



**BOARD OF HEALTH**

**Monthly Meeting: February 24, 2023, 10:00 a.m.**

521 Cobb St, Cadillac, MI

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**A G E N D A**

**Call to Order.....Richard Steinke, Chair**

**Roll Call**

**Review and Approval of the Agenda**

**Review and Approval of Board of Health Meeting Minutes.....January 24, 2023**

**Public Comment**

**I. Committee Reports**

A. Executive Committee.....Richard Schmidt

B. Finance Committee.....Bryan Kolk

1. *Finance Report*

2. *Approve January Accounts Payable and Payroll.....Action Item*

3. *Revised Budget .....Action Item*

C. Personnel Committee.....Bob Baldwin

D. Legislative Committee.....Nick Krieger

**II. Board of Health Presentation – *Mason County Interconnected Systems Framework*, Erin**

Oleniczak, Public Health Educator, SEA Manistee Coordinator

**III. Administration Reports**

A. Medical Director.....Dr. Jennifer Morse, MD

B. Deputy Health Officer .....Sarah Oleniczak

C. Health Officer.....Kevin Hughes

**IV. Public Comment**

**V. Other Business**

**VI. Next Board of Health Meeting: Friday, March 31<sup>st</sup>, 2023, at 10:00 a.m.**

**VII. Adjournment**





**Board of Health**  
Meeting Minutes  
January 27, 2023  
521 Cobb St, Cadillac, MI

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**Call to Order:** Kevin Hughes, Health Officer called the meeting to order at 10:00 a.m.

**Roll Call:**

**Members Present:** Phil Lewis, Robert Baldwin, James Sweet, Clyde Welford, Richard Schmidt, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Roger Ouwinga, Star Hughston, Bryan Kolk, Jim Maike, Paul Erickson, Robert Walker, Julie Theobald, Gary Taylor

**Staff Present:** Kevin Hughes, Sarah Oleniczak, Christine Lopez, Dr. Jennifer Morse, Christy Rivette, Mick Kramer, Anne Young, Anne Bianchi, Katy Bies

**Members Excused:** Dorothy Frederick, Dawn Fuller, Kristine Raymond, Jeff Dontz

**Approve the Agenda:** Motion by Jim Maike, seconded by Ray Steinke to approve the meeting agenda.

Motion Carried

**Election of Chair:** Nomination by Jim Maike, seconded by Phil Lewis to elect Richard Schmidt for Chair. Motion by Ray Steinke, seconded by Bryan Kolk to close nomination and elect Richard Schmidt as Chair.

Motion Carried

**Election of Vice-Chair:** Nomination by Phil Lewis, seconded by Roger Ouwinga to elect Ray Steinke as Vice-Chair. Motion by Nick Krieger, seconded by Phil Lewis to close nomination and elect Ray Steinke for Vice-Chair.

Motion Carried

**Election of Secretary:** Nomination by Nick Krieger, seconded by Jim Maike to elect Ron Bacon as Secretary. Motion by Jim Maike, seconded by Ray Steinke to close nomination and elect Ron Bacon as Secretary.

Motion Carried

**Approve the Minutes:** Motion by Ray Steinke, seconded by Ron Bacon to approve the minutes of the December 16, 2022, meeting.

Motion Carried

## **Standing Committees:**

### **Personnel Committee**

Bob Baldwin – Chair	Nick Krieger	Dorothy Frederick
Jim Maike – Vice Chair	Bob Walker	Jeff Dontz
Gary Taylor	Star Hughston	
Tom O’Neil	Kristine Raymond	

### **Finance Committee**

Bryan Kolk – Chair	Richard Schmidt	Paul Erickson
Phil Lewis – Vice Chair	Roger Ouwinga	James Sweet
Julie Theobald	Ray Steinke	
Ron Bacon	Dawn Fuller	

### **Legislative Committee**

Nick Krieger – Chair

Bob Walker

**Executive Committee**– is made up of the BOH Chair and Vice-Chair, Chairs of the Personnel & Finance Committee and past chair serving as ex-officio for one year.

**By-Laws:** By-Laws were last reviewed in 2020. Committee for future review are Julie Theobald, Phil Lewis, Ron Bacon & Ray Steinke.

**Legislative Committee** – Nick Krieger and Bob Walker will serve on the legislative committee.

**MALPH Board** - The Chair will serve as an alternate and attend the MALPH meetings in the event Hughes cannot attend.

**Public Comment:** No public comment.

### **Committee Reports:**

I. **Executive Committee:** Did not meet.

II. **Finance Committee:**

- Finance Committee did not meet.
- Christine Lopez presented the finance report through December 31, 2022, \$11,976,640.48 cash balance, total assets and liabilities of \$14,899,833.25. Increase in fund balance of \$184, 096.17. YTD total revenue of \$5,924,240.39 and YTD expenses of \$5,740,144.22, Medicaid Cost Settlement has not been reconciled yet, Cash flow projections through June, were shared.
- Accounts Payable & Payroll \$2,862,731.84.
- Copy of November 2022 Balance Sheet was also included in the Board Packet.

