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)
Gretchen Whitmer, Governor

Garlin Gilchrist, 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.

CITATION TO THE MICHIGAN REGISTER

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

CLOSING DATES AND PUBLICATION SCHEDULE

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

The Michigan Office of Administrative Hearings and Rules is not responsible for the editing and proofreading of documents submitted for publication.

Documents submitted for publication should be delivered or mailed in an electronic format to the following address: MICHIGAN REGISTER, Michigan Office of Administrative Hearings and Rules, Ottawa Building – Second Floor, 611 W. Ottawa, Lansing, MI 48909
RELATIONSHIP TO THE MICHIGAN ADMINISTRATIVE CODE
The Michigan Administrative Code (1979 edition), which contains all permanent administrative rules in effect as of December 1979, was, during the period 1980-83, updated each calendar quarter with the publication of a paperback supplement. An annual supplement contained those permanent rules, which had appeared in the 4 quarterly supplements covering that year.

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

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

INTERNET ACCESS
The Michigan Register can be viewed free of charge on the Internet web site of the Michigan Office of Administrative Hearings and Rules: www.michigan.gov/lara/0,4601,7-154-89334_10576_92306---,00.html.

Issue 2000-3 and all subsequent editions of the Michigan Register can be viewed on the Michigan Office of Administrative Hearings and Rules 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.
<table>
<thead>
<tr>
<th>Issue No.</th>
<th>Closing Date for Filing or Submission</th>
<th>Publication Date</th>
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<tbody>
<tr>
<td>1</td>
<td>January 15, 2019</td>
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<td>July 15, 2019</td>
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<td>August 1, 2019</td>
<td>August 15, 2019</td>
</tr>
<tr>
<td>15</td>
<td>August 15, 2019</td>
<td>September 1, 2019</td>
</tr>
</tbody>
</table>
CONTENTS

ADMINISTRATIVE RULES FILED
WITH SECRETARY OF STATE

Department of Licensing & Regulatory Affairs
Wage and Hour (2019-025)
Wage and Hour Division General Rules.................................................................2-4

PROPOSED ADMINISTRATIVE RULES,
NOTICES OF PUBLIC HEARINGS

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems (2017-095)
Complaints ..............................................................................................................6-7
Public Hearing Notice .............................................................................................8-9

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems (2017-096)
Public Inspection of License Records .................................................................10-10
Public Hearing Notice .............................................................................................11-12

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems (2017-097)
Hospice Licensure Rules ......................................................................................13-29
Public Hearing Notice .............................................................................................30-31

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems (2017-098)
Minimum Standards for Hospitals ......................................................................32-44
Public Hearing Notice .............................................................................................45-46

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems (2017-099)
Nursing Homes and Nursing Care Facilities .................................................47-108
Public Hearing Notice .............................................................................................109-110

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems (2017-100)
Freestanding Surgical Outpatient Facilities .............................................111-125
Public Hearing Notice .............................................................................................126-127

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems (2017-101)
Licensing Health Facilities or Agencies ..........................................................128-176
Public Hearing Notice .............................................................................................177-178
Department of Licensing & Regulatory Affairs
Bureau of Professional Licensing (2018-033)
  Board of Nursing – General Rules ................................................................. 179-207
  Public Hearing Notice ............................................................................... 208-209

Department of Licensing & Regulatory Affairs
Marihuana Regulatory Agency (2018-095)
  Michigan Medical Marihuana ................................................................. 210-216
  Public Hearing Notice ......................................................................... 217-217

Department of Environment, Great Lakes and Energy
Gas, & Minerals Division (2019-001)
  Oil and Gas Operations ........................................................................ 218-222
  Public Hearing Notice ......................................................................... 223-224

EXECUTIVE ORDERS
AND
EXECUTIVE REORGANIZATION ORDERS

Executive Order No. 2019-10
  Michigan Joint Task Force on Jail and Pretrial Incarceration ................. 226-231

MICHIGAN ADMINISTRATIVE CODE TABLE

Table (2019 Session) ............................................................................. 233-236

CUMULATIVE INDEX

Cumulative Index (2019) ........................................................................ 237-240

BILLS SIGNED INTO LAW OR VETOED

Appendix Table 1 (2018 Session) (Legislative Service Bureau Pages (1-76) .... 241-241
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:

* * *

(f) Administrative rules filed with the secretary of state.”
ADMINISTRATIVE RULES
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
WAGE AND HOUR DIVISION
GENERAL RULES

Filed with the secretary of state on April 29, 2019

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.444, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of licensing and regulatory affairs by section 6 of the improved workforce opportunity wage act, 2018 PA 337, MCL 408.936, and Executive Reorganization No. 2016-3, MCL 408.431)

R 408.701, R 408.706, R 408.777, R 408.778, and R 408.785 of the Michigan Administrative Code are amended as follows:

PART 1. GENERAL PROVISIONS

R 408.701 Definitions.

Rule 1. As used in these rules:
(a) "Act" means the improved workforce opportunity wage act, 2018 PA 337, MCL 408.931 to 408.945.
(b) "Administrative capacity" means an employee to whom all of the following apply:
   (i) Compensation is on a salary basis at no less than the federal standard salary level per week for overtime exempt employees.
   (ii) The employee’s primary duty is the performance of office or non-manual work directly related to the management or general business operations of the employer.
   (iii) The employee uses discretion and independent judgment in matters of significance.
   (c) "Commission" means all earnings of an employee, in addition to the hourly rate of pay, which the employee has been led to expect on a regular basis as a result of an employment contract, agreement, or promise.
   (d) "Compensatory time" means paid time off earned at 1½ times the regular hours worked in excess of 40 hours in a week and paid at some future time.
   (e) “Department” means the department of licensing and regulatory affairs.
   (f) “Executive capacity” means an employee to whom all of the following provisions apply:
      (i) Compensation is on a salary basis at not less than the federal standard salary level per week for overtime exempt employees.
      (ii) The employee's primary duty is management.
      (iii) The employee supervises 2 or more employees.
(g) “Fee” means a fixed amount for a service provided or job completed regardless of time required for completion.

(h) "Paid time off " means compensation for time off paid to the employee for vacation, personal time, or sick time.

(i) "Professional employee" means an employee who is compensated on a salary or fee basis at no less than the federal standard salary level per week for overtime exempt employees and whose primary duty is any of the following:

   (i) Work in a field of science or learning that requires knowledge acquired by a prolonged course of specialized instruction.

   (ii) Work in a recognized field of artistic endeavor that depends upon the talent of the employee.

   (iii) Work in an educational institution as a teacher, tutor, instructor, or lecturer.

(j) "Salary" means payment of a fixed amount not subject to reduction because of variations in the quantity or quality of work performed.

(k) “Tipped employee” means an employee who receives gratuities and meets the requirements found in section 4d of the act, MCL 408.934d.

(l) "Workweek," as applied to an employee, means a fixed and regular recurring period of 168 hours or 7 consecutive 24-hour periods. Workweek need not coincide with the calendar week, but may begin on any day and at any hour of the day. For purposes of computing overtime pay, a single workweek may be established for 1 employee or different workweeks may be established for different employees or groups of employees.

R 408.706 Complaint; filing date; time limitation.

6. (1) A complaint shall be considered filed with the department as of the date it is received by the department.

(2) A claim must be filed with the department within 3 years of the date of the alleged violation.

(3) As used in this rule, “claim” means a form or other written statement received by the department from an employee, for work performed in Michigan, that provides the name and address of the claimant, name and address of the employer, date or dates the alleged violation occurred, and an estimate of the amount of minimum wages or overtime wages, or both, alleged due.

WAGE DEVIATION

R 408.777 Wage deviation certificate; application; specifications; duration; issuance and denial; amendment.

7. (1) An application for a wage deviation certificate shall be filed by a rehabilitation facility or by a private sector employer seeking to pay a deviated wage rate to handicapped workers not covered under section 14(c) of the fair labor standards act of 1938, as amended, 29 U.S.C. 214. A unit of rehabilitation facility having an identifiable program that operates at a different location under separate supervision shall file a separate application for a wage deviation certificate.

(2) A certificate must specify the terms and conditions under which it is granted.

(3) A certificate takes effect on the date issued and is effective for 12 months. Handicapped workers may be paid a deviated wage rate only during the effective period of the certificate.

(4) If a certificate is issued by the director, a copy shall be sent to the rehabilitation facility or private sector employer. If denied, the applicant must be notified in writing of the denial and the reasons for the denial and of the right of appeal provided for in R 408.784 and R 408.785.
(5) The terms of a certificate may be amended upon written request from a rehabilitation facility or private sector employer and subsequent approval by the director.

R 408.778 Certification of applications for private sector employment.

Rule 8. (1) An application for a wage deviation certificate submitted by a private sector employer not meeting the definition of a rehabilitation facility requires certification by either the Michigan rehabilitation services in the Michigan department of health and human services or the bureau of services for blind persons in the department, or both.

(2) Certification by the bureau of services for blind persons is required if the worker covered under the certificate is legally blind, as determined pursuant to section 1(a) of 1978 PA 260, MCL 393.351(a). All other applicants shall be certified by the Michigan rehabilitation services.

(3) Certification must involve a determination that the productive capacity of the handicapped worker to be covered by the certificate is genuinely impaired by a physical or mental disability and that the handicapped worker is to be paid a commensurate wage.

R 408.785 Appeal to circuit court; finality of resolution.

Rule 15. (1) A rehabilitation facility or private sector employer aggrieved by the decision of the director following a hearing under R 408.783 and R 408.784 may, within 60 days after date of mailing of the decision, appeal to the circuit court by filing a petition for review pursuant to the provisions of chapter 6 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.301 to 24.306.

(2) A decision by the director to cancel or deny a certificate pursuant to R 408.783 and R 408.784 that is not appealed to circuit court within 60 days after the date of mailing, is final.
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 CONSUMER AND INDUSTRY SERVICES-LICENSING AND REGULATORY AFFAIRS

BUREAU OF HEALTH SYSTEMS

OFFICE OF THE DIRECTOR

COMPLAINTS

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


R 325.1213, R 325.1214, R 325.1215, R 325.1216, and R 325.1217 of the Michigan Administrative Code are rescinded as follows:

R 325.1213 Definitions. Rescinded.

Rule 3. As used in these rules:

(a) "Complainant" means a person other than the department who files a complaint about a licensee, certificate holder, or permittee regulated by the department.
(b) "Department" means the department of public health.
(c) "Director" means the director of public health.
(d) "Person" means an individual, partnership, copartnership, corporation, association, body politic, or state agency other than the department.
(e) "Respondent" means a licensee, certificate holder, or permittee who is complained against.

R 325.1214 Applicability. Rescinded.

Rule 4. These rules govern the administrative procedures established for the handling of a complaint filed by any person and provide an additional procedure to any procedure established now or hereafter.

R 325.1215 Complaints. Rescinded.

Rule 5. (1) A complaint shall be in writing and signed by the complainant.
(2) A complaint shall be limited to matters involving an alleged unlawful or unreasonable act, practice, or a violation of an applicable law or rule affecting the complainant or, in the case of a public interest group, affecting the public or a portion thereof.

(3) A facility licensed or certified for the purpose of treating or maintaining patients or residents on an in-patient basis may be complained of by a relative or spouse of a patient or resident, by a public health official not a member of the department, by an employee of the facility if the complaint does not relate to the terms or conditions of employment, or by a public interest group having legal status and a legitimate interest in the quality of care provided in such facilities.

R 325.1216 Receipt and disposition of complaints. Rescinded.

Rule 6. (1) A complaint shall be filed with the director or his designated representative.

(2) A complaint shall be given a file number, a file established, and a letter of acknowledgment sent to the complainant.

(3) A complaint shall be investigated according to a priority established by the director or his designated representative and a memorandum of the investigation prepared and placed in the complaint file.

(4) The memorandum written following investigation of a complaint with copy to the involved complainant and respondent shall detail:

(a) Brief description of the complaint.

(b) Investigatory findings.

(c) Recommendations for indicated change or correction of deficiencies or items of noncompliance.

(d) Need for follow-up if indicated.

(5) A letter shall be sent to the complainant and the respondent following investigation of the complaint informing them generally of any action taken.

R 325.1217 Hearings on complaints. Rescinded.

Rule 7. (1) A complainant may request a hearing on his complaint if he is dissatisfied with the investigation or its results.

(2) A request for a hearing shall be submitted in writing to the director within 30 days after receipt of the letter specified in R 325.1216(5).

(3) Notice of the complaint and the time and place of the hearing shall be sent to the respondent.

(4) The hearing shall be conducted informally by the director or his designated representative at the department's offices or such other place as the director may designate.

(5) The complainant and the respondent may present evidence at the hearing and be represented by legal counsel.

(6) A complainant or a respondent shall have access to the complaint file and its content by appointment at a mutually convenient time in the department's offices.
NOTICE OF PUBLIC HEARING

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

NOTICE OF PUBLIC HEARING
Thursday, June 6, 2019
2:00 pm

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

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

**Licensing Health Facilities or Agencies (ORR # 2017-101 LR LR)**


**Overview:** This new single set of administrative rules replaces six individual rules sets for the licensing health facilities and agencies. This new rule set has been updated to comport with current practice standards, to harmonize them with current federal law and regulations, and to reflect the current organization of state licensing functions. The purpose of promulgating a single new rule set for health facility or agency licensing is to better protect the health safety and welfare of individuals receiving care and services in or from a health facility or agency and to assure the medical accountability for reimbursed care provided by a certified health facility or agency participating in a federal or state health program.

**Complaints (ORR # 2017-095 LR)**


**Public Inspection of License Records (ORR # 2017-096 LR)**


**Hospice and Hospice Residences (ORR # 2017-097 LR)**


**Minimum Standards for Hospitals (ORR # 2017-098 LR)**

**Authority:** By authority conferred on the department of licensing and regulatory affairs by sections 2226(d), 2233, and 20171 of the public health code, 1978 PA 368, MCL 333.2226 (d), 333.2233, and 333.20171, section
Nursing Homes and Nursing Care Facilities (ORR # 2017-099 LR)


Freestanding Surgical Outpatient Facilities (ORR # 2017-100 LR)


**Overview:** The above 6 rules sets are being rescinded and replaced by one new single rule set: licensing health facilities and agencies (2017-101 LR).

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 Friday, June 7, 2019 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: LARA-BCHS-Training@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:  
https://dtmb.state.mi.us/DTMBORR/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) 241-7500.
These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


R 325.1281 and R 325.1282 of the Michigan Administrative Code are rescinded as follows:

R 325.1281 "License" and "license records" defined. Rescinded.
  Rule 1. (1) A "license" includes a permit, certificate, approval, registration, or similar form of permission required by law.
  (2) "License records" include the copy of the application for the license, a copy of the license, copies of reports of inspections made by or for the department, responses of the applicant thereto, and memoranda or other written communications with the licensee pertaining to the granting or denial of a license.

R 325.1282 Public inspection and copying of license records; charges. Rescinded.
  Rule 2. (1) License records are available for public inspection and copying by request to the appropriate bureau in the office where the official records are kept during business hours on the days when the bureau is open for business.
  (2) Requested copies of license records shall be made by designated personnel of the bureau in which the records are kept. The bureau may charge in accord with established departmental policy for making copies of such records.
  (3) License records shall be available for public inspection and copying as soon as they are received by the applicant.
NOTICE OF PUBLIC HEARING

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

NOTICE OF PUBLIC HEARING
Thursday, June 6, 2019
2:00 pm
Location: G. Mennen Williams Building - Auditorium
525 W. Ottawa Street, Lansing, Michigan

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

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**Nursing Homes and Nursing Care Facilities (ORR # 2017-099 LR)**


**Overview:** The above 6 rules sets are being rescinded and replaced by one new single rule set: licensing health facilities and agencies (2017-101 LR).

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 Friday, June 7, 2019 at the following address or e-mail address:

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
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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: [https://dtmb.state.mi.us/DTMBORR/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Community+and+Health+Systems](https://dtmb.state.mi.us/DTMBORR/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) 241-7500.
These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


R 325.13101, R 325.13102, R 325.13104, R 325.13105, R 325.13106, R 325.13107, R 325.13108, R 325.13109, R 325.13111, R 325.13112, R 325.13201, R 325.13203, R 325.13204, R 325.13205, R 325.13207, R 325.13208, R 325.13211, R 325.13213, R 325.13301, R 325.13302, R 325.13303, R 325.13304, R 325.13306, R 325.13307, R 325.13308, R 325.13309, R 325.13501, R 325.13503, R 325.13505, R 325.13507, R 325.13509, R 325.13511, R 325.13513, R 325.13515, R 325.13517, R 325.13519, R 325.13521, R 325.13523, R 325.13525, R 325.13527, R 325.13529, R 325.13531, R 325.13533, R 325.13535, R 325.13537, R 325.13539, and R 325.13541

of the Michigan Administrative Code are rescinded as follows:

**PART 1. GENERAL PROVISIONS**

R 325.13101 Definitions. Rescinded.

- Rule 101. (1) As used in these rules:
  - (a) "Applicant" means a person applying to the department for a hospice license.
  - (b) "Bereavement services" means emotional, psychosocial, and spiritual support services provided to the family before and after the death of the patient to assist the family in coping with issues related to grief, loss, and adjustment.
  - (c) "Change of ownership" means a transfer of a hospice from 1 owner to another.
  - (d) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.
  - (e) "Department" means the department of licensing and regulatory affairs.
  - (f) "Governing body" means any of the following:
    - (i) The policy making body of a hospice that is a government agency.
    - (ii) The board of directors or trustees of a hospice that is a not-for-profit corporation.
    - (iii) The board of directors of a hospice that is a business corporation.
    - (iv) The proprietor or owners of a hospice that is a solely owned business or partnership.
(g) "Hospice" means a hospice as defined by section 20106 (4) of the code.
(h) "Hospice administrator" means a person who is responsible to the governing body, either directly or through the governing body's chief executive officer, for the administrative operation of a hospice.
(i) "Hospice patient" or "patient" means an individual in the terminal stage of illness who has an anticipated life expectancy of 6 months or less and who has voluntarily requested admission and been accepted into a hospice.
(j) "Hospice residence" means a hospice residence as defined by section 21401(1)(b) of the code.
(k) "Hospice staff" means the individuals who work for the hospice, including volunteers.
(l) "Interdisciplinary care team" means a group composed of, at a minimum, a doctor of medicine or osteopathy, a registered nurse, a social worker, and a pastoral or other counselor. One hospice staff member may represent more than 1 of the required disciplines on the interdisciplinary care team for which the individual is qualified to practice and is licensed if required.
(m) "Patient/family unit" means the hospice patient and the patient's relatives and/or other individuals with significant personal ties that are designated by the hospice patient and the relative or individual by mutual agreement.
(n) "Physician" means a physician licensed under part 170 or 175 of the code.
(2) The definitions and principles of construction in articles 1 and 17 and part 214 of 1978 PA 368, MCL 333.1101 to 333.1299, MCL 333.20101 to 333.22260, and MCL 333.21401 to 333.21421 apply to these rules.

R 325.13102 State and federal compliance. Rescinded.
- Rule 102. (1) A hospice that is licensed shall comply with applicable state laws and rules and shall furnish evidence as required by the department to show compliance.
- (2) A hospice that is federally certified shall comply with applicable federal regulations and shall furnish evidence as the department may require showing compliance.

R 325.13104 Patient/family unit rights and responsibilities. Rescinded.
- Rule 104. (1) A hospice shall adopt written policies and procedures to implement the rights and responsibilities of the patient/family unit as provided by sections 20201 (1) and (2) and 20202 of the code, MCL 333.20201 and 333.20202.
- (2) A hospice shall post policies and procedures described in subrule (1) of this rule in a public place inside the hospice and distribute them to a patient/family unit at the time of admission and if requested thereafter.
- (3) A hospice shall assure that information transmitted to a patient/family unit will be communicated in a manner that will reasonably ensure that the information is understood by the patient/family unit.
- (4) The procedures to initiate, investigate, and resolve complaints must include all of the following:
- (a) A statement that a patient/family unit may complain to the hospice about any condition, event, or procedure in the hospice without citing a specific violation of the code or rules.
- (b) A procedure for submitting written complaints to the hospice. The procedure includes assisting a complainant in reducing an oral complaint to writing, when the oral complaint is not resolved to the satisfaction of the complainant.
- (c) The title, location, and telephone number of the hospice staff responsible for receiving complaints and conducting complaint investigations and a procedure for how the patient/family unit contacts that individual, as well as contact information for filing a complaint with the department.
(d) A hospice shall investigate complaints within 5 working days following receipt of a complaint by the hospice and the hospice shall deliver to the complainant a written report of the results of the investigation within 15 working days following receipt of the complaint.

(e) A mechanism to appeal the matter to the hospice administrator if the complainant is not satisfied with the investigation or resolution of the complaint.

(5) A hospice shall maintain written complaints and investigations for 3 years.

R 325.13105 Complaints to department. Rescinded.

Rule 105. (1) If a person files a complaint against a hospice pursuant to section 20176 of the code, MCL 333.20176, the complaint, if alleging a nonrecurring violation, must be made within 12 months of the discovery of the violation or, if the complaint has been initially filed with the hospice, within 12 months following a final determination in the matter by the hospice. A complaint, if alleging a recurring violation, must be made within 12 months of the last alleged occurrence cited in the complaint or within 12 months following a final determination in the matter by the hospice.

(2) If a complaint is not filed within the 12-month period specified in subrule (1) of this rule, the department may consider the complaint based upon information supplied by the complainant as to the reasons for the failure to file within the 12-month period.

(3) Complaints must be in writing, indicate the name and address of the hospice, the nature of the complaint, and the complainant's name and contact information, including mailing address, telephone number, and e-mail address if available. If a complaint is oral or anonymous, the department shall gather the same information as a written complaint but will not require contact information for an anonymous complaint.

(4) Written and oral complaints, including anonymous complaints, shall be received, evaluated, and investigated, if warranted, by the department.

(5) A complainant who is dissatisfied with the written determination or investigation by the department may appeal as provided by section 20176 (2) of the code, MCL 333.20176 (2).

R 325.13106 Governing body. Rescinded.

Rule 106. (1) A hospice shall have an organized governing body that assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvements. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator shall be a hospice employee and possess education and experience required by the hospice governing body.

(2) The governing body is responsible for the establishment of policies and procedures for the management, operation, and evaluation of the hospice.

(3) The governing body shall meet according to its bylaws, but at least once a year, to carry out its legal obligations and shall keep a written record of its actions.

(4) The governing body shall appoint a hospice administrator and shall delegate to the administrator the authority for operating the hospice in accordance with policies established by the governing body.

(5) The governing body shall provide for medical direction of the hospice through a physician, or group of physicians, who is licensed under part 170 or 175 of the code to practice in this state.

(6) If the hospice discontinues operation for any reason, the governing body shall comply with the appropriate provisions set forth in R 325.13109 (1) (u) (vi).
R 325.13107  Hospice administrators—Rescinded.
   Rule 107. (1) The hospice administrator shall direct the hospice and ensure implementation of policies and procedures regarding all activities and care services provided in the hospice whether provided through staff employed directly, by volunteers, or through contract arrangement.
   (2) The hospice administrator shall designate, in writing, an alternate to act in his or her absence.
   (3) The hospice administrator shall implement administrative policies and procedures that include personnel policies and are applicable to all hospice staff.
   (4) The hospice administrator is responsible for regulatory compliance.

R 325.13108  General services—Rescinded.
   Rule 108. As the needs of the hospice and its patient/family units dictate, the services of qualified personnel, who need not be salaried employees, shall be made available in all of the following disciplines:
   (a) Physician services.
   (b) Nursing services.
   (c) Social work services.
   (d) Counseling services, including spiritual, dietary, and bereavement counseling.
   (e) Hospice aide services.
   (f) Volunteer services.
   (g) Therapy services, including physical, occupational, and speech therapy,
   (h) Short term inpatient care.
   (i) Pharmaceuticals, medical supplies, and durable medical equipment services.

R 325.13109  Policies and procedures for home or inpatient care and services—Rescinded.
   Rule 109. (1) The hospice administrator shall develop written policies and procedures to coordinate services provided by a hospice. The written policies and procedures shall include all of the following:
   (a) Philosophy and objectives.
   (b) Patient/family unit rights and responsibilities.
   (c) Medical direction.
   (d) Admissions, transfers, and discharges of the patient/family unit.
   (e) Types of services provided and the coordination of those services, including inpatient care and follow-up.
   (f) Quality assessment and performance improvement (QAPI) program and/or a performance improvement program.
   (g) Determining the number and types of staff and volunteers needed.
   (h) Position descriptions for each category of employed, volunteer, or contracted personnel.
   (i) Orientation and staff development to all personnel, including volunteers.
   (j) Functions of interdisciplinary care team.
   (k) Physician services.
   (l) Nursing services.
   (m) Nutrition services.
   (n) Pharmaceutical, medical supplies, and durable medical equipment services.
   (o) Bereavement services.
   (p) Social work services.
(q) Counseling services.
(r) Volunteer services.
(s) Informed consent.
(t) Availability of a staff member, 24 hours a day, 7 days a week, to a patient/family unit.
(u) A hospice patient record relating to all of the following:
(i) Documentation by staff of services rendered to patient/family units.
(ii) Confidentiality of medical information.
(iii) Release of information or the provision of copies of the information to patient/family units or authorized persons upon written consent of the patient or guardian.
(iv) Transfer of medical information to another hospice program or inpatient unit.
(v) Records retention for a period of not less than 5 years following death or discharge or, in the case of a minor, 3 years after the individual comes of age under state law, whichever is longer.
(vi) Notification to the department regarding storage of records if the hospice ceases to operate.
(2) The hospice administrator shall review the policies and procedures annually and revise them, if necessary.

R 325.13111 Performance improvement program--Rescinded.
Rule 111. (1) The hospice shall develop and implement, through an interdisciplinary committee, an ongoing performance improvement program that will monitor activities and identify problems using, at a minimum, data from complaints, clinical record reviews, and patient satisfaction surveys.
(2) The committee shall adopt or develop professional standards that, at a minimum, address all of the following:
(a) Interdisciplinary team services.
(b) Patient and family as the unit of care.
(c) Symptom control.
(d) Continuity of care.
(e) Infection control.
(f) Home care services.
(g) Inpatient services.
(3) The committee shall do all of the following:
(a) Collect and analyze data.
(b) Recommend change when necessary.
(c) Recommend reevaluation when necessary.

R 325.13112 Patient records--Rescinded.
Rule 112. (1) The hospice shall keep and maintain a record that is in compliance with section 20175 of the code, MCL 333.20175.
(2) Each patient’s record shall include all of the following:
(a) Physician certification and recertification of terminal illness.
(b) Copy of advance directives or notation that the patient declined.
(c) Physician orders.
(d) The initial and updated plan of care, assessments, and clinical notes.
(3) All entries shall be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice.
(4) The patient record shall be safeguarded against loss or unauthorized use.
PART 2. LICENSURE

R 325.13201 Establishing, maintaining, or operating without license prohibited. Rescinded.

Rule 201. A person shall not establish, maintain, or operate a hospice or a hospice residence unless licensed by the department in accordance with section 21411 of the code and these rules.

R 325.13203 Application. Rescinded.

Rule 203. (1) An application for an initial or renewed license, as well as a change of ownership, relocation, or change in bed capacity, shall be made on a form or media authorized and provided by the department and shall be completed in full in accordance with department instructions. The application shall be accompanied with additional information as required by the department.

(2) A complete initial application for licensure shall include, at a minimum, all of the following:

(a) A completed application form, including the assurances described in section 20152 of the code, MCL 333.20152.

(b) The applicable license fee.

(c) Additional information upon request by the department that may include, but not limited to, ownership interest greater than 5% in the licensee entity as well as audited financial statements and corresponding notes.

R 325.13204 Processing application. Rescinded.

Rule 204. (1) The department shall review all applications to determine whether they are complete and shall promptly notify the applicant in writing if additional information is required to complete the application or determine compliance with the code and these rules. The department shall process and consider each completed application within 90 days of completion.

(2) By applying for or accepting a license or a permit, an applicant or licensee authorizes the department and its representatives to conduct the surveys, inspections, and investigations necessary to determine compliance with applicable licensing standards.

R 325.13205 Surveys and investigations. Rescinded.

Rule 205. (1) The department shall conduct a prelicensure survey of a hospice for initial licensure within the 90-day period following receipt of the application. An initial hospice license shall only be issued if the department, after completing a prelicensure survey, finds the hospice to be in substantial compliance with the requirements of the code and these rules. The department then shall conduct a post-licensure survey within 6 months of the issuance of the license.

(2) The department may make additional visits for the purpose of survey, complaint investigation, or enforcement of these rules and the code.

(3) Surveys and investigations by the department pursuant to this part may include any of the following:

(a) Inspections of applicable programs and their operation.

(b) Inspection and copying of books, records, patient/family unit medical records, and other documents maintained by the hospice.

(c) The acquisition of other information from any other person who may have information bearing on the applicant’s or licensee’s compliance or ability to comply with the applicable requirements for licensure.
When making a survey or investigation, the department representative or representatives shall, upon request, present proper identification. For purposes of this subrule, "proper identification" means a card issued by the department certifying that the holder is an employee of the department.

R 325.13207 Administrator responsibilities. Rescinded.

Rule 207. An application for an initial or renewed license shall be submitted by the owner or hospice administrator. The hospice administrator shall act as agent for the owner or owners with respect to doing any of the following:

(a) Submitting the application and making amendments thereto.
(b) Providing the department with information necessary for a determination with respect to the application.
(c) Entering into agreements with the department in connection with licensure.
(d) Receiving notice and service of process on behalf of the applicant in matters relating to licensure.

R 325.13208 Action on applications for licensure. Rescinded.

Rule 208. (1) With respect to any application for licensure, on the basis of the information supplied by the applicant or any other information available to it, including hospice surveys and investigations, the department shall take 1 of the following actions:

(a) Issue the license.
(b) Issue a nonrenewable temporary permit.
(c) Deny an initial or renewed license.
(d) Take other action consistent with the purposes of the code.
(2) An action by the department pursuant to subrule (1) (b) or (c) of this rule must be preceded by a notice of intent and an opportunity for a hearing. In all other cases, the determination of the department is final.

R 325.13211 Notice to department of change in information required; transfer of license; posting. Rescinded.

Rule 211. (1) An applicant or licensee shall give written notice to the department within 10 business days of any change in information submitted as part of an application.
(2) A license is not transferable. An application shall be submitted to and approved by the department for a change in ownership.
(3) The current license shall be posted in a conspicuous public place inside the hospice.

R 325.13213 Public inspection of license records. Rescinded.

Rule 213. (1) Unless otherwise provided by law, records pertaining to licensure are available for public inspection and copying during business hours on the days when the department is open for business.
(2) The department shall delete from licensing records made available for inspection any matters or items of information exempt from disclosure under law. Fees related to requests for inspection or copies of licensing records shall be assessed in accordance with applicable law and department procedure.
(3) Arrangements for the inspection or copying of licensing records shall be made with the department.

PART 3. SERVICES
R 325.13301 Contractual services. Rescinded.

Rule 301. (1) A hospice shall routinely provide substantially all nursing, social work, and counseling services directly by hospice employees.

(2) A hospice may contract with other health care providers or appropriate parties for nursing, social work, and counseling services to supplement hospice employees in order to meet the needs of patients under extraordinary or other non-routine circumstances.

(3) A hospice may contract with other health care providers or appropriate parties for the provision of physician services and general services other than nursing, social work, and counseling services when the hospice does not have sufficient qualified staff or available adequate equipment to render such services directly.

(4) The department may provide an exception to subrules (1), (2), and (3) of this rule for a hospice that meets all of the following:

(i) The hospice requests an exception to contract for nursing services due to a shortage of nurses in the geographic area served by the hospice.

(ii) The hospice is located in a non-urbanized area.

(iii) The hospice provides evidence to the department that it has made a good faith effort to hire a sufficient number of nurses to provide services.

(5) Contracts for shared services shall be written and shall delineate the authority and responsibility of the contracting parties. Contracts with providers shall maintain the responsibility of the hospice for coordinating and administering the hospice program.

(6) The hospice administrator shall maintain responsibility for coordinating and administering the contracted services of the hospice.

(7) Any and all personnel provided to the hospice under the terms of contracted services must be licensed or credentialed as required by law.

(8) All contracts must include financial arrangements and charges, including donated services.

(9) All contracts must state the availability of service.

(10) A contracted service shall not absolve the hospice from responsibility for the quality, availability, documentation, or overall coordination of patient/family unit care or responsibility for compliance with any federal, state, or local law or rules and regulations.

(11) The hospice administrator must review all contracts and revise them if necessary.

(12) All contracts shall be signed and dated by the hospice administrator or designee and the authorized official of the agency providing the contractual service.

(13) All contracts shall state that the contractor will provide services to the patient in accordance with the patient care plan developed by the hospice.

(14) Employees of an agency providing a contractual service shall not seek or accept reimbursement in addition to that due the agency for the actual service delivered.

(15) All contracts must prohibit the sharing of fees between a referring agency or individual and the hospice.

R 325.13302 Physician services. Rescinded.

Rule 302. (1) At the time of admission to a hospice and thereafter, a patient shall be under the care of a physician who is responsible for providing or arranging for medical care. This physician may be the attending physician.

(2) The physician providing the medical care to a patient is responsible for the direction and quality of medical care rendered to that patient.
(3) The physician shall review the patient’s medical history and physical assessment within 48 hours before or following the patient’s admission to the program.
(4) The physician shall do both of the following:
   (a) Validate the prognosis and life expectancy of the patient.
   (b) Assist in developing the care plan of the patient.
(5) Medical care shall emphasize prevention and control of pain and other distressing symptoms.
(6) Physician/patient/family encounters shall be at least as frequent as described in the written plan of care.
(7) The hospice shall enter all physician orders and the services rendered in the patient and family record.
(8) The hospice shall arrange with a physician or group of physicians to provide the development and coordination of the medical care to ensure the adequacy and appropriateness of the medical services.
(9) The hospice shall arrange for the availability of medical services 24 hours a day, 7 days a week.

R 325.13303 Physicians’ assistants and nurse practitioner services. Rescinded.
- Rule 303. (1) A physician’s assistant shall work under the supervision of a licensed, approved physician, as set forth in part 170 or 175 of the code, and may carry out appropriate delegated functions in a hospice in accordance with written policies and procedures of the hospice.
- (2) A nurse practitioner shall be licensed in accordance with part 172 of the code. The nurse practitioner may carry out appropriate delegated functions in accordance with the code and written policies and procedures of the hospice.
- (3) The physician’s assistant or nurse practitioner shall not substitute for the licensed physician insofar as the overall responsibility for a patient’s care is concerned.

R 325.13304 Nursing services. Rescinded.
- Rule 304. (1) Nursing services in a hospice must be available directly 7 days a week, 24 hours per day and shall be under the supervision of a director of nursing who is registered and licensed in this state.
- (2) Written policies and procedures for nursing services shall be developed by the director of nursing and implemented incorporating objectives and maintaining standards of nursing practice.
- (3) A hospice registered nurse shall complete an initial assessment of the patient’s condition within 48 hours after the election of hospice care, unless sooner as requested by the physician, patient, or patient representative.
- (4) The hospice interdisciplinary group shall complete a comprehensive assessment no later than 5 calendar days after the election of hospice care. The comprehensive assessment shall identify the patient’s immediate physical, psychosocial, emotional, and spiritual needs related to the terminal illness.
- (5) The development of a comprehensive patient care plan for each hospice patient/family unit shall commence within 24 hours of admission.
- (6) The patient care plan shall be established by the hospice interdisciplinary care team.
- (7) The plan of care shall include problems, interventions, and goals specific to the patient/family unit and all medications, medical equipment, and other pertinent items used by the patient. The plan of care shall be revised or updated every 15 days or as the needs of the patient/family unit change.
- (8) A staff member, as designated in the patient care plan, is responsible for the coordination, implementation, and ongoing review of each plan. The plan shall be recorded and maintained as part of the patient/family unit record.
The patient care plan shall give direction to the care given in meeting the physiological, psychological, sociological, and spiritual needs of the patient/family unit. The plan must be personalized to meet the individual’s needs and treatment decisions.

Resource materials relating to the administration and untoward effects of medications and treatments used in pain and symptom control shall be readily available to hospice personnel.

R 325.13305 Bereavement and spiritual services. Rescinded.

Rule 305. (1) The hospice shall offer bereavement and spiritual services to the patient and family before and following the patient's death.

(2) Bereavement and spiritual services shall be available 7 days a week and shall be available to the family for not less than 13 months following the death of the patient.

(3) Bereavement and spiritual services shall provide support to enable an individual to adjust to experiences associated with death.

(4) A spiritual advisor, if selected by the patient/family unit, shall participate as a member of the interdisciplinary care team.

(5) Bereavement and spiritual services shall be delivered consistent with the patient care plan.

R 325.13306 Volunteer services. Rescinded.

Rule 306. (1) The hospice shall utilize lay or professional volunteer services to promote the availability of care, meet the broadest range of patient/family unit needs, and effect financial economy in the operation of the hospice.

(2) A volunteer services director shall develop and implement a program that meets the operational needs of the program, coordinates orientation and education of volunteers, defines the role and responsibilities of volunteers, recruits volunteers, and coordinates the utilization of volunteers with other program directors.

(3) Volunteer service staff shall be aware of a patient's condition and treatment as indicated on the written plan of care.

(4) Services provided by volunteers shall be in accord with the written plan of care.

R 325.13307 Social work services. Rescinded.

Rule 307. (1) The hospice shall provide social work services to the patient and family before and following the patient's death.

(2) Social work services shall be available 7 days a week.

(3) Social work services shall provide support to enable an individual to adjust to experiences associated with death.

(4) Social work services shall be delivered consistent with the patient care plan.

R 325.13308 Hospice aide services. Rescinded.

Rule 308. (1) Hospice aide services shall comply with the requirements of 42 C.F.R. §418.76 (2009).

(2) Hospice aide services in a hospice shall be available directly, or by written agreement, and shall be under the supervision of a registered nurse who is licensed in this state.

(3) The hospice shall have policies and procedures for hospice aide services, approved by the director of nursing, to maintain standards of care.
(4) A registered nurse shall make an annual on-site visit to a location where a patient is receiving care in order to observe and assess each aide while he or she is performing care. The registered nurse who observes and assesses the nurse aide shall document the visit in the hospice aide’s personnel file.

R 325.13309 Pharmaceuticals, medical supplies, and durable medical equipment. Rescinded.

–Rule 309. (1) The hospice shall provide medical supplies and appliances, durable medical equipment, and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, while the patient is under hospice care.

–(2) A physician, physician assistant, or a nurse practitioner shall prescribe drugs for the patient in accordance with the plan of care and state law.

–(3) The hospice shall have written policies and procedures for the management and disposal of drugs and biologicals in the patient’s home.

–(4) The interdisciplinary care team, as part of the review of the plan of care, shall determine the eligibility of the patient/family unit to safely self-administer drugs and biologicals to the patient in the home.

–(5) The hospice shall ensure the patient/family unit receives instruction in the safe use of drugs and biologicals, medical supplies, appliances, and durable medical equipment. The patient/family unit must be able to demonstrate the appropriate use of drugs and biologicals, medical supplies, appliances, and durable medical equipment to the satisfaction of the hospice staff.

PART 4. HEARING PROCEDURE

PART 5. HOSPICE RESIDENCES

R 325.13501 Applicability. Rescinded.

–Rule 501. (1) This part applies only to hospice residences.

–(2) Articles 1 and 17 and part 214 of 1978 PA 368, MCL 333.1101 to 333.1299, MCL 333.20101 to 333.22260, and MCL 333.21401 to 333.21421 contain definitions and additional licensure requirements for both hospice residences that provide care only at the home care level of care and hospice residences that provide inpatient care.

R 325.13503 Submission of plans. Rescinded.

–Rule 503. (1) Complete plans, specifications, and an operational narrative for new buildings, additions, major building changes, and conversion of existing facilities to use as a hospice residence, including a hospice residence providing inpatient care, shall be submitted to the department for review to assure compliance with the law and these rules.

–(2) The department shall approve plans and specifications if they meet the requirements of section 20145 of the code, MCL 333.20145, and these rules.

–(3) Construction of new buildings, additions, major building changes, and conversions of existing facilities to use as a hospice residence shall not begin until the plans and specifications have been approved by the department and a construction permit has been issued for the construction to begin.

R 325.13505 Exteriors. Rescinded.
Rule 505. (1) The hospice shall maintain the premises of a hospice residence in a safe and sanitary condition and in a manner consistent with the public health and welfare.
(2) Sufficient light for an exterior ramp, step, and porch shall be provided for the safety of persons using the facilities.
(3) An exterior step or ramp must have a handrail on both sides. A porch must have a railing to open sides.

R 325.13507 Interiors—Rescinded.

Rule 507. (1) The hospice shall ensure that a hospice residence building is of safe construction and is free from hazards to hospice residents, personnel, and visitors.
(2) A stairway or ramp shall have a handrail on both sides.
(3) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants as follows:
   (a) Systems shall be capable of maintaining a temperature in the range of 71 to 81 degrees Fahrenheit in patient and public areas.
   (b) Supply air systems shall be equipped with air filters rated at a minimum efficiency reporting value (MERV) 8 (minimum efficiency of 30 to 35%).
   (c) Net airflow shall be from clean to less clean.
   (d) Air shall not be returned from toilet/bathing rooms, janitor's closets, soiled holding/utility rooms, and isolation rooms.
   (e) Continuous exhaust ventilation shall be provided for janitor closets, soiled utility rooms, isolation rooms, and toilet rooms that serve more than 1 patient.
(4) A floor, wall, or ceiling shall be covered and finished in a manner that will permit maintenance of a sanitary environment.
(5) All of the following areas of the hospice residence shall be provided with lighting as follows:
   (a) General room illumination—10 footcandles measured at 30 inches above the floor.
   (b) Reading locations (head of bed)—30 footcandles.
   (c) Charting/medical area—50 footcandles.
   (d) Handwash sinks and bathing areas—30 footcandles.
   (e) Food preparation areas (task level)—30 footcandles.
   (f) Storage rooms—15 footcandles.
   (g) Corridors—15 footcandles.
   (h) Laundry (general)—30 footcandles.
   (i) Examination/treatment (may be portable)—75 footcandles.
   (j) Night lighting in toilet rooms and bedrooms, sufficient to illuminate a footpath from the bed to the toilet room minimum of 5 footcandles.
   (k) Light fixtures equipped with lenses or shields for protection of the lamps or with lamps that will not shatter.
(6) A room used for living or sleeping purposes shall have a minimum total window glass area on the outside walls equal to 10% of the required floor area and a clear unobstructed window view for a minimum distance of 20 feet.
(7) A minimum of 30 square feet of floor space per hospice bed shall be provided for dayroom, dining, and activity space.
(8) A basement or cellar shall not be used for sleeping or living quarters.
(9) A functionally separate living, sleeping, dining, lavatory, water closet, and bathing facility shall be provided for personnel and members of their families who live on the premises.
(10) An elevator shall be provided if hospice beds are located on more than 1 floor level. An elevator shall have a minimum cab size of 5 feet by 7 feet 6 inches.
(11) Dedicated space shall be provided for patient/family visitation and bereavement. The space may be omitted where all private bedrooms are provided.
(12) The facility shall provide for family overnight stay.

R 325.13509 Hospice residence rooms. Rescinded.
Rule 509. (1) A bedroom shall have the floor surface at or above grade level along exterior walls with windows.
(2) A single bedroom shall provide not less than 100 square feet of usable floor space.
(3) A multi-bed room shall provide not less than 80 square feet of usable floor space per bed.
(4) Usable floor space shall not include a toilet room, closet, or vestibule.
(5) A bedroom shall be provided with a lavatory and toilet room opening into the room.
(6) A wardrobe or closet shall be provided for the storage of personal clothing.
(7) A multiple bedroom shall be designed to have a 3-foot clearance at each side and foot of the bed.
(8) A water closet or bathing facility shall have substantially secured grab bars at least 1 foot long.
(9) A bedroom shall permit the functional placement of furniture and equipment essential to the residents' comfort and safety.
(10) A bedroom shall have not less than 2 duplex receptacles, at least 1 of which shall be near the head of each bed.
(11) A nurse call system shall be provided at each hospice resident bed, water closet, and bathing fixture. The nurse call shall register at a staff location. An alternate calling/alert system may be approved by the department. A hand bell or other call system is acceptable in a hospice residence that has 8 or fewer beds if all beds are located within direct observation of the staff work station and if the call is clearly audible and identifies the patient location.
(12) The need for and number of airborne infection isolation rooms in a hospice residence shall be determined by an infection control risk assessment. Where provided, an isolation room shall be a private bedroom that has an attached lavatory, water closet, and bathing facility serving only that patient room. The isolation room shall have an area for staff hand washing and gowning and for storage of clean and soiled materials located directly outside or immediately inside the entry door to the room.
(13) A hospice patient room shall have not more than 2 beds.
(14) In multiple bedrooms, visual privacy from casual observation by other residents and visitors shall be provided for each resident. The design for privacy shall not restrict resident access to the entrance, lavatory, toilet room, or wardrobe.

R 325.13511 Hospice care unit. Rescinded.
Rule 511. (1) A hospice care unit in a hospice residence shall have all of the following:
(a) A dedicated area for medication storage and preparation and charting. The space shall be well lighted, equipped with a lavatory for hand washing, a refrigerator, and locked storage for medication.
(b) A room for the storage of clean linen, clean equipment, and clean supplies.
(c) A workroom for holding trash and soiled linens. The room shall be separate from clean storage facilities.
(d) A janitor's closet.
(2) A bathing facility shall be provided for every 20 hospice residence beds.
(3) At least 1 assisted (barrier free) bathing fixture shall be provided.
(4) A hospice residence toilet room or bathroom shall not be used for storage or housekeeping functions.

R 325.13513 Public and personnel area. Rescinded.
- Rule 513. (1) A hospice shall provide a public toilet room that has a lavatory and water closet.
- (2) A hospice shall provide a dedicated staff break/locker space. A lavatory and water closet shall be located convenient to the break/locker space. For a hospice residence that has 8 or fewer beds, the staff facilities and public areas may be shared.

R 325.13515 Laundry and linens. Rescinded.
- Rule 515. (1) The collection, storage, and transfer of clean and soiled linen shall be accomplished in a manner that will minimize the danger of disease transmission.
- (2) A hospice shall provide a separate clean linen storage room/area. When justified by the operational narrative, a properly sized and located soiled workroom may serve as a soiled linen holding room.
- (3) A hospice residence that processes its own linen shall provide a well-ventilated laundry room of sufficient size to allow functional separation of soiled linen holding, laundry processing, and clean linen folding. The laundry shall be ventilated to provide directional airflow from clean to soiled areas. A lavatory for hand washing shall be provided in the laundry processing area. Laundry equipment shall be rated commercial or heavy duty.

R 325.13517 Water systems. Rescinded.
- Rule 517. (1) A hospice residence located in an area served by a public water system shall connect to and use that system.
- (2) If a public water system is not available, then the location and construction of a well and the operation of the water system shall comply with 1976 PA 399, MCL 325.1001 to 325.1023.
- (3) A hospice shall ensure that tempered water is regulated in the range between 105 and 120 degrees Fahrenheit.

R 325.13519 Liquid wastes. Rescinded.
- Rule 519. (1) Liquid wastes shall be discharged into a public sanitary sewage system when a system is available.
- (2) If a public sanitary sewage system is not available and a private liquid wastewater disposal system is used, the type, size, construction, and alteration of the system shall comply with all applicable laws. A subsurface disposal system shall not be approved for a hospice residence that has more than 8 beds.
- (3) A hospice shall ensure that the wastewater disposal system is maintained in a sanitary manner.

R 325.13521 Solid wastes. Rescinded.
- Rule 521. (1) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, shall be accomplished in a manner that will minimize the danger of disease transmission and avoid creating a public nuisance or harbor vermin.
- (2) A hospice shall ensure that suitable containers for garbage, refuse, medical waste, and other solid wastes are provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.
R 325.13523  Heating. **Rescinded.**

- Rule 523. A room in the hospice residence used by residents shall be maintained at a regular daytime temperature of not less than 72 degrees Fahrenheit. Bedroom temperatures may be less than 72 degrees Fahrenheit if justified by the hospice patient's medical condition or preference.

R 325.13525  Kitchen and dietary area. **Rescinded.**

- Rule 525. (1) A hospice residence shall have a kitchen and dietary area of adequate size to meet food service needs of the residents. The kitchen and dietary area must be arranged and equipped for the refrigeration, storage, preparation, and serving of food as well as for dish and utensil cleaning and refuse storage and removal. Where food service is provided from an outside service, the food service shall be licensed by the local health department having jurisdiction.

- (2) The kitchen and dietary area shall be equipped with a lavatory for hand washing. The lavatory shall have a gooseneck inlet and wristblade or other hands-free controls.

- (3) Food stored, prepared, and served in the hospice residence shall meet the requirements of 2000 PA 92, MCL 289.1101 to 289.8111.

- (4) Multi-use utensils used in food storage, preparation, transport, or serving shall be designed, cleaned, and sanitized in accordance with the requirements of 2000 PA 92, MCL 289.1101 to 289.8111.

- (5) Food equipment and work surfaces shall meet the requirements of 2000 PA 92, MCL 289.1101 to 289.8111. Heavy-duty residential food equipment, including an exhaust hood and work surfaces, may be provided in a hospice residence that has 8 beds or less.

R 325.13527  Insect and vermin control. **Rescinded.**

- Rule 527. A hospice shall ensure a hospice residence is kept free from insects and vermin.

R 325.13529  General maintenance. **Rescinded.**

- Rule 529. (1) A hospice shall ensure that the building, equipment, and furniture are kept clean and in good repair.

- (2) Hazardous and toxic materials shall be stored in a safe manner.

- (3) A room shall be provided in the hospice residence or on the premises for equipment and furniture maintenance and repair and for the storage of maintenance equipment and supplies.

R 325.13531  Fire safety and disaster planning. **Rescinded.**

- Rule 531. (1) A hospice residence shall comply with all of the following provisions:

  - (a) Obtain fire safety approval pursuant to sections 20156 and 21413 (3) (c) of 1978 PA 368, MCL 333.20156 and 333.21413 (3) (c).

  - (b) Have a disaster management plan tailored to the facility and the types of residents it serves, which shall be practiced on all shifts at least quarterly.

  - (c) Have policies and procedures to meet potential emergencies and disasters that include, at a minimum, fire, tornado, power outage, and severe weather.

- (2) A hospice residence shall have policies and procedures that address all of the following:

  - (a) Prompt identification and transfer of patients and records to the appropriate facility.

  - (b) Arrangements with community resources.
(c) Emergency management and family call.

R 325.3533 Pharmaceutical services. Rescinded.
   Rule 533. Pharmaceutical services in a hospice residence shall comply with the requirements of 42 C.F.R. §418.106 (2008).

R 325.13535 Infection control. Rescinded.
   Rule 535. (1) The plan for infection control, required by section 21413 (3) (b) of the code, MCL 333. 21413 (3) (b), shall be approved by the residence administration and shall contain a plan and facility policies that address, at least all of the following:
   - (a) Maintaining and documenting an effective infection control program that protects patients, patient/family units, and hospice personnel.
   - (b) Ongoing infection control education.
   - (c) Monitoring and surveillance of known and acquired infections.
   - (d) Monitoring of infection control practices.
   - (e) Provisions for isolating each patient who has an infectious disease.
   - (f) Provisions for isolation rooms.
   - (g) Standard precautions.
   - (h) Transfer of patients to other facilities if required.
   - (i) Non-admission of patients who have airborne infectious disease.
   - (2) A hospice residence shall require a new resident to have had a chest x-ray within 90 days before admission. A chest x-ray may be omitted based on the hospice’s tuberculosis (TB) annual risk assessment and a properly documented patient screening conducted by the hospice at the time of admission.
   - (3) Employee TB testing shall include the 2-step TST or single BAMT test upon hire, unless proof of a negative test within the last 12 months is documented and provided on hire. The need for and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in 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 Center for Disease Control. For low risk settings, additional TB screenings are not necessary unless an exposure to TB occurs. For medium risk settings, all employees shall be screened annually.

R 325.13537 Staffing requirements. Rescinded.
   Rule 537. (1) A hospice residence shall comply with all of the following staffing requirements:
   - (a) Provide 24-hour nursing services for each patient pursuant to the patient’s hospice care plan.
   - (b) Provide nursing care and services by or under the supervision of a registered nurse.
   - (c) Direct and staff nursing services to assure that the nursing needs of patients are met.
   - (d) Specify patient care responsibilities of nursing and other hospice personnel.
   - (e) Provide services in accordance with recognized standards of practice.
   - (f) Provide a licensed registered nurse for each shift.
   - (2) A hospice residence shall maintain a nursing staff sufficient to provide at least 1 nurse to each 8 patients on the morning shift; 1 nurse to each 12 patients on the afternoon shift; and 1 nurse to each 15
patients on the nighttime shift. Additional nurses and other nursing personnel shall be added based upon patient or family needs.

R 325.13539  Medical waste—Rescinded.
  Rule 539. A hospice residence shall comply with the requirements of part 138 of the code MCL 333.13801 to 333.13832.

R 325.13541  Dietary—Rescinded.
  Rule 541. A hospice residence shall offer dietary education and interventions to the patient and family regarding appropriate nutritional intake as the patient’s condition progresses. Dietary counseling is provided by qualified individuals, who may include a registered nurse, dietitian, or nutritionist, when identified.
NOTICE OF PUBLIC HEARING

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

NOTICE OF PUBLIC HEARING
Thursday, June 6, 2019
2:00 pm
Location: G. Mennen Williams Building - Auditorium
525 W. Ottawa Street, Lansing, Michigan

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

Licensing Health Facilities or Agencies (ORR # 2017-101 LR LR)


Overview: This new single set of administrative rules replaces six individual rules sets for the licensing health facilities and agencies. This new rule set has been updated to comport with current practice standards, to harmonize them with current federal law and regulations, and to reflect the current organization of state licensing functions. The purpose of promulgating a single new rule set for health facility or agency licensing is to better protect the health safety and welfare of individuals receiving care and services in or from a health facility or agency and to assure the medical accountability for reimbursed care provided by a certified health facility or agency participating in a federal or state health program.

