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
The Michigan Compiled Laws

Issue No. 1—2017
(This issue, published February 1, 2017, contains
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Jeff Bankowski, Executive Director, Office of Performance and Transformation; Deidre O’Berry, Administrative Rules Specialist for Operations and Publications.
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.
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.
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, Romney Building –Eight Floor, 111 S. Capitol Avenue, 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.

Jeff Bankowski, Executive Director,
Office of Performance and Transformation
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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 LICENSING AND REGULATORY AFFAIRS

DIRECTOR’S OFFICE

PODIATRIC MEDICINE AND SURGERY – GENERAL RULES

Filed with the Secretary of State on January 6, 2017

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.


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 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 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 of 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 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 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 5 continuing podiatric medical education hours 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:

<table>
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<tr>
<th>Activity Code</th>
<th>Acceptable Continuing Education Activities and Proof of Completion</th>
<th>Number of Continuing Education Hours Granted/Permitted for Each Activity</th>
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<tbody>
<tr>
<td>A</td>
<td>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 offered by a sponsor accredited or approved by the</td>
<td>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.</td>
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<td>A minimum of 75 hours must be earned in each renewal period, unless all 150 hours are earned in Category N.</td>
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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.

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.

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.

A maximum of 75 hours may be earned for this category in each renewal period.

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<th>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:</th>
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<td>• The Michigan board of podiatric medicine and surgery, pursuant to R 338.8128.</td>
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<tr>
<td>• Another state or provincial board of podiatric medicine and surgery.</td>
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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.
| C | 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:
- The Accreditation Council for Continuing Medical Education.

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.

| D | Obtaining specialty board certification from 1 of the following:
- 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.

If audited, a licensee shall submit proof of certification or recertification.

|   | 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.
|   | A maximum of 40 hours may be earned in this category in each renewal period.
<p>|   | Fifty hours of continuing education may be earned in the year the applicant is advised of passing the certification examination. |</p>
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<th>Obtaining specialty board recertification by one of the following:</th>
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<td>- American Board of Podiatric Orthopedics and Primary Podiatric Medicine.</td>
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<td>- American Board of Podiatric Surgery.</td>
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<td>- American Board of Multiple Specialties in Podiatry.</td>
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<td>- American Board of Lower Extremity Surgery.</td>
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<td>- American Board of Wound Management.</td>
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<td>If audited, a licensee shall submit proof of recertification.</td>
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<td>F</td>
<td>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.</td>
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<td>If audited, a licensee shall submit a letter from the program director verifying the licensee’s role.</td>
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<td>Serving as an instructor of podiatric students at an accredited podiatric medical institution under a rotating externship program recognized and approved by the medical institution in accordance with R 338.8113.</td>
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<td>If audited, a licensee shall submit a letter from the sponsoring podiatric institution verifying the licensee’s role.</td>
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<td>Initial publication of an article related to the practice of podiatric medicine and surgery in a peer-reviewed journal.</td>
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<td>If audited, a licensee shall submit a copy of the publication that identifies</td>
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<td>Thirty hours of continuing education may be earned in the year the applicant is advised of passing the recertification examination.</td>
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<td>Two hours of continuing education shall be granted for each 50 to 60 minutes spent as an instructor.</td>
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<td>A maximum of 50 hours of continuing education may be earned in this category each renewal period.</td>
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<td>Two hours of continuing education shall be granted for each 50 to 60 minutes spent as an instructor.</td>
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<td>A maximum of 50 hours may be earned in this category in each renewal period.</td>
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<td>Twenty-five hours of continuing education shall be granted per publication.</td>
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<td>A maximum of 75 hours may be earned in this category in each renewal period.</td>
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| I    | Initial publication of a chapter related to the practice of podiatric medicine and surgery in either of the following:  
- A professional or health care textbook.  
- A peer-reviewed textbook.  
If audited, a licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter. | Fifty hours of continuing education shall be granted per publication. | A maximum of 50 hours may be earned in this category in each renewal period. |
| J    | Initial presentation of a scientific exhibit, a formal original scientific paper, or both, at a professional meeting.  
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. | Two hours of continuing education shall be granted for each 50 to 60 minutes of presentation and preparation. | A maximum of 30 hours may be earned in this category each renewal period. |
| K    | Independent study is the independent reading of peer-reviewed professional journals or medical textbooks.  
If audited, a licensee shall submit an affidavit attesting to the number of hours the licensee spent participating in these activities. | One hour of continuing education shall be granted for each 50 to 60 minutes of participation. | A maximum of 30 hours may be earned in this category in each renewal period. |
| L    | 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 | One hour of continuing education shall be granted for each 50 to 60 minutes of participation. | A maximum of 30 hours may be earned in this category each renewal period. |
assesses the knowledge an individual gained after completing an activity.

If audited, a licensee shall submit an affidavit attesting to the number of hours the licensee spent participating in these activities.

| M | Participation on a hospital staff committee dealing with quality patient care or utilization review, or both. |
|   | One hour of continuing education shall be granted for each 50 to 60 minutes of participation. |
|   | A maximum of 30 hours may be earned in this category each renewal period. |

| N | 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. |
|   | A minimum of 5 months participation per year is required. |
|   | Fifty hours of continuing education shall be granted for each year of full-time enrollment. |
|   | A maximum of 150 hours may be earned in this category each renewal period. |

R 338.8131 Rescinded.
R 338.8132 Rescinded.
R 338.8133 Rescinded.
R 338.8134 Rescinded.
R 338.8135 Rescinded.
R 338.8136 Rescinded.
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.


R 338.7126 is added to the Michigan Administrative Code as follows:

R 338.7126 Training standards for identifying victims of human trafficking; requirements.

Rule 26. (1) Pursuant to section 16148 of the code, MCL 333.16148, an individual seeking licensure or who is licensed 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 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) 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.
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.


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 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 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 recognized in R 338.11501.

(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 Commission on Dental Accreditation of the American Dental Association, as set forth in the publication entitled “Current Accreditation Standards,” copyright 2010 and revised 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.

(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, 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 Commission on Dental Accreditation of the American Dental Association, as set forth in the publication entitled "Accreditation Standards for Dental Hygiene Education Programs," copyright 2013 and revised 2015, 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.

(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, 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 Dental Association, as set forth in the publication entitled "Accreditation Standards for Dental Assisting Education Programs," copyright 2013 and revised 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.

(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, 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 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 Rescinded.

R 338.11505 Specialty licensure; general requirements.

Rule 1505. An applicant for a specialty license shall 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) Provide evidence of diplomate status in the appropriate American board specialty association through completion of the American board specialty examinations.

R 338.11507 Rescinded.

R 338.11509 Rescinded.

R 338.11511 Rescinded.

R 338.11515 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 this state.

(b) Have graduated from a program of orthodontics approved by the board under R 338.11301.

(c) 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.

(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 both of the following requirements:

(a) Hold a current license to practice dentistry in this state.

(b) Have graduated from a program of periodontics approved by the board under R 338.11301.

(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 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.

(4) A dentist who applies for licensure as an endodontist shall comply with R 338.11505.

R 338.11601 General anesthesia; conditions; violation.
Rule 1601. (1) A dentist shall not administer general anesthesia to a dental patient or delegate and supervise the performance of any act, task, or function involved in the administration of general anesthesia to a dental patient, unless all of the following conditions are satisfied:
   (a) The dentist has completed a minimum of 1 year of advanced training in general anesthesia and pain control in a program which meets the standards adopted in R 338.11603(l). This subdivision takes effect 1 year after the effective date of this amendatory rule.
   (b) The dentist and the delegatee, if any, maintain current certification in basic and advanced cardiac life support from an agency or organization that grants such certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(2).
   (c) The facility in which the anesthesia is administered meets the equipment standards adopted in R 338.11603(3).
   (d) The dentist shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the premises until such patient is capable of being discharged.

(2) A dentist who does not meet the requirements of subrule (1) of this rule shall not offer general anesthesia services for dental patients unless all of the following conditions are met:
   (a) General anesthesia services are directly provided through association with, and by, either of the following individuals:
       (i) A physician who is licensed under the provisions of part 170 or 175 of the act and who is a member in good standing on the anesthesiology staff of a hospital accredited by the Joint Commission.
(ii) A dentist who meets the requirements of subrule (1)(a) and (b) of this rule.
(b) A person who administers anesthesia, as authorized by the provisions of subdivision (a) of this subrule, shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the actual premises where the general anesthesia is administered until the patient anesthetized is capable of being discharged.
(c) The provisions of subrule (1)(b) and (c) of this rule shall be complied with.
(3) A dentist is in violation of section 16221(l)(h) of the code, MCL 333.16221(1)(h), if he or she administers general anesthesia to a dental patient or delegates and supervises the performance of any act, task, or function involved in the administration of general anesthesia to a dental patient or offers general anesthesia services for dental patients without being in compliance with subrules (1) and (2) of this rule.

R 338.11602 Intravenous conscious sedation; conditions; violations.
Rule 1602. (1) A dentist shall not administer intravenous conscious sedation to a dental patient or delegate and supervise the performance of any act or function involved in the administration of intravenous conscious sedation to a dental patient unless 1 of the following conditions is satisfied:
   (a) The dentist complies with R 338.11601(1) or (2).
   (b) The dentist complies with both of the following provisions:
       (i) The dentist has completed a minimum of 60 hours of training in intravenous conscious sedation and related academic subjects, including a minimum of 40 hours of supervised clinical instruction in which the individual has sedated not less than 20 cases in a course that is in compliance with the standards adopted in R 338.11603(1).
       (ii) The dentist and the delegatee, if any, maintains current certification in basic or advanced cardiac life support from an agency or organization that grants such certification under standards substantially equivalent to the standards adopted in R 338.11603(2).
   (c) The facility in which the anesthesia is administered complies with the equipment standards adopted in R 338.11603(3).
(2) A dentist is in violation of section 16221(1)(h) of the code, MCL 333.16221(1)(h), if he or she administers intravenous conscious sedation to a dental patient or delegates and supervises the performance of any act, task, or function involved in the administration of intravenous conscious sedation to a dental patient without complying with the provisions of subrule (1) of this rule.

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 Commission on Dental Education of the American Dental Association in the publication entitled "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" October 2012 edition. 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. 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.
(2) The board adopts 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 "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 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.

(3) The board adopts the standards regarding the equipment within a facility set forth by the American Association of Oral and Maxillofacial Surgeons in the publication entitled "Office Anesthesia Evaluation Manual," 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 $285 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 Dental Association's educational guidelines “Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students,” 2012, 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 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 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) 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:

(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) 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) 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:
(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:

(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 Academy of General Dentistry 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" Information on the 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 cost from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Approval of a sponsor by the Academy of General Dentistry committee on national sponsor approvals or by any Academy of General Dentistry 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" 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, 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 Dental Assisting National Board and set forth in the publication entitled "DANB’s–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, 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 Heart Association in the standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers and published in "2015 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care ("Circulation," Volume 132, Issue 18 Supplement 2) 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. 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, 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.
ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR’S OFFICE

BOARD OF NURSING - GENERAL RULES

Filed with the Secretary of State on January 6, 2017

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.


PART 1. GENERAL PROVISIONS

R 338.10101 Definitions.

Rule 101. (1) As used in these rules:
(a) “Authorized representative” means the chairperson, vice chairperson, or such other member of the board or staff as the board may formally designate.
(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 code have the same meanings when used in these rules.

R 338.10102 Rescinded.

R 338.10103 Rescinded.

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 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 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 Rescinded.

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 code, 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 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 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-RN, an applicant shall establish that he or she is a graduate of a registered nurse education program that satisfies either of the following:
(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.

(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.

(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.

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 code and the administrative rules promulgated pursuant to the code, an applicant who satisfies the requirements of this rule shall be considered as meeting the requirements of section 16186(1) 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) Complete a registered nurse education program specified in R 338.10204(2)(a) or (b).
(b) Is currently licensed in another state and was initially licensed by examination in another state.

(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:
(a) 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.
(b) 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.
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 (√):

<table>
<thead>
<tr>
<th>(1) For a registered professional nurse who has let his or her Michigan license lapse and who is not currently licensed in another state:</th>
<th>Lapsed 0-3 Years</th>
<th>Lapsed more than 3 years, but less than 7 years</th>
<th>Lapsed more than 7 years</th>
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<tbody>
<tr>
<td>(a) Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.</td>
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<tr>
<td>(b) 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.</td>
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<tr>
<td>(c) 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 immediately preceding the application for relicensure: (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.</td>
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<td>(d) 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: (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</td>
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<td>Requirement</td>
<td>Michigan license Lapsed 0-3 Years</td>
<td>Michigan license Lapsed more than 3 years, but less than 7 years</td>
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<tr>
<td>(e)</td>
<td>NCLEX-RN: Within 3 years of the period immediately preceding the application for relicensure, retake and pass the NCLEX-RN examination.</td>
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<td>(f)</td>
<td>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 license as a registered professional nurse. Verification shall include the record of any disciplinary action taken or pending against the applicant.</td>
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<tr>
<td>(2)</td>
<td>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</td>
<td>Michigan license Lapsed</td>
<td>Michigan license Lapsed more than 3 years, but less than 7 years</td>
</tr>
<tr>
<td>(a)</td>
<td>Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.</td>
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<tr>
<td>(b)</td>
<td>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 preceding the application for relicensure.</td>
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<tr>
<td>(c)</td>
<td>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 license as a registered professional nurse. Verification shall include the record of any disciplinary action taken or pending against the applicant.</td>
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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 it 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:
   (a) The registered nurse education program was taught in English.
   (b) The applicant has a current active license to practice nursing in Canada.
   (c) 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. 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 relicensured by complying with the following requirements as noted by (√):

<table>
<thead>
<tr>
<th>(1) 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</th>
<th>Lapsed 0-3 Years</th>
<th>Lapsed more than 3 years, but less than 7 years</th>
<th>Lapsed more than 7 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.</td>
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<tr>
<td>(b) Continuing education: Submit proof of having completed 25 hours of continuing education in courses and programs approved by the board,</td>
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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.

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<tr>
<td>(c) Continuing education: Submission 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 immediately preceding the application for relicensure: (i) Safe documentation for nurses. (ii) Critical thinking skills for nurses. (iii) Pharmacology. (iv) Preventing medication errors. (v) Professional and legal accountability for nurses.</td>
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</tr>
<tr>
<td>(d) 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: (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.</td>
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<tr>
<td>(e) NCLEX-PN: Within 3 years of the period immediately preceding the application for relicensure, retake and pass the NCLEX-PN examination.</td>
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</tr>
<tr>
<td>(f) 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.</td>
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(2) For a licensed practical nurse who has let his or her Michigan license lapse, but who holds a current and valid licensed practical nurse license

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<tr>
<th></th>
<th>Michigan license lapsed</th>
<th>Michigan license lapsed more</th>
<th>Michigan license lapsed</th>
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<th></th>
<th>0-3 Years</th>
<th>than 3 years, but less than 7 years</th>
<th>more than 7 years</th>
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<tbody>
<tr>
<td>(a) Application and fee: Submit a completed application on a form provided by the department, together with the requisite fee.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(b) 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.</td>
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<td>✓</td>
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</tr>
<tr>
<td>(c) 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 license as a licensed practical nurse. If applicable, verification shall include the record of any disciplinary action taken or pending against the applicant.</td>
<td>✓</td>
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</tbody>
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PART 3. NURSING EDUCATION PROGRAMS

R 338.10301 Definitions.

Rule 301. As used in this part:

(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 that offer students the opportunity to integrate, apply, and refine specific skills and abilities 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, and observational experiences which offer the student the opportunity to meet educational 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.

(e) "Conceptual framework” means the distinct, systematic organization of concepts 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.

(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, which encompass the LPN scope of practice, 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; providing care before, during and after a surgical procedure; 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, which encompass the RN scope of practice, 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; providing care before, during and after a surgical procedure; 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.

(v) 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.

(vi) 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.

(i) “Curriculum” means implementation of the philosophy, purposes, program outcomes, and conceptual framework of the nursing program through the systematic arrangement of courses, including 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 outcomes is inherent in the curriculum.

(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.

(k) “Full program approval” means approval of a program granted after satisfactory demonstration to the board of compliance with these rules.

(l) “Initial approval” means approval that is granted by the board to inaugurate a program of nursing education.

(m) “Instruction” means educational methodology for achieving curriculum outcomes.

(n) “Learning experiences” means planned learning situations, which may include clinical experiences, clinical laboratory hours, or classroom instruction.
(o) “Major program change” means any of the following:

(i) Revision of the program’s philosophy, conceptual framework, curriculum, or program outcomes that increase the use of simulation more than 10% of the total clinical hours in a program.

(ii) Change in primary instruction.

(iii) Elimination of separate course content for an integrated approach.

(iv) 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, outcomes 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.

(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, planning, implementation, and evaluation of nursing care.

(t) “Observational experience” means a planned learning situation that is not direct patient care, does not require intervention by the student, meets preplanned stated outcomes, and provides for student evaluation.

(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.

(v) “Practical nurse program” means a nursing program to prepare students for practical nurse licensure.

(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 code.

(z) “Probationary status” means the period when a program is under disciplinary action by the board.

(aa) “Registered professional nurse program” means a nursing program to prepare students for initial registered nurse licensure.

(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.

(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.

(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.

(ee) “Sponsoring agency” means the organization or institution of which the nursing program is a component.

R 338.10302 Rescinded.
Rule 303. 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) 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 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 code, MCL 333.17201(1)(a).
   (c) Prepare students to meet the requirements for eligibility to take the required licensure examination.
   (d) Establish requirements for admission, progression, and graduation which shall be made known and available in written form to prospective and current students.
   (e) Establish a system for the permanent maintenance of course descriptions and student and graduate transcripts.

(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 or Canadian province where the clinical experience is located.
   (3) The program director shall hold a minimum of a graduate with a major in nursing.
   (4) A member of the nursing faculty who provides didactic instruction shall hold a minimum of a graduate degree. The majority of the faculty shall hold a graduate degree with a major in nursing, unless an exception is granted under subrule (7) of this rule. If the graduate degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing or an equivalent standing in a nationally nursing accredited ADN to MSN nursing education program with attestation of baccalaureate level competency from that educational program. 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 or an equivalent standing in a nationally nursing accredited Associate’s Degree in Nursing to Master’s of Science in Nursing (ADN to MSN) nursing education program with attestation of baccalaureate level competency from that educational program.
   (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 or Canadian province 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 and supervisor recommendation.

(ii) Have a minimum of an associate’s degree or diploma in nursing, have demonstrated competencies that are appropriate for the student’s learning experience, and have a minimum of 1 year of clinical nursing experience and supervisor recommendation.

(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:

(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.

(b) Course, level, and terminal outcomes shall be established to serve as a guide in the development, implementation, and evaluation of the curriculum. The outcomes shall be reviewed periodically and revised as necessary.

(c) Learning experiences and methods of instruction shall be selected to fulfill the stated outcomes of each nursing course.

(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.

(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.

(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 outcomes of the sponsoring agency and those approved by the board.

(2) The curriculum 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 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 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) 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 laboratory and simulation laboratory experiences shall have standards of nursing care 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 outcomes. Selection shall be made by the nurse site 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 cooperating agency shall provide experiences of a quality and quantity that will enable all students to meet the outcomes established for the clinical experience pursuant to R 338.10303.

R 338.10308 Registered 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 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) Critical thinking, clinical reasoning, and problem solving.
      (iv) Interpersonal relationships.
      (v) 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 outcomes.

(c) 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 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 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 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 ensure teaching concepts on which the theory and practice of practical nursing are based. The basic principles of the natural and applied sciences that are fundamental to the theory and practice of practical nursing and 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. Clinical laboratory, simulation laboratory, and clinical experience hours shall be sufficient to meet the outcomes of the curriculum.

(c) 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 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. 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.
   (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.

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 code, MCL 333.17242, if the board determines that a program of nursing education does not meet the requirements of this part.

(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.

(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 that maintains substantially equivalent requirements shall be considered in compliance with these rules.

R 338.10312 Program termination; interruption or reduction of admissions.

Rule 312. (1) The program director shall inform the board if a date is established for termination of the program of nursing education.

(2) The 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 so that graduates may be given the source of information upon request.
(3) The 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 Definitions.

Rule 401. 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 considered a violation of section 16221(d) of the code, MCL 333.16221(d).

R 338.10404 Specialty certification qualifications; nurse anesthetist.

Rule 404. 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 this state.

(b) Submits an application for certification as a nurse anesthetist on a form provided by the department, with the required fee.
(c) Possesses current certification from the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA), or a successor organization.

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 certification renewal shall correspond with the same schedule as the license renewal.
(2) 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.
(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; requirements; applicability.

Rule 601. (1) 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 shall complete at least 2 hours of continuing education in pain and pain symptom management in each renewal period pursuant to section 16204(2) of the code, MCL 333.16204(2). Continuing education in pain and pain symptom management may include, but 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.
(3) Submission of an application for renewal 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. 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 part do not apply to an applicant during an initial licensure cycle.

R 338.10602 Acceptable continuing education; requirements; limitations.
Rule 602. (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) The board shall consider the following as acceptable continuing education:

<table>
<thead>
<tr>
<th>ACCEPTABLE CONTINUING EDUCATION ACTIVITIES</th>
<th>The number of hours approved by the sponsor or the approving organization.</th>
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<tr>
<td>Completion of an approved continuing</td>
<td>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.</td>
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<td>education program or activity related to</td>
<td>A minimum of 25 hours shall be earned in each renewal period.</td>
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<td>the practice of nursing or any non-clinical</td>
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<td>subject relevant to the practice of nursing.</td>
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<td>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:</td>
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<td>• The American Nurses Credentialing Center (ANCC).</td>
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<td>• The National Association for Practical Nurse Education and Service, Inc. (NAPNES).</td>
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<td>• The National League for Nursing (NLN).</td>
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<td>• The American College of Nurse-Midwives (ACNM).</td>
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<td>• The American Association of Nurse Anesthetists (AANA).</td>
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<td>• The American Association of Nurse Practitioners.</td>
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<td>• The American Osteopathic Association (AOA).</td>
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<td>• The Accreditation Council for Continuing Medical Education (ACCME).</td>
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<td>• Another state or provincial board of nursing.</td>
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<td>• A nursing education program</td>
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<td>approved by the board. 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.</td>
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<td>(b)</td>
<td>Completion of academic courses related to nursing practice offered in a nursing education program approved by the board. 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. Five hours of continuing education may be earned for each semester credit hour earned. Three hours of continuing education may be earned for each quarter credit hour earned.</td>
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<td>(c)</td>
<td>Obtaining specialty certification or maintaining certification as 1 of the following: • Nurse midwife. • Nurse anesthetist. • Nurse practitioner. If audited, an applicant shall submit proof of certification or recertification. Twenty-five hours may be credited for obtaining or maintaining specialty certification during the renewal period.</td>
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<td>(d)</td>
<td>Successful completion of a national nursing specialty examination. If audited, an applicant shall submit proof of a passing score on the examination. Ten hours may be earned in the year in which the applicant achieves a passing score. 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.</td>
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<td>(e)</td>
<td>Initial publication of a chapter or an article related to the practice of nursing or allied health in either of the following: • A nursing or health care textbook. • A peer-reviewed textbook. • A nursing or health care peer-reviewed journal. If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author or a publication acceptance letter. Ten hours per publication. A maximum of 10 hours may be earned in each renewal period.</td>
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### (f) Independent reading of articles or viewing or listening to media related to nursing practice that do not include a self-assessment component.

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. One hour for each 50 to 60 minutes of participation. A maximum of 4 hours may be earned in each renewal period.

### (g) Participation on a health care organization committee dealing with quality patient care or utilization review.

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. One hour for each 60 minutes of participation. A maximum of 4 hours may be earned in each renewal period.

### (h) Presentation of an academic or continuing education program that is not a part of the applicant’s regular job description.

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. Three hours may be earned for each 60 minutes of presentation. A maximum of 6 hours may be earned in each renewal period.

R 338.10603 Rescinded.

**PART 7. NURSING PROFESSIONAL FUND SCHOLARSHIP PROGRAM**

R 338.10701 Definitions.

Rule 701. "Nurse professional fund" means the fund established under section 16315(6) of the code, MCL 333.16315(6).

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 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 Michigan licensure renewal information and nursing surveys.

(b) National 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 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. Eligibility of and allocation to nursing education programs.

