

Michigan Register

Issue No. 11– 2016 (Published July 1, 2016)



GRAPHIC IMAGES IN THE MICHIGAN REGISTER

COVER DRAWING

Michigan State Capitol:

This image, with flags flying to indicate that both chambers of the legislature are in session, may have originated as an etching based on a drawing or a photograph. The artist is unknown. The drawing predates the placement of the statue of Austin T. Blair on the capitol grounds in 1898.

(Michigan State Archives)

PAGE GRAPHICS

Capitol Dome:

The architectural rendering of the Michigan State Capitol's dome is the work of Elijah E. Myers, the building's renowned architect. Myers inked the rendering on linen in late 1871 or early 1872. Myers' fine draftsmanship, the hallmark of his work, is clearly evident.

Because of their size, few architectural renderings of the 19th century have survived. Michigan is fortunate that many of Myers' designs for the Capitol were found in the building's attic in the 1950's. As part of the state's 1987 sesquicentennial celebration, they were conserved and deposited in the Michigan State Archives.

(Michigan State Archives)

East Elevation of the Michigan State Capitol:

When Myers' drawings were discovered in the 1950's, this view of the Capitol – the one most familiar to Michigan citizens – was missing. During the building's recent restoration (1989-1992), this drawing was commissioned to recreate the architect's original rendering of the east (front) elevation.

(Michigan Capitol Committee)

Michigan Register

Published pursuant to § 24.208 of
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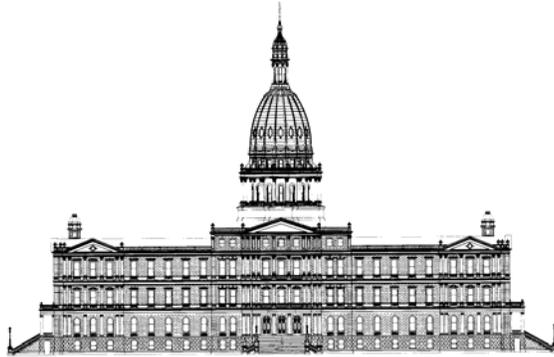
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Rick Snyder, Governor



Brian Calley, Lieutenant Governor

PREFACE

PUBLICATION AND CONTENTS OF THE MICHIGAN REGISTER

The Office of Regulatory Reform publishes the *Michigan Register*.

While several statutory provisions address the publication and contents of the *Michigan Register*, two are of particular importance.

24.208 Michigan register; publication; cumulative index; contents; public subscription; fee; synopsis of proposed rule or guideline; transmitting copies to office of regulatory reform.

Sec. 8.

(1) The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

- (a) Executive orders and executive reorganization orders.
- (b) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills signed into law by the governor during the calendar year and the corresponding public act numbers.
- (c) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills vetoed by the governor during the calendar year.
- (d) Proposed administrative rules.
- (e) Notices of public hearings on proposed administrative rules.
- (f) Administrative rules filed with the secretary of state.
- (g) Emergency rules filed with the secretary of state.
- (h) Notice of proposed and adopted agency guidelines.
- (i) Other official information considered necessary or appropriate by the office of regulatory reform.
- (j) Attorney general opinions.
- (k) All of the items listed in section 7(m) after final approval by the certificate of need commission under section 22215 of the public health code, 1978 PA 368, MCL 333.22215.

(2) The office of regulatory reform shall publish a cumulative index for the Michigan register.

(3) The Michigan register shall be available for public subscription at a fee reasonably calculated to cover publication and distribution costs.

(4) If publication of an agency's proposed rule or guideline or an item described in subsection (1)(k) would be unreasonably expensive or lengthy, the office of regulatory reform may publish a brief synopsis of the proposed rule or guideline or item described in subsection (1)(k), including information on how to obtain a complete copy of the proposed rule or guideline or item described in subsection (1)(k) from the agency at no cost.

(5) An agency shall electronically transmit a copy of the proposed rules and notice of public hearing to the office of regulatory reform for publication in the Michigan register.

4.1203 Michigan register fund; creation; administration; expenditures; disposition of money received from sale of Michigan register and amounts paid by state agencies; use of fund; price of Michigan register; availability of text on internet; copyright or other proprietary interest; fee prohibited; definition.

Sec. 203.

- (1) The Michigan register fund is created in the state treasury and shall be administered by the office of regulatory reform. The fund shall be expended only as provided in this section.
- (2) The money received from the sale of the Michigan register, along with those amounts paid by state agencies pursuant to section 57 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.257, shall be deposited with the state treasurer and credited to the Michigan register fund.
- (3) The Michigan register fund shall be used to pay the costs of preparing, printing, and distributing the Michigan register.
- (4) The department of management and budget shall sell copies of the Michigan register at a price determined by the office of regulatory reform not to exceed the cost of preparation, printing, and distribution.
- (5) Notwithstanding section 204, beginning January 1, 2001, the office of regulatory reform shall make the text of the Michigan register available to the public on the internet.
- (6) The information described in subsection (5) that is maintained by the office of regulatory reform shall be made available in the shortest feasible time after the information is available. The information described in subsection (5) that is not maintained by the office of regulatory reform shall be made available in the shortest feasible time after it is made available to the office of regulatory reform.
- (7) Subsection (5) does not alter or relinquish any copyright or other proprietary interest or entitlement of this state relating to any of the information made available under subsection (5).
- (8) The office of regulatory reform shall not charge a fee for providing the Michigan register on the internet as provided in subsection (5).
- (9) As used in this section, "Michigan register" means that term as defined in section 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.205.

CITATION TO THE MICHIGAN REGISTER

The *Michigan Register* is cited by year and issue number. For example, 2001 MR 1 refers to the year of issue (2001) and the issue number (1).

CLOSING DATES AND PUBLICATION SCHEDULE

The deadlines for submitting documents to the Office of Regulatory Reinvention for publication in the *Michigan Register* are the first and fifteenth days of each calendar month, unless the submission day falls on a Saturday, Sunday, or legal holiday, in which event the deadline is extended to include the next day which is not a Saturday, Sunday, or legal holiday. Documents filed or received after 5:00 p.m. on the closing date of a filing period will appear in the succeeding issue of the *Michigan Register*.

The Office of Regulatory Reinvention is not responsible for the editing and proofreading of documents submitted for publication.

Documents submitted for publication should be delivered or mailed in an electronic format to the following address: MICHIGAN REGISTER, Office of Regulatory Reinvention, Ottawa Building – Second Floor, 611 W. Ottawa Street, Lansing, MI 48909.

RELATIONSHIP TO THE MICHIGAN ADMINISTRATIVE CODE

The *Michigan Administrative Code* (1979 edition), which contains all permanent administrative rules in effect as of December 1979, was, during the period 1980-83, updated each calendar quarter with the publication of a paperback supplement. An annual supplement contained those permanent rules, which had appeared in the 4 quarterly supplements covering that year.

Quarterly supplements to the Code were discontinued in January 1984, and replaced by the monthly publication of permanent rules and emergency rules in the *Michigan Register*. Annual supplements have included the full text of those permanent rules that appear in the twelve monthly issues of the *Register* during a given calendar year. Emergency rules published in an issue of the *Register* are noted in the annual supplement to the Code.

SUBSCRIPTIONS AND DISTRIBUTION

The *Michigan Register*, a publication of the State of Michigan, is available for public subscription at a cost of \$400.00 per year. Submit subscription requests to: Office of Regulatory Reinvention, Ottawa Building – Second Floor, 611 W. Ottawa Street, Lansing, MI 48909. Checks Payable: State of Michigan. Any questions should be directed to the Office of Regulatory Reinvention (517) 335-8658.

INTERNET ACCESS

The *Michigan Register* can be viewed free of charge on the Internet web site of the Office of Regulatory Reinvention: www.michigan.gov/orr.

Issue 2000-3 and all subsequent editions of the *Michigan Register* can be viewed on the Office of Regulatory Reinvention Internet web site. The electronic version of the *Register* can be navigated using the blue highlighted links found in the Contents section. Clicking on a highlighted title will take the reader to related text, clicking on a highlighted header above the text will return the reader to the Contents section.

Mike Zimmer, Director
Licensing and Regulatory Affairs

2016 PUBLICATION SCHEDULE

Issue No.	Closing Date for Filing or Submission Of Documents (5 p.m.)	Publication Date
1	January 15, 2016	February 1, 2016
2	February 1, 2016	February 15, 2016
3	February 15, 2016	March 1, 2016
4	March 1, 2016	March 15, 2016
5	March 15, 2016	April 1, 2016
6	April 1, 2016	April 15, 2016
7	April 15, 2016	May 1, 2016
8	May 1, 2016	May 15, 2016
9	May 15, 2016	June 1, 2016
10	June 1, 2016	June 15, 2016
11	June 15, 2016	July 1, 2016
12	July 1, 2016	July 15, 2016
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14	August 1, 2016	August 15, 2016
15	August 15, 2016	September 1, 2016
16	September 1, 2016	September 15, 2016
17	September 15, 2016	October 1, 2016
18	October 1, 2016	October 15, 2016
19	October 15, 2016	November 1, 2016
20	November 1, 2016	November 15, 2016
21	November 15, 2016	December 1, 2016
22	December 1, 2016	December 15, 2016
23	December 15, 2016	January 1, 2017
24	January 1, 2017	January 15, 2017

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**ADMINISTRATIVE RULES
FILED WITH THE SECRETARY OF STATE**

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reinvention shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(f) Administrative rules filed with the secretary of state.”

ADMINISTRATIVE RULES

DEPARTMENT OF ENVIRONMENTAL QUALITY

AIR QUALITY DIVISION

PART 4. EMISSION LIMITATIONS AND PROHIBITIONS – SULFUR-BEARING
COMPOUNDS

Filed with the Secretary of State on June 14, 2016

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45(a) of the 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of the Department of Environmental Quality by sections 5503 and 5512 of 1994 PA 451, MCL 324.5503 and 324.5512.)

R 336.1430 is added to the Michigan Administrative Code.

R 336.1430 Emission of SO₂ from United States Steel, Great Lakes Works.

Rule 430. (1) The provisions in this rule supersede the requirements of R 336.1407 that apply to United States Steel, Great Lakes Works reheat furnaces and Zug Island boilers as referenced in subrules (2) and (3) of this rule.

(2) All of the following apply to United States Steel, Great Lakes Works, 80” hot strip mill reheat furnaces:

(a) On and after December 31, 2016, the combined SO₂ emission rate from the 5 reheat furnaces shall not exceed 148 pounds per hour, based on a 1-hour average starting on the hour for each clock-hour.

(b) On and after December 31, 2016, the company shall install, calibrate, maintain, and operate in a manner approved by the department devices to separately monitor and record the coke oven gas and natural gas usage rates, in cubic feet per hour, for the 5 reheat furnaces combined for each hour of operation. The 5 furnaces shall be equipped with a common coke oven gas usage meter and a common natural gas usage meter. The company shall keep the usage rate records on file at the facility for a period of 5 years, in a format acceptable to the department, and make them available to the department upon request.

(c) On and after December 31, 2016, the company shall compile hourly SO₂ emission rate calculations for the 5 reheat furnaces combined in pounds per hour, for each hour of operation. Emission rates shall be determined using the method specified in subrule (3)(g) of this rule. The company shall keep the records of the calculations on file at the facility for a period of 5 years, in a format acceptable to the department, and make them available to the department upon request.

(d) Not later than June 30, 2017, the company shall conduct SO₂ emission stack tests of the reheat furnaces, based on testing of a representative furnace. Not less than 30 days before testing, a complete stack test protocol shall be submitted to the department for approval. The final plan must be approved by the department before testing. Verification of emission rates includes the submittal of a complete report of the test results to the department within 60 days following the

last date of the test. The company shall keep the records of the test on file at the facility for a period of 5 years, in a format acceptable to the department, and make them available to the department upon request.

(e) On and after September 15, 2017, the company shall submit an excess emission report in an acceptable format to the department semiannually. The report shall be submitted by September 15 for the January 1 to June 30 reporting period, and by March 15 for the July 1 to December 31 reporting period. The excess emission report shall include the following information:

(A) A report of each exceedance above the SO₂ limitation including the date, time, magnitude, cause, and corrective actions for all occurrences during the reporting period.

(B) A report of all periods of fuel gas usage rate monitoring system downtime and corrective action.

(C) If no SO₂ limitation exceedance and no fuel gas usage rate monitoring system downtime occurred during the reporting period, the company shall report that fact.

(3) All of the following apply to United States Steel, Great Lakes Works, Zug Island boiler houses number 1 and 2:

(a) The following limits shall be met on and after December 31, 2016:

(i) The combined SO₂ emission rate from the number 1 boiler house boilers 1 to 5 shall not exceed 15 pounds per hour, based on a 1-hour average starting on the hour for each clock-hour.

(ii) The combined SO₂ emission rate from the number 2 boiler house boilers 1 to 5 shall not exceed 21 pounds per hour, based on a 1-hour average starting on the hour for each clock-hour.

(iii) The maximum hydrogen sulfide content of the blast furnace gas fired in the boilers shall not exceed .0274 grains per dry standard cubic foot, based on a 1-hour average starting on the hour for each clock-hour.

(b) The type of fuels burned in the boilers shall be restricted to blast furnace gas, coke oven gas, and natural gas.

(c) On and after December 31, 2016, the company shall install, calibrate, maintain, and operate in a manner approved by the department devices to separately monitor and record the coke oven gas, blast furnace gas, and natural gas usage rates in cubic feet per hour for the combined number 1 boiler house boilers and for the combined number 2 boiler house boilers for each hour of operation. The company shall keep the usage rate records on file at the facility for a period of 5 years, in a format acceptable to the department, and make them available to the department upon request.

(d) On and after December 31, 2016, the company shall install, calibrate, maintain, and operate in a manner approved by the department devices to monitor and record the blast furnace gas hydrogen sulfide content in grains per cubic foot for the blast furnace gas fired in the number 1 boiler house boilers 1 to 5 and in the number 2 boiler house boilers 1 to 5 on a continuous basis to determine the 1-hour average hydrogen sulfide concentration in the blast furnace gas for each hour of operation. The company shall keep the records of the hydrogen sulfide content on file at the facility for a period of 5 years, in a format acceptable to the department, and make them available to the department upon request.

(e) On and after December 31, 2016, the company shall compile hourly SO₂ emission rate calculations separately for the combined number 1 boiler house boilers 1 to 5 and for the combined number 2 boiler house boilers 1 to 5 for each hour of operation. Emission rates shall be determined using the method specified in subdivision (g) of the subrule. The company shall keep the calculation records on file at the facility, for a period of 5 years, in a format acceptable to the department, and make them available to the department upon request.

(f) On and after September 15, 2017, the company shall submit an excess emission report in an acceptable format to the department semiannually. The report shall be submitted by September 15 for the January 1 to June 30 reporting period, and by March 15 for the July 1 to December 31 reporting period. The excess emission report shall include the following information:

(i) A report of each exceedance above the SO₂ and/or hydrogen sulfide limitations including the date, time, magnitude, cause, and corrective actions for all occurrences during the reporting period.

(ii) A report of all periods of fuel gas usage rate monitoring system and/or fuel gas hydrogen sulfide monitoring system downtime and corrective action.

(iii) If no SO₂ and/or hydrogen sulfide limitation exceedances, no fuel gas usage rate monitoring system downtime, or no fuel gas hydrogen sulfide monitoring system downtime occurred during the reporting period, the company shall report that fact.

g) The company shall determine the average hourly SO₂ emission rate for the group of 5 furnaces or boilers grouped as number 1 boiler house or number 2 boiler house boilers subject to subrule (2) or (3) of this rule as specified below or by a method approved by the department as required in subrule (4) of this rule:

$$\text{HOURLY RATE (lbs SO}_2\text{/hour)} = [\text{COG (1000 ft}^3\text{/hour)} * (0.702 \text{ lbs SO}_2 / 1000 \text{ ft}^3) + \text{BFG (ft}^3\text{/hr)} * \text{H}_2\text{S (gr/ft}^3 \text{ BFG)} * (1 \text{ lb H}_2\text{S} / 7,000 \text{ gr H}_2\text{S)} * (1.88 \text{ lb SO}_2 / \text{lb H}_2\text{S)} + \text{NG (1,000,000 ft}^3\text{/hr)} * (0.6 \text{ lb SO}_2 / 1,000,000 \text{ ft}^3)]$$

Where:

HOURLY RATE = boiler house group or furnace group emission rate (lbs SO₂/hour).

COG = actual volume of coke oven gas consumed (1000 ft³ per clock-hour) in a furnace group or boiler house group.

BFG = actual volume of blast furnace gas consumed (ft³ per clock-hour) in a furnace group or boiler house group.

NG = actual volume of natural gas consumed (1,000,000 ft³ per clock-hour) in a furnace group or boiler house group.

H₂S = actual concentration of hydrogen sulfide in BFG (gr/ft³) determined on a 1-hour average basis for each clock-hour of operation.

(h) Not later than June 30, 2017, the company shall conduct SO₂ emission stack tests of a representative boiler in number 1 boiler house and of a representative boiler in number 2 boiler house. Not less than 30 days before to testing, a complete stack test protocol must be submitted to the department for approval. The final plan must be approved by the department before testing. Verification of emission rates includes the submittal of a complete report of the test results to the department within 60 days following the last date of the test. The company shall keep the records of the test on file at the facility for a period of 5 years, in a format acceptable to the department, and make them available to the department upon request.

(4) The emission rate limits in subrules (2)(a) and (3)(a) of this rule, or equivalent limits as determined by dispersion modeled SO₂ impacts, may be met with several different control methods including sulfur dioxide flue gas emission controls, blending of alternate lower sulfur

content fuels with currently used fuels, application of fuel desulfurization control to the currently used coke oven gas and blast furnace gas, use of improved dispersion techniques such as use of taller exhaust stacks, or a combination of these and/or other control measures. By August 31, 2016, the company shall submit to the MDEQ for approval the control methods, control efficiencies as appropriate, and associated testing, recordkeeping and reporting methods that the company will use to comply with this rule.

ADMINISTRATIVE RULES

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

PESTICIDE AND PLANT PESTICIDE MANAGEMENT DIVISION

REGULATION NO. 619. FRUIT TREE SCIONWOOD, UNDERSTOCK, AND NURSERY STOCK

Filed with the Secretary of State on June 8, 2016

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45a(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of agriculture by section 286.223a of 1931 PA 189 and transferred to the Department of Agriculture and Rural Development by Executive Order 2011-2.)

R 285.619.22 of the Michigan Administrative Code is amended.

R 285.619.22 Nursery stock, scionwood, understock, and seed; certification.

Rule 22. (1) Finished nursery stock and clonal understocks of apple, cherry, or plum shall be labeled as and certified true to variety by the nursery as a prerequisite for certification under these rules.

(2) Scionwood, understock seed, or understocks certified by the plant regulatory official of the state of origin by procedures comparable to those provided by these rules and acceptable to the department are considered certified.

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

CONSTRUCTION SAFETY STANDARDS

Filed with the Secretary of State on June 8, 2016

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45a(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 19 and 21 of 1974 PA 154, MCL 408.1019 and 408.1021 and Executive Reorganization Order Nos. 1996-2, 2003-1, 2008-4, and 2011-4, MCL 445.2001, 445.2011, 445.2025, and 445.2030)

R 408.42101, R 408.42128, R 408.42150, R 408.42154, R 408.42156, and R 408.42157 of the Administrative Code are amended, and R 408.42110 is added, as follows:

PART 21. GUARDING OF WALKING AND WORKING AREAS

R 408.42101 Scope.

Rule 2101. This standard pertains to the construction and use of guardrails, stairways, ramps, and runways for the protection of employees during construction operations. It also applies to all stairways that are used in the construction, alteration, repair, including painting and decorating, and demolition of workplaces and when stairways are required to be provided.

R 408.42110 Referenced standards.

Rule 2110. The following Michigan occupational safety and health standards (MIOSHA) are referenced in these rules. Up to 5 copies of these standards may be obtained at no charge from the Michigan Department of Licensing and Regulatory Affairs, MIOSHA Regulatory Services Section, 530 West Allegan Street, P.O. Box 30643, Lansing, Michigan, 48909-8143 or via the internet at: www.michigan.gov/mioshastandards. For quantities greater than 5, the cost, at the time of adoption of these rules, is 4 cents per page.

(a) Construction Safety Standard Part 12 “Scaffold and Scaffold Platforms,” R 408.42101 to R 408.42160.

(b) Construction Safety Standard Part 22 “Signals, Signs, Tags, and Barricades,” R 408.42201 to R 408.42243.

R 408.42128 Stairway protection systems.

Rule 2128. Employers shall provide and install all stairway fall protection systems required by this standard and shall comply with all other pertinent requirements of this standard before

employees begin the work that necessitates the installation and use of stairways and their fall protection systems.

R 408.42150 Guardrail specifications for scaffolding and catch platforms.

Rule 2150. (1) A guardrail for scaffolding and catch platforms shall consist of a top rail, intermediate rail, and supporting posts. The top rail shall have a smooth surface and shall be located not less than 36, nor more than 42, inches above the floor, ramp, platform, or runway. The intermediate rail shall be located halfway between the top rail and the floor, ramp, platform, or runway. The top rail shall not overrun the terminal posts unless such a projection does not constitute a hazard.

(2) A top rail and its supporting posts shall be constructed of wood that is not less than 2- by 4-inch nominal size with a 1- by 6-inch or 2- by 4-inch nominal size intermediate rail. The construction and fastenings shall produce a guardrail capable of withstanding a 200-pound side thrust applied at the top rail. Other material may be used if the finished product has the 200-pound capability. A guardrail that is subject to additional loads shall be constructed of heavier stock and the supporting post shall be more closely spaced.

(3) Vertical supporting posts shall be placed not more than 8 feet apart.

(4) Banding steel shall not be used for guardrail construction.

(5) Welded re-steel members shall not be used for guardrail construction.

R 408.42154 Runway and ramp specifications.

Rule 2154. (1) A ramp or runway that is used exclusively by employees as a means of access to or egress from a walking or working surface shall be in compliance with all of the following provisions:

(a) Be capable of supporting not less than 2 times the maximum intended load.

(b) Consist of a minimum of two 2-inch by 10-inch nominal size planks placed side by side or other material of equal width that provides equivalent strength if guardrails are not required.

(c) Consist of a minimum of three 2-inch by 10-inch nominal size planks placed side by side or other material of equal width that provides equivalent strength if guardrails are required.

(d) Not be constructed steeper than the ratio of 1 foot of vertical rise to 2 feet of horizontal run.

(e) Have a slip-resistant surface or have cleats that are not more than 2 inches by 4 inches nominal size and which are uniformly spaced not more than 24 inches apart.

(f) Be constructed to avoid excessive deflection and springing action.

(g) Be secured at each end to prevent displacement.

(h) Not be used for the storage of materials or equipment.

(i) Be maintained free of debris, other loose materials, and slip or trip hazards.

(2) A ramp or runway used by employees with wheelbarrows shall be in compliance with both of the following provisions:

(a) Be constructed and used as prescribed in subrule (1)(a),(d),(e), (f), (g), (h), and (i) of this rule.

(b) Consist of three 2-inch by 10-inch nominal size planks placed side by side or other material of equal width that provides equivalent strength.

(3) A ramp or runway used by concrete buggies, forklift trucks, or other motorized material handling equipment shall be in compliance with all of the following provisions:

(a) Be capable of supporting not less than 4 times the maximum intended load.

(b) Be not less than 5 feet wide.

(c) Be constructed and used as prescribed in subrule (1)(a),(d),(f), (g), (h), and (i) of this rule.

(4) A ramp or runway constructed of 2 or more planks placed side by side shall have the planks securely fastened together.

R 408.42156 Handrail specifications.

Rule 2156. (1) A handrail shall be of a configuration that provides a handhold when grasped to avoid a fall and shall follow the slope of the stairway.

(2) A handrail shall be vertically installed not more than 37, nor less than 30, inches above the front edge of the treads.

(3) When the top edge of a stair rail system also serves as a handrail, the height of the top edge shall be not more than 37 inches (94 cm) nor less than 36 inches (91.5 cm) from the upper surface of the stair rail system to the surface of the tread and in line with the face of the riser at the forward edge of the tread.

(4) A handrail shall have a smooth surface along the top and sides and the ends shall not present a projection hazard.

(5) Handrails that will not be a permanent part of the structure being built shall have a minimum clearance of 3 inches (3 cm) between the handrail and walls, stair rail systems, and other objects.

(6) The ends of stair rail systems and handrails shall be constructed so as not to constitute a projection hazard.

R 408.42157 Temporary stairways.

Rule 2157. (1) All wooden components that are necessary to construct and guard a temporary stairway shall be of construction-grade lumber.

(2) The minimum width of a temporary stairway shall be 22 inches.

(3) The total vertical rise of a temporary stairway shall not be more than 12 feet, unless stair platforms are provided.

(4) The rise shall be not less than 6 inches nor more than 8 inches.

(5) The ratio of rise to tread width shall be uniform for all sets of stairs.

(6) The sides of a temporary stairway shall be guarded as required by the provisions of R 408.42155 and R 408.42156, except that a stairway used as access to material storage trailers is required to be guarded on only 1 side.

(7) If used during construction, permanent steel or other metal stairways and landings with hollow pan-type treads that are to be filled with concrete or other materials shall be filled to the level of the nosing with solid material. This requirement shall not apply during the period of actual construction of the stairways. Metal landings shall be secured in place before filling. Such temporary treads and landings shall be replaced when worn below the level of the top edge of the pan.

(8) A stairway shall be free of hazardous projections, such as nails, sharp top rails, and handrail projections.

(9) A stairway shall have a minimum vertical clearance of 7 feet from any overhead object, unless the overhead object is padded and caution signs or paint is used on the object, as prescribed in Construction Safety Standard Part 22 “Signals, Signs, Tags, and Barricades,” as referenced in R 408.42110.

(10) Except during stairway construction, foot traffic is prohibited on skeleton metal stairs where permanent treads or landings are to be installed at a later date, unless the stairs are fitted with secured temporary treads and landings long enough to cover the entire tread or landing area.

(11) Treads for temporary service shall be made of wood or other solid material and shall be installed the full width and depth of the stair.

**PROPOSED ADMINISTRATIVE RULES,
NOTICES OF PUBLIC HEARINGS**

MCL 24.242(3) states in part:

“... the agency shall submit a copy of the notice of public hearing to the Office of Regulatory Reform for publication in the Michigan register. An agency's notice shall be published in the Michigan register before the public hearing and the agency shall file a copy of the notice of public hearing with the Office of Regulatory Reform.”

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(d) Proposed administrative rules.

(e) Notices of public hearings on proposed administrative rules.”

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

MASSAGE THERAPY - GENERAL RULES

Proposed draft April 22, 2016

Filed with the Secretary of State on

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45a(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections ~~16145(3)~~, **16148, 17961, 17963**, and ~~17951~~ **17965** of 1978 PA 368, MCL ~~333.16145(3)~~, **MCL 333.16148, 333.17961, 333.17963** and ~~333.17951~~ **333.17965** and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1 and 2011-4, MCL 330.3101, 445.2001, 445.2011 and 445.2030)

R 338.701, R 338.705, R 338.709, R 338.711, R 338.713, R 338.715, R 338.717, R 338.719, R 338.723, and R 338.727 of the Michigan Administrative Code are amended, R 338.704, R 338.731, and R 338.733 are added to the Code, and R 338.703, R 338.721, and R 338.725 are rescinded, as follows:

PART 1. GENERAL RULES

R 338.701 Definitions.

Rule 1. As used in these rules:

(a) "Board" means the board of massage therapy **created under section 17955 of the code, MCL 333.17955.**

(b) **"Classroom instruction" means supervised instruction in subjects that will prepare an individual to practice as a licensed massage therapist and for which the instructor is physically present with the students while teaching or providing instruction. For instructors at a supervised clinic, "physically present" means on the premises where the clinic is being held. Fifty to 60 minutes of supervised instruction shall constitute 1 hour of classroom instruction.**

~~(b)~~ (c) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.

~~(c)~~ (d) "Department" means the department of licensing and regulatory affairs.

~~(d)~~ (e) "Endorsement" means the acknowledgement that the licensing criteria in 1 jurisdiction is substantially equivalent to the criteria established and described in section 16186 of the code, **MCL 333.16186.**

~~(e)~~ **"One hour of classroom instruction" means 50 to 60 minutes of supervised instruction in subjects that will prepare an individual to begin practice as a licensed massage therapist in which**

~~the instructor is physically present with the students while teaching or providing instruction. For instructors at a supervised student clinic, “physically present” means on the premises where the clinic is being held.~~

(f) “Supervised curriculum” means a massage therapy curriculum that meets the requirements of R 338.705 and is taught in a school as defined in section 17951(1)(e) of the code, **MCL 333.17951(1)(e)**.

(g) “Supervised student clinic” means practical instruction required as part of a supervised curriculum that consists of a student providing massages under the supervision of a licensed massage therapist to members of the public. For the purposes of this subdivision, “members of the public” means individuals who are not currently enrolled in the massage therapy student’s supervised curriculum.

~~R 338.703 Implementation of licensing program. Rescinded.~~

~~Rule 3. Effective 2 years from the effective date of this rule, and in accordance with MCL 333.17959(3) of the code, any individual who intends to practice as a massage therapist in Michigan shall possess a Michigan license to practice in this state.~~

R 338.704 Training standards for identifying victims of human trafficking; requirements.

Rule 4. (1) Pursuant to section 16148, MCL 333.16148, and section 17060, MCL 333.17060 of the code, an individual who is licensed or seeking licensure shall complete training in identifying victims of human trafficking that meets the following standards:

(a) Training content that covers all of the following:

(i) Understanding the types and venues of human trafficking in the United States.

(ii) Identifying victims of human trafficking in health care settings.

(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

(iv) Identifying resources for reporting the suspected victims of human trafficking.

(b) Acceptable providers or methods of training include any of the following:

(i) Training offered by a nationally recognized or state-recognized health-related organization.

(ii) Training offered by, or in conjunction with, a state or federal agency.

(iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.

(iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.

(c) Acceptable modalities of training may include any of the following:

(i) Teleconference or webinar.

(ii) Online presentation.

(iii) Live presentation.

(iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual’s name.

(b) A self-certification statement by an individual. The certification statement shall include the individual's name and either of the following:

(i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule apply for license renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses issued 5 or more years after the promulgation of this rule.

R 338.705 Supervised curriculum; massage therapists; requirements.

Rule 5. (1) A supervised curriculum shall include, at a minimum, both of the following:

~~(a) Five hundred hours of e Classroom instruction as defined in R 338.701(e)-(b), including all of the following:~~

~~(i) Five hundred hours total.~~

~~(ii) Forty hours performing massage therapy services in a student clinic that is supervised by a licensed massage therapist.~~

~~(iii) Eighty-five hours of instruction in an area or related field, as determined by the school, that completes the massage therapy program of study.~~

~~(b) Courses or coursework that includes all of the following:~~

~~(i) Two hundred hours of massage and bodywork assessment, theory, and application instruction.~~

~~(ii) One hundred twenty-five hours of instruction on the body systems, which that includes anatomy, physiology, and kinesiology.~~

~~(iii) Forty hours of pathology.~~

~~(iv) Ten hours of business, professional practice, and ethics instruction, with a minimum of 6 hours in ethics.~~

~~(v) One hundred twenty five hours of instruction in an area or related field, as determined by the school, that completes the massage therapy program of study., which shall include a minimum of 40 hours performing massage therapy services in a supervised student clinic supervised by a licensed massage therapist.~~

(2) A supervised curriculum shall use only classroom instruction as defined in R 338.701(e)(b) to **meet satisfy** the requirements of ~~subrules (1)(b)(i), and (v)~~ of this rule.

(3) A supervised curriculum may use **classroom instruction**, online courses, or courses combining classroom instruction and online instruction to meet the subject requirements of subrule (1)(b)(ii), (iii), or (iv) of this rule. ~~An online course, or any part of a course that is taught online, shall not be accepted or applied towards the 500 hours of classroom instruction required in subrule (1)(a) of this rule.~~

(4) Any supervised curriculum that meets the requirements of this rule ~~qualifies as a~~ **massage therapy satisfies the qualifications for an approved supervised curriculum.** ~~approved by the board.~~

R 338.709 Licensure; massage therapist; requirements.

Rule 9. (1) An applicant for a massage therapist license by examination shall submit the required fee and a completed application on a form provided by the department. In addition to

~~meeting satisfying~~ the requirements of the code and these rules, ~~an the~~ applicant shall ~~meet~~ **satisfy** all of the following requirements:

(a) ~~Have a~~ **Provide proof of at least 1 of the following:**

(i) ~~A high school diploma. or the equivalent as determined by the board.~~

(ii) **A General Educational Development certificate (GED).**

(iii) **A completion of post-secondary education, including a bachelor's, master's, or associate's degree.**

(iv) **A parent-issued diploma for home-schooled individuals.**

(b) Have successfully completed a supervised curriculum that ~~meets~~ **satisfies** the requirements ~~approved by the board under~~ **in R 338.705.**

(c) Pass an examination ~~approved by the board~~ **required** under R 338.713.

(2) ~~If an~~ **An applicant who** satisfies the requirements of R 338.711 ~~within 2 years of the effective date of this rule, then the applicant presumably meets~~ **by November 29, 2014, is presumed to satisfy** the requirements of subrule (1)(a), (b), and (c) of this rule.

R 338.711 Application for license based on professional membership, experience, examination or education; requirements.

Rule 11. An applicant for a massage therapist license under section 17959(3) of the code, **MCL 333.17959(3)**, shall submit the required fee and a completed application on a form provided by the department ~~within 2 years of the effective date of this rule~~ **by November 29, 2014.** In addition to ~~meeting satisfying~~ the requirements of the code and these rules, ~~an the~~ applicant shall ~~meet~~ **satisfy** the requirement in R 338.709(1)(a) **or R 338.715(1)(a)** and satisfy 1 of the following requirements:

(a) Have possessed active membership in 1 of the following national professional massage therapy associations for at least 1 year before January 9, 2009:

(i) American massage therapy association.

(ii) American medical massage association.

(iii) Associated bodywork and massage professionals.

(iv) American massage council.

(v) International myomassethics federation.

(vi) Any national professional massage therapy association that meets the requirements of section 17959(3)(a) of the code, **MCL 333.17959(3)(a).**

(b) Have practiced massage therapy for an average of not less than 10 hours per week for 5 years or more, as established by affidavit of the applicant.

(c) Have practiced massage therapy for an average of not less than 10 hours per week for not less than 3 years, as established by affidavit of the applicant, and successfully completed not less than 300 hours of formal training in massage therapy. For the purposes of this rule, "300 hours of formal training in massage therapy" means 300 hours of ~~coursework~~ **instruction** in massage therapy that was successfully completed in a school or schools as defined in section 17951(1)(e) of the code. The 300 hours of ~~coursework~~ **instruction** shall consist of a minimum of 40 hours in pathology and 6 hours in ethics; the remaining hours shall be in any combination of hours in the curriculum subject areas listed in R 338.705(1)(a) **and** (b). In addition, the ~~coursework~~ **instruction** shall comply with the following, as applicable:

(i) ~~Coursework~~ **Instruction** in the subject areas listed in R 338.705(1)(b)(i), ~~and~~ (v), **and** (vi) was provided using only classroom instruction as defined in R 338.701(~~e~~)(b).

(ii) ~~Coursework Instruction~~ in the subject areas listed in R 338.705(1)(b)(ii), (iii), or (iv) was provided using classroom instruction as defined in R 338.701~~(e)~~**(2)**, online courses, or courses combining classroom instruction and online instruction.

(d) Have passed an examination ~~approved by the board~~ **required** under R 338.713.

(e) Have successfully completed either of the following:

(i) A supervised curriculum that meets the requirements ~~approved by the board under in R 338.705.~~

(ii) A supervised curriculum that meets the requirements ~~of in R 338.715(1)(a)(b).~~

R 338.713 Examinations; ~~adoption and approval;~~ passing scores.

Rule 13. ~~(1) The board approves and adopts the federation of state massage therapy boards' massage and bodywork licensing examination (mblex). The board adopts the passing score recommended by the federation of state massage therapy boards for the mblex examination. An applicant for licensure shall pass 1 of the following:~~

(a) The Massage and Bodywork Licensing Examination (MBLEX) developed by the Federation of State Massage Therapy Boards (FSMTB). The passing score for the MBLEX examination is the passing score recommended by the FSMTB.

(b) The National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) offered by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). The passing score for the NCETMB examination is the passing score recommended by NCBTMB. NCETMB examination scores will be accepted by the department until February 1, 2019.

~~(2) The board approves and adopts the national certification board for therapeutic massage and bodywork's national certification examination for therapeutic massage (necetm) and national certification examination for therapeutic massage and bodywork (necetmb). The board adopts the passing scores recommended by the national certification board for therapeutic massage and bodywork for the necetm and necetmb.~~

R 338.715 Foreign-trained applicants; licensure; requirements.

Rule 15. (1) An applicant for a massage therapist license who completed a massage therapy curriculum outside of the United States shall submit the required fee and a completed application on a form provided by the department. In addition to ~~meeting satisfying~~ the requirements of the code and these rules, ~~an the~~ applicant shall ~~possess a high school diploma, or the equivalent, pursuant to R 338.709(1)(a) and meet satisfy~~ all of the following requirements:

(a) Have successfully completed an educational program that is substantially equivalent to that required for a high school diploma or general education development certificate. Evidence of having completed a substantially equivalent educational program includes an evaluation of the applicant's education by a recognized and accredited credential evaluation agency that is a member of the National Association of Credential Evaluation Services.

~~(a)(b)~~ **(b) Have successfully completed a massage therapy curriculum that is substantially equivalent to a supervised curriculum that meets the requirements ~~approved by the board under in R 338.705.~~ Evidence of having completed a massage therapy curriculum that is substantially equivalent to a supervised curriculum includes an evaluation of the applicant's education by a recognized and accredited credential evaluation agency that is a member of the National Association of Credential Evaluation Services.**

~~(b)(c)~~ **(c) Pass an examination ~~approved by the board~~ required under R 338.713.**

~~(e)~~**(d)** Demonstrate a working knowledge of the English language if the applicant's massage therapy curriculum was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant ~~must~~ **shall** establish either of the following: **that he or she has obtained a total score of not less than 89 on the test of English as a foreign language internet-based test (TOEFL-IBT) administered by the educational testing service and obtained the following section scores:**

- (i) Not less than 21 on the reading section.**
- (ii) Not less than 18 on the listening section.**
- (iii) Not less than 26 on the speaking section.**
- (iv) Not less than 24 on the writing section.**

~~(i) The applicant has obtained a score of not less than 550 on the test of English as a foreign language (toefl) administered by the educational testing service and obtained a score of not less than 50 on the test of spoken English administered by the educational testing service.~~

~~(ii) The applicant has obtained a total score of not less than 89 on the test of English as a foreign language internet-based test (toefl-ibt) administered by the educational testing service and obtained the following section scores:~~

- ~~(A) Not less than 21 on the reading section.~~
- ~~(B) Not less than 18 on the listening section.~~
- ~~(C) Not less than 26 on the speaking section.~~
- ~~(D) Not less than 24 on the writing section.~~

~~(2) If an An applicant who satisfies the requirements of R 338.711 within 2 years of the effective date of this rule, then the applicant presumably meets by November 29, 2014, is presumed to satisfy the requirements of subrule (1) of this rule.~~

R 338.717 Licensure by endorsement; requirements.

Rule 17. (1) An applicant for a license by endorsement as a massage therapist shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant who satisfies the requirements of **the code and this rule, as applicable, shall is presumed to meet satisfy** the requirements of section 16186 of the code, **MCL 333.16186**.

~~(2) If an An applicant who~~ was first registered or licensed as a massage therapist in another state of the United States for 5 years or more immediately preceding the date of filing an application for a Michigan massage therapist license, ~~then the applicant shall meet satisfy~~ both of the following requirements:

~~(a) Possess a high school diploma, or the equivalent, pursuant to~~ **Meet the requirements in R 338.709(1)(a) or R 338.715(1)(a).**

~~(b) Have passed an examination approved by the board~~ **required** under R 338.713.

~~(3) If an An applicant who~~ was first registered or licensed as a massage therapist in another state of the United States for less than 5 years immediately preceding the date of filing an application for a Michigan massage therapist license, ~~then the applicant shall meet satisfy~~ all of the following requirements:

~~(a) Have successfully completed a supervised curriculum that meets the requirements approved by the board under in R 338.705 or successfully completed a massage therapy curriculum that is substantially equivalent to a supervised curriculum that meets the requirements approved by the board under R 338.705.~~ **Meet the requirements in R 338.709(1)(a) or R 338.715(1)(a).**

(b) ~~Possess a high school diploma, or the equivalent, pursuant to R 338.709(1)(a).~~ **Have successfully completed a supervised curriculum that meets the requirements in R 338.705 or R 338.715(1)(b).**

(c) Have passed an examination ~~approved by the board~~ **required** under R 338.713.

(d) Meet the requirements ~~of in R 338.715(1)(e)~~ **(d)** if the applicant's educational curriculum was taught in a language other than English.

(4) ~~In addition to meeting the requirements of subrule (1) and either subrule (2) or (3) of this rule, an~~ **An applicant's shall have his or her license, certification, or registration or license shall be verified by the licensing agency of any state in which the applicant holds a current registration or license, certification, or registration or has ever held a registration or license, certification, or registration as a massage therapist. If applicable, verification shall include, but is not limited to, showing proof the record of any disciplinary action taken or pending against the applicant.**

(5) ~~If an~~ **An applicant who satisfies the requirements of R 338.711 within 2 years of the effective date of this rule, then the applicant presumably meets by November 29, 2014, is presumed to satisfy the requirements of subrule (1) and either subrule (2) or (3) of this rule, as applicable.**

R 338.719 Relicensure.

Rule 19. (1) An applicant whose license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, **MCL 333.16201(3)**, if the applicant ~~submits the required fee and a completed application on a form provided by the department.~~ **satisfies both of the following requirements:**

(a) **Submits the required fee and a completed application on a form provided by the department.**

(b) **Submits proof to the department of accumulating not less than 18 hours of continuing education credit that meets the requirements of R 338.731 and R 338.733 during the 3 years immediately preceding the application for relicensure.**

(2) An applicant whose license has lapsed for 3 years or more preceding the date of application for relicensure may be relicensed under section 16201(4) of the code, **MCL 333.16201(4)**, if the applicant ~~meets the requirements of subrule (1) of this rule and either of the following requirements:~~ **submits the required fee and a completed application on a form provided by the department. In addition, the applicant shall satisfy either of the following requirements:**

(a) Passes an examination ~~approved by the board~~ **required** under R 338.713.