Complaints (ORR # 2017-095 LR)


Public Inspection of License Records (ORR # 2017-096 LR)


Hospice and Hospice Residences (ORR # 2017-097 LR)


Minimum Standards for Hospitals (ORR # 2017-098 LR)

Authority: By authority conferred on the department of licensing and regulatory affairs by sections 2226(d), 2233, and 20171 of the public health code, 1978 PA 368, MCL 333.2226 (d), 333.2233, and 333.20171, section

**Nursing Homes and Nursing Care Facilities (ORR # 2017-099 LR)**


**Freestanding Surgical Outpatient Facilities (ORR # 2017-100 LR)**


**Overview:** The above 6 rules sets are being rescinded and replaced by one new single rule set: licensing health facilities and agencies (2017-101 LR).

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 Friday, June 7, 2019 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: LARA-BCHS-Training@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:  
https://dtmb.state.mi.us/DTMBORR/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) 241-7500.
These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


R 325.1001, R 325.1002, R 325.1003, R 325.1004, R 325.1005, R 325.1021, R 325.1022, R 325.1023, R 325.1024, R 325.1025, R 325.1026, R 325.1027, R 325.1028, R 325.1051, R 325.1052, R 325.1053, R 325.1054, R 325.1055, R 325.1056, R 325.1057, R 325.1058, R 325.1059, R 325.1071, R 325.1081, and R 325.1100 of the Michigan Administrative Code are rescinded as follows:

PART 1. ADMINISTRATIVE RULES AND PROCEDURES

R 325.1001  Administration.  Rescinded.
  – Rule 1. The state health commissioner shall administer his several responsibilities toward hospitals as an integral unit.

R 325.1002  Hospital committee.  Rescinded.
  – Rule 2. (1) The state health commissioner, in a manner hereafter stated, shall appoint an advisory committee to be known as the commissioner's hospital committee which will serve to advise him on the administrative aspects of the responsibilities given under the above authority.
  – (2) The functions of the hospital committee shall be:
  – (a) To consider rules and regulations concerning hospitals promulgated in accordance with the above authority and any proposed revisions thereof, and to advise the state health commissioner regarding the same.
  – (b) To review all provisional licenses granted by the state health commissioner.
(c) To sit with the state health commissioner during his conduct of any hearings concerned with the suspension, revocation, or denial of licenses or certification.

(3) The state health commissioner shall appoint 9 persons to the hospital committee in the following manner: Five persons from a list of 10 hospital administrators or trustees submitted by the board of trustees of the Michigan hospital association, 2 members from the list of hospital administrators or trustees submitted by the Michigan osteopathic hospital association, and 2 members at large. In the case of appointments made upon nomination of the Michigan hospital association, at least 1 shall be that of a licensed physician and 1 shall be that of a registered nurse. In the case of appointments made by the Michigan osteopathic hospital association 1 shall be a licensed physician. The members of the committee shall serve for 3 year terms, provided that, of those first appointed, 3 shall be appointed for 1 year, 3 for 2 years, and 3 for 3 years. The hospital committee shall meet at least semiannually and otherwise at the call of the state health commissioner or upon petition of the majority of then members.

R 325.1003 Advice of state council of health. Rescinded.

Rule 3. If there should be substantial disagreement between the state health commissioner and the hospital committee, the state health commissioner, either upon his own initiative or at the request of the committee, shall present the matter to the state council of health, his statutory advisory body.

R 325.1004 Special technical consultants. Rescinded.

Rule 4. The state health commissioner may appoint such special technical committees or consultants as may from time to time be indicated.

R 325.1005 Hearings. Rescinded.

Rule 5. (1) Any hospital aggrieved by any decision of the state health commissioner shall upon request be granted a hearing.

(2) Except in matters concerned with the spread of communicable disease, the state health commissioner shall, in cases of proposed denial or revocation of a license, present his preliminary decision and reasons therefor to the parties concerned, and provide an opportunity for a hearing.

(3) Hearings required or requested under the terms of these rules shall be held by the state health commissioner or his authorized representative.

(4) The commissioner's hospital committee shall be notified of and invited to attend all hearings.

(5) The hearings will be informal, and full opportunity will be given all concerned to question the state health commissioner or his representative.

(6) After the hearing, the state health commissioner will ask the advice of his hospital committee as to the disposition of the case.

(7) If the state health commissioner is unable to accept said advice, he shall present a summary of all facts, together with the advice of the hospital committee, to the state council of health before making a final decision.

PART 2. LICENSURE AND REPORTS FOR MATERNITY HOSPITALS
PART 3. OPERATIONAL RULES AND MINIMUM STANDARDS FOR ALL HOSPITAL
PHYSICAL PLANT, FACILITIES, EQUIPMENT, AND OPERATIONS

R 325.1021 Compliance with law and regulations. Rescinded.
   Rule 21. (1) The hospital shall comply with the housing law of Michigan.
   (2) The hospital shall comply with the requirements of the state fire marshal.
   (3) The hospital shall comply with the state plumbing code.
   (4) The hospital shall comply with the requirements of the federal department of health, education,
   and welfare as set forth in its latest publication entitled "Health Insurance for the Aged—Conditions
   of Participation for Hospitals," a copy of which is kept on file in the bureau of medical care
   administration of the department of public health at Lansing, Michigan.

R 325.1022 Water and ice supply. Rescinded.
   Rule 22. (1) A public water supply shall be used if available.
   (2) The location and construction of a well, and the operation of the system, shall comply with
   standards approved for public water supplies by local and state health departments.
   (3) The entire plumbing system and all plumbing facilities shall be so designed and maintained
   that the possibility of back-flow or back-siphonage shall be reduced to a minimum.
   (4) There shall be no physical cross-connection between water supply systems that are safe for
   human use and those that are or may at any time become unsafe for human use.
   (5) All ice used in contact with food or drink shall be clear manufactured ice made from water
   from a source approved by the state and local health departments and handled in such a manner
   as to prevent contamination.
   (6) All ice containers shall be kept clean.

R 325.1023 Sewage, garbage, and waste disposal. Rescinded.
   Rule 23. (1) All liquid waste shall be discharged into a public sewage system whenever available.
   (2) When a private sewage disposal system is required, the type, size, and construction shall meet with
   the approval of the local and state health departments.
   (3) The collection, storage, and disposal of all garbage shall be done in a manner that will not permit
   the transmission of a communicable disease, create a nuisance, or provide a breeding place for flies
   or rodents.
   (4) Containers for garbage shall be watertight, have tight-fitting covers to prevent the entrance of
   flies, and be rodent-proof.
   (5) Garbage containers shall be emptied at frequent intervals and thoroughly cleansed and aired
   before further use.
   (6) Facilities shall be provided for the disposal of infectious dressings, surgical and obstetrical
   wastes, and similar materials by incineration or in a manner approved by the state health
   commissioner.

R 325.1024 Laundering and sterilization of linens; sterilization of instruments and utensils. Rescinded.
Rule 24. (1) The hospital shall make arrangements for the laundering of linens and other washable goods.
(2) There shall be provision for the sterilization of dressings, utensils, instruments, and water.
(3) The hospital shall maintain a check on the performance of all sterilizing equipment.
(4) Special precautions shall be taken so that sterile supplies may not be mixed with unsterile supplies.

R 325.1025 Heating and ventilating. Rescinded.

Rule 25. (1) The temperature in patients’ rooms shall be maintained at approximately 72 degrees Fahrenheit throughout the heating season.
(2) A minimum temperature of 75 degrees Fahrenheit shall be maintained in all hospital nurseries.
(3) The hospital ventilating system shall be regulated so that objectionable drafts shall not be created.

R 325.1026 General maintenance. Rescinded.

Rule 26. (1) Equipment, floors, walls, and ceilings shall be kept clean.
(2) Food service areas, all equipment, and work surfaces shall be kept clean.
(3) Handwashing facilities shall be convenient to each food preparation or serving area:
   (a) Tempered running water, soap, and towels shall be available in all kitchens, including diet kitchens, and in washrooms used by food handlers.
   (b) The use of a common towel is prohibited.
(4) Food storage areas and refrigeration shall be provided:
   (a) Storerooms shall be clean and well ventilated.
   (b) Stored food shall be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, and other sources of contamination.
   (c) Refrigerated storage space shall be kept at approximately 40 degrees Fahrenheit.
   (d) A reliable thermometer shall be installed in each refrigerator.
   (e) Refrigerators shall be kept clean.
   (f) Prepared foods shall be kept covered.
   (5) All dishes and utensils used in storage, preparation, or serving of food and drink shall be sanitized and kept clean:
      (a) The use of dish towels for drying dishes is forbidden.
      (b) Kitchens and utility rooms shall be provided as needed.
   (6) Whenever insects are prevalent all used openings to the outside shall be screened with wire screen or its equal with not less than 16 meshes per lineal inch.
   (7) Insects, such as flies, roaches, and mosquitoes, shall be properly controlled. All breeding places for flies and mosquitoes shall be eliminated from the premises.
   (8) All openings where rats or mice may gain entrance to the building shall be screened or safely guarded to prevent entrance of such rodents. All rodent control programs shall be carried on in a safe manner.

R 325.1027 Patient care. Rescinded.

Rule 27. (1) All persons admitted to a hospital shall be under the continuing daily care of a physician licensed to practice in Michigan.
   (a) The hospital shall require that an admitting diagnosis be recorded promptly on each patient.
(b) There shall be a written hospital policy denoting when consultation should be held. Consultation shall be recorded.

(c) No medication or treatment shall be given to any patient except on the written order of a physician.

(d) Verbal orders for medication, whether given over the telephone or otherwise, shall be written into the record as such.

(e) Verbal orders, whether given over the telephone or otherwise, shall be received only by a person or persons approved and authorized by the administrator and by the medical staff, and shall be indicated as verbal orders, initialed by the physician’s initials per the receiver’s initials and countersigned by the physician at the time of the next visit.

(2) The hospital shall provide personnel, space, equipment, and supplies for routine laboratory analyses. It shall utilize regularly the services of an experienced pathologist for the examination of tissue suspected of being diseased, except tonsils, removed at operations.

(3) Equipment shall be provided for diagnostic radiographic examinations. The hospital shall require that the responsibility for film interpretation and the proper protection against radiation, electric shock, and combustion of stored film shall be assigned to the general supervision of a licensed physician with training or experience in radiology.

(4) The hospital shall employ professional and auxiliary personnel to give patients necessary services.

(a) The nursing service shall be in the charge of a graduate nurse registered to practice in Michigan.

(b) Each nursing shift shall be personally supervised by a graduate nurse registered to practice in Michigan.

(c) Personnel assigned to the maternity service, including the formula room, and all food handlers shall have a written record of pre-employment and annual physical examination.

(i) Persons found upon examination to have conditions dangerous to patients shall be removed from assignment until recovery.

(ii) All persons with respiratory, skin, gastrointestinal, or other communicable infection shall be excluded from working on these services.

(d) Duty in the nursery or in food handling areas shall not be resumed until the administrator or his agent has a medical statement based on appropriate physical examination and tests to the effect that return to duty is safe.

(5) Meals provided for the various types of patients shall be planned in accordance with the recommended daily allowances of the national research council.

(a) Only pasteurized milk and milk products or evaporated or dried milk shall be used.

(b) Meals shall be prepared and served in a sanitary manner.

(c) Food returned from patients’ trays is considered contaminated and shall not be re-served.

(6) Rooms for adult patients shall provide a minimum of 80 square feet of floor space per bed. In multiple bedrooms, beds shall be at least 3 feet apart.

(7) There shall be sufficient equipment for care according to the type of patients accepted by the hospital.

(a) Individual linens shall be provided each patient.

(b) A wash basin, emesis basin, bedpan, and when indicated, a urinal shall be immediately available for each patient. Bedside equipment shall be sterilized or sanitized between patients in a manner approved by the state health commissioner.

(c) There shall be at least as many thermometers available as there are patients.

(d) Autoclaves and other sterilizers shall be provided as needed.

(e) Each hospital shall have facilities for blood transfusions.

(f) Each hospital shall have facilities for immediate intravenous therapy and for the administration of parenteral fluids, including blood substitutes.
(8) Rules governing visitors shall be posted in a conspicuous place.
(9) Hospitals shall isolate patients with communicable disease, carriers of communicable diseases, or those suspected of having communicable diseases.
   (a) A lavatory and a toilet shall be provided within the isolation area.
   (b) The hospital shall make written policies concerning isolation techniques available to all personnel concerned.

R 325.1028 Records. Rescinded.

Rule 28. (1) The hospital shall require that accurate and complete medical records be kept on all patients admitted.
   (2) Patients' records shall include the following:
      (a) Admission date.
      (b) Admitting diagnosis.
      (c) History and physical examination.
      (d) Physician's progress notes.
      (e) Operation and treatment notes and consultations.
      (f) The physician's orders.
      (g) Nurse's notes including temperature, pulse, respiration, conditions observed and medication given.
      (h) Record of discharge or death.
      (i) Final diagnosis.
   (3) Additional records of patients having surgery shall include the following:
      (a) Details of the preoperative study and diagnosis.
      (b) The preoperative medication.
      (c) The name of the surgeon and his assistants.
      (d) The method of anesthesia.
      (e) The amount of anesthetic when measurable.
      (f) The name of the anesthetist.
      (g) The postoperative diagnosis, including pathological findings.
   (4) The report of special examinations, such as laboratory, x-ray and pathology, shall be kept in the patient's record.
   (5) Medical records shall be preserved as original records, abstracts, microfilms or otherwise and shall be such as to afford a basis for a complete audit of professional information.
   (6) The administrative records of the hospital shall include as a minimum:
      (a) Records of admissions and discharges.
      (b) Patient's records.
      (c) Daily census records.
      (d) Narcotic register.
      (e) Statistics regarding number of deaths.
      (f) Statistics regarding number of autopsies.

ADDITIONAL REQUIREMENTS FOR MATERNITY HOSPITALS AND DEPARTMENTS

R 325.1051 Physical plant. Rescinded.

Rule 51. The physical plant shall provide the following in addition to the requirements of R 325.1021, R 325.1022, R 325.1023, R 325.1025, and R 325.1026:
(a) A hospital providing maternity care shall provide for segregation of maternity patients from other patients by section, wing, or floor, except when the director, upon the application of a hospital, grants permission to use surplus maternity beds in the postpartum suite for clean gynecological patients. Such permission shall be subject to the following restrictions:

(i) The hospital shall have registered 500 or more births in the preceding calendar year.

(ii) The hospital shall have 3 or more postpartum maternity beds over and above the number required to provide adequately for all postpartum patients as determined by the director.

(iii) The hospital shall have maintained a minimum 85% average occupancy in its medical or surgical beds in the preceding year.

(iv) The average length of stay for all patients shall not exceed 9.0 days in the preceding calendar year, except that a hospital with a higher average length of stay shall be given an opportunity to justify its longer average length of stay when a denial is based on this standard.

(v) The hospital shall be free from major physical plant or operational deficiencies and items of noncompliance as determined by the director.

(vi) The hospital shall have submitted a written plan, acceptable to the director, which demonstrates to his satisfaction that alternatives, such as consolidation of hospital obstetrical and newborn services in the community or the reduction of postpartum maternity beds by assignment of surplus beds to another nursing unit, are not feasible or practical. The plan shall designate the rooms and beds to be utilized by clean gynecological patients, and indicate that such patients admitted to the surplus postpartum beds will not be patients with active infection, either acute or chronic, frank malignancy other than carcinoma in situ, patients admitted for radiotherapy, or patients already in the hospital who are on any other service, including the gynecological service.

(vii) The written plan submitted by a hospital shall be acceptable to the director from the standpoint of protecting the health of mothers and babies, as well as other hospitalized patients, and shall demonstrate the development and implementation of effective medical and administrative controls to carry out the plan.

(viii) The plan, if approved by the director, shall be in effect during the license year in which it is issued. Requests for extension of the plan, or any modification thereof, shall be submitted annually to the director with a hospital's application for renewal of licensure and certification.

(b) Separate toilet facilities shall be provided for maternity patients.

(c) There shall be a separate delivery room.

(d) Separate nurseries shall be provided unless complete facilities for "rooming-in" are available.

(e) Each nursery shall have a minimum floor space of 24 square feet per bassinet. Bassinets shall be placed not less than 2 feet apart with a minimum of 3 feet between rows.

(f) A private room with a lavatory and a toilet shall be available for the isolation of any mothers with infection, fever, or diarrhea.

(g) There shall be an isolation nursery or a private room with running water available for the isolation of infants.

R 325.1052 Minimum policies. Rescinded.

Rule 52. The following minimum policies shall be established and observed:

(a) The hospital shall require that there be staff policies regarding the use and administration of analgesics and anesthetics, and the policies shall be posted in all delivery units.
(b) The hospital shall require that there be staff policies concerning the use of pituitrin extracts and other oxytocics during each of the 3 stages of labor, and the policies shall be posted in all delivery units.

(c) The use of analgesics, anesthetics, pressure on the fetal head, or holding the mother's legs together to prevent birth before the arrival of the doctor is prohibited.

(d) All newborn infants born outside the hospital, infants with infection, or infants with conditions potentially harmful to others shall be admitted to the isolation nursery or private room with running water in the obstetric or pediatric department, and shall never be transferred to the well-baby nursery.

(i) The state health director may designate a hospital to maintain a neonatal intensive care unit or special newborn nursery unit as part of the department's regional perinatal intensive care program.

(ii) The unit shall be under the direction of a physician who is a board eligible or certified neonatologist, or whose experience, qualifications, and training are accepted in writing by the state health director. The unit shall be under supervision of a nurse prepared at the master's level in maternal and infant care, or whose experience, qualifications, and training are accepted in writing by the state health director.

(iii) The state health director may authorize the neonatologist or physician director to transfer convalescent infants to the hospital's newborn nursery, or the newborn nursery of another hospital, pursuant to a written plan approved by the neonatologist or physician director, the governing bodies of the involved hospitals, and the state health director.

(e) A patient who is pregnant may be admitted to the maternity department during any stage of pregnancy, including an ectopic pregnancy, or following abortion.

(f) Any mother with infection, fever, or diarrhea shall be isolated in a separate room which is equipped with a lavatory and a toilet.

(g) Whenever it becomes necessary for the same nursing personnel to care for both well and infected mothers or infants, or other than obstetric patients, individual isolation techniques shall be employed.

(h) A graduate nurse registered in Michigan shall supervise the care given in the maternity department.

(i) All personnel entering the nursery, including physicians and cleaning people, shall be free from the symptoms of infection, fever, and diarrhea, and shall wear clean, fresh gowns.

R 325.1053 Required equipment and supplies. Rescinded.

Rule 53. The hospital shall provide all of the following equipment and supplies:

(a) Equipment for individual breast care.

(b) Equipment for individual perineal care.

(c) All of the following items for the immediate care of the newborn infant shall be assembled in the delivery room:

(i) An incubator or heated bed.

(ii) A warm sterile receiving blanket.

(iii) Available oxygen.

(iv) A suction device for the gentle aspiration of the pharynx and trachea.

(v) A newborn eye prophylaxis, as specified in R 325.60, which is kept in the original and dated container.

(vi) Equipment for the care of the cord.

(vii) Identification equipment.
(d) All nurseries shall be equipped for individual care of the infants in their bassinets and shall contain all of the following:

(i) A 24-hour supply of linen provided by the hospital.

(ii) A lavatory with tempered running water.

(iii) Soap and individual towels in a towel dispenser.

(iv) Hampers for soiled linen other than diapers.

(v) Receptacles for soiled diapers with impervious liners and foot controlled covers.

(vi) A suction device for the gentle aspiration of the pharynx and trachea.

(vii) Available oxygen.

R 325.1054 Postdelivery procedures. Rescinded.

Rule 54. The following techniques shall be observed in the immediate care of newborn infants:

(a) The eyes of the newborn infant shall be treated within an hour after birth with a newborn eye prophylaxis as specified in R 325.60. The prophylaxis is to be kept in the original and dated container. Outdated approved eye medication shall not be used.

(b) Every infant shall be identified by 1 or more of the reliable methods in common use before the infant is removed from the delivery room. This information shall be sufficient to identify the infant with 1 mother only. If written tags are used, identification shall be in waterproof ink.

(c) Provision shall be made for keeping the infant warm and protected from exposure to infection during transit from the delivery room to the nursery and at any other time the baby is removed from the nursery.

R 325.1055 Nursery procedures. Rescinded.

Rule 55. The following procedures shall be observed in nurseries:

(a) If nursery lavatory faucets are not elbow, foot, or knee controlled the water shall be left running during all periods of infant care or sterile paper lifters shall be used each time the hands manipulate the faucet control.

(b) Each bassinet shall be marked with the mother's name and the baby's birth date.

(c) Each infant shall be given completely individual care in his own bassinet.

(d) The use of a common carrier for transporting babies is prohibited.

(e) Receptacles for soiled diapers shall be kept covered.

(f) An immediate report of inflammation or pus in the eyes of the newborn infants shall be made to the physician in charge and to the hospital administrator.

R 325.1056 Formulas and water solutions for infant feeding. Rescinded.

Rule 56. (1) Infant formulas and water solutions prepared in the hospital for use in infant feeding shall be made and used with the following restrictions:

(a) A separate room shall be provided for the preparation of infant formulas and water solutions and shall be reserved for this purpose only.

(b) The formula room shall contain a handwash lavatory with tempered running water, soap, and individual towels in a towel dispenser for hand washing.

(c) The formula room shall have a double compartment sink with hot and cold running water for use in the preparation of infant formulas and water solutions.
(d) The formula room shall contain enclosed cabinets for storage of supplies used in the preparation of infant formulas and water solutions.
(e) Cleaning supplies used in the formula room shall be stored in a separate cabinet clearly identified for this purpose only.
(f) A refrigerator shall be available exclusively for the storage of infant formulas and water solutions requiring refrigeration.
(g) After nipping and capping each individual unit of infant formula or water solution prepared in the formula room, the unit shall be subjected to a terminal sterilizing process at a minimum of 230 degrees Fahrenheit at 7 pounds pressure for 10 minutes.
(h) Nipples shall not be changed following sterilization. Provision shall be made to protect the sterility of the units in transportation from the formula room to the infant.
(i) The sterility of infant formulas and water solutions prepared in the formula room and the attached nipples shall be checked by bacteriologic methods at least once a month.
(j) Records of the bacteriologic check of infant formulas and water solutions prepared in the formula room and the attached nipples shall be maintained for 1 year from the date of bacteriologic check.
(k) The hospital shall develop and have available written policies for the preparation, storage, distribution, and use of infant formulas and water solutions prepared in the formula room.
(l) Commercially prepared and prepackaged infant formulas and water solutions used for infant feeding shall be used with the following restrictions:
   (a) The director of public health shall approve each type of packaged unit of commercially prepared and prepackaged infant formula and water solution before it can be used for infant feeding.
   (b) Disposable components of commercially prepared and prepackaged infant formula and water solution units shall not be reused.
   (c) Enclosed cabinets shall be provided for the short-term storage of commercially prepared and prepackaged infant formulas and water solutions removed from their original shipping carton and not requiring refrigeration.
   (d) Nipples shall not be changed following assembly of commercially prepared and prepackaged infant formula and water solution units.
   (e) A refrigerator shall be available exclusively for the storage of infant formulas and water solutions requiring refrigeration.
   (f) Provision shall be made to protect the sterility of the commercially prepared and prepackaged formula and water solution units in transportation from the point of unit assembly to the infant.
   (g) The hospital shall develop and have available written policies for the storage, assembly, distribution, and use of commercially prepared and prepackaged units of infant formula and water solution used for infant feeding.

R 325.1057 Care of mothers. Rescinded.

Rule 57. The care of mothers shall include:
   (a) Individual perineal care.
   (b) Individual breast care.

R 325.1058 Mothers' records. Rescinded.

Rule 58. (1) Mothers' records shall contain:
   (a) Past history, including:
       (i) Number, complications, and outcome of all previous pregnancies.
(ii) Number of now living children.
(iii) Type of previous deliveries.
(iv) Birth weights of infants.
(v) Date of delivery of last viable fetus.
(vi) Significant past medical and family history.
(vii) Weight before present pregnancy.
(viii) Weight gain during this pregnancy.
(b) The following information about the present pregnancy and labor:
(i) Prenatal complications.
(ii) History of recent exposure to communicable disease or diarrhea or other communicable disease in the mother or family.
(iii) Time of onset of labor.
(iv) Frequency and intensity of contractions.
(v) Condition of the membranes.
(vi) Any symptoms of toxemia.
(vii) Amount and character of any bleeding.
(viii) Time and amount of last meal.
(2) Except in emergencies, the patient's admission examination shall record the following information:
(a) Temperature, pulse, respiration and blood pressure.
(b) Weight.
(c) Skin lesions, degree of edema, condition of the throat, lungs, and heart.
(d) Presentation and position of the fetus.
(e) The rate and character of the fetal heart.
(f) A urine analysis.
(g) An estimation of the degree of engagement of the presenting part and the amount of cervical effacement dilation.
(h) A determination of the pelvic measurements, if not already done.
(3) A delivery room record book shall be maintained with chronological entries of all deliveries including items pertinent to the history of each delivery.
(4) Each maternity record shall contain a physician's signed report of the physical condition of the mother immediately before she is discharged from the hospital.

R 325.1059 Infants' records. Rescinded.

Rule 59. (1) Records of infants shall include information sufficient to duplicate a birth certificate. This information shall be recorded in ink within 48 hours after the birth of each infant.
(2) The record of each newborn infant shall contain the physician’s signed report on the physical condition of the infant immediately before the infant is discharged from the hospital.
(3) Infants' records shall be separate from mothers' records.

R 325.1071 Definition of hospital. Rescinded.

Rule 71. A hospital is:
(1) An establishment which meets the definitions of a maternity hospital as given in Act No. 263 of the Public Acts of 1913, being § 131.401 et seq. of the Michigan Compiled Laws.
(2) An establishment offering in-patient services and physical facilities to 4 or more nonrelated individuals requiring diagnosis, treatment, or care for a period of more than 24 hours. Such establishment shall make readily available therein at least clinical laboratory and diagnostic x-ray services, as well as facilities for definitive medical and surgical treatment.

(3) An establishment offering in-patient services and physical facilities in one of the recognized medical specialties to 4 or more nonrelated individuals requiring diagnosis, treatment, and continuing daily care of physicians licensed to practice in Michigan, which establishment shall make readily available therein facilities necessary for definitive treatment in the recognized specialty; provided that the Michigan department of health’s written evaluation of the establishment shall be reviewed by the commissioner’s hospital committee, favorably recommended to the commissioner, and subsequently approved by him before certification.

R 325.1081 Additional requirements for hospitals. Rescinded.

Rule 81. (1) The medical care available for children in the hospital shall be found to be satisfactory in the judgment of the chief of the bureau of maternal and child health of the department.

(2) Patients 12 years of age and under shall be cared for in a pediatric unit which meets the following requirements:

(a) It shall be segregated from the adult unit and consist of at least 2 rooms.
(b) Each room shall have a hand wash lavatory with gooseneck outlet and wrist, knee or foot controls.
(c) At least 1 room shall be available for use as an isolation room and shall have a toilet in addition to the lavatory for handwashing.
(d) A multipatient room shall provide a minimum of 80 square feet of floor space per bed or crib, and a single room shall provide 100 square feet of floor space per bed or crib.
(e) A multipatient room shall provide a minimum work clearance of 3 feet around beds, cribs, and bassinets.
(f) A bassinets shall provide a minimum area of 40 square feet per bassinet.
(3) A pediatric unit of 16 beds or more shall meet the following additional requirements:
(a) A graduate professional nurse currently registered in this state shall be assigned to the unit at all times and be responsible for nursing care in the unit.
(b) The unit shall have a separate nursing station.
(c) The unit shall have utility rooms.
(d) The unit shall have a room for examinations and treatments.
(e) The unit shall have a playroom.
(f) The unit shall have bathroom facilities.
(g) The unit shall have provisions for storage and distribution of food and nourishment.
(h) The unit shall provide space for storage and a janitor’s closet shall be located in the unit or close by.

(4) A hospital providing care for premature infants shall have at least 2 incubators and other equipment, facilities, and personnel necessary to adequately care for these infants.

R 325.1100 Licensing of hospitals. Rescinded.

Rule 100. (1) Until such times as rules are promulgated under the authority of section 5 of Act No. 17 of the Public Acts of 1968, licensing of all hospitals shall be based upon compliance with the
minimum standards for hospitals set forth in R 325.1001 to R 325.1081 of the Michigan Administrative Code,

(2) An application for a license shall be made on forms authorized and provided by the director of public health and shall be completed in full.
NOTICE OF PUBLIC HEARING

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

NOTICE OF PUBLIC HEARING
Thursday, June 6, 2019
2:00 pm
Location: G. Mennen Williams Building - Auditorium
525 W. Ottawa Street, Lansing, Michigan

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

**Licensing Health Facilities or Agencies (ORR # 2017-101 LR LR)**


**Overview:** This new single set of administrative rules replaces six individual rules sets for the licensing health facilities and agencies. This new rule set has been updated to comport with current practice standards, to harmonize them with current federal law and regulations, and to reflect the current organization of state licensing functions. The purpose of promulgating a single new rule set for health facility or agency licensing is to better protect the health safety and welfare of individuals receiving care and services in or from a health facility or agency and to assure the medical accountability for reimbursed care provided by a certified health facility or agency participating in a federal or state health program.

**Complaints (ORR # 2017-095 LR)**


**Public Inspection of License Records (ORR # 2017-096 LR)**


**Hospice and Hospice Residences (ORR # 2017-097 LR)**


**Minimum Standards for Hospitals (ORR # 2017-098 LR)**

**Authority:** By authority conferred on the department of licensing and regulatory affairs by sections 2226(d), 2233, and 20171 of the public health code, 1978 PA 368, MCL 333.2226 (d), 333.2233, and 333.20171, section

**Nursing Homes and Nursing Care Facilities (ORR # 2017-099 LR)**


**Overview:** The above 6 rules sets are being rescinded and replaced by one new single rule set: licensing health facilities and agencies (2017-101 LR).

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 Friday, June 7, 2019 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: LARA-BCHS-Training@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: [https://dtmb.state.mi.us/DTMBORR/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1= Bureau+of+Community+and+Health+Systems](https://dtmb.state.mi.us/DTMBORR/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) 241-7500.
These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the department of licensing and regulatory affairs by sections 2226(d), 2233, 20115, 20145, 20171, 21741, and 21795 of the public health code, 1978 PA 368, MCL 333.2226(d), 333.2233, 333.20115, 333.20145, 333.20171, 333.21741, and 333.21795; section 9 of the executive organization act of 1965, 1965 PA 380, MCL 16.109; and, Executive Reorganization Order Nos. 2003-1 and 2011-4, MCL 445.2011; and 445.2030)
PART 1. GENERAL PROVISIONS

R 325.20101 Applicability. Rescinded.

Rule 101. These rules provide for the licensure of nursing homes, including county medical care facilities and child care homes and units, and for the certification of all of the following:

(a) Intermediate (or basic nursing) care facilities (ICF).
(b) Skilled nursing facilities (SNF).
(c) Intermediate care facilities/developmentally disabled (ICF/DD).
(d) Nursing facilities for the care of the mentally ill.
(e) Nursing facilities for the care of the developmentally disabled.
(f) Nursing facilities for the care of tuberculosis patients pursuant to the code.

R 325.20102 Definitions; A to H. Rescinded.

Rule 102. As used in these rules:

(a) "Applicant" means a person applying to the department for a nursing home or a nursing care facility license or any other permit or certification pursuant to state or federal law or these rules.
(b) "Basic nursing facility" means a nursing care facility, or distinct part thereof, which has been certified by the department as an intermediate care facility.
(c) "Change in ownership," for purposes of section 20142(3) of the code, means a transfer of the property of a nursing care facility from one owner to another where the new owner will use the transferred assets as a nursing care facility operated by the new owner subsequent to the transfer.
(d) "Child care home" means a nursing home which is designed, staffed, and equipped exclusively to accommodate patients under 15 years of age who do not require hospital care, but who are in need of nursing care because they cannot be cared for effectively in their own homes or in home substitutes, and which has been licensed by the department as meeting the requirements of part 14 of these rules.
(e) "Child care unit" means a clearly identifiable distinct part within a nursing home which is designed, staffed, and equipped to accommodate a specific number of patients under 15 years of age and which has been licensed by the department as meeting the requirements of part 14 of these rules.
(f) "Child" means a person under 15 years of age.
(g) "Code" means 1978 PA 368.
(h) "County medical care facility" means a nursing care facility, other than a hospital long-term care unit, which provides organized nursing care and medical treatment to 7 or more unrelated individuals who are suffering or recovering from illness, injury, or infirmity and which is owned and operated by a county or counties.
(i) "Correction notice" means a notice to a nursing home specifying violations of the code or these rules, corrective action to be taken, and the period of time in which the corrective action is to be completed.
(j) "Department" means the department of licensing and regulatory affairs.

(k) "Distinct part" means a clearly identifiable area or section within a nursing care facility consisting of at least a nursing unit, wing, floor, or building containing contiguous rooms providing a specific type or level of care and service. The distinct part may share services, such as management services, building maintenance, and laundry, with other units.

(l) "Home" means a nursing home.

R 325.20103 Definitions; I to N. Rescinded.

Rule 103. As used in these rules:

(a) "Intermediate care facility" or "ICF" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting applicable requirements set forth in part 15 of these rules.

(b) "Intermediate care facility/developmentally disabled" or "ICF/DD" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the applicable requirements of part 15 of these rules.

(c) "Licensed bed capacity" means the authorized and licensed bed complement of a nursing home or nursing care facility as shown on or included within its license.

(d) "Licensee" means a person possessing a currently valid nursing home license.

(e) "Nursing care facility" means a licensed nursing home or county medical care facility or a hospital long-term care unit in a licensed hospital.

(f) "Nursing care facility for the care of mentally ill patients" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the requirements of part 16 of these rules.

(g) "Nursing care facility for the care of developmentally disabled patients" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the requirements of part 17 of these rules.

(h) "Nursing home," for purposes of licensure under the code and these rules, includes a county medical care facility.

(i) "Nursing home task force" means task force 4 created by section 20127 of the code.

R 325.20104 Definitions; O to W. Rescinded.

Rule 104. As used in these rules:

(a) "Ownership interest" means the ownership or control of 5% or more of the equity in the capital of, or stock in, or interest in the profits of, a nursing home.

(b) "Provisional license" means a limited license issued pursuant to section 21757 of the code and R 325.20210.

(c) "Public place" or "area accessible to patients, employees, and visitors" means any 1 of the following locations in a home if open to patients, employees, and visitors:

(i) The main entry or hallway.

(ii) The reception area or foyer.

(iii) The patient dining room or multipurpose room.

(d) "Sale of a nursing home" means a change in ownership by sale.

(e) "Skilled nursing facility" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the applicable requirements set forth in part 15 of these rules or which is so certified by the U.S. secretary of health and human services.
(f) "Warning notice" means an advisory letter to a nursing home indicating a problem or violation of the code or these rules which requires prompt correction.

R 325.20106 Terms defined in code. Rescinded.
   Rule 106. Terms defined in the code have the same meanings when used in these rules.

R 325.20107 Document type size. Rescinded.
   Rule 107. When the statute or these rules require a document or parts of a document to be printed in 12-point type, the distance between the top of the ascenders and the bottom of the descenders in all type used in such document or specified parts of such document shall be not less than 1/6 of an inch in height.

R 325.20108 Licensure and certification; eligibility requirements. Rescinded.
   Rule 108. (1) To be eligible for licensure as a nursing home, an applicant shall meet the applicable requirements of the code and parts 2 to 14 of these rules.
   (2) To be eligible for certification as any of the following, a nursing care facility shall meet the requirements of the code and the applicable parts of parts 15 to 18 of these rules:
   (a) An intermediate (or basic nursing) care facility.
   (b) A skilled nursing facility.
   (c) An intermediate care facility/developmentally disabled.
   (d) A nursing facility for the care of mentally ill patients.
   (e) A nursing facility for the care of developmentally disabled patients.
   (f) A nursing facility for the care of tuberculosis patients.

R 325.20109 State, federal, and local laws, rules, codes, and ordinances; compliance. Rescinded.
   Rule 109. A nursing care facility which is licensed or certified shall comply with applicable state and federal laws and rules and shall furnish such evidence as the department may require to show compliance with such laws and rules and applicable local rules, codes, and ordinances, as a condition of licensure or certification.

R 325.20110 Licensed bed capacity. Rescinded.
   Rule 110. (1) The department shall endorse on the face of each nursing care facility license the number of beds for which the license is issued. The number of patients cared for in a nursing care facility and the number of unoccupied patient beds shall not exceed the number authorized by the license. A nursing care facility issued a license or certification is subject to the standards required for its authorized bed capacity without regard to any other licensure. Any proposed change in the number of patient beds shall be reported to the department in accordance with part 221 of the code. The department, with prior notification, may approve a temporary reduction for purposes including renovation, maintenance, or new construction when required for the health, welfare, and safety of patients. Any other reduction in the number of patient beds available for use, whether or not a certificate of need is required, shall automatically reduce the licensed bed capacity of the nursing care facility by the amount of such reduction.
(2) The issuance of a license or certification is not a determination of the need for a nursing care facility, or distinct part thereof, or of compliance with part 221 of the code.

R 325.2011 Governing bodies, administrators, and supervisors; responsibilities. Rescinded.

Rule 111. (1) The governing body of a nursing home shall assume full legal responsibility for the overall conduct and operation of the home. In the absence of an organized governing body, the owner, operator, or person legally responsible for the overall conduct and operation of the home shall carry out the functions of the governing body.

(2) The governing body shall appoint a licensed nursing home administrator and shall delegate to the administrator the responsibility for operating the home in accordance with policies established by the governing body. An administrator and all other persons in supervisory positions shall be not less than 18 years of age.

(3) An administrator shall designate, in writing, a competent person who is not less than 18 years of age to carry out the responsibilities and duties of the administrator in the administrator's absence.

R 325.20112 Policy on patient rights and responsibilities. Rescinded.

Rule 112. (1) A nursing home shall develop, adopt, post in a public place, distribute, and implement a policy on the rights and responsibilities of patients in accordance with the requirements of sections 20201, 20202, and 20203 of the code.

(2) For purposes of section 20201(2)(a) of the code, denial of care on the basis of source of payment shall include, when a nursing home or nursing care facility is certified for medicare or medicaid, discrimination in favor of or against a beneficiary of 1 of those programs by giving unequal or priority preference to patients with other payment sources.

(3) For purposes of section 20201(2)(d) of the code, the term "privacy" means that private times are assured, including all of the following:

(a) Toileting.
(b) Dressing.
(c) Bathing.
(d) Medical treatment and consultation.
(e) Conjugal visits.

The term also includes the assurance that a patient in a private room shall be allowed to have his or her door closed, except that a physician or nursing personnel may enter when required to provide necessary observation, care, or treatment and when the patient is advised in advance that such entry may be required.

(4) For purposes of section 20201(2)(i) of the code, the term "available through the facility" means all sources of payment accepted by the facility, and when the facility is certified for medicare or medicaid, the information shall include those benefits.

(5) For purposes of section 20201(3)(b) of the code, "special circumstances" shall include work hours, distance from the home, and the age of the visitor.

(6) For purposes of section 20201(4) of the code, "harassment" includes verbal as well as physical harassment and interference with the patient's daily activities.

(7) The policy prescribed in section 20201(3)(h) of the code shall include an assurance that the home will make a reasonable effort to provide access to records for purposes of inspection and copying at the time of receipt of a written request, if the request is made during normal office hours.
(8) The patient rights and responsibilities policy shall include provisions regarding smoking as provided by section 21733 of the code.

(9) The policy on patient rights and responsibilities shall be written in 12-point type and shall be explained to the patient or to the person legally responsible for the patient in a manner that he or she can reasonably be expected to understand. Inservice training provided by the home to its staff shall include instruction in the patient’s rights and responsibilities adopted by the home and the manner in which such rights and responsibilities are respected and violations avoided.

R 325.20113 Adoption of written procedures to implement patient rights and responsibilities policy.

Rule 113. (1) A home shall adopt written policies and procedures to implement patient rights and responsibilities as provided by section 21765 of the code. Before and following the patient’s admission, such policy and procedures shall be available, upon request, to all the following:

(a) The patient.
(b) Attending physician.
(c) Next of kin.
(d) Member of the family.
(e) Guardian.
(f) Designated representative.
(g) Person or agency responsible for placing and maintaining the patient in the home.
(h) Employees of the facility.
(i) Public.

(2) The procedures shall include a procedure for the initiation, investigation, and resolution of complaints, subject to department approval, and, at a minimum, all of the following:

(a) A statement that a patient may have the alternative to complain either to the home or the department about any condition, event, or procedure in the home without citing a specific violation of the code or these rules.
(b) A procedure for submitting written complaints to the home identifying potential violations of law or rule, including a procedure to assist a complainant in reducing an oral complaint to writing when such oral complaint is not resolved to the satisfaction of the complainant. If a standard form is used for complaints, a copy of the form shall be provided to each patient at the time of admission and additional forms shall be available on request.
(c) The name, title, location, and telephone number of the individual in the home who is responsible for receiving complaints and conducting complaint investigations and a procedure for communicating with that individual.
(d) A requirement that all complaints be investigated within 15 days following receipt of the complaint by the home, and a requirement that, within 30 days following receipt of the complaint, the home shall deliver to the complainant a written report of the results of the investigation or a written status report indicating when the report may be expected.
(e) A mechanism for appealing the matter to the administrator of the home if the complainant is not satisfied with the investigation or resolution of the complaint.

(3) A home shall maintain for 3 years written complaints filed under its complaint procedure and all complaint investigation reports delivered to each complainant, and such records shall be available to the department upon request.
R 325.20114 Complaints to the department. Rescinded.

Rule 114. (1) When a person files a written complaint against, and requests investigation of, a nursing home pursuant to section 21799a of the code, the following provisions apply:

(a) Such complaint, if alleging a nonrecurring violation, shall be made within 12 months of the discovery of the violation or, if the complaint has been initially filed with the home, within 12 months following a final determination in the matter by the home.

(b) Such complaint, if alleging a recurring violation, shall be made within 12 months of the last alleged occurrence cited in the complaint or within 12 months following a final determination in the matter by the home.

(2) If a complaint is not filed within the 12-month period specified in subrule (1)(a) and (b) of this rule, the department may consider the complaint based upon information supplied by the complainant as to the reasons for the failure to file within the 12-month period.

(3) Complaints shall be in writing, shall be signed by the complainant, and shall indicate the name and address of the home, the nature of the complaint, and the complainant's name, address, and telephone number. If a complaint is oral, the department shall assist the complainant in reducing the oral complaint to writing within 7 days after the oral complaint is made.

(4) Anonymous complaints shall be received and given to the appropriate licensing personnel to be evaluated not later than the next visit to the facility.

(5) A complainant who is dissatisfied with the written determination or investigation of the department may request a hearing in accordance with the procedures set forth in R 325.21918 of these rules.

(6) As used in this rule, "written determination" means a department complaint investigation report or a letter to the complainant if the letter supplants such report.

R 325.20115 Patient trust funds. Rescinded.

Rule 115. (1) A nursing home shall develop a policy regarding the holding of monies in trust for patients. A representative payee, unless authorized in writing by the patient or patient guardian, shall not function as the person designated to handle the personal property of the patient for purposes of this rule. The policy established by the nursing home may provide that the home will not handle monies of any patient which exceed the sum of $5,000.00. A home may charge a reasonable fee, not to exceed the actual cost of providing the service, the fee charged to other patients, or the amount of interest which accrues on all trust monies deposited for such patients for whom the service is provided. In the case of patients who are physically or mentally incapable of handling their own money and who do not have a legal guardian or other person designated in writing to handle the personal property of the patients, the home may charge a fee as specified in this rule.

(2) At the time of admission, a nursing home shall provide each patient and the patient's legal guardian or designated representative with a written statement which states all of the following:

(a) That there is no obligation for the patient to deposit his or her funds with the facility.

(b) The patient's rights regarding personal funds, including, at a minimum, all of the following:

(i) The right to receive, retain, and manage his or her personal funds or to have this done by a legal guardian, if any.

(ii) The right to apply to the social security administration to have a representative-payee designated for purposes of federal or state benefits to which he or she may be entitled.

(iii) The right to designate, in writing, another person to act for the purpose of managing his or her personal funds.

(iv) The right to authorize, in writing, the nursing home to hold, safeguard, and account for the patient's personal funds in accordance with state law and the nursing home policy.
The nursing home's policy for handling patient funds shall include the provision that it will provide the service of holding monies in trust for persons who are incapable of handling their own funds and who have no guardian or designated representative to provide the service.

In summary form, the home's procedures for handling, accounting for, and giving access to, monies held in trust for patients.

A nursing home shall establish written procedures for implementing its policies for handling patient funds in trust. The written procedures shall cover, at a minimum, all of the following items:

- How and where trust fund records will be kept.
- Patient or patient representative access to records, including the times when access is normally permitted.
- Periodic statements of account.
- Interest on account monies.
- Access to funds held within and outside the facility.
- How to get information regarding trust fund services.

These written procedures shall be made available for inspection by patients and patient representatives, upon request, during normal business hours.

For each patient whose funds it holds, safeguards, and accounts for, the facility shall meet all of the following requirements:

- The nursing home shall maintain current, written, individual records of all financial transactions involving patients' personal funds which the facility has been given for holding, safeguarding, and accounting. The facility shall keep these records in accordance with the American institute of certified public accountants' generally accepted accounting standards, and the records shall include, at a minimum, all of the following:
  - The patient's name.
  - Identification of the patient's representative, if any.
  - Admission date.
  - Date and amount of each deposit and withdrawal.
  - The name of the person who accepted withdrawn funds.
  - The balance after each transaction.
  - Receipts indicating the purpose stated by the person withdrawing the funds for which the withdrawn funds were to be spent, except that a patient may withdraw his or her own funds without stating a purpose for the withdrawal.
  - The patient's earned interest, if any.
- The home shall provide each patient reasonable access to his or her own financial records, including not less than 2 hours each business day during normal business hours.
- The facility shall provide a written statement, at least quarterly, to each patient or patient representative. The quarterly statement shall reflect any patient funds which the facility has deposited in an interest-bearing account or a non-interest-bearing account, as well as any patient funds held by the facility in a petty cash account. The statement shall include, at a minimum, all of the following:
  - The balance at the beginning of the statement period.
  - Total deposits and withdrawals.
  - Interest earned, if any.
  - Identification number and location of any account in which the patient's personal funds have been deposited.
  - The ending balance.
  - The sources, disposition, and date of each transaction involving the patient's funds during the statement period.
(d) The home shall keep any funds received from a patient for holding, safeguarding, and accounting separate from the facility's funds and from the funds of any person other than patients. Trust funds held by the home for patients may be pooled in an interest-bearing account, as provided in these rules, if individual records are kept and the other requirements of these rules are followed to assure that the funds of each patient are accounted for separately.

(e) A nursing home may keep up to $200.00 of a patient's money in an interest-bearing account or a petty cash fund. The home shall, within 15 days, deposit in an interest-bearing account any funds in excess of $200.00 from an individual patient. The account may be individual to the patient or pooled with other patients. The account shall be in a form that clearly indicates that the facility does not have an ownership interest in the funds. The account shall be insured under federal or state law. At the election of the nursing home, the interest earned on any pooled interest-bearing account shall be distributed in either of the following ways:

(i) Prorated to each patient on an actual interest earned basis.

(ii) Prorated to each patient on the basis of his or her end-of-quarter balance.

(f) At a minimum, in the case of patient monies held in a petty cash fund by the facility, a patient shall have access to his or her funds during normal business hours. The facility shall, upon request or upon the patient's transfer or discharge, return to the patient, the legal guardian, or the designated representative all or any part of the patient's personal funds which the facility has received for holding, safeguarding, and accounting and which are maintained in a petty cash fund. For a patient's personal fund that the facility has received and deposited in an account outside the facility, the facility, upon request or upon the transfer or discharge of the patient, shall, within 3 business days, return all or any part of those funds to the patient, legal guardian, or designated representative.

(5) When a nursing home is serving as a representative payee under the social security act or otherwise receives monthly benefits to which the patient is entitled, it shall fulfill its duties as a representative payee in accordance with federal rules. Except for the patient care portion of such monthly benefits, the home shall deposit all such funds in excess of $200.00, as provided in subrule (4)(e) of this rule, in the patient's trust account. Payments of amounts due from the patient to the nursing home or others shall be made from the patient's trust funds only upon the authorization of the patient or the legal representative of the patient. The home shall not interfere with the right of a patient or patient's representative to control all monies or benefits paid to the patient other than that portion of benefits designated for patient care.

(6) Upon the sale or other transfer of ownership of the nursing home, the home shall provide the new owner with a written accounting, prepared in accordance with the American Institute of Certified Public Accountants' generally accepted auditing procedures, of all patient funds being transferred and shall obtain a written receipt for those funds from the new owner. The facility shall also give each patient or his or her representative a written accounting of a personal fund held by the facility before any transfer of ownership occurs.

(7) A nursing home shall provide the executor or administrator of a patient's estate with a written accounting of the patient's personal belongings and funds within 10 business days of a patient's death. If a deceased patient's estate has no executor or administrator, the facility shall provide the accounting to the patient's next of kin, the patient's representative, and the clerk of the probate court of the county in which the patient died.

(8) A nursing home shall purchase a surety bond to guarantee the security of patients' funds held in trust by the facility, and the surety bond shall be in the name of the individual facility as licensed. The surety bond shall meet the requirements of section 21721(1) of the code, but shall not be less than $2,000.00 for any licensed home.
If a nursing home determines that a patient is incapable of managing his or her own personal funds and that the patient has no legal guardian or patient representative designated to handle the patient's personal property, the facility shall notify the Michigan department of human services, in writing, of its determination.

R 325.20116 Involuntary transfers. Rescinded.

Rule 116. (1) A patient shall not be involuntarily transferred or discharged, except as provided by section 21773 of the code and these rules.

(2) For purposes of section 21773 of the code, all of the following provisions apply:

(a) "Welfare of nursing home employees" means the physical safety of nursing home employees.

(b) The 21-day notice period shall begin on the day the patient or patient's guardian actually receives the written notice.

(c) The home shall maintain a record of efforts to collect payment where nonpayment is the basis for involuntary transfer or discharge and shall be capable of documenting the nonpayment and efforts to collect payment upon request by the department.

(d) The written summary of the discussion required by section 21773(8) of the code shall be available to each person participating in the discussion at the time it is made part of the patient's clinical record.

(e) The home and the department shall assure that the counseling mandated in section 21773(9) of the code is provided.

(f) The department shall monitor counseling of patients who are involuntarily transferred or discharged utilizing appropriate members of the department staff. These same members of the department staff, as part of the monitoring activity, shall be responsible for approving a facility plan to effectuate the orderly and safe transfer or discharge of a patient.

(g) It shall be the objective of a transfer or discharge plan to assure all of the following:

(i) That the proposed new placement is appropriate for the patient's needs and considers the recommendations of the attending physician.

(ii) That the optimum placement is made, insofar as possible, the first time to avoid the necessity for additional transfers at a later date.

(iii) That the patient or the next of kin, guardian, designated representative, agency, or organization responsible for placing and maintaining the patient in a facility is involved in the choice of facility to which the patient is to be transferred.

(iv) That at least 1 counseling session shall be provided for each involuntarily transferred or discharged patient.

(v) That the patient shall have the opportunity to visit the proposed new placement at least once. The visit to the new site may only be waived if the attending physician documents in the patient's clinical record that such a visit is medically contraindicated or if the patient, guardian, or patient representative determines, in writing, that it is not in the patient's best interest. In such instances, the patient shall receive appropriate information, such as floor plans, brochures, pictures, and other documents, to familiarize the patient with the new facility.

(vi) That the department assures that a family member or other appropriate person is available to accompany the patient on the involuntary transfer or discharge from the home to a new placement, unless the patient requests otherwise.

(h) That the department assures that counseling in the new placement is provided following transfer or discharge and that counseling occurs within 72 hours following the transfer or discharge.

(3) For purposes of section 21774 of the code, both of the following provisions apply:
(a) Submission of a hearing request form shall be prerequisite to a patient's appeal of an involuntary transfer or discharge, and any written communication from the patient or the patient's representative to the department shall be accepted as a request for a hearing on the matter if the department has reason to believe the communication is intended to dispute the proposed transfer or discharge.

(b) Hearings shall be conducted informally by a representative of the department at the facility in which the patient is located. The patient and home, or their representative, may state their position and present documents and other proofs at the hearing. Following the hearing, the department shall issue its decision and reasons therefor in writing, which decision shall be final and not subject to further administrative appeal.

(4) This rule shall not apply when a facility discontinues, or is required to discontinue, operations.

R 325.20117 Disaster plans. Rescinded.

R 325.20117 (1) A home shall have a written plan or procedure to be followed in case of fire, explosion, or other emergency.

(2) A disaster plan shall be posted and shall specify all of the following:

(a) Persons to be notified.
(b) Locations of alarm signals and fire extinguishers.
(c) Evacuation routes.
(d) Procedures for evacuating patients.
(e) Frequency of fire drills.
(f) Assignment of specific tasks and responsibilities to the personnel of each shift.

(3) Personnel shall be trained to perform assigned tasks before such assignment.

(4) A disaster plan shall meet with the approval of the state fire marshal.

(5) A disaster plan shall be posted throughout the home in places accessible to employees, patients, and visitors.

(6) A regular simulated drill shall be held for each shift not less than 3 times per year.

PART 2. LICENSURE

R 325.20201 Establishing, maintaining, or operating nursing home without a license prohibited. Rescinded.