Rule 703. (1) To be eligible for a scholarship award, a school shall meet 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.
       (ii) Have a primary campus located in this state.
       (iii) Offer a program of nursing that meets the predetermined category and area of need as established by the board.
   (b) A post-licensure nursing program shall comply with all of the following:
       (i) 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.

(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 Nursing education program awards to eligible students; requirements, procedures.

Rule 704. (1) An eligible nursing education program, upon receiving an allocation, shall award a scholarship to a student who meets all of the following criteria:
   (a) Is a permanent resident of this state.
   (b) If licensed as a nurse, holds an unencumbered Michigan license to practice nursing.
   (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 nursing education program shall apply a scholarship award first to the cost of tuition, books, and fees associated with the program. A nursing program shall then provide the remainder of the award, if any, to the student in the form of a stipend.

(3) The nursing education program shall notify the department, in writing, of its intent to award a scholarship. The notice shall 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 student may receive a scholarship award only once for each level of nursing education.

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


R 338.5101, R 338.5102, R 338.5115, and R 338.5405 of the Michigan Administrative Code are amended as follows:

R 338.5101 Definitions.

   Rule 101. (1) As used in these rules:
   (a) "Act" means 1980 PA 299, MCL 339.101 to 339.2919, and known as the occupational code.
   (b) "Audit" or "examination" means an examination applying generally accepted auditing standards, including any procedure undertaken to verify or test the reasonableness of financial information with a view of expressing an opinion or commenting on the fairness of the presentation.
   (c) "Attest" means an audit, review, examination, or agreed upon procedures engagement as defined in MCL 339.720, performed in accordance with applicable professional standards adopted in R 338.5102.
   (d) "Board" means the Michigan state board of accountancy.
   (e) “Certified public accountant” or “CPA” means a person holding a certificate of certified public accountant granted by the department, or an individual with practice privileges.
   (f) "Client" means the person or persons or entity that retains an individual licensee, a firm licensee, individual with practice privileges, or an out-of-state firm, for the performance of professional services.
   (g) "Continuing education period" means all or part of a year beginning July 1 and ending June 30.
   (h) "Disclose" means to provide a written communication from a CPA or a CPA firm informing the client, prior to making a recommendation or referral, that the CPA or CPA firm will receive a commission, referral fee, or contingency fee from a third party for recommendations or referrals of products and/or services.
   (i) "Enterprise" means a person, persons, or entity for which an individual licensee, a firm licensee, an individual with practice privileges, or an out-of-state firm performs professional services.
(j) “Exam window” means the time in each calendar quarter in which the uniform CPA examination is offered. There are 4 exam windows in each calendar year, the first 2 months of each calendar quarter: January 1 to February 28 (or 29), April 1 to May 31, July 1 to August 31, and October 1 to November 30.

(k) "Financial statements" means statements and related footnotes that show financial position, results of operations, and cash flows on the basis of generally accepted accounting principles or another comprehensive basis of accounting. The term does not include incidental financial data included in management advisory services reports to support recommendations to a client and does not include tax returns and supporting schedules of tax returns.

(l) "Generally accepted accounting principles" means accounting principles of professional conduct, promulgated by the applicable nationally or internationally recognized professional standard setting organization, related to individual accounting engagements.

(m) "Generally accepted auditing standards" means the standards of professional conduct, promulgated by the applicable nationally or internationally recognized professional standard setting organization, related to individual audit engagements.

(n) “Individual with practice privileges” means an individual who practices in this state pursuant to MCL 339.727a.

(o) “Licensee” means the holder of an individual license under MCL 339.727 or the holder of a firm licensed under MCL 339.728.

(p) “Out-of-state firm” means a firm that is permitted to provide certain services and use the title “CPA firm” without obtaining a Michigan firm license under MCL 339.728 under the conditions in MCL 339.728(5) and (6).

(q) "Professional engagement" means an agreement between a client and an individual licensee, a firm licensee, an individual with practice privileges, or an out-of-state firm relative to the performance of professional services.

(r) "Professional services" means any services performed or offered to be performed by an individual licensee, a firm licensee, an individual with practice privileges, or an out-of-state firm for a client in the course of the practice of public accounting, pursuant to MCL 339.720.

(s) "Qualifying hours" means continuing education hours that comply with part 3 of these rules.

(t) "State" means the 50 states of the United States of America, Washington, D.C., Puerto Rico, Guam, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

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


Rule 102. (1) The following standards are adopted by reference:

(a) The standards issued by the American Institute of CPAs (AICPA), 220 Leigh Farm Road, Durham, North Carolina, 27707, set forth in the publication “AICPA Professional Standards” updated June 1, 2015, and any statements issued as of the effective date of this rule, which are available at cost from the institute’s website at: http://www.aicpa.org.

(b) The standards issued by the Public Company Accounting Oversight Board (PCAOB), 1666 K Street NW, Washington, DC 20006, set forth in the publication entitled “PCAOB Standards and Related Rules” 2016 edition, and any updates issued as of the effective date of this rule, which are available at cost from the AICPA at http://www.aicpa.org.

(d) The auditing standards issued by the International Auditing and Assurance Standards Board (IAASB), 529 5th Avenue, New York, NY 10017, in the publication entitled “Handbook of International Quality Control, Auditing, Review, Other Assurance, and Related Pronouncements” 2015 edition, and any related pronouncements issued as of the effective date of this rule, which are available at cost from the IAASB's website at: http://www.ifac.org/publications-resources/2015-handbook-international-quality-control-auditing-review-other-assurance.

(e) The accounting standards issued by the Financial Accounting Standards Board (FASB), 401 Merritt 7, P.O. Box 5116, Norwalk, CT 06856, in the publication entitled “FASB Accounting Standards Codification” as of October 31, 2014, and any updates published as of the effective date of this rule, which are available at cost from the board’s website at https://asc.fasb.org.

(f) The accounting standards issued by the Governmental Accounting Standards Board (GASB), 407 Merritt 7, P.O. Box 5116, Norwalk, CT 06856, in the publication entitled “GASB Codification” as of June 30, 2014, and any pronouncements published as of the effective date of this rule, which are available at cost from the board’s website at http://gasb.org.

(g) The accounting standards issued by the International Accounting Standards Board, 30 Cannon Street, London EC4M 6XH, United Kingdom, in the publication entitled “2016 International Financial Reporting Standards IFRS® (Red Book)” and any pronouncements issued as of the effective date of this rule, which are available at cost from the board’s website at: http://www.ifrs.org.


(2) Copies of the standards adopted in this rule are available for inspection and distribution at cost from the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 W. Ottawa Street, P.O. Box 30670, Lansing, MI 48909.

(3) A licensee shall comply with the applicable standards adopted in subrule (1) of this rule.

R 338.5115 Qualifying educational requirements; approved educational institutions; and adoption of accreditation standards by reference.

Rule 115. (1) Pursuant to section 725(2) of the act, MCL 339.725(2), an individual who has completed a curriculum required for a baccalaureate degree consisting of not less than 120 semester hours with a concentration in accounting at a higher education institution approved in subrule (3) or (4) is eligible to take the examination.

(2) A concentration in accounting shall include all the following accounting and general business subjects:
(a) Auditing: 3 semester hours.
(b) General business subjects: 24 semester hours.
(c) Twenty one semester hours of accounting principles that shall include study in each of the following areas:
   (i) Financial accounting and accounting theory.
   (ii) Managerial accounting, including cost accounting.
   (iii) Accounting systems and controls.
   (iv) United States federal taxation.
   (v) Governmental/fund accounting.
(3) A higher educational institution is approved if it satisfies 1 of the following postsecondary accreditation standards:


(d) The standards of the Northwest Commission on Colleges and Universities, 8060 165th Avenue, NE, Suite 100, Redmond, WA 98052, set forth in the document entitled “Standards for Accreditation” revised 2010, which is available at no cost on the commission’s website at: http://www.nwccu.org.


(4) A higher education institution that does not satisfy the standards set forth in subrule (3) of this rule is approved if it holds accreditation that is substantially equivalent to procedures and criteria for recognizing accrediting agencies of the United States Department of Education, effective July 1, 2000, as contained in Title 34, Part 602 of the Code of Federal Regulation, and the policies and procedures for recognition of accrediting organizations of the Council of Higher Education Accreditation (CHEA), effective June 28, 2010. The federal recognition criteria may be obtained from the United States Department of Education, Office of Postsecondary Education, 400 Maryland Avenue, SW, Washington, DC 20202 and are available at no cost at http://www.ecfr.gov. The policies and procedures may be obtained from CHEA, One Dupont Circle NW, Suite 510, Washington, DC 20036 and are available at no cost at http://www.chea.org.

(5) Copies of the standards and criteria adopted by reference in this rule are available for inspection and distribution at cost from the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 W. Ottawa Street, P.O. Box 30670, Lansing, MI 48909.

R 338.5405 Independence rule; adoption by reference.

Rule 405. An individual licensee, a firm licensee, an individual with practice privileges, or an out-of-state firm may express an opinion on financial statements of an enterprise only if the individual licensee, firm licensee, individual with practice privileges, or out of-state firm is independent from the enterprise. The standards adopted in R 338.5102(1) shall be used to determine if the individual or firm is independent from the enterprise.
These rules become effective 7-days after filing with the Secretary of State.


R 418.10106, R 418.10107, R 418.10108, R 418.10109, R 418.10111, R 418.10202, R 418.10209, R 418.10505, R 418.10901, R 418.10904, R 418.10909, R 418.10915, R 418.10922, R 418.10925, R 418.101002, R 418.101003a, R 418.101004, R 418.101005, R 418.101007, R 418.101008a, R 418.101023, R 418.101101, R 418.101304, and R 418.101503 of the Michigan Administrative Code are amended, and R 418.10119, R 418.10907 are rescinded.

PART 1. GENERAL PROVISIONS

R 418.10106 Procedure codes; relative value units; other billing information.

Rule 106. (1) Upon annual promulgation of R 418.10107, the health care services division of the workers’ compensation agency shall provide separate from these rules a manual, tables, and charts containing all of the following information on the agency’s website, www.michigan.gov/wca:

(a) All Current Procedural Terminology (CPT®) procedure codes used for billing health care services.
(b) Medicine, surgery, and radiology procedures and their associated relative value units.
(c) Hospital maximum payment ratios.
(d) Billing forms and instruction for completion.

(2) The procedure codes and standard billing and coding instructions for medicine, surgery, and radiology services shall be adopted from the most recent publication entitled "Current Procedural Terminology (CPT®)" as adopted by reference in R 418.10107. However, billing and coding guidelines published in the CPT codebook do not guarantee reimbursement. A carrier shall only reimburse medical procedures for a work-related injury or illness that are reasonable and necessary and are consistent with accepted medical standards.

(3) The formula and methodology for determining the relative value units shall be adopted from the "Medicare RBRVS: The Physicians Guide" as adopted by reference in R 418.10107 using geographical information for the state of Michigan. The geographical information, (GPCI), for these rules is a melded average using 60% of the figures published for the city of Detroit added to 40% of the figures published for the rest of this state.
(4) The maximum allowable payment for medicine, surgery, and radiology services shall be
determined by multiplying the relative value unit assigned to the procedure times the conversion factor
listed in the reimbursement section, part 10, of these rules.

418.10107, shall be used to describe all of the following services:
(a) Ambulance services.
(b) Medical and surgical expendable supplies.
(c) Dental procedures.
(d) Durable medical equipment.
(e) Vision and hearing services.
(f) Home health services.

(6) Medical services shall be considered “By Report” (BR) if a procedure code listed in “HCPCS 2016
as adopted by reference in R 418.10107 does not have an assigned value.

R 418.10107 Source documents; adoption by reference.

Rule 107. The following documents are adopted by reference in these rules and are available for
distribution from the indicated sources, at the cost listed in subdivisions (a) to (h) of this rule:
Medical Association, P.O. Box 930876, Atlanta GA, 31193-0876, item #EP888816, 1-800-621-8335.
The publication may be purchased at a cost of $114.95 plus $16.95 shipping and handling as of the time
of adoption of these rules. Permission to use this publication is on file in the workers' compensation
agency.

(b) " HCPCS 2016 Level II Professional Edition," published by the American Medical Association,
P.O. Box 930876 Atlanta GA 31193-0876, item #OP231516, customer service 1-800-621-8335. The
publication may be purchased at a cost of $96.95, plus $11.95 for shipping and handling, as of the time
of adoption of these rules.

(c) "Medicare RBRVS 2016: The Physicians' Guide," 25th edition, published by The American Medical
Association, P.O. Box 930876, Atlanta GA 31193-0876, item #OP059616, 1-800-621-8335. The
publication may be purchased at a cost of $91.95, plus $11.95 shipping and handling, as of the time of
adoption of these rules.

American Medical Association, P.O. Box 930876, Atlanta, GA 31193-0876, item #OP201416, 1-800-
621-8335. The publication may be purchased at a cost of $99.95, plus $11.95 shipping and handling, as
of the time of adoption of these rules.

American Medical Association, P.O. Box 930876, Atlanta, GA 31193-0876, item #OP201116, 1-800-
621-8335. The publication may be purchased at a cost of $99.95, plus $11.95 shipping and handling, as
of the time of adoption of these rules.

(f) Red Book Online subscription service of Truven Health Analytics, contact:
http://www.redbook.com/redbook/online/.

(g) Medi-Span Drug Information Database, a part of Wolters Kluwer Health, contact:
(h) "Official UB-04 Data Specifications Manual 2017, July 1, 2016" adopted by the National Uniform Billing Committee, © Copyright 2016 American Hospital Association. As of the time of adoption of these rules, the cost of this eBook for a single user is $160.00 and is available at www.nubc.org.

R 418.10108 Definitions; A to I.
Rule 108. As used in these rules:
(a) "Act" means the worker’s disability compensation act of 1969, 1969 PA 317, MCL 418.101 to 418.941.
(b) "Adjust" means that a carrier or a carrier's agent reduces a health care provider's request for payment to the maximum fee allowed by these rules, to a provider's usual and customary charge, or, when the maximum fee is by report, to a reasonable amount. "Adjust" also means when a carrier re-codes a procedure, or reduces payment as a result of professional review.
(c) "Agency" means the workers' compensation agency in the department of licensing and regulatory affairs.
(d) "Ambulatory surgical center" (ASC) means an entity that operates exclusively for providing surgical services to patients not requiring hospitalization and has an agreement with the centers for Medicare and Medicaid services (CMS) to participate in Medicare.
(e) "Appropriate care" means health care that is suitable for a particular person, condition, occasion, or place.
(f) "Biologics" or "biologicals" include drugs or other products that are derived from life forms. Biologics are biology-based products used to prevent, diagnose, treat, or cure disease or other conditions in humans and animals. Biologics generally include products such as vaccines, blood, blood components, allergens, somatic cells, genes, proteins, DNA, tissues, skin substitutes, recombinant therapeutic proteins, microorganisms, antibodies, immunoglobins, and others, including, but not limited to, those that are produced using biotechnology and are made from proteins, genes, antibodies, and nucleic acids.
(g) "BR" or "by report" means that the procedure is not assigned a relative value unit, (RVU) or a maximum fee and requires a written description.
(h) "Carrier" means an organization that transacts the business of workers' compensation insurance in Michigan and which may be any of the following:
(i) A private insurer.
(ii) A self-insurer.
(iii) One of the funds in chapter 5 of the act, MCL 418.501 to 408.561.
(i) "Case" means a covered injury or illness that occurs on a specific date and is identified by the worker's name and date of injury or illness.
(j) "Case record" means the complete health care record that is maintained by a carrier and pertains to a covered injury or illness that occurs on a specific date.
(k) "Complete procedure" means a procedure that contains a series of steps that are not to be billed separately.
(l) "Covered injury or illness" means an injury or illness for which treatment is mandated by section 315 of the act, MCL 418.315.
(m) "Current procedural terminology (CPT®)" means a listing of descriptive terms and identifying codes and provides a uniform nationally accepted nomenclature for reporting medical services and procedures. The CPT codebook provides instructions for coding and claims processing.
(n) “Custom compound” as used in these rules, means a customized topical medication prescribed or ordered by a duly licensed prescriber for the specific patient that is prepared in a pharmacy by a licensed pharmacist in response to a licensed practitioner’s prescription or order, by combining, mixing, or altering of ingredients, but not reconstituting, to meet the unique needs of an individual patient.

(o) "Dispute" means a disagreement between a carrier or a carrier's agent and a health care provider on the application of these rules.

(p) "Durable medical equipment" means specialized equipment that is designed to stand repeated use, is used to serve a medical purpose, and is appropriate for home use.

(q) "Emergency condition" means that a delay in treating a patient would lead to a significant increase in the threat to the patient's life or to a body part.

(r) "Established patient" means a patient whose medical and administrative records for a particular covered injury or illness are available to the provider.

(s) "Expendable medical supply" means a disposable article that is needed in quantity on a daily or monthly basis.

(t) "Facility" means an entity licensed by the state pursuant to the public health code, 1978 PA 368, MCL 333.1101 to 333.25211. The office of an individual practitioner is not considered a facility.

(u) "Focused review" means the evaluation of a specific health care service or provider to establish patterns of use and dollar expenditures.

(v) "Follow-up days" means the days of care following a surgical procedure that are included in the procedure's maximum allowable payment, but does not include care for complications. The health care services division shall provide the follow-up days for surgical procedures separate from these rules on the agency's website, www.michigan.gov/wca.

(w) "Free standing outpatient facility" (FSOF) means a facility, other than the office of a physician, dentist, podiatrist, or other private practice, offering a surgical procedure and related care that in the opinion of the attending physician can be safely performed without requiring overnight inpatient hospital care.

(x) "Health care organization" means a group of practitioners or individuals joined together to provide health care services and includes any of the following:

(i) Health maintenance organization.

(ii) Industrial or other clinic.

(iii) Occupational health care center.

(iv) Home health agency.

(v) Visiting nurse association.

(vi) Laboratory.

(vii) Medical supply company.

(viii) Community mental health board.

(y) "Health care review" means the review of a health care case or bill, or both, by a carrier, and includes technical health care review and professional health care review.

(z) "Incidental surgery" means a surgery that is performed through the same incision, on the same day, by the same doctor of dental surgery, doctor of medicine, doctor of osteopathy, or doctor of podiatry and that is not related to diagnosis.

(aa) "Independent medical examination" means an examination and evaluation that is requested by a carrier or an employee and that is conducted by a different practitioner than the practitioner who provides care.
(bb) "Industrial medicine clinic," also referred to as an "occupational health clinic," means an organization that primarily treats injured workers. The industrial medicine clinic or occupational clinic may be a health care organization as defined by these rules or may be a clinic owned and operated by a hospital for the purposes of treating injured workers.

(cc) "Insured employer" means an employer who purchases workers' compensation insurance from an insurance company that is licensed to write insurance in this state.

R 418.10109 Definitions; M to U.

Rule 109. As used in these rules:
(a) "Maximum allowable payment" means the maximum fee for a procedure that is established by these rules, a reasonable amount for a "by report" procedure, or a provider's usual and customary charge, whichever is less.
(b) "Medical only case" means a case that does not involve wage loss compensation.
(c) "Medical rehabilitation" means, to the extent possible, the interruption, control, correction, or amelioration of a medical or a physical problem that causes incapacity through the use of appropriate treatment disciplines and modalities that are designed to achieve the highest possible level of post-injury function and a return to gainful employment.
(d) "Medically accepted standards" means a measure that is set by a competent authority as the rule for evaluating quantity or quality of health care or health care services ensuring that the health care is suitable for a particular person, condition, occasion, or place.
(e) "Morbidity" means the extent of illness, injury, or disability.
(f) "Mortality" means the likelihood of death.
(g) "New patient" means a patient who is new to the provider for a particular covered injury or illness and who needs to have medical and administrative records established.
(h) "Nursing home" means a nursing care facility, including a county medical care facility, created pursuant to section 20109, 1978 PA 368, MCL 333.20109.
(i) “Opioid drugs” as used in these rules, refers to opiate analgesics, narcotic analgesics, or any other Schedule C (II-III) controlled substance as identified in United States Code Controlled Substances Act of 1970, 21. U.S.C. §812. Opioid analgesics are the class of drugs, such as morphine, codeine, and methadone, that have the primary indication for the relief of pain.
(j) "Orthotic equipment" means an orthopedic apparatus that is designed to support, align, prevent, or correct deformities of, or improve the function of, a movable body part.
(k) "Pharmacy" means the place where the science, art, and practice of preparing, preserving, compounding, dispensing, and giving appropriate instruction in the use of drugs is practiced.
(l) "Practitioner" means an individual who is licensed, registered, or certified as used in the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.
(m) "Primary procedure" means the therapeutic procedure that is most closely related to the principal diagnosis and has the highest assigned relative value unit (RVU).
(n) "Properly submitted bill" means a request by a provider for payment of health care services that is submitted to a carrier on the appropriate completed claim form with attachments as required by these rules.
(o) "Prosthesis" means an artificial substitute for a missing body part. A prosthesis is constructed by a "prosthetist", a person who is skilled in the construction and application of a prosthesis.
(p) "Provider" means a facility, health care organization, or a practitioner.
(q) "Reasonable amount" means a payment based upon the amount generally paid in the state for a particular procedure code using data available from the provider, the carrier, or the workers' compensation agency, health care services division.
(r) "Restorative" means that the patient's function will demonstrate measurable improvement in a reasonable and generally predictable period of time and includes appropriate periodic care to maintain the level of function.

(s) "Secondary procedure" means a surgical procedure that is performed to ameliorate conditions that are found to exist during the performance of a primary surgery and is considered an independent procedure that may not be performed as a part of the primary surgery or for the existing condition.

(t) "Separate procedure" means procedures or services listed in the CPT code set that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of a term "separate procedure."

(u) "Specialist" means any of the following entities that are board-certified, board-eligible, or otherwise considered an expert in a particular field of health care by virtue of education, training, and experience generally accepted in that particular field:

   (i) A doctor of chiropractic.
   (ii) A doctor of dental surgery.
   (iii) A doctor of medicine.
   (iv) A doctor of optometry.
   (v) A doctor of osteopathic medicine and surgery.
   (vi) A doctor of podiatric medicine and surgery.

(v) "Subrogation" means substituting 1 creditor for another. An example of subrogation in workers' compensation is when a case is determined to be workers' compensation and the health benefits plan has already paid for the service and is requesting the workers' compensation carrier or the provider to refund the money that the plan paid on behalf of the worker.

(w) "Technical surgical assist" means that additional payment for an assistant surgeon, referenced in R 418.10416, is allowed for certain designated surgical procedures.

(x) "Treatment plan" means a plan of care for restorative physical treatment services that indicates the diagnosis and anticipated goals.

(y) "Usual and customary charge" means a particular provider's average charge for a procedure to all payment sources, and includes itemized charges which were previously billed separately and which are included in the package for that procedure as defined by these rules. A usual and customary charge for a procedure shall be calculated based on data beginning January 1, 2000.

(z) "Utilization review" means the initial evaluation by a carrier of the appropriateness in terms of both the level and the quality of health care and health services provided an injured employee, based on medically accepted standards.

R 418.10111 Advisory committee.

Rule 111. The director of the workers' compensation agency shall appoint an advisory committee from names solicited from provider, carrier, and employee organizations. The advisory committee shall include 5 advocates for the concerns of providers, 5 advocates for the concerns of employees, and 5 advocates for the concerns of carriers. The director of the workers' compensation agency shall appoint a sixteenth member to act as chair without a vote. The advisory committee shall meet not less than twice a year. Additional meetings shall be scheduled if requested by the workers' compensation agency, the chair, or a majority of the committee. Members may be removed by the director of the workers' compensation agency for cause or for missing more than one-half of the meetings in a year. The advisory committee shall perform general program oversight and assist the workers' compensation agency with the following:

   (a) Annual review of the rules and the fee schedule.
(b) Development of proposed amendments to the rules and fee schedule, including payment methodologies.
(c) Review of data reports and data analyses.

R 418.10119 Rescinded.

PART 2. MEDICINE

R 418.10202 Evaluation and management services.