(b) Presents evidence to the department that he or she was registered or licensed as a massage therapist in another state during the 3-year period immediately preceding the application for relicensure.

(3) ~~In addition to meeting the requirements of either subrule (1) or (2) of this rule, as applicable, an~~ **An applicant's shall have his or her license, certification, or registration or license shall be verified by the licensing agency of any state of the United States in which the applicant holds a current license, certification, or registration or license or has ever held a license, certification, or registration or license as a massage therapist. If applicable, verification shall include, but is not limited to, showing proof the record of any disciplinary action taken or pending against the applicant.**

R 338.721 License renewal; requirements. **Rescinded.**

~~Rule 21. An applicant for license renewal who has been licensed for the 2-year period immediately preceding the application for renewal shall submit the required fee.~~

R 338.723 Prohibited conduct.

Rule 23. Prohibited conduct includes, but is not limited to, the following acts or omissions by an individual covered by these rules:

(a) Practicing outside of the boundaries of professional competence, based on education, training, and experience. This includes, but is not limited to, providing massage therapy services without ensuring the safety, comfort, and privacy of the client.

(b) Engaging in harassment or unfair discrimination based on age, gender, gender identity, race, ethnicity, national origin, religion, sexual orientation, disability, or any basis proscribed by law. **This requirement does not prevent a licensee from terminating a massage therapy session with someone or refusing to treat any person who suggests or requests that the licensee engage in conduct that is inappropriate, unsafe, or unethical.**

~~(c) Refusing to provide professional service based on age, gender identity, race, ethnicity, national origin, religion, sexual orientation, disability, or any basis proscribed by law. This requirement does not prevent a licensee from terminating a massage therapy session with someone or refusing to treat any person who suggests or requests that the licensee engage in conduct that is inappropriate, unsafe, or unethical.~~

(c) Soliciting or engaging in a sexual relationship with a current client, supervisee, or student.

~~(d) Involvement in a conflict of interest that interferes with the exercise of professional discretion or makes the client's interests secondary.~~

~~(e)~~ **(d) Taking advantage of or exploiting a current or former client,** supervisee, or student to further the licensee's personal, religious, political, business, or financial interests.

~~(f) Taking on a professional role when a personal, scientific, legal, financial, or other relationship impairs the exercise of professional discretion or make the interests of a client or student secondary to those of the licensee.~~

~~(g) Being involved in a dual or multiple relationship with a current or former client, when there is a risk of harm to, or exploitation of, the client. As used in this rule, "dual or multiple relationship" means a relationship in which a licensee is in a professional role with a client and 1 or more of the following occurs at the same time:~~

~~(i) The licensee takes advantage of any current or former professional relationship or exploits the client to further the licensee's personal, religious, political, business or financial interests, including inducing the client to solicit business on behalf of the licensee.~~

~~(ii) The licensee solicits or engages in a sexual relationship with a current client.~~

~~(iii) The licensee engages in a sexual relationship with a former client when there is a risk of harm or exploitation to the former client.~~

~~(iv) The licensee promises to enter into another relationship in the future with the client.~~

R 338.725 Advertising. **Rescinded.**

~~Rule 25. A licensee shall not engage in advertising which does any of the following:~~

~~(a) Contains a misrepresentation of facts.~~

~~(b) Is misleading or deceiving in its content or context.~~

~~(c) Creates false or unjustified expectations of beneficial treatment or successful cures.~~

~~(d) Omits a material fact that misleads or deceives the public.~~

R 338.727 Client records.

Rule 27. (1) A licensee shall maintain a legible client record for each client, which accurately reflects the licensee's assessment and treatment of the client. Entries in the client record shall be made in a timely fashion.

(2) The client record shall contain all of the following information:

(a) The name of the massage therapist providing treatment.

(b) The client's full name, address, date of birth, gender, and other information sufficient to identify the client.

(c) If the client is less than 18 years of age, written permission of either a parent or guardian for the minor client's receipt of massage therapy.

(d) Information identifying any pre-existing conditions the client may have or verification that the client has no pre-existing conditions.

(e) Dates of service and date of entry in the client record.

(f) A client record entry for an initial client visit that includes all of the following:

(i) History, including description of presenting condition.

(ii) Therapeutic assessment, if applicable.

(iii) Treatment or care provided, if applicable. Outcome, if available.

(g) A client record entry for subsequent assessments, treatments, or care provided that includes all of the following:

(i) Change in condition.

(ii) Therapeutic assessment, if applicable.

(iii) Treatment or care provided, if applicable. Outcome, if available.

(h) If applicable, a referral to another health care provider.

(3) For massage therapy treatment provided at a special event, a licensee shall maintain a client record that ~~meets~~ **satisfies** the requirements of subrules (1) and (2) of this rule or an abbreviated client record, as specified in subrule (4) of this rule. For purposes of this subrule, "special event" means any of the following:

(a) A charitable, community, or sporting events.

(b) One-time events.

(c) Massages performed at any location that are 20 minutes or less in duration.

(4) An abbreviated client record allowed under subrule (3) of this rule shall consist of, at a minimum, a completed intake form that contains all of the following information:

(a) The client's full name, date of birth, and an address or telephone number where the client can be contacted.

(b) The information listed in subrule (2)(a), (c), (d) and (e) of this rule.

(5) ~~Under section 16213 of the code, a licensee shall retain a client record for at least 7 years from the date of the last massage therapy treatment for which a client record entry is required. A licensee shall retain the client record for a minor client until 1 year after the minor client reaches 18 years of age, even if this results in the record being retained for more than 7 years. In addition to complying with the requirements of this rule, a licensee shall retain client records as required under section 16213 of the code, MCL 333.16213.~~

PART 4. CONTINUING EDUCATION

R 338.731 License renewals; massage therapist; requirements; applicability.

Rule 31. (1) This part applies to applications for renewal of a massage therapist license under sections 16201 and 17965 of the code, MCL 333.16201 and MCL 333.17965, that are filed for the renewal cycle beginning 1 year or more after the effective date of these rules.

(2) An applicant for license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall accumulate not less than 18 hours of continuing education in activities approved by the board under these rules during the 3 years immediately preceding the application for renewal.

(3) Submission of an application for renewal shall constitute the applicant’s certification of compliance with the requirements of this rule. A licensee shall retain documentation of meeting the requirements of this rule for a period of 4 years from the date of applying for license renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221(h).

(4) The requirements of this rule do not apply to a licensee during his or her initial licensure cycle.

R 338.733 Acceptable continuing education; requirements; limitations.

Rule 33. (1) The 18 hours of continuing education required pursuant to R 338.731(2) for the renewal of a massage therapy license shall comply with the following, as applicable:

(a) Not more than 12 hours of continuing education shall be earned during a 24-hour period.

(b) A licensee shall not earn credit for a continuing education program or activity that is identical or substantially identical to a program or activity the licensee has already earned credit for during that renewal period.

(c) A licensee shall not earn continuing education programs or activities that primarily focus on practices excluded from licensure under section 17957 of the code, MCL 333.17957.

(d) Pursuant to section 16204 of the code, MCL 333.16204, at least 1 hour of continuing education shall be earned in the area of pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, behavior modification, stress management, and clinical applications, as they relate to professional practice.

(e) At least 2 hours of continuing education shall be earned in the area of professional ethics or boundaries.

(2) The board shall consider any of the following as acceptable continuing education:

ACCEPTABLE CONTINUING EDUCATION ACTIVITIES

Activity Code	Activity and Proof Required	Number of continuing education hours granted/permitted per activity
1	Attendance at or participation in a continuing education program or activity related to the practice of massage therapy, or any non-clinical subject relevant to massage therapy practice, education, administration, management, or science, which includes, but is not limited to, live, in-person programs; interactive or	The number of continuing education hours granted shall be the number of hours approved by the sponsor or the approving organization for the specific program or activity. A maximum of 18 hours of continuing education may be earned for this activity in

	<p>monitored teleconference, audio-conference, or web-based programs; online programs; and journal articles or other self-study programs approved or offered by any of the following:</p> <ul style="list-style-type: none"> • A sponsor approved by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). • The Federation of State Massage Therapy Boards (FSMTB) or a sponsor approved by the FSMTB. • An educational institution or program that has been accredited by the Commission on Massage Therapy Accreditation (COMTA). <p>If audited, the licensee shall submit a copy of a letter or certificate of completion showing the licensee’s name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	<p>each renewal period.</p>
<p>2</p>	<p>Initial presentation of a continuing education program related to the practice of massage therapy provided to a state, regional, national, or international massage therapy organization.</p> <p>To receive credit, the presentation shall not be a part of the licensee’s regular job description and shall be approved or offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • The NCBTMB. • The FSMTB or a sponsor approved by the FSMTB. <p>If audited, the licensee shall submit a copy of the presentation notice or advertisement showing the date of the presentation, the licensee’s name listed as a presenter, and the name of the organization that approved</p>	<p>Two hours of continuing education shall be granted for each 50 to 60 minutes of presentation. No additional credit shall be granted for preparation of a presentation. A maximum of 6 hours of continuing education may be earned for this activity in each renewal period. Pursuant to R 338.733(1)(b), credit for a presentation shall be granted once per renewal period.</p>

	<p>or offered the presentation for continuing education credit.</p>	
3	<p>Initial presentation of a scientific exhibit, poster, scientific paper, or clinical demonstration to a massage therapy organization.</p> <p>To receive credit, the presentation shall not be part of the licensee’s regular job description or performed in the normal course of the licensee’s employment.</p> <p>If audited, the licensee shall submit a copy of the document presented with evidence of presentation or a letter from the program sponsor verifying the length and date of the presentation.</p>	<p>Two hours of continuing education shall be granted for each 50 to 60 minutes of presentation. No additional credit shall be granted for preparation of a presentation. A maximum of 6 hours of continuing education may be earned for this activity in each renewal period. Pursuant to R 338.733(1)(b), credit for a presentation shall be granted once per renewal period.</p>
4	<p>Initial publication of an article related to the practice of massage therapy in a non-peer reviewed journal or newsletter.</p> <p>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>One hour of continuing education shall be granted for each article. A maximum of 6 hours of continuing education may be earned for this activity in each renewal period. Pursuant to R 338.733(1)(b), credit for publication shall be granted once per renewal period.</p>
5	<p>Initial publication of a chapter related to the practice of massage therapy in either of the following:</p> <ul style="list-style-type: none"> • A professional or health care textbook. • A peer-reviewed textbook. <p>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>Five hours of continuing education shall be granted for serving as the primary author. Two hours of continuing education shall be granted for serving as the secondary author. Pursuant to R 338.733(1)(b), credit for publication shall be granted once per renewal period.</p>
6	<p>Identifying, researching, and resolving an event or issue related to clinical or professional practice.</p> <p>If audited, the licensee shall submit a completed experiential activity form approved provided by the department for</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes spent identifying, researching, and resolving the issue or event. A maximum of 10 hours of continuing education may be earned for this activity in each</p>

	each issue or event.	renewal period.
7	<p>Participating on a state or national committee, board, council, or association related to the field of massage therapy. A committee, board, council, or association is considered acceptable by the board if it enhances the participant’s knowledge and understanding of the field of massage therapy.</p> <p>If audited, the licensee shall submit documentation verifying the licensee’s participation in at least 50% of the regularly scheduled meetings of the committee, board, council, or association.</p>	<p>Five hours of continuing education shall be granted for each committee, board, council, or association. A maximum of 10 hours of continuing education may be earned for this activity in each renewal period.</p>
8	<p>Participating on any of the following:</p> <ul style="list-style-type: none"> • A peer review committee dealing with quality patient care as it relates to the practice of massage therapy. • A committee dealing with utilization review as it relates to the practice of massage therapy. • A health care organization committee dealing with patient care issues related to the practice of massage therapy. <p>If audited, the licensee shall submit a letter from an organization official verifying the licensee’s participation on the committee.</p>	<p>Five hours of continuing education shall be granted for participating on a committee. A maximum of 10 hours of continuing education may be earned for this activity in each renewal period.</p>
9	<p>Providing clinical supervision for students at a supervised student clinic as set forth in R 338.701(g).</p> <p>To receive credit, this activity shall not be part of the licensee’s regular job description.</p> <p>If audited, the licensee shall submit a letter from an authorized official at the agency employing the licensee verifying the licensee’s role and the number of supervision hours the licensee provided.</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes of supervision provided. A maximum of 4 hours of continuing education may be earned for this activity in each renewal period.</p>
10	<p>Participating in peer supervision or</p>	<p>One hour of continuing education</p>

	<p>consultation with professional colleagues.</p> <p>If audited, the licensee shall submit an affidavit from the colleague that was involved in the peer supervision or consultation. The affidavit shall attest to the licensee’s role and the number of hours the licensee spent participating in these activities.</p>	<p>shall be granted for each 50 to 60 minutes of participation. A maximum of 6 hours of continuing education may be earned for this activity in each renewal period.</p>
11	<p>Participating in case conferences, including multidisciplinary conferences, for training purposes.</p> <p>If audited, the licensee shall submit a letter from the administrative or clinical supervisor verifying the types of conferences and the number of hours the licensee spent participating in the conferences.</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes of participation. A maximum of 4 hours of continuing education may be earned for this activity in each renewal period.</p>
12	<p>Providing individual supervision for a student in supervised curriculum beyond the 40 hours required by R 338.705(1)(b)(v). Supervision provided as part of a disciplinary sanction may be included under this activity.</p> <p>If audited, the licensee shall submit an affidavit from the student who received the supervision. The affidavit shall attest to the licensee’s role as a supervisor and the number of hours the licensee spent providing supervision to the student.</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes of supervision provided beyond the hours of supervision required per month. A maximum of 6 hours of continuing education may be earned for this activity in each renewal period.</p>
13	<p>Participation in a panel discussion relevant to the practice of massage therapy in an approved continuing education program or an organized health care setting.</p> <p>If audited, the licensee shall submit documentation from the organizer of the panel discussion verifying the topic of the panel discussion and the number of hours the licensee spent participating in the discussion.</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes spent participating in the panel discussion. A maximum of 4 hours of continuing education may be earned for this activity in each renewal period.</p>

NOTICE OF PUBLIC HEARING

**Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
NOTICE OF PUBLIC HEARING
July 5, 2016
9:00 a.m. – 12:00 p.m.**

Location: G. Mennen Williams Building Auditorium
525 W. Ottawa Street, Lansing, Michigan

The hearing is held to receive public comments on the following administrative rules:

Board of Dentistry (ORR # 2015 - 090 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148; MCL 333.16204.

Overview: The proposed changes include: implementing training standards for identifying victims of human trafficking; replaces the state specialty examination requirements for orthopedics, periodontics, endodontics with educational and/or nationalized test requirements; permitting dental assistants, dental hygienists and dentists who allow his or her Michigan license to lapse to obtain relicensure without retaking a licensure examination provided he or she maintained a license in another jurisdiction; increasing the required number of continuing education hours in pain and symptom management; and adopting the most recent versions of previously adopted standards.

Board of Massage Therapy (ORR # 2013 - 031 LR)

Authority: MCL: 333.16145(2); MCL 333.16145(3); MCL 333.16148(1), MCL 333.16204(2); MCL 333.16205(2); MCL 333.17961(1); MCL 333.17963(1), MCL 333.17965.

Overview: The proposed changes provide: definitions for the rule set; implementation dates for the licensing programs; training standards for recognizing the signs of human trafficking; supervised massage therapy curriculum; licensure requirements; clarification of licensure requirements for foreign-trained students; and sets forth acceptable examinations and required passing scores.

Board of Nursing (ORR # 2015 - 91 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148(1); MCL 333.3101; MCL 445.2001, MCL 445.2011; MCL 445.2030.

Overview: The proposed changes address: training standards and requirements for recognizing the signs of human trafficking; reorganizes and addresses RN and PN licensure requirements; provides definitions and program approval requirements in the nursing education program section; addresses certification qualifications and requirements for licensure for the nurse specialty certification; provides continuing education requirements for license renewals, acceptable forms of continuing education and limitations; provides definitions; defines the terms of eligibility of programs and allocations of funds to each eligible education category; and lists the requirements that must be followed when awarding a scholarship from the nursing professional fund scholarship program.

Board of Podiatric Medicine and Surgery (ORR #2015-087 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16204(2); MCL 333.18033(1); MCL 333.18033(2).

Overview: The proposed changes include implementing training standards for identifying victims of human trafficking; replacing the six categories of continuing education with a table listing the approved continuing education activities, the minimum or maximum number of continuing education hours permitted or required for each activity, and the type of proof required if audited; expanding the types of activities for which continuing education may be granted; and increasing the minimum number of continuing education hours related to pain and symptom management.

Board of Veterinary Medicine (ORR # 2014-144 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3).

Overview: The proposed changes address: acceptance of certification from the Program for the Assessment of Veterinary Medicine Education Equivalence for licensure; changes the record-keeping requirements from three years to seven years; adopts the most recent version of previously adopted standards; and rescinds a duplicitous rule for assessing fines and rules regarding the veterinarian-patient-client relationship due to lack of authority.

The rules will take effect immediately upon filing with the Secretary of State, unless specified otherwise in the rules. Comments on the proposed rules may be presented in person at the public hearing. Written comments will also be accepted from date of publication until 5:00 p.m. on July 5, 2016, at the following address or e-mail address:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing– Boards and Committees Section
P.O. Box 30670
Lansing, MI 48909-8170
Attention: Policy Analyst Email: BPL-BoardSupport@michigan.gov

A copy of the proposed rules may be obtained by contacting (517) 373-8068 or at the email address noted above. Electronic copies also may be obtained at the following link:

http://w3.lara.state.mi.us/orr/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Professional+Licensing

The meeting site and parking are accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations (such as materials in alternative format) in order to participate in the meeting should call (517) 241-7500.

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF ~~COMMUNITY HEALTH~~ LICENSING AND REGULATORY
AFFAIRS

DIRECTOR'S OFFICE

VETERINARY MEDICINE - GENERAL RULES

Proposed draft June 6, 2016

Filed with the Secretary of State on

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45a(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the department of ~~community health~~ **licensing and regulatory affairs** by sections 16145 and ~~18801~~ of 1978 PA 368, MCL 333.16145 and ~~MCL 333.18801~~ and Executive Reorganization Order Nos. 1996-1, 1996-2, and 2003-1, and **2011-4**, MCL 330.3101, 445.2001, and 445.2011, and **445.2030**)

R 338.4901, R 338.4902, R 338.4906, R 338.4908, R 338.4910, R 338.4915, and R 338.4921 of the Administrative Code are amended; and R 338.4918, R 338.4922, R 338.4923, and R 338.4924 are rescinded from the Code as follows:

PART 1. GENERAL PROVISIONS

R 338.4901 Definitions.

Rule 1. As used in these rules:

(a) "Board" means board of veterinary medicine **created in section 18821 of the code, MCL 333.18821.**

(b) "Client" means an owner, as defined in section 18802(3) of the code, **MCL 333.18802(3)**, or a responsible party.

(c) "Code" means 1978 PA 368, MCL 333.1101 **to 333.25211.**

(d) "Department" means the department of ~~community health~~ **Licensing and Regulatory Affairs.**

(e) "Patient" means an animal, as defined in section 18802(2) of the code, **MCL 333.18802(2).**

R 338.4902 Licensure by examination; requirements.

Rule 2. An applicant for a Michigan veterinary license by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the requirements of the code and the administrative rules promulgated pursuant to the code, an applicant shall meet both of the following requirements:

(a) **Have satisfied one of the following educational requirements:**

- (i) ~~Either~~ gGraduated from a board-approved veterinary college.
 - (ii) ~~or~~ eObtained a certificate from the eEducational eCommission for fForeign vVeterinary gGraduates of the American vVeterinary mMedical aAssociation.
 - (iii) **Obtained a certificate from the Program for the Assessment of Veterinary Education Equivalence from the American Association of Veterinary State Boards.**
- (b) Achieved a score of pass on the North American vVeterinary lLicensing eExamination developed by the nNational bBoard of vVeterinary mMedical eExaminers.

R 338.4906 Licensure by endorsement; requirements.

Rule 6. (1) An applicant for a Michigan veterinary license by endorsement shall submit a completed application on a form provided by the department with the requisite fee. An applicant shall meet the requirements of the code and the administrative rules promulgated pursuant to the code.

(2) An applicant shall have ~~either~~ **satisfied one of the following requirements:**

- (a) gGraduated from a board-approved veterinary college
- (b) ~~or~~ eObtained a certificate from the eEducational eCommission for fForeign vVeterinary gGraduates of the American vVeterinary mMedical aAssociation
- (c) **Obtained a certificate from the Program of the Assessment of Veterinary Education Equivalence from the American Association of Veterinary State Boards.**

(3) If the applicant was first licensed in another state of the United States and engaged in the practice of veterinary medicine for a minimum of 5 years immediately preceding the date of filing an application for Michigan veterinary licensure, it ~~will be~~ **is** presumed that the applicant meets the requirements of section 16186(1)(a) of the code, **MCL 333.16186(1)(a)**.

(4) If an applicant does not meet the requirements of subrule (3) of this rule, the applicant shall have been first licensed in another state of the United States after he or she achieved a score of pass on the North American vVeterinary lLicensing eExamination developed by the nNational bBoard of vVeterinary mMedical eExaminers.

(5) In addition to meeting the requirements of either subrule (3) or (4) of this rule, the applicant's license shall be verified, on a form provided by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license as a veterinarian, which includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

R 338.4908 Approval of veterinary colleges; adoption of standards.

Rule 8. (1) The board approves and adopts herein by reference the standards for aAccrediting eColleges of vVeterinary mMedicine adopted by the American vVeterinary mMedical aAssociation (avmaAVMA) eCouncil on eEducation entitled "Accreditation Policies and Procedures of the AVMA Council on Education", ~~April 1, 2008~~ **March 2014 (revised September 2014)**.

(2) The standards for aAccrediting eColleges of vVeterinary mMedicine adopted by the American vVeterinary mMedical aAssociation eCouncil on eEducation may be obtained, at no cost, from the American Veterinary Medical Association, 1931 North Meacham Road, Suite 100, Schaumburg, IL 60173 or at the association's website at <http://www.avma.org>. A copy of the handbook is available for inspection and distribution at cost from the Board of Veterinary Medicine, Department of ~~Community Health~~ **Licensing and Regulatory Affairs**, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

R 338.4910 Supervision of veterinary student by veterinarian.

Rule 10. Supervision of a veterinary student by a veterinarian as required in section 18812 of the code, **MCL 333.18812**, is that degree of close physical proximity necessary for the supervising veterinarian to directly observe and monitor the performance of the student and to ensure that the activities of the student are within the scope of the orders, assignments, or prescriptions of the veterinarian.

R 338.4915 Relicensure.

Rule 15. (1) An applicant for relicensure whose license has been lapsed for less than 3 years under section 16201(3) of the code, **MCL 333.16201(3)**, may be relicensed after submitting a completed application on a form provided by the department with the requisite fee. The applicant's license shall be verified, on a form provided by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license as a veterinarian. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

(2) An applicant for relicensure whose license has been lapsed for 3 years or more under section 16201(3) of the code, **MCL 333.16201(3)**, may be relicensed after submitting a completed application on a form provided by the department with the requisite fee and satisfying either of the following requirements:

(a) If the applicant had been licensed in another state of the United States and had legally engaged in the practice of veterinary medicine within the 3-year period immediately preceding the date of the application for relicensure, then the applicant's license shall be verified, on a form provided by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license as a veterinarian. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

(b) If the applicant had not engaged in the practice of veterinary medicine within the 3-year period immediately preceding the date of the application for relicensure, then the applicant shall do both of the following:

(i) Have his or her licensure verified, on a form provided by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license as veterinarian, which includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

(ii) Take or retake the North American ~~v~~Veterinary ~~H~~License ~~e~~Examination developed by the ~~n~~National ~~b~~Board of ~~v~~Veterinary ~~m~~Medical ~~e~~Examiners (~~nbvme~~NBVME) and achieve a score of pass as recommended by the ~~nbvme~~NBVME.

R 338.4918 Assessment of fines. **Rescinded.**

~~Rule 18. When a fine has been designated as an available sanction for violation of sections 16221 to 16226 of the code, in the course of assessing a fine, the board may take into consideration the following factors without limitation:~~

~~(a) The extent to which the licensee obtained financial benefit from any conduct comprising part of the violation found by the board.~~

~~(b) The willfulness of the conduct found to be part of the violation determined by the board.~~

~~(c) The public harm, actual or potential, caused by the violation found by the board.~~

~~(d) The cost incurred in investigating and proceeding against the licensee.~~

R 338.4921 Medical records; requirements.

Rule 21. (1) A veterinarian who practices veterinary medicine in ~~Michigan~~ **this state** shall maintain a medical record for each patient that accurately reflects the veterinarian's evaluation and treatment of the patient. Entries in the patient record shall be made in a timely fashion. ~~The patient record shall contain documentation of a valid veterinarian-patient-client relationship.~~

(2) A record shall be maintained on either a herd or flock, or an individual patient. Records shall be legible and shall be retrievable. A record shall be maintained in either a written, electronic, audio, or photographic format.

(3) A record for an individual patient, group, herd, or flock shall document all of the following:

(a) Identification ~~that may~~ includes, but not be limited to, a tattoo, tag number, lot number, pen number, age, name, markings, sex, and species of the patient, as available.

(b) Date of the last veterinary service.

(c) Name, address, and telephone number of the client.

(d) Location of patients, if not at the location of the veterinary practice.

(e) Reason for the contact including, but not limited to, the case history, problem and/or signs of a problem, and whether the contact was a routine health visit or an emergency call.

(f) Vaccination history, when appropriate and if known.

(g) Results of the physical examination and a list of abnormal findings.

(h) Laboratory reports and other reports, when appropriate.

(i) Diagnostic procedures utilized and the reports that pertain to these procedures.

(j) Procedures performed including, but not limited to, surgery and rectal palpations.

(k) Daily progress notes, if hospitalized.

(l) Documentation of informed consent, if appropriate.

(m) Documentation of diagnostic options and treatment plans.

(n) Records of any client communication deemed relevant.

(o) Documentation of prescribed medication.

(4) Records **created before the effective date of this rule** shall be maintained for a minimum of 3 years from the date of the last veterinary service. **Records created on or after the effective date of this rule shall be maintained for a minimum of 7 years from the date of the last veterinary service.**

R 338.4922 ~~Veterinarian-client-patient relationship; requirements.~~ **Rescinded.**

~~Rule 22. All of the following requirements shall be met for a veterinarian-client-patient relationship to exist:~~

~~(a) A veterinarian shall assume responsibility for making clinical judgments regarding the health of the patient and the need for medical treatment, and a client shall have agreed to follow the veterinarian's instructions.~~

~~(b) A veterinarian shall have sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. "Sufficient knowledge," as used in this subrule, means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the patient by virtue of an examination of the patient, or by medically appropriate and timely professional visits to where the patient is kept.~~

~~(c) A veterinarian shall be readily available, or shall arrange for emergency coverage, for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen.~~

R 338.4923 ~~Dispensing or prescribing a prescription product;~~ **Rescinded.**

~~veterinarian-client-patient relationship required.~~

~~Rule 23. (1) If a veterinarian recommends a specific medication for a patient, the veterinarian shall honor a client's request for a prescription in lieu of dispensing a prescription product.~~

~~(2) Without a veterinarian-client-patient relationship, a veterinarian's merchandising or use of veterinary prescription drugs, including the extra-label use of any pharmaceutical, may be considered unprofessional conduct in violation section 16221 of the code.~~

~~R 338.4924 Terminating a veterinarian-client-patient relationship. **Rescinded.**~~

~~Rule 24. (1) A veterinarian may terminate a veterinarian-client-patient relationship by notifying the client that the veterinarian no longer wishes to serve that patient and client.~~

~~(2) If the veterinarian-client-patient relationship has been terminated but an ongoing medical or surgical condition exists, the patient shall be referred to another veterinarian for diagnosis, care, and treatment. The former attending veterinarian shall continue to provide life-saving support, as needed, during the transition period.~~

NOTICE OF PUBLIC HEARING

**Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
NOTICE OF PUBLIC HEARING
July 5, 2016**

9:00 a.m. – 12:00 p.m.

Location: G. Mennen Williams Building Auditorium
525 W. Ottawa Street, Lansing, Michigan

The hearing is held to receive public comments on the following administrative rules:

Board of Dentistry (ORR # 2015 - 090 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148; MCL 333.16204.

Overview: The proposed changes include: implementing training standards for identifying victims of human trafficking; replaces the state specialty examination requirements for orthopedics, periodontics, endodontics with educational and/or nationalized test requirements; permitting dental assistants, dental hygienists and dentists who allow his or her Michigan license to lapse to obtain relicensure without retaking a licensure examination provided he or she maintained a license in another jurisdiction; increasing the required number of continuing education hours in pain and symptom management; and adopting the most recent versions of previously adopted standards.

Board of Massage Therapy (ORR # 2013 - 031 LR)

Authority: MCL: 333.16145(2); MCL 333.16145(3); MCL 333.16148(1), MCL 333.16204(2); MCL 333.16205(2); MCL 333.17961(1); MCL 333.17963(1), MCL 333.17965.

Overview: The proposed changes provide: definitions for the rule set; implementation dates for the licensing programs; training standards for recognizing the signs of human trafficking; supervised massage therapy curriculum; licensure requirements; clarification of licensure requirements for foreign-trained students; and sets forth acceptable examinations and required passing scores.

Board of Nursing (ORR # 2015 - 91 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148(1); MCL 333.3101; MCL 445.2001, MCL 445.2011; MCL 445.2030.

Overview: The proposed changes address: training standards and requirements for recognizing the signs of human trafficking; reorganizes and addresses RN and PN licensure requirements; provides definitions and program approval requirements in the nursing education program section; addresses certification qualifications and requirements for licensure for the nurse specialty certification; provides continuing education requirements for license renewals, acceptable forms of continuing education and limitations; provides definitions; defines the terms of eligibility of programs and allocations of funds to each eligible education category; and lists the requirements that must be followed when awarding a scholarship from the nursing professional fund scholarship program.

Board of Podiatric Medicine and Surgery (ORR #2015-087 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16204(2); MCL 333.18033(1); MCL 333.18033(2).

Overview: The proposed changes include implementing training standards for identifying victims of human trafficking; replacing the six categories of continuing education with a table listing the approved continuing education activities, the minimum or maximum number of continuing education hours permitted or required for each activity, and the type of proof required if audited; expanding the types of activities for which continuing education may be granted; and increasing the minimum number of continuing education hours related to pain and symptom management.

Board of Veterinary Medicine (ORR # 2014-144 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3).

Overview: The proposed changes address: acceptance of certification from the Program for the Assessment of Veterinary Medicine Education Equivalence for licensure; changes the record-keeping requirements from three years to seven years; adopts the most recent version of previously adopted standards; and rescinds a duplicitous rule for assessing fines and rules regarding the veterinarian-patient-client relationship due to lack of authority.

The rules will take effect immediately upon filing with the Secretary of State, unless specified otherwise in the rules. Comments on the proposed rules may be presented in person at the public hearing. Written comments will also be accepted from date of publication until 5:00 p.m. on July 5, 2016, at the following address or e-mail address:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing– Boards and Committees Section
P.O. Box 30670
Lansing, MI 48909-8170
Attention: Policy Analyst Email: BPL-BoardSupport@michigan.gov

A copy of the proposed rules may be obtained by contacting (517) 373-8068 or at the email address noted above. Electronic copies also may be obtained at the following link:

http://w3.lara.state.mi.us/orr/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Professional+Licensing

The meeting site and parking are accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations (such as materials in alternative format) in order to participate in the meeting should call (517) 241-7500.

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH ADMINISTRATION

BODY ART FACILITIES

Proposed draft April 22, 2016

Filed with the Secretary of State on

These rules become effective immediately upon filing with the Secretary of State unless adopted under sections 33, 44, or 45a(6) of 306 PA 1969. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the department of health and human services by section 2233 of 1978 PA 368, MCL 333.2233; by section 2235 of 1978 PA 368, MCL 333.2235; and by section 13108 of 2010 PA 375, MCL 333.13108, and by Executive Reorganization Orders No. 2015-1 and No. 2015-4.)

R 333.13101, R 333.13102, R 333.13103, R 333.13104, R 333.13105, R 333.13106, R 333.13107; R 333.13108; R 333.13109; R 333.13110; R 333.13111; R 333.13112; R 333.13113; R 333.13114; R 333.13115; R 333.13116; R 333.13117; and R 333.13118; are added to the Michigan Administrative Code as follows:

PART I. DEFINITIONS

R 333.13101. Definitions.

Rule 1. (1) As used in these rules:

- (a) “Act” means 2010 PA 375, MCL 333.13101 to 333.13112.
- (b) “Affiliated temporary body art facility” is a temporary facility that is affiliated with a licensed body art facility in this state.
- (c) “Aftercare instructions” means verbal and written instructions given to the client, specific to the body art procedure or procedures rendered regarding the care of the body art and surrounding area. These instructions shall include information about when to seek medical treatment, if necessary, as well as notice that the individual may be able to donate blood within the standard deferral period if the individual presents a copy of his or her body art facility’s client record to the blood donor facility, based on local blood donor facility policy.
- (d) “Antiseptic” means an agent that destroys pathogenic microorganisms on human skin or mucosa.
- (e) “Antibacterial” means anything that destroys bacteria or suppresses their growth or their ability to reproduce. Examples include heat, chemicals such as chlorine, and antibiotic drugs.
- (f) “Antimicrobial” means a substance that kills or inhibits the growth of microorganisms such as bacteria, fungi, or protozoans. Antimicrobial drugs either kill microbes or microbistatic; or prevent the growth of microbes or microbistatic. Antimicrobial is a general term that refers to a group of drugs that includes antibiotics, antifungal, antiprotozoal, and antiviral.

(g) “Aseptic technique” means a set of specific practices and procedures performed under carefully controlled conditions with the goal of minimizing contamination by pathogens.

(h) “Blood-borne pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

(i) “Body art technician” means an individual who performs 1 or more of the following actions:

(i) Tattooing.

(ii) Branding.

(iii) Body piercing.

(j) “Body jewelry” means adornment placed into a body piercing. Body jewelry materials include metals such as stainless steel; non-metals such as FDA-approved acrylic; or organic materials such as hardwoods, bamboo, ivory, horn, or antler.

(k) “Body piercing” means the perforation of human tissue other than the ear for non-medical purposes.

(l) “Cleaning” means the removal of visible soil, organic material, or inorganic material from objects or surfaces and is usually accomplished by manual or mechanical means through water with detergents or enzymatic products.

(m) “Client” means a person undergoing any of the following procedures:

(i) Tattooing.

(ii) Branding.

(iii) Body piercing.

(n) “Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface

(o) “Contaminated sharps” means any contaminated object that can penetrate the skin including, but not limited to, tattoo needles, body piercing needles, and disposable razors.

(n) “Department” means the Michigan department of health and human services.

(o) “Disinfectant” means an environmental protection agency (EPA) - registered tuberculocidal chemical or physical agent that kills vegetative forms of microorganisms, but not necessarily all microbial forms such as bacterial spores.

(p) “Disinfection” or “disinfected” means the process that kills pathogenic and other microorganisms on inanimate objects by physical or chemical means. Disinfection kills most recognized pathogenic microorganisms but not necessarily all microbial forms, such as bacterial spores. Disinfection processes do not ensure the margin of safety standards associated with sterilization processes.

(q) “Dry heat sterilizer” means an apparatus used to sterilize supplies and equipment used in body art procedures through exposure to dry heat.

(r) “Equipment” means all machinery, including fixtures, containers, tools, devices, storage areas, sinks, and other apparatus used in connection with performing body art procedures.

(s) “Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an individual’s assigned duties in the body art facility. It does not include incidental exposures which may take place on the job, which are neither reasonably nor routinely expected, and which the individual is not required to incur in the normal course of employment.

(t) “Hand washing” means physically removing or reducing most microorganisms from the intact skin of the hands by performing all of the following actions:

(i) Using warm running water and liquid soap.

(ii) Using friction on all surfaces of the hands and wrists for at least 15 seconds.

- (iii) Drying hands with a clean, disposable paper towel.
- (iv) Turning off the faucet with a clean disposable paper towel.
- (u) “Imminent danger” means a condition that 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.
- (v) “Instruments” means needles, needles attached to the needle bars, body piercing needles, razors, scarification implements, and other devices that may come in contact with a client’s body or that may have possible exposure to bodily fluids during the body art procedure.
- (w) “Local governing entity” means the following:
 - (i) In the case of a single county health department, the county board of commissioners.
 - (ii) In the case of a district health department, the county boards of commissioners of the counties comprising the district.
 - (iii) In the case of a district health department, that includes a single city health department, the county boards of commissioners of the counties comprising the district and the mayor and city council of the city.
 - (iv) In the case of a single city health department, the mayor and city council of the city.
 - (v) In the case of a local health department serving a county within which a single city health department has been created, the county board of commissioners elected from the districts served by the county health department.
- (x) “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:
 - (i) Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture, dishes and related devices.
 - (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.
 - (iii) Pathological waste.
 - (iv) Sharps.
 - (v) Contaminated wastes from animals that have been exposed to agents infectious to humans, primarily research animals.
- (y) “MIOSHA” means Michigan occupational safety and health act, 1974 PA 154, MCL 408.1001 to 408.1094.
- (z) “Non-affiliated temporary body art facility” is a temporary facility that is not affiliated with any licensed body art facility in this state.
- (aa) “Non-critical violations” means an infraction of these rules that most likely will not result in an imminent health danger.
- (bb) “Other potentially infectious material” or “OPIM” means human body fluids including, but not limited to, any body fluids visibly contaminated with blood, saliva in oral body art procedures, semen, vaginal secretions, and all body fluids where it is difficult or impossible to differentiate between body fluids.
- (cc) “Pathological waste” means human organs, tissues, body parts other than teeth, products of conception, and fluids removed by trauma or during surgery or autopsy or other medical procedure and not fixed in formaldehyde.
- (dd) “Personal protective equipment” or “PPE” means specialized clothing or equipment that is worn by an individual working in a body art facility to protect him or her from a hazard. This does not include general work clothes, such as uniforms, pants, shirts, or blouses, which are not intended to function against a hazard, are not considered to be personal protective equipment.

(ee) “Procedure area” means the physical space that is used by 1 body art technician at a time to perform a body art procedure on 1 client at a time, and that contains all procedure surfaces, equipment, and instruments to perform the body art procedure.

(ff) “Procedure surface” means any surface utilized during the body art procedure that has the potential to become contaminated and that may require cleaning and disinfecting.

(gg) “Scarification” is the production of scars and includes the injury of the skin involving scratching, etching, or cutting of designs to produce a scar on a human being for ornamentation or decoration.

(hh) “Scarification implement” means any instrument which intentionally alters human skin for the purpose of scarification.

(ii) “Smoking” means the carrying, holding or inhalation by a person of a lighted cigar, cigarette, pipe, or other lighted smoking device.

(jj) “Steam autoclave” means an apparatus used to sterilize supplies and equipment used in body art procedures by direct exposure to saturated steam under pressure as a sterilant.

(kk) “Sterilize” or “sterilization” means the complete elimination or destruction of all forms of microbial life including bacterial spores.

(ll) “Surface piercing” means any body piercings that takes place on the surface of the body under the epidermis but not to subcutaneous tissue. The surface piercing is done in areas which are not particularly concave or convex, where the piercing canal is under the surface of the skin with exit and entry points, which are perpendicular to the tissue. This procedure is performed utilizing a body piercing device, such as a piercing needle.

(mm) “Tattoo,” in addition to the definition in the act, includes scarification, cosmetic tattooing, and permanent make-up.

(nn) “Temporary body art convention” means a gathering of varied body artists representing owners or operators of separate body art facilities, licensed in or outside this state, who must obtain an individual temporary body art facility license issued by this state for an event lasting not more than 14 days.

(2) Terms defined in the act have the same meanings when used in these rules.

PART II. BODY ART FACILITY REQUIREMENTS; GENERAL

R 333.13102 Permitted procedures at licensed body arts facilities.

Rule 2. (1) Tattooing, branding, or body piercing, as defined by the act and these rules are the only procedures permitted within a body art facility. Medical procedures, such as tattoo removals, implants, silicone injections, and tongue splitting are governed by part 161 of 368 PA 1978, MCL 333.16101 to MCL 333.16349.

R 333.13103 Body art facility; applications; renewal licenses; temporary body art facility licenses.

Rule 3 (1) At the time of the application, the owner or operator shall pay to the department a nonrefundable application fee. Fee schedules are based upon the consumer price index and shall be published annually at the department’s website at www.michigan.gov/bodyart.

(2) Upon submission of an application with fee payment for a body art facility license, the applicant will receive a receipt of payment for the licensing fee from the online application process or his or her cancelled check notification if application is mailed.

(3) Mobile units will not be licensed as statewide transitory units.

(4) Applications for licensure must be received not less than 30 days before tattooing, branding, or body piercing services are proposed to be provided.

(5) Applications and the required fee for temporary licenses must be received not less than 30 days before the first day on which tattooing, branding, or body piercing services are proposed to be provided at the temporary location and expires at 12 a.m. on the final date described on the temporary license. No services are to be performed until a compliance inspection has been completed by the local health department.

(6) The department shall send to the body art facility applicant a printed body art facility license issued by this state once the local health department has notified the department of a “pass” licensing inspection. Annual licenses and renewal licenses will be effective for the calendar year applied for and do not imply or guarantee a license of 365 days from initial approval.

(7) The license will be issued to a specific person at a specific location and is nontransferable.

(8) Annual and renewal licenses shall be posted in the body art facility.

R 333.13104 Body art facility; inspections.

Rule 4. (1) After passing a pre-opening inspection, the local health department may allow the body art facility to begin offering body art procedures to clients provided the body art facility has applied for licensure in this state.

(2) Inspection of the body art facility shall be conducted pursuant to MCL 333.13105. The local health department shall convey the results of that inspection to the department, within a reasonable time frame but no longer than 30 days after the inspection is completed.

(3) A site plan submission by the applicant to the local health department and a pre-opening inspection by the local health department representative responsible for the jurisdiction in which the body art facility is located are required for a new or a newly remodeled licensed body art facility.

(4) The local health department that is responsible for conducting inspections in the jurisdiction in which the body art facility is located shall be notified by the department of this completed application by an automated application inspection request e-mail. The local health department shall use the application inspection e-mail request sent by the department to schedule a body art facility inspection.

(5) Each local health department retains the right to perform additional inspections as deemed necessary.