R 325.20201 Rule 201. A person shall not establish, maintain, or operate a nursing home unless licensed by the department in accordance with the code and this part.

R 325.20202 Time of application. Rescinded.

R 325.20202 Rule 202. An application for initial licensure may be made at any time. An application for renewed licensure shall be submitted to the department not less than 90 days before the expiration of the current license.

R 325.20203 Content of application. Rescinded.

R 325.20203 Rule 203. (1) An application for an initial or renewed license shall be made on a form authorized and provided by the department, which shall be completed in full in accordance with department instructions. The application form shall be accompanied by the attachments, additional data, and information required by the department.
(2) A complete application shall include, at a minimum, all of the following:
(a) A completed application form, including the assurances described in section 20152 of the code.
(b) Written evidence of appointment of an authorized representative as required by R 325.20204.
(c) Identification of owners and of financially interested persons as required by R 325.20207.
(d) The applicable license fee.
(e) Evidence of a currently valid certificate of need if applicable.
(f) Additional information specified in departmental instructions.

R 325.20204 Authorized representative. Rescinded.
Rule 204. An application for an initial or renewed license or certification shall be signed by the owner or an authorized representative who shall, at a minimum, be authorized to act as agent for the owner or owners with respect to doing any of the following:
(a) Submitting the application and making amendments thereto.
(b) Providing the department with all information necessary for a determination with respect to the application.
(c) Entering into agreements with the department in connection with licensure or certification.
(d) Receiving notice and service of process on behalf of the applicant in matters relating to licensure or certification.

R 325.20205 Processing the application. Rescinded.
Rule 205. (1) The department shall review all applications to determine whether they are complete and shall promptly notify the applicant in writing if additional information is required to complete the application or determine compliance with the code and these rules. The department shall investigate and consider each completed application.
(2) By applying for or accepting a license or a permit, an applicant or licensee authorizes the department and its representatives to conduct the surveys, inspections, and investigations necessary to determine compliance with applicable licensing standards.

R 325.20206 Surveys and investigations. Rescinded.
Rule 206. (1) The department shall conduct a survey and investigation of a nursing home for initial licensure within the 3-month period following receipt of the application or, in the case of renewals, within the 3-month period before the expiration date of a license. A license shall only be issued or renewed if the department, after completing such a survey and investigation, finds the facility to be in substantial compliance with the requirements of the code and these rules.
(2) The department may take additional visits, inspections, and investigations for the purpose of survey, evaluation, consultation, or enforcement of these rules and the code.
(3) Surveys and investigations pursuant to this part may include, but are not limited to, all of the following:
(a) Inspections of the facility and its operation and maintenance.
(b) Inspection and copying of books, records, patient clinical records, and other documents maintained by the facility.
(c) The acquisition of other information, including otherwise privileged or confidential information, from any other person who may have information bearing on the applicant's or licensee's compliance or ability to comply with the applicable requirements for licensure.
(4) When making a survey or investigation, the department representative or representatives shall present proper identification. For this purpose, "proper identification" means a card issued by the department certifying that the holder is an employee of the department.

Rule 207. (1) An applicant or licensee shall include all of the following with its application for an initial or renewed license:
   (a) The name, address, principal occupation, and official position of all persons who have an ownership interest in the home.
   (b) The name, address, principal occupation, and official position of each trustee for a voluntary nonprofit corporation.
   (c) The most recent disclosure of ownership and related information prepared pursuant to the federal medicare medicare–medicaid anti-fraud and abuse amendments of 1977, Public Law 95-142, 42 U.S.C. §1320a-3 and regulations promulgated thereunder.
   (d) If a home is located on or in leased real estate, the name of the lessor and any direct or indirect interest the applicant or licensee has in the lease other than as lessee.

(2) The department may accept reports filed with the securities and exchange commission as compliance with this rule, if the department determines that such reports contain the information required.

R 325.20208 Action on applications for licensure. Rescinded.
Rule 208. (1) With respect to any application for licensure, on the basis of the information supplied by the applicant and any other information available to it, including facility survey inspection and investigation, the department shall take 1 of the following actions:
   (a) Issue or renew the license.
   (b) Issue or renew a provisional license.
   (c) Issue a temporary unrenewable permit.
   (d) Issue or renew a license based upon an approved building program.
   (e) Issue a limited license with such conditions or restrictions, or both, as the department determines necessary to carry out the purposes of the code.
   (f) Deny an initial or renewed license.
   (g) Take other action consistent with the purposes of the code.

(2) Action by the department pursuant to subrule (1) (b), (c), (e), or (f) of this rule shall be preceded by a notice of intent and an opportunity for a hearing in accordance with part 19 of these rules. In all other cases, the determination of the department shall be final.

R 325.20209 Term of license or certification. Rescinded.
Rule 209. A license or certificate shall expire on the date shown on its face or 1 year after the date of issuance, whichever is sooner, unless renewed or terminated in accordance with the code or these rules.

R 325.20210 Provisional licenses. Rescinded.
Rule 210. When a provisional license is issued by the department, such license shall expire on the date set forth on its face or the first anniversary of its issuance, whichever is sooner. The holder of a provisional license shall apply for a license not less than 90 days before the expiration date of the provisional license. The department may renew a provisional license 1 time only for 1 year or a shorter period if, in its discretion, the department determines that the purposes of the code will be served thereby.

R 325.20211 Temporary permits. Rescinded.
- Rule 211. (1) The department may issue a temporary permit to an applicant pursuant to section 20162(3) of the code when, in the department's discretion, additional time is needed for the department's survey, inspection, or investigation of the applicant or additional time is needed for the applicant, including initial applicants and applicants applying because of changes in ownership, to undertake remedial action as described in section 20162(2) of the code.
- (2) A temporary permit shall expire on the date set forth on its face or 6 months after the date of its issuance, whichever is sooner. The holder of a temporary permit shall apply for a license not less than 90 days before the expiration date of the temporary permit. A temporary permit is not renewable.

R 325.20212 Notice to department of change in information required; transfer of license; posting. Rescinded.
Rule 212. (1) A license is issued on the basis of information available to the department on the date of issuance. An applicant or licensee shall give written notice to the department within 5 business days of any change in information submitted as part of an application for initial or renewed licensure.
- (2) A license is not transferable between buildings, properties, or owners, from one location to another, or from one part of an institution to another. A change in ownership shall be reported pursuant to section 20142(3) of the code.
- (3) The current license shall be posted in a conspicuous public place in the home. For purposes of this rule, the term "license" includes a provisional license, limited license, or a temporary permit.

R 325.20213 Construction and major alterations of nursing homes. Rescinded.
Rule 213. (1) A home shall not contract for or initiate either of the following projects without first obtaining a construction permit from the department:
- (a) A project for which a construction permit is required by section 20145 of the code.
- (b) A project to expand or change service areas for services provided which involves major alterations.
- (2) The owner or governing body of a home or proposed home shall submit plans for projects described in subrule (1) of this rule to the department for review and approval before contracting for and initiating such projects. The department shall approve the plans if it determines that the project is designed and constructed in accord with applicable statutory and regulatory requirements.
- (3) A major alteration is deemed to be any extensive structural alteration of an existing building area involving significant changes in the interior configurations or intended use by the moving of partitions of a number of rooms and involving an expenditure in an amount in excess of $25,000.00. Removal of a partition between 2 adjacent rooms to provide additional room space is not deemed to be a major
alteration, unless it exceeds $25,000.00 in cost or unless multiple changes are to be made for a changed use of an entire wing or area and extensive plumbing or electrical wiring changes are required.

(4) The department may waive the applicability of this rule if it determines the waiver will not affect the public health, safety, and welfare.

R 325.20214 Prohibited terms. Rescinded.
Rule 214. In addition to the terms whose use is limited by the code, the use of the words "state approved" or words having a similar meaning is prohibited unless the home is operated under a current license.

R 325.20215 Public inspection of license records. Rescinded.
Rule 215. (1) Unless otherwise provided by law, records pertaining to licensure and certification are available for public inspection and copying during business hours on the days when the bureau of health care services, Michigan department of licensing and regulatory affairs, is open for business.

(2) The department shall delete from licensing and certification records made available for inspection any matters or items of information exempt from disclosure under law. Fees related to requests for inspection or copies of licensing and certification records shall be assessed in accordance with applicable law and department procedures.

(3) Arrangements for the inspection or copying of licensing and certification records shall be made with the bureau of health care services in the department.

PART 3. ACCESS TO NURSING HOMES AND PATIENTS

R 325.20301 Access to nursing home patients by approved organizations; application. Rescinded.
Rule 301. (1) Organizations which are approved pursuant to this part, or the designated and properly identified representatives, shall have access to nursing home patients as provided in section 21763 of the code.

(2) An organization shall not represent itself as an approved organization for purposes of section 21763 of the code, unless approved by the director pursuant to this part.

(3) An organization desiring to have access to a home and its patients, as provided in section 21763 of the code, shall apply to the director for approval.

(4) An application for approval shall include, at a minimum, all of the following:
   (a) The name, address, principal occupation, and official position of all persons who have an ownership interest, all directors, officers, officials, and trustees.
   (b) A copy of the articles of incorporation and bylaws of the organization, if any.
   (c) The applicant's proposed service area, the services proposed to be delivered, and a statement that the services provided to nursing home patients shall be without charge.
   (d) Evidence that the applicant is a bona fide community organization or legal aid society with nonprofit status which has as one of its primary purposes the rendering of assistance to nursing home patients without charge.
   (e) Additional information specified in the department's instructions required to determine compliance with the code and these rules.
(5) The provisions of this part shall not diminish the right of patients to receive or refuse to receive visitors pursuant to section 20201(3)(b) of the code.

R 325.20302 Patient access application; processing procedure. Rescinded.

Rule 302. (1) The department shall determine whether an application for approval is complete and shall notify the applicant in writing if additional information is required to complete the application or determine compliance with the code or these rules.

(2) When an application is deemed complete, the department shall forward the application and any related information to the nursing home task force for consideration. The task force, in accord with its procedures, shall advise the director on the application within 10 working days.

(3) By applying for or accepting approval pursuant to section 21764 of the code, an organization authorizes the department to conduct the investigation necessary to determine initial and continued compliance with the requirements for approval at any time before or after the grant of approval.

(4) On the basis of the information supplied by the applicant or any other information available, including the advice of the nursing home task force, the director shall grant or deny approval to the applicant, shall notify the applicant of the decision, and shall notify the nursing care facilities in the applicant’s service area of any decision of approval.

(5) An appeal of the director’s decision to the nursing home task force pursuant to section 21764(4) of the code shall be conducted informally, as prescribed by the task force, and the decision of the task force is final, binds the director, and is not subject to further administrative appeal.

R 325.20303 Patient access approval; change in circumstances; review of approvals; termination of approvals. Rescinded.

Rule 303. (1) Patient access under section 21764 of the code is issued on the basis of information available on the date of issuance, and an approved organization shall give written notice to the department within 10 business days of any changes in information submitted to the department in the application. An approval is effective until terminated by the department at any time for failure to meet the requirements of the code and these rules. The department’s decision to terminate approval may be appealed as provided in R 325.20302(5).

(2) The nursing home task force shall annually, in accord with its procedures, or at the request of the director, review approvals granted and in force pursuant to section 21764 of the code and shall make recommendations to the director as to whether such approvals shall be continued or cancelled.

R 325.20304 Patient access: adoption of a procedure to identify representatives of approved organizations; complaints. Rescinded.

Rule 304. (1) A nursing home shall adopt a procedure by which a representative of an approved organization may be identified to the home and the patient, as provided in section 21763(2) of the code, without undue delay not to exceed 30 minutes. Representatives of approved organizations shall carry and, upon request, shall show official identification issued by the organization.

(2) Complaints by nursing homes pursuant to section 21763(4) of the code shall be made to the nursing home task force in accordance with procedures established by that body. Complaints shall be reviewed by the task force under procedures established by it, and a decision of the task force following such review is final, binds the director, and is not subject to further administrative appeal.
PART 4. ADMINISTRATIVE MANAGEMENT OF HOMES


Rule 401. (1) The home shall make immediately available for on-site inspection by the department an administrative policy manual which shall include, at a minimum, all of the following:

(a) Admission policies, including a copy of the contract form used by the home when admitting patients.
(b) Governing body bylaws or equivalent, if any.
(c) The nursing home departmental policies.
(d) Personnel policies and job descriptions.
(e) Patient bill of rights and responsibilities.
(f) Transfer agreements.
(g) Contracts with providers of health care and health services.
(h) Disaster and emergency plans.
(i) A list of approved abbreviations used in recording administrative orders.

(2) The administrative policy manual shall be reviewed annually by the governing body, owner, or operator and shall be revised as appropriate. Dates of reviews and revisions shall be a matter of record in the home.

R 325.20402 Health of employees and others providing care. Rescinded.

Rule 402. (1) An employee shall be in good health and free from communicable disease. A nursing home or nursing care facility shall maintain employee files containing evidence of preemployment physical examinations, including baseline screening for communicable diseases or immunizations, and records of illness and accidents occurring on duty.

(2) Volunteers, students, and other persons who have direct physical contact with patients or food while providing care or services in the facility may participate only when free of signs of infection.

(3) The facility shall adopt and implement an educational program to ensure that care providers are aware of and practicing acceptable infection control measures.

R 325.20403 Admission policies. Rescinded.

Rule 403. (1) A home shall have a written admission policy that is available upon request, before and following the patient’s admission, to all of the following:

(a) The patient.
(b) Attending physician.
(c) Next of kin or member of the family.
(d) Guardian.
(e) Designated representative.
(f) Person or agency responsible for placing and maintaining the patient in the home.
(g) Employees of the facility.
(h) The public.

(2) A patient shall only be admitted to a home on the recommendation and referral of a physician licensed to practice in Michigan.
(3) Before but not later than at the time of admission of a patient, an attending physician shall be designated to be responsible for the medical care and supervision of the patient.

(4) A home shall not accept a patient for care who is less than 15 years of age, unless that home is specifically licensed and approved by the director to accept children as patients; however, the director, upon written application by a child’s parent or guardian and written recommendation by a child’s physician, may authorize a child’s admission to a home not so licensed when the director determines that there is no licensed child care home or child care unit in the subareas, as defined by the department, and the admission is determined to be in the interest of the child’s health and welfare.

R 325.20404 Illnesses; accidents; and incidents. Rescinded.

Rule 404. (1) In case of an accident or incident involving a life-threatening change in a patient’s condition, the administrator or his or her designated representative shall immediately notify the attending physician and the legal guardian, if any. In the absence of a legal guardian, or if unable to contact the guardian, the home shall notify the next of kin, the person responsible for placing the patient in the home, or the patient’s designated representative. A record of the notification, including the names and the time notified, shall be recorded in the patient’s clinical record.

(2) Immediate investigation of the cause of an accident or incident involving a patient, employee, or visitor shall be initiated by the administrator or his or her designated representative, and an appropriate accident record or incident report shall be completed.

(3) The suspected occurrence of any reportable disease or condition shall be reported to the department and to the local health department in accordance with published regulations.

(4) The administrator or his or her designated representative shall furnish all available pertinent information related to such disease or poisoning to the department and the local health department and shall cooperate with the department, local health department, or others designated by the department as appropriate to the resolution of the problem.

R 325.20405 Patient deaths. Rescinded.

Rule 405. When a patient dies, the administrator or his or her designated representative shall immediately notify the attending physician, the next of kin, the legal guardian or designated representative, and, as soon as possible, the person or agency responsible for placing and maintaining the patient in the home. A signed record of this notification, including the names of the persons notified and the time notification was made, shall be recorded on the patient’s clinical record.


Rule 406. To protect the rights of patients under section 20201 of the code and other relevant provisions of the code, the following requirements shall be complied with:

(a) A nursing home shall assure that information transmitted to a patient or designated representative shall be communicated in such a manner that there is reasonable assurance that the patient understands. Where the patient’s condition is such that he or she cannot be made to understand, the information shall be communicated to the patient’s representative or guardian in such a manner that the representative or guardian can understand. Nothing in this rule shall be deemed
to limit the obligation to provide information to the patient's representative or guardian. Health status information communicated to a patient may be explained by a physician or registered nurse or other licensed health personnel unless medically contraindicated.

(b) When a patient refuses treatment, a determination shall be made by the attending physician as to whether or not the patient's refusal of treatment prevents the facility from providing appropriate care according to ethical and professional standards. The physician's determination in this matter shall be in writing and shall be made a part of the patient's clinical record. When a relationship between a nursing home and patient is terminated in conjunction with the physician's determination and the action results in an involuntary transfer or discharge, such transfer or discharge shall be handled in accordance with the provisions of sections 21773 and 21774 of the code.

(c) A plan of care for a patient that provides for the patient performing services for the home shall be authorized by the physician's written order. The order shall include the specific benefits to be derived by the patient from such activity, and such written order shall become part of the patient's record. The patient shall have the right to refuse to perform such services for the facility, and such refusal shall not be deemed to prevent the facility from providing appropriate care.

(d) The nursing home shall assure, through the minimum following steps, that a patient is provided with information about health facility rules and regulations affecting patient care and conduct:

(i) The home shall provide a written copy of facility rules and regulations to the patient or the patient's representative upon admission and when the rules and regulations are changed.

(ii) The home shall assure that policies, rules, and regulations are communicated effectively to all patients, including patients who are unable to read.

(iii) The home shall post such rules and regulations in a public place.

(c) A home shall provide every reasonable opportunity, at the request of the patient, the legal guardian, the patient's representative, or the next of kin, to permit a limited number of individuals to remain in the facility 24 hours a day when the patient is considered terminally ill.

R 325.20407 Enforcement of nondiscrimination on the basis of source of payment for care. Rescinded.

Rule 407. (1) When a nursing home is enrolled as a provider in the medicare and medicaid programs and holds a valid provider agreement with the designated federal or state agency, discrimination with respect to source of payment for purposes of sections 21799c(3) and 20201(2)(a) of the code includes action to require a cash payment before admission from any person determined to be eligible to receive medicare or medicaid, to require cash payment instead of medicare or medicaid payment authorized by the designated federal or state agency for any period of time, or to require any unauthorized supplemental cash payment in addition to medicare or medicaid payment authorized by the designated federal or state agency for any period of time, or to require any unauthorized supplemental cash payment in addition to medicare or medicaid payment for care.

(2) A home which violates a patient's rights with respect to the matters described in subrule (1) of this rule shall, in addition to any civil penalties assessed under the code, repay any and all cash payments improperly required of the patient, the patient's family, or designated representative, with interest, at the prime interest rate on the day the violation is identified, to be added and compounded for the period the cash payment has been inappropriately in the home's possession.

PART 5. PATIENT CARE
R 325.20501 Care in general. Rescinded.
- Rule 501. The feelings, attitude, sensibility, and comfort of a patient shall be fully respected and given meticulous attention at all times by all personnel.

R 325.20502 Policies and procedures for care. Rescinded.
- Rule 502. (1) The home shall have a written policy governing the nursing care and other services provided to a patient, which shall be implemented through written procedures which are maintained and available to personnel at all times. All personnel shall be oriented to the facility and their responsibilities.

- (2) The policy shall be developed by a patient care policy committee consisting of at least 1 licensed physician, the director of nursing, and the administrator, with such additional members as the committee determines appropriate. When a nursing home owner is responsible for more than 1 home, the owner may establish 1 patient care policy committee which has the responsibility for developing appropriate policies for each individual home.

- (3) The policy shall be presented to the governing body, owner, or operator for review and approval before implementation, and a record of such approval shall be maintained with the policy.

- (4) The policy shall be reviewed by the patient care policy committee at least annually and amended as necessary to meet the needs of patients in the home. Revisions shall be approved by the governing body, owner, or operator. A record of such approval shall be maintained with the policy.

- (5) The policy shall govern, at a minimum, all of the following:

  - (a) Admission, discharge, and transfer of patients.
  - (b) Categories of patients accepted and not accepted by the home.
  - (c) Clinical records.
  - (d) Physician services.
  - (e) Nursing services.
  - (f) Dietary services.
  - (g) Rehabilitative services.
  - (h) Pharmaceutical services.
  - (i) Diagnostic services.
  - (j) Consultation services.
  - (k) Dental services.
  - (l) Podiatry services.
  - (m) Social services, including counseling services.
  - (n) Mental health services.
  - (o) Diversional activities.
  - (p) Interdisciplinary patient care planning.
  - (q) Discharge planning.

  - (r) Care of patients in an emergency, during a communicable disease episode, when critically ill, or when mentally disturbed.

R 325.20503 Oxygen administration. Rescinded.
- Rule 503. A written policy shall govern the administration of oxygen to a patient in the home. This policy shall include the requirements that only personnel who have been trained to administer oxygen shall do so and that oxygen shall only be administered on the order of a physician or as authorized in emergency situations.
R 325.20504  **Blood and blood substitute administration. Rescinded.**

Rule 504. A written policy shall govern the administration of blood and blood substitutes to a patient in the home. This policy shall include a requirement that blood or blood substitutes administered to a patient in the home shall be started by a physician or registered nurse.

R 325.20505  **Parenteral fluid administration. Rescinded.**

Rule 505. A written policy shall govern the administration of parenteral fluids administered to a patient in the home. Parenteral fluids shall be administered only on the order of a physician, shall be started by either a physician or registered nurse, and shall be supervised in the course of administration by a physician or licensed nurse.

R 325.20506  **Communicable disease screening. Rescinded.**

Rule 506. (1) A facility shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees and patients.
(2) The need for 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 Center for Disease Control. Each facility, and each location or venue of care if a facility provides care at multiple locations, shall complete a risk assessment annually.
(3) The frequency of screening for TB will be determined by the facility’s annual risk assessment.

R 325.20507  **Infection control. Rescinded.**

Rule 507. A written policy shall govern the control of communicable disease and infections in the nursing home and shall require the establishment and operation of an infection control committee, which shall include at least the director of nursing and representatives of administration, dietary, housekeeping, and maintenance services. The infection control committee, at a minimum, shall conduct all of the following activities and shall submit periodic reports and recommendations for change to the governing body, owner, or operator:
(a) Provide surveillance to detect the presence of communicable disease or infections.
(b) Provide for the immediate control of disease, when identified, through the formulation of policies and procedures.
(c) Develop and monitor the implementation of procedures for aseptic and isolation techniques.
(d) Periodically review, and revise as needed, all policies and procedures relating to infection control.
(e) Establish effective communication with the local health department in order to obtain available assistance and to provide for the interchange of information necessary for the control of disease in the nursing home and prevent the potential spread of disease to the community.

R 325.20508  **Policy availability. Rescinded.**
Rule 508. The written patient care policies shall be made available for review on request to all of the following:
(a) A patient.
(b) Physician.
(c) Nursing personnel.
(d) Next of kin.
(e) Guardian or designated representative.
(f) Agency or organization responsible for placing or maintaining the patient in the home.

R 325.20509 Training for unlicensed nursing personnel. Rescinded.

Rule 509. For purposes of interpreting section 21795(1) of the code, the "buddy system" method of instruction for unlicensed nursing personnel shall not be permitted as the only method of such instruction.

PART 6. PHYSICIAN SERVICES

R 325.20601 Medical direction of patients. Rescinded.

Rule 601. (1) The care of a patient admitted to a home shall be under the continuing direction of a physician licensed to practice in Michigan.
(2) The administrator of the home shall be responsible for assuring or promptly arranging for this continuing medical care and direction by a licensed physician.
(3) The name and telephone numbers of the attending licensed physician and the licensed physician to be called in case of emergency when the attending physician is not available shall be posted at each nursing station. The telephone numbers of the attending physician or his or her replacement in case of emergency shall be provided to the patient, guardian, or designated representative on request.

R 325.20602 Medical examination of patients. Rescinded.

Rule 602. (1) Except in the case of a Friday admission, in which case a patient shall be examined by a licensed physician within 72 hours, a patient admitted to a home shall be examined by a licensed physician within 48 hours after admission, unless the patient has been examined by a licensed physician within 5 days before admission and a copy of that examination is available in the home at the time of the patient's admission.
(2) A written record of the clinical history and physical examination, together with a diagnosis and treatment plan, shall appear in the patient's clinical record.

R 325.20603 Medical visits to patients. Rescinded.

Rule 603. (1) A patient in a home shall be seen and, to the extent appropriate, shall be examined by a licensed physician at least once every 60 days, unless justified otherwise and documented by the attending physician in the patient's clinical record. At a minimum, a patient in a home shall be seen and, to the extent appropriate, shall be examined by the attending physician at least once in each 6-month
period, and a record of each physician visit to a patient shall be recorded with pertinent clinical observations in the patient's clinical record by the physician.

(2) Not later than at the time of admission of a patient, an attending physician shall be designated to be responsible for the medical care and supervision of the patient. This shall not preclude a patient from also receiving health services from another provider of choice, unless medically contraindicated.

R 325.20604 Treatment of patients. Rescinded.

Rule 604. (1) Treatment rendered to a patient shall be in accordance with the specific or standing written orders of the attending licensed physician. Standing orders shall be reproduced in the patient's clinical record and shall be signed by the attending physician within 48 hours.

(2) Telephone or other verbal orders from the physician shall be written on the patient's clinical record by the licensed nurse in charge and shall be signed by that licensed nurse. Telephone or other verbal orders recorded by the licensed nurse in charge shall be countersigned by the physician within 48 hours.

R 325.20605 Physicians' assistants in homes. Rescinded.

Rule 605. (1) A physician's assistant working under the supervision of a licensed approved physician, as set forth in parts 170 and 175 of the code, may carry out appropriate delegated functions in a home in accordance with written policies of the home formally adopted by the governing body, owner, or operator.

(2) The written policies governing the functions of the physician's assistant within the home shall be consistent with law and rules applicable to the home, the physician's assistant, and the supervising physician.

(3) The physician's assistant shall not substitute for the licensed physician insofar as the overall responsibility for a patient's care is concerned.

(4) The physician's assistant shall not be or function as an employee of the home and shall be limited to providing care for the patients of the supervising physician.

(5) The attending physician supervising a physician's assistant shall be required to visit the patient in a home at intervals prescribed in law and rule; shall check, renew, or amend physician orders at prescribed intervals; shall review and participate in the development of patient care plans following admission and at prescribed intervals; and shall review, approve, and countersign all physician assistant entries in the clinical record. Orders written in the clinical record by the physician's assistant shall be countersigned by the attending supervising physician within 48 hours.

R 325.20606 Applicability. Rescinded.

Rule 606. The provisions of R 325.20601 to R 325.20605 shall apply to all homes, except those subject to the provisions of section 21707(2)(b) of the code.

PART 7. NURSING SERVICES

R 325.20701 Director of nursing. Rescinded.
Rule 701. (1) The director of nursing shall be a registered nurse with specialized training or relevant experience in the area of gerontology and shall be employed full time by only 1 nursing home.

(2) The director of nursing shall be responsible for all of the following:
(a) The development and maintenance of nursing service objectives, standards of nursing practice, nursing policy and procedure manuals, and written job descriptions for each level of personnel.
(b) Scheduling of rounds to ensure that all patients are seen daily by a licensed nurse.
(c) Methods for coordination of nursing services with other patient services.
(d) Recommending the number and levels of nursing personnel to be employed.
(e) Nursing staff development.

R 325.20702 Charge nurses. Rescinded.
Rule 702. (1) A licensed nurse shall be the charge nurse on each shift or tour of duty and shall be responsible for the immediate direction and supervision of nursing care provided to patients. In homes with less than 30 beds, the director of nursing may serve as charge nurse on a shift when present for a full shift.

(2) The charge nurse shall be accountable at all times to the director of nursing or her or his designee.

(3) The charge nurse assigns responsibility to personnel for the direct nursing care of specific patients during each tour of duty on the basis of staff qualifications, size and physical layout of the facility, characteristics of the patient load, and the emotional, social, and nursing care needs of patients.

R 325.20703 Nursing personnel. Rescinded.
Rule 703. (1) A licensed nurse shall have immediately available evidence of a valid and current license or permit required by the state of Michigan.

(2) A person employed in the home to give nursing care shall be not less than 17 years of age, except that a student in a board of education-approved cooperative educational program may provide nursing care under supervision of a licensed nurse.

(3) A person employed in the home to give nursing care on the night shift shall be not less than 18 years of age.

(4) A person shall not be assigned to duty on the night shift if that person has been on duty either in the home or any other place of business during the preceding 8 hours, but may assume temporary duty on the night shift if the facility has made every reasonable effort to otherwise eliminate a staffing emergency.

(5) A member of the nursing staff shall not be deemed to be on duty unless awake, fully dressed, and on the premises.

(6) The administrator of the home shall not serve as the director of nursing in homes of 50 or more beds.

(7) At all times during each shift, the home shall meet the minimum staffing requirements specified in the code. For the purposes of determining compliance with nursing personnel to patient ratios specified in the code or these rules, a member of the nursing staff who works less than 2 continuous hours shall be counted as part of a full-time equivalent personnel only if such member was scheduled to work more than 2 continuous hours.

R 325.20704 Reporting and enforcement of nurse staffing requirements. Rescinded.
Rule 704. (1) A home shall maintain, for a period of not less than 2 years, employee time records, including time cards or their equivalent and payroll records.

(2) A home shall submit nurse staffing reports to the department at least quarterly. The department may require more frequent reports when a quarterly report on annual or other survey and evaluation visit or a complaint investigation indicates that deficiencies in nurse staffing requirements may exist.

(3) Nurse staffing reports shall cover the employed nursing staff of the home, including registered nurses, licensed practical nurses, nurse aides, and orderlies. Only those nursing personnel listed in this subrule who actually provide direct patient care shall be counted in meeting nurse staff requirements. Ward clerks shall not be included as members of the nursing staff.

(4) Nurse staffing reports shall be submitted on forms provided by the department and shall, at a minimum, cover a 7-day period specified by the department, including a Saturday and Sunday, but need not necessarily include 7 consecutive days.

(5) The administrator of record, or the acting administrator in the absence of the administrator, in the home shall certify to the accuracy of the nurse staffing reports submitted to the department.

[250x747]2019 MR 8 – May 15, 2019

R 325.20705 Enforcement. Rescinded.

Rule 705. If the department believes there has been a violation of section 21720a of the code, it shall take any of the following actions:

(a) Issue a facility evaluation report pursuant to R 325.20706.

(b) Issue a correction notice pursuant to section 21799b of the code and R 325.21903(1).

(c) Initiate an action for denial, limitation, suspension, or revocation of a license by issuing a notice pursuant to R 325.21903(2).

(d) Take any other action authorized by law to assure compliance with the law and these rules.

R 325.20706 Facility evaluation reports. Rescinded.

Rule 706. When the department issues a facility evaluation report which cites 1 or more violations of section 21720a of the code or these rules, a copy of the facility evaluation report shall be sent to the licensee, together with a request to respond within 14 days. The licensee's response shall state that the violations cited in the facility evaluation report have been eliminated or corrected or shall state why the violations have not been eliminated or corrected. Failure to respond within 14 days shall be deemed to be an acknowledgement of the violations.

R 325.20707 Nursing care and services. Rescinded.

Rule 707. (1) A patient in a home shall receive preventive, supportive, maintenance, habilitative, and rehabilitative nursing care directed to the physiologic and psychosocial needs and well-being of that patient.

(2) Patient observations by nursing personnel shall be accurately recorded in the clinical record in accordance with established and written procedures.

(3) Treatments administered to a patient shall be modified according to the patient response consistent with the orders of the attending physician and nursing assessment. All modifications shall be documented in the patient's clinical record.

(4) Nursing care and services shall include, at a minimum, all of the following:

(a) Care of the skin, mouth, teeth, hands, and feet and shampooing and grooming of the hair.
(b) Oral hygiene shall be provided at least daily and more often as required. Special mouth care shall be regularly provided to the acutely ill patient in accordance with individual need or as ordered by the physician.

(c) A patient’s hair shall be combed or brushed daily. A patient’s hair shall be shampooed on a routine basis at least weekly and more often as required, unless the attending physician writes an order to the contrary.

(d) A patient shall be offered the opportunity and facilities for, and assistance with, shaving, if necessary, as often as is required for comfort and appearance, unless the patient requests otherwise or the physician writes an order to the contrary. Daily shaving shall be made available on request or for comfort and appearance as needed.

(e) A complete tub or shower bath shall be taken, under staff supervision, by, or administered to, an ambulatory patient at least once a week, unless the physician writes an order to the contrary.

(f) A bedfast patient shall be assisted with bathing or bathed completely at least twice a week and shall be partially bathed daily and as required due to secretions, excretions, or odors.

(g) A patient shall be provided the opportunity for, and, as necessary, assisted with, personal care, including toileting, oral hygiene, and washing of hands and face before the breakfast meal. A patient’s hands shall be washed before and, as required, after all meals and snacks.

(h) A patient’s clothing or bedding shall be changed promptly when it becomes wet or soiled.

(i) A patient shall receive skin care as required according to written procedures to prevent dryness, irritation, itching, or decubitus.

(j) A patient shall receive care as required according to written procedures to prevent complications of inactivity or prolonged periods of being bedfast.

(k) An inactive or bedfast patient shall be positioned according to written procedures so that major body parts are in natural alignment. Such position shall be changed appropriately at regular and specified intervals. Supportive devices shall be employed as indicated to maintain posture, support weakened body parts, or relieve undue pressure.

(l) A patient shall have, during each day, planned periods of rest, exercise, and diversional activities consistent with the patient’s health status and desires.

(m) A patient shall be weighed and have his or her temperature, pulse, respirations, and blood pressure taken and recorded on admission and at least monthly thereafter or more frequently if ordered by a physician. The patient’s measured or estimated height shall be recorded on admission.

(n) Provisions shall be made for the marking, laundering, ironing, and mending of the clothing of each patient. The clothing of each patient shall be stored individually. A system of inventory for patient clothing shall be implemented and maintained to prevent and control loss or theft insofar as possible.

(o) A patient who is out of bed in the daytime shall be dressed in comfortable clothing, unless contraindicated by the patient’s medical condition or preference and justification thereof is documented in the patient’s clinical record. Ambulatory patients shall wear appropriate footwear. Nonambulatory patients shall at least wear appropriate protective foot coverings.

R 325.20708 Rehabilitative nursing care. Rescinded.

- Rule 708. (1) Rehabilitative nursing care shall be provided as part of the home’s nursing care program for patients. Such care shall be directed to restoring and maintaining a patient’s optimum level of independence, particularly in terms of activities of daily living.

(2) A patient’s care plan for purposes of rehabilitative nursing care shall include, at a minimum, all of the following:
(a) An evaluation of a patient’s disabilities and care needs.
(b) An estimation of rehabilitation potential.
(c) A program for relearning activities of daily living.
(d) A program of assistance in adjusting physiologically and psychosocially to impairments, disabilities, and utilization of prosthetic appliances and devices.

3 Nursing personnel in a home shall be competent and experienced in providing, at a minimum, all of the following:
(a) A range of motion exercises.
(b) Positioning and body alignment.
(c) Preventive skin care.
(d) Transfer and ambulation training.
(e) Bowel and bladder training.
(f) Training in activities of daily living, including eating, dressing, personal hygiene, and toilet activities.

4 Rehabilitative nursing procedures and techniques shall be available, provided, and recorded in the patient’s clinical record on a weekly summary basis or in accordance with a physician’s orders and nursing assessment.

5 Necessary equipment utilized in application of rehabilitative nursing techniques and procedures shall be available in adequate supply to meet the needs of all patients. Such equipment shall include the following:
(a) Bedboards, footboards, footstools.
(b) Trochanter rolls, positioning pillows, bed cradles.
(c) Wheelchairs, geriatric chairs, canes, crutches, slings, splints, and lifts.
(d) Trapeze equipment.

6 Rehabilitative nursing policies, procedures, and techniques shall be an integral part of inservice education for nursing personnel in the home.

R 325.20709 Patient care planning. Rescinded.

Rule 709. (1) Nursing care provided to each patient in a nursing home shall be based on all of the following:
(a) Written assessment of the patient.
(b) Identification of health problems.
(c) A written plan of care or intervention.
(d) Implementation of the care plan.
(e) Evaluation of the results of the planned care or intervention.

(2) An assessment of a patient shall be initiated by licensed nursing personnel within 24 hours of admission, and the results of the assessment shall be documented in the patient’s clinical record.

(3) The written plan of care shall be available to all individuals involved in the care of the patient and shall document all of the following:
(a) The patient’s problems and needs.
(b) Goals and objectives of care.
(c) Methods of approach to care.
(d) Treatment and orders.

The disciplines responsible for each element of care shall be identified in the plan. The written plan of care for a patient shall be considered to be part of the patient’s clinical record and shall be included with the record at the time of discharge.
(4) The patient care plan shall be reviewed and the care shall be evaluated periodically, as required, to reflect the patient’s current condition.

(5) The nursing home shall make reasonable efforts to discuss the patient care plan with the patient, next of kin, guardian, or designated representative so that such parties can contribute to the plan’s development and implementation.

(6) A patient care conference shall be held periodically, but not less than once every 90 days, to evaluate a patient’s needs and to provide for the appropriate revision of the patient care plan while promoting continuity of care. The patient care conference shall include representatives from the professional disciplines providing services to the patient, and observations and recommendations of the health professionals participating in the patient care conferences shall be summarized in the patient’s clinical record or plan of care.

R 325.20710 Discharge planning. **Rescinded.**

Rule 710. Discharge planning shall be provided for each patient in conjunction with patient care planning.

R 325.20711 Equipment and supplies. **Rescinded.**

Rule 711. (1) Each patient shall be provided with all of the following:

(a) An individual bed not less than 36 inches wide and 72 inches long, or longer when necessary, with springs in good condition, and a mattress not less than 5 inches thick in good condition, with a nonabsorbent cover.

(b) A bedside stand which is designed to hold small personal articles and necessary bedside equipment.

(c) A flameproof cubicle curtain or its equivalent which shall be used to ensure privacy.

(d) A reading light.

(e) A comfortable cushioned chair.

(2) A cot or rollaway cot shall not be used as a patient bed.

(3) Each bed shall be maintained as follows:

(a) Covered with a mattress pad.

(b) Made daily with clean linen in good repair.

(c) Changed immediately when soiled and at least twice weekly for bedfast patients and once weekly for ambulatory patients.

(4) Each patient shall be provided linen sufficient to meet his or her needs for comfort and privacy, and the following minimum amounts of linen shall be available for each patient:

(a) At least 1 pillow, 1 bedspread, and 1 blanket.

(b) Not less than 2 mattress pads, 2 pillow cases, 2 towels, and 2 washcloths.

(c) Not less than 4 sheets.

(d) At least 1 bath blanket for each bedfast patient, which shall be changed at each bed bath.

(e) A bib or protective cover for each patient requiring such protection during eating or feeding.

(f) A clean individual towel and washcloth which shall be changed at least every other day and more often if they become soiled.

(5) The following items of equipment shall be available in sufficient quantities so that patients who require them may have them assigned for personal use:

(a) Washbasins.

(b) Mouthwash cups.
(c) Denture cups.
(d) Emesis basins.
(e) Bedpans and urinals.
(f) Water carafes and drinking glasses or cups.
(g) Oral and rectal clinical thermometers.
(h) Bedside safety rails.

(6) Equipment and supplies shall be stored, handled, dispensed in a sanitary manner.
(a) Bedpans, urinals, and emesis basins shall be emptied and cleaned immediately after use.
(b) Mouthwash cups, denture cups, water carafes, and bedside drinking cups and glasses shall be cleaned daily.
(c) Single service equipment shall be used only once, and disposable equipment shall be used only by the patient to whom it was originally dispensed.
(d) Individual personal equipment shall not be transferred from one patient to another without being thoroughly disinfected.
(7) Each patient shall be provided with clean clothing in good repair, as needed.

R 325.20712 Diversional activities. Rescinded.

Rule 712. (1) A home shall provide an ongoing diversional activities program that stimulates and promotes social interaction, communication, and constructive living.
(2) There shall be a qualified staff member and such additional staff as necessary to plan, conduct, and evaluate individual and group activities. Individual and group activities shall be available 7 days a week.
(3) There shall be adequate recreational and therapeutic areas, equipment, and supplies to conduct ongoing recreational and therapeutic activities.
(4) Adequate storage space shall be provided for equipment close to the space utilized for such activities.
(5) A patient shall be provided diversional activities suited to the patient's needs, capabilities, and interests as an adjunct to treatment to encourage the patient, insofar as possible, to resume self-care and normal activities.

R 325.20713 Patient evaluation by mental health worker; therapy. Rescinded.

Rule 713. All patients in need of mental health services shall receive an evaluation by a professional mental health worker and, when ordered by the physician, shall receive indicated therapy through arrangements with a community mental health center or comparable agency or provider.

R 325.20714 Patient councils. Rescinded.

Rule 714. (1) The home shall permit the formation of a patient council by interested patients and, at the time of admission to the home, shall inform patients and their representatives of either the right to establish a patient council if one does not exist or to participate in the activities of an operating patient council in the home.
(2) The patient council shall be entitled to meet privately or to invite members of the home's staff, members of patients' families, patients' friends, and members of community organizations to participate in meetings of the patient council.
(3) The home shall designate a staff person to serve as liaison to the patient council, to attend council meetings as requested, and to make available support services and assistance to the council, such as
the typing of minutes and correspondence; provision of policies, procedures, and other documents related to the operation of the home; and such other assistance as may be reasonably requested. The home shall provide space for meetings and necessary assistance to patients requiring assistance to attend meetings.

PART 8. DIETARY SERVICES

R 325.20801  Supervisor of dietary or food services; qualifications. Rescinded.

Rule 801. (1) Dietary or food services in a home shall be supervised by an individual who meets any of the following qualifications:

(a) Is registered by the commission on dietetic registration of the American dietetic association.
(b) Has completed all nutrition and related coursework necessary to take the registration examination required to become a registered dietitian.
(c) Is a graduate of a dietetic technician training program approved by the American dietetic association.
(d) Is a graduate of an approved correspondence or classroom dietetic assistant training program which qualified such person for certification by the hospital, institution, and educational food service society.
(e) Is a graduate of a dietetic assistant training program granted approved status by the Michigan department of public health before July 6, 1979.

(2) When the dietary or food services supervisor is other than a registered dietitian, the supervisor shall receive routine consultation and technical assistance from a registered dietitian (R.D.). Consultation time shall not be less than 4 hours every 60 days. Additional consultation time may be needed based on the total number of patients, incidence of nutrition-related health problems, and food service management needs of the facility.

R 325.20802  Policies and procedures. Rescinded.

Rule 802. There shall be written policies and procedures for food storage, preparation, and service; written job descriptions for dietary personnel; and in-service training for dietary personnel.

R 325.20803  Nutritional needs of patients. Rescinded.

Rule 803. (1) Food and nutritional needs of a patient shall be met in accordance with the physician's orders in keeping with accepted standards of practice which includes most recent recommended daily dietary allowances of the food and nutrition board of the national research council adjusted for age, sex, and activity.
(2) Not less than 3 meals or their equivalent shall be served daily, at regular times, with not more than a 14-hour span between a substantial evening meal and breakfast, except that when a substantial snack is served after the evening meal, this time span may be increased to 14-3/4 hours.
(3) Therapeutic or special diets shall be provided upon written prescription or order of the physician.
(4) Supplementary fluids and special nourishments, as required, shall be provided.
(5) A meal shall be prepared and served in an appetizing and sanitary manner.
(6) A table or individual freestanding tray of table height shall be provided for a patient who is able to be out of bed to eat, but who does not go to a dining room.

R 325.20804 Menus; posting; filing. Rescinded.
- Rule 804. The menu for regular and therapeutic or special diets for the current week shall be posted in the dietary department and either in the patient dining room or a public place as defined in R 325.20104. Changes shall be written on the planned menu to show the menu as actually served. The menu as actually served to patients for the preceding 3 months shall be kept on file in the home.

R 325.20805 Meal census; food record. Rescinded.
- Rule 805. A meal census, to include patients, personnel, and guests, and a record of the kind and amount of food used for the preceding 3 months shall be kept on file in the home.

R 325.20806 Food acceptance record. Rescinded.
- Rule 806. (1) The food acceptance of a patient shall be recorded as follows:
  (a) For a period of 14 days immediately following admission.
  (b) For a period of 14 days immediately following initiation of a change in diet, unless otherwise ordered by a physician.
  (c) Under any other circumstances, such as abnormal weight loss, for a period ordered by a physician.
  (2) Food acceptance records shall be retained in the facility.

PART 9. PHARMACEUTICAL SERVICES

R 325.20901 Medication kits. Rescinded.
- Rule 901. (1) A medication kit for medical emergency use, which is accessed only on the direct order of a physician and which is maintained in a locked cabinet, shall be accessible only to the licensed nurse in charge.
  (2) The emergency kit shall be obtained only on the order of a licensed physician and shall be prepared and sealed by a pharmacist.
  (3) The kit shall contain a list of its contents and expiration date on the outside surface of the lid, and a complete record of usage and disposal shall be available.

R 325.20902 Medications; dispensing and storage. Rescinded.
- Rule 902. (1) A legend drug shall not be dispensed except by a pharmacist according to established pharmacy policies and procedures. It shall be contained in properly labeled individual containers, kept in a locked cabinet, and shall be accessible only to the nurse in charge. Labeling and relabeling of all drugs shall only be done by a pharmacist.
  (2) A controlled substance shall be kept in a separate locked box within the locked medication cabinet, except that under a unit dose system, a single dose or limited number of doses shall be stored separately for each patient as indicated in subrule (1) of this rule.
(3) A medication requiring refrigeration shall be kept in a separate locked box within a refrigerator. Drugs and biologicals requiring refrigeration shall be stored at a temperature recommended by the manufacturer.

(4) A medication for external use only shall be kept in a locked cabinet separate from other medications.

R 325.20903 Medications; administration. Rescinded.

Rule 903. (1) Medications shall be administered only by medical or nursing personnel in accordance with the written or verbal order of the attending physician.

(2) A dose of medication administered shall be properly recorded in the patient’s clinical record and, when applicable, in special records for controlled substances as required by law. Abbreviations used in recording medication orders and administration shall be standardized in the home according to a written source document.

(3) A medication shall be listed on an approved medication card or its equivalent and shall be checked against the physician’s orders before being administered.

(4) A medication prescribed for a patient shall not be administered to another patient.

(5) A medication prescribed for a patient shall be administered promptly after the appropriate dose is prepared for administration.

(6) Self-administration of medication by a patient shall not be permitted, except when special circumstances exist and when supported by a physician’s written order and justification.

(7) An unused portion of a previously prepared medication dose not administered to a patient shall not be returned to its original container, but shall be disposed of appropriately.

R 325.20904 Medications; errors; reactions. Rescinded.

Rule 904. Medication error or drug reaction shall be immediately reported to the charge nurse, physician, and the pharmacist as soon as possible and shall be recorded in the patient’s clinical record as well as on an incident report form which shall be forwarded to the administrator and kept on file. Corrective action shall be initiated promptly by the physician, administrator, director of nursing, or pharmacist as appropriate.

R 325.20905 Stop orders and policies. Rescinded.

Rule 905. An automatic stop order and policy governing the use of drugs shall be formulated and shall be made a part of the written patient care policy implemented and in effect in the home.

R 325.20906 Medications; disposal and release. Rescinded.

Rule 906. (1) A medication no longer in use or outdated shall be disposed of immediately and in accordance with federal or state laws and regulations.

(2) A medication shall not be released or sent with a patient upon discharge, except on the written order of the physician.

PART 10. OTHER SERVICES

R 325.21001 Diagnostic service. Rescinded.
Rule 1001. (1) An arrangement shall be made by the administrator for obtaining promptly and conveniently a clinical laboratory, x-ray, or other diagnostic service ordered by the physician.  
(2) A diagnostic test or service shall be provided only on a written order of the physician.  
(3) An arrangement for transporting a patient to and from a source of services outside the home shall be made by the administrator or designated representative.  
(4) A written report of each diagnostic test and service shall be included in the patient’s clinical record within 1 week. When written reports are not received within 1 week, the home shall continue to take action to obtain a report at the earliest possible time. A record of this action shall be maintained in the patient’s clinical record.

R 325.21002 Dental services. Rescinded.

Rule 1002. A patient shall be assisted in obtaining regular and emergency dental care.

R 325.21003 Social services. Rescinded.

Rule 1003. Social services shall be provided for as follows:
(a) A designated member of the staff shall be responsible for assisting the patient and the patient’s family in securing help with the patient’s social service needs.
(b) In providing the assistance specified in subdivision (a) of this rule, the designated member of the staff shall be aware of the public and private resources available in the community.

PART 11. RECORDS

R 325.21101 Required records. Rescinded.

Rule 1101. All of the following records shall be kept in the home and shall be available to the director or his or her authorized representative for review and copying if necessary:
(a) A current patient register.
(b) Contracts between the home and patients.
(c) Patient clinical records.
(d) Accident records and incident reports.
(e) Employee records and work schedules.

R 325.21102 Patient clinical records. Rescinded.

Rule 1102. (1) A clinical record shall be provided for each patient in the home. The clinical record shall be current and entries shall be dated and signed.
(2) The clinical record shall include, at a minimum, all of the following:
(a) The identification and summary sheet, which shall include all of the following patient information:
(i) Name.
(ii) Social security number.
(iii) Veteran status and number.
(iv) Marital status.
(v) Age, sex, and home address.
(b) Name, address, and telephone number of next of kin, legal guardian, or designated representative.
(c) Name, address, and telephone number of person or agency responsible for patient's maintenance and care in the home.
(d) Date of admission.
(e) Clinical history and physical examination performed by the physician within 5 days before or on admission, including a physician's treatment plan.
(f) Admission diagnosis and amendments thereto during the course of the patient's stay in the home.
(g) Consent forms as required and appropriate.
(h) Physician's orders for medications, diet, rehabilitative procedures, and other treatment or procedures to be provided to the patient.
(i) Physician's progress notes written at the time of each visit describing the patient's condition and other pertinent clinical observations.
(j) Nurse's notes and observations by other personnel providing care.
(k) Medication and treatment records.
(l) Laboratory and x-ray reports.
(m) Consultation reports.
(n) Time and date of discharge, final diagnosis and place to which patient was discharged, condition on discharge, and name of person, if any, accompanying patient.
3) Copies of clinical history and physical examination report, discharge summary, transfer form, and other pertinent information arriving at the home with the patient upon transfer from another health facility shall be maintained in the facility.
4) Clinical records of discharged patients shall be completed within 30 days following discharge.
5) Clinical records shall be under the supervision of a full time employee of the home.
6) Clinical records are retained for a minimum of 6 years from the date of discharge or, in the case of a minor, 3 years after the individual comes of age under state law, whichever is longer.
7) If a facility ceases to operate, the clinical records shall be transferred with the individual to another health care facility. The owner or corporate body shall maintain clinical records of discharged patients for the length of retention as stated in subrule (6) of this rule.
8) If the department believes that patient clinical records are not being properly maintained or completed, the department may order a home to secure from a registered record administrator or accredited record technician on-site consultation of up to 4 hours per quarter until the problem is corrected.

R 325.21103 Patient registers. Rescinded.

Rule 1103. A current register or file of patients shall be maintained and shall include all of the following information for each patient:
(a) Name, social security number, veteran status and number, marital status, age, sex, and home address.
(b) Name, address, and telephone number of next of kin or legal guardian.
(c) Name, address, and telephone number of person or agency responsible for patient's maintenance and care in the home.
(d) Date of admission.
(e) Date of discharge and place to which patient was discharged, if applicable.

R 325.21104 Accident records and incident reports. Rescinded.
Rule 1104. An accident record or incident report shall be prepared for each accident or incident involving a patient, personnel, or visitor and shall include all of the following information:

(a) Name of person involved in accident or incident.
(b) Date, hour, place, and cause of accident or incident.
(c) A description of the accident or incident by any observer who shall be identified and a statement of the effect of the accident or incident on the patient and any other individual involved.
(d) Name of physician notified and time of notification when appropriate.
(e) Physician’s statement regarding extent of injuries, treatment ordered, and disposition of person involved.
(f) Corrective measures taken to avoid repetition of accident or incident.
(g) Record of notification of the person or agency responsible for placing and maintaining the patient in the home, the legal guardian, and, in a case where there is no legal guardian, the designated representative or next of kin.

R 325.21105 Employee records and work schedules. Rescinded.

Rule 1105. (1) A record shall be maintained for each employee in the home and shall include all of the following:

(a) Name, address, telephone number, and social security number.
(b) License or registration number, if applicable.
(c) Results of any preemployment or periodic physical examination.
(d) Summary of experience and education.
(e) Beginning date of employment and position for which employed.
(f) References, if obtained.
(g) Results of baseline screening for communicable diseases.
(h) For former employees, the date employment ceased and the reasons therefor.
(2) A daily work schedule for employees shall be prepared in writing and shall be maintained to show the number and type of personnel on duty in the home for the previous 3 months.
(3) A time record for each employee shall be maintained for not less than 2 years.

PART 12. MEDICAL AUDIT, UTILIZATION REVIEW, AND QUALITY CONTROL

R 325.21201 Definitions. Rescinded.

Rule 1201. As used in this part:

(a) "Medical audit" means the retrospective examination, review, and evaluation of the clinical application of medical knowledge utilized in the diagnosis and treatment of patients as revealed in the patient's clinical record and carried out for purposes of education, accountability, and quality control.
(b) "Quality control" means the planned and systematic medical management actions which assure the consistent acceptable quality of health care and services rendered to patients including the use of various monitoring techniques.
(c) "Utilization review" means retrospective, concurrent, and prospective review of the provision and utilization of health care services by providers and recipients in terms of cost, effectiveness, efficiency, and quality.
R 325.21203 Medical audits. Rescinded.

Rule 1203. (1) The home, through its medical director, if applicable, and the participation of 1 or more attending physicians, shall complete at least 1 medical audit annually for the following purposes:
   (a) To assure the adequacy of documentation, clinical information, and data in the patient's clinical record.
   (b) To evaluate continuity and coordination of patient care and identify problems requiring corrective action.
   (c) To assess the quality of medical and other health care and services provided.
   (2) Audit results and specific recommendation for corrective action or improvements, if indicated, shall be reported to the governing body, owner, or operator through the administrator. Audit reports shall be retained on file in the home for 1 year.