Rule 202. (1) The evaluation and management procedure codes from "Current Procedural Terminology, CPT®", as adopted by reference in R 418.10107, shall be used on the bill to describe office visits, hospital visits, and consultations. These services are divided into subcategories of new patient and established patient visits. The services are also classified according to complexity of the services. For the purposes of workers' compensation, a treating practitioner, for each new case or date of injury, shall use a new patient visit to describe the initial visit. A treating physician may not use procedures 99450-99456 to bill for services provided to an injured worker. When a practitioner applies a hot or cold pack during the course of the office visit, the carrier is not required to reimburse this as a separate charge.

(2) Minor medical and surgical supplies routinely used by the practitioner or health care organization in the office visit shall not be billed separately. The provider may bill separately for supplies, or other services, over and above those usually incidental to the evaluation and management service using appropriate CPT® or HCPCS procedure codes.

(3) When a specimen is obtained and sent to an outside laboratory, the provider may add 99000 to the bill to describe the handling/conveyance of the specimen. The carrier shall reimburse $5.00 for this service in addition to the evaluation and management service.

(4) Appropriate procedures from "Current Procedural Terminology, CPT®" or the HCPCS Level II codebook, as adopted by reference in R 418.10107, may be billed in addition to the evaluation and management service. If an office visit is performed outside of the provider's normal business hours, the provider may bill the add on procedure code, 99050, describing an office visit performed after hours or on Sundays or holidays and shall be reimbursed $12.00 in addition to the evaluation and management. The carrier shall only be required to reimburse the miscellaneous add-on office procedures when the services are performed outside of the provider's normal hours of business.

(5) A procedure that is normally part of an examination or evaluation shall not be unbundled and billed independently. Range of motion shall not be reimbursed as a separate procedure in addition to the evaluation and management service unless the procedure is medically necessary and appropriate for the injured worker's condition and diagnosis.

(6) The maximum allowable payment for the evaluation and management service shall be determined by multiplying the relative value unit, RVU, assigned to the procedure code, times the conversion factor listed in the reimbursement section of these rules.

(7) The level of an office visit or other outpatient visit for the evaluation and management of a patient is not guaranteed and may change from session to session. The level of service shall be consistent with the type of presenting complaint and supported by documentation in the record.

(8) When a provider bills for an evaluation and management service, a separate drug-administration charge shall not be reimbursed by the carrier, since this is considered a bundled service inclusive with the visit. The drug administration charges may be billed and paid when the evaluation and management service is not performed and billed for a date of service. The provider shall bill the medication separate and be paid in accordance with the reimbursement
provisions of these rules. The provider shall use the NDC or national drug code for the specific drug and either 99070, the unlisted drug and supply code or the specific J-code listed in HCPCS to describe the medication administered.

(9) When a provider administers a vaccine during an evaluation and management service, both the vaccine and the administration of the vaccine are billed as separate services in addition to the evaluation and management visit according to language in CPT®. Both the administration of the vaccine and the vaccine shall be reimbursed in accordance with the reimbursement provisions of these rules in addition to the visit.

(10) Procedure code 76140, x-ray consultation, shall not be paid to the provider in addition to the evaluation and management service, to review x-rays taken elsewhere. The carrier shall not pay for review of an x-ray by a practitioner other than the radiologist providing the written report or the practitioner performing the complete radiology procedure.

R 418.10209 Hearing services.

Rule 209. (1) A provider performing a comprehensive otolaryngologic evaluation shall report the service using the appropriate evaluation and management service.

(2) A provider shall not report an otoscope, a rhinoscopy, or a tuning fork test in addition to a comprehensive ear evaluation or office visit.

(3) A provider performing special otolaryngologic procedures, in addition to the evaluation, shall report those services using procedure codes 92502-92700.

(4) An audiologist, speech therapist, and a speech and hearing center shall use appropriate procedure codes from “Current Procedural Terminology, (CPT®)” or the HCPCS Level II codebook, as adopted by reference in R 418.10107, to describe services provided.

(5) Hearing aid suppliers shall use the appropriate procedure code listed in the HCPCS Level II codebook, as adopted by reference in R 418.10107 to describe services provided.

(6) When requesting payment for hearing aids a minimum of 2 comparable written quotations shall be required for hearing aids that exceed $1,500 per hearing aid, including related services such as orientation, fitting, ear molds, support, adjustment, conformity check, batteries, warranties and follow-up. Only a single price quotation shall be required for hearing aids, including related services, that cost $1,500 or less per hearing aid.

PART 5. RADIOLOGY, RADIATION THERAPY, AND NUCLEAR MEDICINE

R 418.10505 Multiple procedure policy for specific nuclear medicine procedures.

Rule 505. (1) The multiple procedure reduction and the use of modifier -51 shall apply to the complete procedure, the technical component, and the professional component, when multiples of the following nuclear medicine diagnostic procedure codes are performed: 78306, 78320, 78802, 78803, 78806, and 78807.

(2) When the procedures listed in subrule (1) of this rule are performed in a hospital setting, the hospital is reimbursed by the cost-to-charge methodology and the multiple payment rule shall apply to the professional component billed by the radiologist.

(3) When the services are performed in an office, clinic, or freestanding radiology office, the reduction shall be applied to the complete procedure.

PART 9. BILLING
SUBPART A. PRACTITIONER BILLING

R 418.10901 General information.

Rule 901. (1) All health care practitioners and health care organizations, as defined in these rules, shall submit charges on the proper claim form as specified in this rule. Copies of the claim forms and instruction for completion for each form shall be provided separate from these rules in a manual on the workers' compensation agency’s website at www.michigan.gov/wca. Charges shall be submitted as follows:

(a) A practitioner shall submit charges on the CMS1500 claim form.
(b) A doctor of dentistry shall submit charges on a standard dental claim form approved by the American Dental Association.
(c) A pharmacy, other than an inpatient hospital, shall submit charges on an invoice or an NCPDP Workers Compensation/Property & Casualty Universal Claim Form.
(d) A hospital-owned occupational or industrial clinic, or office practice shall submit charges on the CMS 1500 claim form.
(e) A hospital billing for a practitioner service shall submit charges on a CMS 1500 claim form.
(f) Ancillary service charges shall be submitted on the CMS 1500 claim form for durable medical equipment and supplies, L-code procedures, ambulance, vision, and hearing services. Charges for home health services shall be submitted on the UB-04 claim form.
(g) A shoe supplier or wig supplier shall submit charges on an invoice.

(2) A provider shall submit all bills to the carrier within 1 year of the date of service for consideration of payment, except in cases of litigation or subrogation.

(3) A properly submitted bill shall include all of the following appropriate documentation:

(a) A copy of the medical report for the initial visit.
(b) An updated progress report if treatment exceeds 60 days.
(c) A copy of the initial evaluation and a progress report every 30 days of physical treatment, physical or occupational therapy, or manipulation services.
(d) A copy of the operative report or office report if billing surgical procedure codes 10021-69990.
(e) A copy of the anesthesia record if billing anesthesia codes 00100-01999.
(f) A copy of the radiology report if submitting a bill for a radiology service accompanied by modifier -26. The carrier shall only reimburse the radiologist for the written report, or professional component, upon receipt of a bill for the radiology procedure.

(g) A report describing the service if submitting a bill for a "by report" procedure.

(h) A copy of the medical report if a modifier is applied to a procedure code to explain unusual billing circumstances.

R 418.10904 Procedure codes and modifiers.

Professional Edition" shall refer to the publication as adopted by reference in R 418.10107 for coding information.

(2) The following ancillary service providers shall bill codes from "HCPCS 2016 Level II Professional Edition," as adopted by reference in R 418.10107, to describe the ancillary services:
   (a) Ambulance providers.
   (b) Certified orthotists and prosthetists.
   (c) Medical suppliers, including expendable and durable equipment.
   (d) Hearing aid vendors and suppliers of prosthetic eye equipment.
   (e) A home health agency.

(3) If a practitioner performs a procedure that cannot be described by 1 of the listed CPT or HCPCS procedure codes, then the practitioner shall bill the unlisted procedure code. An unlisted procedure code shall only be reimbursed when the service cannot be properly described with a listed code and the documentation supporting medical necessity includes all of the following:
   (a) Description of the service.
   (b) Documentation of the time, effort, and equipment necessary to provide the care.
   (c) Complexity of symptoms.
   (d) Pertinent physical findings.
   (e) Diagnosis.
   (f) Treatment plan.

(4) The provider shall add a modifier code, found in Appendix A of the CPT codebook as adopted by reference in R 418.10107, following the correct procedure code describing unusual circumstances arising in the treatment of a covered injury or illness. When a modifier code is applied to describe a procedure, a report describing the unusual circumstances shall be included with the charges submitted to the carrier.

(5) Applicable modifiers from table 10904 shall be added to the procedure code to describe the type of practitioner performing the service. The required modifier codes for describing the practitioner are as follows:

Table 10904 Modifier Codes
   -AA Anesthesia services performed personally by anesthesiologist.
   -AD When an anesthesiologist provides medical supervision for more than 4 qualified individuals being either certified registered nurse anesthetists, certified anesthesiologist assistants, or anesthesiology residents.
   -AH When a licensed psychologist bills a diagnostic service or a therapeutic service, or both.
   -AJ When a certified social worker bills a therapeutic service.
   -AL A limited license psychologist billing a diagnostic service or a therapeutic service.
   -CS When a limited licensed counselor bills for a therapeutic service.
   -GF Non-physician (nurse practitioner, advanced practice nurse, or physician assistant) provides services in an office or clinic setting or in a hospital setting.
   -LC When a licensed professional counselor performs a therapeutic service.
   -MF When a licensed marriage and family therapist performs a therapeutic service.
   -ML When a limited licensed marriage and family therapist performs a service.
   -TC When billing for the technical component of a radiology service.
-QK When an anesthesiologist provides medical direction for not more than 4 qualified individuals being either certified registered nurse anesthetists, certified anesthesiologist assistants, or anesthesiology residents.

-QX When a certified registered nurse anesthetist or certified anesthesiologist assistant performs a service under the medical direction of an anesthesiologist.

-QZ When a certified registered nurse anesthetist performs anesthesia services without medical direction.

R 418.10907 Rescinded.

R 418.10909 Billing for home health services.

Rule 909. (1) Services provided by a home health agency are considered ancillary services requiring a physician's prescription certifying medical necessity. A copy of the prescription shall be attached to the bill.

(2) A home health agency shall submit charges to the workers' compensation carrier using the UB-04 claim form.

(3) A home health agency shall use procedure codes from the HCPCS Level II codebook, as adopted by reference in R 418.10107 to identify services provided.

(4) A home health agency shall not bill for the services of a social worker unless the certified social worker is providing medically necessary therapeutic counseling.

(5) A home health agency may bill supplies with 99070, the unlisted CPT® code for miscellaneous supplies, or the appropriate supply code from the HCPCS Level II codebook as adopted by reference in R 418.10107.

(6) When a procedure code is described by the HCPCS Level II codebook as per diem, the "by report" service is reimbursed per visit. When the HCPCS Level II codebook describes a service as time-based the service is "by report," and the procedure is reimbursed according to the time provided.

R 418.10915 Billing for anesthesia services.

Rule 915. (1) Anesthesia services shall consist of 2 components. The 2 components are base units and time units. Each anesthesia procedure code is assigned a value for reporting the base units. The base units for an anesthesia procedure shall be as specified in the publication entitled "Medicare RBRVS: The Physicians' Guide" as adopted by reference in R 418.10107. The anesthesia codes, base units, and instructions for billing the anesthesia service shall be provided separate from these rules on the agency’s website, www.michigan.gov/wca.

(2) When billing for both the anesthesiologist and a certified registered nurse anesthetist or a certified anesthesiologist assistant, the anesthesia procedure code shall be listed on 2 lines of the CMS 1500 with the appropriate modifier on each line.

(3) One of the following modifiers shall be added to the anesthesia procedure code to determine the appropriate payment for the time units:

(a) Modifier -AA indicates the anesthesia service is administered by the anesthesiologist.

(b) Modifier -QK indicates the anesthesiologist has provided medical direction for not more than 4 qualified individuals being a certified registered nurse anesthetist (CRNA), certified anesthesiologist assistant (AA), or resident. The CRNA, AA, or resident may be employed by a hospital, the anesthesiologist, or may be self-employed.
(c) Modifier -AD indicates an anesthesiologist has provided medical supervision for more than 4 qualified individuals being either a certified registered nurse anesthetist, certified anesthesiologist assistant, or anesthesiology resident.
(d) Modifier -QX indicates the certified registered nurse anesthetist or certified anesthesiologist assistant has administered the procedure under the medical direction of the anesthesiologist.
(e) Modifier -QZ indicates the certified registered nurse anesthetist has administered the complete anesthesia service without medical direction of an anesthesiologist.
(4) Total anesthesia units shall be calculated by adding the anesthesia base units to the anesthesia time units.
(5) Anesthesia services may be administered by any of the following:
   (a) A licensed doctor of dental surgery.
   (b) A licensed doctor of medicine.
   (c) A licensed doctor of osteopathy.
   (d) A licensed doctor of podiatry.
   (e) A certified registered nurse anesthetist.
   (f) A licensed anesthesiology resident.
   (g) A certified anesthesiologist assistant.
(6) If a surgeon provides the anesthesia service, the surgeon shall only be reimbursed the base units for the anesthesia procedure.
(7) If a provider bills physical status modifiers, then documentation shall be included with the bill to support the additional risk factors. When billed, the physical status modifiers are assigned unit values as defined in the following Anesthesiology Physical Status Modifiers Unit Value table:

| P1 | A normal healthy patient = 0 |
| P2 | A patient who has a mild systemic disease = 0 |
| P3 | A patient who has a severe systemic disease = 1 |
| P4 | A patient who has a severe systemic disease that is a constant threat to life = 2 |
| P5 | A moribund patient who is expected not to survive without the operation = 3 |
| P6 | A declared brain-dead patient whose organs are being removed for donor purposes = 0 |

(8) Procedure code 99140 shall be billed as an add-on procedure if an emergency condition, as defined in R 418.10108, complicates anesthesia. Procedure code 99140 shall be assigned 2 anesthesia units. Documentation supporting the emergency shall be attached to the bill.
(9) If a pre-anesthesia evaluation is performed and surgery is not subsequently performed, then the service shall be reported as an evaluation and management service.

R 418.10922 Hospital billing instructions.
Rule 922. (1) A hospital shall bill facility charges on the UB-04 national uniform billing claim form and shall include revenue codes, ICD-10-CM and ICD-10-PCS coding, HCPCS codes, and CPT® procedure codes to identify the surgical, radiological, laboratory, medicine, and evaluation and management services. This rule only requires that the following medical records be attached when appropriate:
   (a) Emergency room report.
   (b) The initial evaluation and progress reports every 30 days whenever physical medicine, speech, and hearing services are billed.
(c) The anesthesia record when billing for a CRNA, certified anesthesiologist assistant, or anesthesiologist.

(2) A properly completed UB-04 shall not require attachment of medical records except for those in subrule (1) of this rule to be considered for payment. Information required for reimbursement is included on the claim form. A carrier may request any additional records under R 418.10118.

(3) If a hospital clinic, other than an industrial or occupational medicine clinic, bills under a hospital's federal employer identification number, then a hospital clinic facility service shall be identified by using revenue code 510 "clinic."

(4) A hospital system-owned office practice shall bill services on the CMS 1500 claim form using the office site of service and shall not bill facility fees.

(5) A hospital or hospital system-owned industrial or occupational clinic providing occupational health services shall bill services on the CMS 1500 claim form using the office site of service and shall not bill facility fees.

R 418.10925 Billing requirements for other licensed facilities.

Rule 925. (1) A licensed facility, other than a hospital or freestanding surgical outpatient facility, shall bill the facility services on the UB-04 national uniform billing claim form and shall include the revenue codes contained in the Official UB-04 Data Specifications Manual, ICD-10-CM and ICD-10-PCS coding for diagnoses and procedures, and CPT procedure codes for surgical, radiological, laboratory, and medicine and evaluation and management services.

(2) Only the technical component of a radiological service or a laboratory service shall be billed on the standardized UB-04 national uniform billing claim form.

(3) All bills for the professional services shall be billed on a CMS 1500 claim form, using the appropriate CPT procedure code and modifier.

(4) A report describing the services provided and the condition of the patient shall be included with the bill.

PART 10. REIMBURSEMENT
SUBPART A. PRACTITIONER REIMBURSEMENT

R 418.101002 Conversion factors for practitioner services.

Rule 1002. (1) The workers' compensation agency shall determine the conversion factors for medicine, evaluation and management, physical medicine, surgery, pathology, and radiology procedures. The conversion factor shall be used by the workers' compensation agency for determining the maximum allowable payment for medical, surgical, and radiology procedures. The maximum allowable payment shall be determined by multiplying the appropriate conversion factor times the relative value unit assigned to a procedure. The relative value units are provided for the medicine, surgical, and radiology procedure codes separate from these rules on the agency's website, www.michigan.gov/wca. The relative value units shall be updated by the workers' compensation agency using codes adopted from "Current Procedural Terminology (CPT®)" as adopted by reference in R 418.10107(a). The workers' compensation agency shall determine the relative values by using information found in the "Medicare RBRVS: The Physicians' Guide" as adopted by reference in R 418.10107(c).

(2) The conversion factor for medicine, radiology, and surgical procedures shall be $47.19 for the year 2016 and shall be effective for dates of service on the effective date of these rules.
R 418.101003a Reimbursement for dispensed medications.

Rule 1003a. (1) Prescription medication shall be reimbursed at the average wholesale price (AWP) minus 10%, as determined by Red Book or Medi-Span referenced in R 418.10107, plus a dispense fee. All of the following apply:

(a) The dispense fee for a brand name drug shall be $3.50 and shall be billed with WC700-B.
(b) The dispense fee for a generic drug shall be $5.50 and shall be billed with WC700-G.
(c) Reimbursement for repackaged pharmaceuticals shall be at a maximum reimbursement of AWP minus 10% based upon the original manufacturer’s NDC number, as published by Red Book or Medi-Span, plus a dispensing fee of $3.50 for brand name and $5.50 for generic.
(d) All pharmaceutical bills submitted for repackaged products shall include the original manufacturer or distributor stock package national drug code or NDC number.
(e) When an original manufacturer’s NDC number is not available in either Red Book or Medi-Span and a pharmaceutical is billed using an unlisted or “not otherwise specified code,” the payer shall select the most closely related NDC number to use for reimbursement of the pharmaceutical.

(2) Over-the-counter drugs (OTC's), dispensed by a provider other than a pharmacy, shall be dispensed in 10-day quantities and shall be reimbursed at the average wholesale price, as determined by Red Book or Medi-Span or $2.50, whichever is greater.

(3) Commercially manufactured topical medications, which are over-the-counter or contain over-the-counter ingredients and do not meet the definition of “custom compound” as defined in R 418.10108, dispensed by a pharmacy or a provider other than a pharmacy, shall be dispensed in a 30-day supply. Reimbursement shall be at a maximum of the pharmacy or provider’s acquisition cost invoice, plus a single dispense fee. The single dispense fee shall be $8.50 and shall be billed with WC700-T.

R 418.101004 Modifier code reimbursement.

Rule 1004. (1) Modifiers may be used to report that the service or procedure performed has been altered by a specific circumstance but does not change the definition of the code. This rule lists procedures for reimbursement when certain modifiers are used. A complete listing of modifiers are listed in Appendix A of "Current Procedural Terminology CPT® 2016 Professional Edition," and Appendix A, section E of "HCPCS 2016 Level II Professional Edition" as adopted by reference in R 418.10107.

(2) When modifier code -25 is added to an evaluation and management procedure code, reimbursement shall only be made when the documentation provided supports the patient's condition required a significant separately identifiable evaluation and management service other than the other service provided or beyond the usual preoperative and postoperative care.

(3) When modifier code -26, professional component, is used with a procedure, the professional component shall be paid.

(4) If a surgeon uses modifier code -47 when performing a surgical procedure, then anesthesia services that were provided by the surgeon and the maximum allowable payment for the anesthesia portion of the service shall be calculated by multiplying the base unit of the appropriate anesthesia code by $42.00. No additional payment is allowed for time units.

(5) When modifier code -50 or -51 is used with surgical procedure codes, the services shall be paid according to the following as applicable:
(a) The primary procedure at not more than 100% of the maximum allowable payment or the billed charge, whichever is less.

(b) The secondary procedure and the remaining procedure or procedures at not more than 50% of the maximum allowable payment or the billed charge, whichever is less.

(c) When multiple injuries occur in different areas of the body, the first surgical procedure in each part of the body shall be reimbursed 100% of the maximum allowable payment or billed charge, whichever is less, and the second and remaining surgical procedure or procedures shall be identified by modifier code -51 and shall be reimbursed at 50% of the maximum allowable payment or billed charges, whichever is less.

(d) When modifier -50 or -51 is used with a surgical procedure with a maximum allowable payment of BR, the maximum allowable payment shall be 50% of the provider's usual and customary charge or 50% of the reasonable amount, whichever is less.

6. The multiple procedure payment reduction shall be applied to the technical and professional component for more than 1 radiological imaging procedure furnished to the same patient, on the same day, in the same session, by the same physician or group practice. When modifier -51 is used with specified diagnostic radiological imaging procedures, the payment for the technical component of the procedure shall be reduced by 50% of the maximum allowable payment and payment for the professional component of the procedure shall be reduced to 75% of the maximum allowable payment. A table of the diagnostic imaging CPT procedure codes subject to the multiple procedure payment reduction shall be provided by the agency in a manual separate from these rules.

7. When modifier code -TC, technical services, is used to identify the technical component of a radiology procedure, payment shall be made for the technical component only. The maximum allowable payment for the technical portion of the radiology procedure is designated on the agency’s website, www.michigan.gov/wca.

8. When modifier -57, initial decision to perform surgery, is added to an evaluation and management procedure code, the modifier -57 shall indicate that a consultant has taken over the case and the consultation code is not part of the global surgical service.

9. When both surgeons use modifier -62 and the procedure has a maximum allowable payment, the maximum allowable payment for the procedure shall be multiplied by 25%. Each surgeon shall be paid 50% of the maximum allowable payment times 25%, or 62.5% of the MAP. If the maximum allowable payment for the procedure is BR, then the reasonable amount shall be multiplied by 25% and be divided equally between the surgeons.

10. When modifier code -80 is used with a procedure, the maximum allowable payment for the procedure shall be 20% of the maximum allowable payment listed in these rules, or the billed charge, whichever is less. If a maximum payment has not been established and the procedure is BR, then payment shall be 20% of the reasonable payment amount paid for the primary procedure.

11. When modifier code -81 is used with a procedure code that has a maximum allowable payment, the maximum allowable payment for the procedure shall be 13% of the maximum allowable payment listed in these rules or the billed charge, whichever is less. If modifier code -81 is used with a BR procedure, then the maximum allowable payment for the procedure shall be 13% of the reasonable amount paid for the primary procedure.

12. When modifier -82 is used and the assistant surgeon is a licensed doctor of medicine, doctor of osteopathic medicine and surgery, doctor of podiatric medicine, or a doctor of dental surgery, the maximum level of reimbursement shall be the same as for modifier -80. If the assistant surgeon is a
physician's assistant, the maximum level of reimbursement shall be the same as modifier -81. If a person other than a physician or a certified physician's assistant bills using modifier -82, then the charge and payment for the service is reflected in the facility fee.

(13) When modifier -GF is billed with evaluation and management or minor surgical services, the carrier shall reimburse the procedure at 85% of the maximum allowable payment, or the usual and customary charge, whichever is less.

R 418.101005 Reimbursement for home health services.
Rule 1005. (1) Home health services are reimbursed "by report," requiring submission of a report with the charges on the UB-04 claim form. The carrier shall reimburse the home health agency according to each "by report" procedure listed on the UB-04, billed with the appropriate HCPCS code in accord with R 418.10909.

(2) Home health services shall be reimbursed by the carrier at either the provider's usual and customary charge as defined by these rules or reasonable amount, whichever is less.

(3) Services listed in the HCPCS Level II codebook, as adopted by reference in R 418.10107, as per diem shall be reimbursed per diem or per visit in accord with the description of the code. The per diem visit shall be either at the provider's usual and customary charge or reasonable amount, whichever is less.

(4) Supplies and durable medical equipment (DME) shall be reimbursed pursuant to these rules.

R 418.101007 Reimbursement for anesthesia services.
Rule 1007. (1) The carrier shall determine the maximum allowable payment for anesthesia services by adding the base units to the time units. The carrier shall reimburse anesthesia services at either the maximum allowable payment, or the practitioner's usual and customary charge, whichever is less. Each anesthesia base unit shall be multiplied by $42.00 to determine payment for the base procedure.