(6) A detailed site plan will be reviewed by the local health department to determine whether the body art facility is in compliance with the facility requirements found in R 333.13115.

(7) The inspection of a body art facility shall document whether the body art facility has met the requirements in the act and rules and whether the facility should be licensed. This determination shall be noted on the inspection report form completed by the local health department and a copy of the signed and dated documentation shall be given to the owner or operator at the end of the inspection. A signed copy of a compliant department inspection report form can be posted temporarily in lieu of a state-issued license.

(8) The body art facility inspection report shall delineate inspection items that are both critical and non-critical violations. If both critical and non-critical violations are identified, the local health department shall mark them on the form and remedies for correction shall be noted in the comment section of the inspection form.

(9) Violations noted on the inspection report may require a re-inspection by the local health department to assure corrective action has been taken. If a re-inspection is needed, the time

frame for the follow up inspection shall be noted in the comment section of the inspection report form.

(10) The local health department or its representative shall report back to the department the status of new annual license inspection or an annual renewal license inspection as either pass or fail and whether licensure is recommended by use of the department's online reporting process.

R 333.13105 Body art facility; license renewal.

Rule 5. (1) When submission for the renewal of a body art license application and licensing fee for a body art facility is received by the department, the department shall notify the local health department responsible for the jurisdiction in which the facility is located. The department shall notify license holders that their license is due for renewal by mail or email provided a facility email address is submitted.

(2) The renewal application and license fee shall be submitted on or by December 1st. Failure to do so will result in a late fee.

(3) The department shall issue a renewal license to the body art facility provided the facility has had a satisfactory inspection done within the prior 12 months.

(4) The local health department shall submit a compliant inspection report for the licensed facility before December 1 of the next renewal cycle.

(5) A detailed site plan is required before any remodeling changes are made to an existing licensing body art facility in this state.

R 333.13106 Body art facility requirements; disclosure; consent.

Rule 6. (1) Before starting a body art procedure, the body art facility shall provide to each client the department disclosure statement and notice for filing complaints advising clients of the risks and possible consequences of body art procedures and information on how to lodge complaints about the body art facility related to compliance with the department's rules for body art facilities.

(2) Each client shall sign a department-approved consent form that documents the client's receipt of the department-approved disclosure statement and notice for filing complaints.

PART III. EMPLOYEE REQUIREMENTS; RECORDS

Rule 7. (1) The licensee of a body art facility shall ensure that the body art facility as a whole, and any individual working in the body art facility with potential exposure to blood and OPIM, is in compliance with the MIOSHA Occupational Health Standard Part 554 "Bloodborne Infectious Diseases," as referenced in subrule (8) of this rule. A complete and current site-specific MIOSHA Bloodborne Infectious Diseases Exposure Control Plan for Employer with Limited Employee Exposure will satisfy this requirement.

(2) The licensee shall ensure that all employees working in the body art facility with potential exposure to blood and OPIM meet the training requirements in this rule.

(3) The licensee shall ensure that all employees working in the body art facility complete annual training and industry-specific training that include all of the following:

- (a) Information on bloodborne pathogens.
- (b) Bloodborne pathogen prevention.
- (c) Potential exposure to blood and OPIM.

(d) MIOSHA Occupational Health Standard Part 554 "Bloodborne Infectious Diseases," as referenced in subrule (8) of this rule, and how it will be implemented in the body art facility.

(4) The licensee shall maintain on-site documentation of annual bloodborne pathogen training, as well as the yearly updated exposure control plan for review.

(5) Body art facilities shall comply with MIOSHA Occupational Health Standard Part 430 “Hazard Communication,” as referenced in subrule (8) of this rule. This standard provides access to chemical information for employees whose jobs involve the routine use of hazardous chemicals.

(6) Body art facilities shall comply with Michigan right to know law, that includes the requirements for the communication of information regarding the safe handling of hazardous chemicals present in Michigan workplaces, in the Michigan occupational safety and health act (MIOSHA), 1974 PA 154, MCL 408.1001 to 408.1094, printed with the Occupational Health Standard Part 430 “Hazard Communication,” as referenced in subrule (8) of this rule or for a copy of the entire act on the internet at website: www.legislature.mi.gov.

(7) Failure to comply with the requirements in this rule, including training, shall be considered a critical violation which may lead to immediate closure, and suspension or revocation, or both, of the body art facility license, as an imminent danger.

(8) The following MIOSHA standards are referenced in these rules. Up to 5 copies of these standards may be obtained at no charge from the Michigan Department of Licensing and Regulatory Affairs, MIOSHA Regulatory Services Section, 530 West Allegan Street, P.O. Box 30643, Lansing, Michigan, 48909-8143 or via the internet at website: www.michigan.gov/mioshastandards. For quantities greater than 5, the cost, as of the time of adoption of these rules, is 4 cents per page.

(a) Occupational Health Standard Part 430 “Hazard Communication,” R 325.77001 to R 325.77004.

(b) Occupational Health Standard Part 554 “Bloodborne Infectious Diseases,” R 325.70001 to R 325.70016.

R 333.13108 Body art facility requirements; vaccination; violations considered critical violation.

Rule 8. (1) The owner or operator of the body art facility must make hepatitis B vaccination available to all individuals working in the body art facility with potential exposure to blood and OPIM. Vaccination is not required if any of the following apply:

(a) The individual provides records that he or she has previously received the complete hepatitis B vaccination series.

(b) Antibody testing has revealed that the individual is immune.

(c) Vaccine is contraindicated for medical reasons.

(2) The requirement in subrule (1) of this rule includes, but is not be limited to, the following individuals who do the following:

(a) Engage in tattooing and/or cleaning, disinfecting, or sterilizing tattoo instruments and/or equipment.

(b) Perform branding and/or cleaning, disinfecting or sterilizing branding instruments/equipment.

(c) Perform piercing and/or cleaning, disinfecting or sterilizing piercing instruments/equipment.

(3) Hepatitis B vaccination must be made available to the following:

(a) Individuals working in the body art facility prior to annual licensure of the body art facility

(b) Individuals who begin working at the body art facility within 10 days of being assigned to carry out responsibilities with potential exposure to blood and OPIM

(c) Individuals currently working at the body art facility within 10 days of being assigned to carry out responsibilities with potential exposure to blood and OPIM.

- (4) Hepatitis B vaccination must be made available after training requirements are completed.
- (5) All individuals who decline vaccination must sign a Vaccination Declination Form.
- (6) Failure to follow the requirements in this rule shall be considered a critical violation which may lead to immediate closure, suspension and/or revocation of the body art facility license as an imminent danger.

R 333.13109 Requirements for body art technicians and other individuals who assist with body art procedures with potential exposure to blood and OPIM; violations considered critical violations.

Rule 9. (1) Body art technicians shall meet the requirements of section 3 of the youth employment standards act 1978 PA 390, MCL 409.103.

(2) Body art technicians shall not perform tattooing, branding, or body piercing on non-intact skin or non-intact mucosal surfaces.

(3) Body art technicians shall refuse body art services to any person who, in their opinion, is under the influence of alcoholic liquor or a controlled substance.

(4) Body art technicians, and any other individuals who assist with setting up for, performing, or cleaning up after body art procedures with the potential for exposure to blood and OPIM, shall maintain a high degree of cleanliness, conform to hygienic practices, including hand washing, and wear proper personal protective equipment with clean clothes when performing body art procedures.

(5) If the clothes of a body art technician, or any other individual who assists with setting up for, performing, or cleaning up after body art procedures with the potential exposure to blood or OPIM, become contaminated, contaminated clothing shall be removed as soon as possible in a way that prevents additional exposure to the contaminated areas of the clothing. Clean clothing shall be used prior to commencement of any further body art procedures.

(6) Body art technicians, or any other individuals who assist with setting up for performing, or cleaning up after body art procedures with the potential for exposure to blood and OPIM shall not be involved in body art procedures if they have open wounds, cuts, sores, burns, or skin abnormalities on the hand, or on any other portion of the body that may result in uncontained drainage that could result in contamination of body art instruments, equipment, procedure surfaces, or the client.

(7) Body art technicians, or any other individuals who assist with setting up for, performing, or cleaning up after body art procedures with the potential for exposure to blood and OPIM, shall not eat, drink, apply cosmetics or lip balm, handle contact lenses or store food in work areas where tattooing, branding, or body piercing are performed or other areas where there is a likely exposure to blood and other OPIM.

(8) When performing body art procedures, or assisting with setting up for, performing, or cleaning up after body art procedures, body art technicians and other individuals with the potential for exposure to blood and OPIM, shall perform appropriate hand washing. At a minimum, all of the following apply to handwashing:

(a) Prior to donning gloves to set-up of equipment/instruments used for conducting body art procedures.

(b) Immediately prior to donning gloves to perform a body art procedure.

(c) Immediately after removing gloves at the conclusion of performing a body art procedure and after removing gloves at the conclusion of procedures performed in the sterilization area.

(d) When leaving the work area.

(e) As soon as possible after coming in contact with blood or OPIM or any potentially contaminated surface, including after cleaning and disinfecting after each client.

(f) Before and after eating, drinking, smoking, applying lip cosmetics or lip balm, handling contact lenses, or using the bathroom.

(g) When hands are visibly soiled.

(9) Hand washing shall include thoroughly washing the hands in warm, running water with liquid soap using friction on all surfaces of the hands and wrists for at least 15 seconds, then rinsing hands and drying hands with a clean, disposable paper towel, and turning off the faucet with a new disposable paper towel.

(10) Body art technicians shall perform tattooing, branding, or body piercing in a manner that minimizes splashing, spraying, or splattering of blood.

(11) When involved in body art procedures, body art technicians and any other individuals involved in setting up for, performing, or cleaning up after body art procedures with the potential exposure to blood and OPIM, shall wear disposable medical-grade exam gloves to minimize the possibility of transmitting infections during body art procedures.

(12) Under no circumstances shall a single pair of exam gloves be used for the entire body art procedure.

(13) A minimum of 1 pair of disposable, medical-grade exam gloves shall be used for each of the following stages of the body art procedure:

(a) Set-up of equipment or instruments used for conducting body art procedures and skin preparation of the body art procedure area.

(b) The body art procedure and post-procedure teardown.

(c) Cleaning and disinfection of the procedure area after each use between clients.

(14) If, when involved in body art procedures, the body art technician or any other individual involved in setting up for, performing, or cleaning up after body art procedures, leaves the body art procedure area in the middle of a body art procedure, gloves must be removed before leaving the procedure area and a new pair of gloves put on when returning to the procedure area.

(15) If, when involved in body art procedures, the body art technician's glove or gloves, or the glove or gloves of any other individual involved in setting up for, performing, or cleaning up after body art procedures, is pierced or torn, or if the glove or gloves become potentially contaminated by contact with non-clean, non-sterile surfaces, the glove or gloves must be changed immediately. To ensure adequate protection for the practitioner, latex gloves shall not be used in conjunction with petroleum based products.

(16) Under no circumstances shall a single pair of gloves be used on more than 1 client.

(17) The use of disposable exam gloves does not preclude or substitute for hand washing procedures.

(18) Gloves and any other required PPE shall be applied and removed according to requirements that minimize contamination of the person using them.

(19) Disposable gloves and any required PPE shall be removed before leaving the area where tattooing, body piercing, and branding is performed.

(20) Disposable gloves and any other required disposable PPE shall be disposed of in an appropriate, covered waste receptacle.

(21) Any reusable PPE shall be placed in an appropriate provided receptacle for storage until they can be cleaned, disinfected, and sterilized.

(22) If while performing a body art procedure, an item or instrument used for body art is contaminated by coming in contact with a surface other than the procedure surface or the client, the item shall be discarded or removed from service and replaced immediately with a new disposable item or a new sterilized item or instrument before the procedure continues.

(23) Body art technicians shall immediately dispose of all needles, including the needle bar, and other contaminated sharps directly into a conveniently placed and secured sharps disposal container. Body art technicians shall not bend, recap, break, or shear contaminated sharps.

(24) Failure to follow the requirements in this rule shall be considered a critical violation which may lead to immediate closure, and suspension or revocation, or both, of the body art facility license as an imminent danger.

R 333.13110 Client contact in event of communicable disease outbreak; disclosure.

Rule 10. The body art facility shall require the client to provide contact information in the event of a communicable disease outbreak investigation, body jewelry recall, or other issues pertaining to the client's health. Contact information may include a phone number or an e-mail address, or both.

R 333.13111 Record retention.

Rule 11 (1) All client and employee records, electronic or hard copy shall be retained in a confidential manner in compliance with the following:

(a) All paper records shall be retained in a locked filing cabinet or a locked room.

(b) All electronic records must be password protected.

(c) Access to client records must be limited to the following:

(i) Individuals working at the body art facility that must have access to the client records in order to carry out the responsibilities of their position at the body art facility.

(ii) Department or local health department staff who need access to records to document body art facility compliance with requirements delineated in these rules, to investigate a laboratory confirmed infection, or to conduct a communicable disease outbreak investigation.

(2) All client and employee records shall be retained for a minimum of 3 years, unless the business dissolves and the records are subject to the requirements of subrules (4) and (5) of this rule.

(3) After the 3-year minimum for record retention, all client and employee records may be destroyed. Destruction of records shall include shredding, incineration, electronic deletion or disposal in another manner that protects the confidentiality of all client and employee-related documents.

(4) Body art facilities that close and go out of business are required to properly dispose of records, whether there has been a minimum of 3 years retention. Destruction of records shall include shredding, incineration, electronic deletion, or disposal in another manner that protects the confidentiality of all client and employee-related documents.

(5) Body art facilities that are sold or where the business interest has been transferred to another body art facility shall transfer their records or properly dispose of their records in accordance with subrule (4) of this rule, depending on the conditions of the sale or transfer of the business interest.

(6) Violation of the procedures in this rule may subject the owner or operator of the body art facilities to the penalties under MCL 333.131079.

PART IV. PROTECTIVE PROCEDURES; CRITICAL VIOLATIONS

R 333.13112 Preparation and care of body art area; conducting body art procedure; violations considered critical violations.

Rule 12. (1) Body art procedure areas shall be organized to prevent cross-contamination of clean, disinfected, or sterile instruments and equipment with contaminated equipment. The organization of the body art procedures area shall include the following:

(a) A cleaned and disinfected field established that contains all cleaned, disinfected, and sterilized instruments and equipment and supplies to be used in the body art procedure.

(b) All supplies before the procedure begins organized in a manner to minimize contamination of the field.

(c) All sterilized supplies remain in the sterile package until opened in front of the client.

(d) A separate disposable container or a container capable of being cleaned and disinfected available and shall be used to hold and transport all post-procedure contaminated instruments/equipment from the procedure area to the cleaning, disinfecting, and sterilization area.

(2) Before a body art procedure is performed, the immediate skin area and the areas of the skin surrounding where the body art is to be placed shall be washed with soap and water. The area shall then be prepared with an appropriate skin preparation allowing the preparation to dry on the skin before beginning the body art procedure. Washing pads shall be disposed of in a covered waste receptacle after a single use.

(3) For an oral body art procedure, the mouth shall be rinsed out with an oral antiseptic mouth rinse for at least 30 seconds.

(4) If shaving is necessary, single-use disposable razors shall be used. Used razors shall be immediately disposed of in an approved, properly-labeled and secured sharps disposal container. Following shaving, the immediate skin area and the areas surrounding where the body art is to be placed shall be washed with soap and water. The area shall be prepared with an appropriate antiseptic skin preparation according to the manufacturer's instructions. Washing pads shall be disposed of in a covered waste receptacle after a single use.

(5) All tattoo pigments or inks, tattoo needles, and piercing needles used for body art procedures shall be specifically manufactured for performing body art procedures and shall be used according to manufacturer's instructions.

(6) All other body art instruments, which may include scalpels and dermal punches, shall be used in accordance with manufacturer's instructions.

(7) All needles used for tattooing must be single-use, sterile needles. After use, needles, including the needle bar, shall be immediately disposed of in an approved, properly-labeled and secured sharps disposal container.

(8) All products applied to the skin, including body art stencils, shall be single-use and disposable.

(9) Application of stencils shall be dispensed and applied on the area to be tattooed with clean paper toweling or an applicator in a manner to prevent contamination of the original container and its contents. The used paper toweling or applicator shall be disposed of in an appropriate covered waste receptacle after a single use.

(10) Immediately before a tattoo is applied, the quantity of tattoo pigment or ink to be used shall be transferred from the tattoo pigment or ink bottle and placed in a single-use pigment cap. Upon completion of the tattoo, these single use pigment caps and their contents shall be discarded.

(11) Before disposal, any tattoo pigment/ink remaining in liquid form shall be disposed of by placing absorbent materials into the cap to absorb the liquid and the caps disposed of in an appropriate covered waste receptacle after a single use.

(12) Tattoo pigment or ink shall not, under any circumstances, be reused on another client or placed back in the original stock container.

(13) Tattoo pigment or ink bottles must be stored in a clean, dry, closed cabinet or tightly covered container when not in use. If tattoo pigment or ink bottles are stored in the body art procedure area, they may not be accessed during the performance of a body art procedure without first removing and disposing of contaminated gloves and performing hand washing. New medical-grade exam gloves must be used to complete the body art procedure.

(14) After performing a tattoo, the following procedure shall be performed:

- (a) Excess pigment or ink shall be removed from the skin with a clean, single use paper towel.
- (b) The completed tattoo shall be washed with an appropriate antiseptic solution.
- (c) The tattooed area shall be allowed to dry.
- (d) An ointment shall be applied either from a single-use packet or using an applicator in such a way that the original container is not contaminated.
- (e) A non-stick dressing shall be applied to the site and secured with medical-grade adhesive tape or self-adhesive wrap. An acceptable dressing would be a non-stick dressing to prevent ink removal.
- (f) Food-grade plastic wrap shall not be used as a dressing.

(15) For permanent make-up or cosmetic tattooing, the use of some rotary pens is permitted. Only rotary pens that have detachable, disposable, sterile combo couplers and detachable, disposable casings or casings that can be cleaned and sterilized shall be used. The use of any rotary pen that uses a sponge at the opening of the chamber to stop the pigment or blood or OPIM from getting into the machine or is designed in a manner that does not allow it to be cleaned and sterilized shall not be permitted.

(16) All needles used for piercing must be single-use, sterile needles. After use, needles shall be immediately disposed of in an approved, properly-labeled and secured sharps disposal container. Needles are not to be bent, broken, or recapped before disposal into sharps disposal container. Expired needles shall not be re-autoclaved unless approved by manufacturer.

(17) All body jewelry used for piercing must be sterilized before use. Body jewelry for initial piercings must be made of implant grade materials that meet the minimum ISO 5832-1 compliant or ASTM F-138 compliant designation standards.

(18) In the event of excessive bleeding at any time during a body art procedure, all products used to check the flow of blood or to absorb blood shall be sterile, unused, single-use items and must be disposed of immediately after use in appropriate, covered waste receptacles, unless the disposal product meets the definition of medical waste. Styptic pencils, alum blocks, or other solid styptics shall not be used to stop excessive bleeding.

(19) Failure to follow the procedures in this rule shall be considered a critical violation which may lead to immediate closure, and suspension or revocation, or both, of the body art facility license as an imminent danger.

R 333.13113 Cleaning, disinfection, and sterilization procedures; violations considered critical violations.

Rule 13. (1) All procedure surfaces shall be cleaned and disinfected with an EPA-registered tuberculocidal disinfectant after each use and between clients regardless of whether contamination is visible. Disinfectants shall stay on surfaces for a specific amount of time to fully disinfect the surface before being wiped down. Instructions included with the disinfectant shall be followed regarding the required chemical concentration and the amount of time needed to properly disinfect an area.

(2) Non-procedure surfaces and equipment shall not be touched during the body art procedure. If an object is likely to be touched during the procedure, it shall be covered with an appropriate barrier such as barrier film, a clip cord sleeve, dental bib, or table paper.

- (3) Any barrier used to cover equipment must be discarded at the end of each procedure.
- (4) The underlying surface must be clean and disinfected after each use and between clients and before a new barrier covering is applied.
- (5) No cloth or fabric chairs shall be used in the procedure or sterilization area.
- (6) Failure to follow the procedures in this rule shall be considered a critical violation which may lead to immediate closure, and suspension or revocation, or both, of the body art facility license as an imminent danger.

R 333.13114 Cleaning, disinfecting, and sterilizing procedure of non-disposable items; violations considered critical violations.

Rule 14. (1) All non-disposable instruments used in body art procedures shall be thoroughly cleaned after each use. Cleaning is accomplished by manually scrubbing instruments with warm water and an appropriate detergent solution to remove blood and OPIM in the sterilization area.

(2) Once visible blood and OPIM is removed, all non-disposable instruments shall be placed in a disinfection tub filled with EPA-registered tuberculocidal disinfectant. Instruments shall be fully submerged to ensure contact with all surfaces for an amount of time specified in the manufacturer's instructions. All hinged instruments such as piercing forceps shall be in the open position.

(3) When disinfection is completed, instruments shall be rinsed, patted dry, and placed in an ultrasonic cleaner filled with an appropriate ultrasonic solution, and the ultrasonic unit shall be run according to the manufacturer's suggestions. All hinged equipment such as piercing forceps shall be in the open position.

(4) The ultrasonic unit shall be used, cleaned, and maintained in accordance with manufacturer's instructions and a copy of the manufacturer's recommended procedures for the operation of the ultrasonic unit shall be kept on file at the body art facility.

(5) Upon removal from the ultrasonic unit, all non-disposable instruments used for body art shall be rinsed, air dried, and packed individually in peel-packs and subsequently sterilized in a steam autoclave or dry-heat sterilizer. All hinged instruments such as piercing forceps shall be packaged in an open position.

(6) All peel-packs shall contain a chemical/temperature and/or humidity sensitive tapes, strips or pellets for monitoring each sterilization cycle. Reactions must be recorded in a log book for each sterilization cycle.

(7) Peel-packs shall be labeled to include the date of sterilization.

(8) The steam autoclave or dry-heat sterilizer shall be used, cleaned, and maintained in accordance with manufacturer's instructions and a copy of the manufacturer's recommended procedures for the operation of the steam sterilizer or dry heat sterilizer shall be kept on file at the body art facility.

(9) After sterilization, the instruments used for body art procedures shall be stored in a dry, disinfected, closed cabinet or other tightly-covered container reserved for the storage of such instruments.

(10) All instruments used in body art procedures shall remain stored in sterile packages until just prior to the performance of a body art procedure.

(11) Sterilized instruments may not be used if the package integrity has been breached, is wet or stained, or the expiration date has been exceeded without first repackaging and re-sterilizing.

(12) The expiration date for sterilized instruments is 1 year from the date of sterilization unless the integrity of the package is compromised.

(13) The owner or operator of a body art facility shall demonstrate that the sterilizer used is capable of attaining sterilization by monthly spore detection tests. These tests shall be verified

through an independent laboratory. Test records shall be retained by the owner or operator for a period of at least 3 years and be posted in a conspicuous place within the sterilization area.

(14) If a spore test result is positive, the body art facility shall discontinue the use of that sterilizer until it has been serviced and a negative spore test has been recorded before putting that sterilizer back into service.

(15) Until a negative spore test has been received, the body art facility shall use the following:

(a) An alternative sterilizer.

(b) Either of the following:

(i) Instruments that have sterilization date on or before the date before the last negative spore test was recorded.

(ii) Only disposable and pre-sterilized instruments.

(16) Instruments from sterilization runs after the last negative spore test must be repackaged and sterilized successfully before use.

(17) The owner and/or operator of the body art facility shall notify the local health department that inspects body art facilities in the jurisdiction in which the body art facility is located, of the positive spore test within 24 hours of the positive spore testing occurring.

(18) Body art facilities that use only disposable instruments are not required to have a steam autoclave or a dry-heat sterilizer.

(19) Body art technicians and all other individuals working in the body art facility shall follow appropriate hand washing technique and wear gloves and other required PPE when involved in cleaning, disinfecting, and sterilization procedures.

(20) Body art technicians and all other individuals working in the facility shall comply with all of the following when cleaning and disinfecting procedure surfaces and procedure areas:

(a) Gloves and other PPE shall be worn when cleaning and disinfecting body art procedure surfaces and procedure areas, including the removal of any barrier materials. Gloves shall be either medical grade disposable gloves or heavy duty reusable gloves. Gloves shall be removed before leaving the procedure area.

(b) Appropriate hand washing shall be performed immediately upon glove removal after cleaning and disinfecting body art procedure areas.

(21) Body art technicians and all other individuals working in the facility shall comply with the following procedures when cleaning and disinfecting non-disposable instruments:

(a) Gloves and other required PPE shall be worn when cleaning and disinfecting non-disposable instruments.

(b) Gloves shall be disposable medical grade exam gloves.

(c) Gloves shall be removed after loading the ultrasonic cleaner.

(d) Appropriate hand washing shall be performed immediately upon glove removal after loading the ultrasonic cleaner.

(22) Body art technicians and all other individuals working in the facility shall comply with the following procedures when sterilizing non-disposable instruments and handling sterilized instruments:

(a) Either gloves or other required PPE shall be worn when preparing materials for sterilization and loading materials into the steam autoclave or dry heat sterilizer.

(b) Gloves shall be disposable medical grade exam gloves.

(c) Appropriate hand washing shall be performed immediately upon preparing the materials for sterilization and loading materials into the steam autoclave or dry heat sterilizer.

(d) Appropriate hand washing shall be performed prior to donning gloves before unloading materials from the steam autoclave or dry heat sterilizer and placing them into storage.

(e) Appropriate hand washing shall be performed prior to donning gloves before retrieving sterilized materials from the storage area in preparing for setting up for a body art procedure.

(f) A different pair of gloves shall be used for each of the stages in subdivision (a) to (e) of this subrule for cleaning, disinfecting, and sterilization.

(23) All gloves and other required PPE shall be removed in a way that minimizes risk of contamination of the person using them.

(24) If either medical grade gloves or other disposable PPE are used, they shall be disposed of in an appropriate covered waste receptacle.

(25) If either heavy duty reusable gloves or other reusable PPE are used, they shall be placed in a container for cleaning and disinfecting.

(26) If heavy duty reusable gloves are used, each person using them shall have his or her own pair of gloves or reusable gloves disinfected with an environmental disinfectant, rinsed and allowed to dry between uses.

(27) Failure to follow the procedures in this rule shall be considered a critical violation which may lead to immediate closure, and suspension or revocation, or both, of the body art facility license as an imminent danger.

R 333.13115 Medical waste; disposal procedures; violations considered critical violations.

Rule 15. (1) A body art facility shall comply with the requirements of part 138 of the public health code, 1978 PA 368, MCL 333.13801 to MCL 333.13832.

(2) Failure to follow the procedures in this rule shall be considered a critical violation which may lead to immediate closure, and suspension or revocation, or both, of the body art facility license as an imminent danger.

PART V. FACILITY REQUIREMENTS

R 333.13116 Facility requirements; violations considered critical violations.

Rule 16. (1) All body art facilities shall be completely separated by walls extending from floor to ceiling, from any room used for human habitation or any activity that may cause potential contamination of work surfaces.

(2) The body art facility shall have self-closing doors and windows equipped with screens in good repair if the windows are intended to be used for ventilation.

(3) Body art procedure areas shall be separated from both the customer waiting area and retail area by a panel or wall at least 4 feet high.

(4) There shall be a minimum of 45 square feet of floor space for each body art technician's body art procedure area in the facility.

(5) All walls and floors of a body art facility shall be smooth, free of open holes or cracks, washable, and in good repair. Walls, floors, and ceilings shall be maintained in a clean condition. Carpeting is allowed in the waiting area if the waiting area is totally separate and not directly adjacent to procedure areas. Carpeting is not allowed in aisles between adjacent procedure areas.

(6) All procedure surfaces in the body art procedure area, including client chairs, tables, benches, and counters, shall be smooth, free of open holes or cracks, washable, and in good repair. All procedure surfaces, including client chairs, tables, benches, and counters, shall be of such construction as to be easily cleaned and disinfected after each use between clients. For questionable surfaces, such as leather procedure arm bars, barriers, and tape shall be used during the procedure.

(7) The facility shall be well-ventilated and provided with an artificial light source equivalent to at least 20 footcandles 3 feet off the floor, except that 100 footcandles shall be provided at the

level where the body art procedures are being performed, and where instruments and sharps are either handled or assembled. Spot lighting may be utilized to achieve this required degree of illumination for the purpose of conducting body art procedures. Fluorescent tube lighting over a procedure area shall be protected from accidental breakage during a procedure by an appropriate covering.

(8) A separate hand washing sink shall be designated for staff use only with warm running water under pressure and with the owner or the operator's option to equip the facility with wrist or foot-operated controls. Liquid soap and disposable paper towels shall be readily accessible to the body art technicians. There shall be a covered waste receptacle by each sink for the disposal of paper towels. One hand sink shall serve no more than 3 body art technicians.

(9) A body art facility shall have a minimum of 1 lavatory with a toilet and a separate sink.

(10) A body art facility shall have a separate room or area for the sole purpose of cleaning, disinfecting, and sterilizing contaminated tools and instruments. This area shall be separated from the remainder of the facility by a minimum of a wall or partition and shall be an area that does not allow client access. The cleaning, disinfecting, and sterilizing area shall be organized to prevent cross-contamination of clean, disinfected, or sterile equipment with dirty equipment.

(11) All sinks in the body art facility shall only be used for their designated purpose.

(12) All chemical or cleaning supply containers shall be properly labeled.

(13) At least 1 covered waste receptacle shall be provided in each body art procedure area and each toilet room. Waste receptacles in the body art procedure area or areas shall be emptied daily and solid waste shall be removed from the premises at least weekly. All waste receptacles shall be cleanable and kept clean, and capable of being disinfected.

(14) The facility shall follow the disposal and container requirements under R 325.70001 to R 325.70016. The containers shall be changed, at a minimum, 90 days after the date of first use.

(15) No animals shall be allowed in the body art facility except service animals used by persons with disabilities such as seeing-eye dogs.

(16) Effective measures shall be taken by the owner or operator of the body art facility to protect against entrance into the facility and against the breeding or presence on the premises of insects, vermin, and rodents. Insects, vermin, and rodents shall not be present in any parts of the facility.

(17) For new body art facilities and for body art facilities undergoing renovation, an 8 ½ by 11 or larger scale drawing and floor plan of the proposed facility or the proposed renovation of the facility shall be submitted to the local health department responsible for body art facility inspection for the jurisdiction in which the body art facility will be or is located. This drawing and a copy of the floor plan shall show the accurate placement of each of the following items:

- (a) Walls.
- (b) Windows.
- (c) Doors.
- (d) Waiting area.
- (e) Procedure area or areas.
- (f) Bathroom or bathrooms.
- (g) Cleaning, disinfection, and sterilization area.
- (h) Equipment and instrument storage area or areas.
- (i) Chairs.
- (j) Tables.
- (k) Sinks.

(18) The scale drawing and floor plan in subrule (17) of this rule shall be submitted to the local health department at least 60 days before the proposed opening or planned renovation. A pre-

opening inspection of the premises is required before body art services can be performed in this new facility or renovated area. Approval of the site plan shall be granted by the local health department prior to construction or renovation of the body art facility.

(19) In addition to construction and renovation authority, water supply, plumbing, and sewage disposal shall also be in compliance under the requirements of the local health authority under 368 PA 1978, MCL 333.2235; 368 PA 1978, MCL 333.2433; and 230 PA 1972, MCL 125.1508(a) and (b).

(22) Failure to follow the requirements in this rule shall be considered a critical violation which may lead to immediate closure, and suspension or revocation, or both, of the body art facility license as an imminent danger.

R 333.13117 Temporary facility license requirements for owners and operators of body art facilities; affiliated and non-affiliated facilities; violations considered critical violations.

Rule 17. (1) An affiliated temporary body art facility, both the county where the permanent body art facility is located and the county of the temporary body art facility location, will receive an e-mail inspection request.

(2) The temporary body art facility, affiliated or non-affiliated, must be contained in a completely enclosed structure protected from wind, dust, or outdoor elements.

(3) An owner or operator may have more than 1 technician working under the temporary license if there is a single set-up where individual procedures areas are adjacent or contiguous with one another. If there are multiple set up sites at the event that are not adjacent or contiguous with one another, the owner or operator must apply for a separate temporary license for each distinct artist space.

(4) If the event is one in which an individual body art facility owner or operator secures a distinct artist space in a temporary location, such as an area at a convention, exposition, trade show, hall, or event center, to perform body art procedures, then each owner or operator must obtain his or her own individual temporary body art facility license for each distinct artist space.

(5) Affiliated temporary body art facility licenses shall be issued if the applicant is the owner or operator of a licensed body art facility in this state and is operating at a fixed or permanent location. The body art facility at the fixed or permanent location must have been inspected by the local health department responsible for body art facility inspection for the jurisdiction in which the body art facility is located within the previous 12 months. The results of that inspection must have documented compliance with the requirements in the department's document.

(6) The affiliated temporary body art facility shall be in compliance with the requirements in these rules. However, the following adaptations are allowed for requirements related to hand washing, facility size, lighting, and sterilization of equipment:

(a) The facility shall have a minimum of 80 square feet of floor space

(b) Hand washing facility requirements shall include running water, liquid soap, and disposable paper towels. Sink drainage must be in accordance with local plumbing codes.

(c) At least 100 footcandles of light at the level where the body art procedure is to be performed and where instruments and sharps are assembled. Spot lighting may be used to achieve this required degree of illumination for the purpose of conducting body art procedures.

(d) If reusable instruments are sterilized on site, there must be documentation that a spore test was performed on the steam sterilizer or dry heat sterilizer not more than 30 days before the first date that the temporary license will be in effect.

(e) Acceptable alternatives to on-site sterilization include the following:

(i) Only single-use, prepackaged sterilized equipment shall be used.

(ii) Transport contaminated reusable instruments to a licensed body art facility at a fixed or permanent location in a container that has a secure lid, is leak-proof on the sides and bottom, is labeled and/or color-coded indicating it may contain liquid blood or OPIM.

(iii) Sharps containers may be transported to an accepting medical waste treatment facility if in compliance with United States Department of Transportation materials of trade exemptions guidelines.

(7) The local health department shall be responsible for the body art facility inspection for the jurisdiction in which the temporary body art facility is located. Inspection of temporary body art facilities shall focus on the physical set-up and operation of the temporary facility. Both of the following apply to inspections:

(a) Inspection of temporary body art facilities affiliated with a licensed permanent facility at a fixed location within this state will not require the owner or operator to produce evidence of compliance with other requirements that have already been documented as part of the licensing or annual inspection of the permanent facility at a fixed location, including employee vaccination status, employee training, and record-keeping.

(b) Applicants applying for a temporary body art facility license that are not affiliated with a permanent fixed facility licensed by this state shall undergo an inspection by the local health department who has jurisdiction for the location of the temporary license and are considered a non-affiliated temporary body art facility.

(c) In addition to the inspection of the physical set-up and operation, the non-affiliated temporary facility must provide evidence of compliance with all of the act and its rules. This includes, but is not limited to, documentation of employee vaccination status, employee training, both client and employee record keeping, and spore testing.

(8) If the local health department that has jurisdiction for the on-site inspection of an affiliated or non-affiliated temporary license documents compliance in accordance with these rules, the department will grant a license to the applicant for the operation of a temporary body art facility. A body art facility inspection report form approved, dated, and signed by the representative of the local health department which has jurisdiction for the inspection shall be posted on site in lieu of a formalized department license.

(9) The temporary body art facility license, as well as the department-provided disclosure statement and notice for filing complaints shall be posted in a prominent and conspicuous place within the temporary body art facility where it may be readily seen by all clients.

(10) Temporary facilities not found in compliance with this rule shall be considered a critical violation which may lead to immediate closure, suspension, or revocation, or any combination of these, of the body art facility temporary license as an imminent danger.

PART VI. ENFORCEMENT

R 333.13118 Enforcement.

Rule 18. (1) Violations of these rules shall be cited on the inspection report by the local health department for the jurisdiction in which the body art facility is located. The inspection report shall delineate both critical and non-critical violations. Non-critical violations must be corrected by the next regular inspection or such period of time as may be specified. If the violations are considered as critical, then those violations must be corrected immediately or a follow-up inspection will be scheduled.

(2) Critical violations, if not corrected in the time specified, may lead to closure, suspension, or revocation, or any combination of these, of the body art facility license as an imminent danger.

(3) The owner or operator may appeal an order to cease operation in writing to the local health department that recommended the cessation. The appeal must ask for a re-determination and request a follow-up inspection by the local health department.

(4) If the local health department denies the appeal redetermination based on a follow-up inspection, the state or local health department, whichever governmental entity has initiated the enforcement action, shall inform each applicant in writing of the right to a fair hearing, of the method by which a hearing shall be requested, and that any positions or arguments on behalf of the individual may be presented personally or by legal counsel.

(5) Upon receipt of a letter from a body art facility requesting an administrative hearing regarding suspension of licensure, the state or local health department shall schedule a date and time for an administrative hearing and notify the department and the applicant.

(6) In addition to enforcement action authorized by law, a civil action in a court of competent jurisdiction may be brought for injunctive relief.

(7) Complaints concerning an unlicensed or licensed body art facility submitted to the department shall be referred to the local health department that has jurisdiction for the complaint pursuant to the act.

NOTICE OF PUBLIC HEARING

**NOTICE OF PUBLIC HEARING
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Administration
Administrative Rules for the Body Art Facilities Program
Rule Set 2014-148 HS**

The Michigan Department of Health and Human Services will hold a public hearing to receive public comments on a new rule set for Body Art Facilities.

**Tuesday, July 26, 2016
9:00 A.M. to 12 P.M.
1:00 P.M. to 4:00 P.M.
Conference Center C
333 S. Grand Avenue
First Floor-Grand Conference Room
Lansing, Michigan 48909
Email: MDHHS-AdminRules@michigan.gov**

This administrative rule set for body art facilities is new. As public health of Michigan citizens is of paramount concern, the rules will provide the necessary minimum requirements to hold accountable those owners, operators and technicians who wish to perform body art in this State. The rules promote quality control and prevent the spread of infections and diseases and also serve as enforcement to the major threat to the public by illegal tattooists offering at-home services in unsanitary conditions.

By authority conferred on the Department of Health and Human Services by section 2233 of 1978 PA 368, MCL 333.2233; by section 2235 of 1978 PA 368, MCL 333.2235; and by section 13108 of 2010 PA 375, MCL 333.13108, and by Executive Reorganization Orders No. 2015-1 and No. 2015-4.. These rules will take effect 30 days after filing with the Secretary of State. The rules (Rule Set 2014-148 HS) are published on the Michigan Government web site at <http://www.michigan.gov/orr> and in the Michigan Register in the July 1, 2016 issue. Copies of the draft rules may also be obtained by mail or electronic transmission at the following address:

**Department of Health and Human Services Communicable Disease Division
333 South Grand Avenue, 3rd Floor P.O. Box 30037
Lansing, MI 48909-0634
E-mail: MDHHS-AdminRules@michigan.gov**

Comments on the rules may be made in person at the hearing or by mail or electronic mail until Friday, July 29, 2016.

The public hearings will be conducted in compliance with the 1990 Americans with Disabilities Act, in accessible buildings with handicap parking available. Anyone needing assistance to take part in the hearings due to disability may call 517-335-4276 to make arrangements.

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

PODIATRIC MEDICINE AND SURGERY – GENERAL RULES

Proposed draft April 20, 2016

Filed with the Secretary of State on

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145(~~3~~), **16148**, and 18001 of 1978 PA 368, MCL 333.16145(~~3~~), **MCL 333.16148**, and 333.18001 and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, and 2011-4, MCL 330.3101, 445.2001, 445.2011, and 445.2030)

R 338.8110, R 338.8111, and R 338.8127 of the Michigan Administrative Code are amended, R 338.8102 is added to the Code, and R 338.8131, R 338.8132, R 338.8133, R 338.8134, R 338.8135, and R 338.8136 of the Code are rescinded, as follows:

R 338.8102 Training standards for identifying victims of human trafficking; requirements.

Rule 102. (1) Pursuant to section 16148, MCL 333.16148, and section 17060, MCL 333.17060 of the code, an individual seeking licensure or licensed shall complete training in identifying victims of human trafficking that meets the following standards:

(a) Training content that covers all of the following:

(i) Understanding the types and venues of human trafficking in Michigan or the United States.

(ii) Identifying victims of human trafficking in health care settings.

(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

(iv) Identifying resources for reporting the suspected victims of human trafficking.

(b) Acceptable providers or methods of training include any of the following:

(i) Training offered by a nationally-recognized or state-recognized health-related organization.

(ii) Training offered by, or in conjunction with, a state or federal agency.

(iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.

(iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this rule and is published in a peer review journal, health care journal, or professional or scientific journal.

(c) Acceptable modalities of training may include any of the following:

(i) Teleconference or webinar.

(ii) Online presentation.

(iii) Live presentation.

(iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.

(b) A self-certification statement by an individual. The certification statement shall include the individual's name and either of the following:

(i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule shall apply for license renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses issued 5 or more years after the promulgation of this rule.

R 338.8110 Requirements for relicensure; license lapsed for less than 3 years; continuing education.

Rule 110. (1) An applicant for relicensure whose license has been lapsed for less than 3 years, under the provisions of section 16201(3), MCL 333.16201(3), of the code, may be relicensed by complying with all of the following requirements:

(a) Submitting a completed application on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 3-year period immediately preceding the date of application, 150 hours of continuing podiatric medical education credit in ~~in~~ ~~courses or programs approved by the board, including 1 continuing education hour in pain and symptom management. A minimum of 75 credit hours shall be earned in activities approved by the council on podiatric medical education (cpme)~~ **that complies with R 338.8127.**

(c) Taking and achieving a converted score of not less than 75 on the podiatric jurisprudence examination administered by the department.

(2) In addition to meeting the requirements of subrule (1) of this rule, an applicant's license shall be verified, on a form provided by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license as a podiatrist. This includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed on the applicant.

R 338.8111 Requirements for relicensure; license lapsed for 3 years or more; continuing education; examination.

Rule 111. (1) An applicant for relicensure whose license has been lapsed for 3 years or more and who holds a current license as a podiatrist in another state of the United States, under the provisions of section 16201(4), MCL 333.16201(4), of the code, may be relicensed by complying with all of the following requirements:

(a) Submitting a completed application on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 3-year period immediately preceding the date of application 150 hours of continuing podiatric medical education credit ~~in courses or programs approved by the board, including 1 continuing education hour in pain and symptom management. A minimum of 75 credit hours shall be earned in activities approved by the council on podiatric medical education (cpme)~~ **that complies with R 338.8127.**

(c) Taking and achieving a converted score of not less than 75 on the podiatric jurisprudence examination administered by the department.