R 325.21204 Utilization review; quality control. Rescinded.

Rule 1204. For purposes of certification, the home shall carry out such utilization review and quality control programs and activities as may be required by the federal certification standards for skilled nursing and intermediate care facilities.

PART 13. BUILDINGS AND GROUNDS

R 325.21301 Definitions. Rescinded.

Rule 1301. As used in this part:
   (a) "Bed" or "licensed bed" means a patient bed in a nursing home authorized by the department, included within the licensed capacity, and available for use at a location designated by the home and acceptable to the department.
   (b) "Construction project" means an addition to, or major change in, an existing nursing home, construction of a new home, or conversion of an existing structure for use as a home.

R 325.21302 Floor plans. Rescinded.

Rule 1302. A floor plan of the nursing home as licensed, with designated rooms showing size, use, door locations, window area, and number of beds, shall be on file in the home and in the department.

R 325.21303 Narrative program; architectural plans and specifications; construction permit. Rescinded.

Rule 1303. (1) A nursing home, through its governing body, administrator, designated representative, or architect under contract to the home, shall provide a narrative program for each construction project before submitting architectural plans and specifications to the department for review and approval or disapproval. The narrative program shall include, at a minimum, a description of all of the following:
   (a) Each function to be performed in the home.
   (b) Functional space requirements.
   (c) Number of staff or other occupants anticipated for the various functional units.
   (d) Type of equipment to be required and utilized.
   (e) Interrelationship of functional spaces.
(f) Services and equipment to be brought into the home from outside the home and not requiring duplication in the home. A copy of a narrative program prepared for submission in conjunction with a certificate of need application or for some other purpose may be accepted for purposes of compliance with this rule to the extent it provides the required data and information as determined by the department.

(2) Construction projects involving alterations of, and additions to, existing nursing homes remaining in operation during the construction shall be planned, programmed, and phased so that on site construction permits the continued operation of the home without significant disruption or effect on patient care.

(3) Complete architectural plans and specifications for construction projects shall be submitted to the department for review and approval or disapproval to assure compliance with the code and these rules. Construction projects shall not be initiated until the plans and specifications have been approved by the department and a permit has been issued for the initiation of such construction.

(4) Changes in architectural plans and specifications proposed in the course of construction shall be brought to the attention of the department for review and approval or disapproval before altering the course of construction.

(5) Architectural and engineering plans and specifications shall be prepared and sealed by architects and professional engineers licensed to practice in Michigan.

(6) Projects involving normal building maintenance, repair, upkeep, and equipment replacement not requiring a certificate of need shall not be submitted for review.

(7) A permit for construction shall not be issued until such time as an acceptable valid certificate of need has been issued if required for the construction project and if the project conforms with the code and these rules as determined by the department.

(8) A construction project requiring a permit shall not be occupied until all of the following occur:

(a) An architect or professional engineer has evaluated the project on-site and has forwarded findings and appropriate documentation to the department to indicate that the project is substantially complete and constructed in accordance with approved plans and specifications.

(b) The department has determined and so notified the project sponsor of its determination that the project component is acceptable for occupancy.

(c) The bureau of fire services, department of licensing and regulatory affairs, has certified the project or project component for use and occupancy.

R 325.21304 Home location: exterior. Rescinded.

Rule 1304. (1) The home shall be located in an area free from hazards to the health and safety of patients, personnel, and visitors.

(2) The premises shall be maintained in a safe and sanitary condition and in a manner consistent with the public health and welfare.

(3) Sufficient light for an exterior ramp, step, and porch shall be provided for the safety of persons using the facilities.

(4) An exterior step or ramp shall have a handrail on both sides. A porch shall have a railing on open sides.

R 325.21305 Home entrances for physically handicapped. Rescinded.

Rule 1305. In a new construction, addition, major change, or conversion after August 22, 1969, at least 1 entrance to the home shall provide easy access for the physically handicapped.
R 325.21306  Interior construction. **Rescinded.**

Rule 1306. (1) A building shall be of safe construction and shall be free from hazards to patients, personnel, and visitors.

(2) A part of a building in use as a home shall not be used for any purpose which interferes with the care, well being, and safety of patients, personnel, and visitors.

(3) Each area of the home shall be provided with lighting commensurate with the use made of each area and in accord with generally recognized standards acceptable to the director.

(4) A stairway or ramp shall have a handrail on both sides.

(5) A room used for living or sleeping purposes shall have a minimum total window glass area on outside walls equal to 10% of the floor area of the room. Forty-five percent of this window glass area shall be openable, unless the room is artificially ventilated.

(6) Each area of the home shall be provided with a type and amount of ventilation commensurate with its use to minimize the occurrence of transmissible disease, control odors, and contribute to comfort.

(7) A patient room shall open to a corridor, lobby, or dayroom. Traffic to and from any room shall not be through a sleeping room, kitchen, bathroom, utility room, toilet room, or service room, except where a utility room, toilet room, or bathroom opens directly off the room or rooms which it serves.

(8) A doorway, passageway, corridor, hallway, or stairwell shall be kept free from obstructions at all times.

(9) A floor, wall, or ceiling shall be covered and finished in a manner that will permit maintenance of a sanitary environment.

(10) A basement shall be of such construction that it can be maintained in a dry and sanitary condition.

(11) A minimum of 20 square feet of floor space per patient bed shall be provided for dayroom, dining, recreation, and activity purposes.

(12) All occupied rooms shall have a minimum ceiling height of 7 feet, 6 inches. Floor area under a part of a drop or slant ceiling which is less than 7 feet, 6 inches from the floor shall not be used in computing the dayroom, dining, recreation, and activity space per patient bed.

(13) A basement or cellar shall not be used for sleeping or living facilities, except that recreation and activity space may be provided in a basement in addition to dayroom, dining, recreation, and activity space required in subrule (11) of this rule.

(14) A handrail shall be provided in a corridor used by patients.

(15) A room or compartment housing a water closet shall have a minimum width of 3 feet.

(16) Emergency electrical service, at a minimum, shall provide battery-operated lighting units sufficient to light corridors, exits, and nursing stations.

(17) Functionally separate living, sleeping, dining, lavatory, water closet, and bathing accommodations shall be provided for personnel and members of their families who live on the premises.

(18) A new construction, addition, major change, or conversion after August 22, 1969, shall provide all of the following:

(a) A sleeping, day, dining, recreation, or activity room with a minimum ceiling height of 8 feet.

(b) Twenty feet of unobstructed vision space outside of any window in a room requiring windows. One additional foot shall be added to the minimum distance of 20 feet for each 2-foot rise above the first story up to a maximum of 40 feet of required unobstructed space.

(c) A minimum of 30 square feet of floor space per bed in any room used for dayroom, dining, recreation, and activity purposes.
(d) A handrail with ends returned to the wall on both sides of a corridor, ramp, or stairway used by patients.

R 325.21307 Elevators and emergency electrical service. Rescinded.

Rule 1307. A new construction, addition, major change, or conversion after August 22, 1969, shall provide the following:

(a) An elevator, if patient bedrooms are situated on more than 1 floor level. An elevator shall have a cab size of not less than 5 feet by 7 feet, 6 inches.
(b) Emergency electrical service capable of providing not less than 4 hours of service at full load. It shall serve lights at all of the following locations:
   - (i) Nursing stations.
   - (ii) Telephone switchboard.
   - (iii) Night lights.
   - (iv) Exit and corridor lights.
   - (v) Heating plant controls.
   - (vi) Other critical mechanical equipment essential to the safety and welfare of patients, personnel, and visitors in the home.

R 325.21308 Public and personnel areas. Rescinded.

Rule 1308. (1) A lobby or waiting area for visitors shall be functionally separate from patient care units.
(2) A public lavatory and water closet which is convenient to the lobby or waiting area shall be provided.
(3) Office space shall be provided for the administrator.
(4) Office space shall be provided for the director of nursing.
(5) Separate dressing rooms shall be provided for male and female employees. A lavatory and water closet shall be convenient to the dressing rooms.

R 325.21309 Patient rooms. Rescinded.

Rule 1309. (1) A patient bedroom shall have the floor surface at or above grade level along exterior walls with windows.
(2) A single patient room shall have not less than 80 square feet of usable floor space.
(3) A multibed patient room shall have not less than 70 square feet of usable floor space per bed.
(4) Floor area under any part of a drop or slant ceiling which is less than 7 feet, 6 inches shall not be used in computing usable floor space per patient bed.
(5) A toilet room or closet shall not be included in usable floor space.
(6) A patient room shall provide a minimum of 5 square feet of floor space per bed for wardrobe and closet, in addition to other requirements for usable floor space per bed.
(7) A bedroom shall permit the functional placement of furniture and equipment essential to patient care, comfort, and safety.
(8) A multibed patient room shall have a 3-foot clearance between beds.
(9) A patient room, toilet room, or corridor shall be provided with night lighting.
(10) A bed in a multibed patient room shall have flameproof cubicle curtains or their equivalent.
(11) A patient room shall have not less than 2 duplex electrical receptacles, at least 1 of which shall be near the head of each bed.

R 325.21310 Skilled homes; patient room requirements. Rescinded.
Rule 1310. (1) A multibed patient room in a skilled home shall have not less than 70 square feet of usable floor space per bed.
(2) A patient shall be provided with a nurse call signal which registers at the nursing station.

R 325.21311 Patient room requirements; requirements for new construction, addition, major changes, or conversions. Rescinded.
Rule 1311. In a new construction, addition, major change, or conversion after August 22, 1969, all of the following shall be required:
(a) A patient room shall have not more than 4 beds.
(b) A patient room shall have not less than a 3-foot clearance available on both sides and at the foot of each bed.
(c) An isolation room shall be a single patient room with attached lavatory, water closet, and bathing facility reserved for the use of the occupants of the isolation room only.
(d) A door to a patient water closet compartment shall be not less than 2 feet, 10 inches in width, and shall be equipped with suitable hardware to assure the safety of the patient.
(e) A single patient room shall have not less than 100 square feet of usable floor space.
(f) A multi-bed patient room shall have not less than 80 square feet of usable floor space per bed.
(g) Usable floor space shall not include a toilet room, closet, or vestibule.
(h) A patient room shall be provided with a lavatory and toilet room opening into the room.

R 325.21312 Isolation rooms. Rescinded.
Rule 1312. (1) A room shall be available for the isolation of patients with, or suspected of having, transmissible infections.
(2) An isolation room shall be a single patient room with attached lavatory and water closet reserved for use of the occupants of the isolation room only.

R 325.21313 Nursing stations. Rescinded.
Rule 1313. (1) A nursing station shall be provided for a nursing care unit not more than 120 feet from any patient room which it serves.
(2) A nursing station shall have all of the following:
(a) A telephone connected to an outside service line.
(b) Space for charting on patient clinical records and space for other recordkeeping related only to patient care.
(c) A nurse call system from each patient bed, patient toilet room, and bathtub and shower room which registers at the nursing station.
(3) A room with lavatory and water closet located near the nursing station shall be provided for the nursing staff.
R 325.21314 Nursing care units. Rescinded.

Rule 1314. A nursing care unit shall have all of the following:
(a) A medication storage and preparation area which shall be well lighted and equipped with a sink with a gooseneck inlet, hot and cold water, and locked storage for medications.
(b) Space for storage of clean linen, equipment, and supplies.
(c) A toilet utility room.
(d) A janitor’s closet.

R 325.21315 Toilet and bathing facilities. Rescinded.

Rule 1315. (1) A patient toilet facility shall be located in a separate room or stall and shall be provided on each patient floor at least in the ratio of 1 lavatory and water closet for every 8 patient beds on that floor.
(2) A bathing facility shall be provided at least for every 20 patient beds on that floor.
(3) At least 1 of each 5 bathing facilities shall provide sufficient clearance to accommodate a wheelchair and attendant, except that at least 1 bathing facility per floor shall meet this requirement on floors where wheelchairs are used.
(4) A water closet or bathing facility shall have substantially secured grab bars at least 1 foot long.
(5) A patient toilet room or bathroom shall not be used for storage or housekeeping functions.

R 325.21316 Lavatories and nursing stations; requirements for new construction, additions, major changes, or conversions. Rescinded.

Rule 1316. A new construction, addition, major change, or conversion after August 22, 1969, shall provide for both of the following:
(a) A patient room with a lavatory in the room or in an attached toilet room.
(b) At least 1 nursing station on each floor of the home.

R 325.21317 Water supply systems. Rescinded.

Rule 1317. (1) A home located in an area served by a public water system shall connect to and use that system.
(2) When a public water system is not available, the location and construction of a well or wells and all other portions of the water system shall comply with applicable statutes, rules, and regulations.
(3) A home using a private water system shall take at least 1 water sample for bacteriologic testing each 3 months and shall submit the sample to the department of environmental quality laboratory, or to a laboratory approved by the department, for examination. The administrator shall report all unsatisfactory examination results to the department within 72 hours of receipt of the report.
(4) A home with 30 beds or more served by a private water system shall provide a secondary well or other reserve source of water.
(5) A physical cross-connection shall not exist between water systems that are safe for human consumption and those that are, or may at any time become, unsafe for human consumption.
(6) The minimum water pressure available to each plumbing fixture shall exceed 20 pounds per square inch.
(7) The plumbing system shall be designed and maintained so that the possibility of backflow or back siphonage is eliminated.
(8) The plumbing system shall supply an adequate amount of hot water at all times to meet the needs of each patient and the functioning of the various service areas.

(9) The temperature of hot water at plumbing fixtures used by patients shall be regulated to provide tempered water not less than 105 degrees or more than 120 degrees Fahrenheit.

R 325.21318 Liquid wastes. Rescinded.
Rule 1318. (1) Liquid wastes shall be discharged into a public-sanitary sewage system when such a system is available.

(2) When a public-sanitary sewage system is not available and a private liquid wastewater disposal system is used, the type, size, construction, and alteration of, or major repairs to, the system shall be approved by the department and shall comply with all applicable laws.

(3) The wastewater disposal system shall be maintained in a sanitary manner.

R 325.21319 Solid wastes. Rescinded.
Rule 1319. (1) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, shall be accomplished in a manner which will minimize the danger of disease transmission and avoid creating a public nuisance or a breeding place for insects and rodents.

(2) Suitable containers for garbage, refuse, dressings, and other solid wastes shall be provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.

(3) Dressings, bandages, and similar materials shall be disposed of in an incinerator provided with auxiliary fuel or in some other manner approved by the department.

R 325.21320 Heating. Rescinded.
Rule 1320. (1) A home shall provide a safe heating system in accordance with applicable law.

(2) A room in a home used for patients shall be maintained at a regular daytime temperature of not less than 72 degrees Fahrenheit measured 3 feet above the floor.

R 325.21321 Laundry and linens. Rescinded.
Rule 1321. (1) The collection, storage, and transfer of clean and soiled linen shall be accomplished in a manner which will minimize the danger of disease transmission.

(2) A home that processes its own linen shall provide a well-ventilated laundry of sufficient size which shall include all of the following:

(a) Commercial laundry equipment with the capacity to meet the needs of the home.

(b) A separate soiled linen room.

(c) A separate laundry processing room.

(d) A separate clean linen storage area.

(e) A lavatory for handwashing in the laundry processing area.

(3) A home that uses a commercial—or other—outside laundry facility shall have a soiled linen storage room and a separate clean linen storage room.

R 325.21322 Kitchen and dietary area. Rescinded.

88
Rule 1322. (1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of patients. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, dish and utensil cleaning, and refuse storage and removal.
(2) The kitchen and dietary area shall be equipped with a lavatory for handwashing. A lavatory shall have a gooseneck inlet and wrist, knee, or foot control. Soap and single service towels shall be available for use at each lavatory.
(3) The kitchen and dietary area shall be restricted to kitchen and dietary activities.
(4) Separate personnel dining space shall be provided.
(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.
(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, served, or transported, and served so as to be safe for human consumption.
(7) Perishable food shall be stored at temperatures which will protect against spoilage.
(8) A reliable thermometer shall be provided for each refrigerator and freezer.
(9) An individual portion of food which is served and not eaten shall be destroyed.
(10) A separate storage area for poisonous material shall be provided away from food service and food storage areas. Poisonous material shall be identified as such and shall be used only in a manner and under such conditions that it will not contaminate food or constitute a hazard to patients, personnel, or visitors.
(11) Food service equipment and multi-use utensils shall be of such design and material as to be smooth, easily cleanable, and durable.
(12) Food service equipment and work surfaces shall be installed in such a manner as to facilitate cleaning and shall be maintained in a clean and sanitary condition and in good repair.
(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
(14) A single service eating or drinking article shall be stored, handled, and dispensed in a sanitary manner and shall be used only once.
(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.
(16) A storage area for housekeeping items and a janitor’s closet shall be provided with convenient access to the kitchen and dietary area.

R 325.21323 Kitchen and dietary area ventilation. Rescinded.
Rule 325.21323. In a new construction, addition, major change, or conversion after August 22, 1969, the design and operation of the filtered makeup air and exhaust air systems in the kitchen and dietary area shall be adequate for the comfort of employees and control of odors and shall minimize the danger of disease transmission.

R 325.21324 Insect and vermin control. Rescinded.
Rule 325.21324. (1) A home shall be kept free from insects and vermin.
(2) Breeding places for insects and vermin shall be eliminated from a home.
(3) Insect and vermin control procedures involving the use of insecticides or pesticides shall be carried out in a manner consistent with the health and safety of patients, personnel, and visitors.
R 325.21325  Maintenance and storage generally. Rescinded.  
   Rule 1325. (1) The building, equipment, and furniture shall be kept clean and in good repair.  
   (2) A room shall be provided in the home or on the premises for equipment and furniture  
       maintenance and repair and storage of maintenance equipment and supplies.  
   (3) Hazardous and toxic materials shall be stored safely and in accordance with applicable law.  

R 325.21326  General storage space in new construction, additions, major changes, or conversions. Rescinded.  
   Rule 1326. In a new construction, addition, major change, or conversion after August 22, 1969, 10  
       square feet of general storage space shall be provided per bed in the home.  

R 325.21327  Examination and treatment rooms in new construction, additions, major changes, or  
       conversions. Rescinded.  
   Rule 1327. In a new construction, addition, major change, or conversion after August 22, 1969, an  
       examination and treatment room equipped with a treatment table, instrument table, and lavatory  
       with gooseneck inlet and wrist, knee, or foot controls shall be provided.  

R 325.21328  Autoclaves; personal cleanliness of personnel; water closet room accommodation of  
       wheelchair and attendant; soap and towels for employees and visitors. Rescinded.  
   Rule 1328. (1) An autoclave shall be provided in all homes reusing medical supplies which require  
       sterilization between uses.  
   (2) Personnel shall wear clean garments, maintain a high degree of personal cleanliness, and  
       conform to hygienic practices while on duty.  
   (3) At least 1 patient water closet room on a patient floor where wheelchair patients are located  
       shall be of sufficient size to accommodate wheelchair, patient, and attendant.  
   (4) Soap and single use towels shall be available for the use of employees and visitors at all times.  
       Use of a common towel is prohibited.  

PART 14. CHILD CARE HOMES AND CHILD CARE UNITS  

R 325.21401  Compliance with skilled nursing home requirements. Rescinded.  
   Rule 1401. A child care home or a child care unit shall comply with all requirements for a skilled  
       nursing home.  

R 325.21402  Admission policies. Rescinded.  
   Rule 1402. (1) A child shall not be admitted to a home or child care unit unless the home is licensed  
       and approved by the director as a child care home or a child care unit.  
   (2) A person 15 years of age or older shall not be admitted to a child care home or a child care unit.  
   (3) A patient shall be admitted to a child care home or a child care unit only on recommendation of  
       a licensed physician and concurrence of the home's consulting pediatrician and administrator.
(4) The name, address, and telephone number of the parent or legal guardian and the person or agency responsible for placing and maintaining the child in the home shall be on file in the administrator's office and on the patient's clinical record.

R 325.21403 Physician services. Rescinded.
Rule 1403. (1) A child care home or child care unit shall have a consulting physician who is a board-certified pediatrician on its staff.
(2) The consulting pediatrician shall provide pediatric consultation and recommend policies concerning the management of children who are patients in the home with regard to their total welfare and their physical, mental, and social health. When the attending physician does not comply with rules governing the frequency of visits to patients or fails to record physician orders and other medical information as required, the consulting pediatrician and the administrator together shall undertake corrective measures.
(3) The consulting pediatrician may serve as attending physician for 1 or more of the individual patients or may serve as a staff pediatrician for the home.
(4) The consulting pediatrician may serve as 1 of the physicians to be called in case of emergency.
(5) The initial examination of the patient shall be completed on admission and shall include an evaluation of physical and mental health and diagnosis.
(6) A written plan for continuing care and eventual discharge shall be prepared at the time of the admission examination and shall be placed in the patient's clinical record.
(7) A hematocrit, hemoglobin, and a urine analysis shall be included in a patient's initial examination and shall be repeated at least semiannually thereafter.
(8) An intradermal tuberculin skin test shall be included in a patient's initial examination and shall be repeated at least annually. If at any time this test is positive, the patient shall be studied to determine whether or not disease is present and shall be given appropriate treatment if indicated. Annual repetition of the skin test shall not be made if the skin test is positive, but the patient shall have appropriate follow-up as ordered by the attending physician consistent with written patient care policies.
(9) A patient is not required to have a routine admission chest x-ray, unless the patient's tuberculin test is positive or unless the physician considers it necessary.
(10) Medical service shall include physician visits at least every 30 days, recommended medical treatment, and consultation by medical specialists as ordered by the physician.
(11) A patient who has been immunized for diphtheria, tetanus, pertussis, measles, rubella, mumps, and poliomyelitis shall receive booster inoculations as ordered by the physician.
(12) A patient who has not been immunized for diphtheria, tetanus, pertussis, measles, rubella, mumps, and poliomyelitis shall be immunized as ordered by the physician, unless it is against the religious convictions of the patient as stated in writing by the parent or guardian.

R 325.21404 Nursing services. Rescinded.
Rule 1404. (1) In addition to all licensure requirements for a skilled nursing facility, a child care home or a child care unit shall employ sufficient nursing personnel to provide continuous 24-hour nursing care to meet the needs of each patient in the nursing home.
(2) The director of nursing in a child care home or the charge nurse on duty in the daytime in a child care unit shall be a registered nurse who, in the opinion of the director, is qualified to supervise pediatric nursing care.
A charge nurse who is either a registered nurse or a licensed practical nurse shall be on duty at all times during a shift in a child care home or unit. She shall receive regular inservice training in pediatric nursing care.

Nursing personnel assigned to provide care to children who are patients in the home shall not be assigned to provide care to adult patients in the home on the same shift.

A patient shall not be physically punished.

A restraint shall not be used unless ordered by the physician for a specified and limited time or as necessitated by emergency.

A patient's identity shall be displayed on his or her person by 1 or more commonly used methods of patient identification.

R 325.21405 Patient care policies. Rescinded.

Rule 1405. (1) A child care home and the child care unit shall have a written patient care policy governing the nursing care and other services provided to patients.

(2) The professional patient care policy group which advises in the development of a written patient care policy, as required by these rules, shall include at least 1 board-certified pediatrician, the administrator, director of nursing, and such other persons as may be required.

(3) The patient care policy shall cover those items of patient care required in these rules and shall be applicable to children and consistent with the age and condition of the patients.

R 325.21406 Food services; formula room. Rescinded.

Rule 1406. (1) Food and liquid served to children who are patients in the home shall be appropriate for the child's age, level of maturity, and physical condition.

(2) A separate room shall be provided for the preparation of infant formulas and water solutions and shall be reserved for this purpose only.

(3) The formula room shall contain a handwash lavatory with tempered running water, soap, and individual towels in a towel dispenser.

(4) The formula room shall have a double compartment sink with hot and cold running water for use in preparation of infant formulas and water solutions.

(5) The formula room shall contain enclosed cabinets for the storage of supplies used in the preparation of infant formulas and water solutions.

(6) Cleaning supplies used in the formula room shall be stored in a separate cabinet clearly identified for this purpose only.

(7) A refrigerator shall be available exclusively for the storage of infant formulas and water solutions requiring refrigeration.

(8) After nipping and capping each individual unit of infant formula or water solution prepared in the formula room, the unit shall be subjected to a terminal sterilizing process at a minimum of 230 degrees Fahrenheit at 7 pounds pressure for 10 minutes.

(9) Nipples shall not be changed following sterilization. Provisions shall be made to protect the sterility of the units in transportation from the formula room to the infant.

(10) The sterility of infant formulas and water solutions and the attached nipples prepared in the formula room shall be checked by bacteriologic methods at least once a month.

(11) Records of the bacteriologic check of infant formulas and water solutions and the attached nipples prepared in the formula room shall be available for inspection. Records shall be maintained for 1 year from the date of bacteriologic check.
(12) The home shall develop and have available written policies for the preparation, storage, distribution, and use of infant formulas and water solutions prepared in the formula room.

R 325.21407 Commercial infant formulas and water solutions. Rescinded.

Rule 1407. (1) The director shall approve each type of package unit of commercially-prepared and prepackaged infant formula and water solution before it is used for infant feeding.

(2) A disposable component of commercially-prepared and prepackaged infant formula and water solution units shall not be reused.

(3) An enclosed cabinet shall be provided for the short-term storage of commercially-prepared and prepackaged infant formulas and water solutions removed from their original shipping carton and not requiring refrigeration.

(4) A nipple shall not be changed following assembly of commercially-prepared and prepackaged infant formula and water solution units.

(5) A refrigerator shall be available exclusively for storage of infant formulas and water solutions requiring refrigeration.

(6) Provision shall be made to protect the sterility of the commercially-prepared and prepackaged formula and water solution units in transportation from the point of unit assembly to the infant.

(7) A home shall develop and have available a written policy for the storage, assembly, distribution, and use of commercially-prepared and prepackaged units of infant formula and water solutions used for infant feeding.

R 325.21408 Patient activities and rehabilitation. Rescinded.

Rule 1408. (1) Recreational and social activity shall be provided in sufficient amount and variety to meet the needs and interests of a patient and shall be consistent with the patient’s age, maturity, and physical condition.

(2) An individual shall be designated as being in charge of patient recreation and activities and shall be responsible for supervising and directing these activities.

(3) A bed patient shall be taken out of bed at least twice daily, unless there are written physician orders to the contrary.

(4) The physician and the administrator are responsible for making necessary arrangements to obtain physical therapy, occupational therapy, and such other special forms of therapy as may be required in the care of a patient.

R 325.21409 Educational activities. Rescinded.

Rule 1409. (1) The administrator shall notify the board of education having jurisdiction that the administrator is operating a child care home or a child care unit and that there are children of school age in the home.

(2) The administrator shall request assistance from the board of education having jurisdiction in providing for the educational needs of children of school age.

R 325.21410 Physical environment. Rescinded.

Rule 1410. (1) Not more than 4 beds or 4 bassinets shall be in a patient room.

(2) A room used for the care of small infants shall be used exclusively for that purpose.
(3) A minimum of 40 square feet of usable floor space per bassinet shall be provided in a room used for the care of small infants.

(4) A minimum of 30 square feet of floor space per bed shall be provided for dayroom, dining, recreation, and activity purposes.

(5) A minimum of 75 square feet of outdoor play space per bed shall be provided, shall be safely enclosed, and shall be supervised when in use.

(6) A choice of toys, games, books, and recreational equipment shall be available for children who can use them. A radio and a television shall be available for the use of the children.

**R 325.21411 Transfer agreements. Rescinded.**

Rule 1411. A written, signed transfer agreement shall be in effect between the child care home or a home with a child care unit and at least 1 hospital that has a pediatric department certified by the department to provide care services to children. The transfer agreement shall provide reasonable assurance that transfer of patients will be effected between the home and the hospital when such transfer is medically indicated, as determined by the physician. The transfer agreement shall also provide for the interchange of necessary medical and other information.

**PART 15. CERTIFICATION**

**R 325.21501 Certification; effect. Rescinded.**

Rule 1501. A nursing home or nursing care facility, or distinct part thereof, shall not be eligible to participate in a federal or state health program requiring certification as an intermediate (basic nursing) care facility (ICF), intermediate care facility/developmentally disabled (ICF/DD), skilled nursing facility (SNF), nursing facility for care of developmentally disabled patients, nursing facility for care of mentally ill patients, or nursing facility for care of tuberculosis patients unless certified as such by the department in accordance with this code, these rules, and applicable federal and state law and regulations or unless certified by the U.S. secretary of health and human services.

**R 325.21502 Time of application. Rescinded.**

Rule 1502. Applications for initial certification may be made at any time by a currently licensed nursing care facility. If the applicant is not currently licensed, the application for certification shall be accompanied by an application for initial license. Applications for renewed certification shall be made at the same time as application for renewed licensure.

**R 325.21503 Content of application. Rescinded.**

Rule 1503. (1) An application for initial or renewed certification shall be made on a form authorized and provided by the department which shall be completed in full in accordance with department instructions. The application form shall be accompanied by the attachments, additional data, and information required by the department.

(2) A complete application form shall include, at a minimum, all of the following:

(a) A completed application form indicating the type of certification requested and, if the certification is not requested for the entire facility, the distinct part thereof for which certification is requested.
(b) Evidence that the person submitting the application is the authorized representative as defined by R 325.20204.
(c) Additional information specified in department instructions to determine compliance with the code or these rules.

R 325.21504 Processing the application. **Rescinded.**

Rule 1504. (1) The department shall determine whether an application for initial or renewed certification is complete and shall notify the applicant in writing if additional information is required to complete the application or determine compliance with the code, these rules, and applicable federal law and regulations. The department shall consider each completed application and make a determination in the matter.

(2) By applying for or accepting certification, a facility authorizes the department and its representatives to conduct the surveys, inspections, and investigations necessary to determine compliance with applicable certification standards.

(3) On the basis of the information supplied to it by the applicant and any other information available to it, including the facility survey and evaluation, the department may take any of the following actions with respect to the application for certification:

(a) Issue or renew the certification, except as provided in subdivision (c) of this subrule.

(b) Deny or limit the certification, except as provided in subdivision (c) of this subrule.

(c) In the case of a skilled nursing facility which has applied for certification for purposes of participating in both the medicare and medicaid programs, recommend to the U.S. secretary of health and human services that certification be issued, renewed, limited, or denied.

(4) Except as otherwise provided by federal law and regulation, action by the department pursuant to subrule (3)(b) of this rule shall be preceded by a notice of intent to deny, suspend, limit, or revoke the certification and opportunity for a hearing in accordance with part 19 of these rules. The department's final decisions with respect to the granting, suspension, limitation, or revocation of a certification shall be sent simultaneously to the facility and to the department of health and human services and to the department of human services as required.

R 325.21505 Term of certification. **Rescinded.**

Rule 1505. (1) The term of a certification shall be concurrent with the term of the facility's license and shall expire on the date shown on the face of the license, unless renewed or terminated in accordance with applicable law and rule.

(2) A complete application for renewal of certification shall be submitted annually in accordance with the code, these rules, the instructions of the department at the time of application, and applicable federal law and regulations.

R 325.21506 Surveys and investigations. **Rescinded.**

Rule 1506. (1) The department shall conduct a survey and investigation of a facility applying for initial or renewed certification within the 3-month period following receipt of the application and, in the case of renewals, within the 3-month period before the expiration date of the current certification. The department shall not issue or renew a certification until the completion of such a survey and investigation.
(2) Surveys and investigations pursuant to these rules may be a part of the facility’s licensure survey and investigation and may include inspections of the facility; inspection and copying of books, records, patient clinical records, and other documents maintained by the facility; and the acquisition of other information, including otherwise privileged or confidential information, from any other persons who may have information bearing on the facility’s compliance or ability to comply with the applicable requirements for certification.

(3) A representative of the department or the state fire marshal division of the department of state police shall be granted entrance to the premises of a certified facility or an applicant for certification upon presenting proper identification which shall include a card issued by the department or the department of state police certifying that the holder is an employee of that department.

R 325.21507 Notice of change in circumstances; transfer of certification; posting. Rescinded.

Rule 1507. (1) A certification is issued on the basis of information available to the department on the date of issue. A facility shall give written notice to the department within 5 business days of any change in information submitted as part of an application for initial or renewed certification.

(2) A certification may not be transferred from one owner to another, from one location to another, or from one part of an institution to another. Changes in ownership shall be reported pursuant to section 20142(3) of the code.

(3) The current certification shall be posted in a facility in the same place as the facility’s license.

R 325.21508 Requirements for certification as an intermediate (basic nursing) care facility (ICF). Rescinded.

Rule 1508. A licensed nursing care facility shall, at the facility’s request, be certified by the department as an intermediate care facility when it is determined by the department, on the basis of facility survey, inspection, investigation, and evaluation that the facility complies with applicable state and federal statutes, rules, and other standards for intermediate care facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Services, Michigan Department of Licensing and Regulatory Affairs, Lansing, MI 48909.

R 325.21509 Requirements for certification as an intermediate care facility/developmentally disabled (ICF/DD). Rescinded.

Rule 1509. A licensed nursing care facility shall, at the facility’s request, be certified by the director of the department as an intermediate care facility/developmentally disabled when it is determined by the director of the department, on the basis of facility survey, inspection, investigation, and evaluation, that the facility complies with applicable state and federal statutes, rules, and other standards for intermediate care facilities/developmentally disabled. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Services, Michigan Department of Licensing and Regulatory Affairs, PO Box 30670, Lansing, MI 48909.

R 325.21510 Requirements for certification as a skilled nursing facility (SNF). Rescinded.
Rule 1510. (1) A licensed nursing care facility shall, at the facility's request, be certified by the department or, when required, by the U.S. secretary of the department of health and human services as a skilled nursing facility when it is determined by the director of the department or the secretary of the department of health and human services, on the basis of facility survey, inspection, investigation, and evaluation, that the facility complies with applicable state and federal statutes, rules, and other standards for skilled nursing facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Services, Michigan Department of Licensing and Regulatory Affairs, PO Box 30670, Lansing, MI 48909.

(2) A licensed nursing care facility certified as a skilled nursing facility shall comply with the following provisions:

(a) There shall be at least 1 licensed nurse on duty for each 64 patients, or fraction thereof, on the day shift, at least 1 licensed nurse on duty for each 96 patients, or fraction thereof, on the afternoon shift, and at least 1 licensed nurse on duty for each 120 patients, or fraction thereof, on the night shift.

(b) Additional licensed nurses shall be employed and on duty when such additional licensed nursing personnel are required to meet minimum nursing care needs because of any of the following:

(i) The physical layout or size of the facility or nursing unit.
(ii) The complexity of patient care needs.
(iii) The qualifications of the nursing staff in terms of training and experience.
(iv) The number of therapeutic treatments to be provided.
(v) The number of medications to be administered.

R 325.21511 Requirements for certification as a nursing facility for the care of developmentally disabled patients. Rescinded.

Rule 1511. An applicant for certification as a nursing facility for the care of developmentally disabled patients shall be a licensed nursing care facility and shall meet the requirements of part 16 of these rules.

R 325.21512 Requirements for certification as a nursing facility for the care of mentally ill patients. Rescinded.

Rule 1512. An applicant for certification as a nursing facility for the care of mentally ill patients shall be a licensed nursing care facility and, in addition, shall meet the requirements of part 17 of these rules. Rescinded.

R 325.21514 Denial, limitation, suspension, or revocation of certification. Rescinded.

Rule 1514. (1) The department may deny, limit, suspend, or revoke a certification for failure to comply with the code, these rules, or applicable provisions of federal law and regulation.

(2) Except when the department of health and human services has denied, limited, suspended, or revoked certification, the procedures to deny, limit, suspend, or revoke a certification shall be the same as those used to deny, limit, suspend, or revoke a license.

(3) The department's action to deny, limit, suspend, or revoke a certification may be taken in the same proceeding and concurrently with action to deny, limit, suspend, or revoke a license.

(4) The issuance of a certification shall be considered an action independent of the issuance of a license, and the certification may be reviewed, renewed, denied, limited, suspended, or revoked
for noncompliance with the code or these rules without initiating a similar action with respect to the nursing care facility's license.

R 325.21515 Issuance of certification. Rescinded.

Rule 1515. When the department issues a certification pursuant to the code and these rules, it shall cause a separate certificate to be issued which indicates any distinct parts of the nursing care facility being certified and the type of certification granted to each such distinct part.

PART 16. NURSING FACILITIES FOR CARE OF MENTALLY ILL PATIENTS

R 325.21601 Applicability. Rescinded.

Rule 1601. A nursing home or nursing facility requesting special certification to the department of human services for the care of mentally ill patients under the Medicaid program, in addition to all other applicable requirements for licensure and skilled nursing facility certification under these rules, shall comply with this part.

R 325.21602 Patient capacity and admission. Rescinded.

Rule 1602. A special mental illness nursing home or nursing facility shall comply with both of the following provisions:
   — (a) Be an entire facility or a distinct part of a facility of not more than 150 nor less than 16 patient beds and be able to care for a mentally ill patient of any age in need of nursing care.
   — (b) Have a written agreement in effect with the department of community health and admit only mentally ill individuals as defined and authorized by the department of mental health under that agreement.

R 325.21603 Specialized physician services. Rescinded.

Rule 1603. A special mental illness nursing home or nursing facility shall have on its staff a physician who is a specialist in the diagnosis, treatment, and care of the mentally ill. The physician specialist, in accordance with written policy of the facility, shall comply with all of the following provisions:
   — (a) Have special training and experience in the diagnosis, treatment, and care of the mentally ill.
   — (b) Serve as a consultant to the administrator of the facility in planning and implementing a continuing program designed to meet the special needs of patients in the facility.
   — (c) Serve as a consultant to other physicians attending patients in the facility.
   — (d) Care for mentally ill patients, as may be appropriate, at the request of the patient or his or her guardian, the patient's attending physician, and the facility.
   — (e) Assist the facility in the development of, and approve written patient care policies for, the diagnosis, treatment, and care of patients in the facility.
   — (f) Assist the facility in the writing of individual patient care plans and approve such plans.
   — (g) Assure that patients are seen and evaluated by the attending physician not less than every 30 days and more often as may be required to adequately care for patients.
R 325.21604  Specialized nursing services. Rescinded.
   Rule 1604. Specialized nursing services in a mental illness nursing home or nursing facility shall comply with all of the following provisions:
   (a) Be directed by a registered nurse who has at least 1 year of work experience in the care of mentally ill patients or who, in the opinion of the physician specialist on the staff of the facility, is qualified to supervise the nursing care and other specialized services necessary for the care of mentally ill patients, particularly those with aberrant behavior.
   (b) Provide that nursing care for patients on all shifts in the facility shall be in the charge of a registered nurse or licensed practical nurse experienced in the care of mentally ill patients.
   (c) Provide that the nursing staff shall receive orientation of the provision of nursing care and other specialized services necessary to the care of mentally ill patients. Nursing personnel shall receive specialized inservice training on a regular and continuing basis.
   (d) Provide, in addition to personnel required for compliance with nurse staffing requirements for licensure and skilled nursing facilities certification, additional licensed and unlicensed personnel required to meet the needs of individual patients, but not less than an average of 3.35 hours of nursing care per patient per day.

R 325.21605  Other specialized services. Rescinded.
   Rule 1605. A mental illness nursing home or nursing facility shall comply with all of the following:
   (a) Provide an organized program of diversional activities and training services required to meet the needs of individual mentally ill patients, particularly those who exhibit aberrant behavior. Such programs, in accordance with the needs of individual patients, shall be consistent with the patient's physical condition, level of functioning, and mental capacity.
   (b) Provide necessary arrangements to obtain other specialized diagnostic services and forms of therapy as may be required by the individual patient.
   (c) Keep the state hospital, which is designated by the department of mental health, in the home's or facility's area advised on a monthly basis, by mail, of the availability of beds for the care of patients and the name of the physician specialist on its staff.

PART 17. NURSING FACILITIES FOR CARE OF MENTALLY RETARDED PATIENTS

R 325.21701  Applicability. Rescinded.
   Rule 1701. A nursing home or nursing care facility requesting special certification to the department of human services for the care of developmentally disabled patients under the medicaid program, in addition to all other applicable requirements for licensure and skilled nursing facility certification under these rules, shall comply with this part.

R 325.21702  Patient capacity and admissions. Rescinded.
   Rule 1702. A special developmental disability nursing home or nursing facility shall comply with both of the following provisions:
(a) Be an entire facility or a distinct part of a facility of not more than 150 nor less than 16 patient beds and be able to care for a developmentally disabled patient of any age in need of nursing care.
(b) Have a written agreement in effect with the department of community health and admit only developmentally disabled individuals as defined and authorized by the department of community health under that agreement.

R 325.21703 Specialized physician services. Rescinded.
Rule 1703. A special developmental disability nursing home or nursing facility shall have on its staff a physician who is a specialist in the diagnosis, treatment, and care of the developmentally disabled. The physician specialist, in accordance with written policy of the facility, shall comply with all of the following provisions:
(a) Have special training and experience in the diagnosis, treatment, and care of the developmentally disabled.
(b) Serve as a consultant to the administrator of the facility in planning and implementing a continuing program designed to meet the special needs of patients in the facility.
(c) Serve as a consultant to other physicians attending patients in the facility.
(d) Care for developmentally disabled patients, as may be appropriate, at the request of the patient or his or her guardian, the patient's attending physician, and the facility.
(e) Assist the facility in development of, and approve written patient care policies for, the diagnosis, treatment, and care of patients in the facility.
(f) Assist the facility in the writing of individual patient care plans and approve such plans.
(g) Assure that patients are seen and evaluated by the attending physician not less than every 30 days and more often as may be required to care adequately for patients.

R 325.21704 Specialized nursing services. Rescinded.
Rule 1704. Specialized nursing services in a developmental disability nursing home or nursing facility shall comply with all of the following provisions:
(a) Be directed by a registered nurse who has at least 1 year of work experience in the care of developmentally disabled patients or who, in the opinion of the physician specialist on the staff of the facility, is qualified to supervise the nursing care and habilitative and developmental training services for developmentally disabled patients.
(b) Provide that nursing care for patients on all shifts in the facility shall be in the charge of a registered nurse or licensed practical nurse experienced in the care of developmentally disabled patients.
(c) Provide that the nursing staff shall receive orientation in the provision of habilitative and developmental training services necessary to the care of developmentally disabled patients. Nursing personnel shall receive specialized inservice training on a regular and continuing basis.
(d) Provide, in addition to personnel required for compliance with nurse staffing requirements for licensure and skilled nursing facility certification, additional licensed and unlicensed personnel required to meet the needs of individual patients but not less than 4.35 hours of nursing care per patient per 24 hours of residence. In addition, the following provisions shall be complied with:
(i) The ratio of patients present to nursing care personnel from the hours of 6 a.m. to 8 p.m. shall not exceed 4 patients to 1 nursing care personnel.
(ii) For the hours of 8 p.m. to 6 a.m., the ratio of patients to nursing care personnel shall not exceed 12 patients to 1 nursing care personnel.
—(iii) In addition to the provisions of paragraphs (i) and (ii) of this subdivision, there shall be sufficient nursing care personnel available on duty to assure coverage for patients at all times during each shift.

R 325.21705 Other special services. Rescinded.

Rule 1705. A developmental disability nursing home or nursing facility shall comply with all of the following provisions:

—(a) Provide an organized program of diversional activities and training services required to meet the needs of individually developmentally disabled patients. Such programs, in accordance with the needs of individual patients, shall be consistent with the patient's physical condition, level of functioning, and mental capacity.

—(b) Provide necessary arrangements to obtain other specialized diagnostic services and forms of therapy as may be required by the individual patients.

—(c) Keep the state developmental disability facility, which is designated by the department of community health, in the home's or facility's area advised on a monthly basis, by mail, of the availability of beds for the care of patients and the name of the physician specialist on its staff.

PART 18. NURSING FACILITIES FOR CARE OF TUBERCULOSIS PATIENTS

PART 19. HEARING PROCEDURE

R 325.21901 Applicability. Rescinded.

Rule 1901. (1) The procedures set forth in this part apply to the hearings required by sections 20165, 20166, 20168, 21799a(9), 21799b(2), and 21799c of the code.

—(2) This article shall apply to certification and other proceedings under federal statutes where required by federal law or regulation.

—(3) Unless otherwise provided by the code or these rules, the procedures for a hearing shall comply with sections 71 to 92 of Act No. 306 of the Public Acts of 1969, as amended, being SS24.271 to 24.292 of the Michigan Compiled Laws.

R 325.21902 Definitions. Rescinded.

Rule 1902. In addition to the definitions of the code, Act No. 306 of the Public Acts of 1969, as amended, being SS24.201 et seq. of the Michigan Compiled Laws, and these rules, the following definition applies to this part: "Authorized representative" means the representative designated pursuant to R 325.20204.

R 325.21903 Correction notice; opportunity to show compliance. Rescinded.

Rule 1903. (1) When the department issues a correction notice under the provisions of section 21799b of the code, the correction notice shall set forth all findings mandated by section 21799b of the code, and the department shall inform the licensee that he or she has a right to a hearing within 72 hours and that, if he or she wishes to be heard, the department will have a hearing officer present at the time and place specified in the correction notice. The time of hearing shall be within 72 hours of the time of service. Upon request, an adjournment, for a period not to exceed 10 days, may be granted by a
Failure to raise a defense on or before the hearing, or to appear at the hearing, shall be deemed an admission of the matters asserted in the correction notice. If the respondent fails to make an appearance or to contest the notice, the correction notice shall be final without any further proceeding whatsoever.

(2) Before commencing the proceedings for denial, limitation, suspension, or revocation of a license pursuant to sections 20165 and 20166 of the code, the department shall give notice to the applicant or licensee, personally or by registered or certified mail, of the facts or conduct which warrants the intended action and shall provide the applicant or licensee with an opportunity to show compliance with the code and these rules at a compliance conference. The notice shall state the date, time, and location of compliance conference. If the licensee is unable to demonstrate, to the satisfaction of the department at the compliance conference, compliance with all lawful requirements for retention of its license, the department may proceed with a hearing. This rule does not apply to notices issued under section 20162, 20168, 21799a(9), 21799b(2), or 21799c of the code or section 63 of Act No. 306 of the Public Acts of 1969, as amended, being S24.263 of the Michigan Compiled Laws.

R 325.21904 Initiation of hearings. Rescinded.
Rule 1904. (1) A hearing is initiated by the department by giving notice thereof personally or by registered or certified mail. The notice shall include all of the following:
(a) The time, date, place, and nature of the hearing.
(b) The action intended by the department, and a brief statement of the facts involved.
(c) The legal authority and jurisdiction under which the hearing is to be held.
(d) A reference to the applicable sections of the code and rules.
(2) The hearing shall be conducted by the director or 1 or more hearing officers designated by the director.

R 325.21905 Service. Rescinded.
Rule 1905. Unless otherwise specified, service of a document upon any party shall be made by personal delivery or mailing by registered, certified, or first class mail to the last known address of the party or the authorized representative of a party as indicated on the records of the department, and proof of service shall be filed with the department.

R 325.21906 Appearances. Rescinded.
Rule 1906. A party may appear in person, by an authorized representative, or by legal counsel.

R 325.21907 Form of pleadings. Rescinded.
Rule 1907. (1) All pleadings shall contain the department’s caption and docket number, if assigned, and shall include a clear and plain statement of facts alleged and the relief sought.
(2) A pleading, other than an exhibit, shall be typewritten, double spaced, and on letter size opaque paper, approximately 8 1/2 inches by 11 inches. The left margin shall be 1 1/2 inches and the right margin 1 inch. A pleading and other documents shall be fastened in the upper left corner.
Pleading captions. Rescinded.

Rule 1908. (1) A hearing shall be titled "In the matter of (name of respondent)." This caption shall appear at the upper left side of the first page of each filed pleading or document other than an exhibit. (2) The first page of a pleading or document, other than an exhibit, shall show at its upper right side, opposite the caption, the docket number assigned by the department, if known.

Extensions of time. Rescinded.

Rule 1909. A request for an extension of time for the filing of a pleading or document shall be made in writing and served on the presiding officer and all parties 5 days before the date on which the pleading or document is due to be filed.

Answers. Rescinded.

Rule 1910. Within 15 days after service of a notice of hearing, a respondent shall file a written answer with the department. The answer shall respond to all allegations in the notice of hearing which the party plans to contest, and a respondent shall raise any affirmative defenses not later than 10 days prior to the hearing. All allegations not denied by written answer are deemed admitted. This rule shall not apply to proceedings under R 325.21903(1).

Consolidation and severance of cases. Rescinded.

Rule 1911. (1) Cases may be consolidated, for good cause, on the motion of any party or the hearing officer's own motion, when justice and the administration of the code and these rules require. A motion for the consolidation of cases shall be filed within 20 days after service of the notice of hearing on each party to the cases which would be consolidated. Within 10 days after service of the motion, the other parties may file a response thereto. Unless a request for oral argument is made and granted, the determination on the motion shall be made on the pleadings. (2) Upon his or her own motion, or upon motion of any party, the hearing officer, for good cause, may order any case severed as to some or all issues or parties.

Presiding officer; powers and duties. Rescinded.

Rule 1912. (1) A presiding officer shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the power to do all of the following: (a) Administer oaths and affirmations. (b) Rule upon offers of proof and receive relevant evidence. (c) Provide for the taking of testimony by deposition. (d) Regulate the course of the hearings, set the time and place for continued hearings, fix the time for the filing of briefs and other documents, and issue subpoenas. (e) Consider and rule upon procedural requests. (f) Hold conferences for the settlement or simplification of the issues by consent of the parties. (g) Prepare proposed decisions, if required. (2) When a hearing officer believes that he or she is disqualified to preside over a particular hearing, he or she shall withdraw therefrom by notice on the record directed to the director. A party who claims that a hearing officer should be disqualified to preside, or to continue to preside, over a particular hearing may timely file with the director a motion to disqualify. The motion shall be supported by
affidavits setting forth the alleged grounds for disqualification. The director shall rule upon the motion, and the decision shall be determinative for purposes of the hearing.

R 325.21913 Prehearing conference. Rescinded.

Rule 1913. (1) The presiding officer, upon request of any party or on his or her own motion, may order a prehearing conference for the purpose of facilitating the disposition of a contested case.

(2) The following are the purposes of the prehearing conference:

(a) To state and simplify the factual and legal issues to be litigated.

(b) To admit matters of fact and the authenticity of documents and to resolve other evidentiary matters to avoid unnecessary proof.

(c) To exchange lists of witnesses and the nature of their testimony.

(d) To estimate the time required for the hearing.

(e) To resolve other matters which may aid in the disposition of the case.

(3) At the prehearing conference, the presiding officer may make rulings on motions pertaining to evidence, law, and the procedure when practicable. A record shall be made of all motions and rulings and other matters deemed appropriate at the presiding officer’s discretion and shall become a part of the hearing record.

(4) The parties to a hearing are encouraged to voluntarily confer for the purpose of facilitating the disposition of a case.

R 325.21914 Adjournment. Rescinded.

Rule 1914. A party may request an adjournment of a scheduled hearing by motion to the presiding officer assigned to conduct the hearing. The presiding officer shall not rule on the request until opposing parties have had an opportunity to be heard on the request. However, if all parties agree to the adjournment, then the presiding officer may rule on the request immediately.

R 325.21915 Consent findings and orders. Rescinded.

Rule 1915. (1) At any time before a final order is issued, the parties may negotiate an agreement containing consent findings and an order disposing of the whole or a part of the case. This agreement shall be submitted to the presiding officer, who shall rule upon it after considering the nature of the proceeding, the representatives of the parties, and the probability of an agreement which would result in a just disposition of the issues involved.

(2) The agreement containing consent findings and an order disposing of a proceeding shall contain all of the following provisions:

(a) That the consent finding and order shall have the same force and effect as if made after a full hearing.

(b) That the record on which an order may be based shall consist solely of the pleadings and the agreement.

(c) A waiver of any further proceedings before the hearing officer and the director.

(d) A waiver of any right to challenge or contest, in any forum, the validity of the consent findings and order made in accordance with the agreement.

R 325.21916 Discovery and depositions. Rescinded.
Rule 1916. (1) The same rights to discovery and depositions provided in the general court rules of this state applicable to civil cases shall apply to all hearings commenced and conducted under the code and these rules. The presiding officer shall rule on all motions relative to depositions and discovery.

(2) Discovery depositions and motions for discovery shall not be allowed by the presiding officer if they are likely to interfere with the efficient conduct of the hearing, unless substantial prejudice would result therefrom.

R 325.21917 Complaints. Rescinded.

Rule 1917. Any person who believes that a provision of the code relating to nursing homes, any other law administered by the department relating to nursing homes, or these rules has been violated may file a complaint with the department. The complaint shall include a statement of the facts, without repetition, upon which the complainant relies to fully note his or her complaint and may include a statement of the relief requested.

R 325.21918 Investigation of complaints and hearings. Rescinded.

Rule 1918. (1) The department shall review the complaint and shall investigate the same. The substance of the complaint shall be provided to the licensee not earlier than at the commencement of the on-site inspection of the nursing home which takes place pursuant to the complaint. At the conclusion of its review on investigation, the department shall inform the complainant of its disposition of the complaint. If the complainant is dissatisfied with the disposition of the complaint made by the department, and if the code or other applicable statute gives the complainant the right and standing to do so, the complainant may demand a hearing on the complaint under R 325.21917 by filing written request therefor.

(2) A hearing on a complaint shall be noticed in the same manner as a hearing initiated by the department, except that the notice need not comply with the provisions of R 325.21904(b). If the person complained against is a licensee, a copy of the complaint shall be appended to the notice.

(3) When the person complained against is a licensee, the licensee shall be the respondent, but the department may, if it chooses, intervene as of right in the proceedings, in which case, the department shall have all the rights of a party.

R 325.21919 Motion practice. Rescinded.