**Approve Accounts Payable and Payroll:** Motion by Nick Krieger, seconded by Ron Bacon to approve accounts payable and payroll.

**Roll Call:**

Phil Lewis	Yes	Ray Steinke	Yes
Bob Baldwin	Yes	Roger Ouwinga	Yes
James Sweet	Yes	Star Hughston	Yes
Clyde Welford	Yes	Bryan Kolk	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Ron Bacon	Yes	Bob Walker	Yes
Nick Krieger	Yes	Julie Theobald	Yes
Tom O'Neil	Yes	Gary Taylor	Yes

III. **Presentation** – No formal presentation this month, but the 2022 divisional accomplishment slides that were shown at the staff meeting were shared.

IV. **Personnel Committee:**

- Completed open enrollment process under new benefits administrator - Lighthouse. A meeting will be held to review the process to see if any changes are needed.

V. **Legislative Committee:**

- Day at the Capital will be held on April 11<sup>th</sup>. Please let Kevin know if you will be attending, so a room can be reserved.
- Kevin Hughes shared that Skip Pruss, founder of 5 Lakes Energy has formed a statewide sanitary code coalition to work on a potential statewide sanitary code. Efforts from this group are building off bills proposed back in 2018.

**Division Reports:**

**I. Community Health** – Christy Rivette provided updates on Community Health

- Highlights from the Community Health Division Report and 2022 Divisional accomplishments were reviewed.
- Encouraging stories from clients were shared with the Board.
- Safe Use Kit project was explained by Christy and Dr. Morse.
- Discussion on Narcan vending machines and locations.

**II. Environmental Health** – Mick Kramer provided updates on Environmental Health

- Highlights from the Environmental Health Division Report and 2022 Divisional accomplishments were reviewed.
- Food program is rebounding. Last year was a record year for plan reviews, 69.
- Process of granting variance requests was explained.

**III. Family Health Clinical** – Anne Young provided updates on Family Health Clinical

- Highlights from the Clinical Division Report and 2022 Divisional accomplishments were reviewed.
- RSV/Flu/COVID is decreasing, COVID home tests and masks available in the offices.

**IV. Family Health Home Visiting** – Anne Young provided updates on Family Health Home Visiting

- Highlights from the Home Visiting Division and 2022 Divisional accomplishments were reviewed.
- The guidelines for Hearing and Vision screenings were explained. There are currently 3 employees that service all of the schools in our jurisdiction.

**V. Family Health WIC** – Anne Bianchi provided updates on Family Health WIC

- Highlights from the WIC Division and 2022 Divisional accomplishments were reviewed.
- Discussion on USDA WIC waivers which have been extended to mid-July.
- Discussion on WIC transitioning back to regular contracted formulas effective March 1, 2023. Question as to why is there only one formula vendor and who makes that decision. Staff will get an answer back to the Board.
- WIC received final accreditation approval through spring/summer 2024.

**VI. School Health** – Katy Bies provided updates on School Health

- Highlights from the School Health Division and 2022 Divisional accomplishments reviewed.
- Question raised as to why there are no clinics listed for Lake County?
- Overview of DHD#10 and partner clinics including services offered at each site.

**Administration Reports:**

**I. Medical Director – Jennifer Morse, MD**

- Report was provided on COVID virus mutations and how the vaccines work, no action items identified for this month's report.
- Information shared on current cluster of pertussis cases in the Amish community in Lake County. There will be a vaccine and testing clinic held in Chase Township Hall, Monday from 12-4.

**II. Deputy Health Officer – Sarah Oleniczak**

- Divisional Performance Management System handout was given. It shows what the divisions will be working on in their area. Progress will be shared at the next meeting.
- Community Health Assessment report from last month's meeting was discussed. Report is now final and will be emailed to the BOH members. The report will also be posted on our website.
- Rotary Charities hosted their Stories of Change event in Traverse City last night. Erin Barrett presented on behalf of our Learning Community project funded by Rotary Charities impacting the Northwest Community Health Innovation Region. A copy of the report will be emailed to the BOH members.
- PHAB has opened our submitted materials for review, an update will be provided next month.

### **III. Health Officer – Kevin Hughes**

- EPI updates
  - No longer monitoring the Ebola outbreak or travelers from infected areas.
- PFAS updates
  - CTC site in Wexford, resampling was done, one new home was offered a filter as a result of the resampling results. Haring Township will be applying for funding from the State Revolving Fund which would allow for extension of current Haring Township municipal water system to CTC as well as some homes that are around CTC.
  - Rothbury site, 12 new wells to be drilled, environmental assessment started.
- Notification received that the mortgage on the Wexford County building has been paid off. Paperwork is being gathered to transfer ownership of the building to the county.
- Presentation will be given next month on the responsibilities of the BOH members, DHD#10 and of the Health Officer.
- Orientation will be held for new BOH members and alternates on 2/24 prior to the February Board meeting.
- Hughes will be sending an email at the end of the meeting to our legislators to share what has been covered in the monthly meeting. This will continue moving forward to create and foster relationships with our Legislators.