(2) Anesthesia base units shall only be paid to an anesthesiologist, a surgeon who provides the anesthesia and performs the surgery, or a certified registered nurse anesthetist providing anesthesia without medical direction of the anesthesiologist. Only 1 practitioner shall be reimbursed for base units, documented by the anesthesia record.

(3) The carrier shall reimburse the time units by the total minutes listed in the "days" or "units" column and the alpha modifier added to the procedure code. Time units are reimbursed in the following manner:
   (a) Increments of 15 minutes or portions thereof, for administration of the anesthesia.
   (b) Increments of 30 minutes or portions thereof, for supervision or direction of a CRNA or certified anesthesiologist assistant.
   (c) In no instance shall less than 1 time unit be reimbursed.

(4) The maximum allowable payment for anesthesia time shall be calculated in the following manner:
   (a) If the anesthesiologist administers the anesthesia, then the modifier shall be -AA and the maximum payment shall be $2.80 per minute.
   (b) If the anesthesiologist provides medical supervision for more than 4 concurrent anesthesia procedures, then the modifier shall be AD and the maximum payment shall be 3 base units. One time unit shall also be paid if the anesthesiologist is present for induction of anesthesia services at $1.40 per minute.
   (c) If the anesthesiologist provides medical direction to a CRNA or certified anesthesiologist assistant, then the modifier shall be QK and the maximum payment shall be $1.40 per minute.
(d) If a CRNA or a certified anesthesiologist assistant administers the anesthesia under the medical direction of an anesthesiologist, then the modifier shall be -QX and the maximum payment shall be $2.80 per minute.

(e) If a CRNA administers anesthesia without medical direction of the anesthesiologist, then the modifier shall be -QZ and the maximum payment shall be $2.80 per minute.

R 418.101008a  Required documentation for reimbursement of treatment for chronic, non-cancer pain with opioids.

Rule 1008a. (1) In order to receive reimbursement for opioid treatment beyond 90 days, the physician seeking reimbursement shall submit a written report to the payer not later than 90 days after the initial opioid prescription fill for chronic pain and every 90 days thereafter. The written report shall include all of the following:

(a) A review and analysis of the relevant prior medical history, including any consultations that have been obtained, and a review of data received from an automated prescription drug monitoring program in the treating jurisdiction, such as the Michigan Automated Prescription System (MAPS), for identification of past history of narcotic use and any concurrent prescriptions.

(b) A summary of conservative care rendered to the worker that focused on increased function and return to work.

(c) A statement on why prior or alternative conservative measures were ineffective or contraindicated.

(d) A statement that the attending physician has considered the results obtained from appropriate industry accepted screening tools to detect factors that may significantly increase the risk of abuse or adverse outcomes including a history of alcohol or other substance abuse.

(e) A treatment plan which includes all of the following:

(i) Overall treatment goals and functional progress.

(ii) Periodic urine drug screens.

(iii) A conscientious effort to reduce pain through the use of non-opioid medications, alternative non-pharmaceutical strategies, or both.

(iv) Consideration of weaning the injured worker from opioid use.

(f) An opioid treatment agreement that has been signed by the worker and the attending physician. This agreement shall be reviewed, updated, and renewed every 6 months. The opioid treatment agreement shall outline the risks and benefits of opioid use, the conditions under which opioids will be prescribed, and the responsibilities of the prescribing physician and the worker.

(2) The provider may bill the additional services required for compliance with these rules utilizing CPT procedure code 99215 for the initial 90 day report and all subsequent follow-up reports at 90-day intervals.

(3) Providers may bill $25.00 utilizing code MPS01 for accessing MAPS or other automated prescription drug monitoring program in the treating jurisdiction.

(4) A provider performing drug testing, drug screening, and drug confirmation testing shall use the appropriate CMS procedure codes G0477-G0483 listed in the HCPCS codebook, as adopted by reference in R418.10107.

R 418.101023 Reimbursement for ASC or FSOF.

Rule 1023. (1) Reimbursement for surgical procedures performed in an ASC or FSOF shall be determined by using the ASC rate published by CMS. The formula for determining the maximum allowable paid (MAP) for a surgical procedure in an ASC or FSOF is determined by multiplying the (Medicare ASC rate) X (1.30). The MAP shall be published in the health care services fee schedule.
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(2) When 2 or more surgical procedures are performed in the same operative session, the facility shall be reimbursed at 100% of the maximum allowable payment or the facility's usual and customary charge, whichever is less, for the procedure classified with the highest payment rate. Any other surgical procedures performed during the same session shall be reimbursed at 50% of the maximum allowable payment or 50% of the facility's usual and customary charge, whichever is less, unless the procedure is not subject to the multiple procedure discount as indicated by CMS in the health care services ASC fee schedule. A facility shall not unbundle surgical procedure codes when billing the services.

(3) When an eligible procedure is performed bilaterally, each procedure shall be listed on a separate line of the claim form and shall be identified with LT for left and RT for right. At no time shall modifier 50 be used by the facility to describe bilateral procedures.

(4) Implants are included in the maximum allowable paid unless the CMS list it as a pass through item. Pass through items will be provided on the agency’s website, www.michigan.gov/wca. If an item is implanted during the surgical procedure and the ASC or FSOF bills the implant and includes the copy of the invoice, then the implant shall be reimbursed at the cost of the implant plus a percent markup as follows:

(a) Cost of implant: $1.00 to $500.00 shall receive cost plus 50%.
(b) Cost of implant: $500.01 to $1000.00 shall receive cost plus 30%.
(c) Cost of implant: $1000.01 and higher shall receive cost plus 25%.

(5) Laboratory services shall be reimbursed by the maximum allowable payment as determined in R 418.101503.

(6) When a radiology procedure is performed intra-operatively, only the technical component shall be billed by the facility and reimbursed by the carrier when allowed separate payment by CMS. The MAP for the technical component shall be published in the health care services ASC fee schedule. The professional component shall be included with the surgical procedure. Pre-operative and post-operative radiology services may be globally billed.

(7) When the freestanding surgical facility provides durable medical equipment, the items shall be reimbursed in accord with R 418.10103b.

PART 11. HOSPITAL PAYMENT RATIO

R 418.101101 Calculation and revision of payment ratio for Michigan hospitals.

Rule 1101. (1) The workers' compensation agency shall annually calculate and revise, under the provisions of 1969 PA 306, MCL 24.201 et seq. the payment ratios for all Michigan hospitals. The calculation shall be made using a hospital's most recent fiscal year information that is submitted to the Michigan department of health and human services, hospital and clinic reimbursement division, preceding each annual calculation. The information used shall be that reported to the Michigan department of health and human services on the hospital's statement of patient revenues and operating expenses, G2 worksheet. The workers' compensation agency shall complete the payment ratio calculation when the figures are available from the Michigan department of health and human services and shall annually provide the hospital ratio calculations on the agency’s website, www.michigan.gov/wca.

(2) The workers' compensation agency shall calculate a hospital's cost-to-charge ratio by dividing each hospital's total operating expenses by total patient revenues as reported on the hospital's statement of patient revenues and operating expenses, G2 worksheet.
PART 13. PROCESS FOR RESOLVING DIFFERENCES  
BETWEEN CARRIER AND PROVIDER REGARDING BILL

R 418.101304 Disputes.
   Rule 1304. (1) If a carrier adjusts or rejects a bill or a portion of a bill under these rules, then a notice given under R 418.101301(1) creates an ongoing dispute for the purpose of section 801 of the act. The time for making payment of a bill under section 801 of the act shall not run unless the bill is properly submitted according to applicable rules and statutes.
   (2) Any dispute that concerns any of the following shall be resolved as if an application for mediation or hearing was filed under section 847 of the act:
      (a) The medical appropriateness of health care or a health care service.
      (b) Utilization of health care or a health care service.
      (c) The need for health care or a health care service.
      (d) Any dispute over the cost of health care or a health care service.
   (3) If the dispute results in the denial of medical treatment for a worker, or if there is a petition by an employer to stop the employer's liability for medical benefits previously ordered, including proceedings under subrule (6) of this rule, then the dispute shall receive the same expedited treatment accorded to 60-day cases under section 205 of the act, except that the agency may refer the matter to mediation before a representative of the director.
   (4) A dispute under this rule may be submitted to arbitration under section 864 of the act.
   (5) A dispute under this rule may be handled as a small claim under section 841(2) to (10) of the act if it meets the requirements of that section.
   (6) If a carrier is required by the terms of an award to provide medical benefits, then the carrier shall continue to provide those benefits until there is a different order by any of the following entities:
      (a) A magistrate.
      (b) The appellate commission.
      (c) The court of appeals.
      (d) The supreme court. This subrule does not preclude the use of the maximum allowable payments provided by these rules for the payment of bills by carriers. If a carrier files an application to stop or limit its liability under this subrule, the carrier shall receive the expedited treatment provided for under subrule (3) of this rule.
   (7) If the director believes that a provider is not in compliance with these rules, then the director may on his or her own motion give notice to the parties and schedule a hearing for the purpose of determining compliance.

PART 15 PROCEDURE CODE AND REIMBURSEMENT TABLES

R 418.101503 Laboratory procedure codes and maximum allowable payments.
   Rule 1503. (1) The workers' compensation agency shall determine the maximum allowable payment for the laboratory procedure codes found in the CPT and HCPCS codebooks, as adopted by reference in R418.10107. The rate shall be determined by multiplying the Medicare rate established for this state by 110%.
   (2) The pathology procedure codes found in the 80000 series of the CPT code set have assigned relative values and shall be provided on the agency's website at www.michigan.gov/wca.
(3) The maximum allowable payments for the laboratory and pathology procedures shall be provided on the agency’s website, www.michigan.gov/wca.

(4) A provider performing drug testing, drug screening, and drug confirmation testing shall use the appropriate CMS procedure codes G0477-G0483 listed in the HCPCS codebook, as adopted by reference in R418.10107. A maximum of one service unit per procedure code per date of service shall be billed with procedure codes G0477-G0483.
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 ENVIRONMENTAL QUALITY

WATER BUREAU RESOURCES DIVISION

PART 17. SOIL EROSION AND SEDIMENTATION CONTROL

Filed with the Secretary of State on
Proposed December 29, 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 department of environmental quality by sections 9104 and 9114 of 1994 PA 451, MCL 324.9104 and 324.9114)

R 323.1701 and R 323.1714 of the Michigan Administrative Code are amended to read as follows:

PART 17. SOIL EROSION AND SEDIMENTATION CONTROL

R 323.1701 Definitions.

Rule 1701. (1) As used in this part:
(a) "Accelerated soil erosion" means the increased loss of the land surface that occurs as a result of human activities.
(b) "Acceptable erosion and sediment control program" means the activities of a county or local enforcing agency or authorized public agency that are conducted in accordance with these rules and part 91 regarding staff training, developing and reviewing plans, issuing permits, conducting inspections, and initiating compliance and enforcement actions to effectively minimize erosion and off-site sedimentation.
(c) "Designated agent" means a person who has written authorization from the landowner to sign the application and secure a permit in the landowner's name.
(d) "Lake" means the Great Lakes and all natural and artificial inland lakes or impoundments that have definite banks, a bed, visible evidence of a continued occurrence of water, and a surface area of water that is equal to, or greater than, 1 acre. "Lake" does not include sediment basins and basins constructed for the sole purpose of storm water retention, cooling water, or treating polluted water.
(e) "Landowner" means the a person who fulfills 1 or more of the following requirements:
(i) The person owns or holds a recorded easement on the property.
(ii) The person is engaged in construction in a public right-of-way in accordance with sections 13, 14, 15, and 16 of Act No. 368 of the Public Acts of 1925, as amended, being §§ 1925 PA 368, MCL 247.183, 247.184, 247.185, and 247.186. of the Michigan Compiled Laws.
(iii) The person is engaged in a project that meets all of the following conditions:
(A) The project is related to 1 or more roads, highways, sidewalks, trails, driveways, parking areas, forms of public transit, forms of nonmotorized transportation, or boating, including all structures, improvements, features, and lands related to the project.
(B) One or more state agency or local unit of government owns, exercises jurisdiction over, or holds a recorded easement on the property in the area where the earth change will occur.
(C) All state agencies or local units of government that own, exercises jurisdiction over, or have a recorded easement on the property in the area where the earth change will occur grant a permit or written authorization to the person that specifies where the earth change is allowed to occur.
(D) No state agency or local unit of government that owns, exercises jurisdiction over, or holds a recorded easement in the area where the earth change will occur has control over the project during construction. The control prohibited by this subparagraph includes, but is not limited to, paying for or having a financial interest in the project during construction or directing contractors and other individuals engaged in construction work. The control prohibited by this subparagraph does not consist solely of establishing construction requirements or conducting inspections.
(f) "Nonerosive velocity" means a speed of water movement that is not conducive to the development of accelerated soil erosion.
(h) "Sediment basin" means a naturally occurring or constructed depression used for the sole purpose of capturing sediment during or after an earth change activity.
(i) "Stabilization" means the establishment of vegetation or the proper placement, grading, or covering of soil to ensure its resistance to soil erosion, sliding, or other earth movement.
(j) "Storm water retention basin" means an area which that is constructed to capture surface water runoff and which that does not discharge directly to a lake or stream through an outlet. Water leaves the basin by infiltration and evaporation.
(k) "Stream" means a river, creek, or other surface watercourse which that may or may not be serving as a drain as defined in Act No. 40 of the Public Acts of 1956, as amended, being § 1956 PA 40, MCLs 280.1 to 280.630 et seq. of the Michigan Compiled Laws, and which has definite banks, a bed, and visible evidence of the continued flow or continued occurrence of water, including the connecting waters of the Great Lakes.
(l) "Temporary soil erosion and sedimentation control measures" means interim control measures which that are installed or constructed to control soil erosion and sedimentation and which that are not maintained after project completion.
(m) "Permanent soil erosion and sedimentation control measures" means control measures which that are installed or constructed to control soil erosion and sedimentation and which that are maintained after project completion.
(2) The terms defined in part 91 have the same meanings when used in these rules.

R 323.1714 Availability of documents.
Rule 1714. Copies of the local conservation district standards and specifications for soil erosion and sedimentation control, as referred to in R 323.1710, are available at each local conservation district office at a nominal cost. Copies of the department's standards are available from the surface water quality resources division's Lansing office. Department of transportation standards are available at the Lansing office for a fee. Information on other standards may be available from product manufacturers and the enforcing agencies.
NOTICE OF PUBLIC HEARING

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
Water Resources Division

NOTICE OF PUBLIC HEARING

The Michigan Department of Environmental Quality (MDEQ), Water Resources Division, will conduct a public hearing on proposed administrative rules promulgated pursuant to Part 91, Soil Erosion and Sedimentation Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA). The rules are identified as Part 17, Soil Erosion and Sedimentation. This rule change is intended to correct an oversight in the law which prevented a person conducting a transportation related project, authorized by a state or governmental agency within its jurisdiction or easement, from obtaining a soil erosion permit in cases where the state or governmental agency does not control the project.

The public hearing will be held on February 16, 2017, at 1:00 p.m., in the Con Con Conference Room located in the Atrium Level of Constitution Hall, 525 West Allegan Street, Lansing, Michigan 48933.

Copies of the proposed rules (ORR 2016-037 EQ) can be downloaded from the Internet through the Office of Regulatory Reinvention at http://www.michigan.gov/orr. Click on “Latest Rules Activity” and then “Pending Rule Changes.” Under “Rules by Department,” click on “Environmental Quality.” Scroll to ORR 2016-037 EQ and click on “Revision Text.” Copies of the rules may also be obtained by contacting the Lansing office at:

Water Resource Division
Michigan Department of Environmental Quality
P.O. Box 30458
Lansing, Michigan 48909-7958
Phone: 517-284-5470
Fax: 517-241-9003
E-Mail: smith116@michigan.gov

Any interested person is invited to attend and present his or her views. It is requested that all statements be submitted in writing for the hearing record. Anyone unable to attend may submit comments in writing to the address above. Written comments must be received by February 17, 2017.

Persons needing accommodations for effective participation in the meeting should contact the Water Resources Division at 517-284-5470 one week in advance to request mobility, visual, hearing, or other assistance.

This notice of public hearing is given in accordance with Sections 41 and 42 of Michigan’s Administrative Procedures Act, 1969 PA 306, Michigan Compiled Laws (MCL) 24.241 and 24.242. Promulgation of the rules is by authority conferred on the Director of the MDEQ by Section 9104 of Part 91, Soil Erosion and Sedimentation Control of the NREPA, MCL 324.9104. These rules will become effective immediately after filing with the Secretary of State.
These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45(a)(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.


R 338.1301 Definitions.

Rule 1. As used in these rules:

(a) "Board" means the board of athletic trainers.

(b) "Clinical evaluation and assessment" means the process of determining the severity of an injury or illness, including any of the following:

(i) The pre-participation examination performed prior to physical activity to determine a possible medical condition or conditions that might limit or endanger the participating individual.

(ii) The on-site evaluation that emphasizes the immediate course of acute care and determination of emergency situations.

(iii) The off-site evaluation involving a more detailed evaluation of the injury and/or illness.

(iv) A progressive evaluation performed to determine either the status of the rehabilitative, restorative and/or healing process or the ability to return to the activity.

(b) "BOC" means the Board of Certification, Inc.

(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) "Direct supervision" means that the licensee is physically present and immediately available for face-to-face direction and supervision at the time the procedure is performed and that the licensee has direct contact with the individual upon whom the procedure is being performed.

(f) "Emergency cardiac care" means adult and pediatric cardiopulmonary resuscitation, airway obstruction, second rescuer cardiopulmonary resuscitation, the use of automated external defibrillators for health professionals or emergency services personnel, and barrier devices, such as a pocket mask or bag valve mask.

(g) "Endorsement" means the acknowledgement that the licensing criteria in 1 jurisdiction are substantially equivalent to the criteria established and described in section 16186 of the code.

(h) "Immediate care and treatment" means the ability to provide direct athletic training services rendered by members of health care professions for the benefit of the individual.

(i) "Injury or illness" means any damage to the body, as deemed appropriate by the directing or supervising physician.
(j) "Rehabilitation and reconditioning" means the use of therapeutic procedures by a licensed athletic trainer in a manner to effect change through the application of clinical skills and/or services that attempt to improve function or the return of an individual to a desired level of function through the use of any physical agent applied to produce therapeutic changes to biologic tissue including, but not limited to, thermal, acoustic, light, mechanical, or electric energy.

(k) "Risk management and injury prevention" means the ability to discern, evaluate, and communicate risk associated with participation in physical activities.


Rule 5. Effective January 1, 2011, any individual who intends to practice as an athletic trainer in Michigan shall possess a Michigan license to practice in this state.

R 338.1309 Application for athletic trainer license; requirements. Licensure by examination.

Rule 9. An applicant for an athletic trainer license by examination, in addition to meeting the code and the administrative rules promulgated under the code, shall comply with all of the following provisions:

(a) Submit a completed application on a form provided by the department, together with the requisite fee. In addition to satisfying the requirements of the code, the applicant shall satisfy all of the following requirements:

(b) Have graduated from an athletic trainer educational program that is acceptable to the board under satisfies the requirements of R 338.1337(1).

(c) Possess a current entry-level credential for athletic trainers that was conferred by the board of certification, inc (boc) or by its predecessor organization. An applicant shall request the boc to send to the department an official verification of his or her current certification status. Have passed the examination adopted in R 338.1325.

(d) Submit documentation of Possess current certification in emergency cardiac care that satisfies the requirements of from a board-approved organization, as described in R 338.1341.

(e) Submit documentation of a minimum of 1 hour of first aid training received within 3 years of prior to the date of the application.

R 338.1313 Application for temporary athletic trainer license; requirements. Rescinded.

Rule 13. (1) An individual who does not meet the requirements of R 338.1309 may apply for a temporary athletic trainer license. In addition to meeting the code and administrative rules promulgated under the code, an applicant shall comply with all of the following provisions:

(a) Before January 1, 2011, submit a completed application on a form provided by the department, together with the requisite fee.

(b) Possess a bachelor's degree that includes credits in board-approved course work in all of the following content areas:

(i) Health.

(ii) Human anatomy.

(iii) Kinesiology/body mechanics.

(iv) Human physiology.

(v) Physiology of exercise.

(vi) Basic athletic training.

(vii) Advanced athletic training.

(viii) Cardiopulmonary resuscitation and first aid certification.

(c) Have passed the Michigan temporary athletic trainer examination, as specified in R 338.1329.
(d) Provide verification that athletic training activities will be supervised by a licensed physician or licensed athletic trainer. The verification shall include the name, address, telephone number, and license number of the supervisor.

(e) Provide proof of an applicant's full-time employment as an athletic trainer for the 5 years immediately preceding the date of application. "Full-time employment" as used in this subdivision is defined as continuous employment for 5 years with a minimum of 6,250 hours of experience accumulated in the 5 years immediately preceding the date of application.

(2) A temporary athletic trainer license shall not be renewed more than twice.

R 338.1317 Licensure by endorsement: athletic trainer.

Rule 17. (1) An applicant for an athletic trainer license by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the code and the administrative rules promulgated under the code, an applicant shall satisfy the requirements of this rule.

(2) An applicant who is registered or licensed as an athletic trainer in another state of the United States immediately preceding the date of filing an application for a Michigan license is presumed to have met the requirements of the code and administrative rules promulgated under the code, if the applicant meets both of the following requirements:

(a) Is verified, on a form provided by the department, by the licensing or registration agency of any state of the United States in which the applicant holds a current license or registration or ever held a license or registration as an athletic trainer, which includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

(b) Is currently certified by the boc. An applicant shall request the boc to send to the department an official verification of his or her current certification status.

(3) If an applicant does not meet the requirements of subrule (2) of this rule, then the applicant shall meet the requirements specified in R 338.1309.

(4) If an applicant is registered as an athletic trainer in another country and is currently certified as an athletic trainer by the boc, then it is presumed that the applicant meets the requirements of the code and these administrative rules. An applicant shall request the boc to send to the department an official verification of his or her current certification status.

(1) An applicant for an athletic trainer license by endorsement shall submit a completed application on a form provided by the department with the requisite fee. In addition to satisfying the requirements of the code, the applicant shall satisfy all of the following requirements:

(a) Be licensed, registered, or certified as an athletic trainer in another state of the United States immediately preceding the application for licensure.

(b) Have passed the examination adopted in R 338.1325.

(c) Possess current certification in emergency cardiac care that satisfies the requirements of R 338.1341.

(2) The license, registration, or certification shall be verified by the licensing and regulatory agency of any state of the United States, province of Canada, or other country, in which the applicant holds or has ever held a license, registration, or certification to practice as an athletic trainer. Verification includes, but is not limited to, any disciplinary action taken against the license or registration.

R 338.1321 Licensure of foreign-trained applicants.

Rule 21. (1) If an applicant was foreign-trained and does not meet the requirements of R 338.1309 or R 338.1317, then the applicant shall comply with satisfy all of the following provisions requirements:
(a) Have his or her education evaluated to determine if it is equivalent to the standards in R 338.1327. Hold national licensure, registration, or certification recognized by the BOC.

(b) Pass the examination adopted in R 338.1325. United States boc examination. An applicant shall request the boc to send to the department an official verification of his or her current certification status.

(c) Be verified, on a form provided by the department, by the licensing or registration agency of any state of the United States, province of Canada, or other country in which the applicant holds a current license or registration or has ever held a license, or registration, or certification to practice as an athletic trainer. This includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

(d) Submit documentation of Possess current certification in emergency cardiac care that satisfies the requirements of by an organization approved by the board, as provided in R 338.1341.

(e) Submit documentation of a minimum of 1 hour of first aid training received within 3 years prior to date of the application.

(2) If an applicant holds current certification by the BOC, the applicant is presumed to have satisfied the requirements of subrule (1) of this rule.

R 338.1325 Licensed athletic trainer examination; adoption; passing scores.

Rule 25. The board approves and adopts the boc BOC athletic trainer credentialing examination that is scored by the cCastle TM wWorldwide iInc., or its successor organization. Applicants for an athletic trainer license under R 338.1309 shall take the certification examination and achieve a A passing score on the examination shall be the passing score as determined by the boc BOC or on any successor examination.