(2) An applicant for relicensure whose license has been lapsed for 3 years or more and who does not hold a current license as a podiatrist in any state of the United States, under the provisions of section 16201(4), MCL 333.16201(4), of the code may be relicensed by complying with all of the following requirements:

(a) Submitting a completed application on a form provided by the department, together with the requisite fee.

(b) Taking and achieving a score of pass on part III of the examination developed and scored by the ~~cpme~~ **National Board of Podiatric Medical Examiners.**

(c) Taking and achieving a converted score of not less than 75 on the podiatric jurisprudence examination administered by the department.

(3) In addition to meeting the requirements of either subrule (1) or (2) of this rule, an applicant's license shall be verified, on a form provided by the department, by the licensing agency of any state of the United States in which the applicant ~~has holds a current license or~~ ever held a license as a podiatrist. This includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed on the applicant.

R 338.8127 Acceptable continuing education; requirements; limitations.

Rule 127. (1) The 150 hours of continuing education required pursuant to R 338.8126(1) for the renewal of a license shall comply with the following, as applicable:

(a) Not more than 12 credit hours shall be earned during one 24-hour period.

(b) A licensee may not earn credit for a continuing education program or activity that is identical or substantially identical to a program or activity the licensee has already earned credit for during that renewal period.

(c) An applicant for license renewal shall complete at least ~~4~~ **5** continuing podiatric medical education ~~hours hour~~ in pain and symptom management in each renewal period pursuant to section 16204(2), MCL 333.16204(2), of the code. Courses in pain and symptom management may include, but are not limited to, courses in behavior management, pharmacology, behavior modification, stress management, clinical applications, and drug interventions as they relate to professional practice.

(2) Pursuant to 2005 PA 70, MCL 338.3703, at least ½ of the 150 hours of continuing podiatric medical education credit in board-approved courses or programs that are required for the renewal of a license may be earned through on-line or electronic media, such as videotapes, internet web-based seminars, video conferences, on-line continuing education programs, and on-line journal articles.

(3) The board will consider the following as acceptable continuing education:

Activity Code	Acceptable Continuing Education Activities and Proof of Completion	Number of Continuing Education Hours Granted/Permitted for Each Activity
A	Attendance at or participation in a	The number of continuing

	<p>continuing education program or activity related to the practice of podiatry, or any non-clinical subject relevant to podiatry practice, education, administration, management, or science, which includes, but is not limited to, live and in-person programs; interactive or monitored teleconference or audio-conference programs; online programs; and, journal articles or other self-study programs offered by a sponsor accredited or approved by the Council on Podiatric Medical Education (CPME).</p> <p>If audited, a licensee shall submit a copy of a letter or certificate of completion showing the licensee's name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	<p>education hours for a specific program or activity shall be the number of hours approved by the sponsor or the approving organization.</p> <p>A minimum of 75 hours must be earned in each renewal period, unless all 150 hours are earned in Category N.</p>
<p>B</p>	<p>Attendance at or participation in a continuing education program or activity related to the practice of podiatry, or any non-clinical subject relevant to podiatry practice, education, administration, management, or science, which includes, but is not limited to, live and in-person programs; interactive or monitored teleconference or audio-conference programs; online programs; and, journal articles or other self-study programs approved by either of the following:</p> <ul style="list-style-type: none"> • The Michigan board of podiatric medicine and surgery, pursuant to R 338.8128. • Another state or provincial board of podiatric medicine and surgery. 	<p>The number of continuing education hours for a specific program or activity shall be the number of hours approved by the sponsor or the approving organization.</p> <p>If the activity was not approved for a set number of hours, then 1 credit hour for each 50-60 minutes of participation may be earned.</p> <p>A maximum of 75 hours may be earned for this category in each renewal period.</p>

	<p>If audited, a licensee shall submit a copy of a letter or certificate of completion showing the licensee’s name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	
C	<p>Attendance at or participation in a continuing education program or activity related to the practice of podiatry, or any non-clinical subject relevant to podiatry practice, education, administration, management, or science, which includes, but is not limited to, live and in-person programs; interactive or monitored teleconference or audio-conference programs; online programs; and, journal articles or other self-study programs accredited, approved, or offered by either of the following:</p> <ul style="list-style-type: none"> • The Accreditation Council for Continuing Medical Education. • The American Osteopathic Association. <p>If audited, a licensee shall submit a copy of a letter or certificate of completion showing the licensee’s name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	<p>The number of continuing education hours for a specific program or activity shall be the number of hours approved by the sponsor or the approving organization.</p> <p>A maximum of 40 hours may be earned in this category in each renewal period.</p>
D	<p>Obtaining specialty board certification from 1 of the following:</p> <ul style="list-style-type: none"> • American Board of Podiatric Orthopedics and Primary Podiatric Medicine. • American Board of Podiatric 	<p>Fifty hours of continuing education may be earned in the year the applicant is advised of passing the certification examination.</p>

	<p>Surgery.</p> <ul style="list-style-type: none"> • American Board of Multiple Specialties in Podiatry. • American Board of Lower Extremity Surgery. • American Board of Wound Management. <p>If audited, a licensee shall submit proof of certification or recertification.</p>	
E	<p>Obtaining specialty board recertification by one of the following:</p> <ul style="list-style-type: none"> • American Board of Podiatric Orthopedics and Primary Podiatric Medicine. • American Board of Podiatric Surgery. • American Board of Multiple Specialties in Podiatry. • American Board of Lower Extremity Surgery. • American Board of Wound Management. <p>If audited, a licensee shall submit proof of recertification.</p>	<p>Thirty hours of continuing education may be earned in the year the applicant is advised of passing the recertification examination.</p>
F	<p>Serving as an instructor of podiatric medical students, house staff, other physicians, or allied health professionals in a hospital or institution which offers a postgraduate training program that is approved by the board pursuant to R 338.8113, if the hospital or institution has approved the instruction.</p> <p>If audited, a licensee shall submit a letter from the program director verifying the licensee’s role.</p>	<p>Two hours of continuing education shall be granted for each 50 to 60 minutes spent as an instructor.</p> <p>A maximum of 50 hours of continuing education may be earned in this category each renewal period.</p>
G	<p>Serving as an instructor of podiatric students at an accredited podiatric medical institution under a rotating externship program recognized and</p>	<p>Two hours of continuing education shall be granted for each 50 to 60 minutes spent as an instructor.</p>

	<p>approved by the medical institution in accordance with R 338.8113.</p> <p>If audited, a licensee shall submit a letter from the sponsoring podiatric institution verifying the licensee's role.</p>	<p>A maximum of 50 hours may be earned in this category in each renewal period.</p>
H	<p>Initial publication of an article related to the practice of podiatric medicine and surgery in a peer-reviewed journal.</p> <p>If audited, a licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>Twenty-five hours of continuing education shall be granted per publication.</p> <p>A maximum of 75 hours may be earned in this category in each renewal period.</p>
I	<p>Initial publication of a chapter related to the practice of podiatric medicine and surgery in either of the following:</p> <ul style="list-style-type: none"> • A professional or health care textbook. • A peer-reviewed textbook. <p>If audited, a licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>Fifty hours of continuing education shall be granted per publication.</p> <p>A maximum of 50 hours may be earned in this category in each renewal period.</p>
J	<p>Initial presentation of a scientific exhibit, a formal original scientific paper, or both, at a professional meeting.</p> <p>If audited, a licensee shall submit a copy of the document presented with evidence of presentation and a log indicating time spent in preparation or a letter from the program sponsor verifying the length and date of the presentation and a log indicating time spent in preparation.</p>	<p>Two hours of continuing education shall be granted for each 50 to 60 minutes of presentation and preparation.</p> <p>A maximum of 30 hours may be earned in this category each renewal period.</p>
K	<p>Independent study is the independent reading of peer-reviewed professional journals or medical textbooks.</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes of participation.</p> <p>A maximum of 30 hours may be</p>

	<p>If audited, a licensee shall submit an affidavit attesting to the number of hours the licensee spent participating in these activities.</p>	<p>earned in this category in each renewal period.</p>
L	<p>Completion of a multi-media program that requires a licensee to complete a self-assessment component, including, but not limited to, videotapes, internet web-based seminars, video conferences, on-line continuing education programs, and journal articles. This does not include multi-media programs that satisfy the requirements of activity codes a, b, or c. A self-assessment component shall include, but not be limited to, a post-test or other evaluation instrument that assesses the knowledge an individual gained after completing an activity.</p> <p>If audited, a licensee shall submit an affidavit attesting to the number of hours the licensee spent participating in these activities.</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes of participation.</p> <p>A maximum of 30 hours may be earned in this category each renewal period.</p>
M	<p>Participation on a hospital staff committee dealing with quality patient care or utilization review, or both.</p> <p>If audited, a licensee shall submit a letter from an organization official verifying the licensee's participation and the number of hours the licensee spent participating on the committee.</p>	<p>One hour of continuing education shall be granted for each 50 to 60 minutes of participation.</p> <p>A maximum of 30 hours may be earned in this category each renewal period.</p>
N	<p>Full-time enrollment in a postgraduate clinical training program related to the practice of podiatric medicine and surgery in a hospital or institution that is approved by the board pursuant to R 338.8113.</p> <p>If audited, a licensee shall submit a letter from the program director</p>	<p>A minimum of 5 months participation per year is required.</p> <p>Fifty hours of continuing education shall be granted for each year of full-time enrollment.</p> <p>A maximum of 150 hours may</p>

	<p>verifying the licensee participated in the program.</p>	<p>be earned in this category each renewal period.</p>
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R 338.8131 ~~Category 1: Continuing podiatry education with accredited sponsorship and prior approval.~~ **Rescinded.**

~~–Rule 131. The board shall accept attendance at the programs approved by the council on podiatry education, pursuant to R 338.8128, as credit toward a licensee's continuing podiatry education requirement for annual renewal of a license.~~

R 338.8132 ~~Category 2: Continuing podiatry education with nonaccredited sponsorship.~~ **Rescinded.**

~~–Rule 132. A maximum of 60 credit hours may be earned by attendance at continuing podiatric education programs offered by organizations or institutions that are not approved pursuant to category 1, if the sponsor of the program submits information that the board determines is needed to establish the quality of the program, and after review, the board approves the program. A licensee may submit programs from seminars or conventions for the board's consideration as continuing education when the sponsoring organization has not applied to the board for program approval.~~

R 338.8133 ~~Category 3: Teaching podiatric physicians or allied health services.~~ **Rescinded.**

~~–Rule 133. (1) A maximum of 48 credit hours may be earned for serving as an instructor of podiatry students, house staff, other physicians, or allied health professionals in a hospital or institution with a training program approved by the board if the hospital or institution has approved the instruction. A maximum of 48 credit hours may be similarly obtained in a hospital or institution that does not have a training program approved by the board, if the sponsor of the program submits information that the board determines is needed to establish the quality of the instructional programs approved by that hospital or institution and the board approves the program.~~

~~–(2) A maximum of 48 credit hours may be earned by a licensee who teaches students of accredited podiatry colleges under a rotating externship or clerkship program recognized and approved by the college.~~

R 338.8134 ~~Category 4: Books, papers, publications, and exhibits.~~ **Rescinded.**

~~–Rule 134. (1) A maximum of 45 credit hours may be earned under category 4, with specific maximum credits as indicated in the subcategories described in subrule (2), (3) or (4) of this rule. Credit may be earned only during the year of presentation or publication.~~

~~–(2) A maximum of 30 credit hours may be earned for preparation and initial presentation of a scientific exhibit at a professional meeting if information regarding the preparation and presentation has been submitted to the board and the board approves the preparation and initial presentation.~~

~~–(3) A maximum of 30 credit hours may be earned for preparation and initial presentation of an original scientific paper before a professional meeting if information regarding the preparation and presentation has been submitted to the board and board approves the preparation and initial presentation.~~

~~–(4) A maximum of 30 credit hours may be earned for preparation and initial publication of an original scientific article or a chapter in a book, a journal, or a publication listed in the publication entitled "Index Medicus."~~

R 338.8135 Category 5: Unsupervised study. Rescinded.

~~–Rule 135. (1) A maximum of 45 credit hours may be earned under category 5, with specific maximum credit hours as indicated in the subcategories described in subrule (2), (3), or (4) of this rule. Credit may be earned only for the year in which the activity occurred.~~

~~–(2) A maximum of 30 credit hours may be earned for completion of a media program if the licensee submits to the board information regarding the program and the board approves the program.~~

~~–(3) A maximum of 30 credit hours may be earned for a licensee's independent reading of scientific journals approved by the board.~~

~~–(4) A maximum of 30 credit hours may be earned for a licensee's preparation for a specialty board certification or recertification examination if the licensee submits to the board information regarding the preparation and the board approves the preparation.~~

~~–(5) A maximum of 30 credit hours may be earned for participation on a staff committee for quality care or utilization review in a hospital or institution if information regarding the standards of these committees of the hospital or institution has been submitted to the board and the board approved the standards.~~

R 338.8136 Category 6: Full time participation in a graduate training program. Rescinded.

~~Rule 136. A maximum of 150 credit hours may be earned for enrollment in a graduate training program in a hospital or institution approved by the board.~~

NOTICE OF PUBLIC HEARING

**Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
NOTICE OF PUBLIC HEARING
July 5, 2016
9:00 a.m. – 12:00 p.m.**

Location: G. Mennen Williams Building Auditorium
525 W. Ottawa Street, Lansing, Michigan

The hearing is held to receive public comments on the following administrative rules:

Board of Dentistry (ORR # 2015 - 090 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148; MCL 333.16204.

Overview: The proposed changes include: implementing training standards for identifying victims of human trafficking; replaces the state specialty examination requirements for orthopedics, periodontics, endodontics with educational and/or nationalized test requirements; permitting dental assistants, dental hygienists and dentists who allow his or her Michigan license to lapse to obtain relicensure without retaking a licensure examination provided he or she maintained a license in another jurisdiction; increasing the required number of continuing education hours in pain and symptom management; and adopting the most recent versions of previously adopted standards.

Board of Massage Therapy (ORR # 2013 - 031 LR)

Authority: MCL: 333.16145(2); MCL 333.16145(3); MCL 333.16148(1), MCL 333.16204(2); MCL 333.16205(2); MCL 333.17961(1); MCL 333.17963(1), MCL 333.17965.

Overview: The proposed changes provide: definitions for the rule set; implementation dates for the licensing programs; training standards for recognizing the signs of human trafficking; supervised massage therapy curriculum; licensure requirements; clarification of licensure requirements for foreign-trained students; and sets forth acceptable examinations and required passing scores.

Board of Nursing (ORR # 2015 - 91 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148(1); MCL 333.3101; MCL 445.2001, MCL 445.2011; MCL 445.2030.

Overview: The proposed changes address: training standards and requirements for recognizing the signs of human trafficking; reorganizes and addresses RN and PN licensure requirements; provides definitions and program approval requirements in the nursing education program section; addresses certification qualifications and requirements for licensure for the nurse specialty certification; provides continuing education requirements for license renewals, acceptable forms of continuing education and limitations; provides definitions; defines the terms of eligibility of programs and allocations of funds to each eligible education category; and lists the requirements that must be followed when awarding a scholarship from the nursing professional fund scholarship program.

Board of Podiatric Medicine and Surgery (ORR #2015-087 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16204(2); MCL 333.18033(1); MCL 333.18033(2).

Overview: The proposed changes include implementing training standards for identifying victims of human trafficking; replacing the six categories of continuing education with a table listing the approved continuing education activities, the minimum or maximum number of continuing education hours permitted or required for each activity, and the type of proof required if audited; expanding the types of activities for which continuing education may be granted; and increasing the minimum number of continuing education hours related to pain and symptom management.

Board of Veterinary Medicine (ORR # 2014-144 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3).

Overview: The proposed changes address: acceptance of certification from the Program for the Assessment of Veterinary Medicine Education Equivalence for licensure; changes the record-keeping requirements from three years to seven years; adopts the most recent version of previously adopted standards; and rescinds a duplicitous rule for assessing fines and rules regarding the veterinarian-patient-client relationship due to lack of authority.

The rules will take effect immediately upon filing with the Secretary of State, unless specified otherwise in the rules. Comments on the proposed rules may be presented in person at the public hearing. Written comments will also be accepted from date of publication until 5:00 p.m. on July 5, 2016, at the following address or e-mail address:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing– Boards and Committees Section
P.O. Box 30670
Lansing, MI 48909-8170
Attention: Policy Analyst Email: BPL-BoardSupport@michigan.gov

A copy of the proposed rules may be obtained by contacting (517) 373-8068 or at the email address noted above. Electronic copies also may be obtained at the following link:

http://w3.lara.state.mi.us/orr/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Professional+Licensing

The meeting site and parking are accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations (such as materials in alternative format) in order to participate in the meeting should call (517) 241-7500.

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

DENTISTRY - GENERAL RULES

Proposed draft January 13, 2016

Filed with the Secretary of State on

These rules take effect immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45a(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 2226, 16145, 16148, 16215(6), 16625, and 16644 of 1978 PA 368, MCL 333.2226, 333.16145, MCL 333.16148, 333.16215(6), 333.16625, and 333.16644, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, and 2011-4, MCL 330.3101, 445.2001, 445.2011, and 445.2030)

R 338.11202, R 338.11301, R 338.11303, R 338.11307, R 338.11501, R 338.11505, R 338.11515, R 338.11519, R 338.11523, R 338.11603, R 338.11605, R 338.11701, R 338.11704, R 338.11704b, R 338.11704c, R 338.11705, of the Michigan Administrative Code are amended, and R 338.11123 is added to the Code, and R 338.11503, R 338.11507, R 338.11509, and R 338.11511 of the Code are rescinded, as follows:

R 338.11123 Training standards for identifying victims of human trafficking; requirements.

Rule 1123. (1) Pursuant to section 16148 of the code, MCL 333.16148, an individual seeking licensure or license renewal shall complete training in identifying victims of human trafficking that meets the following standards:

(a) Training content that covers all of the following:

(i) Understanding the types and venues of human trafficking in Michigan or the United States.

(ii) Identifying victims of human trafficking in health care settings.

(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

(iv) Identifying resources for reporting the suspected victims of human trafficking.

(b) Acceptable providers or methods of training include any of the following:

(i) Training offered by a nationally recognized or state-recognized health-related organization.

(ii) Training offered by, or in conjunction with, a state or federal agency.

(iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.

(iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.

(c) Acceptable modalities of training may include any of the following:

(i) Teleconference or webinar.

(ii) Online presentation.

(iii) Live presentation.

(iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.

(b) A self-certification statement by an individual. The certification statement shall include the individual's name and either of the following:

(i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule apply for license renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses issued 5 or more years after the promulgation of this rule.

R 338.11202 Licensure to practice dentistry; graduates of school not meeting board standards; requirements.

Rule 1202. An individual who graduated from a school of dentistry that does not comply with the standards provided in R 338.11301 may be licensed by the board if the individual meets all of the following requirements:

(a) Complies with section 16174 of the ~~aet~~ code, MCL 333.16174.

(b) Presents to the board a final, official transcript establishing graduation from a school in which he or she has obtained a dental degree. If the transcript is issued in a language other than English, an original, official translation shall also be submitted.

(c) Meets ~~1 one~~ of the following requirements:

(i) Successfully completes a minimum 2-year program in dentistry in a dental school that complies with the standards in R 338.11301 and that leads to the awarding of a doctor of dental surgery (dds) or doctor of dental medicine (dmd) degree. The completion of the program shall be confirmed by the dean of the school attended or official transcripts from the dental school.

(ii) Successfully completes a minimum 2-year master's degree or certificate program in a dental school that complies with the standards in R 338.11301 and that leads to the awarding of a degree or certificate from a dental specialty program ~~that complies with the standards~~ **recognized in R 338.11501 ~~and R 338.11503(b) and (c).~~**

(d) Passes all parts of the national board examination that is conducted and scored by the joint commission on national dental examinations.

(e) Passes the dental simulated clinical written examination and a clinical examination, as described in R 338.11201(c).

R 338.11301 Approval of dental schools; standards; adoption by reference.

Rule 1301. (1) The board adopts by reference in these rules the standards of the ~~e~~Commission on ~~d~~Dental ~~a~~Accreditation of the American ~~d~~Dental ~~a~~Association, as set forth in the publication entitled "~~A~~ccreditation Standards for Dental Education Programs **Current Accreditation Standards**," copyright ~~1998~~ **2010** and revised ~~2005~~ **2015**, as the standards by which the board shall determine whether to approve a school that complies with these standards. Certification by the commission on dental accreditation that a school complies with these standards constitutes a prima facie showing that the school complies with these standards. ~~The board shall actively participate in the evaluation process.~~

(2) These standards may be obtained at no cost from the Commission on Dental Accreditation of the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of ~~Community Health~~ **Licensing and Regulatory Affairs**, 611 West Ottawa, P. O. Box 30670, Lansing, MI 48909.

R 338.11303 Approval of dental hygiene schools; standards; adoption by reference.

Rule 1303. (1) The board adopts by reference in these rules the standards of the ~~e~~Commission on ~~d~~Dental ~~a~~Accreditation of the American ~~d~~Dental ~~a~~Association, as set forth in the publication entitled "Accreditation Standards for Dental Hygiene Education Programs," copyright ~~2013~~ **1998** and revised ~~2015~~ **2005**, as the standards by which the board shall determine whether to approve a school that prepares persons for licensure as dental hygienists. Certification by the commission on dental accreditation that a school complies with these standards constitutes a prima facie showing that the school complies with these standards. ~~The board shall actively participate in the evaluation process.~~

(2) These standards may be obtained at no cost from the Commission on Dental Accreditation of the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available for inspection and distribution at cost from the Michigan Board of Dentistry, **Department of Licensing and Regulatory Affairs** ~~Department of Community Health~~, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

R 338.11307 Approval of dental assisting schools; standards; adoption by reference.

Rule 1307. (1) The board adopts by reference the standards of the commission on dental accreditation of the American ~~d~~Dental ~~a~~Association, as set forth in the publication entitled "Accreditation Standards for Dental Assisting Education Programs," copyright ~~1998~~ **2013** and revised ~~2005~~ **2015**, as the standards by which the board shall determine whether to approve a school that complies with these standards. Certification by the commission on dental accreditation that a school complies with these standards constitutes a prima facie showing that the school complies with the standards. ~~The board shall actively participate in the evaluation process.~~

(2) These standards may be obtained at no cost from the Commission on Dental Accreditation of the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available

for inspection and distribution at cost from the Michigan Board of Dentistry, Department of **Licensing and Regulatory Affairs of Community Health**, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

R 338.11501 Specialties; recognition by the board.

Rule 1501. (1) The board recognizes all of the following branches of dentistry as specialties:

- (a) Oral and maxillofacial surgery.
- (b) Orthodontics ~~or orthodontics~~ and dentofacial orthopedics.
- (c) Prosthodontics.
- (d) Periodontics.
- (e) Pediatric dentistry.
- (f) Endodontics.
- (g) Oral pathology or oral and maxillofacial pathology.

(2) Each dental specialty recognized by the board is identified by the definition of each specialty as stated in these rules, and by the standards set forth by the commission on dental accreditation under R 338.11301.

R 338.11503 ~~Eligibility to qualify for state board specialty examination; exception.~~ **Rescinded.**

~~Rule 1503. (1) To be eligible to take the state board specialty examination, an applicant shall comply with all of the following requirements:~~

- ~~–(a) Possess a current license to practice dentistry in this state.~~
- ~~–(b) Fulfill the requirements in these rules for that specialty.~~
- ~~–(c) Submit evidence of completion or anticipated completion within 90 days of the examination date from the dean or hospital administrator of a graduate program of dentistry that is approved by the board under R 338.11301.~~
- ~~–(d) Submit a completed application on a form provided by the department, together with the requisite fee, not less than 45 days before the examination.~~
- ~~–(2) An applicant for licensure in oral and maxillofacial surgery, oral pathology, pediatric dentistry, or prosthodontics is not required to take a state board specialty examination.~~

R 338.11505 Specialty licensure; general requirements.

Rule 1505. An applicant for a specialty license shall ~~comply with all~~ **satisfy either** of the following requirements:

- (a) Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.
- ~~–(b) Except as provided in R 338.11503(2), secure a minimum converted score of 75 in the state board examination in the specific specialty under these rules. Submission of verification that an applicant for specialty licensure has successfully passed the American board written examination is satisfactory compliance with the requirement for the written portion of the state board examination for licensure in Michigan for the applicant's specialty.~~
- ~~–(c) The provisions of subdivision (b) of this rule are waived if the applicant has provided satisfactory evidence of the successful completion of either of the following:~~
 - ~~–(i) **Diplomate** Provide evidence of diplomate status in the appropriate American board specialty association through completion of the American board specialty examinations.~~
 - ~~–(ii) An examination deemed substantially equivalent to the Michigan examination as~~

provided in R 338.11267.

R 338.11507 Examination failure; candidate for licensure as specialist. **Rescinded.**

~~–Rule 1507. (1) An applicant who has failed a Michigan specialty licensure examination may apply for reexamination.~~

~~–(2) An applicant who fails to pass the examination upon the first attempt shall be given credit for the subjects passed and may take the examination a second time. Credits given for subjects passed shall apply to the second attempt only provided it is taken within 18 months of the date of notification of failure.~~

~~–(3) If the applicant fails to pass the examination on the second attempt, the applicant shall, on any subsequent attempt, take the entire examination.~~

~~–(4) If the applicant is unsuccessful on the second attempt, the applicant shall comply with R 338.11509.~~

~~–(5) If the applicant is unsuccessful on the third attempt, the applicant may not retake the examination for 1 year and shall comply with R 338.11511.~~

R 338.11509 Dental specialty licensure candidate failing examination twice; requirements before reexamination. **Rescinded.**

~~–Rule 1509. Any candidate for licensure as a dental specialist who sustains 2 successive failures in a Michigan specialty examination shall present evidence of additional education in the area in which the failure occurred. The additional education shall consist of a minimum of 40 clock hours of board approved clinical instructions, which shall be both didactic and practical, shall be in a dental program or hospital approved by the board, and shall be completed subsequent to the date of the last examination failed. A proposed plan shall be submitted for approval by the board or board designee before starting the additional education. The additional education shall be satisfactorily completed as evidenced by certification by the program dean or designated appointee.~~

R 338.11511 Dental specialty licensure candidate failing examination 3 times; requirements before reexamination. **Rescinded.**

~~–Rule 1511. Before being permitted to retake the examination, a dental specialty licensure candidate who fails a Michigan specialty examination 3 times shall be required by the board to return to an accredited program for 1 academic year. The program shall be satisfactorily completed as evidenced by certification by the dean or designated appointee.~~

R 338.11515 Orthodontics and orthodontics and dentofacial orthopedics explained; licensure requirements; examination content.

Rule 1515. (1) The practice of orthodontics includes the diagnosis, prevention, interception, and correction of malocclusion, as well as the neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. The term "orthodontics and dentofacial orthopedics" means the same as the term "orthodontics."

(2) The specialty of orthodontics shall include, but not be limited to, all of the following:

(a) The diagnosis, prevention, interception, and comprehensive treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures.

(b) The design, application, and control of functional and corrective appliances.

(c) The growth guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(3) A dentist who desires licensure as an orthodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in ~~Michigan~~ **this state**.

(b) Have graduated from a program of orthodontics approved by the board under R 338.11301.

~~(c) Have completed an examination for licensure as an orthodontist that shall include, but not be limited to, a written and clinical examination as defined by the board. Both of the following apply: Provide the department with evidence of the successful passing of the American Board of Orthodontics (ABO) written exam. The passing score accepted for licensure shall be the passing score established by the ABO.~~

~~(i) The written test shall be the written portion of the specialty certification examination conducted and scored by the American board of orthodontics (abo) written examination known as Phase II or equivalent successor examination.~~

~~(ii) The clinical examination shall include, but not be limited to, the following:~~

~~(A) Submission and defense by oral examination of 5 case histories, presented in American board of orthodontics format, by not less than 2 examiners. These case histories shall be completed cases solely diagnosed, treatment planned, treated and retained by the candidate with at least 1 non-extraction case and 1 adult tooth extraction case. Recent graduates may, instead of 2 of the completed cases, submit records of 2 patients in treatment for each completed case that is not available. A minimum of 3 completed cases shall be presented.~~

~~(B) Demonstration of satisfactory knowledge of wire bending and ability to fabricate first, second, and third degree ideal arch wire bends to accommodate a zero prescription appliance.~~

~~(C) Diagnosis and treatment planning of patients that are provided by the examiner, using complete diagnostic records as recommended by the American board of orthodontics.~~

~~(D) Oral examination.~~

~~(5) (4) A dentist who desires licensure as an orthodontist shall comply with R 338.11505.~~

R 338.11519 Periodontics explained; licensure requirements; examination content.

Rule 1519. (1) The practice of periodontics includes the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function, and esthetics of these structures and tissues.

(2) A dentist who desires licensure as a periodontist shall comply with ~~all~~ **both** of the following requirements:

(a) Hold a current license to practice dentistry in ~~Michigan~~ **this state**.

(b) Have graduated from a program of periodontics approved by the board under R 338.11301.

~~(c) Provide verification of a passing score on an examination for licensure as a periodontist that shall include, but not be limited to, a written and a clinical examination as defined by the board. Both of the following apply:~~

~~(i) The written examination shall include, but not be limited to, all of the following:~~

~~(A) Histology.~~

~~(B) Pathology.~~

~~(C) Cell biology.~~

~~(D) Pharmacology.~~

- ~~(E) Oral physiology.~~
- ~~(F) Oral bacteriology.~~
- ~~(G) Physiology of occlusion.~~
- ~~(H) Surgical anatomy of the head and neck.~~
- ~~(I) Dental materials in restorative dentistry.~~
- ~~(J) Pathology and radiology of periodontal disease.~~
- ~~(K) Pathology of caries, pulp, periapical diseases.~~
- ~~(L) Dental implants.~~

~~(ii) The clinical examination shall include, but not be limited to, all of the following:~~

~~(A) Completion and submission of patient histories for evaluation of treatment for periodontal disease submitted in the American board of periodontics format by not less than 2 examiners.~~

~~(B) Diagnosis and treatment planning of patients that are provided by the examiner, using complete diagnostic records as recommended by the American board of periodontics for evaluation by not less than 2 examiners.~~

~~(C) An oral examination.~~

(3) A dentist who desires licensure as a periodontist shall comply with R 338.11505.

R 338.11523 Endodontics explained; licensure requirements; examination content.

Rule 1523. (1) The practice of endodontics includes the morphology, physiology, and pathology of the human dental pulp and periradicular tissues. Its study encompasses related basic and clinical sciences, including the biology of the normal pulp and the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(2) The specialty of endodontics shall include all of the following:

- (a) Pulpotomy.
- (b) Pulp capping.
- (c) Hemisections.
- (d) Pulp extirpation.
- (e) Root amputations.
- (f) Implants.
- (g) Treatment of the pulp canals.
- (h) Bleaching of discolored teeth.
- (i) Obturation of canals of the teeth.
- (j) Replantation and intentional replantation.
- (k) Periapical and lateral pathosis of pulpal origin.
- (l) Selective surgical removal of lesions of endodontic origin and affected teeth.
- (m) Differential diagnosis and control of pain of pulpal origin.
- (n) Pulp restoration.

(3) A dentist who applies for licensure as an endodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a program of endodontics approved by the board under R 338.11301.

~~(c) Provide verification of a passing score on clinical examination for licensure as an endodontist. The clinical examination shall include, but not be limited to, all of the following:~~
Provide documentation to the department evidencing the successful passing of the

American Association of Endodontists (AAE) written examination. The passing score accepted for licensure shall be the passing score established by the AAE.

~~(i) Submission and defense of patient case histories and treatment plans for evaluation by not less than 2 examiners. This includes the completion and presentation of 10 case histories with complete radiographs before and after completion of the cases which shall include all of the following:~~

~~(A) One case in which the diagnostic evaluation of the patient, systemic or dental, was the most significant feature of the case.~~

~~(B) One case in which emergency treatment procedures in addition to endodontic procedures were required.~~

~~(C) One case of the endodontic management of a medically compromised patient. Recognition, documentation, or both of a medical problem shall not satisfy this requirement.~~

~~(D) Two cases of a nonsurgical root canal treatment, which shall include, but not be limited to, a case with calcified canals, curved canals, long canals, or unusual anatomy. These 2 cases shall include 1 maxillary molar and 1 mandibular molar.~~

~~(E) One case of a nonsurgical retreatment of a maxillary or mandibular molar.~~

~~(F) One case of maxillary or mandibular molar periapical surgery with root end resection and root end filling.~~

~~(G) Three additional cases selected by the applicant which may include, but not be limited to, any of the following:~~

~~(1) A procedure described in subrule 3(c)(i)(A) to (G) of this rule.~~

~~(2) A surgical or non-surgical case of sufficient complexity that fits in the current scope of endodontic practice.~~

~~(3) The management of any of the following:~~

~~(a) Traumatic injuries and their sequelae.~~

~~(b) External or internal resorption.~~

~~(c) Iatrogenic or resorptive perforations.~~

~~(d) Incompletely developed apices.~~

~~(e) Periodontic-endodontic lesions.~~

~~(f) Hemisections or root amputations.~~

~~(g) Intentional replantation or transplantation.~~

~~(h) Orthodontic-endodontic cases.~~

~~(i) Separated instrument or post removal.~~

~~(j) Developmental anomalies.~~

~~(ii) An oral examination.~~

~~(5) (4) A dentist who applies for licensure as an endodontist shall comply with R 338.11505.~~

R 338.11603 Adoption of standards; effect of certification of programs.

Rule 1603. (1) The board adopts the standards for advanced training in anesthesia and pain control **and training in intravenous conscious sedation and related subjects** set forth by the eCommission on eDental eEducation of the American eDental aAssociation in ~~part 2~~ of the publication entitled "Guidelines for Teaching **Pain Control and Sedation to Dentists and Dental Students** the Comprehensive Control of Anxiety and Pain in Dentistry," October 2003 **2012** edition. ~~Part 2 of the~~ The guidelines may be obtained at no cost from the Commission on Dental Education, American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611, or on the association's website at <http://www.ada.org/prof/resources>. A copy of the standards is available for inspection and distribution at cost from the Michigan Board of Dentistry,

Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Certification of programs by the eCouncil on eDental eEducation as meeting the standards adopted constitutes a prima facie showing that the program is in compliance with the standards.

~~–(2) The board adopts the standards for training in intravenous conscious sedation and related subjects set forth by the council on dental education of the American dental association in part 1 of the publication entitled "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry," October 2003 edition. Part 1 of the guidelines may be obtained at no cost from the Commission on Dental Education, American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611, or on the association's website at <http://www.ada.org/prof/resources>. A copy of the standards is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Certification of programs by the council on dental education as meeting the standards adopted constitutes a prima facie showing that the program is in compliance with the standards.~~

(32) The board adopts the standards for credentialing in basic and advanced life support set forth by the American hHeart aAssociation in the guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers and published in "~~Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (70-2041)~~ **2015 AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.**" (**"Circulation, Volume 132, Issue 18 Supplement 2, November 3, 2015.**) A copy of the guidelines for cardiopulmonary resuscitation and emergency cardiac care may be obtained from the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231 or at **no cost** ~~<http://www.americanheart.org> at a cost of \$20.00 as of the adoption of these rules~~ **from the association's website site at <http://circahajournals.org>.** A copy of this document is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(43) The board adopts the standards regarding the equipment within a facility set forth by the American aAssociation of eOral and mMaxillofacial sSurgeons in the publication entitled "Office Anesthesia Evaluation Manual," ~~sixth~~ **eighth** edition. A copy of this manual may be obtained from the American Association of Oral and Maxillofacial Surgeons, 9700 West Bryn Mawr Avenue, Rosemont, IL 60018, or at the association's website at <http://www.aaoms.org> at a cost of ~~\$95 for members and professional/allied staff, \$285 for nonmembers, and \$190 for institutions~~ as of the adoption of these rules. A copy of this document is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

R 338.11605 Enteral sedation; requirements for approval of course and instructor.

Rule 1605. (1) A course in enteral sedation shall be approved by the board of dentistry and shall, at a minimum, be consistent with the enteral sedation course as outlined in the American eDental aAssociation's educational guidelines "**Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students,**" **2012,** "~~Part Three: Teaching the Comprehensive Control of Pain and Anxiety in a Continuing Education Program,~~" October 2003, whose guidelines are adopted by the board. Such a course must provide training in patient assessment, recognition of emergencies and airway management, including the ability to manage an unconscious airway. Part 3 of the guidelines may be obtained at no cost from the American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611 or on the association's website

at <http://www.ada.org>. A copy of the guidelines is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(2) An instructor of a course in enteral sedation shall be approved by the board of dentistry and shall have at least 3 years of experience which includes his or her formal postdoctoral training in anxiety and pain control.

(3) An instructor of an approved enteral sedation course shall certify the competency of a participant upon a participant's satisfactorily completing training in each conscious sedation technique, including instruction, clinical experience, and airway management.

R 338.11701 Renewal of a dentist license; dental specialist; special retired volunteer dentist license; requirements; applicability.

Rule 1701. (1) This rule applies to applications for the renewal of a dentist license under sections 16201(1) and (2) and 16184(2) and (3) of the code.

(2) An applicant for a license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall comply with both of the following:

(a) Possess current certification in basic or advanced cardiac life support from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(3).

(b) Complete at least ~~4~~ **3** continuing education credits in pain and symptom management in each renewal period. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.

(3) In addition to the requirements of subrule (2) of this rule, an applicant for a dentist license shall comply with all of the following:

(a) Complete not less than 60 hours of continuing education approved by the board during the 3-year period immediately preceding the application for renewal.

(b) Complete a minimum of 20 hours of the 60 hours required of approved continuing education in programs directly related to clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(c) Complete a minimum of 20 hours of the required 60 hours of approved continuing education by attending live courses or programs that provide for direct interaction between faculty and participants, including, but not limited to, lectures, symposia, live teleconferences, workshops, and participation in volunteer clinical services provided for in R 338.11703(o). These courses, with the exception of the volunteer clinical services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(4) In addition to the requirements of subrules (2) and (3) of this rule, a dental specialist shall complete 20 hours of the 60 required board-approved continuing education hours in the dental specialty field in which he or she is certified within the 3-year period immediately preceding the renewal application.

(5) In addition to the requirements of subrule (2) of this rule, an applicant for a special retired dentist license shall comply with all of the following:

(a) Complete not less than 40 hours of continuing education acceptable to the board during the 3-year period immediately preceding the date of the application.

(b) Complete a minimum of 14 hours of the required 40 hours of approved continuing education in programs directly related to clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(c) Complete a minimum of 14 hours of the required 40 hours of approved continuing education by attending live courses or programs that provide for direct interaction between faculty and participants, including but not limited to, lectures, symposia, live teleconferences, workshops, and providing volunteer clinical services provided for in R 338.11703(o). These courses, with the exception of the volunteer clinical services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(d) Comply with the conditions for renewal in section 16184(2) of the code, MCL 333.16184(2).

(6) The submission of the online renewal shall constitute the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule. The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 4 years from the date of the submission for renewal.

R 338.11704 License renewal for registered dental hygienists and registered dental assistants; requirements; applicability.

Rule 1704. (1) This rule applies to applications for the renewal of a registered dental hygienist license or a registered dental assistant license under section 16201(1) and (2) of the code, MCL 333.16201(1) and (2).

(2) An applicant for license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall possess current certification in basic or advanced cardiac life support for an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(3) and shall comply with the following requirements, as applicable:

(a) For a registered dental hygienist license or a registered dental assistant license, the applicant shall have completed not less than 36 hours of continuing education acceptable to the board during the 3-year period immediately preceding the date of the application. Each licensee shall complete a minimum of 12 hours of the required 36 hours of approved continuing education in programs directly related to clinical issues such as delivery of care, materials used in the delivery of care, and pharmacology.

(b) For a registered dental hygienist license or a registered dental assistant license, the applicant shall complete a minimum of 12 hours of the required 36 hours of approved continuing education by attending live courses or programs that provide for direct interaction between faculty and participants, including, but not limited to, lectures, symposia, live teleconferences, workshops and provision of volunteer clinical services provided for in R 338.11704a. These courses, with the exception of the volunteer clinical services, may be counted toward the required courses in clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(c) Applicants holding both a registered dental hygienist license and a registered dental assistants license shall have completed not less than a total of 36 hours of continuing education acceptable to the board during the 3-year period immediately preceding the date of the application. The 36 hours shall include not less than 12 hours devoted to registered dental hygienist functions, and not less than 12 hours devoted to registered dental assistants functions.

(d) If an organized continuation course or program is offered in segments of 50 to 60 minutes each, 1 hour of credit shall be given for each segment.

(e) Each licensee shall complete at least ~~1~~ **2** continuing education credits in pain and symptom management in each renewal period. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.

(3) The submission of the online renewal shall constitute the applicant's certification of compliance required by this rule. The board may require an applicant or licensee to submit evidence to demonstrate compliance with this rule. The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 4 years from the date of the submission for renewal.

R 338.11704b Requirements for relicensure; dentists.

Rule 1704b. (1) An applicant for relicensure whose **Michigan** license has been lapsed for 3 years or less, under provisions of section 16201(3) the act, may be relicensed by complying with both of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11701.

(2) An applicant for relicensure whose license has been lapsed for more than 3 years but less than 5 years may be relicensed by complying with all of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11701.

~~(c) Passing the dental simulated clinical written examination developed and scored by the north east regional board of dental examiners, incorporated or a successor organization with a passing score required in R 338.11203(2).~~ **Satisfying either of the following:**

(i) Passing the dental simulated clinical written examination developed and scored by the North East Regional Board of Dental Examiners, incorporated or a successor organization, with a passing score required in R 338.11203(2).

(ii) Providing to the department documentation that the applicant holds or has held a valid and unrestricted license in another state within 3 years immediately preceding the application for relicensure.

(3) An applicant for relicensure whose **Michigan** license has been lapsed for more than 5 years may be relicensed by **satisfying either of the following:** ~~complying with R 338.11201.~~

(i) Complying with R 338.11201.

(ii) Providing to the department documentation that the applicant holds or has held a valid and unrestricted license in another state within 3 years immediately preceding the application for relicensure and meeting the requirements of subrule (2)(a) and (b) of this rule.