**Other Business:** No new business

**Public Comment:** No public comment

**Next Meeting:** The next regular meeting of the Board of Health is scheduled for February 24th, 10:00 a.m. at the Cadillac Office

**Meeting Adjourned:** Motion to adjourn made by Ray Steinke, seconded by Gary Taylor.

Richard Schmidt adjourned the meeting at 11:48 a.m.





**Report to the Boards of Health**  
Jennifer Morse, MD, MPH, FAAFP, Medical Director

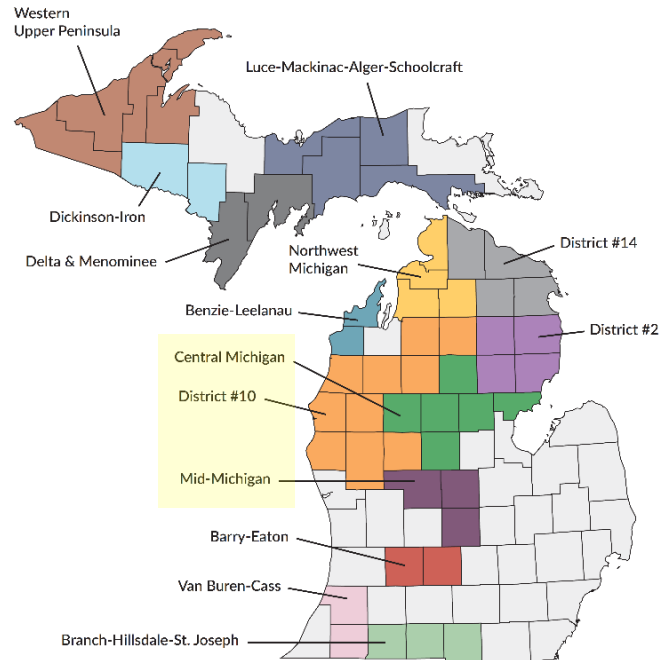
*Mid-Michigan District Health Department, Wednesday, February 22, 2023*  
*Central Michigan District Health Department, Wednesday, February 22, 2023*  
*District Health Department 10, Friday, February 24, 2023*



## ***Role of Medical Director in Local Public Health***

There are 45 local public health departments in Michigan. These health departments cover either a single county (there are 30 single county health departments), a group of counties (there are 14 district health departments), or a city (there is only one city department: Detroit). The public health code requires that each health department have either a medical health officer or a health officer and a medical director. Currently, there are only two medical health officers in the state and the remaining 43 health departments utilize the health officer/medical director model. The medical director covering the three health departments addressed by this report covers 19 counties, accounting for nearly 1/5<sup>th</sup> the square mileage of the entire state. This is more territory covered by any other medical director in Michigan.

Per the public health code, the medical director of a district health department is employed by the district board of health and must be approved by the Michigan Department of Health and Human Services (MDHHS). They must meet the following minimum requirements:



**R 325.13002, 325.13004, and R 325.13007 Medical director; qualifications.**

**A medical director shall be a physician licensed in Michigan as an M.D. or D.O. who complies with 1 of the following requirements:**

- 1) Is board certified in preventive medicine or public health, or
- 2) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice, or
- 3) Has an unexpired provisional appointment issued by the department.
  - a) A provisional appointment of a Medical director may be made for a period of not more than 3 years, if an arrangement satisfactory to the state health director is made for the fulfillment of the appropriate qualifications specified in these rules, and if during such time a qualified public health physician advisor is appointed.

**A Medical director shall comply with all of the following requirements:**

- 1) Except as provided in subdivision (3) of this rule, a medical director shall devote his or her full time to the needs of a local health department.
- 2) For purposes of this rule, "full time" means 32 hours or more per week.
- 3) If a local health department serves a population of not more than 250,000 and cannot obtain full time medical direction, the time may be reduced to not less than 16 hours per week. This exception does not apply if the medical director is covering 3 or more local health departments, even if the combined population served is not more than 250,000. Medical directors covering 3 or more local health departments must be full time, regardless of the total combined population.

The medical director provides direction in the development of medical public health policy and program planning, is responsible for developing and carrying out medical policies, procedures, and standing orders, and for advising the health officer on matters related to medical specialty judgments. The medical director provides medical direction to a wide variety of professional, paraprofessional and technical employees and programs. The work

requires independent judgment with considerable consequence of error present and must exercise considerable skill in dealing with the public and public officials.

The day-to-day activity of a medical director varies greatly depending on whether serving a rural or urban area, single county or district, one health department or several, and whether part-time or full time. Basic duties of a medical director are listed in Table One along with some examples of how the medical director for the three districts addressed by this report fulfills those duties.