R 338.1329 Temporary licensed athletic trainer examination; content; time; place; passing score. Rescinded.

Rule 29. (1) The board shall conduct a comprehensive examination for individuals who are seeking licensure as an athletic trainer, as provided under R 338.1313 of these rules.

(2) Examination for licensure as an athletic trainer shall include, but not be limited to, all of the following:

(a) Prevention.
(b) Clinical evaluation and assessment.
(c) Immediate care and treatment.
(d) Treatment, rehabilitation, and reconditioning.
(e) Organization and administration.
(f) Professional responsibility.

(3) The examination shall be given at least once a year. A passing score on the examination shall be the score recommended by the boc or its successor organization.

R 338.1333 Educational limited license; requirements. Rescinded.

Rule 33. (1) An applicant for an educational limited license 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 under the code, an applicant shall meet the following requirements:

(a) Be actively enrolled in the last semester of an athletic trainer educational program acceptable to the board.
(b) Submit endorsement of application by program director in an athletic trainer program that is acceptable to the board.

(c) Submit proof of current certification in emergency cardiac care from a program that is acceptable to the board.

(2) In lieu of meeting the requirements specified in subrules (1) (a), (b) and (c), an applicant may submit documentation of eligibility for the certification examination from the boc.

R 338.1337 Educational program standards; adoption by reference.

Rule 37. (1) The board approves and adopts by the reference the standards for accrediting athletic trainer educational programs adopted by the eCommission on aAccreditation for aAthletic tTraining eEducation (eaate CAATE) in the document entitled "Standards for the Accreditation of Entry-Level Athletic Training Education Programs", December 7, 2007, “Standards for the Accreditation of Professional Athletic Training Programs”, October 12, 2015, which is available at no cost from the eaate CAATE website, at http://www.caate.net. A copy of the standards also is available for inspection and distribution at cost from the Board of Athletic Trainers, Bureau of Health Professions, Michigan Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. An athletic trainer educational program that is accredited by the commission on accreditation for athletic training education CAATE is acceptable to approved by the board.

(2) The board adopts by reference the recognition standards and criteria of the council for higher education accreditation (chea), effective January 23, 2006, and the procedures and criteria for recognizing postsecondary accrediting agencies of the U.S. department of education, effective July 1, 2000, as contained in title 34, part 602 of the code of federal regulations. Copies of the standards and criteria of chea and the U.S. department of education are available for inspection and distribution at cost from the Board of Athletic Trainers, Bureau of Health Professions, Michigan Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. The chea recognition standards may also be obtained at no cost from the council’s website at http://www.chea.org. The federal recognition criteria may also be obtained at no cost from the website for the U.S. Department of Education Office of Postsecondary Education at http://www.ed.gov/about/offices/list/OPE/index.html. The board adopts by reference the procedures and criteria for recognizing accrediting organizations of the Council of Higher Education Accreditation (CHEA), effective June 28, 2010, and the procedures and criteria for recognizing accrediting agencies of the United States Department of Education, effective July 1, 2010, as contained in Title 34, Part 602 of the Code of Federal Regulations. The CHEA recognition standards may be obtained from CHEA, One Dupont Circle NW, Suite 510, Washington, DC 20036-1110, or from the council’s website at http://www.chea.org at no cost. The federal recognition criteria may be obtained at no cost from the United States Department of Education’s website at: http://www.ed.gov/about/offices/list/OPE/index.html.

(3) The board adopts by reference the standards of the following postsecondary accrediting organizations, which may be obtained from the individual accrediting organization at the identified cost. Copies of these standards are also available for inspection and distribution at cost from the Board of Athletic Trainers, Bureau of Health Professions, Michigan Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909:

(b) The standards of the New England Association of Schools and Colleges, Inc., Commission on Institutions of Higher Education, 209 Burlington Road, Bedford, MA 07130, in the document entitled "Standards for Accreditation," 2005 edition, which is available at no cost on the association's website at http://www.neasc.org. Printed copies may be ordered from the commission at no cost for a single copy and $5.00 per copy for multiple copies.

c) The standards of the North Central Association of Colleges and Schools, The Higher Learning Commission, 30 North LaSalle Street, Suite 2400, Chicago, IL 60602, in the document entitled "Handbook of Accreditation," third edition, which is available at no cost from the association's website at http://www.ncahighered.org or for purchase from the association's website at a cost of $25.00 as of the adoption of these rules.


e) The standards of the Southern Association of Colleges and Schools, Commission on Colleges, 1866 Southern Lane, Decatur, GA 30033, in the document entitled "Principles of Accreditation: Foundation for Quality Enhancement", 2008 edition, which is available at no cost on the association's website at http://www.sacscoc.org or for purchase at a cost of $6.00 for members and $12.00 for nonmembers as of the adoption of these rules.

(f) The standards of the Western Association of Schools and Colleges, the Accrediting Commission for Senior Colleges and Universities, 985 Atlantic Avenue, Suite 100, Alameda, CA 94501, in the document entitled "2001 Handbook of Accreditation," updated February 2008, which is available at no cost on the commission's website at http://www.wascweb.org.


(3) Copies of the standards and criteria adopted by reference in this rule are available for inspection and distribution at cost from the Board of Athletic Trainers, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

R 338.1341 Emergency cardiac care; approved programs.

Rule 41. (1) The board approves emergency cardiac care certification programs that are offered or approved by the following organizations:

(a) American Red Cross.
(b) American Heart Association.
(c) National Safety Council.
(d) American Safety and Health Institute.
(e) Emergency Care and Safety Institute.

(2) The board adopts by reference the standards for certification in basic and advanced cardiac life support set forth by the American Heart Association in the standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers and published in "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care ("Circulation", Volume 112, Issue 24, December 13, 2005). 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 at a cost of $19.00 as of the adoption of these rules or from the association's website at
The board adopts by reference the guidelines for courses in cardiopulmonary resuscitation and automated external defibrillator for the professional rescuer published in "The American Red Cross 2005 Guidelines for Emergency Care and Education". A copy of the guidelines may be obtained at no cost from the American Red Cross, 2025 E Street, NW, Washington, D.C. 20006 or at the organization’s website at http://www.redcross.org/static/file_cont5294_lang0_1934.pdf. A copy of this document is available for inspection and distribution at cost from the Michigan Department of Community Health, Bureau of Health Professions, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(3) An organization that provides training that uses the standards specified in subrule (1) or (2) of this rule shall be considered an approved emergency cardiac care provider.

R 338.1345 Relicensure.

Rule 45. An applicant for relicensure whose license has lapsed under section 16201(3) of the code may be relicensed upon meeting all of the following requirements:

(a) Submit to the department documentation of current boc certification as described in R 338.1309.
(b) Being 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 an athletic trainer, which includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.
(c) Completed not less than 1 hours of continuing education in pain and symptom management, as required under section 16204(2) of the code.
(d) Submit documentation of current certification in emergency cardiac care from a board-approved organization.
(e) Submit documentation of a minimum of 1 hour of first aid training received within 3 years of the date of the application.

(1) An applicant for relicensure whose license has lapsed within 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 satisfies the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.
(b) Establishes that he or she is of good moral character.
(c) Submits proof to the department of the completion of not less than 75 hours of continuing education that comply with R 338.1357. The continuing education shall be completed within 3 years preceding the date of application. If the applicant’s Michigan license was issued less than 3 years from the date of application for relicensure, the applicant shall complete a prorated amount of 25 hours of approved continuing education for each year since the original Michigan license was issued.
(d) Submits evidence of current emergency cardiac care certification that satisfies the requirements of R 338.1341.

(2) An applicant whose license has been lapsed for more than 3 years preceding that date of application for relicensure may be relicensed under section 16201(4) of the code, MCL 333.16201(4), if the applicant satisfies the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.
(b) Establishes that he or she is of good moral character.
(c) Submits fingerprints as set forth in section 16174(3) of the code, MCL 333.16174(3).
(d) Submits proof to the department of the completion of not less than 75 hours of continuing education that complies with R 338.1357. The continuing education shall be completed within 3 years preceding the date of application.
(e) Submits evidence of current emergency cardiac care certification that satisfies the requirements of R 338.1341.
(f) Complies with 1 of the following:
   (i) Establishes that he or she held a current and valid license, registration, or certification in another United States jurisdiction within the 3 years preceding the application for relicensure.
   (ii) Pass the exam adopted in R 338.1325.
   (iii) Establishes that he or she holds a current BOC certification.
(3) A license, registration, or certification shall be verified by the licensing agency of any state of the United States, province of Canada, or other country in which the applicant holds a current license, registration, or certification or has ever held a license, registration, or certification to practice as an athletic trainer.

R 338.1349 License renewal requirements.
Rule 49. (1) An applicant for license renewal shall satisfy all of the following requirements: who has been licensed for the 3-year period immediately preceding the expiration date of the license shall meet the following requirements:
   (a) Submit to the department documentation that the applicant has completed at least 80 hours of board-approved continuing education or maintained boc certification and not less than 1 hour of continuing education in pain and symptom management, as required under section 16204(2) of the code. Pursuant to section 17906(2)(b) of the code, MCL 333.17906(2)(b), the applicant shall establish that he or she currently holds, and at all times during the previous licensure period, certification in all of the following:
      (i) Emergency cardiac care by an organization that satisfies the requirements of R 338.1341.
      (ii) Cardiopulmonary resuscitation.
      (iii) First aid.
   (b) Submit documentation of current certification in emergency cardiac care from a board-approved organization. Complete 75 hours of continuing education that comply with R 338.1357 in the 3 years preceding the application for renewal.
   (2) The requirements in subrule (1) (a), (b) and (c) of this rule shall be completed during the 3 years preceding an application for renewal.
   (3) Submission of an application for renewal of a license or renewal of a temporary license shall constitute the applicant's certification of compliance with this rule. An applicant for renewal shall retain documentation of meeting the requirements of this rule for a period of 3 years from the date of applying for license renewal. Failure to comply with this rule shall be a violation of section 16221(h) of the code. Acceptable documentation includes verification of continued certification by the boc or documentation of acceptable continuing education by the boc, as specified in R 338.1357. The board may require the licensee to submit evidence to demonstrate compliance with this rule. The licensee shall retain documentation of satisfying the requirements of this rule and section 17906(2)(b) of the code, MCL 333.17906(2)(b), 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).
   (3) This rule does not apply to licensees in their initial licensure cycle.
R 338.1353 Temporary license renewal; requirements. Rescinded.

Rule 53. (1) A temporary athletic trainer license shall be renewed yearly and in consecutive years, but shall not be renewed more than twice.

(2) An applicant for renewal of a temporary license shall meet either of the following requirements:
   (a) Submit documentation of attendance and completion of either boe-approved courses or 25 hours of board-approved continuing education courses or programs.
   (b) Submit verification of enrollment in a caate-accredited program and completion of program courses during the year preceding application for renewal.

(3) An applicant for renewal of a temporary license shall provide verification of current employment as an athletic trainer.

(4) Submission of an application for renewal of a temporary license shall constitute the applicant's certification of compliance with this rule. An applicant for renewal shall retain documentation of meeting the requirements of this rule for a period of 3 years from the date of applying for license renewal. Failure to comply with this rule shall be a violation of section 16221 (h) of the code.

R 338.1357 Acceptable continuing education.

Rule 57. (1) The board approves and adopts by reference the requirements of the board of certification, inc. for the recertification of athletic trainers as described in the "Recertification Requirements (2006-2011)", which is available at no cost from the Board of Certification, Inc., 1415 Harney St., Suite 200, Omaha, NE 68102 or from the board's website at http://www.bocatc.org. A copy of the requirements is also available for inspection and distribution at cost from the Board of Athletic Trainers, Michigan Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

   (2) The board shall consider as acceptable any continuing education approved by the board of certification, inc., for recertification, as described in subrule (1) of this rule. Acceptable documentation includes verification of continued education by the boc or continued certification by the boc.

   (1) The 75 hours of continuing education required pursuant to R 338.1349 for the renewal of an athletic trainer license shall comply with all of the following:
      (a) Not more than 12 credit hours of continuing education shall be earned during one 24-hour period.
      (b) Credit for a continuing education program or activity that is identical or substantially identical to a program or activity for which the licensee has already earned credit during the renewal period shall not be granted.
      (c) Pursuant to section 16204 of the code, MCL 333.16204, a minimum of 3 hours 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, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interventions as they relate to professional practice.
      (d) Not more than 50 hours of continuing education per renewal period may be earned collectively for activities listed in subrule (2)(d) to (g) of this rule.

   (2) The board shall consider all of the following as acceptable continuing education.

<table>
<thead>
<tr>
<th>Activity and Proof of Completion</th>
<th>Number of continuing education hours granted/permited for each activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Attendance at or participation in a continuing education program or activity related to the practice of athletic training, which includes but is not limited to: live, in person programs;</td>
<td>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</td>
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<td>interactive or monitored teleconference, audioconferenece, or web-based programs; online programs; and journal articles or other self-study programs approved or offered by any of the following:</td>
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<td>• BOC.</td>
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<td>• Another state or provincial board of athletic trainers.</td>
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<td>• A state or provincial board related to the practice of medicine, osteopathic medicine and surgery, or physical therapy.</td>
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<tr>
<td>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 other activity for which the continuing education credit was given, and the date on which the program or activity was completed.</td>
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<td>b</td>
<td>Maintenance of BOC certification.</td>
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<td>If audited, the licensee shall provide evidence from the BOC evidencing the time period that the licensee held a valid certification.</td>
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<td>c</td>
<td>Initial presentation of continuing education program related to the practice of athletic trainer to a state, regional, national, or international athletic training organization. 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:</td>
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<td>• BOC.</td>
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<td>• Another state or provincial board of athletic trainers.</td>
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<td></td>
<td>• A state or provincial board related to the practice of medicine, osteopathic medicine and surgery, or physical therapy.</td>
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<td>If audited, the licensee shall submit a copy of the presentation notice or advertisement</td>
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<td></td>
<td>Initial presentation of a scientific exhibit, poster, scientific paper, or clinical demonstration to an athletic training organization.</td>
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<td>d</td>
<td>Ten hours of continuing education shall be granted for serving as a primary presenter. Five hours of continuing education shall be granted for serving as a secondary presenter. No additional credit shall be granted for preparation of the presentation. The maximum number of credit hours permitted per renewal period for this activity is subject to subrule (1)(e) of this rule.</td>
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<td>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.</td>
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<td>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.</td>
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<td>e</td>
<td>Initial publication of an article related to the practice of athletic training in a peer-reviewed journal.</td>
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<td>Fifteen hours of continuing education shall be granted for serving as a primary author. Ten hours of continuing education shall be granted for serving as a secondary author. The maximum number of credit hours permitted per renewal period for this activity is subject to subrule (1)(e) of this rule.</td>
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<td>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author of the publication or an acceptance letter.</td>
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<td>f</td>
<td>Initial publication of an article related to the practice of athletic training in a non-peer reviewed journal, newsletter, or magazine.</td>
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<td>Five hours of continuing education shall be granted for each article. The maximum number of credit hours permitted per renewal period for this activity is subject to subrule (1)(e) of this rule.</td>
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<td>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</td>
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<td>g</td>
<td>Initial publication of a chapter related to the practice of athletic training in any of the following:</td>
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<td>• A professional or health care text book.</td>
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<td>• A peer-reviewed text book.</td>
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<td>• A book related to the practice of athletic training.</td>
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<td></td>
<td>Ten hours of continuing education shall be granted for serving as a primary or contributing author. The maximum number of credit hours permitted per renewal period for this activity is subject to subrule (1)(e) of this rule.</td>
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<td>If audited, the licensee shall submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</td>
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Passing an academic course or residency program related to the practice of athletic training that is offered by either of the following:

- An athletic training program that satisfies the standards adopted in R 338.1337(1).
- A higher education institution accredited by an organization that satisfies the standards of R 338.1337(2).

If audited, a licensee shall submit a copy of the transcript showing credit hours of the academic course related to athletic training.

Ten hours of continuing education shall be granted for each course. A maximum of 60 hours per renewal period may be earned for this activity.

R 338.1365 Athletic training services; plan of care. Rescinded.

Rule 65. (1) A licensee shall establish a plan of care for the provision of the following athletic training services, as described under section 17901(b) of the code and defined in R 338.1301 of these rules: Clinical evaluation and assessment; Immediate care and treatment; Injury or illness; Rehabilitation and reconditioning; and Risk management and injury prevention.

(2) The athletic training services specified in subrule (1) of this rule shall be performed under the direction and supervision of either an allopathic physician or an osteopathic physician and surgeon who shall be licensed under Part 170 or Part 175 of the code.

(3) As used in subrule (2) of this rule and section 17901(1)(b) of the code, "direction" means either a written, electronic, or verbal order issued by a physician or authorized representative of a physician. The order shall comply with the requirements of the federal health insurance portability and accountability act of 1996.

R 338.1369 Delegation and supervision; requirements.

Rule 69. (1) Pursuant to section 16215(1) of the code, MCL 333.16215(1), a licensee may delegate the performance of an athletic training act, task, or function related to the practice of athletic training, as specified in R 338.1365, to an individual who meets 1 of the following requirements:

(a) Possesses a license to practice athletic training, as required under section 17902 of the code.
(b) Possesses a license to practice another health-related field.
(c) Is enrolled in a graduate-level educational program that falls within the domain of athletic training and is acceptable to the board under R 338.1341, and possesses an educational limited license.
(d) Is unlicensed and has either no training or only informal training in activities associated with the practice of athletic training, and is not a secondary school student, as prohibited in R 338.1373.
(e) Possesses boc certification or is licensed or credentialed in another jurisdiction as an athletic trainer and is accompanying an out-of-state team that is participating in an athletic event held in this state provided the licensee maintains a record of the name of the individual to whom the act, task, or function was delegated. The record shall be maintained pursuant to section 16213 of the code, MCL 333.16213.

(2) A licensee shall be responsible for the performance of a delegated act, task, or function by an individual under his or her direction. A licensee who delegates the performance of an act, task, or function related to the practice of athletic training shall comply with all of the following:
(a) Determine that the act, task, or function is within the scope of practice of a licensed athletic trainer and does not require a skill level that is higher than the skill level of the licensee.

(b) Determine that the individual to whom an act, task, or function has been delegated possesses the necessary knowledge and skills for the delegated assignment to be completed safely and competently.

(c) Provide for the supervision of an individual to whom an act, task, or function has been delegated, as provided in section 333.16109 (2) (a) of the code.

(d) Provide predetermined procedures and protocols for the act, task, or function that has been delegated.

(e) Conduct regular reviews of the performance of the individual to whom an act, task, or function has been delegated.

(f) Provide or recommend remediation of the performance by the individual to whom an act, task, or function has been delegated, when indicated.

(g) Maintain a permanent record of the name of the individual to whom an act, task, or function has been delegated.

3. A licensee who delegates an act, task, or function to an individual who qualifies under subdivision (1) (a), (b), (c), or (e) of this rule shall provide general supervision of the individual. As used in this subrule, "general supervision" means that a licensee is not required to be physically present on site, but shall be continuously available at the time a procedure, including a basic first aid activity, is performed. Continuously available includes availability by telecommunication and/or other electronic communication.

2. A licensee who delegates an act, task, or function related to the practice of athletic training shall provide supervision as follows:

(a) If the delegatee is licensed under the code and the act, task, or function is within the delegatee’s scope of practice, the supervision shall be general supervision as defined in section 16109(2) of the code, MCL 333.16109(2).

(b) If the delegatee is unlicensed or the act, task, or function does not fall within the delegatee’s licensed scope of practice, the supervision shall be “direct supervision”. For purposes of this subdivision, “direct supervision” means the licensee is physically present and immediately available for face-to-face direction and supervision at the time the act, task, or function is performed and the licensee has direct contact with the individual upon whom the act, task, or function was performed.

3. A licensee shall not delegate a job, task, or function to a secondary-school student that requires the secondary-school student to engage in the practice of athletic training.

4. A licensee who delegates an act, task, or function to an individual who is unlicensed and who qualifies under subrule (1) (d) of this rule shall provide direct supervision of the individual.

5. (4) At any given time, the number of unlicensed individuals to whom a licensee may provide direct supervision shall not exceed 8 individuals.

R 338.1373 Secondary school student; prohibit practicing athletic training. Rescinded.

Rule 73. (1) A secondary school student shall not engage in the practice of athletic training, as defined in section 17901 of the code, except as otherwise provided in this rule.

(2) A secondary school student may participate in athletic training activities only when the activities are performed under the direct supervision of a licensed athletic trainer, as defined in R 338.1301.

(3) A licensed athletic trainer shall ensure that a secondary school student who is under his or her supervision does not perform those functions that require professional judgment or discretion in the practice of athletic training.

(4) This rule shall take effect January 1, 2011.
R 338.1377 Prohibited conduct. Rescinded.

Rule 77. (1) In addition to section 16221 of the code, prohibited conduct includes, but is not limited to, the following acts or omissions by any individual covered by these rules:
   (a) Practicing outside of the boundaries of professional competence, based on education, training, and experience.
   (b) Failing to provide or arrange for the provision or continuity of necessary athletic training services.
   (c) 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.
   (d) Being involved in either a dual or multiple relationship with a current or former patient or client or a member of his or her immediate family, when there is a risk of harm to, or exploitation of, the patient or client. As used in this subrule, "multiple relationship" means a relationship in which a licensee is in a professional role with an individual and -1 of the following occurs at the same time:
      (i) The licensee takes on a professional role even though a personal, scientific, legal, financial, or other relationship could impair the exercise of professional discretion or make the interests of a patient or client secondary to those of the licensee.
      (ii) The licensee takes advantage of any professional relationship or exploits others to further his or her personal, religious, political, business, or financial interests, including inducing a patient or client to solicit a business on behalf of the licensee.
      (iii) The licensee solicits or engages in a sexual relationship with a current patient or client.
      (iv) The licensee solicits or engages in a sexual relationship with an individual, other than a consenting adult, to whom the licensee is delegating the performance of an act, task, or function related to the practice of athletic training, as permitted under R 338.1369.
   (e) Violating the confidentiality of a patient's or client's privileged information by releasing such information to a third party not involved in the patient's or client's care without a release from the patient or client, unless required by law.
   (f) Violating applicable local, state, and federal laws as well as institutional or educational guidelines.
   (g) Using information obtained in the course of the practice of athletic training to try to influence directly or indirectly the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
   (2) As used in subrule (1) of this rule, "patient or client" means an individual who receives any of the following, pursuant to MCL 333.17901 of the public health code: treatment for risk management and injury prevention, clinical evaluation and assessment for an injury or illness, or both; immediate care and treatment of an individual for an injury or illness, or both; or rehabilitation and reconditioning of an injury or illness.

R 338.1378 Professional standards.

Rule 78. (1) The board adopts by reference the BOC's “Standards of Professional Practice Implemented January 1, 2006,” revised 2013. The standards are available, free of charge on the agency’s website at: http://www.bocatc.org/resources/standards-of-professional-practice or a copy may be obtained at cost, from the Board of Athletic Trainers, Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.
   (2) A licensee shall comply with the standards adopted in subrule (1) of this rule.
NOTICE OF PUBLIC HEARING

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
NOTICE OF PUBLIC HEARING
Board of Athletic Trainers

February 6, 2017
9:00 a.m. – 11:00 a.m.

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

The hearing is held to receive public comments on the administrative rules for the Board of Athletic Trainers (ORR #2016-054 LR). These rules are being promulgated under the authority of MCL 333.16145; MCL 333.16204; MCL 333.17904; and MCL 333.17905.

The proposed changes include: amending licensure and relicensure requirements; eliminating temporary and educational limited licenses; decreasing the amount of continuing education required for licensure renewal to be consistent with statute; recognizing additional activities for continuing education credit; increasing the number of continuing education hours relating to pain and symptom management; clarifying delegation and supervision requirements; updating previously adopted standards to the most recent version; and adopting the Board of Certification, Inc. “Standards of Professional Practice.”

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 February 6, 2017, 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 Board Support at (517) 241-7500 or the email address noted above. Electronic copies also may be obtained at the following link:


The meeting site and parking are accessible to people with disabilities. 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.
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.