Rule 1919. (1) Not less than 5 days before the date set for hearing in the notice, all preliminary motions shall be filed, unless the presiding officer, for good cause shown, permits the filing of such motions at a later date. These motions include all of the following:

(a) Motions for a more definite statement.
(b) Motions to strike pleadings.
(c) Motions to amend pleadings.
(d) Motions for accelerated judgment.
(e) Motions for summary judgment.
(f) Discovery motions.
(g) Motions relative to depositions.
(2) On the date set for hearing in the notice, the presiding officer shall first hear all pending preliminary motions. He or she shall decide them in the same manner as provided for in the general court rules of this state for civil cases. Thereafter, all motions are to be made, heard, and decided at the discretion of the presiding officer.

(3) After hearing all pending preliminary motions, if any, the presiding officer may hold a prehearing conference as provided for in these rules.

R 325.21920 Direct testimony and exhibits. Rescinded.

Rule 1920. When in any case it is deemed necessary, the presiding officer may direct that the direct testimony of any witness or witnesses be submitted in written form, together with any exhibits to be sponsored by the witness, before hearing. Such direct testimony shall be submitted in typewritten form on 8 1/2-inch by 11-inch paper and shall be in question and answer form. The direct testimony of each witness so submitted shall be made a separate exhibit, and the name and address of the witness, together with the caption of the case, shall appear on a cover sheet. Each witness is required to be present at the hearing to introduce his or her written testimony as an exhibit and for cross-examination at such date, time, and place as directed by the presiding officer. In any case, and upon request therefor, a party shall have the right, notwithstanding any provision of this rule, to have any witness on his or her behalf present his or her direct testimony orally before the hearing officer.

R 325.21921 Transcripts. Rescinded.

Rule 1921. Hearings shall be recorded, but need not be transcribed, unless requested by a party. The party requesting the transcript shall pay for the transcription.

R 325.21922 Proposal for decision and final order. Rescinded.

Rule 1922. (1) Following the conclusion of a hearing, the hearing officer, if other than the director, shall deliver to the department the official case file and his or her proposal for decision. The department shall serve the proposal for decision upon the parties by registered or certified mail or personal service, and each party shall have 10 days from the date of service of the proposal for decision to file exceptions or present written arguments to the department.

(2) Following review of the record or the proposal for decision and exceptions thereto, if any, the department shall issue an order stating the findings of fact, conclusions of law, and the final order or an order for further proceedings. The department shall serve copies of the order upon all parties.

(3) If no exceptions are filed, the proposal for decision shall become the final order of the department, unless the director issues his or her order within 90 days from the date of service of the proposal for decision.

PART 20. EDUCATION AND TRAINING OF UNLICENSED NURSING PERSONNEL

R 325.22001 Minimum criteria for education and training of unlicensed nursing personnel. Rescinded.
Rule 22001. (1) Each facility shall adopt and implement an education and training program that shall specify minimum competencies, performance objectives, and methods of evaluation which cover at least the content listed in subrule (2) of this rule. If the facility, by policy, does not permit unlicensed nursing personnel to perform a specific procedure covered in subrule (2) of this rule, training in that specific procedure may be excluded.

(2) The following content shall be presented, except as noted in subrule (1) of this rule:
(a) Personnel policies, including the facility’s personnel policies, job responsibilities, legal and ethical responsibilities, and the importance of the individual’s position as a member of the health care team.
(b) Concepts of care, including physical, psychological, cultural, and social components of care; the impact on the patient of physical and psychological changes that occur with trauma, the aging process, and developmental disabilities; the legal rights and privileges of patients; and communication techniques necessary to provide care.
(c) Environment, including what constitutes a safe and comfortable environment for giving care; safety and fire prevention; emergency procedures, including cardiopulmonary resuscitation, the Heimlich maneuver, and fire and disaster procedures; bed-making and when bed linen should be changed; restraint procedures, including protecting the safety and dignity of the patient; prevention and control of infections; and information necessary to assist the new patient to become aware of the facility’s routines and available services.
(d) Collecting and sharing information, including observation of the individual patient and how to recognize changes from normal; vital signs; reporting and documenting observations; and medical terms and abbreviations necessary for the tasks performed.
(e) Personal care, including bathing a patient in a safe and dignified manner while encouraging independence; skin care, including preventive and supportive care; routine morning and evening mouth care, hair and nail care; shaving; dressing and undressing, with emphasis on encouraging and maintaining independence; and prosthetic devices used in providing care.
(f) Nutrition, including the importance of a balanced diet and how to help bring this about; the importance of making meal times a pleasant experience; measuring and recording the patient’s food and fluid intake; how to carry out orders to increase or reduce fluid intake, and techniques to assist a patient to eat, with emphasis on encouraging and maintaining independence and dignity.
(g) Elimination, including encouraging and maintaining independence in toileting; the use of the bed pan and urinal; catheter care; preventing incontinence; prevention of constipation; observation, reporting, and recording of significant information about a patient’s urine and stool; perineal care; measuring and recording output; urine testing; and bowel and bladder training.
(h) Rehabilitation, including principles of rehabilitation; complications of immobility and their prevention; techniques of turning a patient; maintaining proper body alignment; range of motion exercises; the use of ambulation aids, including wheelchairs, walkers, canes, and crutches; transfer techniques; proper body mechanics involved in lifting patients or objects; and use of bed boards, foot boards, foot stools, trochanter rolls, pillows for positioning, bed cradles, slings, splints, lifting equipment, and trapezes.

R 325.22002 Verification of competency. Rescinded.
Rule 2002. (1) The director of nursing, or a registered nurse designate, shall verify that each unlicensed employee providing nursing care is competent to perform all assigned tasks prior to the time the employee is assigned to perform them, unless the employee is under supervision, as defined in section 46109 of the code, for training purposes.
(2) Verification of competency shall be indicated by an appropriate entry in the employee's personnel record which is signed by the director of nursing or other registered nurse and which specifies the date and method by which each competency was verified. This information shall be maintained in each employee's personnel file for the duration of his or her employment in the facility.

(3) Personnel files shall also include the number of classroom hours and the hours of planned clinical experience supervised by a licensed nurse.

R 325.22003  Class outline and lesson plans. Rescinded.
Rule 2003. Class outlines and lesson plans shall be retained in the facility for not less than 2 years.

Rule 2003a. The department shall test the competency of unlicensed nursing personnel by observation of care given and may interview unlicensed nursing personnel to evaluate the adequacy of the training program.

R 325.22004  Plan of correction. Rescinded.
Rule 2004. If a violation of R 325.22001 to R 325.22003 is cited, within 30 days the facility shall submit a written plan to assess and revise the training program to correct the deficiency. Staff of the department shall assist with this process and shall reevaluate the program within 120 days of the date of the citation of the violation to assure compliance.
NOTICE OF PUBLIC HEARING

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

NOTICE OF PUBLIC HEARING
Thursday, June 6, 2019
2:00 pm
Location: G. Mennen Williams Building - Auditorium
525 W. Ottawa Street, Lansing, Michigan

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

**Licensing Health Facilities or Agencies** (ORR # 2017-101 LR LR)


**Overview:** This new single set of administrative rules replaces six individual rules sets for the licensing health facilities and agencies. This new rule set has been updated to comport with current practice standards, to harmonize them with current federal law and regulations, and to reflect the current organization of state licensing functions. The purpose of promulgating a single new rule set for health facility or agency licensing is to better protect the health safety and welfare of individuals receiving care and services in or from a health facility or agency and to assure the medical accountability for reimbursed care provided by a certified health facility or agency participating in a federal or state health program.

**Complaints** (ORR # 2017-095 LR)


**Public Inspection of License Records** (ORR # 2017-096 LR)


**Hospice and Hospice Residences** (ORR # 2017-097 LR)


**Minimum Standards for Hospitals** (ORR # 2017-098 LR)

**Authority:** By authority conferred on the department of licensing and regulatory affairs by sections 2226(d), 2233, and 20171 of the public health code, 1978 PA 368, MCL 333.2226 (d), 333.2233, and 333.20171, section

**Nursing Homes and Nursing Care Facilities (ORR # 2017-099 LR)**


**Freestanding Surgical Outpatient Facilities (ORR # 2017-100 LR)**


**Overview:** The above 6 rules sets are being rescinded and replaced by one new single rule set: licensing health facilities and agencies (2017-101 LR).

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 Friday, June 7, 2019 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: LARA-BCHS-Training@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: https://dtmb.state.mi.us/DTMBORR/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) 241-7500.
PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF HEALTH CARE SERVICES

FREESTANDING SURGICAL OUTPATIENT FACILITIES

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


R 325.3801, R 325.3802, R 325.3803, R 325.3811, R 325.3812, R 325.3813, R 325.3816, R 325.3820, R 325.3822, R 325.3825, R 325.3826, R 325.3827, R 325.3828, R 325.3831, R 325.3832, R 325.3833, R 325.3834, R 325.3835, R 325.3836, R 325.3837, R 325.3838, R 325.3839, R 325.3840, R 325.3841, R 325.3842, R 325.3843, R 325.3844, R 325.3845, R 325.3846, R 325.3847, R 325.3848, R 325.3855, R 325.3856, R 325.3857, R 325.3858, R 325.3859, R 325.3860, R 325.3866, R 325.3867, R 325.3868, R 325.3868a, R 325.3869, R 325.3871, R 325.3872, R 325.3873, R 325.3874, and R 325.3877 of the Michigan Administrative Code are rescinded as follows:

R 325.3801 Definitions; A. Rescinded.

Rule 1. As used in these rules:

(a) "Act" means 1978 PA 368, being §§333.1001 et seq.

(b) "Anesthesia" means a state of loss of feeling or sensation and is normally used to denote the loss of sensation to pain purposely induced by the use of a specific gas or drug to permit the performance of surgery or other painful procedure.

(c) "Anesthesiologist" means a physician who specializes in the field of anesthesiology and who may or may not be a diplomate of his or her specialty board.

(d) "Anesthetic" means a drug, gas, or other agent used to abolish the sensation of pain. There are 3 classifications as follows:

(i) "General anesthetic" means an anesthetic agent that produces a temporary loss of consciousness by the administration of a gas; oral, intramuscular, and intravenous drugs; or a combination of these methods.

(ii) "Local anesthetic" means a drug whose action is limited to an area of the body around the site of its application.

111
(iii) “Spinal,” "epidural," or "caudal" anesthetic means the injection of an appropriate local type of anesthetic into the spinal canal, epidural area, to produce a local loss of sensitivity to the body areas at and below the sensory nerve distribution at the level of injection.

(e) "Anesthetist" means a person who is qualified to administer anesthetic. In common usage, the term applies to nurses and lay persons who have had special training and experience under medical auspices in the administration of anesthetics.

R 325.3802 Definitions; C to S. — Rescinded.

Rule 2. As used in these rules:

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

(b) "Department" means the department of licensing and regulatory affairs.

(c) "Director" means the director of the department.

(d) "Freestanding surgical outpatient facility" or "facility" means a facility as defined in section 20104(5) of the code, MCL 333.20104(5), and includes, but is not limited to, a facility that includes a private practice office that performs 120 or more surgical abortions per year and that publicly advertises outpatient abortion services. Characteristics of a freestanding surgical outpatient facility include, but not limited to, patient encounters with a physician, dentist, podiatrist, or other provider primarily for the purpose of performing surgical procedures or related diagnosis, consultation, observation, and postoperative care, and the owner or operator makes the facility available to other physicians, dentists, podiatrists, or providers who comprise its professional staff.

(e) "Hospital" means a facility defined in section 20106(5) of the code.

(f) "Nurse" means an individual who is currently licensed or registered as a nurse by the state.

(g) "Physician" means a person licensed to practice medicine or osteopathy in this state.

(h) "Pregnancy termination facility" means a facility, including, but not limited to, a private practice office that performs 120 or more surgical abortions per year and that publicly advertises outpatient abortion services.

(i) “Private practice office” means an office of a physician, dentist, podiatrist, or other provider whose patients are limited to those of the individual licensed professional maintaining and operating the office or the combined patients of individually licensed professionals practicing together in a legally constituted professional corporation, association, or partnership, and sharing office space. The office is maintained and operated by the licensed professional in accordance with usual practice patterns according to the type of practice. Patient encounters in the office are for the purpose of diagnosis and treatment and are not limited primarily to the performance of surgical procedures and related care.

(j) “Publicly advertises” means to advertise using directory or internet advertising including yellow pages, white pages, banner advertising, or electronic publishing.

(ik) "Surgery" means the treatment of human beings by a physician, by the use of 1 or more of the following procedures:

(i) Cutting into any part of the body by surgical scalpel, electro-cautery, or other means for diagnosis or the removal or repair of diseased or damaged tissue, organs, tumors, or foreign bodies.

(ii) Reduction of fractures or dislocations of a bone, joint, or bony structure.

(iii) Repair of malformations or body defects resulting from injury, birth defects, or other causes that require cutting and manipulation or suture.

(iv) Instrumentation of the uterine cavity, including the procedure commonly known as dilatation and curettage, for diagnostic or therapeutic purposes.

(v) Any instrumentation of or injection of any substance into the uterine cavity of a woman for the purpose of terminating a pregnancy.
R 325.3803—Terms defined in code—Rescinded.  
-Rule 3. Terms defined in the code have the same meanings when used in these rules.

R 325.3811 Licenses; requirements; applications—Rescinded.  
-Rule 11. (1) A freestanding surgical outpatient facility shall not be established, maintained, or operated without first obtaining a license. The term “freestanding surgical outpatient facility” or other similar term shall not be used on unlicensed places.  
(2) An application for a license for a facility shall be made on forms authorized and provided by the department. The application shall include the identity of the owner of the facility.  
(3) An application for a license for a facility shall be made and signed by the individual desiring to establish, conduct, or maintain a licensed facility, or by the authorized representative of an individual, co-partnership, corporation, or association desiring to establish, conduct, or maintain a facility. The application shall include a statement of the intended purpose of the facility by specifying the types of surgery to be performed in it. When appropriate, the name of the facility may include a brief statement of the services provided, for example, hand surgery, general surgery, industrial surgery. The brief designation may appear under the name of the facility on an external sign of the building visible to the public if a sign is used.  
(4) The owner or governing body may designate a qualified administrator of a facility, who may be the authorized representative, and delegate to the administrator the responsibility for the day-to-day operation in compliance with licensing requirements and such additional policies or regulations as the owner or governing body may adopt.  
(5) An authorized representative shall be authorized to make application and amendments to the application to provide the department with all information necessary to the department’s determination made in connection with issuance of the license and to enter into agreements with the department in connection with the issuance of the license. A certificate of appointment or other written evidence of the authority vested in the authorized representative shall be attached to the application.  
(6) In matters relating to licensing, the department may continue to deal with the authorized representative until notified, in writing, that a new authorized representative has been appointed with equal power, and the former authorized representative is no longer authorized to act.  
(7) The department may use any appropriate means of notice and may direct notices of any administrative action pursuant to licensing of a facility to the applicant or the authorized representative either personally or by mail at the address of the facility.

R 325.3812 Licenses, permits, issuance—Rescinded.  
-Rule 12. (1) If the department determines that a facility complies with the act and these rules, then the department shall issue a license.  
(2) The director may issue a provisional license or temporary unrenewable permit in accord with the act and these rules.  
(3) The department, upon issuing a provisional license or denying a license, shall give the applicant or the authorized representative written notice of the action and the reasons therefor.
R 325.3813 Licenses; permits; transferability; notice of change; display. Rescinded.
Rule 13.  (1) A license, provisional license, or temporary unrenewable permit is not transferable between owners or from one location to another.
(2) The applicant or authorized representative shall give written notice to the department within 5 business days of any change in information as submitted in the application pursuant to which a license, provisional license or temporary unrenewable permit was issued.
(3) The current license, provisional license, or temporary unrenewable permit shall be posted in a conspicuous public area of the facility.

R 325.3815 Construction and major alterations of physical facilities. Rescinded.
Rule 15.  (1) The owner or governing body of a proposed freestanding surgical outpatient facility shall submit plans of the proposed facility to the department for review and approval before beginning any construction project, including modernization, addition to, or conversion of, an existing structure. The purpose of the review is to ensure that the proposed facility is designated and constructed in accordance with applicable rules.
(2) A facility shall not be constructed nor major alterations undertaken without first obtaining a construction permit from the department.
(3) A major alteration is any extensive structural alteration of an existing building area involving significant changes in the interior configurations or intended use by the moving of partitions of a number of rooms and involving an expenditure in excess of $50,000.00. Removal of the partitions between 2 adjacent rooms to provide additional room space is not a major alteration unless all of the following occur:
(a) It costs more than $50,000.00.
(b) Multiple changes are to be made for a changed use of an entire wing or area.
(c) Extensive plumbing and electrical wiring changes are required.
(4) The department may modify or waive 1 or more of the requirements of these rules regarding construction or equipment standards, or both, for a pregnancy termination facility if both of the following provisions apply:
(a) The freestanding surgical outpatient facility was in existence and operating on December 31, 2012.
(b) The department makes a determination that the existing construction or equipment, or both, within the facility is adequate to preserve the health and safety of the patients and employees of the facility or that the construction or equipment standards, or both, can be modified to adequately preserve the health and safety of the patients and employees of the facility without meeting the specific requirements of these rules.

R 325.3816 Compliance with other laws, codes, and ordinances. Rescinded.
Rule 16.  A facility shall comply with applicable state laws and shall furnish such evidence as the department may require to show compliance with the applicable local laws, codes, and ordinances.

R 325.3820 Prohibitions Rescinded.
Rule 20.  (1) The use of the words “state approved” or similar words is prohibited. The word “licensed” may be used by a licensed facility.
(2) The use of the word "hospital" or words having similar meaning is prohibited in reference to a facility, except to identify a facility owned and operated by a licensed hospital by including, if desired, the name of the parent hospital in the name or by a modifying phrase or a clause as a subtitle of the facility's name.

R 325.3822 Disaster and emergency procedures. Rescinded.
   Rule 22. (1) A facility shall have a written plan of procedure to be followed in case of fire, explosion, or other emergency.
   (2) A disaster plan shall specify persons to be notified, location of alarm signals and fire extinguishers, evacuation routes, emergency procedures for patient care, and assignment of specific tasks.
   (3) Personnel shall be assigned and trained to perform specific tasks.

R 325.3825 Patient care. Rescinded.
   Rule 25. (1) A facility shall be planned, staffed, equipped, and operated with the individual patient's welfare and safety to be of paramount concern.
   (2) The feelings, sensibilities, and comfort of the patient shall be fully respected and given meticulous attention by all personnel.
   (3) A person cared for in a facility shall be seen by, and be under the care of, a currently licensed physician.

R 325.3826 Surgical procedures; medications. Rescinded.
   Rule 26. (1) A surgical procedure performed in a facility shall be done by a licensed physician. A licensed podiatrist or licensed dentist may also perform surgical procedures in a facility under the direction of a physician and in accord with written facility policies and procedures adopted by the governing body or owner.
   (2) A qualified physician shall be present on the premises of a facility through the postoperative period of a patient's stay in the facility.
   (3) Medications, diagnostic procedures, and treatments customarily given or performed by nurses or other qualified personnel shall be given only upon written order of the responsible physician, except under either of the following:
      (a) In emergencies, verbal orders of the physician for medications or treatments may be carried out with subsequent notation of such care being entered in the patient's record and signed by the physician.
      (b) Standing orders for specific tests and pre- and postoperative care may be established and honored when provided in writing and approved by the medical staff or physician owner or operator of the facility.

R 325.3827 Admission and registration. Rescinded.
   Rule 27. (1) A person referred, or applying, for care in a facility shall be received and treated in a kindly and sympathetic manner.
   (2) An applicant for care shall be registered promptly with the procurement of the identification, vital and financial information essential to the initiation of requisite medical and business records and any required departmental reports.
R 325.3828  **Informed consents. Rescinded.**

Rule 28. (1) Except as provided by subrule (2) of this rule, the owner or governing body shall adopt and enforce a policy which will require that informed consents will be obtained from a patient or, in case of an unemancipated minor, the responsible relative or guardian before the performance of surgical procedures, and shall require that signed written consent forms be placed in each patient’s chart.

(2) The owner or governing body of a pregnancy termination facility shall adopt and enforce a policy which will require that informed consents be obtained in compliance with section 17015 of the code, MCL 333.17015. In the case of an unemancipated minor, informed consents will also be obtained in compliance with 1990 PA 211, MCL 722.901, et seq.

R 325.3831  **Records. Rescinded.**

Rule 31. (1) Medical records shall be initiated and kept on all patients receiving any type of surgical care.

(2) A facility shall maintain administrative records to include as a minimum:

(a) Records of surgical procedures performed each day. These shall be maintained in chronological sequence in a permanent bound register or logbook.

(b) Monthly statistical summary of numbers of surgical procedures performed, appropriately classified according to standard nomenclature.

(c) Narcotics register.

(d) Transfers to a hospital for post-surgical care and case outcome.

R 325.3832  **Transportation services. Rescinded.**

Rule 32. A facility shall have adequate transportation services immediately available, or have protocols established for accessing 911 emergency transportation services, for emergency patients requiring transfer to a hospital. A facility shall be located not more than 30 minutes normal travel time from the hospital with which written emergency admission arrangements are made. When indicated, a physician or nurse from the facility shall accompany the patient to provide emergency care en route.

R 325.3833  **Counseling and referrals for subsequent care. Rescinded.**

Rule 33. (1) When procedures having present or future social implications for a patient are performed, such as human sterilizations or pregnancy terminations, or when indicated in other situations, a facility shall make available and offer appropriate counseling, interpretation, and referral for subsequent indicated care. To accomplish this, a facility shall:

(a) Provide through physicians, qualified nurses, social workers, or specially trained and qualified counselors for appropriate assistance and counseling as needed.

(b) Maintain liaison with and make indicated referrals to community counseling, family planning, or other social and health service agencies to help assure appropriate and adequate subsequent care of the patient.

(c) Provide such counseling or assistance without coercion.

(2) Counselors other than a responsible physician should consult with the physician concerning results of counseling and the initiation of any referrals that seem necessary.
(3) An appropriate method for providing information to and receiving information from legitimate referral sources shall be established, including adequate mechanisms for the scheduling and fulfilling of advance appointments requested by a referral source.

R 325.3834 Medical supervision and administrative management. Rescinded.
Rule 34. (1) The medical care provided in a facility shall be under the direction of a qualified licensed physician.
(2) There shall be a designated responsible person in overall administrative charge of a facility who may be the owner, a co-owner, or person employed by the owner to fulfill this responsibility. If qualified, the person may also be the medical director who shall be responsible for the medical direction of the facility as well as for the nonprofessional administrative activities, or a suitably qualified nonmedical administrator may be employed to assume nonprofessional administrative and business management responsibility.

R 325.3835 Physician qualifications; records. Rescinded.
Rule 35. (1) A physician, podiatrist, or dentist performing surgery in a facility shall possess adequate qualifications acquired by special training and experience to evaluate the medical, podiatric or dental conditions, potential risks, recognize and adequately treat emergency complications encountered in any procedure undertaken, and perform the procedure in accordance with the usual standards of medical, podiatric, or dental practice.
(2) The facility shall maintain a record of the educational training and experience background of each person granted privileges to perform surgery in a facility.
(3) Except as provided by subrule (4) of this rule, a qualified anesthesiologist or anesthetist shall be on the staff and, when medically indicated, participate in the selection of the most appropriate anesthetic agent to be used and be present to supervise or actually administer the anesthetic when procedures are undertaken which require such participation.
(4) A pregnancy termination facility shall secure the services of an anesthesiologist or anesthetist for an abortion procedure when a patient requires unconscious sedation through the use of a general anesthetic.

R 325.3836 Medical policies; rules. Rescinded.
Rule 36. (1) In a hospital owned and operated facility, the medical staff rules, regulations, and policies adopted by the hospital for such care shall prevail.
(2) In a nonhospital-owned and operated facility, comparable written medical staff rules, regulations, and policies shall be developed and adopted by the medical staff.

R 325.3837 Medical consultations. Rescinded.
Rule 37. Consultation and assistance in any needed medical specialty field shall be readily available and used as indicated before and, when necessary, following a surgical procedure. If there is any doubt concerning the patient's medical status, appropriate consultation shall be required and written reports of the consultants' findings and recommendations shall be entered in the patient's clinical record. A facility shall maintain a current record of the identities of consultants serving the facility.
R 325.3838 Medical reviews. Recinded.
Rule 38. The conduct of the work of a facility shall be regularly and frequently reviewed by the appropriate medical staff committee (tissue, medical audit or utilization, medical records) in a hospital operated facility to assure maintenance of high standards and quality of care. In other facilities, comparable arrangements acceptable to the director for impartial medical surveillance and review of the quality of care provided shall be made.

R 325.3839 Scrub procedures; policy. Recinded.
Rule 39. A facility shall have a written policy adopted by the medical staff to provide for adequate handwashing and surgical scrub-up procedures between patient examinations when actual contact with a patient occurs and between surgical operative procedures in accord with generally accepted standards for sanitation and surgical scrub-up cleanliness.

R 325.3840 Nurse qualifications. Recinded.
Rule 40. (1) Nursing care in a facility shall be under the direction of a currently registered professional nurse who possesses additional qualifications acquired by training and experience essential to the proper and safe conduct of the surgical procedure undertaken and nursing care attention to the postoperative observation and needs of the patients.
(2) A registered professional nurse who possesses the special skills and experience necessary to supply or supervise all nursing care needs of patients in preparation for and during the surgical procedure and the recovery period until discharge by the responsible physician, shall be on duty.
(3) A licensed practical nurse with special training and experience, working under appropriate supervision and direction, may be used to complement the registered professional nursing staff to perform duties within the scope of his competence and restrictions of the nursing practice act.

R 325.3841 Ancillary personnel. Recinded.
Rule 41. Ancillary personnel participating in patient care who are adequately trained and working under appropriate direction or supervision may be employed to assist within the areas of their competence in the conduct of the work of the facility.

R 325.3842 Supplies, equipment, and processing. Recinded.
Rule 42. (1) Supplies of appropriate drugs, medications, fluids, electrolyte solutions (including plasma volume expanders), sterile linens (gowns, drapes, towels, and so forth), gloves, dressings, bandages and so forth shall be maintained in sufficient quantities for regular and emergency use. The drug storage, dispensing, and administration system shall comply fully with applicable state laws and rules.
(2) Such surgical instruments, accessory and operating room lights, and resuscitation equipment as are appropriate for the types of surgery and surgical risks which may be encountered in a facility shall be provided and maintained in clean and sterile condition.
(3) Adequate supplies of linens shall be maintained, sufficient to provide for all indicated changes after use.
(4) There shall be appropriate provision for the satisfactory laundering of linens and garments.
R 325.3843 Beverages and nourishments. **Rescinded.**

Rule 43. Hot and cold beverages and appropriate light nourishments shall be provided and offered to patients, especially for those patients kept for observation for periods longer than the 3-hour minimum observation period specified in R 325.3868(1). These shall be stored and served in an appealing and sanitary manner.

R 325.3844 Housekeeping. **Rescinded.**

Rule 44. (1) The building, supplies, equipment, and furnishings shall be maintained in a clean, sanitary, safe, and usable condition.

- (2) A facility shall have a housekeeping manual stating frequency and procedure for cleaning various areas in the facility. These procedures shall be followed to assure a sanitary environment.

- (3) The building, equipment, fixtures, and operation shall comply with applicable local and state fire, safety, and sanitation codes.

R 325.3845 Laboratory services. **Rescinded.**

Rule 45. (1) Provision shall be made for the performance of indicated services by a laboratory that is licensed or exempt from licensing, and provides competent personnel and adequate equipment to make accurate determinations. Written documents of the arrangements shall be available for inspection.

- (2) While laboratory services to be performed on a particular patient are matters of medical judgment, it is expected that those tests appropriate to the individual case will be performed and results recorded in the patient's clinical record. A facility shall adopt and maintain written policies specifying such minimal laboratory procedures as are required for specific types of surgical procedures.

- (3) A facility shall provide for the services of a qualified pathologist to be available to it for the pathological examination and reportings of findings of all surgical specimens removed at the facility which in the judgment of the surgeon require pathological examination. Tissues not examined by a pathologist shall be described and identified in the clinical record by the operating surgeon.

R 325.3846 X-ray services. **Rescinded.**

Rule 46. (1) In a facility offering services which ordinarily require diagnostic x-ray examinations, appropriate arrangements shall be made to assure their availability.

- (2) Depending on the volume and urgency of x-ray needs, the facility shall do 1 of the following:

- (a) Arrange with a nearby radiology service operated by a qualified radiologist for the provision of the examination.

- (b) Provide appropriate x-ray equipment with necessary staff within the facility. In such installations, the service shall be maintained under the direction of a physician qualified for the responsibility and shall include protection of patients and personnel from overexposure to radiation or electric shock.

- (3) A report of a finding on an x-ray examination made shall be entered in the patient's record.

- (4) Radiographic equipment shall be maintained in accord with existing law and rules.
R 325.3847 Medical records. Rescinded.

Rule 47. (1) Medical records shall be originated on all patients undergoing surgery, signed by the responsible physician, indexed, and so filed as to assure their ready access and future availability. The medical files shall be maintained in accordance with a written retention policy. In a hospital-operated facility, the recordkeeping shall be incorporated into the hospital medical records system, including and subject to its established retention policies.

(2) Medical records shall contain, at a minimum, all of the following:
   (a) Patient identification, including name, address, marital status, and birthdate.
   (b) Medical history.
   (c) Physical examination.
   (d) Medical orders signed by the responsible physician.
   (e) Laboratory findings.
   (f) Special examination findings, for example, x-ray or electrocardiogram.
   (g) Preoperative and final diagnosis.
   (h) Nurses’ notes which include a recording of vital signs, pre-and postoperatively, color, appearance, and other relevant observations with such frequency postoperatively as to document the patient’s stabilized condition at time of discharge.
   (i) Record of the sedation and anesthetic used by product name and dosage, identity of anesthetist if other than the surgeon, procedure, and any pertinent information concerning results or reactions.
   (j) Written consultation reports signed by the consultant.
   (k) Social or social service information relevant to the case.
   (l) Surgeon’s operative note including naming of procedure performed, physician performing surgery, anesthetic agent used, names of assistants (whether another physician, a nurse, or a specially trained technician), duration of procedure and any unusual problems or occurrences encountered, and surgeon’s description of gross appearance of tissues removed.
   (m) Physician’s progress notes and discharge note. The physician’s progress and discharge notes may be combined in the patient’s clinical record.
   (n) Summary of instructions given for follow-up observation and care as well as recording of all referrals for counseling, family planning, or other medical conditions requiring further attention.
   (o) Identification of the physician who actually discharges the patient.

(3) Medical records shall be available for survey and review of content at any time by authorized members of the department.

(4) Medical records shall be maintained as confidential documents with the following exceptions:
   (a) Information required under these rules.
   (b) Information required by law.
   (c) Information authorized for disclosure by written release by the patient.
   (d) A facility in which pregnancy terminations are performed shall maintain records of the procedures and shall file reports and furnish statistical and such other information as may be required by the director of the department of community health. These shall be reported on forms provided by the director in accordance with definitions and notification procedures as he or she may specify. The report forms shall be signed in each instance by the physician performing the procedure. The report forms shall not require identification of the patient undergoing the procedure.
   (e) Failure or refusal of a facility to file the notification of termination of pregnancy properly executed and personally signed by the responsible physician is sufficient cause for immediately beginning proceedings for revoking the license and closing the facility.
Information submitted by a referral source shall become an integral part of the clinical record of the patient.

**R 325.3848 Medical records; storage. Rescinded.**

- Rule 48. Adequate space shall be provided for the storage of medical records so located as to assure their confidentiality and protect them from access by unauthorized persons. Additional work space in or adjacent to the medical records storage area shall be provided for the assembly, completion and review of medical records.

**R 325.3855 Plans and specifications. Rescinded.**

- Rule 55. (1) A floor plan of the facility with a description of rooms showing size, door locations, and fixed equipment shall be on file in the facility and at the department.
- (2) Complete plans and specifications for new buildings, additions, major building changes, and conversion of existing facilities for use as a facility shall be submitted to the department for review and approval.
- (3) Plans and specifications meeting the requirements of the law and these rules shall be approved by the department and a permit for construction issued.
- (4) Construction of new buildings, additions, major building changes, and conversion of existing structures for use as a facility shall not begin until the plans and specifications have been approved by the department and a permit for construction issued.
- (5) As provided by R 325.3868a, the department may waive a specific requirement of this rule as applied to a pregnancy termination facility.

**R 325.3856 Exterior. Rescinded.**

- Rule 56. (1) The premises of a facility shall be maintained in a safe and sanitary condition and in a manner consistent with the public health and welfare.
- (2) At least 1 entrance to a facility shall provide safe and easy access for the physically handicapped.
- (3) Exterior ramps and steps shall have a handrail on both sides.
- (4) Sufficient light for an exterior ramp or steps shall be provided for the safety of persons using the facility.
- (5) As provided by R 325.3868a, the department may waive a specific requirement of this rule as applied to a pregnancy termination facility.

**R 325.3857 Interior construction. Rescinded.**

- Rule 57. (1) A building shall be of safe construction and shall be free from hazards to patients, personnel, or visitors.
- (2) Each area of a facility shall be provided with lighting adequate for the use to be made of the location and in compliance with generally recognized lighting standards.
- (3) Each area of a facility shall be provided with a type and amount of ventilation commensurate with its use, to minimize the occurrence of transmissible disease, control odors, and contribute to the comfort of patients and personnel.
- (4) Corridors, hallways, passageways, and doorways shall be kept free from obstruction at all times.
(5) Floors, walls, and ceilings shall be covered and finished in a manner that permits maintenance of a sanitary environment.

(6) Emergency electrical service shall be permanently installed in the facility to provide lighting in corridors, exits, procedure rooms, recovery rooms, congregate rooms, nurse stations, and other critical areas. In new construction or renovations, an emergency generator that has an automatic transfer switch or an alternative source of immediate electrical power acceptable to the department shall be provided for lighting and operation of equipment necessary to patient care.

(7) Patient examination, procedure, and recovery rooms shall have a minimum door width of 3 feet.

R 325.3858 Elevators. Rescinded.

Rule 58. (1) An elevator shall be provided where patient care is provided at different floor levels. The cab size of the elevator shall be sufficient to accommodate a stretcher and attendant.

(2) As provided by R 325.3868a, the department may waive a specific requirement of this rule as applied to a pregnancy termination facility.

R 325.3859 Public and personnel areas. Rescinded.

Rule 59. (1) Space shall be provided for adequate reception, waiting, interviewing, administrative, and business office functions.

(2) Space provided for admission, interviewing and consultation functions shall be so located as to provide privacy. This shall include adequate office space and furnishings for the social worker if one is employed by a facility and for counselors and outside agency workers, when indicated, to interview and advise patients in reasonable privacy.

(3) One or more rooms equipped with toilet and lavatory facilities shall be provided near the waiting and reception areas.

(4) Locker room space or other security resources shall be provided for employee's personal effects.

(5) In new construction or renovations, an approved type public drinking fountain shall be provided.

R 325.3860 Communications. Rescinded.

Rule 60. Adequate telephone communication and a nurse call system shall be provided for patient and staff use appropriate for the size of a facility and scope of services rendered.

R 325.3866 Clinical facilities. Rescinded.

Rule 66. (1) A facility shall have enough examination rooms to meet the volume of work to be accomplished, and each room shall provide a minimum of 70 square feet of usable floor space. In new construction or renovations, 80 square feet of usable floor space shall be provided.

(2) An examining room shall have a handwash lavatory within the room, which shall be equipped with a gooseneck inlet and wrist, knee, or foot controls.

(3) A change area shall be provided for patients and provision shall be made for the safe storage of their personal effects.

(4) A facility shall have enough operating or procedure rooms to meet the volume of work to be accomplished, and each room shall provide a minimum of 120 square feet of usable floor space. In new construction, 150 square feet of usable floor space shall be provided.

(5) Explosive anesthetic agents shall not be used in the rooms.
A supply of oxygen and appropriate masks or other means of administration shall be available in each room.

A room shall be designed to permit the transfer of a patient from the table to a stretcher and to permit sufficient clearance on either side and at the foot of the table with necessary equipment and supplies in place.

A nurse call signal shall be provided from the procedure and examining room to a central control station.

A scrub sink that has a gooseneck outlet shall be available in or adjacent to the procedure rooms.

Single-use soap, scrub brushes, and towels shall be utilized in patient care areas.

The room shall contain a suitable operating table and other equipment necessary for the types of procedures to be performed.

Space for and sterilization equipment shall be provided to process all medical supplies that require sterilization between uses. Equipment shall be capable of accommodating the work load of the facility, and controls acceptable to the director shall be used to check effectiveness and assure sterilization.

As provided by R 325.3868a, the department may waive a specific requirement of this rule as applied to a pregnancy termination facility.

R 325.3867 Medication and storage areas. Rescinded.

Rule 67. (1) A facility shall have enough medication work and storage areas to meet the volume of work to be accomplished.

(2) A shelf or desk shall be provided for the nurse’s use in preparing and administering medications and recording information in patients’ records and shall be within and readily accessible to all patient care areas for which that nursing station has responsibility.

(3) A medication storage and preparation area equipped with a sink that has a gooseneck inlet and hot and cold water and locked storage for medications shall be provided. This includes adequate space for the storage of medications, fluids, and electrolyte solutions in a safe and sanitary manner.

(4) Space shall be available for the storage of clean linens, equipment, supplies, wheelchairs and stretchers.

(5) A soiled utility room shall be available for temporarily holding waste materials and cleaning of items to be reused.

(6) A janitor’s closet that has a service sink shall be available.

(7) As provided by R 325.3868a, the department may waive subrule (5) of this rule as applied to a pregnancy termination facility.

R 325.3868 Patient observation and recovery areas. Rescinded.

Rule 68. (1) Patient observation and recovery areas shall be provided in sufficient numbers to accommodate the patient load with a planned minimum of a 3-hour recovery period and longer when necessary for individual patients. The areas shall be comfortably furnished and adequately equipped for the patient’s safe postoperative observation and recovery.

(2) A facility shall provide at least 1 recovery room equipped for use by and observation of patients requiring recumbent care post-surgically. A minimum of 1 hospital-type bed or wheeled recovery room stretcher shall be provided for each 10 post-surgical patients to be cared for at any one time.
(3) Single bed/stretcher recovery rooms shall provide a minimum of 100 square feet of usable floor space.
(4) Multiple bed/stretcher recovery rooms shall provide a minimum of 80 square feet of floor space per bed or stretcher.
(5) A recovery room shall be designed to provide a minimum of 3 feet between beds or stretchers and 4 feet of clearance at the foot of the bed or stretcher.
(6) Comfortably furnished congregate rooms equipped with either reclining or lounge-type chairs or cots may be provided for the post-surgical observation of patients not needing bed or stretcher accommodations. Each congregate-type room shall provide a minimum of 50 square feet of usable floor space for each patient to be accommodated. A congregate room shall not contain accommodations for more than 12 patients.
(7) A toilet and lavatory shall be provided for each 6 recovery patients at a minimum. One or more bathing facilities are recommended.
(8) Corridors used for patient entry, egress, and surgical care areas in a facility shall have a minimum width of 6 feet.
(9) As provided by R 325.3868a, the department may waive a specific requirement of this rule as applied to a pregnancy termination facility.

R 325.3868a Waiver of certain requirements. Rescinded.
(1) In accordance with section 20115(4) of the code, MCL 333.20115(4), and pursuant to R 325.3815(4), the department may waive a specific requirement of R 325.3855, R 325.3856, R 325.3858, R 325.3866, R 325.3867(5), or R 325.3868 as applied to a pregnancy termination facility if it reasonably determines the facility construction, size, and equipment of a room, area, or equipment utilized for purposes of medication preparation or storage, sanitary storage, or facility maintenance are adequate to protect the health and safety of the patients and employees of the facility, or that the construction, equipment or maintenance standards can be modified to adequately preserve the health and safety of the patients and employees of the facility without meeting the specific requirements of these rules.
(2) A pregnancy termination facility shall submit a request for variance in writing at the time of application for a license.
(3) The decision of the department, including any qualification under which the variance is granted, shall be sent to the pregnancy termination facility and placed in the facility record.
(4) The variance may remain in effect for as long as the pregnancy termination facility continues to comply with the conditions of the variance or may be time limited.

R 325.3869 Capacities. Rescinded.
Rule 69. The numerical capacity of a facility shall be determined by the number of observation and recovery units provided. The post-surgical occupancy of a facility shall not exceed the determined capacity.

R 325.3871 Heating and electrical systems. Rescinded.
(1) A safe heating system shall be provided.
(2) A room used for patient care shall be maintained at a temperature of at least 70 degrees Fahrenheit with a maximum temperature of 78 degrees Fahrenheit as measured 3 feet above floor level.
(3) Duplex electrical outlets with a 3-wire system shall be provided in sufficient numbers to meet the needs of the areas served.

(4) Electrical equipment shall be maintained in good repair and properly grounded.

R 325.3872 Water supply system. Rescinded.

Rule 72. (1) A facility located in an area served by a public water system shall connect to and use that system.

(2) When a public water system is not available, the location and construction of a well and the operation of a private water system shall comply with the department rules "Minimum Standards for the Location and Construction of Certain Water Supplies," being R 325.1451 to R 325.1461 of the Michigan Administrative Code.

(3) There shall be no cross-connections between water systems that are safe for human consumption and those that are, or may become, unsafe for human consumption.

(4) Minimum water pressure available to each plumbing fixture shall exceed 20 pounds per square inch.

(5) The plumbing system shall supply an adequate amount of hot water at all times to meet the needs of each patient and the functioning of the various service areas.

(6) Hot water temperatures at fixture outlets shall be regulated to provide tempered water in range of 110 to 125 degrees Fahrenheit.

R 325.3873 Liquid wastes. Rescinded.

Rule 73. (1) Liquid wastes shall be discharged into a public sanitary sewage system when such a system is available.

(2) When a public sanitary sewage system is not available and a private liquid waste disposal system is used, the type, size, construction and alteration of, or major repairs to, the system shall be approved by the department.

(3) The liquid waste disposal system shall be maintained in a sanitary manner.

R 325.3874 Solid wastes. Rescinded.

Rule 74. (1) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, shall be accomplished in a safe and sanitary manner to minimize the danger of disease transmission and avoid creating a public nuisance or a breeding place for insects and rodents.

(2) Suitable containers for garbage, refuse, dressings, and other solid wastes shall be provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.

(3) A facility shall have and enforce a written policy to govern storage, transportation, and disposal of surgical specimens. Surgical specimens not sent to a pathology laboratory shall be disposed of in a medically acceptable manner.

R 325.3877 Miscellaneous storage. Rescinded.

Rule 77. (1) Hazardous and toxic materials shall be stored in a safe manner.

(2) A central general storage room shall be provided with space necessary to meet storage needs of the facility.
NOTICE OF PUBLIC HEARING

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
NOTICE OF PUBLIC HEARING
Thursday, June 6, 2019
2:00 pm
Location: G. Mennen Williams Building - Auditorium
525 W. Ottawa Street, Lansing, Michigan

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

<table>
<thead>
<tr>
<th>Licensing Health Facilities or Agencies (ORR # 2017-101 LR LR)</th>
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<tbody>
<tr>
<td><strong>Overview:</strong> This new single set of administrative rules replaces six individual rules sets for the licensing health facilities and agencies. This new rule set has been updated to comport with current practice standards, to harmonize them with current federal law and regulations, and to reflect the current organization of state licensing functions. The purpose of promulgating a single new rule set for health facility or agency licensing is to better protect the health safety and welfare of individuals receiving care and services in or from a health facility or agency and to assure the medical accountability for reimbursed care provided by a certified health facility or agency participating in a federal or state health program.</td>
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<th>Complaints (ORR # 2017-095 LR)</th>
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<th>Public Inspection of License Records (ORR # 2017-096 LR)</th>
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<th>Hospice and Hospice Residences (ORR # 2017-097 LR)</th>
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<th>Minimum Standards for Hospitals (ORR # 2017-098 LR)</th>
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<td><strong>Authority:</strong> By authority conferred on the department of licensing and regulatory affairs by sections 2226(d), 2233, and 20171 of the public health code, 1978 PA 368, MCL 333.2226 (d), 333.2233, and 333.20171, section</td>
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**Nursing Homes and Nursing Care Facilities (ORR # 2017-099 LR)**


**Overview:** The above 6 rules sets are being rescinded and replaced by one new single rule set: licensing health facilities and agencies (2017-101 LR).

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 Friday, June 7, 2019 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: LARA-BCHS-Training@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:


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

BUREAU OF COMMUNITY AND HEALTH SYSTEMS

LICENSING HEALTH FACILITIES OR AGENCIES

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


R 325.45101, R 325.45102, R 325.45103, R 325.45105, R 325.45107, R 325.45109, R 325.45111, R 325.45113, R 325.45115, R 325.45117, R 325.45119, R 325.45121, R 325.45123, R 325.45125, R 325.45127, R 325.45129, R 325.45131, R 325.45133, R 325.45135, R 325.45137, R 325.45139, R 325.45141, R 325.45143, R 325.45145, R 325.45147, R 325.45149, R 325.45151, R 325.45153, R 325.45155, R 325.45157, R 325.45159, R 325.45161, R 325.45163, R 325.45165, R 325.45167, R 325.45169, R 325.45171, R 325.45173, R 325.45175, R 325.45177, R 325.45179, R 325.45181, R 325.45183, R 325.45185, R 325.45191, R 325.45193, R 325.45195, R 325.45197, R 325.45199, R 325.45201, R 325.45203, R 325.45205, R 325.45207, R 325.45211, R 325.45213, R 325.45215, R 325.45217, R 325.45219, R 325.45221, R 325.45231, R 325.45241, R 325.45243, R 325.45245, R 325.45247, R 325.45249, R 325.45251, R 325.45251, R 325.45261, R 325.45263, R 325.45265, R 325.45267, R 325.45269, R 325.45271, R 325.45273, R 325.45275, R 325.45277, R 325.45279, R 325.45281, R 325.45283, R 325.45285, R 325.45287, R 325.45289, R 325.45291, R 325.45293, R 325.45295, R 325.45297, R 325.45299, R 325.45301, R 325.45303, R 325.45305, R 325.45307, R 325.45309, R 325.45311, R 325.45313, R 325.45315, R 325.45317, R 325.45319, R 325.45321, R 325.45323, R 325.45331, R 325.45333, R 325.45335, R 325.45337, R 325.45339, R 325.45341, R 325.45343, R 325.45345, R 325.45347, R 325.45349, R 325.45351, R 325.45353, R 325.45355, R 325.45357, R 325.45359, R 325.45361, R 325.45363, R 325.45365, R 325.45367, R 325.45369, R 325.45371, R 325.45373, R 325.45375, R 325.45377, R 325.45379, R 325.45381, R 325.45383, and R 325.45385 are added to the Michigan Administrative Code as follows:
CONTENTS

LICENSING HEALTH FACILITIES OR AGENCIES
PART 1 – PART 10

PART 1: GENERAL PROVISIONS

PART 2: LICENSING

PART 3: ADMINISTRATION
SUBPART A: OWNERSHIP, GOVERNANCE, AND COMPLIANCE
SUBPART B: POLICIES AND PROCEDURES
SUBPART C: INFECTION PREVENTION AND CONTROL
SUBPART D: EMERGENCY PREPAREDNESS
SUBPART E: MEDICAL AUDIT AND UTILIZATION REVIEW
SUBPART F: QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM
SUBPART G: CLOSURE

PART 4: HUMAN RESOURCES

PART 5: PATIENT AND ADMINISTRATIVE RECORDS

PART 6: ANCILLARY CARE AND SERVICES

PART 7: PATIENT RIGHTS AND RESPONSIBILITIES

PART 8: COMPLAINTS, INVESTIGATIONS, AND HEARINGS
SUBPART A: COMPLAINTS AND INVESTIGATIONS
SUBPART B: HEARINGS

PART 9: ENVIRONMENT OF CARE
SUBPART A: PHYSICAL PLANT
SUBPART B: MAINTENANCE, SANITATION, AND HOUSEKEEPING
SUBPART C: COMMUNICATION AND SECURITY

PART 10: SPECIAL REQUIREMENTS
SUBPART A: FREESTANDING SURGICAL OUTPATIENT FACILITY
SUBPART B: HOSPICE AND HOSPICE RESIDENCE
SUBPART C: HOSPITAL
SUBPART D: NURSING CARE FACILITY
PART 1: GENERAL PROVISIONS

R 325.45101 Applicability.
Rule 101. (1) Rules 325.45103 to 325.45323 are applicable to all of the following:
   (a) Freestanding surgical outpatient facility.
   (b) Hospice.
   (c) Hospital.
   (d) Nursing care facility.
(2) Rules 325.45331 to 325.45343 are only applicable to a freestanding surgical outpatient facility.
(3) Rules 325.45345 to 325.45367 are only applicable to a hospice.
(4) Rules 325.45369 to 325.45375 are only applicable to a hospital.
(5) Rules 325.45377 to 325.45385 are only applicable to a nursing care facility.

R 325.45102 Application; rules; standards of care.
Rule 102. The application of these rules, R 325.45101 to R 325.45385, by a health facility or agency
and by the department shall be done in accordance with the services offered by the health facility or
agency and relevant standards of care.

R 325.45103 Definitions; A to F.
Rule 103. (1) As used in these rules:
   (a) “Anesthesia” means a state of loss of feeling or sensation and is normally used to denote the loss
   of sensation to pain that is purposely induced using a specific gas or drug to permit the performance of
   surgery or other painful procedure.
   (b) “Anesthesiologist” means a physician who specializes in the field of anesthesiology and who may
   or may not be a diplomate of his or her specialty board.
   (c) “Anesthetic” means a drug, gas, or other agent used to abolish the sensation of pain. There are 3
classifications as follows:
      (i) “General anesthetic” means an anesthetic agent that produces a temporary loss of consciousness
      by the administration of a gas; oral, intramuscular, or intravenous drugs; or a combination of these
      methods.
      (ii) “Local anesthetic” means a drug whose action is limited to an area of the body around the site of
      its application.
      (iii) “Spinal,” “epidural,” or “caudal” anesthetic means the injection of a local anesthetic into the
      spinal canal epidural area to produce a loss of sensitivity to the body areas at and below the sensory
      nerve distribution at the level of the injection.
   (d) “Anesthetist” means a person who is qualified to administer anesthetic.
   (e) “Applicant” means a person applying to the department for a health facility or agency license.
   (f) “Article 15” means article 15 of the code, MCL 333.16101 to 333.18838.
   (g) “Article 17” means article 17 of the code, MCL 333.20101 to 333.22260.
   (h) “Attending physician” means that term as defined in section 20102(4) of the code, MCL
   333.20102.
   (i) “Authorized representative” means that term as defined in section 20102(5) of the code, MCL
   333.20102.
(j) “Bereavement services” means emotional, psychosocial, or spiritual support services provided to the family before or after the death of the patient to assist the family in coping with issues related to grief, loss, or adjustment.

(k) “Building change” means alterations to an existing building involving a change in the interior configuration or intended use, including alterations to the mechanical, electrical, or plumbing systems. This term does not include routine maintenance or replacement with comparable mechanical, electrical, or plumbing equipment that does not alter the current physical structure.

(l) “Business day” means a day other than a Saturday, Sunday, or any legal holiday.

(m) “Change of ownership” means the transfer of a health facility or agency from 1 owner to another if the licensee changes. This term does not include a transfer of a health facility or agency from 1 owner to another if the licensee does not change.

(n) “Code” means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

(o) “Complainant” means an individual who files a complaint with the department alleging that a person has violated the code, an order issued under the code, or administrative rules promulgated thereunder.

(p) “Correction notice” means a notice from the department to a health facility or agency specifying violations of the code or these rules, corrective action to be taken, and the period in which the corrective action is to be completed.

(q) “County medical care facility” means that term as defined in section 20104 of the code, MCL 333.20104.

(r) “Department” means the department of licensing and regulatory affairs.

(s) “Discharge” means that term as defined in section 21702(1) of the code, MCL 333.21702. In addition, as used in these rules, “discharge” means the voluntary or involuntary movement of a patient out of any type of health facility or agency.

(t) “Freestanding surgical outpatient facility” or “FSOF” means a facility as defined in section 20104(7) of the code, MCL 333.20104, and includes, but is not limited to, a private practice office that performs 120 or more surgical abortions per year and publicly advertises outpatient abortion services. Characteristics of a freestanding surgical outpatient facility include, but are not limited to, patient encounters with a physician, dentist, podiatrist, or other provider primarily for performing surgical procedures or related diagnosis, consultation, observation, and postoperative care, and the owner or operator may make the facility available to other physicians, dentists, podiatrists, or other providers who comprise its professional staff. This term does not include a private office of a physician, dentist, podiatrist, or other health professional whose patients are limited to those of the individual licensed professional maintaining and operating the office or the combined patients of individually licensed professionals practicing together in a legally constituted professional corporation, association, or partnership and sharing office space, if the private office is maintained and operated by a licensed health professional in accordance with usual practice patterns according to the type of practice and patient encounters in the office are for diagnosis and treatment and are not limited primarily to the performance of surgical procedures and related care.

(2) Unless otherwise specified, a term defined in the code has the same meaning when used in these rules.