(4) In addition to meeting the requirements of this rule, an applicant who is or has ever been licensed as a dentist in any state or territory of the United States during the period that the applicant's Michigan license is lapsed shall have his or her license verified, on a form supplied by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license as a dentist. Verification includes, but is

not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

R 338.11704c Requirements for relicensure; registered dental hygienists and registered dental assistants.

Rule 1704c. (1) Pursuant to section 16201(3) of the code, an applicant for relicensure as a registered dental hygienist or a registered dental assistant whose **Michigan** license has been lapsed for 3 years or less, under section 16201(3) the code, may be relicensed by complying with both of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education as specified in R 338.11704.

(2) An applicant for relicensure as a registered dental hygienist whose license has been lapsed for more than 3 years but less than 5 years may be relicensed by complying with all of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11704.

~~(c) Passing a dental hygiene simulated clinical written examination that is developed and scored by the north east regional board of dental examiners, incorporated, or a successor organization with a passing score required in R 338.11223(2).~~ **Satisfying either of the following:**

(i) Passing a dental hygiene simulated clinical written examination that is developed and scored by the North East Regional Board of Dental Examiners, incorporated, or a successor organization, with a passing score required in R 338.11223(2).

(ii) Providing to the department documentation that the applicant holds or has held a valid and unrestricted license in another state within 3 years immediately preceding the application for relicensure.

(3) An applicant for relicensure as a registered dental assistant whose **Michigan** license has been lapsed for more than 3 years but less than 5 years may be relicensed by complying with all of the following:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11704.

~~(c) Completing an evaluation of his or her dental assisting skills conducted by a dental assisting educational program that complies with the accreditation standards of the commission on dental accreditation, required in R 338.11307.~~ **Satisfying either of the following:**

(i) Completing an evaluation of his or her dental assisting skills conducted by a dental assisting educational program that complies with the accreditation standards of the Commission on Dental Accreditation, required in R 338.11307.

(ii) Providing to the department documentation that the applicant holds or has held a valid and unrestricted license in another state within 3 years immediately preceding the application for relicensure.

(4) An applicant for relicensure as a dental hygienist whose **Michigan** license has been lapsed for more than 5 years may be relicensed by **satisfying either of the following:** ~~complying with R 338.11221.~~

(a) Complying with R 338.11221.

(b) Providing to the department documentation that the applicant holds or has held a valid and unrestricted license in another state within 3 years immediately preceding the application for relicensure and meeting the requirements of subrule (2)(a) and (b) of this rule.

(5) An applicant for relicensure as a dental assistant whose **Michigan** license has been lapsed for more than 5 years may be relicensed by **satisfying either of the following:** ~~complying with the R 338.11235.~~

(a) Complying with the R 338.11235.

(b) Providing to the department documentation that the applicant holds or has held a valid and unrestricted license in another state within 3 years immediately preceding the application for relicensure and meeting the requirements of subrule (3)(a) and (b) of this rule.

(6) In addition to meeting the requirements of this rule, an applicant who is or has ever been licensed as a registered dental hygienist or a registered dental assistant in any state of the United States during the period that the applicant's Michigan license is lapsed shall have his or her license verified, on a form supplied by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

R 338.11705 Standards and requirements; adoption by reference.

Rule 1705. (1) The board approves and adopts by reference the standards and criteria of the national sponsor approval program of the ~~aAcademy of gGeneral dDentistry~~ for approval of continuing education sponsoring organizations, institutions, and individuals, which are set forth in the publication entitled "Program Approval for Continuing Education (PACE), Program Guidelines, Revised **July 2015** ~~April 2013.~~" Information on the ~~pace~~ PACE standards and criteria is available at no cost from the Academy of General Dentistry, 211 East Chicago Avenue, Suite 900, Chicago, IL 60611 or from the academy's internet website at <http://www.agd.org>. A copy of the guidebook is available for inspection and distribution at ~~no~~ cost from the Michigan Department of Licensing and Regulatory Affairs, Bureau of **Professional Licensing Health Care Services**, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Approval of a sponsor by the ~~aAcademy of gGeneral dDentistry~~ committee on national sponsor approvals or by any ~~aAcademy of gGeneral dDentistry~~ constituent academy shall constitute prima facie evidence that the sponsor meets the standards and criteria adopted by the board.

(2) The board approves and adopts by reference the standards and criteria of the National Sponsor Approval Program of the American Dental Association Continuing Education Recognition Program (ADA CERP) for approval of continuing education sponsoring organizations, which are set forth in the publication entitled "ADA CERP Recognition Standards, Procedures, and Recognition Process. **March 2015** ~~Revised 2013.~~" A copy of this publication may be obtained at no cost from the association at ADA CERP 211 E. Chicago Avenue, Chicago, IL 60611-2678 or from the association's internet website at <http://www.ada.org/381.aspx>. A copy of the publication is available for inspection and

distribution at cost from the Department of Licensing and Regulatory Affairs, Bureau of **Professional Licensing Health Care Services**, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Approval of a sponsor by the ADA CERP or by any constituent group of ADA CERP shall constitute prima facie evidence that the sponsor meets the standards and criteria adopted by the board.

(3) The board approves and adopts by reference the requirements for recertification established by the ~~d~~Dental ~~a~~Assisting ~~n~~National ~~b~~Board and set forth in the publication entitled "DANB's ~~2013-Recertification Requirements,-~~" **Revised April, 2015**. A copy of the publication may be obtained at no cost from the Dental Assisting National Board, 444 N. Michigan Avenue, Suite 900, Chicago, IL 60611 or from the national board's internet website at <http://www.danb.org>. A copy of the guidelines and requirements are available for inspection and distribution at cost from the Department of Licensing and Regulatory Affairs, Bureau of **Professional Licensing Health Care Services**, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(4) The board shall consider any continuing education program that is offered by a sponsor that applies to the board and demonstrates it substantially meets the standards and criteria adopted by the board as a continuing education program approved by the board.

(5) The board adopts by reference the standards for certification in basic and advanced cardiac life support set forth by the American ~~h~~Heart ~~a~~Association in the standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers and published in "~~2010~~ **2015** American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care ("Circulation," Volume ~~122~~ **132**, Issue 18 Supplement ~~2 3, 2, 2010~~.) A copy of the guidelines for cardiopulmonary resuscitation and emergency cardiovascular care may be obtained at no cost from the American Heart Association's website at http://circ.ahajournals.org/content/122/18_suppl_3. A copy of this document is available for inspection and distribution at cost from the Department of Licensing and Regulatory Affairs, Bureau of **Professional Licensing Health Care Services**, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(6) The board may approve a state, regional, or national dental organization as an acceptable provider of continuing education courses if the organization presents standards, criteria, and course monitoring procedures for its courses that are acceptable to the board. The board may withdraw the approval if it determines the organization is not complying with the standards and criteria presented. The standards, criteria, and monitoring procedures will be retained in the department's board files. An organization shall update its file with the department every 5 years.

(7) A sponsor seeking board approval to offer volunteer continuing education opportunities under R 338.11703(o) or R 338.11704a(n), or both, shall submit documentation evidencing compliance with the requirements of R 338.11703(o) or R 338.11704a(n), or both.

NOTICE OF PUBLIC HEARING

**Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
NOTICE OF PUBLIC HEARING
July 5, 2016
9:00 a.m. – 12:00 p.m.**

Location: G. Mennen Williams Building Auditorium
525 W. Ottawa Street, Lansing, Michigan

The hearing is held to receive public comments on the following administrative rules:

Board of Dentistry (ORR # 2015 - 090 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148; MCL 333.16204.

Overview: The proposed changes include: implementing training standards for identifying victims of human trafficking; replaces the state specialty examination requirements for orthopedics, periodontics, endodontics with educational and/or nationalized test requirements; permitting dental assistants, dental hygienists and dentists who allow his or her Michigan license to lapse to obtain relicensure without retaking a licensure examination provided he or she maintained a license in another jurisdiction; increasing the required number of continuing education hours in pain and symptom management; and adopting the most recent versions of previously adopted standards.

Board of Massage Therapy (ORR # 2013 - 031 LR)

Authority: MCL: 333.16145(2); MCL 333.16145(3); MCL 333.16148(1), MCL 333.16204(2); MCL 333.16205(2); MCL 333.17961(1); MCL 333.17963(1), MCL 333.17965.

Overview: The proposed changes provide: definitions for the rule set; implementation dates for the licensing programs; training standards for recognizing the signs of human trafficking; supervised massage therapy curriculum; licensure requirements; clarification of licensure requirements for foreign-trained students; and sets forth acceptable examinations and required passing scores.

Board of Nursing (ORR # 2015 - 91 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148(1); MCL 333.3101; MCL 445.2001, MCL 445.2011; MCL 445.2030.

Overview: The proposed changes address: training standards and requirements for recognizing the signs of human trafficking; reorganizes and addresses RN and PN licensure requirements; provides definitions and program approval requirements in the nursing education program section; addresses certification qualifications and requirements for licensure for the nurse specialty certification; provides continuing education requirements for license renewals, acceptable forms of continuing education and limitations; provides definitions; defines the terms of eligibility of programs and allocations of funds to each eligible education category; and lists the requirements that must be followed when awarding a scholarship from the nursing professional fund scholarship program.

Board of Podiatric Medicine and Surgery (ORR #2015-087 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16204(2); MCL 333.18033(1); MCL 333.18033(2).

Overview: The proposed changes include implementing training standards for identifying victims of human trafficking; replacing the six categories of continuing education with a table listing the approved continuing education activities, the minimum or maximum number of continuing education hours permitted or required for each activity, and the type of proof required if audited; expanding the types of activities for which continuing education may be granted; and increasing the minimum number of continuing education hours related to pain and symptom management.

Board of Veterinary Medicine (ORR # 2014-144 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3).

Overview: The proposed changes address: acceptance of certification from the Program for the Assessment of Veterinary Medicine Education Equivalence for licensure; changes the record-keeping requirements from three years to seven years; adopts the most recent version of previously adopted standards; and rescinds a duplicitious rule for assessing fines and rules regarding the veterinarian-patient-client relationship due to lack of authority.

The rules will take effect immediately upon filing with the Secretary of State, unless specified otherwise in the rules. Comments on the proposed rules may be presented in person at the public hearing. Written comments will also be accepted from date of publication until 5:00 p.m. on July 5, 2016, at the following address or e-mail address:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing– Boards and Committees Section
P.O. Box 30670
Lansing, MI 48909-8170
Attention: Policy Analyst Email: BPL-BoardSupport@michigan.gov

A copy of the proposed rules may be obtained by contacting (517) 373-8068 or at the email address noted above. Electronic copies also may be obtained at the following link:

http://w3.lara.state.mi.us/orr/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Professional+Licensing

The meeting site and parking are accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations (such as materials in alternative format) in order to participate in the meeting should call (517) 241-7500.

PROPOSED ADMINISTRATIVE RULES

**DEPARTMENT OF CONSUMER & INDUSTRY SERVICES LICENSING AND
REGULATORY AFFAIRS**

DIRECTOR'S OFFICE

BOARD OF NURSING - GENERAL RULES

Proposed draft May 19, 2016

Filed with the Secretary of State on

These rules become effective immediately upon filing with the Secretary of State unless adopted under ~~sections~~ **section** 33, 44, or 45a(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of the department of ~~consumer and industry services licensing and regulatory affairs~~ by ~~sections~~ **section 16145(3)** and 17201 of 1978 PA 368, MCL **333.16145(3)** and 333.17201 ~~et seq.~~ and Executive Reorganization Order Nos. 1996-1, ~~and~~ 1996-2, **2003-1, and 2011-4**, MCL 330.3101, ~~and~~ 445.2001, **445.2011, and 445.2030**)

R 338.10102, R 338.10103, R 338.10201, R 338.10302, and R 338.10603 of the Michigan Administrative Code are rescinded; R 338.10101, R 338.10203, R 338.10204, R 338.10206, R 338.10301, R 338.10303, R 338.10305, R 338.10306, R 338.10307, R 338.10308, R 338.10309, R 338.10310, R 338.10311, R 338.10312, R 338.10401, R 338.10403, R 338.10404, R 338.10405, R 338.10601, R 338.10602, R 338.10701, R 338.10702, R 338.10703, and R 338.10704 are amended; and R 338.10105, R 338.10207, R 338.10208, R 338.10209, R 338.10210, R 338.10211, R338.10212, R 338.10213, R 338.10303a, R 338.10303b, R 338.10303c, R 338.10305a, R 338.10305b, R 338.10305c, R 338.10310a, R 338.10401a, R 338.10404a, R 338.10404b, R 338.10405a, and R 338.10405b are being added to the Code as follows:

PART 1. GENERAL PROVISIONS

R 338.10101 Definitions.

Rule 101. (1) As used in **these rules** ~~this part~~:

~~(a) "Act" means 1978 PA 368, MCL 333.1101 et seq..~~

~~(b)~~ **(a)** "Authorized representative" means the chairperson, vice chairperson, or such other member of the board or staff as the board may formally designate.

~~(c)~~ **(b)** "Board" means the Michigan board of nursing.

(c) "Code" means **1978 PA 368, MCL 333.1101 to 333.25211.**

(d) "Department" means **the Michigan department of licensing and regulatory affairs.**

(2) Terms defined in the ~~aet~~ **code** have the same meanings when used in these rules.

R 338.10102 Request for board action. Rescinded.

~~— Rule 102. (1) A person who desires to submit a request for declaratory ruling under 1969 PA 306, MCL 24.201 et seq. shall make that request in writing. The request shall be filed with the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.~~

~~— (2) The board or its authorized representative may require the person to submit additional information necessary to make an appropriate resolution of the matter.~~

R 338.10103 Assessment of fines. Rescinded.

~~— Rule 103. (1) The board shall make a determination as to the amount of a fine based on the following factors~~

~~— (a) The extent to which the licensee obtained financial benefit from any conduct comprising part of the violation found by the board~~

~~— (b) The willfulness of the conduct found to be part of the violation determined by the board~~

~~— (c) The cost incurred in investigating and proceeding against the licensee.~~

~~— (2) A fine shall not exceed the sum of \$2,500.00 for each violation found to have been committed by the licensee.~~

R 338.10105 Training standards for identifying victims of human trafficking; requirements.

Rule 105. (1) Pursuant to section 16148 of the code, MCL 333.16148, an individual licensed or seeking licensure shall complete training in identifying victims of human trafficking that meets the following standards:

(a) Training content shall cover all of the following:

(i) Understanding the types and venues of human trafficking in this state or the United States.

(ii) Identifying victims of human trafficking in health care settings.

(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

(iv) Identifying resources for reporting the suspected victims of human trafficking.

(b) Acceptable providers or methods of training include any of the following:

(i) Training offered by a nationally recognized or state-recognized health-related organization.

(ii) Training offered by, or in conjunction with, a state or federal agency.

(iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.

(iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of ~~subrule (1)~~ subdivision (a) of this ~~rule~~ ~~subrule~~ and is published in a peer review journal, health care journal, or professional or scientific journal.

(c) Acceptable modalities of training include any of the following

(i) Teleconference or webinar.

(ii) Online presentation.

(iii) Live presentation.

(iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an

individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual’s name.

(b) A self-certification statement by an individual. The certification statement must include the individual’s name and either of the following:

(i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule shall apply for license renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses issued 5 or more years after the promulgation of this rule.

PART 2. LICENSURE

R 338.10201 ~~Definitions. Rescinded.~~

~~Rule 201. (1) As used in this part:~~

~~—(a) “Act” means 1978 PA 368, MCL 333.1101 et seq.~~

~~—(b) “Board” means the Michigan board of nursing.~~

~~—(c) “Completed a practical nurse education program acceptable to the board” means 1 of the following:~~

~~—(i) That the applicant is a graduate of a practical nurse education program which is located in this state and which is approved by the board.~~

~~—(ii) That the applicant is a graduate of a practical nurse education program which is located in another state or territory of the United States, as required by §333.16186, and that program is substantially equivalent to the program requirements of article 15 of the act and the rules promulgated by the board.~~

~~—(iii) That the applicant is a graduate of a nurse education program that is substantially equivalent to a practical nurse education program approved by the board. The applicant has completed the core curriculum for practical nurse applicants in a nurse education program which is not less than 30 weeks in duration and which includes courses in both theory and clinical practice.~~

~~—(d) “Completed a registered nurse education program acceptable to the board” means 1 of the following:~~

~~—(i) That the applicant is a graduate of a registered nurse education program which is located in this state and which is approved by the board.~~

~~—(ii) That the applicant is a graduate of a registered nurse education program which is located in another state or territory of the United States, as required by §333.16186, and that program is substantially equivalent to the program requirements of article 15 of the act and the rules promulgated by the board.~~

~~—(iii) That the applicant is a graduate of a nurse education program which is located outside of the United States and that the applicant is in compliance with the requirements for a certificate from the commission on graduates of foreign nursing schools (cgfns) pursuant to the requirements set forth in the document entitled “Path to CGFNS Certification: Applicant~~

Handbook, Education 29” August, 2001. A copy of the guidebook can be obtained, at no cost, from the Commission on Graduates of Foreign Nursing Schools, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 or from the commission’s website at <http://www.cgfns.org>. A copy of the handbook is available for inspection or distribution at cost from the Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

—(A) If the applicant is a graduate of a nurse education program that is located outside of the United States, has passed the NCLEX examination, and has maintained an active license, with no disciplinary sanctions in this country for at least 5 years immediately preceding the application for a Michigan license, then the applicant shall be exempt from completing the requirements for a certificate from the commission on graduates of foreign nursing schools:

—(iv) That the applicant is a graduate of a Canadian registered nurse program that is approved by a province in Canada and is taught in English. The applicant shall hold a license to practice nursing in Canada that is active and has not been sanctioned.

—(e) “Core curriculum for practical nurse applicants” means courses in both didactic instruction and planned clinical learning in each of the following 4 areas of nursing:

—(i) Medical nursing, which consists of the study of nursing care for the adult patient, both male and female, who is in the acute or chronic phases of a medical illness.

—(ii) Obstetrical nursing, which consists of the study of nursing care for women in the antepartum, labor/delivery, and postpartum phases of pregnancy, and includes the care of the newborn infant and may be referred to as maternal-child nursing. Gynecological nursing alone does not fulfill this obstetric nursing education requirement.

—(iii) Pediatric nursing, which consists of the study of nursing care for children whose ages range from birth through adolescence and who are receiving nursing care for both medical and surgical reasons. This education does not include newborn nursing education.

—(iv) Surgical nursing, which consists of the study of nursing care for the adult patient, both male and female, who is receiving nursing care for a surgical procedure.

—(f) “Core curriculum for registered nurse applicants” means courses in both didactic instruction and planned clinical learning in each of the following 5 areas of nursing:

—(i) Medical nursing, which consists of the study of nursing care for the adult patient, both male and female, who is in the acute or chronic phases of a medical illness.

—(ii) Obstetrical nursing, which consists of the study of nursing care for women in the antepartum, labor/delivery, and postpartum phases of pregnancy, and includes the care of the newborn infant and may be referred to as maternal-child nursing. Gynecological nursing alone does not fulfill this obstetric nursing education requirement.

—(iii) Pediatric nursing, which consists of the study of nursing care for children whose ages range from birth through adolescence and who are receiving nursing care for both medical and surgical reasons. This education does not include newborn nursing education.

—(iv) Psychiatric nursing, which consists of the nursing care of patients who are receiving nursing care for an acute or chronic psychiatric disorder. It may also be referred to as mental health nursing. Education that covers only areas of mental retardation, organic brain syndromes, or neurological diseases does not fulfill the psychiatric nursing education requirement.

—(v) Surgical nursing, which consists of the study of nursing care for the adult patient, both male and female, who is receiving nursing care for a surgical procedure.

—(g) “Department” means the Michigan department of consumer and industry services.

—(2) Terms defined in the act have the same meanings when used in these rules.

R 338.10203 Licensure by examination; **registered professional nurse**; requirements.

Rule 203. (1) An applicant for licensure by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the act ~~code and the administrative rules promulgated pursuant thereto~~, an applicant shall satisfy the requirements of this rule.

(2) An applicant for a registered nurse license shall establish that he or she meets the eligibility requirements to sit for the NCLEX-RN **examination** set forth in R 338.10204 and shall pass the NCLEX-RN **examination**.

~~—(3) An applicant for a practical nurse license shall establish that he or she meets the eligibility requirements to sit for the NCLEX-PN set forth in R 338.10204 and shall pass the NCLEX-PN.~~

~~(4) Notwithstanding the provisions of section 16307(3) of the act, the fees paid by an applicant who has not completed all requirements for licensure by examination within 3 years after receipt of the application by the department shall be forfeited to the department and the application shall be void.~~

(3) An applicant for licensure shall comply with section 16174(3) of the code, MCL 333.16174(3), and submit his or her fingerprints to the department of state police to have a criminal background check conducted by the state police and the federal bureau of investigation.

R 338.10204 Examinations; **registered professional nurse**; eligibility; reexaminations.

Rule 204. (1) To ~~assure~~ **determine** eligibility for the examination, an applicant shall submit a completed application on forms provided by the department, together with the requisite fee.

(2) To be eligible to ~~sit for~~ **take** the NCLEX-RN, an applicant shall establish that he or she ~~has completed~~ **is a graduate of** a registered nurse education program that ~~is acceptable to the board~~. **satisfies either of the following:**

~~(3) To be eligible to sit for the NCLEX-PN, an applicant shall establish that he or she has completed a practical nurse education program that is acceptable to the board.~~

~~—(4) To be eligible to sit for the NCLEX-PN, an applicant whose nursing education was taught in a language other than English shall demonstrate a working knowledge of the English language in addition to meeting the other requirements of this rule. To demonstrate a working knowledge of English, an applicant shall document that he or she has obtained a scaled score of not less than 550 on the paper based test or a scaled score of not less than 213 on the computer based test of English as a foreign language that is administered by the educational testing service and obtained a score of not less than 50 on the test of spoken English that is administered by the educational testing service.~~

(a) Is located in this state and is approved by the board.

(b) Is located in another state of the United States, as required by section 16186(1) of the code, MCL 333.16186, and that program is substantially equivalent to the program requirements of article 15 of the code and the rules promulgated by the board.

~~(5)~~ **(3)** An applicant shall complete the NCLEX-RN **examination** within 12 months of his or her first attempt at the test in this state or another state. The first attempt at the test shall occur within 2 years of graduation from a registered nurse education program. ~~An applicant who has not achieved a passing score on the examination within the 12-month period shall not be eligible to sit again for the NCLEX-RN until the applicant has completed a registered nurse education program that is acceptable to the board. Thereafter, an applicant may sit for the examination an additional cycle of 3 times after repeating the required registered nurse education program. An applicant may sit for the NCLEX-RN a maximum of 6 times total.~~

(4) An applicant who has not achieved a passing score on the NCLEX-RN examination within the 12-month period, as specified in subrule (3) of this rule, shall not be eligible to sit again for the examination until the applicant has completed a NCLEX-RN review course that is acceptable to the board. Thereafter, an applicant may sit for the examination an additional 3 times after completing the review course.

(5) An applicant may sit for the NCLEX-RN examination a maximum of 6 times within 2 years of the first attempt at the test.

~~(6) If an applicant is a graduate of a Canadian registered nurse program that is approved by a province in Canada and is taught in English and the applicant holds a current license in Canada, the first attempt at taking the NCLEX-RN will not have to occur within 2 years of graduation.~~

~~(7) An applicant shall complete the NCLEX-PN within 12 months of his or her first attempt at the test in this state or another state. The first attempt at the test shall occur within 2 years of graduation from a practical nurse education program. An applicant who has not achieved a passing score on the examination within the 12-month period shall not be eligible to sit again for the NCLEX-PN until the applicant has completed a practical nurse education program that is acceptable to the board. Thereafter, an applicant may sit for examination an additional cycle of 3 times after repeating the required practical nurse education program. An applicant may sit for the NCLEX-PN a maximum of 6 times total.~~

R 338.10206 Licensure by endorsement; **registered professional nurse**; requirements.

Rule 206. (1) An applicant for licensure by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the ~~aet~~ **code** and the administrative rules promulgated pursuant ~~thereto~~ **to the code**, an applicant who satisfies the requirements of this rule shall be ~~deemed to meet~~ **considered as meeting** the requirements of section 16186(1)(a) and (d) of the code, **MCL 333.16186(1)**.

(2) An applicant for a registered nurse **professional license by endorsement** shall meet both of the following requirements:

~~(a) The applicant shall establish that he or she has completed~~ **Complete** a registered nurse education program that is acceptable to the board as defined in **R 338.10204(2)(a) or (b)**. ~~or that he or she meets all of the following requirements:~~

- ~~(i) Was first licensed in another state before the effective date of this amendatory rule.~~
- ~~(ii) Is a graduate of a nurse education program that is located outside the United States.~~
- ~~(iii) Is a graduate of a nurse education program which is not less than 60 weeks in duration and which includes courses in both theory and clinical practice for registered nurse applicants.~~
- ~~(iv) Has completed the core curriculum for registered nurse applicants.~~

~~(b) An applicant shall establish~~ **Is currently licensed in another state and was initially licensed by examination in another state.** ~~1 of the following:~~

(3) An applicant who is a graduate of a nurse education program that is located outside the United States shall comply with the provisions of R 338.10208(3) or (4) and submit evidence of compliance with all of the following:

(i) Graduation from a registered nurse education program that is not less than 60 weeks in duration and that includes courses in both theory and clinical practice for registered nurse applicants.

(ii) Completion of the core curriculum for registered nurse applicants.

(4) An applicant's license shall be verified by the licensing agency of all other states of the United States in which the applicant holds a current license or ever held a license as a

registered professional nurse. Verification shall include the record of any disciplinary action taken or pending against the applicant.

~~—(i) That he or she was first licensed as a registered nurse in another state pursuant to an examination that was taken before July 13, 1982.~~

~~—(ii) That he or she was first licensed as a registered nurse in another state pursuant to an examination that was taken on or after July 13, 1982, but before February 14, 1989, and achieved a score of not less than 1600 on the NCLEX RN.~~

~~—(iii) That he or she was first licensed as a registered nurse in another state pursuant to an examination that was taken on or after February 14, 1989, and achieved a score of pass on the NCLEX RN.~~

(3) An applicant for a practical nurse license shall meet both of the following requirements:

~~—(a) The applicant shall establish that he or she has completed a practical nurse education program that is acceptable to the board.~~

~~—(b) An applicant shall establish 1 of the following:~~

~~—(i) That he or she was first licensed as a practical nurse in another state pursuant to an examination that was taken before October 19, 1982.~~

~~—(ii) That he or she was first licensed as a practical nurse in another state pursuant to an examination that was taken on or after October 19, 1982, but before October 18, 1988, and achieved a score of not less than 350 on the NCLEX PN.~~

~~—(iii) That he or she was first licensed as a practical nurse in another state pursuant to an examination that was taken on or after October 18, 1988, and achieved a score of pass on the NCLEX PN.~~

R 338.10207 Lapsed registered professional nurse license; relicensure requirements.

Rule 207. An applicant for relicensure whose Michigan registered professional nurse license has lapsed, under the provisions of section 16201(3) or (4) of the code, MCL 333.16201(3) or (4), as applicable, may be relicensed by complying with the following requirements as noted by (√):

For a registered professional nurse who has let his or her Michigan license lapse and who is not currently licensed in another state	Lapsed 0-3 Years	Lapsed more than 3 years, but less than 7 years	Lapsed more than 7 years
Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.	√	√	√
Continuing education: Submit proof of having completed 25 hours of continuing education in courses and programs approved by the board, including at least 2 hours in pain and symptom management, all of which were earned within the 2-year period immediately preceding the application for relicensure.	√		
Continuing education: Submit proof of having completed 25 hours of continuing education in courses and programs approved by the board, including at least 2 hours in pain and symptom management, with a		√	√

<p>minimum of 3 hours in each of the following areas, all of which were earned within the 2-year period immediately preceding the application for relicensure:</p> <ul style="list-style-type: none"> I. Safe documentation for nurses. II. Critical thinking skills for nurses. III. Pharmacology. IV. Preventing medication errors. V. Professional and legal accountability for nurses. VI. Delegation. 			
<p>Certification of skill competency: Within 3 years of the period immediately preceding the application for relicensure, receive written certification of skill competency from a nurse education program approved pursuant to R 338.10303a. Certification of competency must cover the following skills:</p> <ul style="list-style-type: none"> I. Head-to-toe physical assessment, including vital signs. II. Medication administration. III. Documentation. IV. Surgical asepsis and infection control. V. Safety, including fall prevention, body mechanics, and transfers. 		√	√
<p>NCLEX-RN: Within 3 years of the period immediately preceding the application for relicensure, retake and pass the NCLEX-RN examination.</p>			√
<p>Proof of license verification from another state: An applicant's license shall be verified by the licensing agency of all other states of the United States in which the applicant ever held a licensed as a registered professional nurse. Verification shall include the record of any disciplinary action taken or pending against the applicant.</p>	√	√	√

<p>For a registered professional nurse who has let his or her Michigan license lapse, but who holds a current and valid registered professional nurse license in another state</p>	<p>Michigan license Lapsed 0-3 Years</p>	<p>Michigan license Lapsed more than 3 years, but less than 7 years</p>	<p>Michigan license Lapsed more than 7 years</p>
<p>Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.</p>	√	√	√
<p>Continuing education: Submit proof of completion of 25 hours of continuing education, including at least 2 hours in pain and symptom management, earned within the 2-year period immediately</p>		√	√

preceding the application for relicensure.			
Proof of license verification from another state: An applicant’s license shall be verified by the licensing agency of all other states of the United States in which the applicant holds a current license or ever held a licensed as a registered professional nurse. Verification shall include the record of any disciplinary action taken or pending against the applicant.	√	√	√

R 338.10208 Graduate from a non-accredited program; graduate from a non-board approved program; registered professional nurse program; requirements.

Rule 208. (1) Except as provided in subrules (3) and (4) of this rule, if the applicant is a graduate of a nurse education program that is located outside of the United States, the applicant shall be in compliance with the requirements for a certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS), or its successor agency.

(2) If an applicant's educational program was taught in a language other than English, an applicant shall demonstrate a working knowledge of the English language by obtaining a score of not less than 83 on the Test of English as a Foreign Language Internet-Based Test (TOEFL IBT) administered by the Educational Testing Service.

(3) If the applicant is a graduate of a nurse education program that is located outside of the United States, has passed the NCLEX examination, and has maintained an active license with no disciplinary sanctions in the United States for at least 5 years immediately preceding the application for a Michigan license, then the applicant shall be exempt from completing the requirements for a certificate from the CGFNS.

(4) If the applicant is a graduate of a Canadian registered nurse education program that is approved by a province in Canada, the applicant shall be exempt from completing the requirements for a certificate from the CGFNS if all of the following are met:

- (i) The registered nurse education program was taught in English.**
- (ii) The applicant has a current active license to practice nursing in Canada.**
- (iii) The applicant has not been sanctioned by the applicable Canadian nursing authority.**

R 338.10209 Licensure by examination; licensed practical nurse; requirements.

Rule 209. (1) An applicant for licensure by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant to the code, an applicant shall satisfy the requirements of this rule.

(2) An applicant for licensure shall comply with section 16174(3) of the code, MCL 333.16174(3), and submit his or her fingerprints to the department of state police to have a criminal history check conducted by the state police and the federal bureau of investigation.

R 338.10210 Examinations; licensed practical nurse; eligibility; reexaminations.

Rule 210. (1) To determine eligibility for the examination, an applicant shall submit a completed application on forms provided by the department, together with the requisite fee.

(2) To be eligible to take the NCLEX-PN examination, an applicant shall establish that he or she is a graduate of a licensed practical nurse education program that satisfies 1 of the following:

(a) The applicant is a graduate of a practical nurse education program that is located in this state and is approved by the board.

(b) The applicant is a graduate of a practical nurse education program that is located in another state or territory of the United States, as required by section 16186 of the code, MCL 333.16186, and that program is substantially equivalent to the program requirements of article 15 of the code, MCL 333.16101 to 333.18838, and the rules promulgated by the board.

(c) The applicant is a graduate of a nurse education program that is substantially equivalent to a practical nurse education program approved by the board. The applicant has completed the core curriculum for practical nurse applicants in a nurse education program that is not less than 30 weeks in duration and that includes courses in both theory and clinical practice.

(d) The applicant is a graduate of a registered nurse education program that meets the requirements of R 338.10204(2).

(3) An applicant shall complete the NCLEX-PN examination within 12 months of his or her first attempt at the test in this state or another state. The first attempt at the test shall occur within 2 years of graduation from a practical nurse education program.

(4) An applicant who has not achieved a passing score on the NCLEX-PN examination within the 12-month period, as specified in subrule (3) of this rule, shall not be eligible to sit again for examination until the applicant has completed a NCLEX-PN review course that is acceptable to the board. Thereafter, an applicant may sit for examination an additional 3 times after completing the review course.

(5) An applicant may sit for the NCLEX-PN examination a maximum of 6 times total within 2 years of the first attempt at the test.

R 338.10211 Licensure by endorsement; licensed practical nurse; requirements.

Rule 211. (1) An applicant for licensure by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the other requirements of the code and the administrative rules promulgated pursuant to the code, an applicant who satisfies the requirements of this rule shall be deemed to meet the requirements of section 16186(1) of the code, MCL 333.16186(1).

(2) An applicant for a practical nurse license shall meet both of the following requirements:

(a) Complete a practical nurse education program specified in R 338.10210(2).

(b) Be licensed in another state and initially licensed by examination in another state.

(3) An applicant's license shall be verified by the licensing agency of all other states of the United States in which the applicant holds a current license or ever held a license as a licensed practical nurse. Verification shall include the record of any disciplinary action taken or pending against the applicant.

R 338.10212 Graduate of non-accredited program; licensed practical nurse; requirements.

Rule 212. (1) Except as provided in subrule (2) of this rule, if the applicant is a graduate of a licensed practical nurse education program that is located outside of the United States, the applicant shall have his or her nursing education reviewed and certified by a credentialing agency that is accredited by the National Association of Credential Evaluation Services (NACES) or through the Credential Evaluation Service (CES) of the Commission on Graduates of Foreign Nursing Schools (CGFNS). The list of NACES approved credentialing agencies can be found on its website at no cost, www.naces.org, under “Current Members”. Information about CES can be obtained at no cost from its website, www.cgfns.org.

(2) If the applicant is a graduate of a licensed practical nurse education program that is located outside of the United States, has passed the NCLEX-PN examination, and has maintained an active license with no disciplinary sanctions in this country for at least 5 years immediately preceding the application for a Michigan license, then the applicant shall be exempt from completing the nursing education review and certification process through a NACES accredited agency or a CES accredited agency.

(3) If an applicant's licensed practical nurse educational program was taught in a language other than English, an applicant shall demonstrate a working knowledge of the English language by obtaining a score of not less than 83 on the Test of English as a Foreign Language Internet-Based Test (TOEFL IBT) administered by the Educational Testing Service.

R 338.10213 Lapsed licensed practical nurse license; relicensure requirements.

Rule 213. An applicant for relicensure whose Michigan licensed practical nurse license has lapsed under the provisions of section 16201(3) or (4) of the code, MCL 333.16201(3) or (4), may be relicensed by complying with the following requirements as noted by (√):

For a licensed practical nurse who has let his or her Michigan licensed practical nurse license lapse and who is not currently licensed in another state	Lapsed 0-3 Years	Lapsed more than 3 years, but less than 7 years	Lapsed more than 7 years
Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.	√	√	√
Continuing education: Submit proof of having completed 25 hours of continuing education in courses and programs approved by the board, including at least 2 hours in pain and symptom management, all of which were earned within the 2-year period immediately preceding the application for relicensure.	√		
Continuing education: Submit proof of having completed 25 hours of continuing education in courses and programs approved by the board, including at least 2 hours in pain and symptom management, with a minimum of 3 hours in each of the following areas, all of which were earned within the 2-year period		√	√

<p>immediately preceding the application for relicensure:</p> <ul style="list-style-type: none"> I. Safe documentation for nurses. II. Critical thinking skills for nurses. III. Pharmacology. IV. Preventing medication errors. V. Professional and legal accountability for nurses. 			
<p>Certification of skill competency: Within 3 years of the period immediately preceding the application for relicensure, receive written certification of skill competency from a nurse education program approved pursuant to R 338.10303a. Certification of competency shall cover the following skills:</p> <ul style="list-style-type: none"> I. Head-to-toe physical assessment, including vital signs. II. Medication administration. III. Documentation. IV. Surgical asepsis and infection control. V. Safety, including fall prevention, body mechanics, and transfers. 		√	√
<p>NCLEX-PN: Within 3 years of the period immediately preceding the application for relicensure, retake and pass the NCLEX-PN examination.</p>			√
<p>Proof of license verification from another state: An applicant’s license shall be verified by the licensing agency of all other states of the United States in which the applicant ever held a licensed as a licensed practical nurse. If applicable, verification shall include the record of any disciplinary action taken or pending against the applicant.</p>	√	√	√

	Michigan license lapsed 0-3 Years	Michigan license lapsed more than 3 years, but less than 7 years	Michigan license lapsed more than 7 years
<p>Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.</p>	√	√	√
<p>Continuing education: Submit proof of completion of 25 hours of continuing education, including at least 2 hours in pain and symptom management, all of which was earned within the 2-year period immediately preceding the application for relicensure.</p>		√	√
<p>Proof of license verification from another state: An</p>			

<p>applicant’s license shall be verified by the licensing agency of all other states of the United States in which the applicant holds a current license or ever held a licensed as a licensed practical nurse. If applicable, verification shall include the record of any disciplinary action taken or pending against the applicant.</p>	√	√	√
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PART 3. NURSING EDUCATION PROGRAMS

R 338.10301 Definitions.

Rule 301. As used in this part:

~~(a) "Act" means 1978 PA 368, MCL 333.1101 et seq.~~

(a) “Annual progress report” means a report completed and submitted in the years between the self-study submissions during the program approval phase to provide the board with information as to the program’s admissions, attritions, courses, clinical experiences, faculty, program evaluation, and outcomes.

(b) "Clinical experience" means direct nursing care experiences with patients or clients which that offer students the opportunity to integrate, apply, and refine specific skills and abilities which that are based on theoretical concepts and scientific principles. Clinical experience may include simulated nursing experiences.

(c) "Clinical laboratory hours" means those hours of the curriculum which are assigned to laboratory practice, basic skills training simulated learning, and observational experiences which offer the student the opportunity to meet educational objectives outcomes.

(d) “Cohort” means a group of students admitted in the same academic semester or term with the intention of completing the nursing program together.

~~(d)~~ **(e) “Conceptual framework” means the distinct, systematic organization of concepts which is derived from the philosophy and purposes of the program and gives direction to the curriculum. and planned student outcomes of the program that are consistent with relevant professional nursing standards and the mission, goals, philosophy, and purposes of the sponsoring institution, and which gives direction to the curriculum.**

~~(e)~~ **(f) “Cooperating agency” means an individual, organization, or institution which, by written agreement or letter of intent, accepts students and faculty for nursing educational experiences.**

(g) “Core curriculum for licensed practical nurse applicants” means courses in didactic instruction and planned clinical experience in each of the following areas of nursing:

(i) Adult health nursing, which consists of the study of nursing care throughout the adult lifespan, providing care for the acute or chronic phases of a medical illness, health promotion, and disease prevention.

(ii) Maternal and reproductive nursing, which consists of the study of nursing care for women and their families in the gynecological, antepartum, labor and delivery, and postpartum phases of pregnancy, and includes the care of the newborn infant. This education shall not include only gynecological nursing.

(iii) Children’s nursing, which consists of the study of nursing care for children whose ages range from birth through adolescence and who are receiving nursing care for both

medical and surgical reasons. This education shall not include only newborn nursing education.

(iv) **Surgical nursing, which consists of the study of nursing care throughout the adult lifespan, providing care before, during, and after a surgical procedure, health promotion, and disease prevention.**

(h) **“Core curriculum for registered professional nurse applicants” means courses in didactic instruction and planned clinical experience in each of the following areas of nursing:**

(i) **Adult health nursing, which consists of the study of nursing care throughout an adult lifespan, providing care for the acute or chronic phases of a medical illness, health promotion, and disease prevention.**

(ii) **Maternal and reproductive nursing, which consists of the study of nursing care for women and their families in the gynecological, antepartum, labor and delivery, and postpartum phases of pregnancy, and includes the care of the newborn infant. This education shall not include only gynecological nursing.**

(iii) **Children’s nursing, which consists of the study of nursing care for children whose ages range from birth through adolescence and who are receiving nursing care for both medical and surgical reasons. This education shall not include only newborn nursing education.**

(iv) **Mental health nursing, which consists of the nursing care of patients who are receiving nursing care for an acute or chronic psychiatric disorder or physical disorder and shall not be limited only to areas of physical disorders that cause impaired mental function or neurological diseases.**

(v) **Surgical nursing, which consists of the study of nursing care throughout an adult lifespan, providing care before, during, and after a surgical procedure, health promotion, and disease prevention.**

(~~h~~) (i) **“Curriculum” means implementation of the philosophy, purposes, program objectives outcomes, and conceptual framework of the nursing program through the systematic arrangement of courses, including objectives outcomes stated in measurable terms and accomplished through appropriate learning experiences planned for a clearly defined group of students and extending over a period of time. Systematic and ongoing evaluation within the context of measurable objectives outcomes is inherent in the curriculum.**

(~~g~~) **“Director of the nursing program” means a qualified nurse who is delegated the authority and accountability for the nursing program by the sponsoring agency.**

(j) **“Final approval report” means a self-study done after the graduation of the second cohort and prior to the graduation of the fourth cohort that is submitted to the board when the program is seeking full program approval.**

(~~h~~) (k) **“Full program approval” means approval of a program granted after satisfactory demonstration to the board of compliance with these rules.**

(~~h~~) (l) **“Initial approval” means approval which that is granted by the board to inaugurate a program of nursing education.**

(~~h~~) (m) **“Instruction” means educational methodology for achieving curriculum objectives in a classroom outcomes.**

(~~h~~) (n) **“Learning experiences” means planned learning situations, which may include clinical experiences, clinical laboratory hours, or classroom instruction.**

(~~h~~) (o) **“Major program change” means any of the following:**

~~(i) Revision~~ **revision** of the program’s philosophy, conceptual framework, ~~or objectives;~~ curriculum ~~revision relating to a revision of the program’s philosophy, conceptual framework, or objectives~~ **curriculum, or program outcomes that increase the use of simulation more than 10% of the total clinical hours in a program.** ~~or~~

~~(ii) Change~~ **change** in primary ~~instructional method~~ **instruction.**

~~(iii) the elimination~~ **Elimination** of separate course content for an integrated approach;

~~(iv) or a~~ **A** permanent expansion in the number of students served.

