:
INFANT MORTALITY

The Task Force on Infant Mortality sent its report to State Health Director Gloria Smith. The report, the culmination of ten months' work, recommends a five-year plan for reducing Michigan's infant mortality rate. (Only nine states and the District of Columbia report higher rates than Michigan.) The task force recommends that the state's efforts be concentrated in the thirteen counties that have 76 percent of all infant deaths, 98 percent of black infant deaths, and 66 percent of white infant deaths.

The report suggests that the governor's Human Services Cabinet Council exercise oversight in implementing the plan to assure coordination and cooperation among agencies and that an Infant Mortality and Morbidity Action Committee be created to provide advice and counsel to the Human Services Cabinet.

FOCUS: AIDS
IN MICHIGAN

Sources at the MDPH say that the July 1986 projections for the spread of AIDS in Michigan appear to be accurate. As of mid-May, Michigan had 79 new cases reported in 1987 for a total of 336 cases; 204 deaths have occurred, giving the state a 61 percent mortality rate for the syndrome versus an average national rate of 58 percent. The variance suggests good surveillance in Michigan, and the rate makes it clear AIDS is deadly; the mortality rate over five years is almost 100 percent. The MDPH projects that Michigan will be at 360 cases by July 1, 1987, and possibly 480-500 cases by the end of the year. Expected this summer is a broadened definition of AIDS by the Centers for Disease Control; therefore, expect significantly higher numbers in the future.

One of the best indicators of public concern is the explosion in AIDS testing. When specimen testing began 18 to 24 months ago, the MDPH performed about 200 tests a month. Since early 1987, processing by the MDPH laboratories alone has jumped from 700-800 to 3,000 a month. (Figures are not available on the number of tests being carried out by private laboratories.) The MDPH is receiving an increasing number of inquiries from clinical laboratories interested in entering the AIDS testing business, a development that Dr. George Anderson, chief of MDPH laboratories, says is being monitored carefully: "It's important that these tests be done right. While a false negative could miss an infected individual, a false positive could create a great deal of unnecessary anguish."

Adding to the apprehension surrounding AIDS is the discovery that a related virus, HTLV-I, which can cause adult T-cell leukemia, is spreading among drug users. For example, 12 percent of 955 New Jersey drug abusers and 49 percent of 213 New Orleans abusers show evidence of infection. Another related virus, HTLV-II, causes hairy cell leukemia. It is probable that both viruses will appear in Michigan within the next year or two; methods of transmission for HTLV-I, HTLV-II, and HIV (formerly HTLV-III) are similar.

AIDS
LEGISLATION

Five bills on AIDS have been introduced in the House; three (HBs 4008, 4103, and 4034) have been assigned to the Public Health Committee and will be taken up by the subcommittee on AIDS. HB 4008 would allow courts or local health departments to order physical exams and testing for AIDS for persons arrested for prostitution, gross indecency between males, or intravenous drug abuse; HB 4103 would require that validated positive test results for

the AIDS virus be reported to the MDPH and that the MDPH trace contacts; and HB 4034 would require physicians examining applicants for marriage licenses to prescribe testing for AIDS antibodies if there is reason to believe an applicant belongs to a high-risk group. HB 4028, assigned to the Corrections Committee, would require testing for AIDS for persons entering state prisons and HB 4550, assigned to the Judiciary Committee, would make prostitution a felony when practiced by a person who knows he/she has AIDS or AIDS-related complex or has tested positive for AIDS antibodies. Representative Teola Hunter, chair of the House Public Health Subcommittee on AIDS, intends to hold some informational meetings for members of the subcommittee, but does not expect to take up the bills until late fall.

In the Senate, SB 115, which mandates sex education in public schools, also would require school districts and boards of education to establish AIDS education programs and SB 33 would require a negative HIV test as a condition for obtaining a marriage license. The bills have been assigned to the Education and Mental Health and Health Policy committees, respectively.

OF INTEREST The certificate of need (CON) process was not intended to apply to private physicians' offices; this exclusion extends to radiological firms working outside hospital settings. However, an attorney general's opinion says the overlap in the new MDPH definitions of "tertiary health care services facilities" and "private physician offices" makes radiological firms tertiary health care services facilities and, thus, subjects them to the CON law.

Under the MDPH's interpretation, only radiological firms providing diagnostic and treatment services by referral are affected; physicians in general and family practice, orthopedics, and internal medicine who provide in-office X-rays only for their own patients are not. However, the Blues have sent letters to several thousand providers indicating that their continued eligibility for reimbursement will hinge on obtaining CONs.

Although legislation providing for mandatory arbitration in health care insurance and HMO contracts died in committee last session, the Michigan State Medical Society (MSMS) is exploring including mandatory arbitration provisions in group health care contracts. Plan members who accept such clauses would be rewarded with lower premium rates. Employers are expected to find lower premiums attractive and discussions are occurring between MSMS representatives and major employers.

Mandatory arbitration provisions could give the Michigan Medical Malpractice Arbitration program a much-needed shot in the arm. The program, which began in 1976, has endured almost a decade of challenges to its constitutionality and procedures. As of April 30, 1987, 675 cases had been filed and 583 closed (91 are pending). Of the closed cases, 110 were withdrawn, 240 were settled, 79 were administratively closed, and 164 were "awarded" (in arbitration parlance, they went through the arbitration process to a decision). Of the 164 awarded, 37 were in favor of claimants (plaintiffs) and 127 were in favor of respondents (defendants).

--Frances L. Faverman
Editor

CORRECTION: In our last issue, we omitted some legislators from and misplaced others in the lists of subcommittees appointed by Michael Bennane, chair of the House Public Health Committee. The lists, according to Bennane's office, are as follows:

Nursing Homes

Gubow (Huntington Woods), chair
Hunter (Detroit)
Palamara (Wyandotte)
Rocca (Sterling Heights)
Bandstra (Grand Rapids)
Pridnia (Harrisville)

Infant Mortality

Stallworth (Detroit), chair
Docherty (Port Huron)
Gire (Mount Clemens)
Stabenow (Lansing)
Krause (Rockford)
O'Connor (Ann Arbor)
Trim (Waterford)

Financial/Labs (New)

Hertel (Detroit), chair
Docherty (Port Huron)
Hickner (Bay City)
Palamara (Wyandotte)
Brotherton (Farmington)
Gnodtke (Sawyer)

Triplicate Prescription (New)

Gire (Mount Clemens), chair
Barns (Westland)
Stabenow (Lansing)
Law (Plymouth)

Certificate of Need

Bennane (Detroit), chair
Barns (Westland)
Gubow (Huntington Woods)
Hickner (Bay City)
Palamara (Wyandotte)
Porreca (Trenton)
Rocca (Sterling Heights)
Stabenow (Lansing)
Brotherton (Farmington)
Dunaskiss (Lake Orion)
Law (Plymouth)

AIDS

Hunter (Detroit), chair
Barns (Westland)
Bennane (Detroit)
Gubow (Huntington Woods)
Rocca (Sterling Heights)
Gnodtke (Sawyer)
O'Connor (Ann Arbor)
Pridnia (Harrisville)