R 325.45105 Definitions; G to L.
Rule 105. As used in these rules:
(a) “Governing body” means any 1 of the following:
   (i) The policy making body or director of a health facility or agency that is a governmental entity.
(ii) The board of directors or trustees of a health facility or agency that is a not-for-profit corporation.
(iii) The board of directors of a health facility or agency that is a business corporation.
(iv) The proprietor or owner of a health facility or agency that is a solely owned business or partnership.
(b) “Health facility or agency” means that term as defined in section 20106(1) of the code, MCL 333.20106, with the following exceptions:
(i) An ambulance operation, aircraft transport operation, nontransport prehospital life support operation, or medical first response service.
(ii) A health maintenance organization.
(iii) A home for the aged.
(c) “Hospice” means that term as defined in section 20106(4) of the code, MCL 333.20106
(d) “Hospice administrator” means a person who is responsible to the hospice governing body, either directly or through the governing body’s chief executive officer, for the administrative operation of a hospice.
(e) “Hospice interdisciplinary care team” means a group composed of, at a minimum, a doctor of medicine or osteopathy, a registered professional nurse, a social worker, and a pastoral or other counselor. One hospice staff member may represent more than 1 of the required disciplines on the hospice interdisciplinary care team for which the individual is qualified to practice and is licensed, if required.
(f) “Hospice patient” means an individual in the terminal stage of an illness who has an anticipated life expectancy of 6 months or less and who has voluntarily requested admission and been accepted into a hospice.
(g) “Hospice residence” means that term as defined in section 21401(1)(b) of the code, MCL 333.21401.
(h) “Hospice staff” means the individuals who work for the hospice, including volunteers.
(i) “Hospital” means that term as defined in section 20106(5) of the code, MCL 333.20106.
(j) “Hospital long-term care unit” means that term as defined in section 20106(6) of the code, MCL 333.20106.
(k) “Involuntary transfer” means that term as defined in section 21702(3) of the code, MCL 333.21702.
(l) “License” means that term as defined in section 20108(2) of the code, MCL 333.20108.
(m) “License record” means any of the following documents:
(i) An application for a license.
(ii) A copy of a license.
(iii) Copies of reports of surveys and investigations made by or for the department.
(iv) Responses of an applicant or licensee to the department.
(v) Memoranda or other written communications with a licensee pertaining to the granting or denial of a license.
(n) “Licensed bed capacity” means the authorized and licensed bed complement of a health facility as shown on or included within its license.
(o) “Licensed practical nurse” means an individual who is licensed to practice nursing as a licensed practical nurse pursuant to part 172 of the code, MCL 333.17201 to MCL 333.17242.
(p) “Licensee” means that term as defined in section 20108(3) of the code, MCL 333.20108.
(q) “Long-term acute care hospital” means a specialty care hospital designed for patients with serious medical conditions that require intensive, special treatment for an extended period.
R 325.45107 Definitions; M to R.

Rule 107. As used in these rules:

(a) “Nursing care facility” means any of the following types of health facilities:
   (i) County medical care facility.
   (ii) Hospital long-term care unit.
   (iii) Nursing home.

(b) “Nursing home” means that term as defined in section 20109(1) of the code, MCL 333.20109.

(c) “Nurse practitioner” means a registered professional nurse who has been granted a specialty certification in the health profession specialty field of nurse practitioner under section 17210(1)(c) of the code, MCL 333.17210.

(d) “Ownership” means the ownership or control of 5% or more of the equity in the capital of, or stock in, or interest in the profits of a health facility or agency.

(e) “Patient” means that term as defined in section 21703(1) of the code, MCL 333.21703. In addition, “patient” means an individual who receives services from any type of health facility or agency.

(f) “Patient and family unit” means a hospice patient and his or her relatives or other individuals with significant personal ties to the patient, who are designated by the hospice patient and the relative or individual by agreement.

(g) “Patient room” means a room containing licensed patient beds. Patient room does not include rooms used for observation or preoperative or postoperative care.

(h) “Patient’s representative” means that term as defined in section 21703(2) of the code, MCL 333.21703.

(i) “Physician” means an individual licensed to engage in the practice of medicine or the practice of osteopathic medicine and surgery under part 170 or 175 of the code, MCL 333.17001 to 333.17084 and 333.17501 to 333.17556.

(j) “Physician’s assistant” means an individual licensed to engage in practice as a physician’s assistant under part 170 of the code, MCL 333.17001 to 333.17084.

(k) “Registered professional nurse” means an individual who is licensed to practice nursing pursuant to part 172 of the code, MCL 333.17201 to 333.17242.

(l) “Resident” means that term as defined in section 21703(4) of the code, MCL 333.21703. In addition, “resident” means an individual who resides in a residential health care facility.

(m) “Residential health care facility” means a category of facilities in which long term health services are provided, including but not limited to a nursing care facility or hospice residence.

R 325.45109 Definitions; S to Z.

Rule 109. As used in these rules:

(a) “Supervision” means that term as defined in section 16109 of the code, MCL 333.16109.

(b) “Surgery” means the treatment of human beings by a physician in an operating room, procedure room, examination room, or other setting to safely perform 1 or more of the following procedures:
   (i) Cutting into any part of the body by surgical scalp, electro-cautery, or other means for diagnosis; the removal or repair of diseased or damaged tissue, organs, tumors, or foreign bodies; or a Caesarean section.
   (ii) Reduction of fractures or dislocations of a bone, joint, or bony structure.
   (iii) Repair of malformations or body defects resulting from injury, birth defects, or other causes that require cutting and manipulation or suture.
(iv) Instrumentation of the uterine cavity, including the procedure commonly known as dilatation and curettage, for diagnostic or therapeutic purposes.

(v) Any instrumentation of or injection of any substance into the uterine cavity of a woman for terminating a pregnancy.

(vi) Human sterilization procedures.

(vii) Endoscopic procedures.

(c) “Transfer” means that term as defined in section 21703(5) of the code, MCL 333.21703. In addition, “transfer” means the movement of a patient from one health facility or agency to another health facility or agency.

PART 2: LICENSING

R 325.45111 Application; application review process; licensure.

Rule 111. (1) As authorized in article 17, an application for initial licensure or licensure change, including change in ownership, bed capacity, bed designation, location, and business name, must be made on the most recent applicable form authorized and provided by the department.

(2) An application is not deemed complete by the department until all of the following are received:

(a) Completed application form and required attachments.

(b) Application or licensing fee as applicable.

(c) Applicable certificate of need approval.

(d) Applicable occupancy transmittal for the physical space.

(3) The department shall conduct a pre-licensure survey within 3 months of an application for initiation being deemed complete.

(4) Upon determination of compliance with article 17 and these rules, the department shall issue a license that identifies all of the following:

(a) Name of the licensee person or entity.

(b) Business name of the health facility or agency.

(c) Physical address of the health facility or agency.

(d) Type of health facility or agency.

(e) Licensed bed capacity, if applicable.

(5) The licensee shall post the license in a conspicuous public area of the health facility or agency.

(6) Before a license may be transferred to a different owner through a change of ownership application, or transferred from one physical location to another physical location through an application to relocate the health facility or agency, the application must be approved by the department and the department shall issue a new license.

R 325.45113 License renewal process.

Rule 113. (1) The renewal of a license must be completed through an electronic web-based system authorized and provided by the department.

(2) A license is renewed and valid only upon electronic payment of the applicable renewal fee.

(3) A license must be renewed before August 1 of each calendar year, unless otherwise specified on the license.

(4) The department may require changes or corrections to a license prior to renewal.
(5) If a license is not renewed within 30 days after the expiration date, the department may take any enforcement action authorized by section 20165 of the code, MCL 333.20165.

R 325.45115 Survey and evaluation process.
   Rule 115. (1) A pre-licensure survey must be scheduled and announced. All other licensure surveys and complaint investigations must be unannounced.
   (2) A licensure survey or complaint investigation may be conducted by the department during any hours of operation of the licensed health facility or agency.
   (3) An applicant or licensee shall provide access to the health facility or agency and relevant documents that are required to be maintained for the department to evaluate compliance with the code and these rules.
   (4) A department employee shall obtain the verbal consent of the patient or the patient’s representative before observing direct care and treatment of a patient.

R 325.45117 Waiver from licensure survey.
   Rule 117. (1) The department shall provide and make publicly available a procedure for when a licensee may be eligible for a waiver from licensure survey. The procedure will include maintaining a list of approved accrediting bodies for health facilities or agencies.
   (2) On or before October 1 of each year, the department shall publish a list of health facilities and agencies to be visited for a state licensure survey in the next calendar year.
   (3) Providers who maintain accreditation from an approved accrediting agency may request a waiver from state licensure survey. Eligible licensees may request a waiver on or before November 1 of each year. A waiver request must be submitted on a form authorized by the department.
   (4) On or before January 1 of the survey year, the department will provide in writing an approval or denial of the waiver to the licensee.
   (5) Denial of a waiver request is not subject to an appeal and will result in an unannounced onsite state licensure survey and evaluation during the survey year.
   (6) An approved waiver does not prohibit the department from conducting an onsite state licensure survey and evaluation at any point in the future to protect the health, safety, and welfare of individuals receiving care and services in or from a health facility or agency.

Rule 325.45119 Licensed bed capacity.
   Rule 119 (1) A licensee shall maintain the approved physical space to support the number of beds listed on the license in compliance with article 17 and these rules.
   (2) If a patient room is being utilized for another purpose, the department may reduce the licensee’s bed capacity if the licensee cannot demonstrate compliance with subrule (1) of this rule within 48 hours, unless the licensee has an approved building program agreement with the department in accordance with section 20144 of the code, MCL 333.20144.

PART 3: ADMINISTRATION

SUBPART A: OWNERSHIP, GOVERNANCE, AND COMPLIANCE
R 325.45121 Ownership.
   Rule 121. Ownership, whether by the individual desiring to establish, conduct, or maintain a licensed health facility or agency, or by the authorized representative of an individual, co-partnership, corporation, or association desiring to establish, conduct, or maintain a health facility or agency, must be disclosed to the department upon initial licensure application.

R 325.45123 Governing body.
   Rule 123. (1) A licensee shall have an organized governing body that assumes responsibility for the management of the health facility or agency, the provision of all services, its fiscal operations, and continuous quality assessment and performance improvements.
   (2) The governing body is responsible for ensuring the establishment of policies and procedures for the management, operation, and evaluation of the health facility or agency. The governing body shall ensure that these policies and procedures are reviewed at least every 3 years and revised as appropriate. Dates of reviews and revisions must be a matter of record in the health facility or agency.
   (3) The governing body shall meet according to its bylaws, but at least once a year, to carry out its obligations and shall keep a written record of its actions.
   (4) In the absence of an organized governing body, the owner, operator, or administrator shall carry out the functions of the governing body.

R 325.45125 Compliance; local; state; federal; law; rule; regulation; standard.
   Rule 125. (1) The applicant or licensee shall comply with applicable local, state, and federal laws, rules, regulations, and standards.
   (2) During review of an application or a licensure survey or complaint investigation, the department may request from the health facility or agency documentation of noncompliance from local, state, or federal authorities if such documentation exists.
   (3) The department may only cite this rule if the local, state, or federal authority that has jurisdiction over the specific law, rule, regulation, or standard has found the applicant or licensee to be non-compliant, in writing, and there is a need to protect the health, safety, and welfare of individuals receiving care and services in or from the health facility or agency.

R 325.45127 Fiscal audit.
   Rule 127. (1) The department may request financial documents including all of the following:
   (a) Invoices.
   (b) Purchase orders.
   (c) Order confirmations.
   (d) Receipts.
   (e) Other non-proprietary financial documents maintained in the normal course of business and that demonstrate the provision of care and services.
   (2) A request for financial documents in subrule (1) of this rule must be made only when the department requires these documents to evaluate the delivery of care and services in limited circumstances for state licensing purposes including bankruptcies or a state licensing survey that has clearly identified a lack of resources to support the care and services offered.
(3) The department shall notify an applicant or licensee of information relied upon in issuing a decision. If the department relies on information other than that submitted by the applicant or licensee, the department shall cite the information it relied upon in its decision.

(4) This rule does not limit the department's authority to consider other relevant financial information from other governmental entities. However, the department shall have a duty to maintain the confidentiality of this information.

SUBPART B: POLICIES AND PROCEDURES

R 325.45129  Admission; policy; procedure.
Rule 129. (1) A health facility or agency shall have a written admission policy and procedure that is provided to the patient or any other person or agency responsible for the patient upon request.
(2) An admitting diagnosis must be recorded promptly on each patient.
(3) At the time of admission of a patient, a physician must be designated to be responsible for the medical care of the patient. This designation may be transferred to another physician who accepts responsibility for the medical care of the patient in accordance with the health facility or agency’s policy and procedures.

R 325.45131  Discharge; transfer; policy; procedure; planning.
Rule 131. (1) A health facility or agency shall have a written discharge policy and procedure that is provided to the patient or any other person or agency responsible for the patient upon request.
(2) A health facility or agency shall have a written transfer policy and procedure that is provided to the patient or any other person or agency responsible for the patient upon request.
(3) In addition to subrule (2) of this rule, a nursing care facility shall have a written involuntary transfer policy and procedure in compliance with R 325.45385.
(4) Discharge or transfer planning must be provided for each patient in conjunction with patient care planning.

SUBPART C: INFECTION PREVENTION AND CONTROL

R 325.45133  Infection prevention and control program.
Rule 133. An applicant or licensee shall have an infection prevention and control program and allocate resources to provide all of the following:
(a) A qualified health care professional must be designated in writing to be responsible for the program. The designee shall have completed training in the principles and methods of infection control and maintain qualification through ongoing education and training. Ongoing education and training may be demonstrated by any one of the following:
(i) Certification in infection control (CIC).
(ii) Certification as an ambulatory infection preventionist (CAIP).
(iii) Completion of an infection control course.
(iv) Participation in meetings that include infection control and are organized by recognized professional societies or other associations applicable to the services offered by the health facility or agency.

(b) A designated, multi-disciplinary infection control team to collect, analyze, and report data.

(c) Authority and procedures to conduct outbreak investigations.

(d) Implementation of basic measures for infection prevention.

(e) Prioritize infection control program needs and design infection control program initiatives accordingly.

(f) Ongoing evaluation and revision of the infection prevention and control program.

R 325.45135 Infection prevention and control policies and procedures.

Rule 135. (1) An applicant or licensee shall maintain written, evidence-based infection prevention and control policies and procedures that are appropriate for the services offered. These policies and procedures must be available in electronic or written format. These policies and procedures must represent the complexity of the healthcare provided and the characteristics of the patient population served.

(2) The policies and procedures for standard precautions must include, but are not limited to, all of the following:

(a) Hand hygiene.

(b) Use of personal protective equipment.

(c) Respiratory hygiene and cough etiquette.

(d) Safe injection practices.

(e) Safe handling of potentially contaminated equipment or surfaces in the patient environment, which for hospice agencies includes a private residence.

(3) The policies and procedures for transmission-based precautions must include, but are not limited to, all of the following:

(a) Contact precautions.

(b) Droplet precautions.

(c) Airborne precautions.

(d) Multi-route transmission-based precautions.

(4) The policies and procedures for a sanitary and functional environment must include, but are not limited to, all of the following:

(a) Cleaning and disinfecting environmental surfaces, floors, and furniture.

(b) Cleaning and disinfecting objects that are shared by patients, staff, and visitors.

(c) Disposal of regulated and non-regulated medical and non-medical waste.

(d) Screening for and management of patients infested with ectoparasites.

(e) With the exception of a hospice patient’s private residence, single use disposable hand towels must be used for hand hygiene. The use of a common-use hand towel is prohibited.

R 325.45137 Ongoing surveillance and prevention program; communicable disease reporting.

Rule 137. The applicant or licensee shall provide and maintain an ongoing surveillance and prevention program that includes, but is not limited to, all of the following:

(a) An active surveillance program for infection detection through ongoing data collection and analysis that includes patients and personnel, including onsite contract workers who have access to or contact with active patient care areas.
(b) Communicable disease reporting in compliance with section 5111 of the code, MCL 333.5111, and the communicable and related diseases rules, R 325.171 to R 325.199.

(c) An ongoing program to prevent, control, and investigate healthcare associated infections.

(d) Implementation of healthcare associated infections risk mitigation including, but not limited to, all of the following:

(i) Monitoring personnel hand hygiene.

(ii) Monitoring infections caused by organisms that are multidrug-resistant.

(iii) Monitoring device-associated infections.

(iv) Monitoring antibiotic use.

(v) Monitoring safe practices for injecting medication, saline, or other infusates.

(vi) Monitoring use of disinfectants and germicides in accordance with manufacturers’ instructions.

(vii) Monitoring use of medical equipment, including air filtration equipment, ultra-violet lights, and other equipment used to control the spread of infectious agents in accordance with manufacturers’ recommendations.

(viii) Monitoring sterilization and disinfection practices and reporting failures.

(ix) Monitoring cleaning procedures used in patient care areas.

(x) Monitoring surgical services in accordance with standards of care for all of the following:

(A) Appropriate use of antibiotic prophylaxis to prevent surgical site infection, such as protocol to assure that antibiotic prophylaxis to prevent surgical site infection for procedures is administered at the appropriate time, done with an appropriate antibiotic, and discontinued appropriately after surgery.

(B) Aseptic technique practices are used in surgery, including sterilization or high-level disinfection of instruments, as appropriate.

(C) Skin antisepsis methods.

R 325.45139 Personnel; communicable disease screening; immunization; mitigation.

Rule 139. (1) An applicant or licensee shall adopt written policies and procedures to ensure that all of the following communicable disease prevention measures are implemented:


(b) Identification of the authority and circumstances under which the licensee screens personnel for infections likely to cause spread of communicable disease or other risks to exposed patients and personnel.

(c) Identification of the authority and circumstances under which the licensee restricts personnel who are infectious from providing direct patient care or from entry into the health facility or agency, as recommended by the Centers for Disease Prevention and Control (CDC) in its “Guideline for Infection Control in Health Care Personnel 1998,” published in the American Journal of Infection Control, v. 23, no. 3, p. 289-354. This guideline is adopted by reference and is available for inspection and distribution at cost at the Lansing office of the Department of Licensing and Regulatory Affairs. It is available free of charge at https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html.

(2) A licensee shall screen employees upon hire for communicable disease, including tuberculosis (TB).
(3) TB testing of employees must include the 2-step TB skin test (TST) or a single blood assay for *Mycobacterium Tuberculosis* (BAMT) blood test upon hire, unless proof of a negative test within the last 12 months is documented and provided on hire. A documented negative TST result anytime within the previous 12 months should be considered the first step of the baseline two-step TST. The need for and frequency of routine TB testing must be determined by a risk assessment as described in the “CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005,” Appendices B and C, published in MMWR 2005; 54 (No. RR-17). These guidelines are adopted by reference. They are available for inspection and distribution at cost at the Lansing office of the Department of Licensing and Regulatory Affairs. They are available free of charge at https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf. For low risk settings, additional TB screenings are not necessary unless an exposure to TB disease occurs.

R 325.45141 Infection control education and training.

Rule 141. (1) The licensee shall maintain an ongoing program of education and training on methods to prevent or reduce the transmission of infectious agents for all personnel upon hire and at ongoing intervals as applicable, including employees, onsite contract workers, medical providers, students, medical residents, and volunteers.

(2) The licensee shall document compliance with initial and ongoing training for personnel in methods of infection prevention and control.

(3) The licensee shall make available information to patients and visitors on methods to prevent or reduce the transmission of infectious agents within the health facility or agency.

R 325.45143 Infection prevention and control program; quality assurance and performance improvement.

Rule 143. (1) The applicant or licensee shall document how its infection prevention and control program is integrated into its quality assurance and performance improvement program. Documentation must include, but is not limited to, both of the following:

(a) Actions taken in response to data analysis to improve infection control performance and patient outcomes.

(b) Infection prevention activities, including the measures selected for monitoring, data collection, analytical methods, actions taken, and outcomes.

(2) Infection prevention and control and quality assurance and performance improvement activities must be continuous and ongoing based on surveillance data results.

(3) Monitoring may include follow-up with patients after discharge to gather evidence of whether the patient has developed an infection associated with their stay with the licensee.

R 325.45145 Employee; health; communicable disease.

Rule 145. (1) The licensee shall ensure that an employee is free from communicable disease. A health facility or agency shall maintain employee files containing baseline screening for communicable diseases or immunizations, and records of illness and accidents occurring on duty.

(2) Employees, contract personnel, students, volunteers, and other persons who have direct physical contact with patients or food while providing care or services in the facility may participate only when free of signs of infection.
SUBPART D: EMERGENCY PREPAREDNESS

R 325.45147 Emergency preparedness program.
   Rule 147. The applicant or licensee shall have an all-hazard emergency preparedness program to meet the health and safety needs of its patient population and personnel. The emergency preparedness program must provide guidance on how to respond to emergency situations that could impact the operation of the health facility or agency, such as natural or man-made disasters. The emergency preparedness program must include all of the following components:
   (a) A risk assessment.
   (b) A written emergency response plan.
   (c) Written policies and procedures that support the successful execution of the emergency response plan.
   (d) A written communication plan.
   (e) A written training and testing plan.

R 325.45149 Risk assessment.
   Rule 149. (1) An applicant or licensee shall conduct a risk assessment or use a risk assessment conducted by its municipal or county emergency management agency. If an emergency management agency’s risk assessment is used, the applicant or licensee shall maintain a copy of it and is required to work with the agency that developed it to ensure that the facility’s emergency response plan is in alignment. The risk assessment must be used to assist the health facility or agency to address the needs of its patient population, identify essential services and vendors to provide support during an actual emergency, and identify alternate service providers and vendors to assure continuity of operations.
   (2) The risk assessment must be available to the department upon request.

R 325.45151 Emergency response plan.
   Rule 151. (1) An applicant or licensee shall have a written emergency response plan. The plan must be based on the risk assessment.
   (2) The emergency response plan must address capacities and capabilities critical for a response to and recovery from the types of emergencies likely to impact the health facility or agency that could result in 1 of the following:
   (a) Equipment and power failures.
   (b) Interruptions in communications that could include cyber-attacks.
   (c) Loss of all or a portion of a physical facility.
   (d) Extraordinary staffing shortages where the health facility or agency continues to operate.
   (e) Interruptions in the normal supply of essentials such as food and water, medications, or medical supplies including medical gases where the health facility or agency continues to operate.
   (3) The licensee shall review, update, and approve the emergency response plan annually.
   (4) The emergency response plan must be available to the department upon request.

R 325.45153 Policies and procedures for emergency preparedness.
Rule 153. (1) An applicant or licensee shall have written policies and procedures for emergency preparedness and recovery that are based on the risk assessment.  
(2) The policies and procedures must address, but are not limited to, all of the following subjects:
   (a) Subsistence needs of patients receiving inpatient or residential services.
   (b) Evacuation.
   (c) Shelter in place.
   (d) Tracking patients and personnel.
   (e) Patient transfers for continuity of care that may include transfer agreements or other arrangements based upon the services offered and needs of the patients.
   (f) Preservation and transfer of patient records.
   (g) Continuity of operations and recovery.
(3) The policies and procedures must be available to the department upon request.

R 325.45155 Communication plan.
Rule 155. (1) As part of its emergency preparedness program, an applicant or licensee shall have a written communication plan. The communication plan must include, but is not limited to, notification of the following as appropriate to the emergent event:
   (a) Local emergency response agencies.
   (b) Personnel.
   (c) Patients.
   (d) Patient’s guardian, family, or other persons designated by the patient.
   (e) Patient’s physician.
   (f) Utility maintenance and repair vendors.
   (g) Information management support.
   (h) Other essential suppliers and vendors.
   (i) The department.
(2) The communication plan must include a provision for the transfer of patients and their records to a receiving health facility or agency.
(3) The communication plan must be available to the department upon request.

R 325.45157 Training and testing program.
Rule 157. (1) An applicant or licensee shall develop and implement an emergency preparedness training and testing program. The training and testing program must include initial emergency response training for new and existing personnel, as well as annual refresher trainings.
(2) Each year the licensee shall exercise its emergency response plan at least twice. This requirement may be fulfilled by participating in 1 or more community-based exercises, facility-based exercises, or by activating its emergency plan in response to one or more actual incidents. One of the two exercises may be a paper-based table-top exercise.
(3) The training and testing program plan, exercise manual, and after-action reports must be retained for a minimum of 4 years or according to the licensee’s records retention schedule, whichever is longer; and they must be available to the department upon request.

SUBPART E: MEDICAL AUDIT AND UTILIZATION REVIEW
R 325.45159  Medical audit; utilization review; document access.

Rule 159. (1) A health facility or agency shall establish a process for medical audits of individual patient cases. Medical audits shall be conducted on a representative sample of patient cases. A medical audit is to ensure proper documentation of clinical information, continuity and coordination of patient care, and the quality and safety of medical and other health care services provided.

(2) A health facility or agency shall establish a process for utilization review of care and services on a systemic and aggregated basis. A utilization review is to ensure the provision and utilization of health care services provided in terms of cost, effectiveness, efficiency, and quality.

(3) Medical audit and utilization review documents may be accessed by the department during a survey or complaint investigation when necessary to determine compliance with the code and these rules. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

SUBPART F: QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

R 325.45161  Quality assessment and performance improvement program.

Rule 161. The governing body shall ensure the health facility or agency has a quality assessment and performance improvement program that is defined, implemented, maintained, and includes all of the following:

(a) Addresses identified priorities.
(b) Evaluates improvements for effectiveness.
(c) Specifies data collection methods, frequency, and detail.
(d) Establishes an expectation for patient safety and quality health care services.
(e) Allocates staff, time, information systems, and training to implement the quality assessment and performance improvement program.
(f) Is evaluated and revised on a periodic basis in accordance with the applicable subject matter.

R 325.45163  Quality assessment and performance improvement program; monitor quality; ongoing program; measurable improvements.

Rule 163. (1) The quality assessment and performance improvement program must monitor quality in all areas of operations that may adversely affect patient care or core services, demonstrate measurable improvements in patient health or palliative outcomes, and improve patient safety.

(2) A quality assessment and performance improvement program must:

(a) Be data driven.
(b) Identify problems.
(c) Reduce medical errors.
(d) Improve patient safety.
(e) Evaluate systems and processes.
(f) Be ongoing.

(3) The selection and prioritization of quality assessment and performance improvement program activities must be based on the complexity and scope of services provided and focus on high risk, high volume, problem-prone areas, and new services provided.

(4) Data collected must be used to:
(a) Monitor effectiveness and safety of services.
(b) Monitor quality of care.
(c) Act to make improvements.

R 325.45165 Performance improvement initiatives; indicators.
   Rule 165. The quality assessment and performance improvement program must establish performance
   improvement initiatives that focus on high risk, high volume, and problem-prone areas. If no
   performance improvement projects are conducted in a calendar year, justification explaining why no
   performance improvement projects were conducted must be documented.

R 325.45167 Documentation; evidence; program activities; data usage.
   Rule 167. A health facility or agency shall maintain documentation and demonstrate evidence of an
   ongoing quality assessment and performance improvement program that includes both of the following:
   (a) Methods and reports demonstrating systematic identification, reporting, investigation, analysis,
       and prevention of adverse events.
   (b) Documentation demonstrating the development, implementation, and evaluation of corrective
       actions resulting from quality assessment and performance improvement activities.

SUBPART G: CLOSURE

R 325.45169 Proposed closure of a health facility or agency; notification; closure plan; patient referral
   package.
   Rule 169. (1) At least 30 days prior to the proposed closure date, a licensee shall notify the department
   in writing and identify all of the following:
   (a) The name and address of the health facility or agency.
   (b) The proposed closure date.
   (c) The patient census at the time of notification.
   (d) The name, title, telephone number, and email address of the individual who is designated by the
       governing body to serve as the contact person for the closure process.
   (2) The department may modify, at its discretion, requirements and timeframes set forth in this rule
       upon a showing of good cause and solely for the purposes of an involuntary or emergency closure. The
       department shall not modify any provision that will affect the safety and welfare of patients.
   (3) A licensee shall submit a closure plan to the department. The licensee shall not initiate any
       closure activity until the department reviews and approves the closure plan. If the department
       disapproves a closure plan, the licensee will have the opportunity to correct and resubmit the plan for
       additional review.
   (4) The closure plan must include all the following as applicable to the services offered:
       (a) A timeline and system to discontinue admissions.
       (b) A method to ensure adequate staffing throughout the closure process.
       (c) Provisions for the maintenance, storage, and safekeeping of patient records and, if applicable, by
           including the name of the organization, the address, and the contact information where patient records
           will be stored, pursuant to sections 20175 and 20175a of the code, MCL 333.20175 and 333.20175a.
(d) Provisions for notifying all affected state, federal, and local governmental authorities of the proposed closure.
(e) The voluntary surrendering of any license and federal certification, including any de-licensure or transfer of licensed beds.
(f) The disposition of onsite drugs, biologicals, chemicals, and radioactive materials.
(g) Appropriate methods for labeling, safekeeping, and transferring patients’ belongings during relocation.
(h) A method to identify a new health facility or agency or other appropriate location for each patient that includes all of the following:
   (i) Assessment of patient needs.
   (ii) Determination regarding availability of bed space in local health facilities or agencies.
   (iii) Provision of information to patients and families about other health facilities or agencies.
   (iv) Evaluation of patient and family needs concerning geographic location, public transportation, and type of health facility or agency.
(5) At the time of discharge or transfer of a patient, the licensee shall prepare and deliver a referral package, in a secure manner, to each patient and individuals designated by the patient, and to a receiving facility, if applicable. The referral package must include, but is not limited to, all of the following:
   (a) A current patient assessment, medical evaluation, and care plan.
   (b) Medication and treatment records.
   (c) Discharge summary, if the patient is being discharged.

PART 4: HUMAN RESOURCES

R 325.45171 Administrator.
Rule 171. (1) The owner or governing body shall designate an individual to serve as the administrator.
(2) The administrator shall direct all day-to-day activities and ensure implementation of all policies and procedures.
(3) The administrator is responsible for regulatory compliance.
(4) The administrator may delegate this role in writing to another qualified individual as needed to assure continuity of operations and in accordance with the health facility or agency’s policy.
(5) The administrator of a nursing home shall be licensed pursuant to part 173 of the code, MCL 333.17301 to 333.17319.
(6) If a licensed nursing home administrator is also licensed as a registered professional nurse, and the nursing home has less than 50 licensed nursing home or long-term care beds, then the nursing home administrator may also serve as the director of nursing.
(7) As used in this rule, “nursing home” does not include a hospital long-term care unit or an extended care services program, commonly known as a swing bed program.

R 325.45173 Medical director.
Rule 173. (1) The owner or governing body shall designate a physician to serve as the medical director.
(2) The medical director shall direct all medical services.
(3) A health facility or agency may assign a different title to this position.
(4) The medical director may delegate this role in writing to another qualified physician as needed to ensure continuous medical direction and in accordance with the health facility or agency’s policy.

R 325.45175 Director of nursing.
Rule 175. (1) A health facility or agency shall designate a registered professional nurse to serve as the director of nursing.
(2) The director of nursing shall direct all nursing services.
(3) A health facility or agency may assign a different title to this position.
(4) The director of nursing may delegate this role in writing to another qualified registered professional nurse as needed to ensure continuous nursing services and in accordance with the health facility or agency’s policy.

R 325.45177 Nursing personnel.
Rule 177. At all times during each shift, a health facility or agency shall meet the minimum staffing requirements specified in the code. For the purposes of determining compliance with nursing personnel-to-patient ratios specified in the code, a member of the nursing staff who works less than 2 continuous hours may be counted as part of full-time equivalent personnel only if such member was scheduled to work more than 2 continuous hours.

R 325.45179 Independently licensed health professional.
Rule 179. A health facility or agency may employ, contract, or grant privileges to a qualified individual who is independently licensed to practice a health profession pursuant to article 15 of the code.

R 325.45181 Ancillary personnel.
Rule 181. A health facility or agency may employ or contract ancillary personnel to assist in patient care within the areas of their competence if the individual is adequately trained and working under appropriate supervision.

R 325.45183 Employee records.
Rule 183. A health facility or agency shall maintain a record for each employee that includes all of the following:
(a) Relevant professional license or registration number.
(b) Relevant credentialing and education.
(c) Beginning date of employment and position for which employed.
(d) Results of baseline screening for communicable disease.
(e) For former employees, the date employment ceased.

R 325.45185 Credentialing; clinical privileges; policy; procedure; record.
Rule 185. A health facility or agency shall maintain policies and procedures for the credentialing and granting of clinical privileges to medical and allied health professionals. Records must be maintained and include the individual’s education, training, and experience.
PART 5: PATIENT AND ADMINISTRATIVE RECORDS

R 325.45191 Patient record; required information.
Rule 191. (1) A health facility or agency shall keep and maintain a record for each patient in compliance with sections 20175 and 20175a of the code, MCL 333.20175 and 333.20175a.
(2) The patient record must include, as a minimum, all of the following:
   (a) Patient identification, including name, address, and birthdate.
   (b) Admission date or date services are initiated.
   (c) Information submitted by a referral source, if any.
   (d) Admitting diagnosis.
   (e) Medical history and physical examination.
   (f) Clinical diagnostic tests and findings.
   (g) Physician and other health professional orders.
   (h) Health professional progress notes.
   (i) Medication and treatment records.
   (j) Notes and observations by other personnel providing care.
   (k) Final diagnosis, including pathological findings if any.
   (l) Record of discharge, transfer, or death.
   (m) Patient designated representative for care, if applicable, and emergency contact information.
   (n) Consent forms as required and appropriate.

R 325.45193 Surgical patient record; required information; informed consent.
Rule 193. (1) In addition to R 325.45191, a freestanding surgical outpatient facility and a hospital shall keep and maintain in the surgical patient record all of the following:
   (a) Name of the surgeon.
   (b) Name of the anesthesiologist or anesthetist, if other than the surgeon, if applicable.
   (c) Preoperative study and diagnosis details if medically necessary.
   (d) Provider notes including preoperative and postoperative vital signs and other relevant observations to document the patient’s stabilized condition at the time of discharge.
   (e) Product name and dosage of any sedative and anesthetic used.
   (f) Method of anesthesia and any pertinent information concerning results or reactions.
   (g) Operation and treatment notes and consultations.
   (h) The postoperative diagnosis, including pathological findings.
   (i) Social or social service information relevant to the case.
   (j) Surgeon's operative note including all of the following:
      (i) Name of each procedure performed.
      (ii) Duration of procedure and any unusual problems or occurrences encountered.
      (iii) Surgeon's description of gross appearance of any tissues removed.
   (k) Summary of instructions given for follow-up observation and care.
(2) The facility shall obtain informed consent from a patient, or the responsible relative or guardian in the case of an unemancipated minor, before the performance of a surgical procedure and maintain the signed written consent form(s) in the patient's record.
(3) A facility that performs pregnancy terminations shall require that informed consent be obtained in compliance with sections 17015 and 17015a of the code, MCL 333.17015 and 333.17015a. In the case of an unemancipated minor, informed consent must also be obtained in compliance with the parental rights restoration act, 1990 PA 211, MCL 722.901 to 722.908.

R 325.45195 Hospice patient record; additional requirement.
Rule 195. In addition to R 325.45191, a hospice agency or residence shall keep and maintain in the patient record the individual’s terminal prognosis in compliance with section 21417 of the code, MCL 333.21417.

R 325.45197 Nursing care facility patient record; additional requirements.
Rule 197. In addition to R 325.45191, a nursing care facility shall document in the patient record that a clinical history and physical examination was performed by a physician within 5 days before or on admission, including a physician’s treatment plan. The patient’s record must be completed within 30 days following discharge.

R 325.45199 Standing order; written order; verbal order; telephone order.
Rule 199. (1) Treatment rendered to a patient must be in accordance with the specific standing, written, verbal, or telephone order of a physician or other licensed health professional ordering within their scope of practice and clinical privileges. (2) Standing and written orders must be recorded in the patient record and be signed by the licensed health professional who issued the order in accordance with the policy of the health facility or agency. (3) Verbal and telephone orders must be recorded in the patient record, restated back to the ordering licensed health professional, and then signed by the licensed health professional who recorded the order. The licensed health professional who issued the verbal or telephone order shall subsequently sign the order in accordance with the health facility or agency’s policy.

R 325.45201 Administrative record.
Rule 201. (1) A health facility or agency shall maintain administrative records that include all of the following: (a) Daily census records. (b) Staffing records. (c) Incident and accident reports. (d) Transfer of patient to hospital records. (2) The retention of administrative records is 1 year or in accordance with the health facility or agency’s record retention schedule, whichever is longer.

R 325.45203 Patient and administrative records; storage.
Rule 203. (1) Patient and administrative records must be preserved and readily available to assure necessary access by appropriate health care professionals and staff to deliver needed care. (2) Records must be secured to assure confidentiality and protect them from access by unauthorized persons and maintained in accordance with section 20175 of the code, MCL 333.20175.
R 325.45205 Patient and administrative records; survey and review by department; confidentiality.

Rule 205. (1) Relevant patient and administrative records must be available for survey and complaint investigation by an employee assigned by the department as a surveyor.
(2) Records must be maintained as confidential documents with the following exceptions:
   (a) Information required under these rules.
   (b) Information required by law.
   (c) Information authorized for disclosure by written release of the patient or the patient’s designated representative.
(3) Notwithstanding subrule (2) of this rule, a health care facility or agency shall maintain the confidentiality of all non-essential information and documents.
(4) The department shall maintain records received as confidential to the extent permitted by law.

R 325.45207 Data collection; informal advisory group.

Rule 207. (1) In addition to the collection of information and documents necessary to determine compliance during a licensure survey or complaint investigation, the department may also collect non-personally identifiable patient information and aggregated data from licensees including, but not limited to, all of the following:
   (a) Availability of services.
   (b) Hours of operation.
   (c) Demographic data.
   (d) Morbidity and mortality data.
   (e) Volume of care provided to patients.
(2) Prior to any data collection under this rule, the department shall establish an informal advisory group, with representation from providers, to determine the data elements to be collected.
(3) The licensee shall provide the required data on an individual basis for each licensed site in a format and media designated by the department.
(4) The department may elect to verify the data through onsite review of appropriate records.

PART 6: ANCILLARY CARE AND SERVICES

R 325.45211 Laboratory services.

Rule 211. Where medically necessary, a health facility or agency shall provide, directly or through contract, laboratory services. These laboratory services must be in compliance with the Clinical Laboratory Improvement Amendments (CLIA) regulations, 42 CFR part 493 (2017).

R 325.45213 Radiological and imaging services.

Rule 213. (1) Where medically necessary, a health facility or agency shall provide, directly or through contract, radiological and imaging services.
(2) These services must be offered on a regular schedule based on the health facility’s or agency’s hours of operation.
(3) The staff responsible shall be trained, qualified, and competent for the services being offered. The health facility or agency shall maintain documentation demonstrating the staff’s training, qualifications, and competencies.

(4) A health facility or agency shall have written policies and procedures for the maintenance of equipment related to this service that consider applicable manufacturers’ guidelines.

(5) The health facility or agency shall immediately report any adverse testing or machine error or adverse patient reaction to the appropriate licensed health care professional as soon as possible and record this information in the patient’s record. Any corrective action must be initiated promptly and recorded in the patient’s record.

R 325.45215 Pharmacy services.
Rule 215. (1) Medical supplies and appliances, durable medical equipment, drugs and biologicals related to patient care and treatment, as identified in the patient’s plan of care, must be provided by the health facility or agency while the patient is its care.

(2) Where medically necessary, a health facility or agency shall provide, directly or through contract, pharmacy services.

(3) Pharmacy services offered directly within a health facility or agency must be licensed. A health facility or agency contracting pharmacy services shall ensure these services are licensed.

(4) These services must be offered on a regular schedule based on the health facility’s or agency’s hours of operation.

(5) The staff responsible must be trained, qualified, and competent for the services being offered. A health facility or agency shall maintain documentation demonstrating the staff’s training, qualifications, and competencies.

(6) A health facility or agency shall have written policies and procedures for both of the following:
(a) Drug control.
(b) Maintenance of equipment related to this service that consider applicable manufacturers’ guidelines.

(7) Pharmacy services offered must be appropriate to the patient needs and treatment and recorded in the patient’s record. Medication and other pharmaceutical services must be provided on the order of a licensed health professional authorized to do so under article 15.

(8) All medications and other pharmaceutical products must be properly labeled and identified with pertinent information such as use, storage, expiration, and other necessary information.

(9) A health facility or agency shall comply with the Clinical Laboratory Improvement Amendments (CLIA) regulations, 42 CFR part 493 (2017), as related to pharmacy services and as applicable.

R 325.45217 Dietary services.
Rule 217. A health facility or agency that offers dietary services shall do all of the following:

(a) Meet all the dietary and nutritional needs of the patient in accordance with the patient assessment and treatment plan.

(b) Obtain a diet order for each patient upon admission, written by a physician or other qualified health professional, based on patient condition, diagnosis, food restrictions, preferences, and nutritional assessment. After the diet order is obtained, information must be provided to the patient regarding their diet order and how the patient can make food choices from the offerings on the facility menu.
(c) Offer nutrition counseling and interventions to patients regarding appropriate nutritional intake in accordance with their condition and treatment plan. Nutrition counseling must be provided by a qualified individual.

(d) Develop and adopt policies and procedures including a diet manual that outlines facility diet orders.

R 325.45219 Communication services.
Rule 219. A health facility or agency shall assure the availability of appropriate methods and tools to communicate with patients who are non-English speaking or have communication impairments. While a patient is receiving services, a health facility or agency shall safeguard any patient sensory items such as eye glasses, dentures, and hearing aids.

R 325.45221 Transportation services.
Rule 221. (1) A health facility offering inpatient or residential services shall arrange and provide for appropriate transportation services if diagnostic, medical, or other services are necessary and not available onsite.

(2) Excluding a hospital with an emergency department, a health facility or agency shall have protocols for obtaining emergency transportation services for patients requiring emergency medical treatment. When indicated, a qualified health professional from the health facility or agency shall accompany a patient requiring transfer to a facility for emergency medical treatment.

PART 7: PATIENT RIGHTS AND RESPONSIBILITIES

R 325.45231 Patient rights and responsibilities; policies and procedures.
Rule 231. (1) A health facility or agency shall develop, adopt, implement, post, and distribute written policies and procedures to protect the rights and responsibilities of patients as provided in sections 20201, 20202, and 20203 of the code, MCL 333.20201, 333.20202, and 333.20203.

(2) Before a patient’s admission, and if requested after admission, policies and procedures related to rights and responsibilities must be made available to all of the following:
(a) The patient.
(b) The patient’s guardian.
(c) The patient’s representative.
(3) Information transmitted to a patient, or to the person legally responsible for the patient, must be in a manner that he or she can reasonably be expected to understand.

PART 8: COMPLAINTS, INVESTIGATIONS, AND HEARINGS

SUBPART A: COMPLAINTS AND INVESTIGATIONS

R 325.45241 Complaint filed with health facility or agency; procedure.
Rule 241. (1) A health facility or agency shall adopt written policies and procedures for the initiation, investigation, and resolution of complaints filed by a patient, or the patient’s legal guardian or designated representative when that person has standing. The procedure to file a complaint must be made available to the patient at the time of admission and upon request. The procedure must contain, at a minimum, all of the following:

(a) A notice that an individual may file a complaint, orally or in writing, with the health facility or agency, the department, or both.

(b) The name, title, and contact information of the health facility or agency staff member who is responsible for receiving complaints.

(c) The contact information necessary to file a complaint with the department.

(d) Resources to assist the individual with writing a complaint if needed.

(2) If a complaint does not allege serious injury, harm, impairment, or death and is resolved to the individual’s satisfaction prior to the completion of the investigation, the investigation may be discontinued.

(3) If a standard complaint form is used, a copy of the form must be provided to each patient or the patient’s legal guardian or designated representative upon request.

(4) Investigation of a complaint that alleges serious injury, harm, impairment, or death must start within 3 business days of receipt of the complaint.

(5) Investigation of a complaint that does not allege serious injury, harm, impairment, or death must start within 7 business days of receipt of the complaint.

(6) A complaint investigation must be completed within 15 business days of initiation of the investigation. If the investigation is not completed within 15 business days, the health facility or agency shall document the reason for the delay and notify the complainant of the anticipated completion date.

(7) A health facility or agency shall deliver to the individual the written results within 10 business days of completion of the investigation. This subrule does not apply when a complaint is filed anonymously.

(8) A comment on a patient satisfaction survey or other method used by a health facility or agency to gather feedback does not constitute a complaint.

(9) The individual’s allegation must be of a nature that describes a possible violation of state law or rule. The individual does not need to cite the specific state law or rule.

(10) A health facility or agency shall maintain for 3 years any complaints filed under its complaint procedure, all complaint investigation reports, and correspondence delivered to each individual that filed a complaint.

R 325.45243 Complaint filed with department; procedure.

Rule 243. (1) When a complainant files a complaint with the department pursuant to section 20176 or 21799a of the code, MCL 333.20176 or 333.21799a, it must be filed within 12 months of the alleged violation. If it is not filed within 12 months of the alleged violation, the department may investigate the complaint if the complainant shows good cause for the delay in filing the complaint.

(2) A complaint must be submitted using the department’s hotline or in writing using the US Postal Service, e-mail, online form, fax, or other method provided for on the department’s website, www.michigan.gov/lara.

(3) The complaint must be limited to matters involving an alleged violation of an applicable law or rule affecting the complainant or, in the case of a public interest group, affecting the public or a portion thereof.
(4) A complainant shall provide enough information to identify the specific health facility or agency where the alleged violation took place. Such information includes but is not limited to the name and address of the health facility or agency.

(5) A complaint may be filed anonymously.

(6) The department shall receive, evaluate, and, if warranted, investigate a filed complaint. The department shall not investigate a complaint that, as alleged, does not violate a law or rule regulated by the department. The department shall send a letter of acknowledgement to each complainant upon evaluation of the complaint, except when a complaint is submitted anonymously.

(7) The department shall notify the health facility or agency of the nature of the complaint no earlier than the initial visit to the health facility or agency to investigate the complaint.

(8) The department shall provide the complainant with the written findings of the complaint investigation, or instructions for how to obtain the written findings, no later than 30 days after the conclusion of the complaint investigation process. This subrule does not apply when a complaint is filed anonymously.

(9) The department shall inform the complainant of the department’s actions if the health facility or agency does not correct areas of noncompliance, when applicable. This subrule does not apply when a complaint is filed anonymously.

(10) A complaint filed with the department about a federally certified health facility or agency will be triaged and the subsequent survey or investigation will be conducted pursuant to the state agreement with the United States Secretary of Health and Human Services under section 1864 of the Social Security Act, 42 USC 1395aa.

(11) A complaint filed with the department about a state licensed-only health facility or agency will be triaged and the subsequent survey or investigation will be conducted pursuant to article 17 and these rules.

R 325.45245 Investigation by department.

Rule 245. (1) The department shall assign a qualified employee to investigate a health facility or agency for a complaint that alleges violation of state law or rule.

(2) An investigation may include, but is not limited to, all of the following:

(a) Inspection of the health facility or agency, observation of its operations, and interviews with the complainant, staff, and relevant patients with their consent.

(b) Inspection of relevant administrative records, patient records, and other documents and media maintained by the health facility or agency.

(3) The department employee may copy relevant records, documents, or media, and where applicable, allow the health facility or agency an opportunity to redact non-relevant information. The department shall maintain and protect these materials in accordance with state and federal laws, including privacy laws. All such records, documents, or media must be disposed of after the completion of the final investigation and appeal process.

(4) The department shall provide the health facility or agency with its written findings no later than 30 days after the conclusion of the investigation.

SUBPART B: HEARINGS

R 325.45247 Applicability.
Rule 247. (1) The procedures set forth in this subpart apply to the hearings and penalties related to violations under sections 20165, 20166, 20168, 21799b(2), and 21799c of the code, MCL 333.20165, 333.20166, 333.20168, 333.21799b, and 333.21799c.

(2) Unless otherwise provided by article 17 or these rules, the procedures for a hearing must comply with sections 71 to 92 of the administrative procedures act, 1969 PA 306, MCL 24.271 to 24.292, and part 1 of the Michigan administrative hearing system administrative hearing rules, R 792.10101 to R 792.10137.

R 325.45249 Correction notice; opportunity to show compliance.

Rule 249. (1) Before commencing hearing proceedings for denial, limitation, suspension, or revocation of a license pursuant to section 20165 and 20166 of the code, MCL 333.20165 and 333.20166, the department shall give notice to the applicant or licensee, by certified mail or personal service, of the facts or conduct that warrant the intended action and provide the applicant or licensee with an opportunity to show compliance at a compliance conference. The notice of a compliance conference must state the date, time, and location of the conference. If the licensee is unable to demonstrate, to the satisfaction of the department at the compliance conference, compliance with all lawful requirements for a license, the department may proceed with a hearing. This subrule does not apply to notices issued under sections 20162, 20168, 21799a(9), 21799b(2), or 21799c of the code, MCL 333.20162, 333.20168, 333.21799a, 333.21799b, or 333.21799c, or section 63 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.263.

(2) When the department issues a correction notice to a nursing home under the provisions of section 21799b of the code, MCL 333.21799b, the correction notice must conform to the requirements of that section. The department will have a hearing officer present to conduct a hearing, within 72 hours after the licensee receives the notice, at the time and place specified in the correction notice. The licensee may waive the opportunity for the hearing. Failure to raise objections to the correction notice on or before the scheduled hearing, or failure to appear at the hearing, will be deemed an admission of the matters asserted in the correction notice. If the respondent fails to make an appearance or to timely contest the notice, the correction notice is final. The licensee may notify the department that it believes it has complied with the correction notice and may request verification of compliance from the department in accordance with section 21799b(3) of the code, MCL 333.21799b.

R 325.45251 Discovery and depositions.

Rule 251. (1) The same rights to discovery and depositions provided in the Michigan court rules for civil procedure apply to hearings commenced and conducted under section 20165 and 20166 of the code, MCL 333.20165 and 333.20166. The presiding officer shall rule on all motions relative to depositions and discovery.

(2) The presiding officer shall not allow discovery depositions and motions for discovery if they are likely to interfere with the efficient and timely conduct of the hearing, unless substantial prejudice would result.

(3) The presiding officer may administer oaths and issue subpoenas upon request of a party or the party’s representative.

PART 9: ENVIRONMENT OF CARE FOR HEALTH FACILITIES
SUBPART A: PHYSICAL PLANT

R 325.45261 Health facility; construction; hazards.
Rule 261. A health facility must be of safe construction and free from hazards to patients, visitors, and staff.

R 325.45263 Construction permit review; guidelines; adoption by reference.
Rule 263. (1) In performing a construction permit review for a health facility, the department shall apply the following guidelines, which are adopted by reference, unless a different standard is otherwise specified in these rules:
   (a) The following 3 guidelines from the Facility Guidelines Institute (FGI):
   (b) “American Society for Heating Refrigerating and Air Conditioning Engineers (ASHRAE) Standard 170 – 2017, Ventilation of Health Care Facilities.”
   (2) All of the guidelines listed in subrule (1) of this rule are available for inspection at the Lansing office of the Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. All these documents can be purchased at the MADCAD cloud-based reference library at www.madcad.com. Each of the FGI guidelines cost $200. The ASHRAE standard costs $60.57.
   (3) Where the requirements of these rules are more stringent than the FGI Guidelines, these rules take precedence.

R 325.45265 Submission of plans and specifications for a construction permit.
Rule 265. (1) To assure compliance with the code and these rules, a health facility shall submit to the department for review and approval or disapproval complete plans and specifications for all the following projects:
   (a) New buildings.
   (b) Additions.
   (c) Building change.
   (d) Conversion of existing structures for use as a health facility.
   (2) A health facility shall not begin construction or renovation until the plans and specifications have been approved by the department and a permit for construction has been issued.
   (3) Architectural and engineering plans and specifications that are submitted to the department must be prepared and sealed by architects and professional engineers licensed to practice in Michigan.

R 325.45267 Existing licensed health facility; exception.
Rule 267. An existing licensed health facility that is not in compliance with the provisions of these rules may be permitted to continue in use so long as the facility is sufficient to protect patient health and safety and provide services, unless the department determines that such use constitutes a hazard.
R 325.45269 Health facility floor plan.
   Rule 269. A health facility shall keep onsite a floor plan of the facility with a description of rooms showing size, use, door locations, window area, number of beds, and fixed equipment.

R 325.45271 Exterior; ramps; steps; handrail; light; entrance; access.
   Rule 271. Exterior ramps and steps must have a handrail on both sides. Sufficient light for an exterior ramp or steps must be provided for the safety of persons using the facility. At least 1 entrance to the health facility must provide easy access for persons with mobility limitations.

R 325.45273 Interior; illumination; standards.
   Rule 273. (1) The applicant or licensee shall comply with the interior illumination standards in Table 1.
   (2) In addition to the interior illumination standards in Table 1, a health facility shall provide both of the following:
      (a) Night lighting in a toilet room and in a patient room that is sufficient to illuminate a footpath from the bed to the toilet room with a minimum of 1 foot-candle at floor level.
      (b) Light fixtures that are equipped with lenses or shields for protection of the lamps or lamps that will not shatter.

Table 1: Illumination of Health Care Facilities
The following table is intended to be representative, not inclusive, of all clinical facilities. These measured minimum foot-candle (fc) values must be provided at 36 inches above the floor or at task locations as applicable and must account for bulb and fixture depreciation.

One-half of the lighting levels must be maintained in operating rooms, delivery rooms, trauma rooms and emergency department exam rooms, nursing stations, intensive care rooms, special care nurseries, full term nurseries, angiography labs, interventional radiology rooms, cardiac catheterization labs, resuscitation areas, post anesthesia care units, patient holding areas, medication preparation and dispensing areas, and work areas within the laboratory, when on emergency power. These levels are not required during the transfer to emergency power (10 seconds max).

<table>
<thead>
<tr>
<th>Operating, Delivery, Trauma Rooms$^1$</th>
<th>150 fc</th>
</tr>
</thead>
<tbody>
<tr>
<td>These illumination levels must be provided within a six-foot perimeter of the table or stretcher with the remainder of the room provided with a minimum of 75 foot-candle (fc).</td>
<td></td>
</tr>
<tr>
<td>Critical Task Areas</td>
<td>75 fc</td>
</tr>
</tbody>
</table>
Cardiac catheterization labs
Angiography
Interventional radiology
Scrub sinks
Central sterile task locations
Patient exam or treatment locations
Decontamination task locations
Pharmacy and laboratory hoods
Intensive care bed and bassinet locations
Labor, delivery, recovery, postpartum bed locations
Post anesthesia care unit or cardiovascular recovery unit
Procedure rooms
Autopsy

The 75 fc is the minimum for patient examination, resuscitation, or a procedure in the patient vicinity. The patient vicinity is defined as three feet around the sides and head of the patient bed or table. The remainder of these rooms must be a minimum of 15 fc.