**Table One: Basic Duties of Local Public Health Department Medical Director with Examples of Duties for MMDHD, CMDHD and DHD10**

<b>Duties of the Medical Director</b>	<b>Some Examples of Duties at MMDHD, CMDHD, and/or DHD10</b>
Function as part of the administrative team by providing appropriate medical input to the administrative decision-making process.	<ul style="list-style-type: none"> <li>• Attend monthly administration meetings/management meetings.</li> <li>• Attend monthly board meetings.</li> <li>• Pertinent administrative policy development and review.</li> </ul>
Actively engage local/state/national political leaders and officials to promote public health goals.	<ul style="list-style-type: none"> <li>• Promoted T21 legislation.</li> <li>• Education efforts prior to vote to legalize recreational MJ.</li> <li>• Attend meetings with political leaders re: opioids and other topics.</li> <li>• Writing resolutions re: gun safety, vaccination waivers, etc.</li> </ul>
Serve as a liaison to medical community, health care networks, and other groups.	<ul style="list-style-type: none"> <li>• Communicate with healthcare providers re: communicable diseases (CD), vaccinations, etc.</li> <li>• Provide resources, references, and data to providers as requested.</li> <li>• Give presentations to healthcare groups (ex: Rabies conference, Hepatitis C conference, Infectious Diarrhea presentation, Vaccination education).</li> <li>• Send letters and information to all healthcare providers when updates are needed about ongoing outbreaks or any changes in public health.</li> <li>• Communicate with schools and nursing homes re: CD issues.</li> <li>• Send letters and information to schools and nursing homes when updates are needed about ongoing outbreaks or changes.</li> <li>• Provide letters to schools to send home to parents re: any CD issue in schools.</li> </ul>
Represent the department on various local and state committees and special task forces and liaison to local and state organizations.	<ul style="list-style-type: none"> <li>• Member of the Statewide Drinking Water Advisory Council</li> <li>• Member of Executive Board of Region 6 Healthcare Coalition</li> <li>• Member of Michigan Family Planning Medical Advisory Committee</li> <li>• Michigan Health and Hospital Association Public Health Taskforce</li> <li>• MI Tuberculosis Elimination Plan Committee</li> <li>• Chronic Wasting Disease Education and Outreach Plan Steering Committee Member</li> </ul>
Provide medical oversight and guidance to all programs of the department.	<ul style="list-style-type: none"> <li>• Field questions from department nurses re: CD cases, immunization, test results, etc.</li> <li>• Write/review policies and procedures for all clinical activates.</li> <li>• Sign standing orders for all clinical services provided by nurses. <ul style="list-style-type: none"> <li>○ This also allows for insurance billing.</li> </ul> </li> <li>• Assist with medical aspect in other departments such as toxicology/other human health issues in EH, lead testing/management, anemia, etc. in WIC, other health related questions from community.</li> </ul>
Function as an integral member of the local Emergency Preparedness Team other public health threats.	<ul style="list-style-type: none"> <li>• Assist with writing and reviewing policies and procedures for EP, specifically medical point of dispensing countermeasures</li> <li>• Actively participate in EP exercise planning and execution</li> <li>• Received additional training in disaster live support and mass fatalities</li> </ul>
Provide direct medical services or oversight of mid-level practitioners for specific programs.	<ul style="list-style-type: none"> <li>• Provide oversight to 12 mid-level providers (nurse practitioners), one at MMDHD, three at CMDHD, and eight at DHD10 (3 in family planning, 5 in school clinics).</li> <li>• These providers work under my supervision, delegation and collaboration to practice. <ul style="list-style-type: none"> <li>○ This also allows for billing of insurance.</li> </ul> </li> <li>• Providing services in STD, family planning, women's health, children/ adolescent school-based care.</li> <li>• Provide them with clinical guidance as needed, do chart reviews, attend meetings, etc.</li> </ul>

Function as a contact person between the department and medical services at the Michigan Department of Health and Human Services and assist in translating these services into local activity.	<ul style="list-style-type: none"> <li>• Receive calls from MDHHS epidemiologists, emerging disease staff, local public health liaison etc. re: important matters that need to be addressed.</li> <li>• Receive after hours calls from MDHHS.</li> <li>• Receive calls from MDHHS program leads re: ideas for new programs.</li> <li>• Asked by MDHHS to participate in taskforces/committees.</li> <li>• Take staff concerns or local problems/needs for help to MDHHS.</li> </ul>
Advocate for public health priorities through community outreach and may serve as the spokesperson for the department by being a visible public health leader for the department.	<ul style="list-style-type: none"> <li>• Provide media interviews.</li> <li>• Give public talks and presentations.</li> <li>• Write/edit materials for public education.</li> </ul>
Serve as a mentor to new medical directors and may serve as an academic teacher or preceptor to students.	<ul style="list-style-type: none"> <li>• Provide help to newer medical directors.</li> <li>• Clinical Assistant Professor at MSU College of Human Medicine and teach public health curriculum to Rural Medicine students based in Gratiot, Clare, and Ludington County.</li> <li>• Teach classes to CMU PA students re: public health.</li> </ul>
Describe the nature of the threats, recommend corrective actions, and communicates these effectively to the Board of Health and to the consumers and providers in the county.	<ul style="list-style-type: none"> <li>• Provide monthly report to board of health.</li> <li>• Provide reports to county commissioners, other officials as needed.</li> <li>• Attend and present at community forums on public health topics.</li> </ul>
Engage in professional development and in continuing education aimed to assure public health competencies.	<ul style="list-style-type: none"> <li>• Attend annual conferences on CD, TB, epidemiology, public health, immunizations, and family planning and others.</li> <li>• Required to obtain 150 education credits every 3 years to maintain medical license.</li> <li>• Maintain board certification in family medicine.</li> </ul>

Overall, serving as a medical director for a local public health department is a very interesting and dynamic position. The medical director is a resource to the community and can be called on with questions and concerns.