~~(p)~~ **“Minor program change” means a change that does not permanently affect the program’s philosophy, conceptual framework, objectives pertaining to the curriculum, or approved enrollment numbers.**

~~(q)~~ **“Nurse education consultant” means a nurse with expertise in curriculum development and nursing program administration or education that independently examines a nursing program under disciplinary review.**

~~(m)~~ ~~(r)~~ **“Nurse site reviewer” means a nurse with expertise in curriculum development and nursing program administration or education that independently examines a nursing program applying for program approval.**

~~(s)~~ **“Nursing process” means the ongoing assessment, analysis, nursing diagnosis, analysis, planning, implementation, and evaluation of nursing care.**

~~(n)~~ ~~(t)~~ **“Observational experience” means a planned learning situation which that is nonparticipatory and does not require intervention by the student. Experience shall meet preplanned stated objectives and provide for faculty and student evaluation. not direct patient care, does not require intervention by the student, meets preplanned stated outcomes, and provides for student evaluation.**

~~(o)~~ ~~(u)~~ **“Philosophy” means the stated beliefs of a faculty about nursing education and practice which determine the design of the curriculum and the evaluation of the program and which are consistent with the educational philosophy of the sponsoring agency.**

~~(p)~~ ~~(v)~~ **“Practical nurse program” means a nursing program to prepare students for practical nurse licensure. The program is approximately 1 year in duration and awards a certificate of completion.**

~~(q)~~ ~~(w)~~ **“Preceptor” means an experienced nurse, paired in a 1-to-1 relationship with a nursing student, who actively participates in the education, mentoring, and evaluation of the nursing student in a clinical setting.**

~~(x)~~ **“Program director” means a nurse who is delegated the authority and accountability for the nursing program by the sponsoring agency.**

~~(y)~~ **“Program of nursing education” means a plan or design indicating the relationship of the components necessary to achieve the goal of preparing persons for licensure as registered or practical nurses under the act code.**

~~(z)~~ **“Probationary status” means the period when a program is under disciplinary action by the board.**

~~(r)~~ **“Progress report” means a document to be submitted to the board at a specified interval to respond to definitive questions and requirements of the board as outlined in written form by the board to the sponsoring agency.**

~~(s)~~ ~~(aa)~~ **“Registered professional nurse program” means a nursing program to prepare students for initial registered nurse licensure.**

~~(t)~~ ~~(bb)~~ **“Self-study report” means an in-depth written review of all aspects of a nursing education program that contains evidence of the program’s compliance with all the requirements of these rules. a report of all aspects of a program of nursing education based**

upon the requirements of this part and prepared by the sponsoring agency. The report follows thorough review of all aspects of the program of nursing education by persons who are knowledgeable about the program.

(cc) “Simulation laboratory” means activities that replicate patient care scenarios and are designed to foster clinical decision-making and critical thinking. Scenarios may include the use of medium- or high-fidelity mannequins, standardized patients, role playing, skills stations, and computer-based critical thinking simulations.

~~(tt)~~ **(dd)** “Site visit” means a physical inspection of an institution and all the components of its program of nursing education for the purpose of determining compliance with the requirements of this part.

~~(vv)~~ **(ee)** “Sponsoring agency” means the organization or institution of which the nursing program is a component.

R 338.10302 ~~Applicability.~~ Rescinded.

~~—Rule 302. (1) An applicant for a license to practice as a registered nurse shall have completed an approved registered nurse program or a program deemed by the board to be equivalent thereto.~~

~~—(2) An applicant for a license to practice as a practical nurse shall have completed an approved practical nurse program or a program deemed by the board to be equivalent thereto.~~

R 338.10303 Initial Pprogram approval; procedure.

Rule 303. ~~(4)~~ The following requirements are established for initial approval of a program of nursing education:

(a) The sponsoring agency shall submit all of the following to the board:

(i) A letter of intent to initiate a program of nursing education.

~~(ii) Evidence that the mission of the sponsoring agency is consistent with provision of a program to prepare students for the practice of nursing as defined in the act.~~

~~—(iii) Evidence that the sponsoring agency will provide funding and other support for a nursing education program which meets the requirements defined in this part.~~

~~—(iv) If the sponsoring agency is an institution requiring approval of the Michigan department of career development to conduct a nursing education program or to confer a particular degree or certificate upon the graduates of the program, a copy of the Michigan department of career development approval shall be submitted to the board.~~

~~—(v) Evidence of the availability of sufficient cooperating agencies which meet the requirements of R 338.10307(5), (6), (7), and (8) to provide clinical experiences for the program.~~

~~—(vi) Proposed number of students to become enrolled in the program annually.~~

~~—(vii) Proposed first date of admission of students to the nursing sequence of the program.~~

~~—(viii) Plans to recruit and employ a qualified director for the program and other faculty members sufficiently in advance of admitting students to the nursing sequence to assure consistency in the planning and implementation of the curriculum. If already appointed, the names and qualifications of the director of the program and other faculty members shall be provided.~~

~~—(b) The board shall require a site visit to the program by the nurse consultant of the board in advance of considering initial approval. A report of the site visit shall be prepared by the nurse consultant and provided to the board and the sponsoring agency.~~

~~—(c) Following initial approval from the board and before initiating the nursing sequence, the program shall submit a self-study report which is approved by the board. The report shall set forth evidence of plans for compliance with the educational requirements of this part.~~

~~—(d) Annually, the program director shall submit a progress report during the period of initial approval. When applicable, the progress report shall include information about each of the following:~~

~~—(i) Admission, progression, and retention of students.~~

~~—(ii) Student achievement on the required licensure examination.~~

~~—(iii) Program evaluation.~~

~~—(iv) Program changes.~~

~~—(2) The sponsoring agency may apply to the board for full approval of the program after graduation of the second class, but shall apply not later than graduation of the fourth class. One class shall be counted for each 12-month period. The following requirements are established for full approval of a program of nursing education:~~

~~—(a) The sponsoring agency shall make application to the board in the form of a letter.~~

~~—(b) The sponsoring agency shall submit a self-study report. The report shall set forth evidence of compliance with the educational requirements of this part.~~

~~—(c) The board shall require a site visit to the program by the nurse consultant of the board before considering full approval. A report of the site visit shall be prepared by the nurse consultant and provided to the board and the sponsoring agency.~~

~~—(d) When granted full approval for the program of nursing education, the sponsoring agency shall continue to meet all of the requirements of this rule. Every 4 years the sponsoring agency shall submit a report to the board which is accepted by the board. The report will alternate a self-study report with an abbreviated report on a form prepared by the board so that a self-study report is submitted every 8 years for non-accredited programs and at least every 10 years for accredited programs. A self-study report prepared for accreditation or re-accreditation by a nationally recognized accrediting agency of nursing education programs may be submitted in place of the self-study report prepared for the board. The schedule for submission of self-study reports for accredited programs shall follow the schedule of the nationally recognized accrediting agency. These reports shall be submitted to the board within 1 month following receipt of the nationally recognized accrediting agency's decision on accreditation of the nursing education program.~~

~~—(3) Major program changes shall be submitted to the board in writing and shall be approved by the board before implementation. The type of approval, initial or full, under which a program is conducted shall not be altered when the board approves major program changes. All of the following information shall be submitted when requesting approval of a major program change:~~

~~—(a) A comparative description of the current and proposed program or portion of the program which is proposed for change.~~

~~—(b) Rationale for the change.~~

~~—(c) Plans to evaluate the effect of the change.~~

~~—(d) Any supporting documents.~~

(ii) A feasibility study that clearly demonstrates all of the following, with supporting documentation relative to the proposed program location:

(A) Need for the program.

(B) Need for graduates of the proposed program.

(C) Availability of students.

(D) Impact on all existing nursing education programs in a 50-mile radius of the proposed program.

(E) Ability of proposed clinical education sites to provide students with clinical experiences that meet course outcomes, provide students the opportunity to practice skills with individuals or groups across the life span and meet the requirements of R 338.10307(5), (6), (7), and (8). Evidence shall also include documentation of the effect on other schools utilizing the proposed clinical facilities and letters of intent from the proposed clinical education sites, signed by the chief nursing officer, or an equivalent position, outlining the plan to accommodate all of the sponsoring agency's students.

(iii) Evidence that the mission of the sponsoring agency is consistent with the philosophy and purpose of a program to prepare students for the practice of nursing as defined in section 17201(1)(a) of the code, MCL 333.17201(1)(a).

(iv) Evidence that the sponsoring agency will provide funding and other support for the nursing education program that meets all of the following requirements:

(A) A 5-year budget in which the first 2 years of the budget do not include tuition and the remaining 3 years of the budget includes tuition.

(B) A financial statement prepared by an independent certified public accountant or auditor, a bank line of credit, or a surety bond that equals the total tuition for all students who have been enrolled for 2 years.

(C) Submission of evidence that the sponsoring agency will provide appropriate physical facilities and other support services for the nursing education program, in conjunction with other departments in the sponsoring agency, including faculty, administration, and student participation in governance of the sponsoring agency, a grievance or complaint process, counseling, academic advising, career placement, financial aid, and learning resource centers or library.

(v) Evidence of approval to provide financial aid for students, under Title IV of the Higher Education Act of 1965, 20 U.S.C. 1070 § 400 et seq.

(vi) A sponsoring agency that is an institution requiring approval from the department's proprietary schools unit, or its successor agency, to conduct a nursing education program or to confer a particular degree or certificate upon the graduates of the program shall submit to the board a copy of the approval. A proprietary school shall possess a state-issued license, be in operation for 2 years, offer health-related courses, and demonstrate student success by certifying that exam results meet or exceed state or national averages.

(vii) Proposed number of students to be enrolled in the program annually, the number of times that enrollment periods will be held per year, and the dates when enrollment periods will be held annually.

(viii) Proposed first date of admission of students to the nursing sequence of the program.

(ix) Plans to recruit and employ a program director and other faculty members sufficiently in advance of admitting students to the nursing sequence to ensure consistency in the planning and implementation of the curriculum. If already appointed, the names and qualifications of the director of the program and other faculty members shall be provided.

(x) The sponsoring agency shall provide evidence of a tuition policy in which students pay as they proceed through the program either by semesters, terms, units, or other time frame as specified by the sponsoring agency. The sponsoring agency shall also provide

evidence of a refund policy that adheres to the refund policies of applicable state, federal, and accrediting agencies.

(xi) Evidence that students possess the necessary prerequisite education prior to admissions to the program. The program shall not be the provider of the prerequisite education, unless it is a state-approved higher educational institution or has the approval of the state to offer prerequisite courses.

(xii) A student contract or enrollment application that outlines the nursing education program's admission requirements, a tuition refund policy that complies with subdivision (a)(x) of this subrule, a withdrawal and failure policy, and academic progression and program completion requirements.

(b) Following initial approval from the board and before initiating the nursing sequence, the program director shall submit a self-study report to be approved by the board. The report shall set forth evidence of plans for compliance with the following:

- (i) Curriculum.
- (ii) Course descriptions and outlines.
- (iii) Philosophy.
- (iv) History of sponsoring agency.
- (v) Signed clinical contracts.
- (vi) Director and faculty credentials.
- (vii) Student policies and support services.
- (viii) Evaluation methods and tools.

(c) The board may require a site visit to the program by a board-approved nurse site reviewer. A report of the site visit shall be prepared by the nurse site reviewer and provided to the board and the sponsoring agency.

(d) After the nursing sequence has been initiated and during the initial approval period, the program director shall submit an annual progress report to the board. The annual progress report shall include information about each of the following:

- (i) Admission, progression, and retention of students.
- (ii) Student achievement on the required licensure examination.
- (iii) Systematic program evaluation results, including, but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates.
- (iv) Program changes.
- (v) Faculty qualifications, assignments, and any faculty exceptions.

R 338.10303a Full program approval; procedure.

Rule 303a. (1) The sponsoring agency may apply to the board for full approval of the program after graduation of the second cohort, but shall apply no later than graduation of the fourth cohort. One cohort shall be counted for each 12-month period. The sponsoring agency shall comply with the following requirements for full approval of a nursing education program:

- (a) The sponsoring agency shall make application to the board in the form of a letter.
- (b) The sponsoring agency shall submit a final approval report to the board. The final approval report shall review the program's progress since initial approval was granted and shall include a review and evaluation of program implementation.

(c) The board may require a subsequent site visit to the program by a board-approved nurse site reviewer before considering full approval. If conducted, a report of the site visit

shall be prepared by the nurse site reviewer and provided to the board and the sponsoring agency.

(2) When granted full approval for the program of nursing education, the sponsoring agency shall continue to meet all of the requirements of this part.

R 338.10303b Continued program approval; requirements.

Rule 303b. (1) Except as provided in subrule (2) of this rule, starting at the expiration of the first year after a program has been granted full approval, the sponsoring agency shall submit a progress report to the board every 4 years that contains the following information:

- (a) Admission, progression, and retention of students.**
- (b) Student achievement on the required licensure examination.**
- (c) Systematic program evaluation results and action plan, including but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates.**

(d) Program changes.

(e) Faculty qualifications, assignments, and any faculty exceptions.

(2) The sponsoring agency of a program that is accredited by a nationally recognized nursing education accrediting organization may submit the report approved by the nationally recognized nursing education accrediting organization instead of submitting the progress report referenced in subrule (1) of this rule.

(3) The board shall notify the program director of the date by which a progress report shall be submitted, except that a self-study report shall be submitted every 8 years for a non-accredited program and at least every 10 years for an accredited program.

(4) A self-study report prepared for accreditation or re-accreditation by a nationally recognized accrediting agency of nursing education programs may be submitted instead of the self-study report prepared for the board. The schedule for submission of a self-study report for accredited programs shall follow the schedule of the nationally recognized accrediting agency. The report shall be submitted to the board within 1 month following receipt of the nationally recognized accrediting agency's decision on accreditation of the nursing education program.

R 338.10303c Program changes; requirements.

Rule 303c. (1) Major program changes shall be submitted to the board in writing and shall be approved by the board before implementation. All of the following information shall be submitted when requesting approval of a major program change:

(a) A comparative description of the current and proposed program or portion of the program which is proposed for change.

(b) Rationale for the change.

(c) Plans to evaluate the effect of the change.

(d) Any supporting documents.

(2) Minor program changes shall be submitted to the department in writing and shall be approved by the department prior to implementation. Minor program changes include, but are not limited to, all of the following:

(a) Changing prerequisites, co-requisites, or both.

(b) A temporary expansion of students.

(c) Changing course numbering.

(d) Changing a descriptor code.

(e) Changing a program readiness assessment test.

(f) Separation of 1 course into 2 courses.

(g) Moving a course from 1 semester to another.

(h) Course name change.

(i) Adding or deleting a credit or credits from a course.

(j) Combining 2 courses.

(k) Changing the sequence in which courses are offered.

(3) The type of program approval, initial or full, under which a program is conducted, shall not be altered when program changes are approved.

R 338.10305 **Registered professional nurse and licensed practical nurse programs;**

~~Program~~ program requirements; generally.

Rule 305. (1) Programs of **registered professional nursing education and licensed practical nursing education** shall meet all of the following requirements:

(a) Comply with the curriculum requirements established by the board and with other requirements set forth in this part.

(b) Contribute to the safe practice of nursing by including the standards of practice, nursing behaviors, and other skills and knowledge in the curriculum to prepare persons for the practice of nursing as defined in **section 17201(1)(a) of the act code, MCL 333.17201(1)(a)**.

(c) Prepare students to meet the requirements for eligibility to take the required licensure examination.

~~—(2) The director of the program of nursing education and the faculty who provide the nursing sequence shall comply with the following requirements as applicable:~~

~~—(a) Hold current licenses to practice as registered nurses in Michigan.~~

~~—(b) For registered nurse programs, the following requirements shall be complied with by September 1, 1989:~~

~~—(i) The director of the nursing program shall hold a minimum of a master's degree with a major in nursing.~~

~~—(ii) Every member of the nursing faculty providing didactic instruction shall hold a minimum of a master's degree, the majority of which shall hold a master's degree with a major in nursing. If the master's degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing science.~~

~~—(iii) Every member of the nursing faculty who provides instruction in the clinical laboratory, or cooperating agencies shall hold a minimum of a baccalaureate degree in nursing science.~~

~~—(c) For practical nurse programs, the following requirements shall be complied with by September 1, 1989:~~

~~—(i) The program director shall hold a minimum of a baccalaureate degree in nursing science.~~

~~—(ii) Every member of the nursing faculty shall hold a minimum of a baccalaureate degree in nursing science.~~

~~—(d) The director of the nursing program and full-time nursing faculty who were employed on or before May 4, 1989, shall be exempt from meeting the requirements of subdivisions (b) and (c) of this subrule.~~

~~—(3) Any exception made to the provisions of subrule (2) of this rule for full-time or part-time nursing faculty and shall be based on the faculty member's progress toward meeting the requirements of these rules during each year for which the exception is requested. A maximum of 5 yearly exceptions shall be granted to any 1 full-time or part-time faculty member.~~

~~—(4) Nursing faculty shall be sufficient in number to prepare students to achieve the objectives of the program. The maximum ratio of students to faculty in clinical areas involving direct care of patients shall be not more than 10 students to 1 faculty member.~~

~~—(5) (d) Establish requirements~~ **Requirements** for admission, progression, and graduation shall be established and **which** shall be made known and available in written form to prospective and current students.

~~—(6) (e) Establish a~~ **A-system for the permanent maintenance of records course descriptions and student and graduate transcripts.** ~~shall be established, and shall include all of the following:~~

~~—(a) Course outlines.~~

~~—(b) Minutes of faculty and committee meetings.~~

~~—(c) Student files, which shall be maintained in the nursing offices for each student.~~

~~—(d) Student and graduate transcripts, which shall be retained for each student and graduate by the sponsoring agency in perpetuity and which shall evidence achievement and, when accomplished, program completion.~~

(2) A licensed practical nursing education program must be 1 year in duration, inclusive of program prerequisites and nursing education, and award a certificate of completion.

R 338.10305a Registered professional nursing education program; program requirements; faculty requirements.

Rule 305a. (1) The program director and all nurse faculty members shall hold a current unrestricted license to practice as a registered professional nurse in this state.

(2) If clinical experiences are offered by the nursing education program at sites that are not located in this state, then any nurse faculty members at those sites shall hold a current unrestricted license to practice as a registered nurse in the state where the clinical experience is located.

(3) The program director shall hold a minimum of a master's degree with a major in nursing.

(4) A member of the nursing faculty who provides didactic instruction shall hold a minimum of a master's degree. The majority of the faculty shall hold a master's degree with a major in nursing, unless an exception is granted under subrule (7) of this rule. If the master's degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing. Courses that are non-nursing in content but are health-related are exempt from the requirements of this subrule and may be taught by non-nurse faculty.

(5) A member of the nursing faculty who provides instruction in either the clinical or simulation laboratory shall hold a minimum of a baccalaureate degree in nursing.

(6) Notwithstanding section 16148(6) of the code, MCL 333.16148(6), all nursing faculty shall meet the requirements of subrules (4) and (5) of this rule within 5 years after the effective date of these rules.

(7) An exception may be made to the requirements of subrule (4) of this rule for full-time or part-time nursing faculty and shall be based on the faculty member's progress toward meeting the requirements of these rules during each year for which the exception is requested. A maximum of 5 yearly exceptions shall be granted to any full-time or part-time faculty member.

(8) Nursing faculty shall be sufficient in number to prepare students to achieve the outcomes of the program. The maximum ratio of students to faculty in clinical areas involving direct care of patients shall be not more than 8 students to 1 faculty member. A ratio of fewer than 8 students to 1 faculty member may be required in specialty units to ensure safe and competent direct patient care.

R 338.10305b Licensed practical nursing education program; program requirements; faculty requirements.

Rule 10305b. (1) The program director and all nurse faculty members shall hold a current unrestricted license to practice as a registered professional nurse in this state.

(2) If clinical experiences are offered by the nursing education program at sites that are not located in this state, then any nurse faculty members at those sites shall hold a current unrestricted license to practice as a registered professional nurse in the state where the clinical experience is located.

(3) The program director shall hold a minimum of a baccalaureate degree in nursing.

(4) Every member of the nursing faculty shall hold a minimum of a baccalaureate degree in nursing, unless an exception is granted under subrule (6) of this rule.

(5) Notwithstanding section 16148(7) of the code, MCL 333.16148(7), all nursing faculty shall comply with the requirements of subrule (4) of this rule within 5 years after the effective date of these rules.

(6) An exception may be made to the requirements of subrule (4) of this rule for full-time or part-time nursing faculty and shall be based on the faculty member's progress toward meeting the requirements of these rules during each year for which the exception is requested. A maximum of 5 yearly exceptions shall be granted to any full-time or part-time faculty member.

(7) Nursing faculty shall be sufficient in number to prepare students to achieve the outcomes of the program. The maximum ratio of students to faculty in clinical areas involving direct care of patients shall be not more than 8 students to 1 faculty member. A ratio of fewer than 8 students to 1 faculty member may be required in specialty units to ensure safe and competent direct patient care.

R 338.10305c Registered professional nursing and licensed practical nursing education programs; preceptor requirements.

Rule 10305c. (1) A program of nursing education that uses the personnel of a clinical facility as preceptors to facilitate the faculty-directed clinical experience of students shall meet all of the following requirements:

(a) Each preceptor shall be approved by the faculty of the program of nursing education.

(b) Each preceptor shall meet either of the following education and experience requirements:

(i) Be educated at the same or higher level as the academic program in which the student is enrolled, have demonstrated competencies that are appropriate for the student's learning experience, and have a minimum 1 year of clinical nursing experience.

(ii) Have an associate's degree, diploma, or certificate in nursing and possess a minimum of 5 years of clinical nursing experience in a specialty area.

(c) Each preceptor shall hold an unencumbered license in the state where the clinical experience occurs.

(d) The faculty of the program of nursing education shall provide to each preceptor an orientation concerning the roles and responsibilities of students, faculty members, and preceptors, including the party responsible for delegation and how delegation will occur.

(e) Before the preceptor begins instruction of the students, the faculty of the program of nursing shall develop written outcomes and provide a copy of those outcomes to each preceptor.

(f) The faculty member shall retain delegating authority and responsibility for the student's learning experiences and shall confer routinely and periodically with the preceptor and student to monitor and evaluate the learning experiences.

(g) If the faculty member is not physically present in the area in which students are practicing, he or she shall be immediately available by telephone or other means of telecommunication when students are engaged in clinical activities with a preceptor.

(h) Preceptors shall not be used to replace clinical faculty in prelicensure certificate, associate, or baccalaureate degree nursing programs.

(i) A preceptor shall supervise not more than 1 student during any 1 scheduled work time or shift.

(2) This rule does not apply to staff nurses used by faculty intermittently during clinical experiences.

R 338.10306 **Registered nursing and practical nursing education programs; Curriculum requirements; generally.**

Rule 306. **The sponsoring agency's curriculum shall include all of the following:**

~~(1)~~(a) A statement of philosophy shall be established which is consistent with the philosophy of the sponsoring agency and which is implemented in the program of nursing education.

~~(2)~~(b) ~~There shall be course, Course, level, and terminal~~ **outcomes objectives shall be established** to serve as a guide in the development, implementation, and evaluation of the curriculum. ~~The objectives~~ **outcomes** shall be reviewed periodically and revised as necessary.

~~(3) The stated conceptual framework for the curriculum shall reflect the philosophy of the educational program and shall be identifiable in the objectives of the program of nursing education.~~

~~(4)~~ (c) Learning experiences and methods of instruction shall be selected to fulfill the stated ~~objectives~~ **outcomes** of each nursing course.

~~(5)~~ (d) Related clinical experiences and clinical laboratory **and simulation laboratory** hours shall be provided concurrently with, or immediately after, the theoretical presentation of the course content. **Simulation laboratory hours shall be limited to no more than 50% of each clinical experience.**

~~(6)~~ (e) Evaluation methods and tools to be used for measuring student achievement shall be determined by the faculty in keeping with the assessment methods of the sponsoring agency. These methods and tools shall be known to the students in the program.

~~(7)~~ (f) The director and faculty shall evaluate all aspects of the curriculum on a systematic basis. Records of the results of the evaluation shall be maintained for board review, if requested.

R 338.10307 **Registered professional nursing and licensed practical nursing education programs; Curriculum; organization, development, implementation, control, and evaluation.**

Rule 307. (1) The curriculum shall be organized, developed, implemented, controlled, and evaluated on a regularly scheduled basis by the **program** director and the faculty within the

framework of the philosophy, purposes, and ~~objectives~~ **outcomes** of the sponsoring agency and those approved by the board.

(2) The curriculum ~~objectives~~ **outcomes** shall identify the behavioral expectations of the graduate of the program and shall be used for **all of** the following purposes:

(a) Developing, organizing, implementing, and evaluating the curriculum.

(b) Identifying ~~objectives~~ **outcomes** for levels of progression and course and program completion.

(c) Providing to the student an organized pattern to follow in which the sequence of learning is from the simple to the complex and from the known to the unknown, with each learning experience built on previously learned information of nursing and related scientific knowledge.

(d) Organizing the courses so as to approximate, as closely as possible, the schedules of the sponsoring agency in terms, quarters, semesters, or trimesters.

(e) Distributing the courses throughout the curriculum so that an unreasonable overload does not exist in any segment of the sequence.

(3) The statement of the conceptual framework or rationale for the program shall be the basis for the organization of the nursing content of the curriculum.

(4) The course content and other learning experiences shall promote student growth in all of the following areas:

(a) The understanding of the roles and responsibilities of the members of the nursing profession.

(b) The application of the principles of nursing and the sciences which are basic to nursing practice in the development of plans of care for the patient or client.

(c) The provision of direct and indirect nursing care.

(d) The understanding of effective human relations and demonstrating the ability to use these principles in nursing situations.

(e) The recognition of physical, psychosocial, and spiritual needs of diverse patient/client populations in the provision of nursing care.

(f) The understanding of health, including the manifestations of disease and the initiation, organization, and application of the principles underlying the nursing care provided.

(g) Developing skills and abilities in the administration of all aspects of nursing care, including all of the following:

(i) Communications.

(ii) ~~Problem-solving.~~ **Critical thinking, clinical reasoning, and problem solving.**

(iii) Understanding legal and professional responsibilities.

(iv) The working relationships with other health care providers.

(v) **Evidence-based practice.**

(vi) **Quality and safety.**

(h) Understanding and protecting the rights of patients or clients.

(5) All cooperating agencies selected for clinical ~~and~~ laboratory **and simulation laboratory** experiences shall have standards of nursing care ~~which that~~ demonstrate concern for the patient or client and evidence the skillful application of all measures of **quality and safe, evidence-based** nursing practice.

(6) All cooperating agencies shall have a current license, if required, for their operation and adhere to the local zoning ordinances governing their operation.

(7) When a site visit is made, cooperating agencies may be surveyed as a part of the review process to determine the contribution each makes to the course and program ~~objectives~~ **outcomes**. Selection shall be made by the ~~nurse site visitor~~ **reviewer**.

(8) Each resource selected to provide clinical experience shall indicate a willingness to cooperate in the curriculum by providing a letter of intent, a written agreement, or a formal contract. Each ~~resource~~ **cooperating agency** shall provide experiences of a quality and quantity ~~which that~~ will enable ~~the all~~ students to meet the ~~objectives~~ **outcomes** established for the clinical experience **pursuant to R 338.10303**.

R 338.10308 Registered ~~nurse~~ **professional nursing education** program; curriculum; implementation.

Rule 308. (1) The director and faculty of a program of nursing education leading to licensure as a registered **professional** nurse shall comply with all of the following provisions:

(a) Select courses and ~~assure~~ **ensure** teaching concepts for basic content in the biological, physical, behavioral, and other courses supportive of the nursing major which shall assist the student to improve abilities in all of the following areas:

(i) Communication.

(ii) Interviewing.

(iii) ~~Problem solving.~~ **Critical thinking, clinical reasoning, and problem solving.**

(iv) Interpersonal relationships.

(v) ~~Using~~ **Use of** scientific principles in providing individualized nursing care to the patient or client. Such courses shall have credits conferred consistent with the policies of the sponsoring agency.

(vi) **Analysis and evaluation of scientific research.**

(vii) **Quality and safety.**

(b) Provide courses and clinical **and simulation laboratory** experiences in the care of all age groups and sexes in medical, surgical, pediatric, geriatric, obstetrical, and psychiatric nursing. Opportunities for learning experiences in community aspects of nursing shall be made available. The elements of the nursing process shall be emphasized in all nursing courses. Clinical laboratory, **simulation laboratory**, and clinical experience hours shall be sufficient in number to meet the course and program ~~objectives~~ **outcomes**.

(c) ~~Assure~~ **Ensure** that courses include content relating to all of the following:

(i) The legal scope of practice of a registered nurse.

(ii) The standards of **practice and performance and code of ethics for** ~~conduct for members~~ of the nursing profession.

(iii) Historical perspectives of nursing and current legal-ethical issues.

(iv) Licensure requirements.

(v) **Evidence-based practice.**

(vi) **Quality and safety.**

(d) Select cooperating agencies ~~which that~~ meet the requirements of R 338.10307(5), (6), and (8).

(2) A registered professional nurse program may substitute up to 50% of clinical hours in any single course with simulation laboratory experiences. For simulation laboratory experiences, the board adopts by reference the standards of the International Nursing Association for Clinical Simulation and Learning, as specified in the publication entitled, "Standards of Best Practice: Simulation" 2013. The standards are available from the International Nursing Association for Clinical Simulation and Learning's website at <http://www.inacsl.org> at no cost. Copies of the standards are available for inspection and distribution at cost from the Board of Nursing, Bureau of Professional Licensing,

Department of Licensing and Regulatory Affairs, 611 W. Ottawa Street, P.O. Box 30670, Lansing, Michigan 48909.

R 338.10309 ~~Practical nurse~~ **Licensed practical nursing education** program; curriculum; implementation.

Rule 309. (1) The director and faculty of a program of nursing education leading to licensure as a **licensed** practical nurse shall comply with all of the following provisions:

(a) Select courses and ~~assure~~ **ensure** teaching concepts on which the theory and practice of practical nursing ~~is~~ **are** based. The basic principles of the natural and applied sciences ~~which~~ **that** are fundamental to the theory and practice of practical nursing and ~~which~~ **that** are applied in the planning and implementation of nursing care shall be included.

(b) Provide courses and clinical **and simulation** experiences in the care of all age groups and both sexes in medical, surgical, pediatric, obstetrical, and geriatric nursing and provide supervised practice in the administration of medications, ~~exclusive of intravenous medications~~. Clinical laboratory, **simulation laboratory**, and clinical experience hours shall be sufficient to meet the ~~objectives~~ **outcomes** of the curriculum.

(c) ~~Assure~~ **Ensure** that courses include content relating to all of the following:

(i) The legal scope of practice of a licensed practical nurse.

(ii) The standards of conduct for members of the nursing profession and, in particular, a licensed practical nurse.

(iii) Historical perspectives of nursing and current legal-ethical issues.

(iv) Licensure requirements.

(v) **Evidence-based practice.**

(vi) **Quality and safety.**

(d) Select cooperating agencies ~~which~~ **that** meet the requirements of R 338.10307(5), (6), and (8).

(2) **A licensed practical nursing education program may substitute up to 50% of clinical hours in any single course with simulation laboratory experiences, except for pediatric and obstetric clinical hours. A licensed practical nursing education program may substitute up to 100% of pediatric and obstetric clinical hours with simulation laboratory. For simulation laboratory experiences, the board adopts by reference the standards of the International Nursing Association for Clinical Simulation and Learning, as specified in the publication entitled, “Standards of Best Practice: Simulation” 2013. The standards are available from the International Nursing Association for Clinical Simulation and Learning’s website at <http://www.inacsl.org> at no cost. Copies of the standards are available for inspection and distribution at cost from the Board of Nursing, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, 611 W. Ottawa Street, P.O. Box 30670, Lansing, Michigan 48909.**

R 338.10310 Board evaluation of a nursing education program.

Rule 310. (4) The board may evaluate a program of nursing education when any of the following occurs:

(a) A request for initiating a program of nursing education is submitted.

(b) A request for full approval of a program is submitted.

(c) A request for approval of a major program change is submitted.

(d) The failure rate **for first-time test takers** on the required licensure examination reaches or exceeds 25% for any 1 year of compiled statistics or reaches or exceeds 15% for any 2 of 3

~~consecutive~~ years of compiled annual statistics. ~~A program of nursing education shall report compiled annual data on NCLEX pass rates to the board at the meeting following the end of the first quarter of the calendar year.~~

~~(e) Complaints regarding the conduct of the program are received and it is necessary to validate the complaints-, pursuant to section 17242 of the code, MCL 333.17242.~~

~~(2) Evaluation processes may include any combination of the following:~~

~~(a) A self-study report.~~

~~(b) A site visit.~~

~~(c) A progress report.~~

~~(d) A follow-up study of graduates and employers.~~

R 338.10310a Nursing education program; board action following evaluation.

Rule 10310a. The board shall require a nursing education program evaluated pursuant to section 17242 of the code, MCL 333.17242, and R 338.10310 and determined to be in noncompliance with any provision of the code or the administrative rules to comply with all of the following, as applicable:

(a) An action plan: The board shall require an action plan as the first step for improvement of the identified problem areas. The sponsoring agency shall submit the action plan within 6 months of the evaluation or with the next 4-year report as defined in Rule 338.10303b, whichever comes first. All of the following apply:

(i) The plan shall indicate that an evaluation of the nursing education program was conducted by the program's director and faculty to identify problem areas. The plan shall include specific steps that are being taken to affect changes in the program. The action plan shall also provide a method for the evaluation of the changes and further action to be taken, if program performance continues to be out of compliance.

(ii) The program shall have 1 year from report submission to implement the changes that are specified in the action plan.

(iii) If there is no evidence of improvement 1 year from the plan's implementation, then the board shall place the program on "probationary status" and the program shall comply with subdivision (b) of this rule.

(b) A self-study: The board shall require a full self-study of the program of nursing education as the second step for improvement. The sponsoring agency shall submit the self-study within 6 months of notification from the board or department. All of the following apply:

(i) The self-study shall be a complete review of the program including, but not limited to, admission policies, curriculum, teaching methods, faculty credentials, testing methods, remediation methods, and failure policies.

(ii) If the result of the self-study concludes that a major program change is necessary, a major program change shall be developed by the sponsoring agency. The major program change shall be submitted to the board for its review and approval prior to the changes taking effect.

(iii) If the result of the self-study concludes that a minor program change is necessary, a minor program change shall be developed by the sponsoring agency. The minor program change shall be submitted to the department for its review and approval prior to the changes taking effect.

(iv) The program shall have 1 cohort cycle to demonstrate improvement.

(v) After the graduation and NCLEX testing of that cohort, if there is no evidence of improvement, the program shall comply with subdivision (c) of this rule.

(c) A nursing education consultant: The program shall employ the services of a nursing education consultant whose credentials shall be submitted to the board. All of the following apply:

(i) The program shall require the consultant to conduct a full and comprehensive review of the nursing education program and prepare a report of the findings and recommendations for improvement.

(ii) The program shall submit the nursing education consultant's report of the findings and recommendations to the board. The program shall also submit a plan to implement the recommendations of the consultant to the board.

(iii) If the recommendation involves a major program change, the sponsoring agency shall submit it to the board for its approval prior to the implementation of the program change.

(iv) The program shall have 1 cohort cycle under the major program change to demonstrate improvement.

(v) If the recommendations do not involve a major program change, the school then has 1 year from report submission to implement the changes.

(vi) If there is no evidence of improvement after the NCLEX examination of the cohort or by the end of 1 year following report submission, the program shall comply with subdivision (d) of this rule.

(d) A reduction in admissions: The program shall reduce admissions to a board-recommended level. Both of the following apply:

(i) The program shall have 1 cohort cycle under the reduction in admissions to demonstrate improvement.

(ii) If there is no evidence of improvement, the board shall commence withdrawal of program approval pursuant to section 17242(2) of the code, MCL 333.17242(2).

R 338.10311 Failure of program to comply with rules; withdrawal of approval.

Rule 311. (1) The board shall proceed under section 17242 of the ~~act~~ **code, MCL 333.17242**, if the board determines that a program of nursing education does not meet the requirements of this part.

~~(2) The board shall offer consultation with the nurse consultant of the board for guidance in correcting nursing education program deficiencies identified by the board.~~

~~(3) (2)~~ Withdrawal of board approval of the program of nursing education for stated deficiencies which were not remediated does not necessarily make any bona fide student enrolled in the program at the time of withdrawal of approval ineligible for the required licensure examination upon satisfactory completion of that program or another program of nursing education which has been approved by the board.

~~(4) (3)~~ Failure of a nursing program to meet all of the requirements of this part shall not, in and of itself, make a graduate from the program ineligible for licensure in this state. Approval of the program in a jurisdiction ~~which~~ **that** maintains substantially equivalent requirements shall be ~~deemed~~ **considered** in compliance with these rules.

R 338.10312 Program termination; interruption or reduction of admissions.

Rule 312. (1) The ~~board shall be informed~~ **program director shall inform the board** if a date is established for termination of the program of nursing education.

(2) ~~The board shall be informed~~ **program director shall inform the board** regarding the system of retention of student records which are needed for endorsement purposes and proof of scholastic achievement. **The system of records retention shall be in accordance with all applicable federal and state laws and regulations.** The board shall retain this information ~~in~~ **in** the closed program files so that graduates may be given the source of information upon request.

(3) ~~The board shall be informed~~ **program director shall inform the board** if admissions to the program of nursing education are to be reduced or interrupted.

PART 4. NURSE SPECIALTY CERTIFICATION

R 338.10401 ~~Temporary certification.~~ **Definitions.**

~~Rule 401. Temporary certification in a nursing specialty field is not available in Michigan.~~
As used in this part:

(a) **“Nurse anesthetist” means an individual who is licensed under part 172 of the code, MCL 333.17201 to 333.17242, as a registered nurse, who is certified by the board to use the title nurse anesthetist, and who is prepared to provide the full spectrum of anesthesia care and anesthesia-related care for individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illnesses or injury.**

(b) **“Nurse midwife” means an individual who is licensed under part 172 of the code, MCL 333.17201 to 333.17242, as a registered nurse, who is certified by the board to use the title nurse midwife, and who focuses on primary care services for women throughout their lifespan, including comprehensive maternity care that includes prenatal care, childbirth in diverse settings, postpartum care, and newborn care; gynecological, reproductive, and contraceptive care; physical exams; diagnosis and treatment of common health problems with consultation or referral as indicated; prescribing pharmacological and nonpharmacological interventions and treatments; and treatment of male partners for sexually transmitted infection and reproductive health.**

(c) **“Nurse practitioner” means an individual who is licensed under part 172 of the code as a registered nurse, who is certified by the board to use the title nurse practitioner, and who focuses on the performance of comprehensive assessments; providing physical examinations and other health assessments and screening activities; and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. Nursing care provided by a nurse practitioner includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing pharmacological and nonpharmacological interventions and treatments that are within the nurse practitioner’s specialty role and scope of practice; health promotion; disease prevention; health education; and counseling of patients and families with potential, acute, and chronic health disorders.**

R 338.10401a **Temporary certification.**

Rule 401. Temporary certification in a nursing specialty field is not available in this state.

R 338.10403 **Advertisement of services.**

Rule 403. Only nurses certified in a nursing specialty field may hold themselves out to the public as nurse specialists using the title nurse anesthetist, nurse midwife, or nurse practitioner. Conduct contrary to this rule is ~~deemed~~ **considered** a violation of section 16221(gd) of the act. **code, MCL 333.16221(d).**

R 338.10404 **Specialty Certification** qualifications; nurse anesthetist, ~~nurse midwife, and nurse practitioner.~~

Rule 404. (1) A specialty certification for a nurse anesthetist shall be granted to a registered professional nurse who satisfies all of the following requirements:

(a) Holds a current and valid license to practice nursing in **Michigan this state.**

(b) Submits an application for certification **as a nurse anesthetist in a specialty area of nursing,** on a form provided by the department, **with** ~~and~~ the required fee.

(c) ~~Meets the standards set forth by either the American association of nurse anesthetists council on certification of nurse anesthetists or the council on recertification of nurse anesthetists. The standards are adopted by reference in these rules and are set forth in the publications entitled "Certification Examination for Nurse Anesthetists, Candidate Handbook," 2003, and "Council on Recertification of Nurse Anesthetists Criteria for Recertification," 2002.~~

Possesses current certification from the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA), or a successor organization. These publications may be obtained from the American Association of Nurse Anesthetists 222 South Prospect Avenue, Suite 202, Park Ridge, IL 60068, or from the association's website at <http://www.bookstore@aana.com> at no cost. A copy of the standards is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

—(2) A specialty certification for nurse midwife shall be granted to a registered nurse who satisfies all of the following requirements:

—(a) Holds a current and valid license to practice nursing in Michigan.

—(b) Submits an application for certification in a specialty area of nursing, on a form provided by the department, and the required fee.

(c) Meets the standards set forth by the American college of nurse midwives certification council, inc. The standards are adopted by reference in these rules and are set forth in the publication entitled "Information for Candidates Handbook," effective October 2002. The standards may be obtained at no cost from the American College of Nurse Midwives Certification Council, 8201 Corporate Drive, Suite 550, Landover, MD 20785 or at <http://www.acemidwife.org>. A copy of the standards is available for inspection or distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

—(3) A specialty certification for nurse practitioner shall be granted to a registered nurse who satisfies all of the following requirements:

—(a) Holds a current and valid license to practice nursing in Michigan.

—(b) Submits an application for certification in a specialty area of nursing, on a form provided by the department, and the required fee.

—(c) Meets the advanced practice certification standards of 1 of the following certification organizations:

—(i) The American nurses credentialing center, whose standards are adopted by reference and are set forth in the publication, entitled "American Nurses Credentialing Center (ANCC) Certification, Advanced Practice and Informatics Nurse, Computer-Based Testing" 2002, which

may be obtained at no cost from the American Nurses Credentialing Center, 600 Maryland Avenue SW, Suite 100 West, Washington, DC 20024-2571 or at <http://www.nursecredentialing.org>.

—(ii) The national certification board of pediatric nurse practitioners and nurses, inc. whose standards are adopted by reference in these rules and are set forth in the publication entitled National Certification Board of Pediatric Nurse Practitioners and Nurses, Inc. National Qualifying Exam and Certification Maintenance Program, 2003” which may be obtained at no cost from the National Certification Board of Pediatric Nurse Practitioners and Nurses, Inc., 800 South Frederick Avenue, Suite 104, Gaithersburg, MD 20877 or at <http://www.pnpeert.org>.