The 75 fc level is required in some areas for patient emergencies and resuscitation events. It is not intended to require this lighting level during normal procedures, such as cardiac catheterizations.

1 Fixed task lighting must be on emergency power.

<table>
<thead>
<tr>
<th>Specialized Task Areas</th>
<th>50 fc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food service work counter</td>
<td></td>
</tr>
<tr>
<td>Medication preparation and dispensing locations</td>
<td></td>
</tr>
<tr>
<td>Nurse, physician, and clinician charting locations</td>
<td></td>
</tr>
<tr>
<td>Laboratories</td>
<td></td>
</tr>
<tr>
<td>Triage areas</td>
<td></td>
</tr>
<tr>
<td>Hot lab task locations</td>
<td></td>
</tr>
<tr>
<td>Dialysis patient locations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task Areas</th>
<th>30 fc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient care bed, stretcher, table, and chair locations (non-examination areas)</td>
<td></td>
</tr>
<tr>
<td>Resident bed locations</td>
<td></td>
</tr>
<tr>
<td>Handwashing, water closets, tub and shower</td>
<td></td>
</tr>
<tr>
<td>Staff work counter</td>
<td></td>
</tr>
<tr>
<td>Patient and resident day and dining rooms</td>
<td></td>
</tr>
<tr>
<td>Patient and resident reading locations</td>
<td></td>
</tr>
<tr>
<td>Patient preparation and holding areas</td>
<td></td>
</tr>
<tr>
<td>General radiology rooms, MRI, PET, CT, and Lithotripsy</td>
<td></td>
</tr>
<tr>
<td>Morgue</td>
<td></td>
</tr>
</tbody>
</table>

| General Areas | 15 fc |
Corridors
General patient and resident room locations
Clean and soiled utility rooms
Clinical storage and holding
Locker rooms
Janitor closets
Stairways, elevators, waiting rooms

R 325.45275 Patient room.
Rule 275. (1) A room used for patient living or sleeping purposes must have a minimum total window glass area on the outside walls equal to 10% of the required floor area, and a clear unobstructed window view for a minimum distance of 20 feet from the face of the window measured perpendicular to the window. One additional foot must be added to the minimum distance of 20 feet for each 2-foot rise above the first story, up to a maximum of 40 feet of required unobstructed space. Forty-five percent of this window glass area must be openable, unless the room is artificially ventilated.

(2) A 1-bed patient room must provide a minimum of 120 square feet of clear floor area. A 2-bed room must provide a minimum of 100 square feet of clear floor area per bed. A room used for bassinets must provide a minimum area of 40 square feet per bassinet.

(3) A patient room must have not less than a 3-foot clearance available on both sides and at the foot of each bed. A 2-bed room must have a minimum of 4 feet of clearance available at the foot of each bed.

(4) A patient room must be provided with a toilet room opening into the room. A water closet or bathing facility must have grab bars that are anchored to sustain a concentrated load of 250 pounds.

(5) Handwashing facilities must be provided in each patient room and in each connecting toilet room.

(6) Usable floor space must not include a toilet room, closet, or vestibule.

(7) A wardrobe or closet must be provided for the storage of personal clothing. A patient room in a residential facility must provide a minimum of 5 square feet of floor space per bed for this wardrobe and closet, in addition to other requirements for usable floor space per bed.

(8) A 2-bed room must provide visual privacy from other patients and visitors. The design for privacy must not restrict patient access to the entrance, lavatory, toilet room, window view or wardrobe.

(9) A basement or cellar must not be used for sleeping or living quarters. A patient room must have the floor surface at or above grade level along exterior walls with windows.

(10) A patient room must permit the functional placement of furniture and equipment essential to the patients' comfort and safety.

R 325.45277 Surgical service; examination room; operating or procedure room.
Rule 277. A facility that provides surgical services shall meet all the following requirements:

(a) The facility must have enough examination rooms to meet the volume of work to be accomplished. Each single-patient examination room must have a minimum clear floor area of 120 square feet and must provide a minimum 3-foot clearance at each side and the foot of the examination table. In freestanding surgical outpatient facilities, the room size may be reduced to 100 square feet and must provide a minimum 3-foot clearance at each side and at the foot of the examination table.

(b) An examination room must have a handwash lavatory within the room, which must be equipped with a gooseneck inlet and wrist, knee, or foot controls.
(c) A change area must be provided for patients, and provision must be made for the safe storage of their personal effects.

(d) The facility must have enough operating or procedure rooms to meet the volume of work to be accomplished and they must comply with both of the following:

(i) Each operating room must have a minimum clear floor area of 400 square feet, with a minimum clear dimension of 20 feet, exclusive of fixed or wall mounted cabinets and built-in shelves. In freestanding surgical outpatient facilities, where the surgical procedures are restricted to eye, endoscopy, and other similar minor procedures, the room size may be reduced to 270 square feet.

(ii) Two scrub positions with gooseneck outlets must be provided near the entrance to each operating room.

(e) Each procedure room must have a minimum clear floor area of 160 square feet with a minimum dimension of 12 feet, exclusive of fixed or wall mounted cabinets and built-in shelves.

(f) A supply of oxygen and appropriate masks or other means of administration must be available in each room.

(g) Single-use soap, scrub brushes, and towels must be utilized in patient care areas.

(h) The operating or procedure room must contain suitable equipment necessary for the types of procedures to be performed.

(i) Operating rooms and procedure rooms must be cleaned and disinfected between cases and terminally cleaned daily in accordance with the facility’s policy and procedure.

R 325.45279 Surgical patient observation and recovery areas.

Rule 279. (1) A facility that provides surgical services must have patient observation and recovery areas in sufficient numbers to accommodate the patient load, with a planned minimum of a 3-hour recovery period and longer when necessary for individual patients. The areas must be comfortably furnished and adequately equipped for the patient’s safe postoperative observation and recovery.

(2) The facility must provide at least 1 recovery room equipped for use by and observation of patients requiring recumbent care post-surgically. A minimum of one hospital-type bed or stretcher must be provided for each 10 post-surgical patients to be cared for at any one time.

(3) Single patient rooms must have a minimum of 100 square feet of usable floor space.

(4) Multiple patient rooms must have a minimum of 80 square feet of floor space per bed or stretcher.

(5) A recovery room must be designed to provide a minimum of 3 feet between beds or stretchers and the adjacent wall, and 4 feet of clearance at the foot of the bed or stretcher.

(6) Comfortably furnished congregate rooms equipped with either reclining or lounge-type chairs or cots may be provided for the post-surgical observation of patients who do not need bed or stretcher accommodations. Each congregate-type room must provide a minimum of 50 square feet of usable floor space for each patient to be accommodated.

(7) A toilet and lavatory must be provided for each 8 recovery patients at a minimum.

(8) Corridors used for patient entry, egress, and surgical care areas in the facility must have a minimum width of 6 feet.

R 325.45281 Airborne infection isolation patient room.

Rule 281. (1) A health facility that accepts patients who require airborne infection isolation must provide 1-bed airborne infection isolation (AII) patient rooms with attached lavatory, water closet, and bathing facility, reserved for the use of the occupant of that room only.
(2) The number of 1-bed AII patient rooms must be determined by an infection control risk assessment. An AII patient room must have an area located directly outside or immediately inside the entry door for staff hand washing and gowing and for storage of clean and soiled materials.

R 325.45283 Nursing care facility; long-term acute care hospital; hospice residence; dayroom; dining; activity; space.
Rule 283. (1) A nursing care facility shall provide a minimum of 30 square feet of floor space per bed for dayroom, dining, and activity space. This space must always be accessible to patients.
(2) A hospice residence or a long-term acute care hospital shall provide a minimum of 15 square feet of floor space per bed for dayroom, dining, and activity space. This space must always be accessible to patients.

R 325.45285 Residential health care facilities; special requirements.
Rule 285. Residential health care facilities shall meet all the following requirements:
(a) A patient room must open to a corridor, lobby, or dayroom. Traffic to and from any room must not be through a sleeping room, kitchen, bathroom, utility room, toilet room, or service room, except where a utility room, toilet room, or bathroom opens directly off the room or rooms that it serves.
(b) Patient bathing facilities must be provided at the rate of one bathing fixture for every 20 patients not otherwise served by bathing facilities in patient rooms.
(c) Nursing stations must be located within 120 feet of each patient room door.

R 325.45287 Doors.
Rule 287. (1) The minimum clear width for door openings in the means of egress from sleeping rooms, diagnostic and treatment rooms, and nursery rooms must be 41.5 inches.
(2) Door openings to patient toilet rooms and other rooms needing access for wheelchairs must provide a minimum clear opening of 32 inches.

R 325.45289 Ceiling height.
Rule 289. The minimum ceiling height of rooms and corridors must be 7 feet 10 inches, with the following exceptions:
(a) Ceilings in storage rooms and toilet rooms must be not less than 7 feet 6 inches in height.
(b) Ceiling heights in small, normally unoccupied spaces may be reduced below 7 feet 6 inches if approved by the department.
(c) Suspended tracks, rails, and pipes located in the traffic path for patients in beds or on stretchers, including those in inpatient service areas, must be not less than 7 feet above the floor. Clearances in other areas may be 6 feet 8 inches and applies to the lowest fixed point of ceiling mounted surgical lights, overhead rails/cables in diagnostic and therapeutic radiology rooms, and ceiling/wall mounted televisions under potential footpaths.

R 325.45291 Handrails.
Rule 291. A handrail with ends returned to the wall must be provided on both sides of a corridor, ramp, or stairway used by patients.
R 325.45293 Lobby; waiting area; public toilet rooms; public drinking water.
   Rule 293. (1) A lobby or waiting area for visitors must be functionally separate from patient care units.
   (2) Except as provided in subrule (3) of this rule, a health facility shall provide one or more public toilet rooms, equipped with a lavatory and water closet, located near waiting and reception areas.
   (3) Facilities with a licensed bed capacity of 8 or less may share staff and public toilet facilities.
   (4) In new construction or renovations, a source of public drinking water must be provided.

R 325.45295 Personnel areas.
   Rule 295. (1) A health facility shall provide space for reception, waiting, interviewing, administrative, and business office functions.
   (2) A health facility shall provide space for admission, interviewing, and consultation functions so located as to provide reasonable privacy. This must include office space with audible privacy and furnishings for a social worker if one is employed and for counselors and outside agency workers, when indicated, to interview and advise patients.
   (3) A health facility shall provide locker room space or other security resources for the personal effects of employees. Individual dressing rooms must be provided for male and female employees when surgical attire is required. A lavatory and water closet must be located convenient to the break or locker room space.

R 325.45297 Heating, ventilation, and air conditioning.
   Rule 297. (1) Heating, ventilation, and air conditioning systems must be designed, installed, operated and maintained to meet the requirements of the American Society for Heating Refrigerating and Air Conditioning Engineers (ASHRAE) Standard 170 - 2017 Ventilation of Health Care Facilities. This standard is available as described in R 325.45263.
   (2) Exhaust ventilation shall be designed as central systems with the fan at the building exterior and at least 10 feet from all doors, operable windows, and domestic outside air intakes.

R 325.45299 Electrical equipment; outlets; receptacles.
   Rule 299. (1) Electrical equipment must be maintained in good repair and be properly grounded.
   (2) Duplex electrical outlets with a 3-wire system must be provided in sufficient number and convenient locations to meet the needs of the areas served. A health facility shall provide at least 2 duplex outlets located at the head of each bed.
   (3) A patient room must have at least 1 grounded duplex electrical receptacle located on each side of the head of each bed and 1 duplex receptacle on each other wall.

R 325.45301 Emergency electrical service.
   Rule 301. (1) A health facility shall have emergency electrical service permanently installed in the facility to provide all the following:
(a) Lighting in corridors, exits, operating rooms, procedure rooms, recovery rooms, congregate rooms, and nurse stations.
(b) Telephone switchboard.
(c) Heating plant.
(d) Other critical mechanical equipment essential to the safety and welfare of patients, personnel, and visitors.
(2) Emergency electrical service must be capable of providing a minimum of 72 hours of service and more than 72 hours if required by the facility’s emergency preparedness plan. A freestanding surgical outpatient facility may reduce this requirement in accordance with its emergency preparedness plan to evacuate the facility.
(3) In new construction or renovation, an emergency generator that has an automatic transfer switch or an alternative source of immediate electrical power acceptable to the department must be provided for lighting and operation of equipment essential to the safety and welfare of patients, personnel, and visitors.

R 325.45303 Water supply system.
Rule 303. (1) A health facility located in an area served by a public water system shall connect to and use that system.
(2) When a public water system is not available, the location and construction of a well and the operation of a private water system must comply with the safe drinking water act, 1976 PA 399, MCL 325.1001 to 325.1023.
(3) The location and construction of a well and the operation of the system must comply with standards approved for public water supplies by a health facility’s or agency’s local health department and the Michigan department of environmental quality.
(4) Minimum water pressure available to each plumbing fixture must exceed 20 pounds per square inch.
(5) The plumbing system must supply an adequate amount of hot water at all times to meet the needs of each patient and the functional needs of the various service areas. Hot water temperatures at fixture outlets must be regulated to provide tempered water in the range of 105 to 120 degrees Fahrenheit.
(6) There must be no cross-connections between water systems that are safe for human consumption and those that are or may become unsafe for human consumption. The entire plumbing system and all plumbing fixtures must be so designed and maintained that the possibility of back-flow or back-siphonage is eliminated.
(8) A health facility must utilize the Centers for Disease Control and Prevention best practice guidance on water management, including the “CDC Toolkit: Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings.” This toolkit is adopted by reference. It is available for inspection at the Lansing office of the Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. It is available without charge at https://www.cdc.gov/legionella/wmp/toolkit/.
(9) The water management program must include a facility risk assessment, control measures, and ongoing verification of the program.
(10) If secondary treatment of the public water system is incorporated as part of the water management program, the health facility must comply with the Michigan safe drinking water act, 1976 PA 399, MCL 325.1001 to 325.1023, and the administrative rules, R 325.10101 to 325.12820.

R 325.45305 Elevator.
Rule 305. An elevator must be provided where patient care is provided at different floor levels. The cab size of the elevator must be sufficient to accommodate a stretcher and attendant. An elevator must have a minimum cab size of 5 feet 8 inches wide by 9 feet deep for acute care facilities and a cab size of 5 feet 0 inches wide by 7 feet 6 inches deep for residential facilities.

SUBPART B: MAINTENANCE, SANITATION, AND HOUSEKEEPING

R 325.45307 Medical waste; biohazard; solid waste; sanitary sewage.
Rule 307. (1) A health facility shall comply with the requirements of the medical waste regulatory act, part 138 of the code, MCL 333.13801 to 333.13832.
(2) A health facility shall have a written policy to govern the storage, transportation, and disposal of surgical specimens and other biohazards.
(3) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, must be accomplished in a manner that will minimize the danger of disease transmission and avoid creating a public nuisance or a breeding place for insects and rodents.
(4) Suitable containers for garbage, refuse, dressings, and other solid wastes must be provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.
(5) Sanitary sewage must be discharged into a public sanitary sewage system when a system is available. When a public sanitary sewage system is not available, and a private sanitary sewage disposal system is used, the type, size, construction and alteration of, or major repairs to the system, must be approved by the authority having jurisdiction and the department. The sewage disposal system must be maintained in a sanitary manner.

R 325.45309 Laundry; linen; ventilation; lavatory; equipment; storage.
Rule 309. (1) A health facility that processes its own linen shall have all of the following:
(a) A well-ventilated laundry room of sufficient size to allow functional separation of soiled linen holding, laundry processing, and clean linen folding.
(b) The laundry must be ventilated to provide directional airflow from clean to soiled areas.
(c) A lavatory for hand washing must be provided in the laundry processing area.
(d) Laundry equipment must be rated commercial and be of sufficient capacity to meet the needs of the facility.
(2) The collection, storage, segregation, and transfer of clean and soiled linen must be accomplished in a manner that will minimize the risk of disease transmission.
(3) A separate clean linen storage room must be provided.
(4) A separate soiled linen storage room must be provided. When justified by the operational characteristics and special needs of the health care facility, a properly sized and located soiled workroom may serve as a soiled linen holding room.

R 325.45311 Storage.
   Rule 311. (1) Space must be provided sufficient to meet the need for storage of medical equipment, medical supplies, and furniture.
   (2) Space must be provided sufficient to meet the need for segregation of cleaned and used equipment.
   (3) A patient toilet room or bathroom must not be used for storage or housekeeping functions.
   (4) A central general storage room must be provided with space necessary to meet storage needs of the facility. In residential health care facilities, at least 10 square feet per bed of general storage space must be provided in the facility.
   (5) Space must be provided for the storage of clean linen. Soiled linen holding must be separate from storage of clean linen.
   (6) Corridors, hallways, passageways, and doorways must always be kept free from obstruction. A corridor may not be used for storage to accommodate insufficient space for storage of medical equipment.
   (7) A workroom must be provided for holding trash, medical waste, and soiled linens. The room must be separate from clean storage.
   (8) Dedicated clean storage space must be provided.
   (9) A patient care unit must have a dedicated area for medication storage, preparation, and documentation. The space must be well lighted and equipped with a lavatory for hand washing, a refrigerator, and locked storage for medication.
   (10) A room must be provided on the premises for equipment and furniture maintenance and repair and storage of maintenance equipment and supplies.

R 325.45313 Kitchen; dietary.
   Rule 313. A health facility shall be in compliance with the food law, 2000 PA 92, MCL 289.1101 to 289.8111.

R 325.45315 Integrated pest management.
   Rule 315. A health facility shall be kept free from insects and vermin utilizing active integrated pest management processes. Insect and vermin control procedures involving the use of insecticides or pesticides must be carried out in a manner consistent with manufacturers’ indications for use and in a manner that protects the health and safety of patients, personnel, and visitors.

R 325.45317 General maintenance; cleaning.
   Rule 317. (1) The premises of a health facility must be maintained in a safe and sanitary condition and in a manner consistent with the public’s health and welfare.
   (2) Floors, walls, and ceilings must be covered and finished in a manner that permits maintenance of a sanitary environment.
(3) A storage area for housekeeping items and a janitor’s closet must be provided for the building. A separate dedicated janitor’s closet must be provided with convenient access for the kitchen and dietary areas.

(4) Routine cleaning and disinfection must be conducted at specified intervals and between uses by different patients.

(5) Routine cleaning and disinfection must be conducted according to the environmental disinfectant’s indication for use.

(6) Patient care equipment and supplies must be single use disposable or must be disinfected between patients.

R 325.453 & 39 Sterilization; high-level disinfection.

Rule 319. (1) A health facility that provides sterilization and high-level disinfection shall have sufficient space for both of the following:

   (a) The volume of sterilization and high-level disinfection processing to allow orderly work flow for instrument decontamination, instrument cleaning, assembly and packaging, and the number of sterilization units.

   (b) Unimpeded staff movement to avoid environmental contamination of supplies.

(2) A health facility shall restrict access to sterile processing and high-level disinfection spaces.

(3) Sterilization and high-level disinfection spaces must contain work table, counter, handwashing fixture, sterilizer carts, and dedicated space for drying and storage.

SUBPART C: COMMUNICATION AND SECURITY

R 325.453 & 32 Nurse call system; equipment; telephone.

Rule 321. (1) A nurse call system must be provided in each facility. This system must provide call devices of the designated types shown at the locations identified in Table 2.

(2) A health facility shall provide a telephone service that is available on patient care units.

<table>
<thead>
<tr>
<th>Area Designation</th>
<th>Patient Station</th>
<th>Patient Bath Station</th>
<th>Emergency Signal Station</th>
<th>Code Call Station</th>
<th>Nurse Master Station</th>
<th>Duty Station</th>
<th>Notes</th>
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<td>Nursing Units</td>
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</table>

| Other Clinical Areas    |        |        |     |
| Operating or Delivery Rooms | ●   |        |     |
| Procedure Rooms         |        |        | ●   |
| Labor, Delivery, Recovery, Post-Partum Rooms | ●   |        | ●   |
| Recovery Phase 1         | □   |        | ●   |
| Recovery Phase 2         | ●   |        |     |
| Emergency Exam, Treatment and Triage Areas | ●   |        | ●   |
| Patient Preparation and Holding Areas | ●   |        |     |
| Critical Care Bed Locations, including NICU | ●   |        | ●   |
| Newborn and Special Care Nurseries | ●   |        |     |
| Cardiac Catheterization, Interventional and Radiological Areas Angiography | □   |        | ●   |
| MRI, CT, Stress Testing Areas | □   |        | ●   |
| Outpatient Examination Areas | □   |        |     |
| Outpatient Waiting and Changing Areas | □   |        |     |
| Psychiatric Seclusion, Ante, and Exam Rooms | ●   |        |     |
| Outpatient Toilet Rooms, Showers, Baths | □   |        |     |
| Psychiatric Patient Room | □   |        |     |
**Notes:**

1. One device may accommodate both patient station and emergency staff assistance station functionality.
2. Must activate a visible signal in the corridor at the patient’s door, at the nurse control station, and all duty stations.
3. Provide 2-way voice communication with nurse control station.
4. One device may accommodate both emergency staff assistance and code call station functionality.
5. Patient station not required in NICU.

### R 325.45323 Security system.

**Rule 323.** A security system must be provided that meets all of the following objectives:

- (a) To meet the needs of the population served and the services provided.
- (b) To provide safe ingress and egress to the health facility.
- (c) To restrict access to specific areas including, but not limited to, all of the following:
  - (i) Surgical suites.
  - (ii) Central sterile supply.
  - (iii) Obstetric unit.
  - (iv) Pediatric unit.
  - (v) Medication storage areas.

### PART 10: SPECIAL REQUIREMENTS

**SUBPART A: FREESTANDING SURGICAL OUTPATIENT FACILITY**

### R 325.45331 Anesthesia.

**Rule 331.** A qualified anesthesiologist or anesthetist shall be present where medically necessary to evaluate and select the most appropriate anesthetic agent to be used and to supervise or administer the anesthetic.

### R 325.45333 Surgical procedures.

**Rule 333.** (1) Surgical procedures must be performed by licensed and credentialed health professionals.

(2) A physician or registered professional nurse shall be onsite until all surgical patients have been discharged and leave the health facility.

### R 325.45335 Surgical hand-scrub hygiene procedures.

**Rule 335.** A facility shall have a written policy and procedure, adopted by the medical staff, to provide for adequate surgical hand-scrub throughout the surgical operative and postoperative procedure.

### R 325.45337 Surgical equipment, instruments, supplies, and reprocessing.
Rule 337. (1) Surgical equipment, instruments, and supplies must be maintained in sufficient quantities, stored in a sanitary environment, and maintained in accordance with the applicable manufacturer guidelines and nationally recognized infection prevention and control guidelines published by any of the following organizations:
(a) Centers for Disease Control and Prevention (CDC).
(b) Association for Professionals in Infection Control and Epidemiology (APIC).
(c) Society for Healthcare Epidemiology of America (SHEA).
(d) Association of Perioperative Registered Nurses (AORN).
(2) Policies and protocols must be established for onsite or offsite reprocessing of surgical instruments and equipment to include sterilization, high level disinfection, immediate-use steam sterilization, and indicators to capture sterilization or disinfection failures.
(3) Reprocessing must be performed by trained personnel.
(4) Documentation of reprocessing personnel competency evaluations is to be regularly performed. Certification, competency assessment, and training records are to be kept on each employee.
(5) Records of use, processing, and maintenance are to be kept on each piece of equipment to trace utilization and repair.

R 325.45339 Food and beverage.
Rule 339. If food and beverage are provided to patients, the facility shall store and serve them in a safe and sanitary manner.

R 325.45341 Counseling; referral.
Rule 341. (1) A freestanding surgical outpatient facility that performs 120 or more surgical abortions per year and publicly advertises outpatient abortion services shall make available and offer non-directive, non-coercive counseling and referral for subsequent indicated care. These counseling and referral services may be provided by a physician, physician’s assistant, nurse, social worker, counselor, or other licensed health professional under article 15.
(2) The facility shall maintain liaisons with and make indicated referrals to community counseling, family planning, or other social and health service agencies to help assure appropriate and adequate subsequent care of the patient.
(3) The individual who provides the counseling shall consult with the physician concerning results of counseling and the initiation of any referrals that seem necessary.
(4) An appropriate method for providing information to and receiving information from legitimate referral sources must be established.

R 325.45343 Waiver or modification provisions.
Rule 343. (1) In accordance with section 20115(4) of the code, MCL 333.20115, for a freestanding surgical outpatient facility that performs 120 or more surgical abortions per year and publicly advertises outpatient abortion services, the department may modify or waive 1 or more of the rules contained in part 9 of these rules.
(2) The licensee may submit to the department a written request for variance.
(3) The variance may be granted and remain in effect for as long as the facility continues to comply with the conditions of the variance, or the variance may be granted for a set period of time as designated in the variance approval.
SUBPART B: HOSPICE AND HOSPICE RESIDENCE

R 325.45345 General services.

Rule 345. (1) As the needs of the hospice or hospice residence and its patient and family units dictate, the services of qualified personnel, who need not be an employee, must be made available in all the following disciplines:
   (a) Physician services.
   (b) Nursing services.
   (c) Social work services.
   (d) Counseling services, including spiritual, dietary, and bereavement counseling.
   (e) Hospice aide services.
   (f) Volunteer services.
   (g) Therapy services, including physical, occupational, and speech therapy.
   (h) Short term inpatient care.
   (i) Pharmaceuticals, medical supplies, and durable medical equipment services.

(2) A hospice residence shall provide overnight accommodations for family members.

R 325.45347 Policies and procedures for home or inpatient care and services.

Rule 347. (1) In addition to the policies and procedures required in part 3 of these rules, the hospice administrator shall ensure the development of written policies and procedures for all the following services:
   (a) Bereavement services.
   (b) Social work services.
   (c) Counseling services.
   (d) Volunteer services.

(2) The hospice administrator shall review these policies and procedures at least once every 24 months and update them as necessary.

R 325.45349 Contractual services.

Rule 349. (1) A hospice shall routinely provide all nursing, social work, and counseling services directly by hospice employees, except as provided in subrule (2) of this rule.

(2) A hospice may contract with other health care providers or appropriate parties for nursing, social work, and counseling services to supplement hospice employees to meet the needs of patients under extraordinary or other non-routine circumstances.

(3) A hospice may contract with other health care providers or appropriate parties for the provision of physician services and general services other than nursing, social work, and counseling services when the hospice does not have sufficient qualified staff or available adequate equipment to render such services directly.

(4) The department may provide an exception to subrules (1), (2) and (3) of this rule for a hospice that meets all of the following:
   (a) The hospice requests an exception to contract for nursing services due to a shortage of nurses in the geographic area served by the hospice.
(b) The hospice is in a non-urbanized area.
(c) The hospice provides evidence to the department that it has made a good faith effort to hire a sufficient number of nurses to provide services.

(5) Contracts for shared services must be written and delineate the authority and responsibility of the contracting parties. Contracts with providers must maintain the responsibility of the hospice for coordinating and administering the hospice program.

(6) The hospice administrator shall maintain responsibility for coordinating and administering the contracted services of the hospice.

(7) Any and all personnel provided to the hospice under the terms of contracted services must be licensed or credentialed as required by law.

(8) All contracts must include financial arrangements and charges, including donated services.

(9) All contracts must state the availability of service.

(10) A contracted service must not absolve the hospice from responsibility for the quality, availability, documentation, or overall coordination of patient and family unit care or responsibility for compliance with any federal, state, or local law or rules and regulations.

(11) All contracts must be reviewed and revised if necessary.

(12) All contracts must be signed and dated by the hospice administrator or designee and the authorized official of the agency providing the contractual service.

(13) All contracts must state that the contractor will provide services to the patient in accordance with the patient care plan developed by the hospice.

(14) Employees of an agency providing a contractual service shall not seek or accept reimbursement in addition to that due the agency for the actual service delivered.

(15) All contracts must prohibit the sharing of fees between a referring agency or individual and the hospice.

R 325.45351 Physician services.

Rule 351. (1) A patient shall be under the care of a physician who is responsible for providing or arranging for medical care that emphasizes prevention and control of pain and other distressing symptoms. This physician may be the attending physician.

(2) The physician providing the medical care to a patient shall be responsible for the direction and quality of medical care rendered to that patient.

(3) The physician shall review the patient’s medical history and initial assessment no greater than 15 days prior to or 2 days following admission to hospice services. This review may be of a preadmission assessment or an intake physical assessment, and may be reviewed in person, electronically, or by phone consultation.

(4) The physician shall do both of the following:
   (a) Validate the prognosis and life expectancy of the patient, pursuant to section 21417 of the code, MCL 333.21417.
   (b) Assist in developing the care plan of the patient.

(5) The hospice shall arrange for the availability of physician services 24 hours a day, 7 days a week.

R 325.45353 Nursing services.

Rule 353. (1) A hospice shall assure that a registered professional nurse completes an initial assessment of the patient’s condition within 48 hours after the election of hospice care, unless sooner as requested by the physician, patient, or patient representative.
(2) A comprehensive assessment of the patient must be completed by the hospice interdisciplinary care team no later than 5 calendar days after the election of hospice care. The comprehensive assessment must identify the patient’s immediate physical, psychosocial, emotional, and spiritual needs related to the terminal illness.

(3) The patient care plan must be established by the hospice interdisciplinary care team. The patient care plan must include problems, interventions, and goals specific to the patient and family unit and all medications, medical equipment, and other pertinent items used by the patient. The patient care plan must be revised or updated every 15 days or as the needs of the patient/family unit change.

(4) A staff member, as designated in the patient’s record, is responsible for the coordination, implementation, and ongoing review of each plan. The plan must be recorded and maintained as part of the patient and family unit record.

(5) The patient care plan must give direction to the care given in meeting the physical, psycho-social, and spiritual needs of the patient and family unit. The plan must be personalized to meet the individual’s needs and treatment decisions.

(6) Resource materials relating to the administration and untoward effects of medications and treatments used in pain and symptom control must be readily available to hospice personnel.

(7) The hospice shall arrange for the availability of nursing services 24 hours a day, 7 days a week.

R 325.45355 Hospice residence; additional staffing requirements.
Rule 355. (1) In addition to R 325.45199 to R 325.45213, a hospice residence shall also comply with all of the following staffing requirements:
   (a) Provide 24-hour nursing services for each patient pursuant to the patient’s hospice care plan.
   (b) Direct and staff nursing services to assure that the nursing needs of patients are met.
   (c) Specify patient care responsibilities of nursing and other hospice personnel.
   (d) Provide services in accordance with recognized standards of practice.

   (2) A hospice residence shall maintain a nursing staff sufficient to provide at least 1 registered professional nurse to each 8 patients on the morning shift; 1 to each 12 patients on the afternoon shift; and 1 to each 15 patients on the nighttime shift. Additional nursing personnel must be added based upon patient or family needs.

R 325.45357 Bereavement services.
Rule 357. The hospice shall offer a program to provide bereavement services to the family for no less than one year after the death of the patient. The program must be designed to meet the needs of individuals in their adjustment to experiences associated with death, both before and following the patient’s death. A professional educated or otherwise qualified in providing grief or loss services shall supervise the bereavement program.

R 325.45359 Spiritual services.
Rule 359. The hospice shall offer spiritual services to the patient and family. Services will be provided, if accepted, based upon an assessment of spiritual needs in accordance with beliefs and choices, and will be delivered as directed within the plan of care developed by the interdisciplinary care team, which includes a pastoral or other counselor. When identified as beneficial to the patient or family, local clergy and others may be sought to assist with meeting the patient and family needs.
R 325.45361 Volunteer services.
   Rule 361. (1) The hospice shall utilize lay or professional volunteer services to promote the availability of care, meet the broadest range of patient and family unit needs, and affect financial economy in the operation of the hospice.
   (2) A volunteer services director shall develop and implement a program that meets the operational needs of the program, coordinate orientation and education of volunteers, define the role and responsibilities of volunteers, recruit volunteers, and coordinate the utilization of volunteers with other program directors.
   (3) The hospice shall provide each volunteer with the information the volunteer needs to know to protect the patient’s and the volunteer’s health and safety.
   (4) Services provided by volunteers must be in accordance with the written plan of care.

R 325.45363 Social work services.
   Rule 363. (1) The hospice shall provide social work services to the patient and family.
   (2) Social work services must be available 7 days a week when reasonable and necessary to meet the needs of the patient and family.
   (3) Social work services must provide support to enable an individual to adjust to experiences associated with death.
   (4) Social work services must be delivered consistent with the patient care plan.

R 325.45365 Hospice aide services.
   Rule 365. (1) Hospice aide services must be available directly, or by written agreement, and must be under the supervision of a registered professional nurse.
   (2) The hospice shall have policies and procedures for hospice aide services, approved by the director of nursing, to maintain standards of care.
   (3) A registered professional nurse shall make an annual onsite visit to a location where a patient is receiving care to observe and assess each aide while he or she is performing care. This visit must be documented in the hospice aide’s personnel file.

R 325.45367 Pharmaceuticals, medical supplies, and durable medical equipment.
   Rule 367. (1) The hospice shall have written policies and procedures for the management and disposal of drugs and biologicals in a patient’s home.
   (2) The interdisciplinary care team, as part of the review of the plan of care, shall determine the eligibility of a patient or the patient’s in-home caregiver to safely administer drugs and biologicals to the patient in the home.
   (3) The hospice shall ensure a patient and in-home caregivers receive instruction in the safe use of drugs and biologicals, medical supplies, appliances, and durable medical equipment. A patient and in-home caregivers must be able to demonstrate the appropriate use of drugs and biologicals, medical supplies, appliances, and durable medical equipment to the satisfaction of the hospice staff.

SUBPART C: HOSPITAL
R 325.45369. Anesthesia.
   Rule 369. A qualified anesthesiologist or certified registered nurse anesthetist shall be present, when medically indicated, to evaluate and select the most appropriate anesthetic agent to be used and to supervise or administer the anesthetic.

R 325.45371. Surgical procedures.
   Rule 371. Surgical procedures must be performed by a licensed health professional under article 15 who is credentialed to do so by the hospital.

R 325.45373 Surgical hand-scrub hygiene procedures.
   Rule 373. The hospital shall have a written policy and procedure, adopted by the medical staff, to provide for adequate surgical hand-scrub throughout the surgical operative and postoperative procedure and in accordance with evidence-based standards.

R 325.45375 Surgical equipment, instruments, supplies and reprocessing.
   Rule 375. (1) Surgical equipment, instruments, and supplies must be maintained in sufficient quantities, stored in a sanitary environment, and maintained in accordance with applicable manufacturers’ guidelines.
   (2) Policies and protocols must be established for onsite or offsite reprocessing of surgical instruments and equipment to include sterilization, high level disinfections, immediate-use steam sterilization, and indicators to capture sterilization or disinfection failures.
   (3) The hospital shall have adequate dedicated space and the necessary equipment necessary to accommodate the surgical workload and to reprocess surgical instruments and equipment.
   (4) Reprocessing must be performed by trained personnel.

SUBPART D: NURSING CARE FACILITY

R 325.45377 Admission and medical examination.
   Rule 377. (1) A patient shall only be admitted to a nursing care facility on the order of a physician. The order for admission and immediate care may be accomplished through a hospital transfer summary signed by a physician, paperwork signed by the patient’s physician, or other written form signed by a physician.
   (2) An initial medical examination of a patient by a physician must be completed within 30 days of the admission date.
   (3) Routine medical examinations of a patient are required at least every 60 days after the date of the initial medical examination.
   (4) Subsequent routine medical examinations may alternate between being completed by the attending physician and a physician assistant or a nurse practitioner at the direction of the attending physician.
   (5) The frequency of additional medical examinations of the patient, beyond the initial and routine medical examinations, must be determined by the attending physician.
R 325.45379 Nursing care services.
Rule 379. (1) Nursing care services must be based on assessment of the patient through a person-centered approach. Nursing care services must include, but are not limited to, personal care, restorative services, and patient treatments.
(2) Personal care must be provided in accordance with the patient’s preferred schedule and meet all of the following patient needs:
   (a) Hygiene through washing, bathing, oral care, and application of hygiene products.
   (b) Grooming through haircare, shaving, and application of cosmetic products.
   (c) Mobility through walking and propelling, including transfer assistance and use of ambulation devices, if needed.
   (d) Incontinence and perineal care.
   (e) Clothing that is clean and appropriate for the season, temperature, and activity, including undergarments and proper footwear.
   (f) Nourishment provided through meals and supplementary fluids with the proper consistency and texture.
(3) Restorative services must focus on maintaining a patient’s optimum level in the activities of daily living by providing all of the following:
   (a) Range of motion exercises.
   (b) Positioning and body alignment.
   (c) Preventative skin care.
   (d) Transfer and ambulation training.
   (e) Bowel and bladder training.
   (f) Training in activities of daily living, including eating, dressing, personal hygiene, and toilet activities.
(4) Patient treatments must be modified in accordance with the response or request of the patient consistent with physician orders and in consultation with the nursing staff.
(5) The nursing care facility shall have an inventory system for patient clothing and personal items addressing all of the following:
   (a) Marking and labeling clothing and personal items in a dignified and private manner.
   (b) Laundering and ironing of clothing.
   (c) Mending clothing, as necessary.
   (d) Separately storing each patient’s clothing.
   (e) A method to add or remove items from the patient’s clothing and personal items inventory.

R 325.45381 Activity program.
Rule 381. A nursing care facility shall operate an activities program that meets all of the following requirements:
   (a) Activities are available based on patient assessments and preferences.
   (b) Individual and group activities that encourage mental and cognitive stimulation, physical movements, and social engagement.
   (c) Activities are overseen by qualified staff.
   (d) Activities are offered 7 days per week.
   (e) Necessary equipment and supplies for scheduled activities are provided.
   (f) When community-based activities are offered, transportation must be provided.
(g) A patient’s individual care plan may address participation, but participation by a patient is not required.

R 325.45383 Trust fund and surety bond.

Rule 383. (1) A nursing care facility shall have a policy and procedures regarding how it will hold funds or property in trust for patients as a fiduciary when the facility receives money or property belonging or due a patient in accordance with section 21767 of the code, MCL 333.21767. The policy and procedure must describe the process for the safeguarding, holding, and management of patients’ funds.

(2) The nursing care facility shall provide a summary of the policy and procedures to each individual patient and the patient’s designated representative or guardian at the time of admission.

(3) The trust fund policy and procedure must include all of the following:

(a) A statement that a patient is not required to participate in the trust fund.
(b) Assurances that the nursing care facility has no financial interest in the trust fund and that no facility funds will be commingled with patient funds.
(c) A provision that written consent to participate in the trust fund is to be obtained prior to the acceptance of any money from a patient.
(d) Provisions for management of the funds belonging to a patient who is incapable of managing his or her own funds.
(e) A process for assisting the patient or the patient’s legal representative in identifying a representative payee, if the patient can participate in the decision, or designating a representative payee for a patient who is not capable of participating in that decision and does not have a legal representative.
(f) Identification of the financial institution where the trust fund will be held.
(g) A requirement to provide a statement, at least quarterly, to each patient participating in the trust fund or upon request of the patient. The statement must include both of the following:
   (i) A beginning and ending balance.
   (ii) An accounting of all deposits, withdrawals, interest accrued, and fees assessed during the statement period.
(h) The fees charged in total to all patients may not exceed the amount of the fees charged by the bank for the maintenance of the account.
(i) Reasonable access for the patient to conduct transactions, including on weekends and holidays.
(j) Criteria to return within 7 business days all or any part of the personal funds of a patient held in the trust fund upon request or upon the patient’s transfer, discharge, or death.

(4) Trust fund records must be kept in accordance with generally accepted accounting principles.

(5) A nursing care facility may keep up to $200.00 of a patient's money in a non-interest-bearing account or a petty cash fund. If the patient provides more than $200.00 within 15 days, the nursing care facility shall either return the money in excess of $200.00 to the patient or deposit it in an interest-bearing account. The account may be individual to the patient or pooled with other patients, in accordance with the trust fund policy identified in subrule (3) of this rule.

(6) For a patient's personal funds that are received and deposited in an account outside the nursing care facility, upon request or upon the transfer or discharge of the patient, the facility shall return all or any part of those funds to the patient, legal guardian, or designated representative within 10 business days.

(7) A nursing care facility shall provide the executor or administrator of a patient’s estate with a written accounting of the patient’s personal belongings and funds within 10 business days of death. If a deceased patient’s estate has no executor or administrator, the nursing care facility shall provide the
accounting to the patient’s next of kin, the patient's representative, or clerk of the probate court of the county in which the patient died.

(8) Upon the sale or other transfer of ownership of a nursing care facility, the facility shall provide the new owner with a written accounting of all patients’ funds being transferred and obtain a written receipt for those funds from the new owner. The facility shall also provide each patient, or the patient’s representative, a written accounting of any personal funds held by the nursing care facility before any transfer of ownership occurs.

(9) A nursing care facility shall purchase a surety bond for the minimum amount of $2,000.00 and develop a system to ensure the amount of the bond maintained to protect patients’ financial assets is equal to or greater than 1.25% of the average trust fund balance as calculated by the average balance of the trust fund for the preceding 12 months. Proof of the current surety bond must be made available at the time of an initial and subsequent state licensing surveys, compliant investigations, or upon request of the department to meet the requirements of section 21721(2) of the code, MCL 333.21721.

R 325.45385 Involuntary transfer or discharge.

Rule 385. (1) When a nursing care facility provides a patient or the patient’s legal guardian with a notice of involuntary transfer or discharge, the facility shall provide a copy of the notice to the department and the state long-term care ombudsman at the time the notice is issued to the patient or the patient’s legal guardian and pursuant to the submission procedures established by the department.

(2) A patient or the patient’s legal guardian or designated representative may submit a completed hearing request form, as required by section 21773 of the code, MCL 333.21773, and provided by the department on its website, or any written communication that clearly states a hearing is requested. The hearing request must be timely filed as described in section 21774(1) of the code, MCL 333.21774. Upon receipt of a timely filed hearing request, the department shall make arrangements for the scheduling of a hearing under section 21774 of the code, MCL 333.21774, through the Michigan administrative hearing system (MAHS).

(3) After a hearing is concluded under R 325.45247, R 325.45249, and R 325.45251, and only if there was a finding in the hearing decision or order that a permitted basis for transfer or discharge exists under section 21773 of the code, MCL 333.21773, or if no appeal request is received from the patient and the 10 day appeal period has expired, the nursing care facility shall submit to the department a proposed transfer or discharge plan, which must include all of the following:

(a) Identification of the patient or other person, as identified by the patient, that participated in the selection of the new facility or setting.

(b) A statement by the patient’s attending physician outlining how the new facility or setting meets the patient’s medical and psychosocial needs.

(c) Identification of equipment or services that are needed for continued care of the patient in the new facility or setting and confirmation that those items have been prearranged by the transferring nursing care facility.

(d) Verification that the floor plans, brochures, pictures, and other documents to familiarize the patient with the new facility or setting have been provided to the patient, unless the patient is returning to a setting that the patient is familiar with. The patient may also request to visit the new facility or setting. Verification of how the transferring nursing care facility accommodated this request must be included.

(e) Identification of how the patient’s clothing and personal items are being moved to the new facility or setting.

(4) The nursing care facility shall not transfer or discharge the patient without department approval in writing of the proposed transfer or discharge plan.
NOTICE OF PUBLIC HEARING

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

NOTICE OF PUBLIC HEARING
Thursday, June 6, 2019
2:00 pm
Location: G. Mennen Williams Building - Auditorium
525 W. Ottawa Street, Lansing, Michigan

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

**Licensing Health Facilities or Agencies (ORR # 2017-101 LR LR)**


**Overview:** This new single set of administrative rules replaces six individual rules sets for the licensing health facilities and agencies. This new rule set has been updated to comport with current practice standards, to harmonize them with current federal law and regulations, and to reflect the current organization of state licensing functions. The purpose of promulgating a single new rule set for health facility or agency licensing is to better protect the health safety and welfare of individuals receiving care and services in or from a health facility or agency and to assure the medical accountability for reimbursed care provided by a certified health facility or agency participating in a federal or state health program.

**Complaints (ORR # 2017-095 LR)**


**Public Inspection of License Records (ORR # 2017-096 LR)**


**Hospice and Hospice Residences (ORR # 2017-097 LR)**


**Minimum Standards for Hospitals (ORR # 2017-098 LR)**

**Authority:** By authority conferred on the department of licensing and regulatory affairs by sections 2226(d), 2233, and 20171 of the public health code, 1978 PA 368, MCL 333.2226 (d), 333.2233, and 333.20171,

**Nursing Homes and Nursing Care Facilities (ORR # 2017-099 LR)**


**Freestanding Surgical Outpatient Facilities (ORR # 2017-100 LR)**


**Overview:** The above 6 rules sets are being rescinded and replaced by one new single rule set: licensing health facilities and agencies (2017-101 LR).

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 Friday, June 7, 2019 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: LARA-BCHS-Training@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: [https://dtmb.state.mi.us/DTMBORR/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Community+and+Health+Systems](https://dtmb.state.mi.us/DTMBORR/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) 241-7500.
These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


PART 1. GENERAL PROVISIONS

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 March 31, 2018 and for initial licenses issued 5 or more years after the promulgation of this rule after January 6, 2022.

PART 2. LICENSURE

R 338.10202 Examination; adoption; passing scores.

Rule 202. The board approves and adopts the examinations developed by the National Council of State Boards of Nursing, Inc., hereafter identified as the "NCLEX-RN" for the registered nurse and the "NCLEX-PN" for the practical nurse. Examinees shall achieve a score of pass on the NCLEX computerized adaptive test (CAT).

R 338.10204 Examinations; registered professional nurse; eligibility; reexaminations.

Rule 204. (1) To determine eligibility for the NCLEX-RN 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 examination, an applicant must establish that he or she has successfully completed a registered nurse education program that satisfies 1 of the following:

(a) The applicant has successfully completed a registered professional nurse education program that is located in this state and is approved by the board.

(b) The applicant has successfully completed a registered professional nurse education program that is located in another state of the United States, as required by section 16186(1) of the code, MCL 333.16101 to 333.18838, and the rules promulgated by the board.
(c) The applicant is a graduate of a registered professional nurse education program or an equivalent education program that is outside the United States and has been certified pursuant to R 338.10208 by the Commission on Graduates of Foreign Nursing Schools (CGFNS) or its successor agency, to have substantially similar education credentials as a program approved by the board.

(3) An applicant for licensure as a registered professional nurse shall comply with all of the following:

(a) Take the initial NCLEX-RN examination within 2 years of either graduation from a board-approved registered nurse education program under subrule (2)(a) or subrule (2)(b) of this rule, or after obtaining certification from the certification program of the CGFNS, or after verification from the College of Nurses of Ontario (CNO).

(b) Successfully pass the NCLEX-RN examination within 12 months of the initial first NCLEX-RN examination attempt in this state or another state.

(c) An applicant who fails has not successfully passed this the NCLEX-RN examination shall comply with the following provisions:

(i) An applicant who did not pass the NCLEX-RN examination on any attempt shall wait 45 days before taking the NCLEX-RN examination again.

(ii) An applicant who did not pass the NCLEX-RN examination by the third attempt is not eligible to repeat the NCLEX-RN examination until he or she has completed an approved NCLEX-RN review course with content pertaining specifically to the registered nurse scope of practice, and complies with the both of the following:

(1) An applicant shall submit to the department, prior to retesting, documentation of having completed an approved NCLEX-RN review course.

(2) An applicant who has completed the NCLEX-RN review course may sit for the NCLEX-RN examination a maximum of 3 times after completion of the review course, and must still meet the timing requirements of this subrule (3) of this rule.

(d) An applicant who has not passed the NCLEX-RN examination after attempting the NCLEX-RN examination a maximum of 6 times within 2 3 years of the first attempt from the date of either graduation or after obtaining certification from the certification program of the CGFNS shall repeat an entire registered professional nurse education program that has been approved by the board pursuant to R 338.10303a and is in compliance with R 338.10303b.

(4) “Approved NCLEX-RN review course” means 1 of the following:

(a) A review course sponsored by a nursing education program that is approved by the board pursuant to R 338.10303a and is in compliance with R 338.10303b.

(b) A review course sponsored by 1 of the following providers:

(i) Assessment Technologies Institute Nursing Education.

(ii) Elsevier/Health Education System Incorporated.

(iii) Hurst Review Services.

(iv) Kaplan.

(v) National Council of State Boards of Nursing.

(c) A college or university provided NCLEX-RN review course that is approved by another state board of nursing.

(d) A review course approved by the board.

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 taking the NCLEX-RN 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>Requirement</th>
<th>Lapsed 0-3 Years</th>
<th>Lapsed more than 3 years, but less than 7 years</th>
<th>Lapsed 7 or more 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>
<td>√</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>(b) Establish that he or she is of good moral character as defined under section sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>(c) Submit fingerprints as required under section 16174(3) of the code, MCL 333.16174(3).</td>
<td>√</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>(d) 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 date of the application for relicensure. However, if the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The application will be held and the license will not be issued until the continuing education</td>
<td>√</td>
<td></td>
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</tbody>
</table>
requirements have been met.

(e) 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 date of 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.

However, if the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The application will be held and the license will not be issued until the continuing education requirements have been met.

(f) 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.

(g) NCLEX-RN Examination: Within 3 years of the period immediately following approval of the application for relicensure, retake and pass the NCLEX-RN examination.

(h) 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.

(2) 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:

<table>
<thead>
<tr>
<th>Michigan license</th>
<th>Michigan license Lapsed more</th>
<th>Michigan license Lapsed</th>
</tr>
</thead>
</table>

183
<table>
<thead>
<tr>
<th>Requirement</th>
<th>0-3 Years</th>
<th>than 3 years, but less than 7 years</th>
<th>7 or more 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>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(b) Establish that he or she is of good moral character as defined under sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(c) Submit fingerprints as required under section 16174(3) of the code, MCL 333.16174(3).</td>
<td></td>
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<tr>
<td>(d) 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 date of the application for relicensure. However, if the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The application will be held and the license will not be issued until the continuing education requirements have been met.</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(e) Proof of license verification from another state: An applicant’s license must 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 must include the record of any disciplinary action taken or pending against the applicant.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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R 338.10210 Examinations; licensed practical nurse; eligibility; reexaminations.

Rule 210. (1) To determine eligibility for the NCLEX-PN 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 has successfully completed a licensed practical nurse education program that satisfies 1 of the following:

(a) The applicant has successfully completed a practical nurse education program that is located in this state and is approved by the board.

(b) The applicant has successfully completed a practical nurse education program that is located in another state of the United States, as required by section 16186(1) of the code, MCL 333.16186(1), 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 practical nurse education program or an equivalent program that is located outside the United States and has been certified by either the CGFNS, the National Association of Credential Evaluation Services (NACES), or their successor agencies, to have substantially similar education credentials as a program approved by the board.
(d) The applicant has successfully completed a registered nurse education program that meets the requirements of R 338.10204(2). The applicant shall be certified to take the NCLEX-PN examination by a practical nurse program that is approved by the board pursuant to subdivision (a) of this subrule.

(3) An applicant for licensure as a licensed practical nurse shall comply with all of the following:

(a) Take the initial NCLEX-PN examination within 2 years of either graduation from a board approved practical nurse education program, under subrule (2)(a) or subrule (2)(b) of this rule, after obtaining certification by CGFNS or NACES, or after verification from the College of Nurses of Ontario (CNO).

(b) Successfully pass the NCLEX-PN examination within 12 months of the first initial NCLEX-PN examination attempt in this state or another state.

(c) An applicant who has not successfully passed this the NCLEX-PN examination shall comply with the following provisions:

(i) An applicant who did not pass the NCLEX-PN examination on any attempt shall wait 45 days before taking the NCLEX-PN examination again.

(ii) An applicant who did not pass the NCLEX-PN examination by the third attempt is not eligible to repeat the NCLEX-PN examination until he or she has completed an approved NCLEX-PN review course with content pertaining specifically to the licensed practical nurse scope of practice.

(iii) (A) An applicant shall submit to the department, prior to retesting, documentation of having completed an approved NCLEX-PN review course.

(iv) (B) An applicant who has completed the NCLEX-PN review course may sit for the NCLEX-PN examination a maximum of 3 times after completion of the review course and must still meet the timing requirements of this subrule.

(d) An applicant who has not passed the NCLEX-PN examination after attempting the NCLEX-PN examination a maximum of 6 times within 2 3 years of the first attempt from either the date of graduation or after obtaining certification from the certification program of the CGFNS shall repeat an entire practical nurse education program that has been approved by the board pursuant to R 338.10303a and is in compliance with R 338.10303b.

(4) “Approved NCLEX-PN review course” means 1 of the following:

(a) A review course sponsored by a nursing education program that is approved by the board pursuant to R 338.10303a and is in compliance with R 338.10303b.

(b) A review course sponsored by 1 of the following providers:

(i) Assessment Technologies Institute Nursing Education.

(ii) Elsevier/Health Education system Incorporated.

(iii) Hurst Review Services.

(iv) Kaplan.

(v) National Council of State Boards of Nursing.

(c) A college or university provided NCLEX-PN review course that is approved by another state board of nursing.

(d) A review course approved by the board.
(a) Complete a practical nurse education program specified in R 338.10210(2).
(b) Be licensed in another state and initially licensed by taking the NCLEX-PN 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.

PART 3. NURSING EDUCATION PROGRAMS

R 338.10301 Definitions.
Rule 301. As used in this part:
(a) “Capstone course” means a clinical experience completed in the final year of the nursing education program that synthesizes the cognitive, affective, and psychomotor skills acquired throughout the program to prepare the student for professional nursing practice.
(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 at the same graduation date. This Cohort includes students who transfer into the program at the same academic level.
(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 must consist of the study of nursing care throughout the adult lifespan; providing care for the acute and 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 must consist 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.
(iii) Children’s nursing, which must consist 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.
(iv) Surgical nursing, which must consist of the study of nursing care throughout the adult lifespan, providing care before, during, and after a surgical procedure, health promotion, and disease prevention.
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 must consist 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 must consist 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.