R 325.1922, R 325.1923, and R 325.1944 of the Michigan Administrative Code are amended as follows:

PART 3. ADMINISTRATIVE MANAGEMENT OF HOMES

R 325.1922 Admission and retention of residents.
   Rule 22. (1) A home shall have a written resident admission contract, program statement, admission and discharge policy, and a resident's service plan for each resident.
   (2) The admission policy shall specify all of the following:
      (a) That at the time of admission, the home shall document the needs of each individual seeking admission. The documented needs shall be used to develop the resident's service plan.
      (b) That a home shall not accept an individual seeking admission unless the individual's needs can be adequately and appropriately met within the scope of the home's program statement.
      (c) That the individual seeking admission and his or her authorized representative, if any, shall participate in the development of the individual's service plan.
      (d) The home's policy governing the annual screening of residents for tuberculosis. That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.
   (3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident, and/or the resident's authorized representative, or both if any, and the home. The resident admission contract shall, at a minimum, specify all of the following:
      (a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.
      (b) The services to be provided and the fees for the services.
      (c) The notice to be provided by the home to the resident, and/or the resident's authorized representative, or both if any, upon any change in fees.
(d) The transportation services that are provided, if any, and the fees for those services.
(e) The home's admission and discharge policy.
(f) The home's refund policy.
(g) The resident's rights and responsibilities, which shall include those rights and responsibilities specified in section 20201(2) and (3), MCL 333.20201(2) and (3) of the public health code and section 20202, MCL 33.20201(2) and (3) and MCL 333.20202, of the code.

(4) If there is a change in a term or condition in the written resident admission contract, then the home or home's designee shall review the change with the resident and the resident's authorized representative, if any.

(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

(6) A home shall require an individual who, at the time of admission, is under the care of a licensed health care professional for ongoing treatments or prescription medications that require the home's intervention or oversight, to provide a written statement from that licensed health care professional completed within the 90-day period before the individual's admission to the home. The statement shall list those treatments or medications for the purpose of developing and implementing the resident's service plan. If this statement is not available at the time of an emergency admission, then the home shall require that the statement be obtained not later than 30 days after admission.

(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.

(8) A home shall not retain a resident if the resident has harmed himself or herself or others, or has demonstrated behaviors that pose a risk of serious harm to himself or herself or others, unless the home has the capacity to manage the resident's behavior.

(9) A home shall not admit a resident who requires continuous nursing care services of the kind normally provided in a nursing home as specified in section 21711(3) of the code, MCL 333.21711(3), and section 21715(2), MCL 333.21715(2), of the code.

(10) A home shall not retain a resident who requires continuous nursing care services of any kind normally provided in a nursing home as specified in section 21711(3), MCL 333.21711(3), and section 21715(2), MCL 333.21715(2), of the code unless the home meets the provisions of section 21325, MCL 333.21325, of the code or the individual is enrolled in and receiving services from a licensed hospice program or a home health agency.

(11) In accordance with section 20201(3) of the code, MCL 333.20201(3)(e), a home's discharge policy shall specify that a home for the aged resident may be transferred or discharged for any of the following reasons:
(a) Medical reasons.
(b) His or her welfare or that of other residents.
(c) For nonpayment of his or her stay.
(d) Transfer or discharge sought by resident or authorized representative.
(12) The reason for transfer or discharge shall be documented in the resident record.
(13) A home shall provide a resident and his or her authorized representative, if any, and the agency responsible for the resident's placement, if any, with a 30-day written notice before discharge from the home. The written notice shall consist of all of the following:
   (a) The reasons for discharge.
   (b) The effective date of the discharge.
   (c) A statement notifying the resident of the right to file a complaint with the department. The provisions of this subrule do not preclude a home from providing other legal notice as required by law.
(14) If the department finds that the resident was discharged in violation of these rules or the home's discharge policy, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.
(15) A home may discharge a resident before the 30-day notice if the home has determined and documented that either, or both, of the following exist:
   (a) Substantial risk to the resident due to the inability of the home to meet the resident's needs or due to the inability of the home to assure the safety and well-being of the resident, other residents, visitors, or staff of the home.
   (b) A substantial risk or an occurrence of the destruction of property.
(16) A home that proposes to discharge a resident for any of the reasons listed in subrule (15) of this rule shall take all of the following steps before discharging the resident:
   (a) The home shall notify the resident, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any, not less than 24 hours before discharge. The notice shall be verbal and issued in writing. The notice of discharge shall include all of the following information:
      (i) The reason for the proposed discharge, including the specific nature of the substantial risk.
      (ii) The alternatives to discharge that have been attempted by the home, if any.
      (iii) The location to which the resident will be discharged.
      (iv) The right of the resident to file a complaint with the department.
   (b) The department and adult protective services shall be notified not less than 24 hours before discharge in the event of either of the following:
      (i) A resident does not have an authorized representative or an agency responsible for the resident's placement.
      (ii) The resident does not have a subsequent placement.
   (c) The notice to the department and adult protective services shall include all of the following information:
      (i) The reason for the proposed discharge, including the specific nature of the substantial risk.
      (ii) The alternatives to discharge that have been attempted by the home, if any.
      (iii) The location to which the resident will be discharged, if known.
      (d) If the department finds that the resident was improperly discharged, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.
      (e) The resident shall not be discharged until a subsequent setting that meets the resident's immediate needs is located.

R 325.1923 Employee's health.
Rule 23. (1) A person on duty in the home shall be in good health. Files shall be maintained containing evidence of adequate health, such as results of examinations by a qualified health care professional and tuberculosis screening which consists of an intradermal skin test or chest x-rays, or other methods recommended by the local health authority. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees. A record shall be maintained for each employee in the home and shall include results of baseline screening for communicable disease. Records of accidents or illnesses occurring while on duty that place others at risk shall be maintained in the employee's file.

(2) A home shall provide annual initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees. The screening shall consist of intradermal skin test, chest x-ray, or other methods as recommended by the local health authority.

(3) Employees with past documented positive tuberculosis TB skin test results or who have received treatment for tuberculosis shall be exempt from the tuberculosis TB skin test. Employees with past documented positive TB skin result, who have never been treated for TB infection shall be screened annually for active symptoms of tuberculosis TB disease and the need for evaluation by a qualified health care professional to determine if treatment for TB infection is indicated if symptoms of tuberculosis have developed.

(4) Tuberculosis TB skin tests, as well as post-exposure follow-up and treatment evaluations, shall be offered at no cost to the employees at times and locations convenient to the employees. A qualified health care professional shall perform the reading and interpretation of the tuberculosis skin test TB testing.

PART 5. RECORDS

R 325.1944 Employee records and work schedules.
Rule 44. (1) A home shall maintain a record for each employee which shall include all of the following:
(a) Name, address, telephone number, and social security number.
(b) License or registration number, if applicable.
(c) Date of birth.
(d) Summary of experience, education, and training.
(e) Beginning date of employment and position for which employed.
(f) References, if provided.
(g) Results of annual initial TB tuberculosis screening as required by R 325.1923(2).
(h) Date employment ceases and reason or reasons for leaving, if known.
(i) Criminal background information, consistent with section 20173a, MCL 333.20173a, of the code.

(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.

(3) The home shall retain the work schedules for the preceding 3 months.
NOTICE OF PUBLIC HEARING

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

NOTICE OF PUBLIC HEARING
Friday, February 10, 2017
9:00 a.m.

Location: Ottawa Building- Upper Level 2 Conference Room
611 W. Ottawa Street, Lansing, Michigan

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

**Homes for the Aged (ORR # 2016-059 LR)**


**Overview:** The Homes for the Aged (HFA) administrative rules provide for the regulation of homes for the aged, including establishing the standard of quality care requirements. The proposed revisions relate to preventing the spread of communicable diseases in HFA and will ensure that the communicable disease requirements comport with the current standards of practice. The current rules include outdated Tuberculosis testing requirements for residents and employees that add unnecessary costs to the providers and residents as well as exposes residents to unnecessary chest X-rays. The advances in medical standards of care now call for screening assessments instead of chest X-rays for all admissions to reduce unnecessary exposure to ionizing radiation. The proposed rules relate to preventing the spread of communicable diseases in HFA and will ensure that the communicable disease requirements comport with today’s standards of practice.

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 until 5:00 p.m. on February 10, 2017, at the following address or e-mail address:

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909-8170
Attention: Tammy Bagby Email: Bagbyt@michigan.gov

A copy of the proposed rules may be obtained by contacting (517) 335-4084 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+Community+and+Health+Systems

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) 335-4084.
MCL 14.32 states in part:

“It shall be the duty of the attorney general, when required, to give his opinion upon all questions of law submitted to him by the legislature, or by either branch thereof, or by the governor, auditor general, treasurer or any other state officer.”

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:

* * *

(j) Attorney general opinions.”
You have asked whether aquaculture is legal in the Michigan waters of the Great Lakes under current law.

By way of background, there has been increased interest in raising fish for commercial purposes in the Michigan waters of the Great Lakes. Fish farming, or aquaculture as it is described in Michigan law, is permitted in this State in privately controlled waters under the Michigan Aquaculture Development Act, 1996 PA 199, MCL 286.871 et seq. In larger bodies of water, aquaculture is often practiced through the use of net pens – underwater nets or solid-structure cages – that function as pens
within which to raise fish. These net pens are anchored to the bottom of the body of water, and may float in close proximity to the shore or be located further off shore and reachable by boat.

The Michigan Aquaculture Development Act defines aquaculture as: “the commercial husbandry of aquaculture species on the approved list of aquaculture species, including, but not limited to, the culturing, producing, growing, using, propagating, harvesting, transporting, importing, exporting, or marketing of aquacultural products under an appropriate permit or registration.” MCL 286.872(b).

Aquaculture is considered an “agricultural enterprise and is part of the farming and agriculture industry of this state.” MCL 286.874(1).

Under the Act, a person may not engage in aquaculture unless the person is registered to do so, or is otherwise exempt from registering:

1. A person shall not engage in aquaculture unless he or she obtains a registration from the Michigan Department of Agriculture and Rural Development as an aquaculture facility, obtains an aquaculture research permit, or unless otherwise exempt by rule or law.

2. The following are exempt from registration as an aquaculture facility:

   a. Retail bait outlets.

   b. Retail ornamental fish facilities.

   c. Persons using privately controlled waters for noncommercial purposes.

1 General information regarding aquaculture may be found on the Michigan Department of Agriculture and Rural Development’s (MDARD) website at, http://www.michigan.gov/mdard/0,4610,7-125-48096_48099_71766---,00.html, (accessed September 9, 2016).


3 Id.

4 The term “aquaculture species” means “aquatic animal organisms including, but not limited to, fish, crustaceans, mollusks, reptiles, or amphibians reared or cultured under controlled conditions in an aquaculture facility.” MCL 286.872(f). The lengthy list of approved aquaculture species is set forth in MCL 286.875.

5 Aquaculture research permits may be issued to researchers to study and culture aquaculture species and determine whether there is an aquacultural potential and a scientific basis for including the species on the list of approved species in the Act. MCL 286.872(e).
(d) Public aquariums or zoos.

(e) Portable retail fishing concessions. [MCL 286.876(1)–(2).]

A violation of the Act constitutes a misdemeanor punishable by imprisonment, a fine, or both. MCL 286.883(1).

Your request concerns commercial aquaculture operations in the Michigan waters of the Great Lakes. Such operations would not fall within the exemptions from the registration requirement set forth above. As a result, a commercial aquaculture operation in the Michigan waters of the Great Lakes would have to register with the Michigan Department of Agriculture and Rural Development (MDARD) as an “aquaculture facility” in order to operate lawfully. MCL 286.876(1) and MCL 286.883(1). But, as explained below, the plain language of the Michigan Aquaculture Development Act does not permit registration of an aquaculture facility in the Michigan waters of the Great Lakes.

The Act defines an “aquaculture facility” as “a farm or farm operation engaged in any aspect of aquaculture in privately controlled waters capable of holding all life stages of aquaculture species with a barrier or enclosure to prevent their escape into the waters of the state.” MCL 286.872(c) (emphasis added). Thus, only a farm or farm operation engaging in aquaculture in “privately controlled waters” can be registered as an “aquaculture facility.”

The Act defines “privately controlled waters” to mean:

[W]aters controlled within ponds, vats, raceways, tanks, and any other indoor or outdoor structure wholly within or on land owned or leased by an aquaculturist and used with an aquaculture facility or confinement research facility. . . . [MCL 286.872(p).]

The “goal in interpreting a statute is to give effect to the Legislature’s intent, focusing first on the statute’s plain language. When a statute’s language is unambiguous, the Legislature must have intended the meaning clearly expressed, and the statute must be enforced as written.” Bank of Am, NA v First Am Title Ins Co, 499 Mich 74, 85 (2016) (internal citations omitted). The Michigan waters of the
Great Lakes plainly do not fall within this definition since the lakes are not contained within any pond, vat, structure, etc., nor are the lakes wholly within or on any land that could be owned or leased by an aquaculturist. MCL 286.872(p).

This interpretation is supported by the fact that the Legislature specifically included the Michigan waters of the Great Lakes in a different definition. The term “waters of this state” is defined as “groundwaters, lakes, rivers, and streams and all other watercourses and waters within the jurisdiction of the state and also the Great Lakes bordering the state.” MCL 286.872(t) (emphasis added). Under the Act, an aquaculturist cannot discharge water into the “waters of this state” unless permitted by law or by the Michigan Department of Environmental Quality. MCL 286.874(4). Also, an aquaculturist cannot take wild species from, or release any aquacultural specifies into, the “waters of this state” unless permitted by the Michigan Department of Natural Resources. MCL 286.874(6)–(7).

Had the Legislature intended to include the Michigan waters of the Great Lakes in the definition of “privately controlled waters,” it could have done so using language similar to that in MCL 286.872(t).

Because the Michigan waters of the Great Lakes are not “privately controlled waters” as defined by the Act, an aquaculture operation in such waters could not be registered by MDARD as an “aquaculture facility.” And absent proper registration, or some exception, a person cannot lawfully engage in aquaculture in Michigan. MCL 286.876(1); MCL 286.883(1).

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While the statutory language is dispositive here, it must be observed that the Michigan waters of the Great Lakes are subject to the “public trust doctrine,” under which the State holds navigable waters and the lands beneath them in trust for the public to exercise certain rights, such as swimming, fishing, and boating.

See, e.g., Glass v Goeckel, 473 Mich 667, 677-681 (2005) (discussing the history of the public trust doctrine and recognizing that it is “alive and well in Michigan”). The doctrine descended from the English common law principle that navigable waterways are public highways forever held in trust for the people, and that the sovereign must preserve and protect these waterways for the benefit of its people. Glass, 473 Mich at 677; OAG, 2003-2004, No. 7162, p 154 (September 23, 2004). Under this doctrine, the State has the affirmative obligation to protect the public interest in navigable waters, and cannot relinquish this duty. Glass, 473 Mich at 678-679; OAG, No. 7162, p 155.

The State may permit the private use of public trust lands only when “1) the private use will improve the public trust, or 2) the private use will not substantially impair the trust lands and waters that remain.” Superior Pub Rights, Inc v State Dep’t of Nat Res, 80 Mich App 72, 84 (1977), citing Illinois Central R Co v People of the State of Illinois, 146 US 387, 453 (1892), adopted by Obrecht v National Gypsum Co, 361 Mich 399 (1960). See also, MCL 324.32502, Part 325, Great Lakes Submerged Lands, Natural Resources and Environmental Protection Act, 1994 PA 451, MCL 324.32501 et seq. (“This part shall be construed so as to preserve and protect the interests of the general public in the lands and waters described in this section, to provide for the sale, lease, exchange, or other disposition of unpatented lands and the private or public use of waters over patented and unpatented lands . . . whenever it is determined . . . that the private or public use of those lands and waters will not substantially affect the public use of those lands and waters . . . or that the public trust in the state will not be impaired by those agreements for use, sales, lease, or other disposition.”). However, such land, whether leased or sold, and the waters above it remain subject to the public trust.
It is my opinion, therefore, that only operations that meet the definition of an “aquaculture facility” under the Michigan Aquaculture Development Act may be registered to engage in aquaculture in the State of Michigan. Under the Act, an aquaculture operation in the Michigan waters of the Great Lakes could not be registered to engage in aquaculture because the operation would not meet the current definition of an “aquaculture facility” since the Michigan waters of the Great Lakes are not “privately controlled waters” as defined in the Act.

BILL SCHUETTE
Attorney General
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.
Adam Sandoval  
Office of Performance and Transformation  
Office of Regulatory Reinvention  
611 W. Ottawa – 2nd Floor  
Lansing, MI 48909

Dear Mr. Sandoval:

Portions of the Michigan Administrative Code have been repealed through the enactment of 2016 PA 257, which repealed 1929 PA 134. The Department of Agriculture and Rural Development is writing the Office of Regulatory Reinvention to request that corrections to the Administrative Code be made, pursuant to the Administrative Procedures Act, Section 31(2), MCL 24.231; and, Section 56(1), MCL 24.256.

We request the following administrative rules be rescinded, effective immediately:

- Regulation 203, Animal Remedies, (R 285.203.1).

If you have any questions, please contact me at 284-5729.

Sincerely,

Brad Deacon  
Regulatory Affairs Officer  
Department of Agriculture and Rural Development
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.).
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(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)
CUMULATIVE INDEX

ARGICULTURE AND RURAL DEVELOPMENT, DEPARTMENT OF
Repeal
Repeal PA 257 of 2016 Regulation 203 Animal remedies (2017-1)

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AG Opinion No. 7293 (2017-1)