—(iii) The national certification corporation (nec) for obstetric, gynecologic, and neonatal specialties, whose standards are adopted by reference in these rules and are set forth in the publication entitled “NCC Registration Catalog” 2003 edition, which may be obtained at no cost from the National Certification Corporation, P.O. Box 11082, Chicago, IL 60611 or at <http://www.nccnet.org>.

—(iv) The American academy of nurse practitioners whose standards are adopted by reference in these rules and are set forth in the publication entitled “American Academy of Nurse Practitioners Report on Certification Methodologies 1997,” which may be obtained at no cost from the Academy of Nurse Practitioners, Certification Program, Capitol Station, P.O. Box 12926, Austin, TX 78711.

—(v) Oncology nursing certification corporation, whose standards are adopted by reference in these rules and are set forth in the publication entitled “The 2003 Oncology Nursing Certification Corporation Certification Bulletin,” which may be obtained at no cost from The Oncology Nursing Certification Corporation, 125 enterprise Drive, Pittsburgh, PA 15275-1214 or at <http://www.oncc.org>.

—(4) The standards listed in subrules (i), (ii), (iii), (iv), and (v) also are available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

R 338.10404a Specialty certification qualifications; nurse midwife.

Rule 404a. A specialty certification for nurse midwife shall be granted to a registered professional nurse who satisfies all of the following requirements:

- (a) Holds a current and valid license to practice nursing in this state.**
- (b) Submits an application for certification as a nurse midwife on a form provided by the department with the required fee.**
- (c) Possesses a current certification from the American Midwifery Certification Board, Inc. (AMBC), or a successor organization.**

R 338.10404b Specialty certification qualifications; nurse practitioner.

Rule 404b. A specialty certification for nurse practitioner shall be granted to a registered professional nurse who satisfies all of the following requirements:

- (a) Holds a current and valid license to practice nursing in this state.**
- (b) Submits an application for certification as a nurse practitioner, on a form provided by the department with the required fee.**
- (c) Possesses advanced practice certification from 1 of the following certification organizations, or successor organizations:**
 - (i) The American Nurses Credentialing Center.**
 - (ii) The Pediatric Nursing Certification Board.**

(iii) The National Certification Corporation for Women’s Health Care Nurse Practitioner and Neonatal Nurse Practitioner.

(iv) The American Academy of Nurse Practitioners for Adult Nurse Practitioners, Family Nurse Practitioners, and Adult-Gerontology Primary Care Nurse Practitioners.

(v) The Oncology Nursing Certification Corporation.

(vi) The American Association of Critical Care Nurses Certification Corporation for Acute Care Nurse Practitioner.

R 338.10405 **Nurse anesthetist specialty** certification renewal or reregistration; schedule; requirements; maintenance of evidence of compliance.

Rule 405. (1) **Specialty** ~~C~~certification renewal shall correspond with the same schedule as the license renewal.

(2) ~~An applicant for renewal who held a specialty certification for the 2-year period immediately preceding license renewal or an applicant for reregistration of a specialty certification pursuant to section 16201(3) or (4) of the code shall meet the following requirements, as applicable:~~

~~(a) For the nurse anesthetist, the~~ **An applicant for renewal or reregistration of a lapsed certification** shall have obtained recertification **or maintained certification**, within the 2-year period immediately preceding the application, **from the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA), or a successor organization.** ~~that meets the requirements of the council on recertification of nurse anesthetists set forth in the publication entitled “Council on Recertification of Nurse Anesthetists Criteria for Recertification,” 2002. The publication is adopted by reference in this rule and may be obtained at no cost from either the Council on Recertification of Nurse Anesthetists, 222 South Prospect Avenue, Park Ridge, IL 60068, or from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.~~

~~(b) For the nurse midwife, the applicant shall meet 1 of the following requirements:~~
—(i) ~~If initially certified before 1996, have completed, within the 2-year period immediately preceding the application, the continuing competency assessment requirements of the American College of Nurse-Midwives set forth in the publication entitled “The Continuing Competency Assessment Program of The American College of Nurse-Midwives, 1999.” The publication is adopted by reference in this rule and may be obtained at no cost from the American College of Nurse-Midwives, 818 Connecticut Avenue, NW, Suite 900, Washington, DC 20006 or at <http://www.midwife.org>. The publication also is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.~~

—(ii) ~~If initially certified after January 1, 1996, have obtained recertification or maintained certification, within the 2-year period immediately preceding the application, that meets the requirements of the American College of Nurse-Midwives Certification Council, Inc. (ACC) set forth in the publication entitled “Certificate Maintenance”, December 2002. The publication is adopted by reference in this rule and may be obtained at no cost from the ACC, 8201 Corporate Drive, Suite 550, Landover, MD 20785 or at <http://www.aecmidwife.org>. The publication also is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.~~

—(iii) ~~Have completed 20 continuing education units in the nursing specialty field within the 2-year period immediately preceding the application. The board approves and adopts by reference~~

~~in this rule the standards listed in paragraphs (i) and (ii) of this subdivision for approving continuing education offerings for the nurse midwife.~~

~~—(e) For the nurse practitioner, the applicant shall meet the following requirements appropriate to his or her current source of certification:~~

~~—(i) Those holding national certification as a nurse practitioner shall have obtained recertification or maintained certification, within the 2-year period immediately preceding the application that meets the requirements of the following organizations. The following publications are adopted by reference in this rule and may be obtained from the specific organization, as listed below. These publications also are available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.~~

~~—(A) The American nurses credentialing center as set forth in the publication entitled “Recertification Catalog”, 2003. This publication is adopted by reference in this subrule and may be obtained at no cost from the American Nurses Credentialing Center, 600 Maryland Avenue, SW, Suite 100 West, Washington, DC 20024-2571 or at <http://www.nursecredentialing.org>.~~

~~—(B) The national certification board of pediatric nurse practitioners and nurses as set forth in the publication entitled “National Certification Board of Pediatric Nurse Practitioners and Nurses, Inc. National Qualifying Exam and Certification Maintenance Program, 2003”. This publication is adopted by reference in this subrule and may be obtained at no cost from the National Certification Board of Pediatric Nurse Practitioners and Nurses, Inc., 800 South Frederick Avenue, Suite 104, Gaithersburg, MS or at <http://www.pnpcert.org>.~~

~~—(C) The national certification corporation (ncc) for obstetric, gynecologic, and neonatal nursing specialties set forth in the publication entitled “NCC Certification Maintenance Program” 2003 Edition. This publication is adopted by reference in this subrule and may be obtained at no cost from the National Certification Corporation, P.O. Box 11082, Chicago, IL 60611 or at <http://www.nccnet.org>.~~

~~—(ii) Those applicants who obtained Michigan board certification as a nurse practitioner before 1991, shall have completed 40 continuing education units in the nursing specialty field within the 2-year period immediately preceding the application. The board approves and adopts by reference in this rule the standards listed in paragraph (i) of this subdivision or approving continuing education offerings for the nurse practitioner.~~

(3) An applicant or licensee shall maintain evidence of his or her compliance with the requirements of this rule for a period of 4 years after the date of application, during which time the board may require the licensee to submit such evidence for audit.

R 338.10405a Nurse midwife specialty certification renewal or reregistration; schedule; requirements; maintenance of evidence of compliance.

Rule 405a. (1) Specialty certification renewal shall correspond with the same schedule as the license renewal.

(2) An applicant for specialty certification renewal or reregistration of a lapsed certification shall have obtained recertification or maintained certification within the 2-year period immediately preceding the application, from the American Midwifery Certification Board (AMCB), or a successor organization.

(3) An applicant or licensee shall maintain evidence of his or her compliance with the requirements of this rule for a period of 4 years after the date of application, during which time the board may require the licensee to submit such evidence for audit.

R 338.10405b Nurse practitioner specialty certification renewal or reregistration; schedule; requirements; maintenance of evidence of compliance.

Rule 405b. (1) Specialty certification renewal shall correspond with the same schedule as the license renewal.

(2) An applicant for renewal or reregistration of a lapsed certification shall meet the following requirements appropriate to his or her current source of certification:

(a) An applicant who holds national certification as a nurse practitioner shall have obtained recertification or maintained certification within the 2-year period immediately preceding the application from 1 of the following organizations or successor organizations:

(i) The American Nurses Credentialing Center.

(ii) The Pediatric Nursing Certification Board.

(iii) The National Certification Corporation for Women’s Health Care Nurse Practitioner and Neonatal Nurse Practitioner.

(iv) The American Academy of Nurse Practitioners.

(v) The Oncology Nursing Certification Corporation.

(vi) The American Association of Critical Care Nurses Certification Corporation.

(vii) The American Association of Nurse Practitioners.

(b) An applicant who obtained Michigan board certification as a nurse practitioner before 1991 shall have completed 40 continuing education hours in the nursing specialty field within the 2-year period immediately preceding the application. The board approves and adopts by reference in this rule the standards listed in R 338.10602 for approving continuing education activities for the nurse practitioner.

(3) An applicant or licensee shall maintain evidence of his or her compliance with the requirements of this rule for a period of 4 years after the date of application, during which time the board may require the licensee to submit such evidence for audit.

PART 6. CONTINUING EDUCATION

R 338.10601 License renewals; relicensure; requirements; applicability.

Rule 601. (1) ~~This part applies to applications for renewal of a nursing license and applications for relicensure pursuant to 333.16201 (3) that are filed 2 years or more after the effective date of these rules.~~ Pursuant to section 16201 of the code, MCL 333.16201, an applicant for license renewal who has been licensed for the 2-year period immediately preceding the expiration date of the license, shall accumulate at least 25 hours of continuing education that are approved by the board pursuant to these rules during the 2 years preceding an application for renewal. This part applies to an application for renewal that is filed for the renewal cycle 1 year or more after the effective date of these rules.

(2) ~~An applicant for license renewal who has been licensed for the 2-year period immediately preceding the expiration date of the license or an applicant for relicensure shall accumulate not less than 25 continuing education contact hours that are approved by the board pursuant to these rules during the 2 years preceding an application for renewal or relicensure.~~

(a) ~~An applicant for license renewal shall complete at least 1 2 hours of continuing education contact hour in pain and pain symptom management in each renewal period.~~ pursuant to section 16204(2) of the code, MCL 333.16204(2). Continuing education contact hours in pain and pain symptom management may include, but are is not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical

applications, and drug interventions: **as they relate to professional practice.** ~~This subrule will take effect with the April 1, 2005 renewal cycle.~~

(3) Submission of an application for renewal ~~or relicensure~~ shall constitute the applicant's certification of compliance with the requirements of this rule. A nurse shall retain documentation of meeting the requirements of this rule for a period of 4 years from the date of applying for license renewal. ~~or relicensure.~~ Failure to comply with this rule is a violation of section 16221~~(g)~~**(h)** of the act code, **MCL 333.16221(h).**

(4) The requirements of this part do not apply to an applicant during an initial licensure cycle.

R 338.10602 Acceptable continuing education; **requirements**; limitations.

Rule 602. ~~The board shall consider any of the following as acceptable continuing education:~~

~~(a) One continuing education contact hour, without limitation, may be earned for each 50 or 60 minute attendance at a continuing education program that is in compliance with the standards set forth in R 338.10603(1),(2),(3), (4),(5), and (6).~~

~~—(b) Three continuing education contact hours may be earned for each 50 or 60 minute presentation of a continuing education program that is not a part of the licensee's regular job description that is in compliance with the standards set forth in R 338.10603(1), (2), (3), (4), and (5). Credit may be earned for the same program only once in each renewal period. A maximum of 6 continuing education contact hours may be earned pursuant to this subdivision.~~

~~—(c) Five continuing education contact hours may be earned for each semester credit earned for academic courses related to nursing practice offered in an educational program approved by the board pursuant to R 338.10201(1)(c)(i) and (ii) and (d)(i) and (ii).~~

~~—(d) Three continuing education contact hours may be earned for each quarter credit earned for academic courses related to nursing practice offered in an educational program approved by the board pursuant to R 338.10201(1)(c)(i) and (ii) and (d)(i) and (ii).~~

~~—(e) Twenty five continuing education contact hours may be earned by specialty certification or recertification as 1 of the following:~~

~~—(i) nurse midwife~~

~~—(ii) nurse anesthetist~~

~~—(iii) nurse practitioner.~~

~~—(f) One continuing education contact hour may be granted for each 50 or 60 minutes of program attendance, without limitation, at a continuing education program which has been granted approval by another state board of nursing.~~

~~—(g) One continuing education contact hour may be granted for each 50 or 60 minute attendance, without limitation, at a continuing education program related to nursing practice offered by an educational program approved by the board pursuant to R 338.10201(1)(c)(i) and (ii) and (d) (i) and (ii).~~

~~—(h) Ten continuing education contact hour may be granted for publication, in a nursing or health care journal or textbook, of an article or chapter related to the practice of nursing or allied health.~~

~~—(i) One continuing education contact hour may be granted for each documented hour of reading articles or viewing or listening to media devoted to nursing practice. A maximum of 4 hours may be credited pursuant to this subdivision.~~

~~—(j) Ten continuing education contact hours may be granted in the year in which an applicant is advised he or she successfully completed a national nursing specialty examination.~~

~~—(k) One continuing education contact hour may be granted for each 50 or 60 minutes of participation documented in a health care organization committee dealing with patient care related issues. A maximum of 4 credit hours may be earned.~~

~~—(l) A maximum of 10 continuing education contact hours may be earned for participation in a workshop dealing with patient care issues, with 1 continuing education contact hour granted for each 50 to 60 minute segment offered by a health care organization or a professional organization that falls outside the methods of approval references specified in R 338.10603.~~

~~—(m) One continuing education contact hour may be granted for each 50 to 60 minutes of reading a journal and completing a test which has been developed for continuing nursing practice education.~~

(1) The 25 hours of continuing education required pursuant to R 338.10601(1) for the renewal of a license shall comply with the following, as applicable:

(a) No more than 12 credit hours shall be earned during a 24-hour period for online or electronic media, such as videos, internet web-based seminars, video conferences, online continuing education programs, and online journal articles.

(b) An applicant may not earn credit for a continuing education program or activity that is identical to a program or activity the applicant has already earned credit for during that renewal period.

(2) Pursuant to section 3 of the online continuing education act, 2005 PA 70, MCL 338.3703, not more than ½ of the 25 hours of continuing education earned in board-approved courses or programs that are required for the renewal of a license may be earned through online or electronic media, such as videos, internet web-based seminars, video conferences, online continuing education programs, and online journal articles.

(3) The board shall consider the following as acceptable continuing education:

ACCEPTABLE CONTINUING EDUCATION ACTIVITIES	
(a)	<p>Completion of an approved continuing education program or activity related to the practice of nursing or any non-clinical subject relevant to the practice of nursing. A continuing education program or activity is approved, regardless of the format in which it is offered, if it is approved or offered for continuing education credit by any of the following:</p> <ul style="list-style-type: none"> • The American Nurses Credentialing Center (ANCC). • The National Association for Practical Nurse Education and Service, Inc. (NAPNES). • The National League for Nursing (NLN). • The American College of Nurse-Midwives (ACNM). • The American Association of Nurse Anesthetists (AANA). • The American Association of Nurse
	<p>The number of hours approved by the sponsor or the approving organization.</p> <p>If the activity was not approved for a set number of hours, then 1 credit hour for each 60 minutes of participation may be earned.</p> <p>A minimum of 25 hours shall be earned in each renewal period.</p>

	<p>Practitioners.</p> <ul style="list-style-type: none"> • The American Osteopathic Association (AOA). • The Accreditation Council for Continuing Medical Education (ACCME). • Another state or provincial board of nursing. • A nursing education program approved by the board. <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant’s name, number of hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	
(b)	<p>Completion of academic courses related to nursing practice offered in a nursing education program approved by the board.</p> <p>If audited, an applicant shall submit an official transcript that reflects completion of the academic course and number of semester or quarter credit hours earned.</p>	<p>Five hours of continuing education may be earned for each semester credit hour earned.</p> <p>Three hours of continuing education may be earned for each quarter credit hour earned.</p>
(c)	<p>Obtaining specialty certification or maintaining certification as 1 of the following:</p> <ul style="list-style-type: none"> • Nurse midwife. • Nurse anesthetist. • Nurse practitioner. <p>If audited, an applicant shall submit proof of certification or recertification.</p>	<p>Twenty-five hours may be credited for obtaining or maintaining specialty certification during the renewal period.</p>
(d)	<p>Successful completion of a national nursing specialty examination.</p> <p>If audited, an applicant shall submit proof of a passing score on the examination.</p>	<p>Ten hours may be earned in the year in which the applicant achieves a passing score.</p> <p>A maximum of 20 hours may be earned in each renewal period. Credit will not be given for repeating the same examination in a renewal period.</p>

<p>(e)</p>	<p>Initial publication of a chapter or an article related to the practice of nursing or allied health in either of the following:</p> <ul style="list-style-type: none"> • A nursing or health care textbook. • A peer-reviewed textbook. • A nursing or health care peer-reviewed journal. <p>If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author or a publication acceptance letter.</p>	<p>Ten hours per publication.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>
<p>(f)</p>	<p>Independent reading of articles or viewing or listening to media related to nursing practice that do not include a self-assessment component.</p> <p>If audited, an applicant shall submit an affidavit attesting to the number of hours the applicant spent participating in these activities and that includes a description of the activity.</p>	<p>One hour for each 50 to 60 minutes of participation.</p> <p>A maximum of 4 hours may be earned in each renewal period.</p>
<p>(g)</p>	<p>Participation on a health care organization committee dealing with quality patient care or utilization review.</p> <p>If audited, an applicant shall submit a letter from an organization official verifying the applicant's participation and the number of hours the applicant spent participating on the committee.</p>	<p>One hour for each 60 minutes of participation.</p> <p>A maximum of 4 hours may be earned in each renewal period.</p>
<p>(h)</p>	<p>Presentation of an academic or continuing education program that is not a part of the applicant's regular job description.</p> <p>If audited, an applicant shall submit a copy of the curriculum and a letter from the program sponsor verifying the length and date of the presentation.</p>	<p>Three hours may be earned for each 60 minutes of presentation.</p> <p>A maximum of 6 hours may be earned in each renewal period.</p>

R 338.10603 Continuing nursing education programs; methods of approval. Rescinded.

Rule 3. (1) ~~The board approves and adopts by reference the standards of the American nurses credentialing center's commission on accreditation that are set forth in the publications entitled "The 2001-2002 American Nurses Credentialing Center's Manual for Accreditation as a Provider of Continuing Nursing Education" and "The 2001-2002 American Nurses Credentialing Center's Manual for Accreditation as an Approver of Continuing Nursing Education." A copy of these publications may be purchased from the American Nurses Credentialing Center, Accreditation~~

Program, 600 Maryland Avenue, Suite 100W, Washington, DC 20024, or at <http://www.nursingworld.org/ance> at a cost of \$50.00 per manual as of the adoption of these rules. A copy of these publications also is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(2) The board approves and adopts by reference the standards and criteria of the national association for practical nurse education and service, inc. that are set forth in the publication entitled "NAPNES Criteria for Approval of Continuing Education," January 2003. A copy of the publication may be obtained from the National Association for Practical Nurse Education and Service, Inc., 8607 2nd

Avenue, Suite 404A, Silver Spring, MD 20910, at a cost of \$3.00 as of the adoption of these rules or at <http://www.napnes.org> at no cost. A copy of this publication is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(3) The board approves and adopts by reference the guidelines adopted by the national league for nursing in September 2001 and set forth in the document entitled "National League for Nursing (NLN) Continuing Education Provider Program." A copy of the guidelines may be obtained at no cost from the National League for Nursing, 61 Broadway, 33rd floor, New York, NY 10006 or at <http://www.nln.org>. A copy of this document is available for inspection and distribution at cost at the

Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(4) The board approves and adopts by reference the standards, criteria, and guidelines adopted by the American College of Nurse-Midwives in March 1988 and set forth in the publication entitled "The Continuing Education Unit Criteria and Guidelines," 2002, from the International Association for Continuing Education and Training. A copy may be obtained at no cost from the American College of

Nurse-Midwives, 818 Connecticut Ave., NW, Suite 900, Washington, DC 20006 or at <http://www.midwife.org>. A copy of this document is available for inspection and distribution at cost at the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(5) The board approves and adopts by reference the standards and criteria of the American association of nurse anesthetists as set forth in the "American Association of Nurse Anesthetists (AANA) Continuing Education Program 2002" which is available at no cost from the American Association of Nurse Anesthetists, 222 S. Prospect Avenue, Park Ridge, IL 60068 or at <http://www.aana.com>. A copy of this document is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O.

Box 30670, Lansing, MI 48909.

(6) The board approves and adopts by reference the requirements and guidelines adopted in January 1989 by the committee on continuing medical education of the American osteopathic association that are set forth in the publication entitled "Continuing Medical Education Guide for Physicians 2001-2003." A copy of the publication may be obtained at no cost from the American Osteopathic Association, 142 East Ontario Street, Chicago, IL 60611 or at <http://www.aoa-net.org>. A copy of this document is available for inspection and distribution at cost at the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

~~(7) The board approves and adopts by reference the standards for commercial support for continuing medical education of the accreditation council for continuing medical education's "Essential Areas, Elements, and Decision-Making Criteria, July 1999" in accrediting providers of continuing medical education. The standards may be obtained at no cost from the Accreditation Council for Continuing Medical Education, 515 N. State Street, Suite 2150, Chicago, IL 60610-4377 or at <http://www.acme.org>. A copy of this document is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.~~

~~(8) The board approves and adopts by reference the standards for credentialing in basic and advanced life support set forth by the American heart association in the guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers and published in "Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (70-2041). A copy of the guidelines for cardiopulmonary resuscitation and emergency cardiac care may be obtained from the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231 or at <http://www.americanheart.org>, at a cost of \$20.00 as of the adoption of these rules. A copy of this document is available for inspection and distribution at cost from the Michigan Board of Nursing, Department of Consumer and Industry Services, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.~~

~~(9) The board may deny approval of programs offered by institutions and organizations if it appears to the board that the programs offered by those institutions or organizations fail to demonstrate compliance with the legislative intent to further educate licensees on subjects related to the practice of nursing.~~

PART 7 . NURSING PROFESSIONAL FUND SCHOLARSHIP PROGRAM

R 338.10701 Definitions.

Rule 701. ~~As used in this part:~~ "Nurse professional fund" means the fund established under section 16315(6) of the code, **MCL 333.16315(6)**.

(a) ~~"Board"~~ means the board of nursing.

~~—(b) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being §333.1101 et seq. of the Michigan Compiled Laws.~~

(c) ~~"Department"~~ means the department of consumer and industry services.

(d) ~~"Nurse professional fund"~~ means the fund established under section 16315(6) of the code.

R 338.10702 Board determination of categories and areas of need for designating awards; department required to communicate board's determination of need to nursing programs; applications.

Rule 702. (1) The board shall ~~biennially~~ **annually** determine categories and areas of need for designating scholarship awards to eligible programs of nursing. The board may consider any of the following in establishing categories and areas of need:

(a) Data generated from ~~licensure renewal data provided by the division of health statistics, Michigan department of community health.~~ **Michigan licensure renewal information and nursing surveys.**

(b) National ~~nursing statistical data~~ and **state** trends that have identified nursing shortages.

(c) Data identifying medically underserved areas (MUA), medically underserved populations (MUP), or health professional shortage areas (HPSA).

(d) Health status and nursing care needs of the state's residents.

(2) The department shall communicate the board's determination as to categories and areas of need to approved nursing education programs in ~~Michigan~~ **this state**.

(3) The department shall provide applications to approved programs of nursing that meet the established eligibility criteria in R 338.10703.

~~R 338.10703. Schools; eligibility; awards.~~ **Eligibility of and allocation to nursing education programs.**

Rule 703. (1) To be eligible for a scholarship award, a school shall meet ~~all~~ **1** of the following criteria:

(a) A prelicensure nursing program shall comply with all of the following:

~~(i) Be approved by the Michigan board of nursing. or the United States department of education approved accrediting agency.~~

~~(b)~~ **(ii) Have a primary campus located within the state of Michigan in this state.**

~~(c)~~ **(iii) Offer a program of nursing that meets the predetermined category and area of need as established by the board.**

~~(2)~~ **(b) A post-licensure nursing program shall comply with all of the following:**

~~(i) A school shall file~~ **File** an application setting forth the information requested on the form establishing eligibility.

(ii) Be accredited by a national nursing education accrediting entity.

(iii) Have a primary campus located in this state.

~~(3) The department shall annually disburse a designated number of awards not to exceed \$5,000.00 for each student to eligible schools that meet the predetermined criteria set forth by the board.~~ **(2) A school may submit an application for participation for only those programs that are included in the annual list of scholarship program priorities.**

(3) The department shall annually determine the allocation for each eligible education category.

~~R 338.10704 School Nursing education program~~ awards to eligible students; requirements, procedures.

Rule 704. (1) An eligible ~~school nursing education program~~, upon receiving an ~~award~~ **allocation**, shall award a scholarship to a student who meets all of the following criteria:

~~(a) Resides in the state of Michigan.~~ **Is a permanent resident of this state.**

~~(b) If licensed as a nurse, holds an unencumbered Michigan license to practice nursing.~~

~~(c) Intends to practice within the state of Michigan in an underserved area, with an underserved population, or in a health professional shortage area as identified by the board.~~

~~(d)~~ **(c) Is not in receipt of a full scholarship from another source.**

(d) Maintains satisfactory progress as determined by the eligible nursing education program.

(2) A ~~school nursing education program~~ shall apply a scholarship award first to the cost of tuition, books, and fees associated with the program. A ~~school nursing program~~ shall then provide the remainder of the award, if any, to the student in the form of a stipend.

(3) The ~~school nursing education program~~ shall notify the department, in writing, of its intent to award a scholarship. The notice shall ~~set forth~~ **contain** all of the following information:

(a) The name of the recipient.

(b) Course of study or program in which **the recipient** is enrolled.

(c) Validation that all criteria have been met.

(4) ~~A school shall make a scholarship award to a student on a one-time basis.~~ **A student may receive a scholarship award only once for each level of nursing education.**

(5) The ~~school~~ **nursing education program** shall notify the department, in writing, when a scholarship recipient completes the nursing program.

(6) If a recipient withdraws from the nursing **education** program, then the ~~school~~ **nursing education program** shall notify the department, **in writing**, of its intent to award the remaining scholarship monies in accordance with subrule (3) of this rule.

NOTICE OF PUBLIC HEARING

**Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
NOTICE OF PUBLIC HEARING
July 5, 2016**

9:00 a.m. – 12:00 p.m.

Location: G. Mennen Williams Building Auditorium
525 W. Ottawa Street, Lansing, Michigan

The hearing is held to receive public comments on the following administrative rules:

Board of Dentistry (ORR # 2015 - 090 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148; MCL 333.16204.

Overview: The proposed changes include: implementing training standards for identifying victims of human trafficking; replaces the state specialty examination requirements for orthopedics, periodontics, endodontics with educational and/or nationalized test requirements; permitting dental assistants, dental hygienists and dentists who allow his or her Michigan license to lapse to obtain relicensure without retaking a licensure examination provided he or she maintained a license in another jurisdiction; increasing the required number of continuing education hours in pain and symptom management; and adopting the most recent versions of previously adopted standards.

Board of Massage Therapy (ORR # 2013 - 031 LR)

Authority: MCL: 333.16145(2); MCL 333.16145(3); MCL 333.16148(1), MCL 333.16204(2); MCL 333.16205(2); MCL 333.17961(1); MCL 333.17963(1), MCL 333.17965.

Overview: The proposed changes provide: definitions for the rule set; implementation dates for the licensing programs; training standards for recognizing the signs of human trafficking; supervised massage therapy curriculum; licensure requirements; clarification of licensure requirements for foreign-trained students; and sets forth acceptable examinations and required passing scores.

Board of Nursing (ORR # 2015 - 91 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16148(1); MCL 333.3101; MCL 445.2001, MCL 445.2011; MCL 445.2030.

Overview: The proposed changes address: training standards and requirements for recognizing the signs of human trafficking; reorganizes and addresses RN and PN licensure requirements; provides definitions and program approval requirements in the nursing education program section; addresses certification qualifications and requirements for licensure for the nurse specialty certification; provides continuing education requirements for license renewals, acceptable forms of continuing education and limitations; provides definitions; defines the terms of eligibility of programs and allocations of funds to each eligible education category; and lists the requirements that must be followed when awarding a scholarship from the nursing professional fund scholarship program.

Board of Podiatric Medicine and Surgery (ORR #2015-087 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3); MCL 333.16204(2); MCL 333.18033(1); MCL 333.18033(2).

Overview: The proposed changes include implementing training standards for identifying victims of human trafficking; replacing the six categories of continuing education with a table listing the approved continuing education activities, the minimum or maximum number of continuing education hours permitted or required for each activity, and the type of proof required if audited; expanding the types of activities for which continuing education may be granted; and increasing the minimum number of continuing education hours related to pain and symptom management.

Board of Veterinary Medicine (ORR # 2014-144 LR)

Authority: MCL 333.16145(2); MCL 333.16145(3).

Overview: The proposed changes address: acceptance of certification from the Program for the Assessment of Veterinary Medicine Education Equivalence for licensure; changes the record-keeping requirements from three years to seven years; adopts the most recent version of previously adopted standards; and rescinds a duplicitous rule for assessing fines and rules regarding the veterinarian-patient-client relationship due to lack of authority.

The rules will take effect immediately upon filing with the Secretary of State, unless specified otherwise in the rules. Comments on the proposed rules may be presented in person at the public hearing. Written comments will also be accepted from date of publication until 5:00 p.m. on July 5, 2016, at the following address or e-mail address:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing– Boards and Committees Section
P.O. Box 30670
Lansing, MI 48909-8170
Attention: Policy Analyst Email: BPL-BoardSupport@michigan.gov

A copy of the proposed rules may be obtained by contacting (517) 373-8068 or at the email address noted above. Electronic copies also may be obtained at the following link:

http://w3.lara.state.mi.us/orr/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Professional+Licensing

The meeting site and parking are accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations (such as materials in alternative format) in order to participate in the meeting should call (517) 241-7500.

**EXECUTIVE ORDERS
AND
EXECUTIVE REORGANIZATION ORDERS**

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

(a) Executive orders and executive reorganization orders.”

EXECUTIVE ORDERS

EXECUTIVE ORDER

No. 2016 – 12

AMENDMENT OF EXECUTIVE ORDER No. 2016-10

WHEREAS, Section 1 of Article V of the Michigan Constitution of 1963 vests the executive power of the state of Michigan in the Governor; and

WHEREAS, under Section 4 of 1982 PA 191, MCL 10.84, during a declared State of Energy Emergency the Governor may by executive order suspend a statute, order, rule of a state agency, or specific provision of a statute, order, or rule if strict compliance with the statute, order, rule, or a specific provision of the statute, order, or rule will prevent, hinder, or delay necessary action in coping with an energy emergency; and

WHEREAS, in EO 2016-10, a State of Energy Emergency was declared; and long wait times at terminals and difficulties locating supply persist; and

WHEREAS, the West Shore pipeline, which transports refined petroleum products from Milwaukee to Green Bay, Wisconsin, continues to be out of service without a known in-service date. This shutdown continues to impact regional supply, notably the Upper Peninsula of Michigan and Cheboygan County, which receive products from Wisconsin terminals via truck and barge, respectively. The loss of supply from the pipeline continues to result in longer driving distances, wait times, and working hours for gasoline and other motor fuels transporters, causing drivers to reach maximum weekly driving and on-duty limits more quickly than normal; and,

WHEREAS, production of gasoline and diesel fuel has restarted at the Marathon Refinery following a temporary shutdown, however, it is expected to take approximately a week for inventories to rebuild to levels necessary to supply all customers that typically depend on the refinery for supply; and

WHEREAS, appropriate measures must be taken in Michigan to ensure that fuel supplies will remain sufficient and to assure the health, safety, and welfare of Michigan residents and visitors;

NOW, THEREFORE, I, Richard D. Snyder, Governor of the state of Michigan, by virtue of the power and authority vested in the Governor by the Michigan Constitution of 1963 and Michigan law, order the following:

1. Executive Order 2016-10 is amended to extend the duration of the energy emergency. This order applies to the entire state of Michigan through June 13, 2016, and for the Upper Peninsula of Michigan and Cheboygan County through June 22, 2016. This Order is effective upon filing and remains in effect until it is rescinded or 11:59:59 p.m. EDT, June 22 2016, whichever first occurs.

2. Copies of this amendment as well as Executive Order 2016-10 should be carried by all drivers relying on this order.

Given under my hand and the Great
Seal of the State of Michigan this

_____ day of June in the
Year of Our Lord, Two Thousand and
Sixteen

RICHARD D. SNYDER
GOVERNOR

BY THE GOVERNOR:

SECRETARY OF STATE

EXECUTIVE ORDERS

**EXECUTIVE ORDER
No. 2016 - 13**

**WAGE DEVIATION BOARD
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
EXECUTIVE REORGANIZATION**

WHEREAS, Section 1, Article V of the Michigan Constitution of 1963 vests the executive power in the Governor; and

WHEREAS, Section 2, of Article V of the Michigan Constitution of 1963 empowers the Governor to make changes in the organization of the Executive Branch or in the assignment of functions among its units which he considers necessary for efficient administration; and

WHEREAS, Section 8, of Article V of the Michigan Constitution of 1963 provides that each principal department shall be under the supervision of the Governor, unless otherwise provided by the constitution; and

WHEREAS, there is a continued need to reorganize functions among state departments to ensure efficient administration; and

WHEREAS, programs, agencies, boards, and commissions should be placed among the principal departments on a consistent, logical basis in order to ensure the most efficient use of taxpayer dollars and to allow the state to offer more streamlined services; and

NOW, THEREFORE, I, Richard D. Snyder, Governor of the State of Michigan, pursuant to the powers vested in me by the Michigan Constitution of 1963 and Michigan law order the following:

I. TRANSFER OF WAGE DEVIATION BOARD

A. All statutory authority, powers, duties, functions, and responsibilities of the Wage Deviation Board as provided in the Workforce Opportunity Wage Act, 2014 PA 138, MCL 408.411 to 408.424, are transferred to the Director of the Department of Licensing and Regulatory Affairs (the “Department”) by a Type III transfer as defined by Section 3 of the Executive Organization Act, 1965 PA 380, MCL 16.103.

B. All records, personnel, property, and unexpended balances of appropriations, allocations, and other funds used, held, employed, available, or to be made available to the Wage Deviation Board are transferred to the Department.

II. IMPLEMENTATION

A. The Director of the Department shall provide executive direction and supervision for the implementation of this transfer. The Director shall administer the functions transferred in such ways as to promote efficient administration and shall make internal organizational changes as may be administratively necessary to complete the realignment of responsibilities under this Order.

B. The Director of the Department shall immediately coordinate the transfer and develop a memorandum of record identifying any pending issues of compliance with applicable laws and regulations, or other obligations to be resolved by the Wage Deviation Board.

C. All rules, orders, contracts, and agreements relating to the assigned functions lawfully adopted prior to the effective date of this Order shall continue to be effective until revised, amended, or rescinded.

D. Any suit, action, or other proceeding lawfully commenced by, against, or before any entity affected by this Order shall not abate by reason of the taking effect of this Order. Any suit, action, or other proceeding may be maintained by, against, or before the appropriate successor of any entity affected by this Order.

E. The invalidity of any portion of this Order shall not affect the validity of the remainder of the Order, which may be given effect without any invalid portion. Any portion of this Order found invalid by a court or other entity with proper jurisdiction shall be severable from the remaining portions of this Order.

F. The State Budget Director shall determine and authorize the most efficient manner possible for the handling of financial transactions and records in the state's financial management system for the remainder of the current state fiscal year for transfers made under this Order.

G. The Wage Deviation Board created in Section 5 of the Workforce Opportunity Wage Act, MCL 408.415 is abolished.

In fulfillment of the requirements of Section 2 of Article V of the Michigan Constitution of 1963, this Order shall be effective 60 days after the filing of this Order.

Given under my hand and the Great Seal of the state of Michigan this _____ day of June, in the Year of our Lord Two Thousand Sixteen.

RICHARD D. SNYDER
GOVERNOR

BY THE GOVERNOR:

SECRETARY OF STATE

EXECUTIVE ORDERS

**EXECUTIVE ORDER
No. 2016 - 14**

**CREATION OF THE
BUILDING THE 21st CENTURY ECONOMY COMMISSION
EXECUTIVE OFFICE OF THE GOVERNOR**

WHEREAS, Section 1 of Article V of the Michigan Constitution of 1963 vests the executive power of the state of Michigan in the Governor; and

WHEREAS, Section 4 of Article V of the Michigan Constitution of 1963 authorizes the establishment of temporary commissions or agencies for special purposes; and

WHEREAS, under Section 1 of 1931 PA 195, MCL 10.51, the Governor may, at such times and for such purposes as the Governor deems necessary or advisable, create special advisory bodies consisting of as many members as the Governor deems appropriate; and

WHEREAS, Section 17 of Article V of the Michigan Constitution of 1963 empowers the Governor to present to the Legislature information as to the affairs of the state and recommend measures that he considers necessary or desirable; and

WHEREAS, Michigan's economy has rebounded from the depths of the Great Recession, and businesses have created nearly 450,000 private sector jobs since December 2010, cutting our unemployment rate in half; and

WHEREAS, Michigan is number one in the nation for manufacturing job growth, and the automotive industry set U.S. records for car sales in this country over the last year; and

WHEREAS, Michigan's economy is more productive than it has been in years, driven by the success of our big three industries – automotive, agriculture, and tourism; and

WHEREAS, Michigan can be neither complacent nor content with our economic success, and must develop a strategy to build Michigan's economy of the future that will strengthen our existing industries, encourage new industries to grow, and promote a culture of continuous innovation; and

WHEREAS, Michigan must leverage our strengths in talent, natural resources, geography, and our education system, while supporting our existing industries; and

WHEREAS, government can help create the environment for the state's economy to flourish, and the brightest minds in Michigan's leading industries can provide the direction to help guide the state's economic future and create a culture of innovation; and

WHEREAS, it is critical that the state of Michigan develop a comprehensive, coordinated, and effective long-term economic vision that guides planning, investment, and prioritization in Michigan; and

WHEREAS, the establishment of the Building the 21st Century Economy Commission will advise and assist in matters relating to the assessment and development of a 21st Century Economy strategy and will be responsible for providing a full set of recommendations by June 30, 2017;

NOW, THEREFORE, I, Richard D. Snyder, Governor of the state of Michigan, by virtue of the power and authority vested in the Governor by the Michigan Constitution of 1963 and Michigan law, order the following:

I. CREATION OF THE BUILDING THE 21ST CENTURY ECONOMY COMMISSION

A. The Building the 21st Century Economy Commission (the “Commission”) is created as a temporary commission pursuant to Article V, Section 4 of the Constitution of the state of Michigan of 1963 and shall serve as an advisory body within the Executive Office of the Governor.

B. The Commission shall be an independent and autonomous entity with the intent that its authority, powers, duties, and responsibilities be exercised free from the direction and supervision of the principal departments in the executive branch, and shall be composed of the twenty-three (23) members appointed as follows:

1. The Governor shall appoint eleven (11) voting members to the Commission serving at the pleasure of the Governor.
2. The following four (4) voting members:
 - One (1) member appointed by the Speaker of the House;
 - One (1) member appointed by the House Minority Leader;
 - One (1) member appointed by the Senate Majority Leader; and
 - One (1) member appointed by the Senate Minority Leader.
3. The following eight (8) department or agency directors, chairpersons, or chief executive officers or their designee from within their respective department or agency who shall be non-voting, ex officio members:
 - The Department of Transportation;
 - The Department of Environmental Quality;
 - The Department of Agriculture and Rural Development;
 - The Department of Technology, Management and Budget;
 - The Department of Talent and Economic Development;
 - The Department of Natural Resources;
 - The Michigan Agency for Energy; and
 - The Michigan Public Service Commission or his or her designee.

C. A vacancy on the Commission shall be filled in the same manner as the original appointment.

D. The Commission shall include individuals representing key Michigan industries who have a particular interest or expertise in economic development.

II. CHARGE TO THE COMMISSION

The Commission shall act in an advisory capacity to the Governor and the state of Michigan, and shall do all of the following to recommend to the Governor the scope of comprehensive economic vision for this state:

1. Develop a recommended vision of Michigan’s economic future, including identifying existing industries and their trajectory, potential for new industry growth, goals, and metrics for success.
2. Identify ways to achieve that future, including leveraging Michigan’s strengths such as talent, natural resources, geography, and our education system.
3. Propose strategies and conditions necessary to create an environment for economic success, including: state and local government fiscal policies and governance; infrastructure needs; necessary regulatory framework; stable, long-term economic development tools; talent development and attraction; promoting and enhancing our state brand and image.
4. Propose strategies to support Michigan’s top industries: automotive and manufacturing, tourism, and agriculture.
5. Propose strategies to encourage nascent industries to grow and identify potential opportunities for success in industries including mobility, health and medical, insurance and finance, aerospace, skilled-trades, innovation capital, and tech.
6. Propose strategies to make Michigan a center of innovation, which would include connecting students with professional opportunities, attracting talent to our state, encouraging investment and business development, creating a regulatory environment that welcomes innovation, and fostering connections among innovators across the state.
7. Identify priorities over the next twenty (20) years, with short-term and long-term action items to achieve the vision of Michigan’s economic future.
8. Provide other information or advice as directed by the Governor.
9. No later than June 30, 2017, complete its work and issue a final report to the Governor for his consideration. A copy of the final report shall be transmitted to the Legislature.
10. Ninety (90) days after issuance and transference of its final report, the Commission shall be deemed to have met the charges placed upon it by this Executive Order and shall cease operations.

III. OPERATIONS OF THE COMMISSION

A. The Commission shall be staffed by personnel from and assisted by state departments and agencies as directed by the Governor’s Office.

B. The Governor shall designate the Chairperson or Chairpersons of the Commission who shall serve as Chairperson at the pleasure of the Governor.

C. The Commission may select from among its members a Vice Chairperson.

D. The Commission shall meet at the call of the Chairperson and as may be provided in procedures adopted by the Commission. Meetings of the Commission may be held anywhere within the state of Michigan.

E. The Commission may establish workgroups or committees assigning Commission members to and inviting public participation on these workgroups or committees as the Commission deems necessary.