If you are interested in the specific training and qualifications of the medical director for these districts, see [www.linkedin.com/in/jennifer-morse-md-mph](https://www.linkedin.com/in/jennifer-morse-md-mph) .

#### Sources:

Local Public Health Personnel, Public Health Code, Act 368 of 1978 and Rules  
[https://dtmb.state.mi.us/ORRDocs/AdminCode/385\\_10361\\_AdminCode.pdf](https://dtmb.state.mi.us/ORRDocs/AdminCode/385_10361_AdminCode.pdf)

Medical director Job Description Template

<https://malph.org/sites/default/files/files/Forums/MIS/cjsmedicaldirector%20JD.docx>

Michigan's Guide to Public Health for Local Governing Entities, 2022. [https://accreditation.localhealth.net/wp-content/uploads/2022/11/Public\\_Health\\_Guide\\_Final-Digital-Accessible.pdf](https://accreditation.localhealth.net/wp-content/uploads/2022/11/Public_Health_Guide_Final-Digital-Accessible.pdf)



**Board of Health**  
**Health Officer Report**  
February 24, 2023

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- **Epi Team Update:**
  - Information on current case counts, vaccination efforts, outbreaks and other CD related issues will be shared at the meeting.
- **PFAS Update:**
  - Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.
- **Enforcement Actions:**
  - Updates on recent enforcement actions taken by DHD#10 will be shared at the meeting.
- **Lifting of Public Health Emergency**
  - It is expected that the Public Health Emergency Order will be lifted on May 11, 2023. The ending of this order will result in changes for clients related to certain benefits they have been receiving. DHD#10 is sharing messaging with our clients on these changes so they can be prepared.
- **Opioid Settlement Funds:**
  - Counties have begun to receive their initial settlement checks.
  - A copy of the state FY 2023 Spend Plan is included in the Board Packet for your review.
- **Annual Review of Local Public Health Authority and Responsibility:**
  - An annual review of the material included in the Board Packet on the responsibilities of the Board of Health, DHD#10 and the Health Officer will be covered during the February Meeting.

*Respectfully submitted:*  
Kevin Hughes, MA  
Health Officer



# OPIOIDS SETTLEMENT: FY2023 SPEND PLAN

## PROPOSED EFFORTS

MDHHS has developed a proposed Opioid Settlement Spend Plan for the State of Michigan's Fiscal Year (FY) 2023 funding that has been driven by data, including the [Opioid Settlement Prioritization Survey 2021–22](#), as well as ongoing programming needs and gaps due to federal funding restrictions. Proposed FY23 Spend Plan efforts relate to MDHHS' overarching goal to reduce harm associated with the opioid crisis. A brief overview of key efforts and investments are summarized below.



### TREATMENT

- Invest in initiatives aimed to increase substance use disorder (SUD) treatment capacity, such as workforce training and loan repayment incentives, and infrastructure grants.
- Invest in capacity building for evidence-based practices for stimulant and polysubstance use.



### PREVENTION

- Increase awareness and education around adverse child experiences (ACEs) by exploring ways to impact or reduce ACEs by bringing awareness to the relationship between ACEs and SUDs and implementing evidence-based primary prevention programming with a goal to foster positive experiences and health outcomes at the individual, family and community levels.
- Expand Quick Response Teams, a collaborative and community-led initiative that focuses on promoting pathways to treatment and recovery and preventing fatal drug overdoses. The expansion of this initiative aims to increase presence in rural counties, homeless populations and parents exiting criminal justice systems.



### RECOVERY

- Expand recovery housing sites to offer stable, safe and sober housing options that are critical to those in recovery.
- Provide grant opportunities to Recovery Community Organizations that help ensure community supports are available for those in recovery.



### HARM REDUCTION

- Invest in resources that reduce harm associated with substance use, such as overdose and infectious disease. Continue to fund the MDHHS Naloxone portal, which supplies an overdose reversal medication to community organizations, as well as syringe service programs, which provide access to supplies including, but not limited to, fentanyl test strips, naloxone and sterile syringes.



### CRIMINAL-LEGAL

- Support the provision of Medications to treat Opioid Use Disorder in jails and prisons, which are medications that have been proven to reduce the risk of overdose.