ENVIRONMENTAL QUALITY, DEPARTMENT OF
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LICENSING AND REGULATORY AFFAIRS, DEPARTMENT OF
Athletic Training – General Rules (2017-1)
Board of Physical Therapy General Rules (2017-1)
Board of Nursing - General Rules (2017-1)
Dentistry - General Rules (2017-1)
Homes for the Aged (2017-1)
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.”
<table>
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<th>PA No.</th>
<th>HB</th>
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<td>1/26</td>
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<td>4/25/16</td>
<td>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)</td>
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<td>Natural resources; soil and erosion; soil erosion and sedimentation permit process; provide exemption for certain agricultural practices. (Rep. B. Roberts)</td>
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<td>Appropriations: supplemental; distribution of certain appropriated revenue from the state general fund to department of health and human services; provide for. (Rep. P. Phelps)</td>
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<td>Traffic control; driver license; emergency contact information encoded in driver license; allow. (Rep. P. Lucido)</td>
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<td>State; identification cards; emergency contact information on state identification card; provide for. (Rep. P. Lucido)</td>
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<td>Weapons; licensing; requirement to obtain a license to purchase, carry, possess, use, or transport a pistol; exempt law enforcement officers. (Rep. L. Theis)</td>
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<td>2/2/16</td>
<td>Use tax; definitions; definition of auto dealer; modify. (Sen. D. Robertson)</td>
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<td>Sales tax; definitions; definition of auto dealer; modify. (Sen. D. Robertson)</td>
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* - 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.
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<td>Higher education; financial aid; promise zones; modify administration. (Sen. G. Hansen)</td>
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<td>Property tax; state education tax; distribution of state education tax; modify. (Sen. J. Ananich)</td>
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<td>5/16/16</td>
<td>Natural resources; other; dark sky preserves; expand locations. (Rep. P. Pettalia)</td>
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<td>5/16/16</td>
<td>Law enforcement; state police; grade and duties of state law enforcement officers; modify. (Sen. T. Schuitmaker)</td>
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<td>2/16</td>
<td>5/16/16</td>
<td>Cemeteries and funerals; other; investment of money in a perpetual care and maintenance fund; expand authority. (Sen. M. Knollenberg)</td>
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<td>2/16</td>
<td>5/16/16</td>
<td>Housing; inspection; multi-unit inspections; make discretionary unless complaint is received and include certain townships within scope of act. (Sen. D. Robertson)</td>
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<td>2/16</td>
<td>2/16/16</td>
<td>Civil procedure; remedies; judgments against municipalities that are collected as tax levies; prohibit transmission or capturing by other governmental entity. (Sen. W. Schmidt)</td>
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<td>5/23/16</td>
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<td>2/23</td>
<td>5/23/16</td>
<td>Labor; health and safety; franchisee and franchisor responsibility as employer under the Michigan occupational safety and health act; clarify. (Rep. E. Leutheuser)</td>
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<td>5/23/16</td>
<td>Labor; hours and wages; employer responsibility for employees; allocate between franchisor and franchisee. (Rep. P. Somerville)</td>
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<tr>
<td>19</td>
<td>5072</td>
<td>Yes</td>
<td>2/23</td>
<td>2/23</td>
<td>5/23/16</td>
<td>Labor: hours and wages; franchisor responsibility for minimum wage violations; clarify. <em>(Rep. N. Jenkins)</em></td>
</tr>
<tr>
<td>21</td>
<td>0513</td>
<td>Yes</td>
<td>2/23</td>
<td>2/23</td>
<td>2/23/16</td>
<td>Highways: name; renaming a bridge on US-10; designate as the &quot;Corpsman Aaron D. Ullom Memorial Bridge&quot;. <em>(Sen. J. Stamas)</em></td>
</tr>
<tr>
<td>23</td>
<td>4854</td>
<td>Yes</td>
<td>2/23</td>
<td>2/23</td>
<td>5/23/16</td>
<td>Vehicles: motorcycles; waiver of certain test requirements for individuals who complete a motorcycle safety course; provide for. <em>(Rep. J. Tedder)</em></td>
</tr>
<tr>
<td>24</td>
<td>0136</td>
<td>Yes</td>
<td>2/26</td>
<td>2/26</td>
<td>2/26/16</td>
<td>Appropriations: zero budget; supplemental appropriations; provide for fiscal year 2015-2016. <em>(Sen. D. Hildenbrand)</em></td>
</tr>
<tr>
<td>25</td>
<td>4888</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>5/30/16</td>
<td>Property tax: other; assessment roll; allow assessor to maintain electronically. <em>(Rep. H. Hughes)</em></td>
</tr>
<tr>
<td>26</td>
<td>0503</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>5/30/16</td>
<td>Children: adoption; Michigan Indian family preservation act (MIFPA); modify. <em>(Sen. J. Emmons)</em></td>
</tr>
<tr>
<td>27</td>
<td>4758</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/1/16</td>
<td>Drains: financing; term bonds with mandatory redemption; provide for. <em>(Rep. A. Pscholka)</em></td>
</tr>
<tr>
<td>28</td>
<td>4727</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>5/30/16</td>
<td>Aeronautics: other; regulations for tall structures; revise for meteorological towers. <em>(Rep. T. Cole)</em></td>
</tr>
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<tr>
<td>29</td>
<td>0554</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>6/6/16</td>
<td>Health: occupations; use of electronic continuing education tracking services; allow. (Sen. T. Schuitmaker)</td>
</tr>
<tr>
<td>30</td>
<td>0555</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>6/6/16</td>
<td>Occupations: individual licensing and regulation; use of electronic continuing education tracking services; allow. (Sen. T. Schuitmaker)</td>
</tr>
<tr>
<td>31</td>
<td>0056</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>3/8/16</td>
<td>Courts: judges; salary formula for judges; modify. (Sen. R. Jones)</td>
</tr>
<tr>
<td>32</td>
<td>0176</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>6/6/16 #</td>
<td>Crimes: intoxication or impairment; oversight for ignition interlock servicing centers; provide for department of state. (Sen. T. Schultmaker)</td>
</tr>
<tr>
<td>33</td>
<td>0357</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>6/6/16 #</td>
<td>Occupations: vehicles, dealers and repair facilities; breath alcohol ignition interlock mechanics and servicers; include in motor vehicle service and repair act. (Sen. T. Schultmaker)</td>
</tr>
<tr>
<td>34</td>
<td>4980</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>6/6/16 #</td>
<td>Criminal procedure: sentencing guidelines; guidelines for crime of knowingly providing false information concerning an ignition interlock device; revise. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>35</td>
<td>0334</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>3/8/16</td>
<td>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)</td>
</tr>
<tr>
<td>36</td>
<td>0588</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>6/6/16</td>
<td>Natural resources: hunting; certain tribal conservation officers; authorize to demand hunting, fishing, or fur harvester’s licenses. (Sen. T. Casperson)</td>
</tr>
<tr>
<td>37</td>
<td>0680</td>
<td>Yes</td>
<td>3/8</td>
<td>3/8</td>
<td>3/8/16</td>
<td>Mental health: other; naming the new patient programming center at the Walter P. Reuther Psychiatric Hospital the &quot;James K. Haveman Center for Activity, Rehabilitation, and Therapy&quot;; provide for. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>38</td>
<td>0150</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>3/15/16</td>
<td>Insurance: health insurers; health plans that provide prescription drug coverage; clarify requirements for synchronizing multiple prescriptions and dispensing fees. (Sen. M. O’Brien)</td>
</tr>
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<tr>
<td>39</td>
<td>0051</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16</td>
<td>Highways: name; renaming a portion of highway in Genesee County; designate as “John Wayne “Dusty” Marcum Memorial Highway”. (Sen. K. Horn)</td>
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<tr>
<td>40</td>
<td>0444</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16</td>
<td>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)</td>
</tr>
<tr>
<td>41</td>
<td>0471</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16</td>
<td>Courts: district court; sixty-seventh district; clarify fourth division jurisdiction. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>42</td>
<td>0472</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16</td>
<td>Taxation: tobacco; tobacco product manufacturers’ escrow accounts act; modify. (Sen. W. Schmidt)</td>
</tr>
<tr>
<td>43</td>
<td>0473</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16</td>
<td>Tobacco: generally; tobacco products tax act; require certain enforcement disclosures. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>44</td>
<td>0578</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16</td>
<td>Consumer credit: predatory lending; mortgage borrowers’ bill of rights; modify to refer to federal home loan publications. (Sen. D. Booher)</td>
</tr>
<tr>
<td>45</td>
<td>0644</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>3/15/16</td>
<td>Businesses: nonprofit corporations; authorization to restructure municipal health facilities corporations; revise requirements. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>46</td>
<td>4314</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16</td>
<td>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)</td>
</tr>
<tr>
<td>47</td>
<td>4408</td>
<td>Yes</td>
<td>3/15</td>
<td>3/15</td>
<td>6/13/16 #</td>
<td>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)</td>
</tr>
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<td>49</td>
<td>4999</td>
<td>Yes</td>
<td>3/15</td>
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<td>6/13/16</td>
<td>#</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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)</td>
</tr>
<tr>
<td>50</td>
<td>5105</td>
<td>No</td>
<td>3/15</td>
<td>3/15</td>
<td>**</td>
<td>Insurance; health insurers; health insurance claims assessment on carriers and third party administrators; modify sunset. (Rep. A. Pscholka)</td>
</tr>
<tr>
<td>51</td>
<td>4887</td>
<td>Yes</td>
<td>3/22</td>
<td>3/22</td>
<td>3/22/16</td>
<td>Individual income tax; other; limitations on investment direction of contributions made to a Michigan education savings account; modify. (Rep. A. Forlini)</td>
</tr>
<tr>
<td>52</td>
<td>4747</td>
<td>Yes</td>
<td>3/22</td>
<td>3/22</td>
<td>6/20/16</td>
<td>Property; other; adverse possession; prohibit against local units of government. (Rep. H. Hughes)</td>
</tr>
<tr>
<td>53</td>
<td>5385</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>#</td>
<td>State financing and management; authorities; Michigan financial review commission; expand to include certain education districts. (Rep. E. Poleski)</td>
</tr>
<tr>
<td>54</td>
<td>5296</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>3/29/16</td>
<td>Appropriations; zero budget; supplemental appropriations for distressed public schools; provide for fiscal year 2015-2016. (Rep. A. Pscholka)</td>
</tr>
<tr>
<td>55</td>
<td>0507</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>6/27/16</td>
<td>Environmental protection; recycling; registration and reporting requirements; establish for recyclers of material from residential and commercial waste. (Sen. M. Green)</td>
</tr>
<tr>
<td>56</td>
<td>0216</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>6/27/16</td>
<td>School aid; other; certain references to general education development (GED); modify. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>57</td>
<td>0551</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>6/27/16</td>
<td>Probate; wills and estates; designation of a funeral representative to make disposition arrangements for decedent; provide for. (Sen. T. Schuitmaker)</td>
</tr>
<tr>
<td>58</td>
<td>4577</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>3/29/16</td>
<td>Traffic control; driver license; renewal of unexpired seasonal restricted commercial driver licenses; allow. (Rep. D. Lauwers)</td>
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<td>59</td>
<td>5034</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>6/27/16</td>
<td>Probate: wills and estates; fiduciary access to digital assets act; enact. (Rep. A. Forlini)</td>
</tr>
<tr>
<td>60</td>
<td>4792</td>
<td>Yes</td>
<td>3/29</td>
<td>3/29</td>
<td>6/27/16</td>
<td>Health occupations: health care professionals; authorized health professionals from other states accompanying athletic teams to sporting events in this state; provide licensing waiver. (Rep. R. Wittenberg)</td>
</tr>
<tr>
<td>61</td>
<td>5377</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>4/5/16</td>
<td>Appropriations: supplemental; Michigan natural resources trust fund; provide appropriations for fiscal year 2015-2016. (Rep. J. Bumstead)</td>
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<tr>
<td>62</td>
<td>5107</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16</td>
<td>Law enforcement; other; human trafficking notification act; create. (Rep. K. Heise)</td>
</tr>
<tr>
<td>63</td>
<td>0374</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health: code; references to venereal disease; revise to sexually transmitted infection. (Sen. C. Hertel)</td>
</tr>
<tr>
<td>64</td>
<td>0375</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health: code; references of venereal disease; revise to sexually transmitted infection. (Sen. P. MacGregor)</td>
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<tr>
<td>65</td>
<td>0376</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health: code; references of venereal disease; revise to sexually transmitted infection. (Sen. D. Knezek)</td>
</tr>
<tr>
<td>66</td>
<td>0377</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health: code; references of venereal disease; revise to sexually transmitted infection. (Sen. W. Schmidt)</td>
</tr>
<tr>
<td>67</td>
<td>0378</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health: code; references of venereal disease; revise to sexually transmitted infection. (Sen. M. O'Brien)</td>
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<tr>
<td>68</td>
<td>0379</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health: code; references of venereal disease; revise to sexually transmitted infection. (Sen. R. Warren)</td>
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<td>69</td>
<td>0380</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health; code; references of venereal disease; revise to sexually transmitted infection. (Sen. J. Marleau)</td>
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<tr>
<td>70</td>
<td>0381</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16 #</td>
<td>Health; code; references of venereal disease; revise to sexually transmitted infection. (Sen. C. Young)</td>
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<tr>
<td>71</td>
<td>0592</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>4/5/16</td>
<td>Health facilities; other; designated places to perform surgical removal of a human organ; expand. (Sen. C. Hertel)</td>
</tr>
<tr>
<td>72</td>
<td>4418</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16</td>
<td>Traffic control; traffic regulation; maple sap transport; include in agricultural commodities for exemption from seasonal road restrictions. (Rep. L. Chatfield)</td>
</tr>
<tr>
<td>73</td>
<td>4813</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16</td>
<td>Occupations; electricians; number of apprentice electricians a journeyman or master electrician may supervise on a jobsite; revise. (Rep. A. Price)</td>
</tr>
<tr>
<td>74</td>
<td>5006</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16</td>
<td>Highways; name; certain portion of Business Route I-96; designate as the &quot;Lansing Firefighter Dennis E. Rodeman Memorial Highway&quot;; (Rep. T. Cochran)</td>
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<tr>
<td>75</td>
<td>4537</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16</td>
<td>Labor; fair employment practices; employee absence from work to provide emergency civil air patrol services; protect from adverse employment action. (Rep. A. LaFontaine)</td>
</tr>
<tr>
<td>76</td>
<td>5192</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/16</td>
<td>Occupations; accounting; practice of public accounting; revise scope of practice. (Rep. C. Afendoulis)</td>
</tr>
<tr>
<td>77</td>
<td>0729</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>4/12/16</td>
<td>Transportation; funds; counties to provide loans to townships for purpose of funding township road construction projects; allow. (Sen. W. Schmidt)</td>
</tr>
<tr>
<td>78</td>
<td>0171</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>7/11/16</td>
<td>Property tax; exemptions; housing exemption for elderly or disabled families; modify. (Sen. S. Bieda)</td>
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<td>0366</td>
<td>Yes</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>7/11/16</td>
<td>Records: public; solicitation of a fee for providing a copy of a deed; regulate. (Sen. C. Hertel)</td>
</tr>
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<td>80</td>
<td>0502</td>
<td>Yes</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>7/11/16</td>
<td>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)</td>
</tr>
<tr>
<td>81</td>
<td>0667</td>
<td>Yes</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>4/12/16</td>
<td>Liquor: advertising; providing advertising items to retailers; modify. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>82</td>
<td>0582</td>
<td>Yes</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>4/12/16</td>
<td>Property tax: delinquent taxes; issuance of revenue notes secured by the collection of delinquent taxes by a county treasurer; allow. (Sen. J. Brandenburg)</td>
</tr>
<tr>
<td>83</td>
<td>0583</td>
<td>Yes</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>4/12/16</td>
<td>State financing and management: bonds; requirement for a county treasurer to issue revenue notes secured by delinquent tax revenues; provide for. (Sen. J. Brandenburg)</td>
</tr>
<tr>
<td>84</td>
<td>4895</td>
<td>Yes</td>
<td>Yes</td>
<td>4/12</td>
<td>4/12</td>
<td>7/11/16</td>
<td>Liquor: licenses; secondary location permit to sell beer and wine at retailers with motor fuel pumps; provide for. (Rep. A. Nesbitt)</td>
</tr>
<tr>
<td>85</td>
<td>0352</td>
<td>Yes</td>
<td>Yes</td>
<td>4/13</td>
<td>4/13</td>
<td>7/12/16</td>
<td>Health: home health care; designated caregiver act; create. (Sen. M. O’Brien)</td>
</tr>
<tr>
<td>86</td>
<td>0476</td>
<td>Yes</td>
<td>Yes</td>
<td>4/19</td>
<td>4/19</td>
<td>4/19/16</td>
<td>Taxation: tobacco; tobacco products act; eliminate sunset related to tax on cigars. (Sen. W. Schmidt)</td>
</tr>
<tr>
<td>87</td>
<td>4479</td>
<td>Yes</td>
<td>Yes</td>
<td>4/26</td>
<td>4/26</td>
<td>7/25/16</td>
<td>Crimes: assaultive; assault or battery of a pregnant woman; increase penalties under certain circumstances. (Rep. A. Price)</td>
</tr>
<tr>
<td>88</td>
<td>4788</td>
<td>Yes</td>
<td>Yes</td>
<td>4/26</td>
<td>4/26</td>
<td>7/25/16 #</td>
<td>Criminal procedure: sentencing guidelines; sentencing guidelines for crime of assault and battery of a pregnant individual; provide for. (Rep. A. Price)</td>
</tr>
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<tr>
<td>89</td>
<td>0508</td>
<td></td>
<td>Yes</td>
<td>4/26</td>
<td>4/26</td>
<td>7/25/16</td>
<td>Crimes; other; intentional posting of sexually explicit visual material of another person without consent; prohibit. (Sen. S. Bieda)</td>
</tr>
<tr>
<td>90</td>
<td>0509</td>
<td></td>
<td>Yes</td>
<td>4/26</td>
<td>4/26</td>
<td>7/25/16 #</td>
<td>Crimes; penalties; penalties for intentionally posting sexually explicit visual material of another person without consent; provide for. (Sen. R. Jones)</td>
</tr>
<tr>
<td>91</td>
<td>4477</td>
<td></td>
<td>Yes</td>
<td>4/26</td>
<td>4/26</td>
<td>7/25/16</td>
<td>Civil procedure; appeals; service of papers; provide for alternate service if party is protected by a protective order. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>92</td>
<td>0490</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/2</td>
<td>7/31/16</td>
<td>Trade; business practices; provisions relating to the disclosure of customer information under video rental privacy statute; modify. (Sen. T. Schuitmaker)</td>
</tr>
<tr>
<td>93</td>
<td>4476</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Civil procedure; other; mediation; limit in certain domestic relations actions. (Rep. H. Santana)</td>
</tr>
<tr>
<td>94</td>
<td>4478</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Civil procedure; personal protection orders; acts that may be enjoined; include harming animals owned by petitioner. (Rep. R. Kosowski)</td>
</tr>
<tr>
<td>95</td>
<td>4480</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Children; protection; factors determining best interest of child; modify in cases of domestic violence. (Rep. K. Heise)</td>
</tr>
<tr>
<td>96</td>
<td>4481</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>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)</td>
</tr>
<tr>
<td>97</td>
<td>4660</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Insurance; health insurers; reporting requirements for health maintenance organizations' enrollment levels; eliminate. (Rep. T. Leonard)</td>
</tr>
<tr>
<td>98</td>
<td>4661</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16 #</td>
<td>Insurance; other; medical malpractice report related to assumed liability to pay a claim; eliminate. (Rep. L. Theis)</td>
</tr>
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<tr>
<td>99</td>
<td>4662</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Insurance; other; reporting requirements for state of competition in the commercial liability insurance market; eliminate. (Rep. H. Vaupel)</td>
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<tr>
<td>100</td>
<td>4663</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Insurance; other; reporting requirements for short-term limited duration policies; modify. (Rep. J. Runestad)</td>
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<tr>
<td>101</td>
<td>4664</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Insurance; other; reporting requirement for competition in the worker's compensation market; eliminate. (Rep. R. Franz)</td>
</tr>
<tr>
<td>102</td>
<td>4665</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td># Insurance; other; municipal claims report; eliminate. (Rep. R. Wittenberg)</td>
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<tr>
<td>103</td>
<td>4666</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td># Insurance; other; reference municipal claims report; eliminate. (Rep. D. Miller)</td>
</tr>
<tr>
<td>104</td>
<td>4667</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td># Insurance; other; reporting requirement for liquor liability insurance; eliminate. (Rep. R. Kosowski)</td>
</tr>
<tr>
<td>105</td>
<td>4668</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td># Insurance; other; waiver of proof of financial responsibility filing requirement for retail licensees; eliminate. (Rep. A. LaFontaine)</td>
</tr>
<tr>
<td>106</td>
<td>5257</td>
<td></td>
<td>Yes</td>
<td>5/3</td>
<td>5/3</td>
<td>8/1/16</td>
<td>Liquor; advertising; social media promotions; define and allow. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>107</td>
<td>5525</td>
<td></td>
<td>Yes</td>
<td>5/5</td>
<td>5/6</td>
<td>5/6/16</td>
<td>Property tax; special assessments; state essential services assessment act; modify filing requirements. (Rep. A. Nesbitt)</td>
</tr>
<tr>
<td>108</td>
<td>5526</td>
<td></td>
<td>Yes</td>
<td>5/5</td>
<td>5/6</td>
<td>5/6/16</td>
<td>Property tax; exemptions; general property tax act; modify filing requirements. (Rep. J. Farrington)</td>
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<td>109</td>
<td>5545</td>
<td></td>
<td>Yes</td>
<td>5/5</td>
<td>5/6</td>
<td>5/6/16</td>
<td>Property tax; special assessments; alternative state essential services assessment act; modify filing requirements. (Rep. J. Farrington)</td>
</tr>
<tr>
<td>110</td>
<td>5527</td>
<td></td>
<td>Yes</td>
<td>5/5</td>
<td>5/6</td>
<td>5/6/16</td>
<td>Economic development; plant rehabilitation; certain filing requirements; modify. (Rep. J. Farrington)</td>
</tr>
<tr>
<td>111</td>
<td>4187</td>
<td></td>
<td>Yes</td>
<td>5/10</td>
<td>5/10</td>
<td>8/8/16</td>
<td>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)</td>
</tr>
<tr>
<td>112</td>
<td>0331</td>
<td></td>
<td>Yes</td>
<td>5/10</td>
<td>5/10</td>
<td>8/8/16</td>
<td>Businesses; distributors and dealers; used motor vehicle parts dealers; require certain forms of payment for used tires, wheels, and rims. (Sen. R. Jones)</td>
</tr>
<tr>
<td>113</td>
<td>4793</td>
<td></td>
<td>Yes</td>
<td>5/10</td>
<td>5/10</td>
<td>8/8/16</td>
<td>Mental health; code; confidentiality of filing petitions for involuntary hospitalization; require. (Rep. P. Lucido)</td>
</tr>
<tr>
<td>114</td>
<td>4636</td>
<td></td>
<td>Yes</td>
<td>5/10</td>
<td>5/10</td>
<td>8/8/16</td>
<td>Occupations; insurance; sale of insurance for self-service storage units; eliminate license requirement. (Rep. B. Rendon)</td>
</tr>
<tr>
<td>115</td>
<td>5278</td>
<td></td>
<td>Yes</td>
<td>5/10</td>
<td>5/10</td>
<td>5/10/16</td>
<td>Drains; financing; incomplete drain improvement; specify types of costs that can be apportioned. (Rep. B. Glardon)</td>
</tr>
<tr>
<td>116</td>
<td>5163</td>
<td></td>
<td>Yes</td>
<td>5/10</td>
<td>5/10</td>
<td>8/8/16</td>
<td>State financing and management; funds; urban land assembly act; repeal, and transfer any remaining funds into the Michigan land bank. (Rep. K. Heise)</td>
</tr>
<tr>
<td>117</td>
<td>4436</td>
<td></td>
<td>Yes</td>
<td>5/17</td>
<td>5/17</td>
<td>8/15/16</td>
<td>Traffic control; driver license; grant of restricted driving privileges by a court reviewing the denial, suspension, or revocation of a driver license; allow. (Rep. P. Lucido)</td>
</tr>
<tr>
<td>118</td>
<td>5439</td>
<td></td>
<td>Yes</td>
<td>5/17</td>
<td>5/17</td>
<td>5/17/16</td>
<td>Economic development; renaissance zones; exception from payment in lieu of taxes provision; modify. (Rep. M. Webber)</td>
</tr>
</tbody>
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<tr>
<td>119</td>
<td>4990</td>
<td></td>
<td>Yes</td>
<td>5/19</td>
<td>5/19</td>
<td>8/17/16</td>
<td>State financing and management; other; certain forms of energy improvement financing for cities; provide for. (Rep. A. Pscholka)</td>
</tr>
<tr>
<td>120</td>
<td>4991</td>
<td></td>
<td>Yes</td>
<td>5/19</td>
<td>5/19</td>
<td>8/17/16</td>
<td>State financing and management; other; certain forms of energy improvement financing for general law villages; provide for. (Rep. A. Pscholka)</td>
</tr>
<tr>
<td>121</td>
<td>4992</td>
<td></td>
<td>Yes</td>
<td>5/19</td>
<td>5/19</td>
<td>8/17/16</td>
<td>State financing and management; other; certain forms of energy improvement financing for home rule villages; provide for. (Rep. A. Pscholka)</td>
</tr>
<tr>
<td>122</td>
<td>4993</td>
<td></td>
<td>Yes</td>
<td>5/19</td>
<td>5/19</td>
<td>8/17/16</td>
<td>State financing and management; other; certain forms of energy improvement financing for certain townships; provide for. (Rep. A. Pscholka)</td>
</tr>
<tr>
<td>123</td>
<td>4994</td>
<td></td>
<td>Yes</td>
<td>5/19</td>
<td>5/19</td>
<td>8/17/16</td>
<td>State financing and management; other; certain forms of energy improvement financing for counties; provide for. (Rep. A. Pscholka)</td>
</tr>
<tr>
<td>124</td>
<td>5176</td>
<td></td>
<td>Yes</td>
<td>5/19</td>
<td>5/19</td>
<td>5/19/16</td>
<td>Local government; other; distribution of local community stabilization authority act share revenues; modify. (Rep. J. Farrington)</td>
</tr>
<tr>
<td>125</td>
<td>0409</td>
<td></td>
<td>Yes</td>
<td>5/25</td>
<td>5/25</td>
<td>8/23/16</td>
<td>Crimes; controlled substances; attempt to solicit another person to purchase ephedrine or pseudoephedrine for purpose of manufacturing methamphetamine; prohibit, and provide penalties. (Sen. M. O’Brien)</td>
</tr>
<tr>
<td>126</td>
<td>0410</td>
<td></td>
<td>Yes</td>
<td>5/25</td>
<td>5/25</td>
<td>8/23/16</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for crime of attempting to solicit another person to obtain ephedrine or pseudoephedrine; revise to reflect. (Sen. T. Casperson)</td>
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<tr>
<td>127</td>
<td>4864</td>
<td></td>
<td>Yes</td>
<td>5/25</td>
<td>5/25</td>
<td>8/23/16</td>
<td>Crimes; controlled substances; attempt to commit &quot;smurfing&quot; crime; provide for 5-year stop-sale alert after conviction. (Rep. J. Kivela)</td>
</tr>
<tr>
<td>128</td>
<td>4769</td>
<td></td>
<td>Yes</td>
<td>5/25</td>
<td>5/25</td>
<td>8/23/16</td>
<td>Crimes; controlled substances; penalties for manufacture of methamphetamine near a school or library; increase. (Rep. E. McBroom)</td>
</tr>
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<td>129</td>
<td>5182</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Education: special; certain language in Michigan school for the deaf act; update. &lt;br&gt;(Rep. M. Howrylak)</td>
</tr>
<tr>
<td>130</td>
<td>5183</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Disabilities: other; reference to &quot;hearing impaired&quot; and &quot;division on deafness&quot;; revise. &lt;br&gt;(Rep. J. Bizon)</td>
</tr>
<tr>
<td>131</td>
<td>5184</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Disabilities: other; reference to &quot;hearing impaired&quot; in division on deafness act; revise to &quot;deaf, deafblind, and hard of hearing&quot;. &lt;br&gt;(Rep. J. Runestad)</td>
</tr>
<tr>
<td>132</td>
<td>5185</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Crimes: definitions; reference to &quot;deaf and dumb&quot;; eliminate from statute. &lt;br&gt;(Rep. A. Price)</td>
</tr>
<tr>
<td>133</td>
<td>5186</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Disabilities: other; reference to &quot;hearing impaired&quot; regarding certain limited teaching certificates; revise to &quot;hard of hearing&quot;. &lt;br&gt;(Rep. W. Brinks)</td>
</tr>
<tr>
<td>134</td>
<td>5187</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Public employees and officers: duties; provision relating to the transfer of books and materials to successors; modify to remove obsolete language. &lt;br&gt;(Rep. G. Darany)</td>
</tr>
<tr>
<td>135</td>
<td>5188</td>
<td>Yes</td>
<td>5/26</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Disabilities: other; reference to &quot;hearing impaired&quot; in division on deafness act; revise to &quot;deaf, deafblind, and hard of hearing&quot;. &lt;br&gt;(Rep. P. Phelps)</td>
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<td>136</td>
<td>0343</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>5/26/16</td>
<td>Retirement: public school employees; unfunded actuarial accrued liability contribution rate for certain universities; modify. &lt;br&gt;(Sen. T. Schuitmaker)</td>
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<td>137</td>
<td>0344</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Liquor: licenses; issuance of specially designated license and specially designated distributor license to 1 licensee; allow. &lt;br&gt;(Sen. D. Hildenbrand)</td>
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<tr>
<td>138</td>
<td>0501</td>
<td>No</td>
<td>5/25</td>
<td>5/26</td>
<td>**</td>
<td>Traffic control: driver license; persons exempt from obtaining a Michigan driver license; modify. &lt;br&gt;(Sen. J. Stamas)</td>
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<td>139</td>
<td>0659</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16</td>
<td>Children: foster care; fostering futures scholarship trust fund; expand investment options. (Sen. P. MacGregor)</td>
</tr>
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<td>140</td>
<td>0607</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16 #</td>
<td>Financial institutions: payday lending; deferred presentment service transactions act; revise definitions. (Sen. D. Booher)</td>
</tr>
<tr>
<td>141</td>
<td>0719</td>
<td>Yes</td>
<td>5/25</td>
<td>5/26</td>
<td>8/24/16 #</td>
<td>Financial institutions: payday lending; satisfaction of deferred presentment transactions; authorize use of debit cards and certain telephone-initiated transactions. (Sen. D. Booher)</td>
</tr>
<tr>
<td>142</td>
<td>0776</td>
<td>Yes</td>
<td>6/6</td>
<td>6/7</td>
<td>6/7/16</td>
<td>Elections; petitions; petition signature rebuttable presumption; eliminate. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>143</td>
<td>0458</td>
<td>Yes</td>
<td>6/6</td>
<td>6/7</td>
<td>9/5/16</td>
<td>Children: adoption; grounds for termination of parental rights; clarify under certain circumstances. (Sen. T. Schuitmaker)</td>
</tr>
<tr>
<td>144</td>
<td>0606</td>
<td>Yes</td>
<td>6/6</td>
<td>6/7</td>
<td>6/7/16</td>
<td>Property tax; principal residence exemption; exemption from tax levied by local school district for school operating purposes; extend to include military service members temporarily residing elsewhere due to military deployment. (Sen. M. Shirkey)</td>
</tr>
<tr>
<td>145</td>
<td>0738</td>
<td>Yes</td>
<td>6/6</td>
<td>6/7</td>
<td>6/7/16</td>
<td>Retirement; pension oversight; executive summary of annual valuation reports on pension and retiree health care for state unit systems; require. (Sen. D. Booher)</td>
</tr>
<tr>
<td>146</td>
<td>0818</td>
<td>Yes</td>
<td>6/6</td>
<td>6/7</td>
<td>6/7/16</td>
<td>Education; occupational schools; occupational school regulations; exempt yoga teacher training programs. (Sen. T. Schuitmaker)</td>
</tr>
<tr>
<td>147</td>
<td>5512</td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Human services; services or financial assistance; Michigan energy assistance program; extend sunset. (Rep. E. Poleski)</td>
</tr>
<tr>
<td>148</td>
<td>4634</td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Vehicles; registration; renewal deadline for vehicle registration; modify to provide a grace period under certain circumstances. (Rep. B. Giardon)</td>
</tr>
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<tr>
<td>149</td>
<td>4787</td>
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<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Crimes; other; coercing female to have an abortion against her will; prohibit, and provide penalties. (Rep. A. Price)</td>
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<tr>
<td>150</td>
<td>4830</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16 #</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for crime of coercing a female to have an abortion against her will; enact. (Rep. N. Jenkins)</td>
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<tr>
<td>151</td>
<td>4984</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>6/9/16</td>
<td>Property tax; other; specific tax levied under the tax reverted clean title act; revise. (Rep. T. Barrett)</td>
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<tr>
<td>152</td>
<td>5017</td>
<td></td>
<td>Yes</td>
<td>6/9</td>
<td>6/9</td>
<td>9/7/16 #</td>
<td>Financial institutions; credit unions; credit union act; make general amendments. (Rep. A. Forlini)</td>
</tr>
<tr>
<td>153</td>
<td>5018</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16 #</td>
<td>Financial institutions; credit unions; administration and operation of credit unions; make certain revisions to credit union act. (Rep. P. Pettalia)</td>
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<tr>
<td>154</td>
<td>5019</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16 #</td>
<td>Financial institutions; credit unions; authority to organize or invest in credit union service organizations that provide trust services and other services; revise. (Rep. P. Clemente)</td>
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<tr>
<td>155</td>
<td>5020</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16 #</td>
<td>Financial institutions; credit unions; examinations by department of insurance and financial services; revise requirements and provide for confidentiality of certain documents. (Rep. L. Theis)</td>
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<tr>
<td>156</td>
<td>5021</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16 #</td>
<td>Financial institutions; credit unions; credit union act; revise provisions relating to mergers. (Rep. T. Barrett)</td>
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<tr>
<td>157</td>
<td>5022</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16 #</td>
<td>Financial institutions; credit unions; loan promotion raffles; authorize. (Rep. L. Love)</td>
</tr>
<tr>
<td>158</td>
<td>5131</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>7/1/16</td>
<td>Individual income tax; withholding requirements; flow-through entity withholdings; eliminate. (Rep. J. Farrington)</td>
</tr>
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<tr>
<td>159</td>
<td>5132</td>
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<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Sales tax: exemptions; taxation of direct mail; comply with streamlined sales and use tax agreement. (Rep. J. Farrington)</td>
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<td>160</td>
<td>5133</td>
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<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Use tax: exemptions; taxation of direct mail; comply with streamlined sales and use tax agreement. (Rep. W. Byrd)</td>
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<td>161</td>
<td>5247</td>
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<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Vehicles: equipment; use of green and amber lights on snowplow vehicles; allow. (Rep. R. VerHeulen)</td>
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<td>162</td>
<td>5251</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Financial institutions: banks; loan promotion raffles; authorize for state banks. (Rep. B. Iden)</td>
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<tr>
<td>163</td>
<td>0752</td>
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<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Crimes: gambling; loan promotion raffles by state banks; exclude from gambling and lottery crimes. (Sen. P. MacGregor)</td>
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<tr>
<td>164</td>
<td>5395</td>
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<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>6/9/16</td>
<td>Environmental protection: sewage; grant program for sewage collection and treatment systems; expand options for certain systems at risk of failure. (Rep. J. Johnson)</td>
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<tr>
<td>165</td>
<td>0453</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Courts: district court; residency requirement for magistrate in the third class district courts; expand. (Sen. R. Jones)</td>
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<tr>
<td>166</td>
<td>0637</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Agriculture; other; grass seed test period and certain label requirements; modify. (Sen. J. Hune)</td>
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<tr>
<td>167</td>
<td>0656</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Occupations; collection practices; applicability of collection practices provisions of occupational code to repossession and certain other collection practices; modify. (Sen. R. Jones)</td>
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<tr>
<td>168</td>
<td>0657</td>
<td></td>
<td>Yes</td>
<td>6/8</td>
<td>6/9</td>
<td>9/7/16</td>
<td>Consumer credit; collection practices; applicability of collection practices statute to repossession and certain other collection activities; modify. (Sen. R. Jones)</td>
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</tbody>
</table>
| 169   | 0569| Yes | Yes   | 6/8               | 6/9        | 9/7/16         | Local government; financing; municipal budget stabilization fund; increase.  
(Sen. M. Nofs) |
| 170   | 4493| Yes | Yes   | 6/13              | 6/14       | 6/14/16        | Education; curriculum; genocide education; provide for, and define teacher for purposes of teacher performance evaluation system.  
(Rep. K. Kesto) |
| 171   | 4656| Yes | Yes   | 6/12              | 6/14       | 9/12/16        | Drains; other; entry on property for drain maintenance project; require written notification to property owner.  
(Rep. J. Johnson) |
| 172   | 4796| Yes | Yes   | 6/12              | 6/14       | 9/12/16        | Veterans; employment; employment protections for National Guard members who work outside of the state where they mobilize; provide for.  
(Rep. R. Franz) |
| 173   | 0481| Yes | Yes   | 6/12              | 6/14       | #              | Local government; authorities; recreational authorities act; clarify regarding use of tax proceeds by a recreational authority.  
(Sen. D. Booher) |
| 174   | 4578| Yes | Yes   | 6/12              | 6/14       | #              | Local government; authorities; recreational authorities act; revise to include school districts.  
(Rep. P. Potvin) |
| 175   | 0748| Yes | Yes   | 6/12              | 6/14       | #              | Financial institutions; banks; fees and examinations of state banks in banking code of 1999; revise, and establish state bank regulatory fund.  
(Sen. D. Booher) |
| 176   | 0749| Yes | Yes   | 6/12              | 6/14       | #              | Financial institutions; banks; general definitions in banking code of 1999; revise.  
(Sen. D. Zorn) |
| 177   | 0750| Yes | Yes   | 6/12              | 6/14       | #              | Financial institutions; banks; permissible investments by state banks; revise.  
(Sen. M. Nofs) |
| 178   | 0858| Yes | Yes   | 6/12              | 6/14       | 9/12/16        | Family law; paternity; revocation of paternity in cases where a child's birth is the result of criminal sexual conduct; clarify.  
(Sen. R. Jones) |