F. The Commission may adopt, reject, or modify recommendations made by the workgroups or committees.

G. A majority of the voting members of the Commission serving constitutes a quorum for the transaction of the Commission's business notwithstanding the existence of one (1) or more vacancies. The Commission shall act by majority vote of its present and voting members for the purpose of making recommendations to the Governor.

H. The Commission shall adopt procedures consistent with Michigan law and this Order governing its organization and operations.

I. The Commission may, as appropriate, make inquiries, studies, investigations, hold hearings, and receive comments from the public. Subject to the Governor's approval, the Commission may consult with outside experts in order to perform its duties, including, but not limited to, experts in the private sector, government agencies, and the nonprofit sector.

J. Members of the Commission shall serve without compensation. Subject to the Governor's approval and available funding, members of the Commission may receive reimbursement for necessary travel and expenses according to relevant statutes and the rules and procedures of the Michigan Civil Service Commission and the Department of Technology, Management and Budget.

K. The Commission may hire or retain contractors, sub-contractors, advisors, consultants, and agents, and may make and enter into contracts necessary or incidental to the exercise of the powers of the Commission and the performance of its duties, as the Governor deems advisable and necessary in accordance with the relevant statutes, rules, and procedures of the Civil Service Commission and the Department of Technology, Management and Budget.

L. The Commission may accept grants of funds, donations of funds, property, labor, services, or other things of value from any public or private agency or person. Any donations shall be expended in accordance with applicable laws, rules, and procedures.

M. Members of the Commission, staff, or contractors shall refer all legal, legislative, and media contacts relating to Commission actions or activities to the Office of the Governor.

IV. MISCELLANEOUS

A. All departments, committees, commissioners, or officers of this state or of any political subdivision of this state shall give to the Commission, or to any member or representative of the Commission, any necessary assistance required by the Commission or any member or representative of the Commission, in the performance of the duties of the Commission so far as is compatible with its, his, or her duties. Free access shall also be given to any books, records, or documents in its, his, or her custody, relating to matters within the scope of inquiry, study, or investigation of the Commission.

B. Any suit, action, or other proceeding lawfully commenced by, against, or before any entity affected under this Order shall not abate by reason of the taking effect of this Order.

C. Nothing in this Order shall be construed to change the organization of the executive branch of state government or the assignment of functions among its units in a manner requiring the force of law.

D. The invalidity of any portion of this Order shall not affect the validity of the remainder of the Order.

This Executive Order shall become effective upon filing.

Given under my hand and the Great Seal of the state of Michigan this _____ day of June, in the Year of our Lord Two Thousand Sixteen

RICHARD D. SNYDER
GOVERNOR

BY THE GOVERNOR:

SECRETARY OF STATE

(2016 SESSION)

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(i) Other official information considered necessary or appropriate by the Office of Regulatory Reform.”

The following table cites administrative rules promulgated during the year 2000, and indicates the effect of these rules on the Michigan Administrative Code (1979 ed.).

**MICHIGAN ADMINISTRATIVE CODE TABLE
(2015 RULE FILINGS)**

R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue
29.1901	*	10	325.5005	*	10	325.5081	*	10
29.1902	*	10	325.5006	*	10	325.5087	*	10
29.1903	*	10	325.5007	*	10	325.5110	*	10
29.1904	*	10	325.5008	*	10	325.5111	R	10
29.1905	*	10	325.5009	*	10	325.5111a	R	10
29.1906	*	10	325.5010	*	10	325.5111b	R	10
29.1907	*	10	325.5011	*	10	325.5111c	R	10
29.1908	*	10	325.5012	*	10	325.5112	R	10
29.1921	*	10	325.5013	*	10	325.5113	R	10
29.1922	*	10	325.5014	*	10	325.5114	R	10
29.1923	*	10	325.5016	*	10	325.5115	R	10
29.1924	*	10	325.5017	*	10	325.5116	R	10
29.1931	*	10	325.5018	*	10	325.5117	R	10
29.1932	*	10	325.5019	*	10	325.5117	R	10
29.1933	*	10	325.5020	*	10	325.5121	R	10
29.1934	*	10	325.5031	*	10	325.5122	R	10
29.1907a	A	10	325.5033	*	10	325.5132	R	10
29.1909	R	10	325.5041	*	10	325.5148	R	10
125.651	R	4	325.5043	*	10	325.5149	R	10
125.652	R	4	325.5044	*	10	325.5181	R	10
125.653	R	4	325.5046	*	10	325.5182	R	10
125.654	R	4	325.5047	*	10	325.5183	R	10
206.28	A	8	325.5051	*	10	325.5184	R	10
281.700.3	*	4	325.5052	*	10	325.5185	R	10
325.1	*	2	325.5053	*	10	325.5186	R	10
325.2	*	2	325.5054	*	10	325.5187	R	10
325.3	*	2	325.5055	*	10	325.5188	R	10
325.4	*	2	325.5056	*	10	325.5189	R	10
325.2581	R	3	325.5057	*	10	325.5191	R	10
325.2583	R	3	325.5058	*	10	325.5192	R	10
325.2584	R	3	325.5059	*	10	325.5193	R	10
325.2586	R	3	325.5060	*	10	325.5194	R	10
325.2587	R	3	325.5061	*	10	325.5195	R	10
325.2588	R	3	325.5065	*	10	325.5196	R	10
325.2589	R	3	325.5066	*	10	325.5232	R	10
325.2590	R	3	325.5067	*	10	325.5256	R	10
325.2591	R	3	325.5071	*	10	325.5273	R	10
325.5002	*	10	325.5072	*	10	325.5274	R	10
325.5003	*	10	325.5073	*	10	325.5281	R	10
325.5004	*	10	325.5074	*	10	325.5282	R	10

(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)

2016 MR 11 – July 1, 2016

R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue
325.5285	R	10	325.5361	R	10	325.5438	R	10
325.5286	R	10	325.5362	R	10	325.5439	R	10
325.5287	R	10	325.5365	R	10	325.5440	R	10
325.5288	R	10	325.5366	R	10	325.5441	R	10
325.5289	R	10	325.5368	R	10	325.5442	R	10
325.5290	R	10	325.5371	R	10	325.5448	R	10
325.5291	R	10	325.5372	R	10	325.5449	R	10
325.5293	R	10	325.5373	R	10	325.5461	R	10
325.5294	R	10	325.5375	R	10	325.5462	R	10
325.5296	R	10	325.5376	R	10	325.5464	R	10
325.5297	R	10	325.5378	R	10	325.5465	R	10
325.5298	R	10	325.5379	R	10	325.5466	R	10
325.5299	R	10	325.5380	R	10	325.5468	R	10
325.5301	R	10	325.5381	R	10	325.5471	R	10
325.5302	R	10	325.5383	R	10	325.5474	R	10
325.5303	R	10	325.5384	R	10	325.5475	R	10
325.5305	R	10	325.5385	R	10	325.5482	R	10
325.5306	R	10	325.5386	R	10	325.5484	R	10
325.5307	R	10	325.5388	R	10	325.5485	R	10
325.5309	R	10	325.5389	R	10	325.5486	R	10
325.5311	R	10	325.5390	R	10	325.5487	R	10
325.5312	R	10	325.5391	R	10	325.5491	R	10
325.5315	R	10	325.5395	R	10	325.5492	R	10
325.5317	R	10	325.5396	R	10	325.5493	R	10
325.5321	R	10	325.5397	R	10	325.5494	R	10
325.5322	R	10	325.5401	R	10	325.5495	R	10
325.5323	R	10	325.5402	R	10	325.5501	R	10
325.5325	R	10	325.5403	R	10	325.5505	R	10
325.5331	R	10	325.5404	R	10	325.5506	R	10
325.5333	R	10	325.5405	R	10	325.5507	R	10
325.5337	R	10	325.5407	R	10	325.5508	R	10
325.5347	R	10	325.5409	R	10	325.5601	R	10
325.5348	R	10	325.5411	R	10	325.5601a	R	10
325.5351	R	10	325.5417	R	10	325.5602	R	10
325.5352	R	10	325.5418	R	10	325.5603	R	10
325.5353	R	10	325.5421	R	10	325.5605	R	10
325.5355	R	10	325.5422	R	10	325.5606	R	10
325.5357	R	10	325.5423	R	10	325.5607	R	10
325.5358	R	10	325.5425	R	10	325.5608	R	10
325.5359	R	10	325.5437	R	10	325.5609	R	10

(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)

2016 MR 11 – July 1, 2016

R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue
325.5610	R	10	325.5696	R	10	325.5214	*	10
325.5611	R	10	325.5697	R	10	325.5215	*	10
325.5612	R	10	325.5698	R	10	325.5216	*	10
325.5613	R	10	325.5701	R	10	325.5217	*	10
325.5626	R	10	325.5703	R	10	325.5218	*	10
325.5627	R	10	325.5705	R	10	325.5219	*	10
325.5628	R	10	325.5707	R	10	325.5220	*	10
325.5629	R	10	325.5709	R	10	325.5221	*	10
325.5630	R	10	325.5711	R	10	325.5222	*	10
325.5634	R	10	325.5713	R	10	325.5224	*	10
325.5635	R	10	325.5715	R	10	325.5225	*	10
325.5637	R	10	325.5717	R	10	325.5226	*	10
325.5655	R	10	325.5719	R	10	325.5227	*	10
325.5656	R	10	325.5721	R	10	325.5228	*	10
325.5657	R	10	325.5102	*	10	325.5229	*	10
325.5658	R	10	325.5117a	*	10	325.5230	*	10
325.5667	R	10	325.5118	*	10	325.5231	*	10
325.5668	R	10	325.5119	*	10	325.5233	*	10
325.5669	R	10	325.5120	*	10	325.5236	*	10
325.5674	R	10	325.5123	*	10	325.5237	*	10
325.5675	R	10	325.5124	*	10	325.5238	*	10
325.5676	R	10	325.5125	*	10	325.5239	*	10
325.5677	R	10	325.5131	*	10	325.5240	*	10
325.5678	R	10	325.5133	*	10	325.5241	*	10
325.5679	R	10	325.5141	*	10	325.5245	*	10
325.5681	R	10	325.5143	*	10	325.5246	*	10
325.5682	R	10	325.5144	*	10	325.5247	*	10
325.5683	R	10	325.5145	*	10	325.5250	*	10
325.5684	R	10	325.5146	*	10	325.5253	*	10
325.5685	R	10	325.5147	*	10	325.5255	*	10
325.5686	R	10	325.5201	*	10	325.5261	*	10
325.5687	R	10	325.5202	*	10	325.5262	*	10
325.5688	R	10	325.5203	*	10	325.5263	*	10
325.5689	R	10	325.5205	*	10	325.5264	*	10
325.5690	R	10	325.5206	*	10	325.5265	*	10
325.5691	R	10	325.5208	*	10	325.5266	*	10
325.5692	R	10	325.5210	*	10	325.5267	*	10
325.5693	R	10	325.5211	*	10	325.5268	*	10
325.5694	R	10	325.5212	*	10	325.5269	*	10
325.5695	R	10	325.5213	*	10	325.5270	*	10

(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)

2016 MR 11 – July 1, 2016

R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue
325.5271	*	10	325.52601	*	5	338.4973	*	6
325.5431	*	10	325.52602	*	5	338.4976	*	6
325.5432	*	10	338.1a	A	8	338.4978	*	6
325.5435	*	10	338.601	*	6	338.4982	*	6
325.5446	*	10	338.607	*	6	338.6103	A	8
325.5447	*	10	338.611	*	6	338.12001a	A	6
325.5450	*	10	338.613	*	6	338.13002	A	8
325.5452	*	10	338.617	*	6	339.14002	A	6
325.5454	*	10	338.619	*	6	400.5001	R	3
325.5455	*	10	338.621	*	6	400.5002	R	3
325.5481	*	10	338.623	*	6	400.5004	R	3
325.5511	*	10	338.602	A	6	400.5005	R	3
325.5021	R	10	338.604	A	6	400.5006	R	3
325.5049	R	10	338.627	A	6	400.5008	R	3
325.5060	R	10	338.629	A	6	400.5009	R	3
325.5061	R	10	338.641	A	6	400.5011	R	3
325.5065	R	10	338.645	a	6	400.5013	R	3
325.5066	R	10	338.647	A	6	400.5014	R	3
325.5067	R	10	338.649	A	6	400.5016	R	3
325.5071	R	10	338.609	R	6	400.5017	R	3
325.5072	R	10	338.625	R	6	400.5018	R	3
325.5073	R	10	338.1303	A	8	408.10702	A	5
325.5074	R	10	338.1751a	A	6	408.10711	*	5
325.5081	R	10	338.2201a	A	6	408.10712	*	5
325.5087	R	10	338.3113	*	8	408.10713	*	5
325.5110	R	10	338.3120	*	8	408.10727	*	5
325.52001	*	6	338.3121	*	8	408.10753	*	5
325.52002	*	6	338.3123	*	8	408.18502	*	5
325.52003	*	6	338.3125	*	8	408.18599	*	5
325.52005	*	6	338.3651	A	6	408.14016e	R	6
325.52008	*	6	338.3653	A	6	408.14017a	R	6
325.52011	*	6	338.3655	A	6	408.14018a	R	6
325.50251	*	5	338.3657	A	6	408.14019a	R	6
325.50252	*	5	338.3659	A	6	408.14019b	R	6
325.50253	*	5	338.3661	A	6	408.14019c	R	6
325.50254	*	5	338.3663	A	6	408.14020a	R	6
325.50255	*	5	338.3665	A	6	408.14021a	R	6
325.50256	*	5	338.3901a	A	6	408.14021b	R	6
325.50257	*	5	338.4971	*	6	408.14022a	R	6
325.50258	*	5	338.4972	*	6	408.14023a	R	6

(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)

2016 MR 11 – July 1, 2016

R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue
408.14024a	R	6	408.41006c	A	6	408.41053g	A	6
408.14025a	R	6	408.41006d	A	6	408.41054	A	6
408.14025b	R	6	408.41006e	A	6	408.41055	A	6
408.14026a	R	6	408.41007	A	6	408.41055a	A	6
408.14027a	R	6	408.41035	A	6	408.41055b	A	6
408.14028a	R	6	408.41035a	A	6	408.41055c	A	6
408.14029a	R	6	408.41035b	A	6	408.41056	A	6
408.14030a	R	6	408.41035c	A	6	408.41056a	A	6
408.14031a	R	6	408.41035d	A	6	408.41056b	A	6
408.14032a	R	6	408.41036	A	6	408.41056c	A	6
408.14033a	R	6	408.41036a	A	6	408.41056d	A	6
408.14034a	R	6	408.41036b	A	6	408.41056e	A	6
408.14041a	R	6	408.41036c	A	6	408.41056f	A	6
408.17405	*	8	408.41036d	A	6	408.41056g	A	6
408.17411	*	8	408.41037	A	6	408.41056h	A	6
408.17421	*	8	408.41037a	A	6	408.41056i	A	6
408.17422	*	8	408.41037b	A	6	408.41057	A	6
408.17423	*	8	408.41037c	A	6	408.41058	A	6
408.17424	*	8	408.41037d	A	6	408.41060	A	6
408.17426	*	8	408.41037e	A	6	408.41060a	A	6
408.17432	*	8	408.41037f	A	6	408.41060b	A	6
408.17433	*	8	408.41038	A	6	408.41060c	A	6
408.17434	*	8	408.41038a	A	6	408.41061	A	6
408.17435	*	8	408.41038b	A	6	408.41061a	A	6
408.17436	*	8	408.41038c	A	6	408.41061b	A	6
408.17437	*	8	408.41039	A	6	408.41061c	A	6
408.17440	*	8	408.41039a	A	6	408.41061d	A	6
408.17451	*	8	408.41039b	A	6	408.41061e	A	6
408.17461	*	8	408.41040	A	6	408.41061f	A	6
408.17463	*	8	408.41051a	R	6	408.41061g	A	6
408.41003a	*	6	408.41052	A	6	408.41062	A	6
408.41006a	*	6	408.41052a	A	6	408.41063	A	6
408.41001	A	6	408.41052b	A	6	408.41064	A	6
408.41003	A	6	408.41053	A	6	408.41065a	R	6
408.41003b	A	6	408.41053a	A	6	408.41066a	R	6
408.41003c	A	6	408.41053b	A	6	408.41067a	R	6
408.41003d	A	6	408.41053c	A	6	408.41068a	R	6
408.41003e	A	6	408.41053d	*	6	408.41069a	R	6
408.41006	A	6	408.41053e	*	6	408.41070a	R	6
408.41006b	A	6	408.41053f	A	6	408.41070b	R	6

(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)

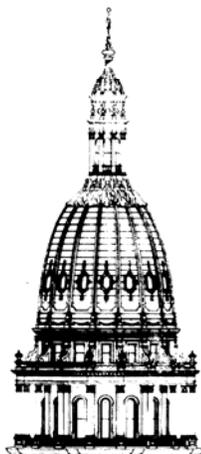
2016 MR 11 – July 1, 2016

R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue	R Number	Action	2016 MR Issue
408.41071a	R	6	408.41085b	A	6	408.41016b	R	6
408.41072a	R	6	408.41085c	A	6	408.41016c	R	6
408.41073a	R	6	408.41085d	A	6	408.41016d	R	6
408.41074a	R	6	408.41085e	A	6	408.41501	A	6
408.41075a	R	6	408.41085f	A	6	408.41505	A	6
408.41080	A	6	408.41085g	A	6	408.41510	A	6
408.41080a	A	6	408.41085h	A	6	408.41515	A	6
408.41080b	A	6	408.41086	A	6	408.41520	A	6
408.41080c	A	6	408.41086a	A	6	408.41521	A	6
408.41080d	A	6	408.41086b	A	6	408.41522	A	6
408.41080e	A	6	408.41086c	A	6	408.41523	A	6
408.41080f	A	6	408.41086d	A	6	408.41524	A	6
408.41080g	A	6	408.41086e	A	6	408.41525	A	6
408.41080h	A	6	408.41086f	A	6	408.41526	A	6
408.41080i	A	6	408.41086g	A	6	408.41527	A	6
408.41080j	*	6	408.41087	A	6	408.41530	A	6
408.41080k	*	6	408.41088	A	6	408.41531	A	6
408.41080l	A	6	408.41089	A	6	408.41540	A	6
408.41080m	A	6	408.41090	A	6	408.41541	A	6
408.41080n	A	6	408.41090a	A	6	408.41542	A	6
408.41080o	A	6	408.41090b	A	6	408.41543	A	6
408.41081	A	6	408.41090c	*	6	408.41550	A	6
408.41082	A	6	408.41090d	*	6	408.41560	A	6
408.41082a	A	6	408.41090e	A	6	408.41561	A	6
408.41082b	A	6	408.41001a	R	6	408.41562	A	6
408.41082c	A	6	408.41004a	R	6	408.41563	A	6
408.41082d	A	6	408.41005a	R	6	408.41564	A	6
408.41082e	A	6	408.41008a	R	6	408.41570	A	6
408.41082f	A	6	408.41009a	R	6	408.41580	A	6
408.41082g	A	6	408.41009b	R	6	408.41590	A	6
408.41083	A	6	408.41011a	R	6	408.41595	A	6
408.41084	A	6	408.41011b	R	6	408.41605	*	4
408.41084a	A	6	408.41011c	R	6	408.41610	*	4
408.41084b	A	6	408.41011d	R	6	436.1311	R	4
408.41084c	A	6	408.41011e	R	6	484.71	*	8
408.41084d	A	6	408.41012a	R	6	484.72	*	8
408.41084e	A	6	408.41013a	R	6	484.73	*	8
408.41084f	A	6	408.41014a	R	6	484.74	*	8
408.41085	A	6	408.41015a	R	6	484.75	*	8
408.41085a	A	6	408.41016a	R	6	792.10101	*	5

(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)

R Number	Action	2016 MR Issue
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792.11503	R	5
792.11504	R	5
792.11505	R	5
792.11506	R	5
792.11507	R	5
792.11508	R	5
792.11509	R	5
792.1151	R	5
792.11511	R	5
792.11512	R	5
792.11513	R	5
792.11514	R	5
792.11515	R	5
792.11516	R	5
792.11517	R	5

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)



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**ADMINISTRATIVE RULES
ENROLLED SENATE AND HOUSE BILLS
SIGNED INTO LAW OR VETOED
(2015 SESSION)**

Mich. Const. Art. IV, §33 provides: “Every bill passed by the legislature shall be presented to the governor before it becomes law, and the governor shall have 14 days measured in hours and minutes from the time of presentation in which to consider it. If he approves, he shall within that time sign and file it with the secretary of state and it shall become law . . . If he does not approve, and the legislature has within that time finally adjourned the session at which the bill was passed, it shall not become law. If he disapproves . . . he shall return it within such 14-day period with his objections, to the house in which it originated.”

Mich. Const. Art. IV, §27, further provides: “No act shall take effect until the expiration of 90 days from the end of the session at which it was passed, but the legislature may give immediate effect to acts by a two-thirds vote of the members elected to and serving in each house.”

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(b) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills signed into law by the governor during the calendar year and the corresponding public act numbers.

(c) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills vetoed by the governor during the calendar year.”

2016 Michigan Public Acts Table

Legislative Service Bureau
Legal Division, Statutory Compiling and Law Publications Unit
124 W. Allegan, Lansing, MI 48909

May 12, 2016
Through Act 116 of 2016

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
1	4983		Yes	1/26	1/26	4/25/16	Natural resources; fishing; entrance into state-operated public boating access sites and certain state parks on free fishing weekends; allow free of charge. (Rep. B. Rendon)
2	4604		Yes	1/26	1/26	2/25/16	Natural resources; soil and erosion; soil erosion and sedimentation permit process; provide exemption for certain agricultural practices. (Rep. B. Roberts)
3	5220		Yes	1/29	1/29	1/29/16	Appropriations; supplemental; distribution of certain appropriated revenue from the state general fund to department of health and human services; provide for. (Rep. P. Phelps)
4	4459		Yes	2/2	2/2	2/2/16	Traffic control; driver license; emergency contact information encoded in driver license; allow. (Rep. P. Lucido)
5	4460		Yes	2/2	2/2	2/2/16	State; identification cards; emergency contact information on state identification card; provide for. (Rep. P. Lucido)
6	4535		Yes	2/2	2/2	5/2/16	Weapons; licensing; requirement to obtain a license to purchase, carry, possess, use, or transport a pistol; exempt law enforcement officers. (Rep. L. Theis)
7		0232	Yes	2/2	2/2	2/2/16	Use tax; definitions; definition of auto dealer; modify. (Sen. D. Robertson)
8		0233	Yes	2/2	2/2	2/2/16	Sales tax; definitions; definition of auto dealer; modify. (Sen. D. Robertson)

- * - I.E. means Legislature voted to give the Act immediate effect.
- ** - Act takes effect on the 91st day after sine die adjournment of the Legislature.
- *** - See Act for applicable effective date.
- + - Line item veto.
- ++ - Pocket veto.
- # - Tie bar.

2016 Michigan Public Acts Table

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
9		0539	Yes	2/16	2/16	2/16/16	Higher education; financial aid; promise zones; modify administration. (Sen. G. Hansen)
10		0540	Yes	2/16	2/16	2/16/16 #	Property tax; state education tax; distribution of state education tax; modify. (Sen. J. Ananich)
11	5023		Yes	2/16	2/16	5/16/16	Natural resources; other; dark sky preserves; expand locations. (Rep. P. Pettalia)
12		0328	Yes	2/16	2/16	5/16/16	Law enforcement; state police; grade and duties of state law enforcement officers; modify. (Sen. T. Schuitmaker)
13		0303	Yes	2/16	2/16	5/16/16	Cemeteries and funerals; other; investment of money in a perpetual care and maintenance fund; expand authority. (Sen. M. Knollenberg)
14		0394	Yes	2/16	2/16	5/16/16	Housing; inspection; multi-unit inspections; make discretionary unless complaint is received and include certain townships within scope of act. (Sen. D. Robertson)
15		0615	Yes	2/16	2/16	2/16/16	Civil procedure; remedies; judgments against municipalities that are collected as tax levies; prohibit transmission or capturing by other governmental entity. (Sen. W. Schmidt)
16	4455		Yes	2/23	2/23	5/23/16	Highways; bridges; bridge inspection process; modify. (Rep. B. Glardon)
17	5070		Yes	2/23	2/23	5/23/16	Labor; health and safety; franchisee and franchisor responsibility as employer under the Michigan occupational safety and health act; clarify. (Rep. E. Leutheuser)
18	5071		Yes	2/23	2/23	5/23/16	Labor; hours and wages; employer responsibility for employees; allocate between franchisor and franchisee. (Rep. P. Somerville)

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2016 Michigan Public Acts Table

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
19	5072		Yes	2/23	2/23	5/23/16	Labor; hours and wages ; franchisor responsibility for minimum wage violations; clarify. (Rep. N. Jenkins)
20	5073		Yes	2/23	2/23	5/23/16	Employment security; employers ; franchisee and franchisor responsibility for contributions and benefits; clarify. (Rep. D. Garcia)
21		0513	Yes	2/23	2/23	2/23/16	Highways; name ; renaming a bridge on US-10; designate as the "Corpsman Aaron D. Ullom Memorial Bridge". (Sen. J. Stamas)
22	4853		Yes	2/23	2/23	5/23/16	Vehicles; motorcycles ; fee for motorcycle safety course; modify. (Rep. J. Tedder)
23	4854		Yes	2/23	2/23	5/23/16	Vehicles; motorcycles ; waiver of certain test requirements for individuals who complete a motorcycle safety course; provide for. (Rep. J. Tedder)
24		0136	Yes	2/26	2/26	2/26/16	Appropriations; zero budget ; supplemental appropriations; provide for fiscal year 2015-2016. (Sen. D. Hildenbrand)
25	4888		Yes	3/1	3/1	5/30/16	Property tax; other ; assessment roll; allow assessor to maintain electronically. (Rep. H. Hughes)
26		0503	Yes	3/1	3/1	5/30/16	Children; adoption ; Michigan Indian family preservation act (MIFPA); modify. (Sen. J. Emmons)
27	4758		Yes	3/1	3/1	3/1/16	Drains; financing ; term bonds with mandatory redemption; provide for. (Rep. A. Pscholka)
28	4727		Yes	3/1	3/1	5/30/16	Aeronautics; other ; regulations for tall structures; revise for meteorological towers. (Rep. T. Cole)

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++ - Pocket veto.

- Tie bar.

2016 Michigan Public Acts Table

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
29		0554	Yes	3/8	3/8	6/6/16	Health; occupations; use of electronic continuing education tracking services; allow. (Sen. T. Schuitmaker)
30		0555	Yes	3/8	3/8	6/6/16	Occupations; individual licensing and regulation; use of electronic continuing education tracking services; allow. (Sen. T. Schuitmaker)
31		0056	Yes	3/8	3/8	3/8/16	Courts; judges; salary formula for judges; modify. (Sen. R. Jones)
32		0176	Yes	3/8	3/8	6/6/16 #	Crimes; intoxication or impairment; oversight for ignition interlock servicing centers; provide for department of state. (Sen. T. Schuitmaker)
33		0357	Yes	3/8	3/8	6/6/16 #	Occupations; vehicles, dealers and repair facilities; breath alcohol ignition interlock mechanics and servicers; include in motor vehicle service and repair act. (Sen. T. Schuitmaker)
34	4980		Yes	3/8	3/8	6/6/16 #	Criminal procedure; sentencing guidelines; guidelines for crime of knowingly providing false information concerning an ignition interlock device; revise. (Rep. K. Kesto)
35		0334	Yes	3/8	3/8	3/8/16	Children; protection; reporting child abuse or child neglect through an online reporting system and waiving a written report under certain circumstances; allow, change venereal disease to sexually transmitted infection, and allow federal or state governmental agency access to certain records. (Sen. J. Emmons)
36		0588	Yes	3/8	3/8	6/6/16	Natural resources; hunting; certain tribal conservation officers; authorize to demand hunting, fishing, or fur harvester's licenses. (Sen. T. Casperson)
37		0680	Yes	3/8	3/8	3/8/16	Mental health; other; naming the new patient programming center at the Walter P. Reuther Psychiatric Hospital the "James K. Haveman Center for Activity, Rehabilitation, and Therapy"; provide for. (Sen. P. MacGregor)
38		0150	Yes	3/15	3/15	3/15/16	Insurance; health insurers; health plans that provide prescription drug coverage; clarify requirements for synchronizing multiple prescriptions and dispensing fees. (Sen. M. O'Brien)

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- Tie bar.

2016 Michigan Public Acts Table

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
39		0051	Yes	3/15	3/15	6/13/16	Highways; name ; renaming a portion of highway in Genesee County; designate as "John Wayne "Dusty" Marcum Memorial Highway". (Sen. K. Horn)
40		0444	Yes	3/15	3/15	6/13/16	Health; emergency services ; critical incident stress management services for emergency service providers; provide for, prohibit disclosure of confidential communications, and provide immunity from liability. (Sen. J. Stamas)
41		0471	Yes	3/15	3/15	6/13/16	Courts; district court ; sixty-seventh district; clarify fourth division jurisdiction. (Sen. D. Robertson)
42		0472	Yes	3/15	3/15	6/13/16	Taxation; tobacco ; tobacco product manufacturers' escrow accounts act; modify. (Sen. W. Schmidt)
43		0473	Yes	3/15	3/15	6/13/16	Tobacco; generally ; tobacco products tax act; require certain enforcement disclosures. (Sen. P. MacGregor)
44		0578	Yes	3/15	3/15	6/13/16	Consumer credit; predatory lending ; mortgage borrowers' bill of rights; modify to refer to federal home loan publications. (Sen. D. Booher)
45		0644	Yes	3/15	3/15	3/15/16	Businesses; nonprofit corporations ; authorization to restructure municipal health facilities corporations; revise requirements. (Sen. J. Stamas)
46	4314		Yes	3/15	3/15	6/13/16	Traffic control; violations ; operation of a motor vehicle on property open to public in a manner that would be a moving violation if on public property causing death or serious impairment of a body function; prohibit, and provide penalties. (Rep. S. Singh)
47	4408		Yes	3/15	3/15	6/13/16 #	Health occupations; veterinarians ; veterinarian continuing education requirement; modify, and include veterinary technicians and a license cycle for veterinarian and veterinary technician licenses. (Rep. K. Crawford)
48	4458		Yes	3/15	3/15	6/13/16	Transportation; other ; complete streets advisory council; eliminate. (Rep. J. Runestad)

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2016 Michigan Public Acts Table

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	HB	SB					
49	4999		Yes	3/15	3/15	6/13/16 #	Health; pharmaceuticals; dispensing prescription drug or device requirements; expand to include an out-of-state veterinary prescriber, and amend certain other provisions relating to veterinary licensing. (Rep. E. McBroom)
50	5105		No	3/15	3/15	**	Insurance; health insurers; health insurance claims assessment on carriers and third party administrators; modify sunset. (Rep. A. Pscholka)
51	4887		Yes	3/22	3/22	3/22/16	Individual income tax; other; limitations on investment direction of contributions made to a Michigan education savings account; modify. (Rep. A. Forlini)
52	4747		Yes	3/22	3/22	6/20/16	Property; other; adverse possession; prohibit against local units of government. (Rep. H. Hughes)
53	5385		Yes	3/29	3/29	3/29/16 #	State financing and management; authorities; Michigan financial review commission; expand to include certain education districts. (Rep. E. Poleski)
54	5296		Yes	3/29	3/29	3/29/16	Appropriations; zero budget; supplemental appropriations for distressed public schools; provide for fiscal year 2015-2016. (Rep. A. Pscholka)
55		0507	Yes	3/29	3/29	6/27/16	Environmental protection; recycling; registration and reporting requirements; establish for recyclers of material from residential and commercial waste. (Sen. M. Green)
56		0216	Yes	3/29	3/29	6/27/16	School aid; other; certain references to general education development (GED); modify. (Sen. D. Robertson)
57		0551	Yes	3/29	3/29	6/27/16	Probate; wills and estates; designation of a funeral representative to make disposition arrangements for decedent; provide for. (Sen. T. Schuitmaker)
58	4577		Yes	3/29	3/29	3/29/16	Traffic control; driver license; renewal of unexpired seasonal restricted commercial driver licenses; allow. (Rep. D. Lauwers)

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	HB	SB					
59	5034		Yes	3/29	3/29	6/27/16	Probate ; wills and estates; fiduciary access to digital assets act; enact. <i>(Rep. A. Forlini)</i>
60	4792		Yes	3/29	3/29	6/27/16	Health occupations ; health care professionals; authorized health professionals from other states accompanying athletic teams to sporting events in this state; provide licensing waiver. <i>(Rep. R. Wittenberg)</i>
61	5377		Yes	4/5	4/5	4/5/16	Appropriations ; supplemental; Michigan natural resources trust fund; provide appropriations for fiscal year 2015-2016. <i>(Rep. J. Bumstead)</i>
62	5107		Yes	4/5	4/5	7/4/16	Law enforcement ; other; human trafficking notification act; create. <i>(Rep. K. Heise)</i>
63		0374	Yes	4/5	4/5	7/4/16 #	Health ; code; references to venereal disease; revise to sexually transmitted infection. <i>(Sen. C. Hertel)</i>
64		0375	Yes	4/5	4/5	7/4/16 #	Health ; code; references of venereal disease; revise to sexually transmitted infection. <i>(Sen. P. MacGregor)</i>
65		0376	Yes	4/5	4/5	7/4/16 #	Health ; code; references of venereal disease; revise to sexually transmitted infection. <i>(Sen. D. Knezek)</i>
66		0377	Yes	4/5	4/5	7/4/16 #	Health ; code; references of venereal disease; revise to sexually transmitted infection. <i>(Sen. W. Schmidt)</i>
67		0378	Yes	4/5	4/5	7/4/16 #	Health ; code; references of venereal disease; revise to sexually transmitted infection. <i>(Sen. M. O'Brien)</i>
68		0379	Yes	4/5	4/5	7/4/16 #	Health ; code; references of venereal disease; revise to sexually transmitted infection. <i>(Sen. R. Warren)</i>

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	HB	SB					
69		0380	Yes	4/5	4/5	7/4/16 #	Health ; code; references of venereal disease; revise to sexually transmitted infection. <i>(Sen. J. Marleau)</i>
70		0381	Yes	4/5	4/5	7/4/16 #	Health ; code; references of venereal disease; revise to sexually transmitted infection. <i>(Sen. C. Young)</i>
71		0592	Yes	4/5	4/5	4/5/16	Health facilities ; other; designated places to perform surgical removal of a human organ; expand. <i>(Sen. C. Hertel)</i>
72	4418		Yes	4/5	4/5	7/4/16	Traffic control ; traffic regulation; maple sap transport; include in agricultural commodities for exemption from seasonal road restrictions. <i>(Rep. L. Chatfield)</i>
73	4813		Yes	4/5	4/5	7/4/16	Occupations ; electricians; number of apprentice electricians a journeyman or master electrician may supervise on a jobsite; revise. <i>(Rep. A. Price)</i>
74	5006		Yes	4/5	4/5	7/4/16	Highways ; name; certain portion of Business Route I-96; designate as the "Lansing Firefighter Dennis E. Rodeman Memorial Highway". <i>(Rep. T. Cochran)</i>
75	4537		Yes	4/5	4/5	7/4/16	Labor ; fair employment practices; employee absence from work to provide emergency civil air patrol services; protect from adverse employment action. <i>(Rep. A. LaFontaine)</i>
76	5192		Yes	4/5	4/5	7/4/16	Occupations ; accounting; practice of public accounting; revise scope of practice. <i>(Rep. C. Afendoulis)</i>
77		0729	Yes	4/12	4/12	4/12/16	Transportation ; funds; counties to provide loans to townships for purpose of funding township road construction projects; allow. <i>(Sen. W. Schmidt)</i>
78		0171	Yes	4/12	4/12	7/11/16	Property tax ; exemptions; housing exemption for elderly or disabled families; modify. <i>(Sen. S. Bieda)</i>

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	HB	SB					
79		0366	Yes	4/12	4/12	7/11/16	Records; public ; solicitation of a fee for providing a copy of a deed; regulate. (Sen. C. Hertel)
80		0502	Yes	4/12	4/12	7/11/16	Health; pharmaceuticals ; health care false claims act; modify exemption to exempt certain payments from drug manufacturers to certain persons for certain health care services. (Sen. J. Marleau)
81		0667	Yes	4/12	4/12	4/12/16	Liquor; advertising ; providing advertising items to retailers; modify. (Sen. J. Stamas)
82		0582	Yes	4/12	4/12	4/12/16	Property tax; delinquent taxes ; issuance of revenue notes secured by the collection of delinquent taxes by a county treasurer; allow. (Sen. J. Brandenburg)
83		0583	Yes	4/12	4/12	4/12/16	State financing and management; bonds ; requirement for a county treasurer to issue revenue notes secured by delinquent tax revenues; provide for. (Sen. J. Brandenburg)
84	4895		Yes	4/12	4/12	7/11/16	Liquor; licenses ; secondary location permit to sell beer and wine at retailers with motor fuel pumps; provide for. (Rep. A. Nesbitt)
85		0352	Yes	4/13	4/13	7/12/16	Health; home health care ; designated caregiver act; create. (Sen. M. O'Brien)
86		0476	Yes	4/19	4/19	4/19/16	Taxation; tobacco ; tobacco products act; eliminate sunset related to tax on cigars. (Sen. W. Schmidt)
87	4479		Yes	4/26	4/26	7/25/16	Crimes; assaultive ; assault or battery of a pregnant woman; increase penalties under certain circumstances. (Rep. A. Price)
88	4788		Yes	4/26	4/26	7/25/16 #	Criminal procedure; sentencing guidelines ; sentencing guidelines for crime of assault and battery of a pregnant individual; provide for. (Rep. A. Price)

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	HB	SB					
89		0508	Yes	4/26	4/26	7/25/16	Crimes; other ; intentional posting of sexually explicit visual material of another person without consent; prohibit. (Sen. S. Bieda)
90		0509	Yes	4/26	4/26	7/25/16 #	Crimes; penalties ; penalties for intentionally posting sexually explicit visual material of another person without consent; provide for. (Sen. R. Jones)
91	4477		Yes	4/26	4/26	7/25/16	Civil procedure; appeals ; service of papers; provide for alternate service if party is protected by a protective order. (Rep. K. Kesto)
92		0490	Yes	5/2	5/2	7/31/16	Trade; business practices ; provisions relating to the disclosure of customer information under video rental privacy statute; modify. (Sen. T. Schuitmaker)
93	4476		Yes	5/3	5/3	8/1/16	Civil procedure; other ; mediation; limit in certain domestic relations actions. (Rep. H. Santana)
94	4478		Yes	5/3	5/3	8/1/16	Civil procedure; personal protection orders ; acts that may be enjoined; include harming animals owned by petitioner. (Rep. R. Kosowski)
95	4480		Yes	5/3	5/3	8/1/16	Children; protection ; factors determining best interest of child; modify in cases of domestic violence. (Rep. K. Heise)
96	4481		Yes	5/3	5/3	8/1/16	Family law; child custody ; custody or parenting time for certain parents of a child conceived through sexual assault or sexual abuse; prohibit under certain circumstances. (Rep. L. Lyons)
97	4660		Yes	5/3	5/3	8/1/16	Insurance; health insurers ; reporting requirements for health maintenance organizations' enrollment levels; eliminate. (Rep. T. Leonard)
98	4661		Yes	5/3	5/3	8/1/16 #	Insurance; other ; medical malpractice report related to assumed liability to pay a claim; eliminate. (Rep. L. Theis)

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	HB	SB					
99	4662		Yes	5/3	5/3	8/1/16	<i>Insurance; other</i> ; reporting requirements for state of competition in the commercial liability insurance market; eliminate. (Rep. H. Vaupel)
100	4663		Yes	5/3	5/3	8/1/16	<i>Insurance; other</i> ; reporting requirements for short-term limited duration policies; modify. (Rep. J. Runestad)
101	4664		Yes	5/3	5/3	8/1/16	<i>Insurance; other</i> ; reporting requirement for competition in the worker's compensation market; eliminate. (Rep. R. Franz)
102	4665		Yes	5/3	5/3	8/1/16 #	<i>Insurance; other</i> ; municipal claims report; eliminate. (Rep. R. Wittenberg)
103	4666		Yes	5/3	5/3	8/1/16 #	<i>Insurance; other</i> ; reference municipal claims report; eliminate. (Rep. D. Miller)
104	4667		Yes	5/3	5/3	8/1/16 #	<i>Insurance; other</i> ; reporting requirement for liquor liability insurance; eliminate. (Rep. R. Kosowski)
105	4668		Yes	5/3	5/3	8/1/16 #	<i>Insurance; other</i> ; waiver of proof of financial responsibility filing requirement for retail licensees; eliminate. (Rep. A. LaFontaine)
106	5257		Yes	5/3	5/3	8/1/16	<i>Liquor; advertising</i> ; social media promotions; define and allow. (Rep. K. Kesto)
107	5525		Yes	5/5	5/6	5/6/16	<i>Property tax; special assessments</i> ; state essential services assessment act; modify filing requirements. (Rep. A. Nesbitt)
108	5526		Yes	5/5	5/6	5/6/16	<i>Property tax; exemptions</i> ; general property tax act; modify filing requirements. (Rep. J. Farrington)

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	HB	SB					
109	5545		Yes	5/5	5/6	5/6/16	Property tax; special assessments; alternative state essential services assessment act; modify filing requirements. (Rep. J. Farrington)
110	5527		Yes	5/5	5/6	5/6/16	Economic development; plant rehabilitation; certain filing requirements; modify. (Rep. J. Farrington)
111	4187		Yes	5/10	5/10	8/8/16	Crimes; malicious destruction; vandalizing, desecrating, or intentionally destroying certain public property on a highway, freeway, or interstate road; prohibit, and provide penalties. (Rep. F. Durhal)
112		0331	Yes	5/10	5/10	8/8/16	Businesses; distributors and dealers; used motor vehicle parts dealers; require certain forms of payment for used tires, wheels, and rims. (Sen. R. Jones)
113	4793		Yes	5/10	5/10	8/8/16	Mental health; code; confidentiality of filing petitions for involuntary hospitalization; require. (Rep. P. Lucido)
114	4636		Yes	5/10	5/10	8/8/16	Occupations; insurance; sale of insurance for self-service storage units; eliminate license requirement. (Rep. B. Rendon)
115	5278		Yes	5/10	5/10	5/10/16	Drains; financing; incomplete drain improvement; specify types of costs that can be apportioned. (Rep. B. Glardon)
116	5163		Yes	5/10	5/10	8/8/16	State financing and management; funds; urban land assembly act; repeal, and transfer any remaining funds into the Michigan land bank. (Rep. K. Heise)

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