### PREGNANT & PARENTING

- Expand capacity in hospitals to support “Rooming In,” where mothers with infants experiencing Neonatal Abstinence Syndrome can stay together promoting recovery and family preservation.
- Expand the implementation of evidenced-based screening tools designed to identify SUDs in pregnant women; to be used in prenatal clinics across the state.
- Invest in supports for families vulnerable to child removal due to involvement with substance use, with the goal of reducing the rate of children removed from family homes and supporting family recovery and family reunification.



### DATA

- Allow state-level data infrastructure investments with settlement funds for critical data capturing and monitoring.



### EQUITY

- Fund recommendations of the Opioid Task Force’s Racial Equity Workgroup to reduce disparities in substance use.



### LOCAL GOVERNMENT TECHNICAL ASSISTANCE & RESOURCES

- Funds will allow experts from Michigan State University, University of Michigan and Wayne State University to provide technical assistance to interested communities regarding best practices for addressing opioid use disorders. The universities will also be able to provide technical assistance in tailoring programs to vulnerable populations, such as the justice-involved and pregnant and parenting populations.
- Create an Opioid Settlement website that will serve as a resource hub for local governments to utilize as they determine how to invest their settlement allocations.



### ADMINISTRATION

- Invest approximately 5% of all settlement dollars to fund the necessary staff to successfully implement projects related to the settlement dollars. This follows requirements of Substance Abuse and Mental Health Services Administration grants that has historically been sufficient to administer funds while maximizing service dollars.

FOR MORE INFORMATION, VISIT [MICHIGAN.GOV/OPIOIDS](https://michigan.gov/opioids).



Local Governing Entity Authority/Action	Reference <sup>8,9</sup>
Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.	MCL 333.2433 (2) (b)
<p>Make investigations and inquiries as to:</p> <ul style="list-style-type: none"> <li>• The causes of disease and especially of epidemics.</li> <li>• The causes of morbidity and mortality.</li> <li>• The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.</li> </ul>	MCL 333.2433 (2) (c)
Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.	MCL 333.2433 (2) (d)
Provide or demonstrate the provision of required services as set forth in section 2473(2).	MCL 333.2433 (2) (e)
Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.	MCL 333.2433 (2) (g)
May adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department.	MCL 333.2441 (1)
A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.	MCL 333.2473 (2)
Submit annually to the SHD a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides.	MCL 333.2484 code
Participate in the Michigan Local Public Health Accreditation Program.	Contract with MDHHS

## Key Local Governing Entity Public Health Responsibilities

The following table represents a partial listing of key public health responsibilities of a local governing entity as quoted directly from the original source cited in the right-hand column.

**Figure 6.** Key Public Health Responsibilities of a Local Governing Entity

Local Governing Entity Authority/Action	Reference <sup>8,9</sup>
Except if a district health department is created pursuant to section 2415, the LGE of a county shall provide for a county health department which meets the requirements of this part and may appoint a county board of health.	MCL 333.2413 code
It should be noted that the appointment of a county board of health (except where there is a district health department) has been made optional. Multiple single county boards of health are a hybrid of advisory with minimal decision autonomy delegated by the BOC.	MCL 333.2413 commentary
Administration and governance of public health at the local level.	MCL 333.2413 commentary
Provide the funds and approve the budget for operation of the LHD.	MCL 333.2413 & MCL 333.2483 commentary
Composition of district health board, if applicable.	MCL 333.2415 code
Appoint a full-time local health officer who meets requirements set by SHD.	MCL 333.2428 commentary
Concurrence or disapproval authorizing LHD to adopt regulations.	MCL 333.2441 & 333.2442 commentary
Fix and require payment of fees for services authorized or required to be performed by the local health department.	MCL 333.2444 code
[An LHD and its] local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.	MCL 333.2473 (2) code

**Figure 8. Key Public Health Responsibilities**

Local Governing Entity Authority/Action	Reference <sup>8,9</sup>
Have a plan of organization approved by SHD.	MCL 333.2431 (1) (a)
Demonstrate ability to provide required services.	MCL 333.2431 (1) (b)
Demonstrate ability to defend and indemnify employee for civil liability sustained in the performance of official duties except for wanton and willful misconduct.	MCL 333.2431 (1) (c)
Report to the SHD at least annually on its activities, including information required by the department.	MCL 333.2431 (2)
<p>Shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs;</p> <p>Required services designated pursuant to part 23 shall be directed at the following specific objectives:</p> <ul style="list-style-type: none"> <li>• Prevention and control of environmental health hazards.</li> <li>• Prevention and control of diseases.</li> <li>• Prevention and control of health problems of particularly vulnerable population groups.</li> <li>• Development of health care facilities and agencies and health services delivery systems.</li> <li>• Regulation of health care facilities and agencies and health services delivery systems to the extent provided by state law.</li> </ul>	MCL 333.2433 (1) and MCL 333.2473 (1)
Implement and enforce laws for which responsibility is vested in the local health department.	MCL 333.2433 (2) (a)





## SUMMARY OF AUTHORITY AND ACTIONS REGARDING PUBLIC HEALTH EMERGENCIES

### Issue Brief

## Michigan Public Health Code

Michigan's Public Health Code and Communicable Disease Rules provide an array of actions that state and local health officers can use to respond to a public health emergency. This document is intended to assist health officers and their attorneys by identifying potential actions and linking to the applicable law. Though the details of this document apply only in Michigan, the legal provisions likely have similar counterparts in all other states. Lawyers in other states may have developed, or could develop, comparable summaries for their states. You may wish to talk with your attorney, or visit the [Public Health Lawyer Directory](#) to find a public health attorney in your state.