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<tr>
<td>179</td>
<td>0844</td>
<td>Yes</td>
<td>6/12</td>
<td>6/14/16</td>
<td>Property: conveyances; state-owned property in Ingham County; provide for conveyance. (Sen. R. Jones)</td>
<td></td>
</tr>
<tr>
<td>180</td>
<td>0901</td>
<td>Yes</td>
<td>6/12</td>
<td>6/14/16</td>
<td>Liquor: licenses; issuance of a national sporting event license; expand to include United States Golf Association Amateur Championship. (Sen. M. Kowall)</td>
<td></td>
</tr>
<tr>
<td>181</td>
<td>4817</td>
<td>Yes</td>
<td>6/15</td>
<td>6/16/16</td>
<td>Individual income tax; other; Michigan junior achievement fund act; create. (Rep. B. Iden)</td>
<td></td>
</tr>
<tr>
<td>182</td>
<td>4818</td>
<td>Yes</td>
<td>6/15</td>
<td>6/16/16</td>
<td>Individual income tax; checkoff; donation to the Michigan junior achievement fund act; provide check-off option. (Rep. B. Iden)</td>
<td></td>
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<tr>
<td>183</td>
<td>0428</td>
<td>Yes</td>
<td>6/15</td>
<td>6/16/16</td>
<td>Individual income tax; other; American Red Cross Michigan fund act; create. (Sen. R. Jones)</td>
<td></td>
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<tr>
<td>184</td>
<td>0429</td>
<td>Yes</td>
<td>6/15</td>
<td>6/16/16</td>
<td>Individual income tax; checkoff; American Red Cross Michigan fund; provide check-off option. (Sen. R. Jones)</td>
<td></td>
</tr>
<tr>
<td>185</td>
<td>0251</td>
<td>Yes</td>
<td>6/20</td>
<td>6/21/16</td>
<td>Courts: other; consent calendar for juveniles; create. (Sen. J. Proos)</td>
<td></td>
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<tr>
<td>186</td>
<td>0632</td>
<td>Yes</td>
<td>6/20</td>
<td>pending</td>
<td>Courts: jurisdiction; jurisdiction on appeals from orders and judgments of the probate court; provide to the court of appeals. (Sen. T. Schuitmaker)</td>
<td></td>
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<tr>
<td>187</td>
<td>0672</td>
<td>Yes</td>
<td>6/20</td>
<td>9/19/16</td>
<td>Torts: liability; parental waiver of liability for minor; expand to include camping activities. (Sen. G. Hansen)</td>
<td></td>
</tr>
<tr>
<td>188</td>
<td>0774</td>
<td>Yes</td>
<td>6/20</td>
<td>9/19/16</td>
<td>Food: other; vending machine locations; classify as food establishments, provide for state inspections, and assess fees against base location. (Sen. J. Hune)</td>
<td></td>
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<td>189</td>
<td>0957</td>
<td></td>
<td>Yes</td>
<td>6/20</td>
<td>6/21</td>
<td>6/21/16</td>
<td>Health facilities; quality assurance assessments; state retention amount from funds generated through hospital assessments; revise. (Sen. J. Marleau)</td>
</tr>
<tr>
<td>190</td>
<td>5521</td>
<td></td>
<td>Yes</td>
<td>6/20</td>
<td>6/21</td>
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<td># Children; foster care; keeping siblings together in foster care placements; require under certain conditions. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>191</td>
<td>0483</td>
<td></td>
<td>Yes</td>
<td>6/20</td>
<td>6/21</td>
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<td># Children; children's rights; rights for siblings to be placed together in foster care or to have sibling visitation; establish, and change husband and wife to spouse in the Michigan adoption code. (Sen. R. Jones)</td>
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<tr>
<td>192</td>
<td>5384</td>
<td></td>
<td>Yes</td>
<td>6/21</td>
<td>6/21</td>
<td>6/21/16</td>
<td># Education; school districts; education district; create to be successor to qualifying school district, and provide for certain reforms. (Rep. D. Garcia)</td>
</tr>
<tr>
<td>193</td>
<td>5383</td>
<td></td>
<td>Yes</td>
<td>6/21</td>
<td>6/21</td>
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<td># Education; financing; community district education trust fund; create. (Rep. A. Price)</td>
</tr>
<tr>
<td>194</td>
<td>5387</td>
<td></td>
<td>Yes</td>
<td>6/21</td>
<td>6/21</td>
<td>9/19/16</td>
<td>Education; employees; enforcement actions against public school employers and employees involved in a prohibited lockout or strike; modify procedures and sanctions. (Rep. D. Garcia)</td>
</tr>
<tr>
<td>195</td>
<td>0711</td>
<td></td>
<td>Yes</td>
<td>6/21</td>
<td>6/21</td>
<td>6/21/16</td>
<td># State financing and management; authorities; Michigan financial review commission; expand to include certain school districts. (Sen. G. Hansen)</td>
</tr>
<tr>
<td>196</td>
<td>0820</td>
<td></td>
<td>Yes</td>
<td>6/21</td>
<td>6/21</td>
<td>6/21/16</td>
<td># Public employees and officers; ethics; superintendent or chairperson of a qualified school district, member of a financial review commission, emergency manager, and transition manager; include in exemptions from incompatible offices. (Sen. G. Hansen)</td>
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<tr>
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<td></td>
<td>Yes</td>
<td>6/21</td>
<td>6/21</td>
<td>6/21/16</td>
<td># Local government; financing; emergency municipal loan act; modify criteria for issuance of loans. (Sen. G. Hansen)</td>
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<tr>
<td>198</td>
<td>0809</td>
<td></td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
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<td>Veterans; other; veterans' ombudsman; create. (Sen. P. MacGregor)</td>
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<td>5332</td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
<td>9/20/16</td>
<td>Veterans: other; definition of veteran; modify. <em>(Rep. T. Barrett)</em></td>
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<td>5333</td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
<td>9/20/16 #</td>
<td>Veterans: other; definition of veteran; update in the veterans' military pay act. <em>(Rep. D. Maturen)</em></td>
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<td>203</td>
<td>5336</td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
<td>9/20/16 #</td>
<td>Veterans: other; definition of veteran; update in state personal identification act. <em>(Rep. H. Hughes)</em></td>
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<td>204</td>
<td>5337</td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
<td>9/20/16 #</td>
<td>Veterans: other; definition of veteran; update in department of management and budget act. <em>(Rep. L. Cox)</em></td>
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<td>205</td>
<td>5338</td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
<td>9/20/16 #</td>
<td>Veterans: other; definition of veteran; update in the veteran right to employment services act. <em>(Rep. H. Vaupel)</em></td>
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<td>5339</td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
<td>9/20/16 #</td>
<td>Health: diseases; definition of veteran; update in the public health code. <em>(Rep. P. Lucido)</em></td>
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<td>207</td>
<td>5340</td>
<td>Yes</td>
<td>6/21</td>
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<td>Veterans: other; definition of veteran; update in the private employer's veterans' preference policy act. <em>(Rep. J. Bizon)</em></td>
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<td>5341</td>
<td>Yes</td>
<td>6/21</td>
<td>6/22</td>
<td>9/20/16 #</td>
<td>Veterans: other; definition of veteran; update in the veterans' relief fund act. <em>(Rep. J. Bizon)</em></td>
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<td>Veterans: other; definition of veteran; update in the bonds to provide service bonus for Vietnam veterans act. (Rep. L. Theis)</td>
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<td>Veterans: other; definition of veteran for individuals seeking license or qualification for a trade, occupation, or apprenticeship; update. (Rep. R. Kosowski)</td>
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<td>Veterans: other; definition of veteran; update in the preference for public employment act. (Rep. J. Sheppard)</td>
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<td>Individual income tax; veterans; definition of veteran; update in the income tax act. (Rep. L. Inman)</td>
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<td>Veterans: other; definition of veteran; update in the veterans’ facility act. (Rep. L. Chatfield)</td>
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<td>214</td>
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<td>Veterans: other; definition of veteran; update in the license to sell goods act. (Rep. T. Cole)</td>
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<td>Yes</td>
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<td>Veterans: other; definition of veteran and period of war for purposes of compensating an estate for burial expenses; modify. (Rep. M. Whiteford)</td>
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<td>Veterans: trust fund; definition of veteran and period of war for purposes of the veterans’ trust fund; modify. (Rep. G. Howell)</td>
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<td>218</td>
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<td>Veterans: other; reference to federal code periods of war; update. (Rep. H. Hughes)</td>
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<td>5551</td>
<td>Yes</td>
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<td>Traffic control; driver license; definition of veteran on driver license; revise. (Rep. T. Barrett)</td>
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<td>0914</td>
<td>Yes</td>
<td>6/22</td>
<td>6/23</td>
<td>6/23/16</td>
<td>State financing and management; funds; appropriation cap on disaster and emergency contingency fund; increase. (Sen. M. Nofs)</td>
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<td>221</td>
<td>0292</td>
<td>No</td>
<td>6/22</td>
<td>6/23</td>
<td>**</td>
<td>State financing and management; budget; governor's executive budget; require to include reporting of unfunded accrued liabilities. (Sen. J. Proos)</td>
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<td>Yes</td>
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<td>Economic development; obsolete property and rehabilitation; sunset on obsolete property rehabilitation act; extend. (Sen. K. Horn)</td>
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<td>6/23</td>
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<td>State financing and management; funds; Michigan infrastructure fund; create. (Sen. D. Hildenbrand)</td>
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<td>0599</td>
<td>Yes</td>
<td>6/22</td>
<td>6/23</td>
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<td>Property; recording; fees for recording documents; revise. (Sen. P. MacGregor)</td>
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<td>0600</td>
<td>Yes</td>
<td>6/22</td>
<td>6/23</td>
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<td>Liens; other; liens for labor on oil and gas wells; clarify fee for recording and indexing a statement claiming a lien. (Sen. P. MacGregor)</td>
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<td>226</td>
<td>0601</td>
<td>Yes</td>
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<td>Liens; other; federal tax liens; modify fee for filing and indexing liens and notices. (Sen. D. Zorn)</td>
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<td>227</td>
<td>0602</td>
<td>Yes</td>
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<td>Liens; other; state tax liens; modify fee for recording or filing and indexing liens and notices. (Sen. D. Zorn)</td>
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<td>Liens; other; fee for recording or discharging lien; modify in the Michigan employment security act. (Sen. D. Booher)</td>
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<td>0692</td>
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<td>Mental health; code; reference to deaf and &quot;hearing impaired&quot;; revise to deaf, deafblind, and &quot;hard of hearing&quot;. <em>(Sen. D. Zorn)</em></td>
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<td>240</td>
<td>0693</td>
<td>Yes</td>
<td>6/23</td>
<td>6/24</td>
<td>9/22/16</td>
<td>Disabilities; other; title of division on deafness act; revise to division on deaf, deafblind, and hard of hearing. <em>(Sen. M. O'Brien)</em></td>
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<td>0694</td>
<td>Yes</td>
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<td>9/22/16</td>
<td>Disabilities; other; reference to &quot;deaf, deafblind, and hearing impaired&quot; in the department of civil rights; revise. <em>(Sen. R. Warren)</em></td>
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<td>6/24</td>
<td>9/22/16</td>
<td>Crimes; intoxication or impairment; operating a motor vehicle under the influence of alcohol or a controlled substance, or both; amend certain definitions and procedures. <em>(Sen. R. Jones)</em></td>
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<td>6/24</td>
<td>9/22/16</td>
<td>Law enforcement; investigations; pilot program to use preliminary drug testing at roadside stop and add certain definitions; create. <em>(Sen. T. Casperson)</em></td>
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<td>6/24/16</td>
<td>Communications; emergency 9-1-1; certain requirements of multiline telephone systems to identify the specific location of 9-1-1 calls; modify implementation date. <em>(Sen. M. Shirkey)</em></td>
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<td>245</td>
<td>5701</td>
<td>Yes</td>
<td>6/23</td>
<td>6/24</td>
<td>6/24/16</td>
<td>State financing and management; purchasing; sale of certain state transportation department equipment; require to offer to local units of government first. <em>(Rep. L. Inman)</em></td>
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<tr>
<td>246</td>
<td>0105</td>
<td>Yes</td>
<td>6/23</td>
<td>6/24</td>
<td>9/22/16</td>
<td>Highways; bridges; movable bridge fund; create, and require oversight of publicly owned movable bridges by department of transportation. <em>(Sen. M. Green)</em></td>
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<td>247</td>
<td>0523</td>
<td>Yes</td>
<td>6/23</td>
<td>6/24</td>
<td>9/22/16</td>
<td>History and arts; historic sites; Native American historical recognition program; create. <em>(Sen. W. Schmidt)</em></td>
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<tr>
<td>248</td>
<td>5631</td>
<td>Yes</td>
<td>6/23</td>
<td>6/24</td>
<td>9/22/16</td>
<td>Natural resources; funding; forest development fund; modify allowable uses. <em>(Rep. A. Pscholka)</em></td>
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<td>Yes</td>
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<td>9/26/16</td>
<td>Agriculture; animals; provision related to breeding of horses; repeal. (Rep. D. Pagel)</td>
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<td>Yes</td>
<td>6/27</td>
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<td>Taxation; specific tax; provision related to collection of specific taxes; repeal. (Rep. E. Canfield)</td>
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<td>9/26/16</td>
<td>Agriculture; animals; provision related to immature or unwholesome calves, pigs, kids, and lambs; repeal. (Rep. T. Cole)</td>
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<td>Agriculture; diseases and pests; provision related to nursery agent permit and fee; repeal. (Rep. M. Howrylak)</td>
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<td>Agriculture; other; provision related to silos treated with polychlorinated biphenyls; repeal. (Rep. J. Bizon)</td>
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<td>Agriculture; animals; provision related to started pullets; repeal. (Rep. T. Barrett)</td>
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<td>9/26/16</td>
<td>Agriculture; animals; provision related to livestock and poultry remedies; repeal. (Rep. J. Sheppard)</td>
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<td>Agriculture; products; regulation of purity, germination, and other seed testing; provide for. (Rep. B. Roberts)</td>
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<td><strong>Food</strong>: milk; reference to federal recommendations in the definition of pasteurized milk ordinance in the grade A milk law of 2001; update. <em>(Sen. M. Green)</em></td>
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<td>0651</td>
<td>Yes</td>
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<td><strong>Taxation</strong>: specific tax; transitional qualified forest property specific tax for properties previously enrolled in commercial forest program; create, and provide for transition into the qualified forest program. <em>(Sen. D. Booher)</em></td>
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<td><strong>Property tax</strong>: exemptions; exemption for transitional qualified forest property; create. <em>(Sen. D. Booher)</em></td>
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<td>6/28/16</td>
<td><strong>Natural resources</strong>: forests; withdrawal of properties enrolled in commercial forest program; permit without penalty for transitional qualified forest property. <em>(Sen. T. Casperson)</em></td>
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<td>263</td>
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<td>Yes</td>
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<td>6/28</td>
<td>9/26/16</td>
<td><strong>Trade</strong>: other; farm produce in possession of failed grain dealer; establish lien and revise allocation of proceeds. <em>(Sen. J. Stamas)</em></td>
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<td>264</td>
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<td>6/27</td>
<td>6/28</td>
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<td><strong>Trade</strong>: other; payment of producer premiums into farm produce insurance fund; revise requirements. <em>(Sen. J. Hune)</em></td>
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<td>Yes</td>
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<td>6/28</td>
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<td><strong>Land use</strong>: farmland and open space; development rights agreements; modify terms for processing and relinquishment. <em>(Rep. D. Lauwers)</em></td>
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<td>266</td>
<td>5190</td>
<td>Yes</td>
<td>6/27</td>
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<td><strong>Individual income tax</strong>: administration; earmark for unclaimed farmland tax credits and filing requirements; provide for and clarify. <em>(Rep. B. Roberts)</em></td>
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<td><strong>Taxation</strong>: administration; calculation of interest penalties related to certain credits; provide for. <em>(Rep. D. Lauwers)</em></td>
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* - 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.
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<table>
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<tr>
<th>PA No.</th>
<th>HB</th>
<th>SB</th>
<th>I.E.*</th>
<th>Governor Approved</th>
<th>Filed Date</th>
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<td>10/1/16</td>
<td><strong>Human services; county services; sunset on administrative rate for foster care services; extend. (Rep. E. Poleski)</strong></td>
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<td><strong>Vehicles; registration; disposition and use of revenues from increases in fees; modify. (Rep. L. Inman)</strong></td>
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<td>4344</td>
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<td><strong>Occupations; vehicles, dealers and repair facilities; motor vehicle service and repair act; make general revisions. (Rep. P. Pettalia)</strong></td>
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<td>0363</td>
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<td><strong>Natural resources; Great Lakes; payment for occupying waters or bottomlands; reduce, or waive in certain circumstances. (Sen. T. Casperson)</strong></td>
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<td>0557</td>
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<td><strong>Transportation; funds; requirement that cities and villages bear a portion of the cost of opening, widening, and improving state trunk line highways; eliminate. (Sen. M. Knollenberg)</strong></td>
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</table>

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