	AUTHORITY/ACTION	LAW <sup>1</sup>	COMMENTS
1	Imminent Danger Order	§ <a href="#">2251</a> § <a href="#">2451</a>	<ul style="list-style-type: none"> <li>• Issued by State Health Director or Local Health Officer</li> <li>• Requires determination of “imminent danger”, i.e. a condition or practice exists 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</li> <li>• May require immediate action to avoid, correct, or remove imminent danger</li> <li>• If Director determines that conditions anywhere in state constitute a menace to the public health, Director may take full charge of the administration of applicable state and local health laws, rules, regulations, and ordinances</li> <li>• Petition filed in circuit court for an order to compel compliance</li> </ul>
2	Emergency Order to Control Epidemic	§ <a href="#">2253</a> § <a href="#">2453</a>	<ul style="list-style-type: none"> <li>• Issued by State Health Director or Local Health Officer</li> <li>• May prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic</li> <li>• Unlike Warning Notice (described below) may be issued to a class of persons</li> <li>• May be used to direct mass immunization (§ <a href="#">9203</a>)</li> <li>• Petition filed in circuit court for an order to compel compliance</li> </ul>
3	Order to Abate a Nuisance	§ <a href="#">2455</a>	<ul style="list-style-type: none"> <li>• Issued by State Health Director or Local Health Officer against owner of property</li> <li>• If property owner does not comply, may remove nuisance and charge owner</li> <li>• May seek warrant from court for assistance from law enforcement to remove nuisance</li> </ul>
4	Procedures for Control of Disease	<a href="#">Rule 175</a>	<ul style="list-style-type: none"> <li>• A physician or other person who attends to a case of communicable disease shall arrange for appropriate barrier precautions, treatment, or isolation if needed to prevent the spread of infection. The physician or other person may request necessary information on appropriate precautionary measures from the Local Health Officer or the department.</li> <li>• A Local Health Officer or the State Health Director may institute appropriate isolation or other barrier precautions for a case or suspected case of disease, infection or other condition as necessary to protect the public health.</li> </ul>



	Procedures for Control of Disease, cont.		<ul style="list-style-type: none"> <li>• Upon reasonable suspicion that a student has a communicable disease, a school official may exclude the student for a period sufficient to obtain a determination by a physician or Local Health Officer as to the presence of a communicable disease.</li> <li>• A Local Health Officer may initiate the exclusion from school or group programs of a student or individual who has a communicable disease. A student or individual may be returned when a physician or Local Health Officer indicates that the individual does not represent a risk to others.</li> <li>• When a Local Health Officer confirms or reasonably suspects that a student or individual attending a school or group program has a communicable disease, he/she may exclude from attendance any individuals lacking documentation of immunity or otherwise considered susceptible to the disease until the Health Officer deems there to be no likely further risk of disease spread.</li> </ul>
5	Inspection or Investigation Authority	<a href="#">§ 2221(2)(d)</a> <a href="#">§ 2241(1)</a> <a href="#">§ 2433(2)(c)</a> <a href="#">§ 2446</a> <a href="#">Rule 174</a>	<ul style="list-style-type: none"> <li>• State and local health departments are authorized to inspect or investigate: <ul style="list-style-type: none"> <li>– A suspected outbreak or exposure</li> <li>– Any matter, thing, premises, place, person, record, vehicle, incident, or event</li> </ul> </li> <li>• State and local health investigators to be provided with medical and epidemiological pertaining to individuals who have, are suspected of having, or may have been exposed to a disease or condition of public health significance</li> <li>• State and local investigators may obtain human, animal, environmental or other types of specimens, or cause specimens to be obtained by appropriate means, in the course of an investigation of a reported disease, infection, or condition.</li> </ul>
6	Inspection or Investigative Warrant	<a href="#">§§ 2241-2247</a> <a href="#">§ 2446</a>	<ul style="list-style-type: none"> <li>• Application for warrant may be filed by State or Local Health Department</li> <li>• Issued by Magistrate based on facts stated in affidavit</li> <li>• May authorize property to be seized</li> <li>• May direct law enforcement to assist health department in inspection or investigation</li> </ul>
7	Criminal Prosecution	<a href="#">§ 2261</a> <a href="#">§ 2443</a>	<ul style="list-style-type: none"> <li>• A person who violates a rule or order of the Department or Local Health Officer is guilty of a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200, or both</li> <li>• Individual may be arrested if violation occurs in the presence of a police officer or a police officer has reasonable cause to believe individual has violated rule or order (<a href="#">MCL 764.15(1)</a>)</li> </ul>
8	Injunction	<a href="#">§ 2255</a> <a href="#">§ 2465</a>	<ul style="list-style-type: none"> <li>• State Health Director or Local Health Director may maintain action</li> <li>• May seek court order to restrain, prevent, or correct: <ul style="list-style-type: none"> <li>– A violation of a law, rule or order that health department has duty to enforce</li> <li>– An activity or condition that health department believes adversely affects the public health</li> </ul> </li> </ul>
9	Warning Notice (for involuntary detention and treatment of individuals)	<a href="#">§ 2453(2)</a> <a href="#">§§ 5201 - 5205</a>	<ul style="list-style-type: none"> <li>• Shall be issued by state health department representative or Local Health Officer upon a determination that individual: <ul style="list-style-type: none"> <li>– Is or is reasonably believed to be a carrier of a specific infectious agent or serious communicable disease or infection</li> <li>– Has demonstrated inability or unwillingness to act in a manner that does not put others at risk of exposure</li> </ul> </li> <li>• Must be in writing (may be verbal in urgent circumstances, followed by a written notice within 3 days)</li> <li>• Must be specific and individual, cannot be issued to a class of persons</li> <li>• Must require individual to cooperate with health department in efforts to control spread of disease</li> <li>• May require individual to participate in education, counseling, or treatment programs, and to undergo medical tests to verify carrier status</li> <li>• Must inform individual that if individual fails to comply with Warning Notice, health department shall seek court order</li> </ul>

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<b>10</b> Court Order for Detaining, Transporting, Testing, or Treating Carrier of Infectious Disease	§ <a href="#">2453(2)</a> §§ <a href="#">5205 - 5207</a>	<ul style="list-style-type: none"> <li>• If individual fails or refused to comply with Warning Notice (see discussion above), health department must petition Circuit Court (Family Division) for order requiring testing, treatment, education, counseling, commitment, isolation, etc., as appropriate             <ul style="list-style-type: none"> <li>– Individual has right to evidentiary hearing</li> <li>– Health department must prove allegations by clear and convincing evidence</li> <li>– Individual has right to appeal and review by Court of Appeals within 30 days</li> <li>– Before committing individual to a facility, court must consider recommendation of a commitment panel, and commitment order must be reviewed periodically</li> </ul> </li> <li>• In an emergency, health department may go straight to court (without issuing Warning Notice). Upon filing of affidavit by health department, court may order that individual be taken into custody and transported to an appropriate emergency care or treatment facility for observation, examination, testing diagnosis, treatment, or temporary detention             <ul style="list-style-type: none"> <li>– Court must have reasonable cause to believe that individual is a carrier and health threat to others</li> <li>– Emergency order may be issued <i>ex parte</i></li> <li>– Hearing on temporary detainment order must be held within 72 hours (excluding weekends and holidays)</li> </ul> </li> <li>• Individual who is subject of either emergency proceedings or petition on a Warning Notice has right to counsel at all stages of proceedings. Indigent individual is entitled to appointed counsel</li> <li>• For forms approved by the Michigan Supreme Court Administrative Office for use in commitment or testing for infectious disease, go to <a href="http://courts.mi.gov/Administration/SCAO/Forms/Pages/Infectious-Disease.aspx">http://courts.mi.gov/Administration/SCAO/Forms/Pages/Infectious-Disease.aspx</a>.</li> </ul>
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## SUPPORTERS



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This document was first developed by Denise Chrysler, J.D., Director for the Network for Public Health Law - Mid-States Region at the University of Michigan School of Public Health, while employed by Michigan's state health department (then the Michigan Department of Community Health). Thank you to MDCH for its permission to update and make this tool available. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

<sup>1</sup> Refers to section of Public Health Code, [MCL 333.1101 et seq.](#) or communicable disease rules, Michigan Administrative Code, [R 325.171 et seq.](#), promulgated under the Code (§§ [2226\(d\)](#), [2435\(d\)](#), and [5111](#)).





## Key Health Officer Responsibilities

The following table represents a partial listing of key public health responsibilities of health officers as quoted directly from the original source and cited in the right-hand column.

**Figure 9.** Key Health Officer Responsibilities

Local Governing Entity Authority/Action	Reference <sup>89</sup>
Responsible for the planning, implementation, and evaluation of a public health program designed to prevent disease and disability and promote health.	MDHHS Administrative Rule R325.13001
Administrator responsible for performing the duties assigned or delegated to the local health department.	MCL 333.2428 commentary
Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the LHD and which are not otherwise prohibited bylaw.	MCL 333.2433 (2) (f) code
Issues an emergency order to control an epidemic.	MCL 333.2453 code
Order to abate a nuisance.	MCL 333.2455 code
May order an autopsy where necessary to carry out the functions vested in a local health department by this code.	MCL 333.2855 code
Inform a marriage license applicant of a potential spouse's positive HIV test result; partner notification.	MCL 333.5119 and MCL 333.5131 code
Issue a warning to an individual deemed a health threat to others.	MCL 333.5203 code
Protect public health in an emergency.	MCL 333.5207 code