(iii) Children’s nursing, which must consist 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.

(iv) Psychiatric/Mental health nursing, which must consist of the nursing care of patients who are receiving nursing care for an acute or chronic mental health or psychiatric disorder, or for a physical or neurological disorder and shall not be limited only to areas of physical disorders that causes impaired mental function or neurological diseases.

(v) Surgical nursing, which must consist of the study of nursing care throughout an adult lifespan, providing care before, during, and after a surgical procedure, health promotion, and disease prevention.

(h) (i) “Course student learning outcomes” means statements of educational expectations written in measurable terms for the knowledge, skills, or behaviors students should demonstrate by the end of the course. The statements should reflect contemporary evidence-based nursing practice and enhance achievement of end of program student learning outcomes.

(i) (j) “Curriculum” means implementation of the philosophy, purposes, appropriate learning experiences that accomplish measurable course and program outcomes, which incorporate the nursing program’s purpose, philosophy, 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 defined period of time depending on the type of nursing education program. Systematic and ongoing evaluation within the context of measurable outcomes is inherent in the curriculum.

(k) (l) “End of program student learning outcomes” means statements of educational expectations written in measurable terms for the knowledge, skills, or behaviors students should demonstrate by the end of the program. The statements should reflect professional standards, guidelines, contemporary nursing practice, guide the curriculum, and increase in complexity as students progress through the curriculum.

(k) (l) “Final program approval report” means a self-study done after the graduation of the second cohort and before the graduation of the fourth cohort that is submitted to the board when the program is seeking full program approval.

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

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

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

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

—(i) Revision of the program’s philosophy, conceptual framework, curriculum, program outcomes, student learning outcomes, or changes that increase the use of simulation more than 10% of the total clinical hours in a program.
—(ii) Change in primary instruction delivery methods.
—(iii) Elimination of separate course content for an integrated approach.
—(iv) A permanent expansion in the number of students served.
—(v) Increase or decrease in overall program credits.

“Minor program change” means a change that does not permanently affect the program’s philosophy, conceptual framework, program outcomes, student learning outcomes, approved enrollment numbers, increase simulation experiences by more than 10%, change the primary instruction delivery methods, eliminate a separate course content for an integrated approach, permanently expand the number of students served, or increase or decrease the overall program credits.

“National accreditation” means a self-regulatory process that meets or exceeds educational quality standards and criteria set forth by a national nursing accreditation organization.

(r) “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.

(s) “National accreditation” means a self-regulatory process that meets or exceeds educational quality standards and criteria set forth by a national nursing accreditation agency.

(t) “Nursing education program report” means a report completed and submitted at the halfway point between the self-study submissions. This report provides the board with information as to the program’s admissions, attrition, courses, clinical experience, faculty program evaluation, and outcomes and is submitted as follows:

(i) For programs that have received initial approval pursuant to R 338.10303, the report must be submitted each year during the program approval phase.

(ii) For programs that have received full approval pursuant to R 338.10303a, the report must be completed and submitted at the halfway point between the self-study submissions.

(u) “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.

(v) “Nursing process” means the ongoing assessment, analysis, nursing diagnosis, planning, implementation, and evaluation of nursing care.

(w) “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.

(x) “Philosophy” means the stated beliefs of faculty about nursing education and practice that determine the design of the curriculum and the evaluation of the program and that are consistent with the educational philosophy of the sponsoring agency.

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

(z) “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.

(aa) “Probationary status” means the period when a program is under disciplinary action by the board.
(bb) (aa) “Program director” means a nurse who is delegated the authority and accountability for the nursing program by the sponsoring agency.

(ee) (bb) “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.

(dd) (cc) “Program outcomes” means documented and measurable indicators that reflect the program’s overall effectiveness.

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

(ff) (ee) “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.

(gg) (ff) “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.

(hh) (gg) “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.

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

R 338.10303 Initial program approval; procedure.
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 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. USC § 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 before 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 paragraph (a)(x) of this subrule, a withdrawal and failure policy, and academic progression and program completion requirements.

(xiii) History of sponsoring agency.

(b) Following initial approval from the board and before admitting the first cohort, the program director shall submit a self-study report to be approved by the board. The report shall set forth evidence of plans for and compliance with the following:

(i) History of sponsoring agency.
(ii) Philosophy.
(iii) Conceptual framework.
(iv) Curriculum to include end of program student learning outcomes and course student learning outcomes.

(v) Course descriptions and outlines.

(vi) Signed clinical contracts or letters of commitment for clinical placements.

(vii) Evaluation methods and tools.

(viii) Program outcomes.
(ix) Director and faculty credentials.
(x) Student policies and support services.

(c) The board may require a site visit to the program by a board-approved nurse site reviewer. **A 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.**

(d) After the first cohort has been admitted and during the initial approval period, the program director shall submit an annual nursing education program report to the board. The nursing education program report **shall include information about each of the following:**

(i) Admission, progression, and retention of students.

(ii) Student achievement on the required licensure NCLEX 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. 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 an updated self-study report to the board. The self-study report **shall provide an update of the self-study that was submitted for initial approval pursuant to R 338.10303(b), 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) NCLEX scores for the program up to the point of application of full approval must equate to the passage rates as required in R 338.10310.

(3) If by the end of the fourth cohort, a program does not satisfy the criteria for full approval set forth in this rule or has failed to apply for full approval as required under this rule, the board may begin the evaluation process of the program pursuant to section 17242 of the code, MCL 333.17242 and R 338.10310.

(4) 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) A program After full approval has been granted under R 338.10303a, a sponsoring agency shall submit a comprehensive self-study report and a nursing education program report at designated intervals. The self-study report shall be submitted every 8 years for a non-accredited program or at the designated reporting times directed by the national accrediting organization for accredited programs. The report must include all of the following information for all of the years since the last self-study report was approved by the board.

(a) History of sponsoring agency.

(b) Philosophy.
(c) Conceptual framework.
(d) Curriculum to include end of program student learning outcomes and course student learning outcomes.
(e) Course descriptions and outlines.
(f) Signed clinical contracts or letters of commitment for clinical placements.
(g) Evaluation methods and tools.
(h) Program outcomes.
(i) Director and faculty credentials.
(j) Student policies and support services.

(2) A program may submit a self-study report prepared for accreditation or re-accreditation by letter of accreditation or reaccreditation from a nationally recognized accrediting agency organization of nursing education programs instead of the a self-study report prepared for the board. The schedule for submission of a self-study report for accredited programs shall must follow the schedule of the nationally recognized accrediting agency organization. The self-study report accreditation letter shall must include documentation of decisions and recommendations from the accrediting agency organization and be submitted to the board within 1 month following receipt of the nationally recognized accrediting agency’s organization’s decision on accreditation of the nursing education program. The board may request further documentation regarding accreditation from the sponsoring agency. Programs that have accreditation date changes shall notify the board of nursing to determine a submission date.

(3) Starting at the expiration end of the first year after a program has been granted full approval under R 338.10303a, the sponsoring agency shall submit a nurse education program report to the board every 4 years for a non-accredited program or at the midpoint of the accreditation cycle for nationally accredited programs that contain. The nursing education program report must include all of the following information for all of the years since the last self-study report was approved by the board the following information:

(a) Admission, progression, and retention of students.
(b) Student achievement on the required licensure NCLEX 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.

(4) The sponsoring agency of a program that is accredited by a nationally recognized nursing education accrediting organization may submit a self-study report approved by the nationally recognized nursing education accrediting organization instead of submitting a nursing education program report referenced in subrule (1) of this rule.

(5) The board shall notify the program director of the date by which a nursing education program report must be submitted.

R 338.10303c Program changes; requirements.
Rule 303c. (1) A major program change means any of the following:

(a) Revision of the program’s philosophy, conceptual framework, curriculum, program outcomes, student learning outcomes, or changes that increase the use of simulation more than 10% of the total clinical hours in a program.
(b) Change in primary instruction delivery methods.
(c) Elimination of separate course content for an integrated approach.
(d) A permanent expansion in the number of students served.
(e) Increase or decrease in overall program credits.
A nursing education program shall submit major program changes 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.

A minor program change means a change that does not permanently affect the program’s philosophy, conceptual framework, program outcomes, student learning outcomes, approved enrollment numbers, increase simulation experiences by more than 10%, change the primary instruction delivery methods, eliminate a separate course content for an integrated approach, permanently expand the number of students served, or increase or decrease the overall program credits.

A nursing education program shall submit minor program changes to the department board in writing as notification to the board of nursing before 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. After 1 year, if the program desires to make the temporary increase in seats permanent, a major program change must be submitted if the temporary expansion of students is desired, pursuant to subrule (1) of this rule.
(c) Separation of 1 course into 2 courses.
(d) Moving a course from 1 semester to another.
(e) Combining 2 courses.
(f) Changing the sequence in which courses are offered.

A nursing education program shall submit all of the following information if requesting approval of a minor program change:
(a) A comparative description of the current and proposed program or portion of the program that is proposed for change.
(b) Rationale for the change.
(c) Plans to evaluate the effect of the change.

If a program closure occurs, the department may grant a temporary seat increase to another program to assist displaced students if the following criteria are met:
(a) Additional seats that are needed are identified.
(b) Documentation that there is sufficient faculty on staff to handle the increase in students is provided.
(c) Documentation that there is sufficient classroom and laboratory space to handle the increase in students is provided.
(d) Documentation from clinical sites that they can handle the increase of students in the program is provided.

The type of program approval, initial or full, under which a program is conducted, shall not be altered when program changes are approved.

R 338.10303d Accreditation.
Rule 303d. (1) A nursing education program approved by the board shall be accredited pursuant to 1 of the following:
(a) A nursing education program that has received full board approval pursuant to R 338.10303a, before the promulgation of this rule, shall receive nursing accreditation by a board-recognized nursing accreditation agency organization no later than January 1, 2025.

(b) A nursing education program that has initial approval of the board shall receive nursing accreditation by a board-recognized nursing accreditation agency organization within 6 years of receiving full program approval pursuant to R 338.10303a.

(c) A nursing education program that fails to achieve nursing accreditation by a board-recognized nursing accreditation agency organization as set forth by this rule shall be removed from the list of approved programs pursuant to section 17242 of the code, MCL 333.17242.

The board recognizes the following nursing education accrediting agencies or their successor organizations:

(a) Accreditation Commission for Education in Nursing (ACEN).

(b) Commission for Nursing Education Accreditation (CNEA).

(c) Commission on Collegiate Nursing Education (CCNE).

(3) Failure to maintain accreditation from an approved national nursing accrediting agency organization shall result in withdrawal of school approval pursuant to section 17242 of the code, MCL 333.17242, and R 338.10311.

R 338.10304 Program approval; decision.

Rule 304. (1) Within 90 days after all materials requested by the board have been received, the board shall do either of the following:

(a) Grant initial or full approval of the program or approve the program change when the board finds that the requirements of this part are substantially met.

(b) Deny initial or full approval or approval of the program change when the board finds that the requirements of this part are not substantially met.

(2) The board shall issue its decision in writing.

(3) If approval is denied, the sponsoring agency may request a hearing which shall be conducted pursuant to the provisions of the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328.

R 338.10305 Registered professional nurse and licensed practical nurse programs; program requirements; generally.

Rule 305. 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 students for the practice of nursing as defined in section 17201(1)(a) of the code, MCL 333.17201(4)(a).

(c) 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 students for the practice of nursing as defined in section 17201(1)(a) of the code, MCL 333.17201(4)(a).

(c) Prepare students to meet the requirements for eligibility to take the required licensure NCLEX examination.

(d) Establish requirements for admission, progression, and graduation which shall must 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.
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 degree with a major in nursing. **Written notification of a change in director must be provided to the board within 30 days and include a copy of the new director’s curriculum vitae and school contact information.**

(4) A member of the nursing faculty who provides didactic/theory instruction shall hold a minimum of a graduate degree. The majority of the didactic/theory 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 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. 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 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 by January 6, 2022.

(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. Board approval for faculty exception requests must be received before the faculty member begins course instruction. 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 must be not more than 8 students to 1 faculty member. The maximum ratio of students to faculty in clinical areas involving non-direct and precepted patient care must be not more than 10 students to 1 faculty member. The required ratio of 8 students to 1 faculty member may be reduced in specialty units, subject to a sponsoring clinical hospital or agency determination, to ensure safe and competent direct patient care meet the clinical affiliate’s guidelines and maintain patient and community safety.

R 338.10305b  Licensed practical nursing education program; program requirements; faculty requirements.

Rule 40305b. (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 graduate degree in nursing. **Written notification of a change in director must be provided to the board within 30 days and include a copy of the new director’s curriculum vitae and school contact information.**

(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. **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) 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. by January 6, 2022.

(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. Board approval for faculty exception requests must be received before the faculty member begins course instruction. 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. The maximum ratio of students to faculty in clinical areas involving non-direct patient care shall be not more than 10 students to 1 faculty member. The required ratio of 8 students to 1 faculty member may be reduced in specialty units, subject to a sponsoring clinical hospital or agency determination, to ensure safe and competent direct patient care—meet the clinical affiliate’s guidelines and maintain patient and community safety.

R 338.10305c Registered professional nursing and licensed practical nursing education programs; preceptor requirements.

Rule 40305c. (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 to meet the requirements for an internship or to meet the clinical requirements in the capstone course, 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) **possess a minimum of an associate’s degree or diploma in nursing,** be educated at the same or higher level as the academic program in which the student is enrolled, and have demonstrated competencies that are appropriate for the student’s learning experience, with a minimum of 1 year of clinical nursing experience and supervisor recommendation.

— (ii) Have a minimum of an associate’s degree or diploma in nursing, demonstrated competencies that are appropriate for the student’s learning experience, and 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 ensure that each preceptor is provided education including the roles and responsibilities of students, faculty members, and preceptors. The program shall maintain documentation of preceptor education.

(e) Before the preceptor begins instruction of the students, the faculty of the program of nursing shall develop written learning outcomes for the clinical experience and provide a copy of those outcomes to each preceptor.
(f) The faculty member shall retain 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) The maximum ratio of precepted students to a supervising faculty member shall be not more than 10 students to 1 faculty member.

(h) 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.

(i) Preceptors shall not be used to replace clinical faculty in prelicensure certificate, associate, or baccalaureate degree nursing programs.

(j) 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 non-precepted clinical experiences.

R 338.10307 Registered professional nursing and licensed practical nursing education programs; curriculum; organization, development, implementation, control, and evaluation.

Rule 307. (1) The program director and faculty shall organize, develop, implement, control, and evaluate the curriculum on a regularly scheduled basis within the framework of the philosophy, purposes, and outcomes of the sponsoring agency and those approved by the board.

(2) The curriculum outcomes 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 philosophy and 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 using the nursing process, including all of the following:

(i) Communications.
(ii) Critical thinking, clinical reasoning, and problem solving.
(iii) Understanding legal and professional responsibilities.
(iv) Inter-professional 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 nurse site reviewer visits a site, he or she may survey cooperating agencies 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 338.10309 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 laboratory experiences in the care of individuals across diverse age groups, genders, races and cultures, 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.

(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” 2016. 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 Professional Licensing, 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 pass rate for first-time test takers on the required licensure NCLEX examination reaches or exceeds 25% or is less than 80% 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.
(f) Failure of a nursing education program to submit a nursing education program report, or self-study report pursuant to the time frames set forth in R 338.10303b.
(g) Failure of a nursing education program to submit faculty exception requests before the start date of the semester under R 338.10305a and R 338.10305b.
(h) Program completion rate of less than 75% as submitted on a nursing education program report. The rate is calculated by determining the number of students who complete the nursing program in no more than 150% of the stated program length.
(i) Failure of the nursing education program to evaluate a program to apply for full approval by the end of the fourth cohort.
(j) Failure of a nursing education program to submit an annual nursing education program report pursuant to the time frames set forth in R 338.10303(d).

R 338.10310a Nursing education program; board action following evaluation.

Rule 40310a. 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 or NCLEX improvement plan: The board shall require an action plan or NCLEX improvement plan as the first step for improvement of the identified problem areas. The sponsoring agency shall submit the action plan or NCLEX improvement plan within 6 months of the evaluation or with the next 4-year report nursing education program report as defined in Rule R 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 plan must include specific steps that are being taken to affect changes in the program.
(iii) The plan must focus on improvements to the curriculum, student admission and progression, faculty expertise in nursing and teaching, and institutional support.
(iv) The plan must provide a method for the evaluation of the changes and further action to be taken if program performance continues to be out of compliance.
(v) The program shall have 1 year from report submission to implement the changes that are specified in the action plan.
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 board 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).
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, suspended, or interrupted.

(4) A licensed practical nursing program that has suspended admissions for 2 years shall apply for initial program approval pursuant to R 338.10303 and obtain board approval before resuming admissions.

(5) A registered professional nursing program that is 2 years in duration that has suspended admissions for 2 years shall apply for initial program approval pursuant to R 338.10303 and obtain board approval before resuming admissions.

(6) A registered professional nursing program that is 4 years in duration that has suspended admissions for 4 years shall apply for initial program approval pursuant to R 338.10303 and obtain board approval before resuming admissions.

(7) The board shall withdraw approval of any program that has suspended admissions for more than 4 years.

PART 4. NURSE SPECIALTY CERTIFICATION

R 338.10404c Specialty certification qualifications; clinical nurse specialist.

Rule 404c. (1) A specialty certification for a clinical nurse specialist 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 clinical nurse specialist, on a form provided by the department with the required fee.

(c) Possesses either of the following:

(i) An advanced practice certification from either of the following certification organizations, or successor organizations:

(A) The American Nurses Credentialing Center.

(B) The American Association of Critical Care Nurses Certification Corporation.

(ii) If an applicant is unable to take a national certification exam due to graduation from an accredited clinical nurse specialist master’s or doctoral nursing program before the development of clinical nurse specialist core competencies and the requirement of 500 clinical practice hours, he or she may be granted a specialty certification as a clinical nurse specialist based upon submission of a portfolio of evidence that demonstrates knowledge and skill competence in the clinical nurse specialist role and population focus. The portfolio must include all of the following:

(A) Transcripts from an accredited master’s or doctoral level educational program in clinical nursing with preparation as a clinical nurse specialist.

(B) Curriculum vitae demonstrating work history in a clinical nurse specialist position before April 9, 2017.

(C) Three letters of recommendation, including 1 from a clinical nurse specialist with national board certification and 2 letters from nursing administrators, nursing supervisors, or advanced practice nurses attesting that the applicant has at least 3,000 hours of practice as a clinical nurse specialist before April 9, 2017. These letters must provide evidence that the applicant engaged in practice consistent with the standards for a clinical nurse specialist as described by the National Association of Clinical Nurse Specialists (NACNS) in the publication entitled “Clinical Nurse Specialist and Core Competencies” 2010, which is adopted by reference. A copy of the standards and requirements is available at no cost.
from the association’s website at www.nacns.org. A copy of the standards and requirements also is available for inspection and distribution at no cost from the Board of Nursing, Michigan Department of Licensing and Regulatory Affairs, 611 West Ottawa, Lansing, MI 48909

(2) Application for certification as a clinical nurse specialist granted under the criteria set forth in subrule (1)(c)(ii) of this rule shall not be permitted for not more than 2 years after the effective date of this rule set after March 8, 2020.

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 before the expiration of the license. 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 the 25 required 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. The board may require an applicant to submit evidence to demonstrate compliance with this rule. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221(h).

(4) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department before the expiration date of the license.

(5) 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 must comply with the following, as applicable:

(a) No more than 12 credit hours must 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:

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<tr>
<th>ACCEPTABLE CONTINUING EDUCATION ACTIVITIES</th>
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<tbody>
<tr>
<td>(a) Completion of an approved continuing education program or activity related to the practice of nursing or any non-clinical subject relevant to the practice of nursing. A The number of hours approved by the sponsor or the approving organization.</td>
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</tbody>
</table>
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:

- The American Association of Nurse Anesthetists (AANA).
- The American Association of Nurse Practitioners (AANP).
- The Accreditation Council for Continuing Medical Education (ACCME).
- The American College of Nurse-Midwives (ACNM).
- The American Nurses Credentialing Center (ANCC).
- The American Osteopathic Association (AOA).
- The National Association of Clinical Nurse Specialists.
- The National Association for Practical Nurse Education and Service, Inc. (NAPNES).
- The National League for Nursing (NLN).
- Another state or provincial board of nursing.
- A continuing nursing education program offered by a nursing education program that is approved by the board under R 338.10303a.

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.

(b) Completion of academic courses related to nursing practice offered in Michigan approved by the board under part 3 of these rules or a post-licensure or graduate nursing program that is nationally accredited by a

<table>
<thead>
<tr>
<th>Continuing Education Program or Activity</th>
<th>Approval Details</th>
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<tr>
<td>Five hours of continuing education may be earned for each semester credit hour earned.</td>
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<td>Three hours of continuing education may be earned for each</td>
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<td>(c)</td>
<td>Obtaining specialty certification or maintaining certification as 1 of the following:</td>
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<td></td>
<td>• Clinical nurse specialist.</td>
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<td>• Nurse anesthetist.</td>
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<td>• Nurse midwife.</td>
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<td>• Nurse practitioner.</td>
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<td>If audited, an applicant shall submit proof of certification or recertification.</td>
<td>Twenty-five hours, which includes 2 hours for pain and symptom management, 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.</td>
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<td></td>
<td>If audited, an applicant shall submit proof of a passing score on the examination.</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 any of the following:</td>
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<td>• A nursing or health care textbook.</td>
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<td>• A peer-reviewed textbook.</td>
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<td>• A nursing or health care peer-reviewed journal.</td>
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<td>If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author or a publication acceptance letter.</td>
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<td>(f)</td>
<td>Independent reading of articles or viewing or listening to media related to nursing practice that do not include a self-assessment component.</td>
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<td></td>
<td>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.</td>
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### (g) Participation on a health care organization committee dealing with quality patient care or utilization review.

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<tr>
<th>Participation on a health care organization committee dealing with quality patient care or utilization review.</th>
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<tbody>
<tr>
<td>One hour for each 60 minutes of participation.</td>
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<td>A maximum of 4 hours may be earned in each renewal period.</td>
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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.

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

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<tr>
<th>Presentation of an academic or continuing education program that is not a part of the applicant’s regular job description.</th>
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<tbody>
<tr>
<td>Three hours may be earned for each 60 minutes of presentation.</td>
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<tr>
<td>A maximum of 6 hours may be earned in each renewal period.</td>
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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.

### (i) Participation as a preceptor for at least 1 nursing student or a new employee undergoing orientation.

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<th>Participation as a preceptor for at least 1 nursing student or a new employee undergoing orientation.</th>
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<tr>
<td>A maximum of 5 hours of continuing education may be earned in each renewal period.</td>
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</table>

A preceptorship shall be for a minimum of 120 hours and have a 1 student/employee to 1 preceptor ratio. This may involve more than 1 student or employee.

If audited, an applicant shall submit written documentation from the educational institution or preceptor’s supervisor verifying the dates and hours of the preceptorship.

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

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) Provide a prelicensure nursing program that complies with all of the following:
      (i) Is approved by the Michigan board of nursing.
      (ii) Has a primary campus located in this state.
      (iii) Offers a program of nursing that meets the predetermined category and area of need as established by the board under R 338.10702.
      (iv) [File Submits an application approved by the department] declaring a notice of intent to participate in the scholarship.
   (b) Provide a post-licensure nursing program that complies with all of the following:
      (i) Is accredited by a national nursing education accrediting entity.
      (ii) Has a primary campus located in this state.
      (iii) [File Submits an application approved by the department] declaring a notice of intent to participate in the scholarship.

(2) A school may submit an application for participation for only those programs that are included in the annual list of scholarship program categories and areas of need as determined by the board pursuant to R 338.10702.

(3) The department shall annually determine the allocation for each eligible education program.

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 full-time or part-time 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 complete the notice of intent to award the board of nursing scholarship form supplied by the department notify the department, in writing, of its intent to award a scholarship. The notice shall contain all of the following information:
   (a) The name, address, and date of birth of the recipient.
   (b) Course of study or program in which the recipient is enrolled.
   (c) Validation that all criteria of subrule (1) of this rule have been met.
   (d) Information regarding electronic funds transfer from the department to the program.
   (e) Signature of the program director and financial aid director or other employee employed by the financial aid office who can attest to accuracy of the information on the form.

(4) A student may receive a scholarship award only once for each level of nursing education.

(5) If a recipient withdraws from the nursing education program, then within 30 days of withdrawal, 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 or return the unused funds to the department. do 1 of the following:
(a) Award the scholarship funds to a recipient who has been chosen to receive the scholarship for the current scholarship year.

(b) Select a new applicant and submit the recipient’s application and the notice of intent to award the board of nursing scholarship form to the department.

(c) Return the unused funds to the department.

(6) The nursing education program shall account for all of the funds disbursed by the department no later than February 15 of the academic year in which the funds were distributed. Both of the following apply:

(a) The department shall supply the accounting form to each program that is participating in the nurse professional fund scholarship program.

(b) Failure of a program to submit an accounting statement to the department in accordance with subrule (6) of this rule will result in the department withholding future scholarship funds from the program until all past due accounting statements have been submitted and approved.

R 338.10705 School ineligibility; notification; hearing.

Rule 705. (1) If a school is deemed ineligible for a nursing scholarship award, then the department shall notify the school in writing.

NOTICE OF PUBLIC HEARING

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

NOTICE OF PUBLIC HEARING
May 22, 2019
9:00 a.m.

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

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

**Board of Nursing – General Rules** (ORR 2018-033 LR)

**Authority:** MCL 333.16145(3); MCL 333.17210; MCL 338.3501; MCL 445.2001; MCL 445.2011; and MCL 445.2030.

**Overview:** The proposed revisions to the rules will clarify how long an applicant has to take and pass the NCLEX exam; clarify the length of time an applicant has to submit continuing education for relicensure before the application expires; clarify definitions related to nursing education programs; add a definition for “capstone course”; require a nursing education program to show it has met the NCLEX scores required by the rules before being granted full approval; clarify the requirements in a comprehensive self-study report after full approval of the nursing education program; amend the definition of major and minor program changes; rename the term self-study to final approval report for initial program approval; allow an accredited program to submit a letter of accreditation or reaccreditation from an accrediting agency in lieu of submitting a self-study report; designate a permanent change in seats in an education program as a major program change, and require minor program changes to be evaluated by the Board instead of the Department; require certain information in a request for a minor program change; modify the required pass rates that can trigger an evaluation of an education program; require that a nursing education program notify the Board of a change in the director of an education program; clarify the educational background required for non-nurse faculty who teach non-nursing courses that are health related; limit the use of preceptors; clarify the faculty to student ratio requirements in an education program; allow for an evaluation of a nursing program to be done when a program fails to submit the required reports in a timely fashion or fails to apply for full approval in accordance with the rules; add requirements to reactivate a program that suspended admissions; clarify when continuing education must be completed for relicensure; clarify the type of academic course that is acceptable continuing education; and clarify the requirements to obtain a scholarship from the nurse professional fund scholarship program.

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 May 22, 2019, 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).
PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF MARIJUANA REGULATION

MICHIGAN MEDICAL MARIHUANA

Filed with the secretary of state on

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


R 333.101, R 333.103, R 333.105, R 333.109, R 333.111, R 333.113, R 333.117, R 333.119, R 333.126, R 333.131, and R 333.133 of the Michigan Administrative Code are amended, and R 333.115 is rescinded, as follows:

R 333.101 Definitions.

Rule 1. As used in these rules:

(1) "Act" means the Michigan medical marihuana act, Initiated Law 1 of 2008 IL 1, MCL 333.26421 to 333.26430.

(2) "Applicant" means a qualifying patient applying for a medical marihuana registry identification card on a form provided by the department of licensing and regulatory affairs.

(3) "Conviction" or "convicted" means a criminal conviction of an offense by a guilty verdict from a judge or jury, plea of guilty, or plea of no contest.

(4) "Legal name" means a qualifying patient or primary caregiver’s name as it appears on a valid, lawfully obtained Michigan driver license issued under the Michigan vehicle code, 1949 PA 300, MCL 257.1 to 257.923, or an official state personal identification card issued under 1972 PA 222, MCL 28.291 to 28.300, or a voter registration card issued under the Michigan election law, 1954 PA 116, MCL 168.1 to 168.992.

(5)(6) "Parent or legal guardian" means the custodial parent or legal guardian with responsibility for health care decisions for a qualifying patient who is under 18 years of age.

(6)(7) "Petition" means a written request for the department to add new medical conditions or treatments to the list of debilitating medical conditions under section 3(b) of the act, MCL 333.26423(b).

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

R 333.103 New registration application; qualifying patient and primary caregiver.
Rule 3. (1) A qualifying patient shall apply for a registry identification card in a manner prescribed by the department, which may include an online application. An applicant for a registry card shall submit the required fee and all of the following:

(a) An original, completed application that is signed by the qualifying patient and dated within 1 year of the date the application is received. The qualifying patient shall submit the original completed application, which shall include all of the following information:

(i) The legal name, mailing address, and date of birth of the qualifying patient. The address for the qualifying patient shall be a physical address located in this state. A qualifying patient who is homeless shall not be required to provide a physical address, but he or she shall provide a mailing address where the department can send correspondence regarding the patient’s registry status.

(ii) The physician’s name as it appears on his or her Michigan physician’s license, mailing address, and telephone number of the qualifying patient's physician who provided the written certification.

(iii) The legal name, mailing address, and date of birth of the patient's primary caregiver, if applicable. A qualifying patient may designate 1 primary caregiver to assist with his or her medical use of marihuana.

(iv) A designation of whether the qualifying patient or the patient's primary caregiver, if applicable, will be allowed to possess marihuana plants for the qualifying patient's medical use.

(v) An attestation by the primary caregiver named on the application that he or she agrees to serve as the patient's primary caregiver. The attestation must be signed by the primary caregiver and dated within 1 year of the date the application is received. The attestation shall authorize the department to use the information provided on the application or as part of the attestation to secure the primary caregiver’s criminal conviction history and determine if he or she has been convicted of any of the offenses provided under section 3(h)(k) of the act, MCL 333.26423(h).

(vi) The department may require the attestation required under paragraph (v) of this subdivision to be submitted as part of the supporting documents and information required under subdivision (b) of this subrule.

(b) The supporting documents and information required under section 6 of the act, MCL 333.26426, which shall include all of the following:

(i) Proof of the patient’s Michigan residency. For the purposes of this paragraph, an applicant shall be considered to have proved legal residency in this state if he or she provides the department with either of the following:

(A) A copy of a valid, lawfully obtained Michigan driver license issued under the Michigan vehicle code, 1949 PA 300, MCL 257.1 to 257.923, or an official state personal identification card issued under 1972 PA 222, MCL 28.291 to 28.300. The department may waive this requirement if the department is able to verify the applicant’s Michigan driver license or personal identification card online through the department of state.

(B) A copy of a valid Michigan voter registration. A patient who submits a copy of a valid Michigan voter registration shall also submit a copy of a government-issued document that includes the patient’s name and date of birth for verification purposes, as required in section 6(c) of the act, MCL 333.26426.

(ii) A written certification, as defined in section 3(m)(q) of the act, MCL 333.26423(m), signed by a licensed physician in the course of a bona fide physician-patient relationship as defined in section 3(a) of the act, MCL 333.26423, and is dated within 1 year of the date the application is received. If the qualifying patient is under the age of 18, written certifications from 2 physicians are required. The physician shall include the legal name and date of birth of the qualifying patient, the physician’s name as it appears on his or her physician’s license, physician’s license number, mailing address, and telephone number on the written certification.
(iii) If the qualifying patient is under the age of 18, a declaration of person responsible form.

(2) The department may require that an application, written certification, and all any other required supporting documentation or information to be submitted online in a manner prescribed by the department. An online application process that meets the requirements of the act meets the requirements of this rule. For security purposes, the department may require a written certification and any other required supporting documentation or information to be submitted online.

(3) The department may require a photograph as a design element for an official state registry identification card as provided in section 6(e)(5) of the act, MCL 333.26426, if the secretary of state forwards to the department the image of an applicant for an official state registry identification card.

R 333.105 Declaration of person responsible form.

Rule 5. A declaration of person responsible form is required for any qualifying patient who is under the age of 18. The form must include all of the following:

(a) A statement that the qualifying patient's physicians have explained to the patient and the patient's parent or legal guardian the potential risks and benefits of the medical use of marihuana.

(b) Written consent of the qualifying patient's parent or legal guardian to allow the qualifying patient's medical use of marihuana.

(c) Written consent of the qualifying patient's parent or legal guardian to serve as the patient's primary caregiver and to control the acquisition, dosage, and frequency of use of the marihuana by the patient.

(d) The qualifying patient’s parent or legal guardian shall provide proof of parentage or legal guardianship by submitting a copy of a power of attorney or documentation issued by a governmental entity or certified letters of guardianship from a court.

R 333.109 Verification of information.

Rule 9. The department shall verify the information contained in an application and the accompanying documentation, which may include, but is not limited to, the following:

(a) Contacting an applicant or primary caregiver by telephone, mail, or electronic communication. If proof of identity cannot be determined with reasonable reliability, the department may require the production of additional identification materials.

(b) Contacting the parent or legal guardian of a qualifying patient who is under the age of 18 by telephone, mail, or electronic communication.

(c) Verifying that a physician is licensed to practice in the state.

(d) Contacting the certifying physician directly by telephone, e-mail, or electronic communication to confirm the validity of the written certification. The department may use an online certification process to fulfill the verification requirement in section 6(c) of the act, MCL 333.26426.

R 333.111 Fees; patient refunds.

Rule 11. (1) A qualifying patient shall pay a $60.00 fee for a new or renewal application.

(2) A primary caregiver shall pay a $25 processing fee each time the department is required to secure the primary caregiver’s criminal conviction history and verify his or her eligibility to be a registered primary caregiver. The processing fee applies to new applications, renewal applications, and change forms that designate a primary caregiver.
The application of a qualifying patient who fails to submit the required $40.00 fee or whose primary caregiver fails to submit the required processing fee is considered incomplete and shall be denied.

A registered qualifying patient or registered primary caregiver, as applicable, shall pay a $10 fee for a revised or duplicate copy of the registration identification card for the qualifying patient or the primary caregiver. If a duplicate card is requested, the qualifying patient or primary caregiver shall submit the required fee with a statement attesting to the loss or destruction of the card.

A registered qualifying patient or registered primary caregiver, as applicable, shall submit a $10 fee with the change form required in R 333.119.

The department may require a registered qualifying patient or registered caregiver to pay a $10.00 fee for a replacement card.

A registered qualifying patient or primary caregiver is not eligible for a refund if any of the following occurs:

(a) The qualifying patient’s application is denied or the qualifying patient withdraws from the registry program.

(b) The department has processed the application or change form and issued a registry card to the patient or primary caregiver.

(c) The department determines the primary caregiver listed on the application or change form is ineligible.

R 333.113 Registration approval; denial.

Rule 13. (1) Pursuant to section 6(c) of the act, MCL 333.26426(e), the department shall approve or deny an application within 15 business days of receiving the original complete application, required fees, and required supporting documentation and information.

(2) If an application is approved, within 5 business days of approving the application, the department shall issue a registry identification card to the registered qualifying patient and the registered primary caregiver, if applicable. For the purpose of this subrule, “issue” means the department has printed the registry identification card and mailed it to the qualifying patient and registered primary caregiver, if applicable. The registry identification card shall include all of the following:

(a) The legal name, mailing address, and date of birth of the registered qualifying patient.

(b) If the registered qualifying patient has designated a primary caregiver, the legal name, mailing address, and date of birth of the registered primary caregiver.

(c) The issue date and expiration date of the registry identification card.

(d) A random identification number.

(e) A clear designation showing whether the registered primary caregiver or the registered qualifying patient will be authorized to possess marihuana plants for the registered qualifying patient's medical use. The designation shall be determined based solely on the registered qualifying patient's preference.

(3) When a registered qualifying patient has designated a primary caregiver, the department shall issue a registry identification card to the registered primary caregiver. The registered primary caregiver's registry identification card shall contain the information specified in subrule (2) of this rule.

(3) The department may issue a registry card that includes a photograph of the patient or caregiver.

If an application is denied, within 5 business days of denying the application, the department shall mail the applicant a denial letter or send an email notification that states the reasons for denial. The department shall deny an application for any of the following reasons:

(a) The qualifying patient submitted an incomplete application or incomplete supporting documents or information.
(b) The qualifying patient or caregiver, if applicable, did not submit the required fee.

(c) The department determines that any information provided by the qualifying patient, primary caregiver, or physician was falsified, fraudulent, incomplete, or cannot be verified.

(d) The qualifying patient designates a primary caregiver on the application and the department determines the primary caregiver is ineligible.

(e) The qualifying patient, primary caregiver, or physician, as applicable, failed to sign and date the application, caregiver attestation, or written certification.

(f) The department was unable to verify the information provided.

(5) A qualifying patient whose application is denied may reapply at any time by submitting a new application and the supporting documents and information as specified in R 333.103. Any fee that a patient submits with an application that is denied is valid for 2 years 6 months from the date the department received the fee and may be used by the patient to reapply. This provision does not apply to processing fees submitted by primary caregivers who the department has determined to be ineligible.

R 333.115 Primary caregiver; number of qualified patients; compensation. Rescinded.

Rule 15. (1) The department shall issue a registry identification card to the primary caregiver, if any, who is named in a qualifying patient's approved application. A registered primary caregiver may assist not more than 5 qualifying patients with their medical use of marihuana.

(2) A registered primary caregiver may receive compensation for costs associated with assisting a registered qualifying patient in the medical use of marihuana. Any such compensation shall not constitute the sale of a controlled substance.

R 333.117 Biennial renewal; expiration of registry identification card; fee.

Rule 17. (1) Pursuant to section 6 (e) of the act, MCL 333.26426(e), a registry identification card shall be renewed on a biennial basis to maintain active status as a registered qualifying patient or a registered primary caregiver.

(2) A registry identification card shall be valid for a period of 2 years.

(3) An applicant for renewal of a registry identification card shall submit an application and the required supporting documents and information as provided in R 333.103 and R 333.105, as applicable.

(4) If an applicant fails to comply with subrules (1) and (3) of this rule by the expiration date on the registry identification card, the registry identification card shall be considered null and void and of no further effect. The applicant may submit a new application to the department.

(5) An applicant may submit a renewal application up to 60 days before the expiration date on the registry identification card. A registry card is not renewed unless the department approves the renewal application prior to the expiration date of the registry card.

(6) The department shall verify the renewal application information in the same manner as specified in R 333.109.

R 333.119 Changes in status; notifications; requirements.

Rule 19. (1) After a registry card is issued and before the renewal period, a registered qualifying patient, registered primary caregiver, or the registered qualifying patient's parent or legal guardian, as applicable, may submit a change form to the department to do any of the following:

(a) Change the registered qualifying patient's name. Proof of change of name shall be satisfied by submitting the documents required to prove residency as specified in R 333.103 or documents specified in subrule (2)(a) of this rule.

(b) Change the registered qualifying patient's address.
(c) Change the individual designated as registered qualifying patient's primary caregiver, including removing or replacing the current registered primary caregiver.

(d) Change the registered qualifying patient's legal guardian. Proof of change of legal guardian shall be satisfied by submitting documentation consistent with R 333.105(d).

(e) If the registered qualifying patient is an adult, change the individual designated to be in possession of the plants.

(2) A registered primary caregiver may submit a change form to the department to do any of the following:

(a) Change the registered primary caregiver's name. Proof of name change shall be established by submitting a true copy of an official record, a certified marriage license, divorce decree, or a legal name change document. A true copy is an exact copy of a document with no alterations or changes.

(b) Change the registered primary caregiver's address.

(c) Terminate the registered primary caregiver's status as a patient's primary caregiver.

(3) Any changes made under subrule (1) or subrule (2) of this rule do not take effect until the department has verified and processed the requested change or changes. Receipt of the new registry card or cards will be notification that the changes have taken effect.

(4) If a registered qualifying patient removes or replaces a registered primary caregiver under subrule (1)(c) of this rule, the department shall notify the initial primary caregiver by mail at the address of record that the caregiver's registry identification card is null and void and of no effect.

(5) If a registered qualifying patient's certifying physician notifies the department in writing that the patient has ceased to suffer from a debilitating medical condition, the department shall notify the patient within 20 business days of receipt of the written notification that the patient's registry identification card is null and void and of no effect. The registry card shall become null and void upon notification by the department to the patient.

(6) Any notifications the department makes under subrules (4) and (5) of this rule are subject to the confidentiality provisions in R 333.121 and section 6(h) of the act, MCL 333.26426(h).

R 333.126 Withdrawal.

Rule 26. (1) A registered qualifying patient or registered primary caregiver may voluntarily withdraw from the Michigan medical marihuana program in a manner prescribed by the department.

(2) Upon receiving confirmation from the department that his or her withdrawal has been processed, the registered qualifying patient or registered primary caregiver shall destroy the registry identification card.

(3) A registered qualifying patient or registered primary caregiver’s withdrawal from the Michigan medical marihuana program will not result in the destruction of any confidential records the department is required to maintain under section 6(h) of the act, MCL 333.26426(h).

R 333.131 Review panel Panel for reviewing petitions for additional medical conditions or treatments; terms.

Rule 31. (1) The department shall appoint a panel of not more than 15 members to review petitions to add medical conditions or treatments to the list of debilitating medical conditions under section 3(b) of the act, MCL 333.26423(b) and to address the palliative and therapeutic benefits that use of medical marihuana will provide for the medical condition or the treatment of the medical conditions. The department shall appoint an odd number of members to the panel, which must not exceed 15 total members. The panel shall meet at least twice each year and shall review and make a recommendation to the department concerning any petitions that have been submitted that meet the requirements of R 333.133(1).
(2) A majority of the panel members shall be licensed physicians, and the panel shall provide recommendations to the department regarding whether the petitions should be approved or denied.

(3) The members of the review panel shall be appointed for a term of 4 years. A member of the panel shall not serve more than 2 terms and 1 partial term, consecutive or otherwise. However, a panel member serving on the effective date of this rule may complete the term to which the member was appointed.

(4) The department shall provide staff support to the review panel to assist with the scheduling of meetings, conference calls, dissemination of petition-related materials, and to perform other administrative duties related to the performance of the panel's review.

(5) A majority of the review panel of those who are present at each meeting shall concur with the recommendation in order to be considered an official recommendation of the panel.

R 333.133 Petition to add qualifying diseases or medical conditions; review panel; recommendations.

Rule 33. (1) The department shall accept a written petition on a form prescribed by the department from any person requesting that a particular medical condition or treatment be included in the list of debilitating medical conditions under section 3(b) of the act, MCL 333.26423(b). The petition must include current medical, empirical, and evidence-based data, including both of the following:

(a) A summary of the evidence that the use of marihuana will provide palliative or therapeutic benefit for the medical condition or a treatment of the medical condition.

(b) Articles published in peer-reviewed scientific journals reporting the results of research on the effects of marihuana on the medical condition or treatment of the medical condition and supporting why the medical condition should be added to the list of debilitating medical conditions under section 3(b) of the act, MCL 333.26423(b).

(2) If the petition does not contain current medical, empirical, and evidence-based data as described in subrule (1) of this rule that is specific to the proposed medical condition or treatment, the department shall return the petition to the petitioner as incomplete.

(3) Upon receipt of a petition that meets the requirements in subrule (1) of this rule, the department shall do all of the following:

(a) Transmit the petition to the review panel for review.

(b) Give notice of a public hearing not less than 10 days before the date of the hearing.

(c) Accept comments on the petition for a period of 5 business days beginning on the date of the public hearing.

(4) After a public hearing, the department shall forward the petition and any public comments that were received during and after the hearing to the review panel for discussion and to vote on a recommendation to the department director.

(5) Within 180 days of the date the petition is filed with the department, the department director shall make a final determination on the petition. The approval or denial of the petition shall be considered a final department action subject to judicial review under the act.

(6) If the petition is approved, the department shall create a document verifying the addition of the new medical condition or treatment to the list of debilitating medical conditions identified under section 3(b) of the act, MCL 333.26423(b). Until such time as these rules are amended to officially recognize the medical condition as a qualifying debilitating medical condition, the department shall develop a policy that allows the new medical condition to be used as a qualifier for a registry identification card.
NOTICE OF PUBLIC HEARING

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF MARIJUANA REGULATION

MICHIGAN MEDICAL MARIHUANA
2018-095 LR

NOTICE OF PUBLIC HEARING
Thursday, May 23, 2019
525 West Ottawa Street Lansing, MI
Williams Building, 1st Floor, Auditorium 2:00 PM

The Department of Licensing and Regulatory Affairs, Bureau of Marijuana Regulation will hold a public hearing on Thursday, May 23, 2019, at the Williams Building, 525 West Ottawa Street, Lansing, Michigan in the 1st Floor Auditorium at 2:00 P.M. The hearing will be held to receive public comments on the proposed Michigan Medical Marihuana rules.

The Michigan Medical Marihuana Act (MMMA), MCL 333.26421, authorizes the medical use of marihuana for qualifying patients and provides for the issuance of registry identification cards to qualifying patients and their caregivers, if applicable. The administrative rules implement the requirements of the MMMA.

The proposed rules are required by the authority conferred on the Department of Licensing and Regulatory Affairs by section 5 of the Michigan Medical Marihuana Act (MMMA), 2008 IL 1, MCL 333.26425. The rules are not required by federal mandate. These rules will take effect immediately upon filing with the Secretary of State.

The rules are published on the Office of Regulatory Reinvention’s website at www.michigan.gov/orr and in the May 15, 2019, issue of the Michigan Register. Public comments on the proposed rules may be presented in person at the public hearing or submitted to the following address until 5:00 P.M. on Thursday May 30, 2019. Copies of the proposed rules may also be obtained by electronic transmission at the following address:

Department of Licensing and Regulatory Affairs
Legal Section, Bureau of Marijuana Regulation
P.O. Box 30205
Lansing, MI 48909
Phone: 517-284-8584
Fax: 517-284-8598
E-mail: LARA-BMR-Legal@michigan.gov

The hearing site is accessible, including handicap parking. People with disabilities requiring additional accommodations in order to participate in the hearing (such as information in alternative formats) should contact Kelly Kronner at 517-284-8584 at least 14 days prior to the hearing date. Individuals attending the meeting are requested to refrain from using heavily scented personal care products in order to enhance accessibility for everyone. Information at this meeting will be presented by speakers and printed handouts.
These rules become effective immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.


R 324.102, R 324.403, R 324.405, and R 324.801 of the Michigan Administrative Code are amended to read as follows:

PART 1. GENERAL PROVISIONS

R 324.102 Definitions; A to M.

   Rule 102. As used in these rules:
   (a) “Act” means the natural resources and environmental protection act, 1994 PA 451, MCL 324.101 to 324.90106.
   (b) “ANSI” means the American National Standards Institute.
   (c) “API” means the American Petroleum Institute.
   (d) Aquifer means a geological formation, group of formations, or part of a formation that is capable of yielding a significant amount of water to a well or spring.
   (e) “Authorized representative of the supervisor” means a department of environmental quality employee who is charged with the responsibility for implementation of the act or these rules.
   (f) “Blowout prevention equipment” means a casinghead control device designed to control the flow of fluids from the well bore by closing around the drill pipe or production tubing or completely sealing the hole in the absence of drill pipe or production tubing.
   (g) “Bottom hole” means the terminus of a wellbore.
   (h) “Brine” means all nonpotable water resulting, obtained, or produced from the exploration, drilling, or production of oil or gas, or both.
   (i) “Central production facility” means production equipment that has been consolidated at a central location that provides for the commingling of oil or gas production, or both, from 2 or more wells or production units of diverse ownership or from 2 or more prorated wells or production units.
   (j) “Conformance bond” means a surety bond that has been executed by a surety company authorized to do business in this state, cash, certificates of deposit, letters of credit, or other securities that are filed by
a person and accepted by the supervisor to ensure compliance with the act, these rules, permit conditions, instructions, orders of the supervisor, or an order of the department of environmental quality.

(k) “Directionally drilled well,” means a well purposely deviated from the vertical using controlled angles to reach an objective location.

(l) “Drilling completion” means the time when a well has reached its permitted depth or the supervisor has determined drilling has ceased.

(m) “Drilling operations” means all of the physical and mechanical aspects of constructing a well for the exploration or production of oil or gas, or both, for injection of fluids associated with the production of oil or gas, or both, or the storage of natural hydrocarbons or liquefied petroleum gas derived from oil or gas, and includes all of the following:

(i) Moving drilling equipment onto the drill site.
(ii) Penetration of the ground by the drill bit and drilling of the well bore.
(iii) Casing and sealing of the well bore.
(iv) Construction of well sites and access roads.

(n) “Drilling unit” means the area prescribed by an applicable well spacing rule or order for the granting of a permit for the drilling and operation of an oil or gas well, or both.

(o) “Facility piping” means piping that connects any of the following:

(i) Compressors.
(ii) Flares.
(iii) Loadouts.
(iv) Separators.
(v) Storage tanks.
(vi) Transfer pumps.
(vii) Treatment equipment.
(viii) Vents.

(p) “Fence” means a structure that is designed to deter access and consists of not less than 2 strands of barbed wire, 1 strand being approximately 18 inches above the ground and the other strand being approximately 42 inches above the ground, secured to supporting posts or means an equivalent structure that deters access.

(q) “Final completion” means the time when locating, drilling, deepening, converting, operating, producing, reworking, plugging, and proper site restoration have been performed on a well in a manner approved by the supervisor, including the filing of the mandatory records, and when the conformance bond has been released.

(r) “Flow line” means piping that connects a well or wells to a surface facility.

(s) “Fresh water” means water that is free of contamination in concentrations that may cause disease or harmful physiological effects and is safe for human consumption contains less than 1000 milligrams per liter of total dissolved solids.

(t) “Gas storage” means the use of a depleted oil or gas pool, salt cavern, or other porous strata utilized for the purpose of injecting and withdrawing gas from the depleted oil or gas pool, salt cavern, or other porous strata.

(u) “Gathering line” means a pipeline that transports natural gas from a surface facility to a transmission pipeline.

(v) “Geologist” means a person who is certified as a geologist by a credible geological professional association or who, by reason of his or her knowledge of the natural sciences, mathematics, and the principles of geology acquired by professional education and practical experience, is qualified to engage in the practice of the science of geology.

(w) “Groundwater” means water below the land surface in the zone of saturation.
(x) “Injection well” means a well used to dispose of, into underground strata, waste fluids produced incidental to oil and gas operations or a well used to inject water, gas, air, brine, or other fluids for the purpose of increasing the ultimate recovery of hydrocarbons from a reservoir or for the storage of hydrocarbons.

(y) “Instruction” means a written statement of general applicability, which that is issued by the supervisor, conforms with the act and rules promulgated under the act, and clarifies or explains the applicability of the act or rules to commonly recurring facts or circumstances.

(z) “Mineral water” means water that contains 1000 milligrams per liter or more of total dissolved solids.

(aa) “Multiple zone completion” means a well constructed and operated to separately produce oil or gas, or both, from more than 1 reservoir through 1 well bore.

PART 4. DRILLING AND WELL CONSTRUCTION

R 324.403 Construction of water wells used for drilling or surface facilities.

Rule 403. (1) A water well that is drilled and used for drinking water purposes during the drilling of the well or retained after drilling completion or final completion shall must be drilled pursuant to rules promulgated under part 127 of Act No. 368 of the Public Acts of 1978, as amended, being of 333.12701 et seq. of the Michigan Compiled Laws, the public health code, 1978 PA 368, MCL 333.12701 to 333.12771.

(2) A water well that is not to be retained after drilling completion or final completion shall must be completed and abandoned as instructed by the supervisor and shall must meet all of the following minimum requirements:

(a) Be The well must be located not less than 50 feet from drilling mud pits, pipe racks, salt and mud mixing sites, and the wellhead.

(b) Be drilled with The water used in the drilling fluid must be chlorinated fresh water that is free of contamination in concentrations that may cause disease or harmful physiological effects.

(c) Be The well must be grouted pursuant to the well construction and grouting rules contained in the well construction code promulgated under part 127 of Act No. 368 of the Public Acts of 1978, as amended, being 333.12701 et seq. of the Michigan Compiled Laws, the public health code, 1978 PA 368, MCL 333.12701 to 333.12771.

(d) Geologic records shall must be filed with the supervisor on a form prescribed by the supervisor.

(e) The wellhead, including annulus, shall must be sealed and a check valve shall must be installed in the surface discharge line to prevent contaminants from entering the well.

(f) The well shall must be abandoned and plugged pursuant to the plugging and abandonment rules contained in the well construction code promulgated under part 127 of Act No. 368 of the Public Acts of 1978, as amended, being 333.12701 et seq. of the Michigan Compiled Laws, the public health code, 1978 PA 368, MCL 333.12701 to 333.12771.

R 324.405 Drilling fluids generally.

Rule 405. The drilling fluid used for drilling wells described in R 324.201(1) shall must be capable of sealing off and protecting each oil, gas, brine, or fresh water stratum above the stratigraphic or producing horizon and controlling subsurface pressures. The water or brines used in the drilling fluid shall must be from a source approved by the supervisor or authorized representative of the supervisor, used pursuant to approved safe drilling practice, and tested as instructed by the supervisor, except that the water used in the drilling fluid for only fresh water shall be used in the drilling of the hole for
the surface casing must be fresh water that is free of contamination in concentrations that may cause disease or harmful physiological effects.

PART 8. INJECTION WELLS

R 324.801 Definitions.
Rule 801. As used in these rules:
(a) “Administrator” means the administrator of the USEPA.
(b) “Area of review” means that area within a fixed radius of 1320 feet around an injection well.
(c) “Class II Well” means a well that does either of the following:
   (i) Injects fluids under any of the following conditions:
       (A) That are brought to the surface in connection with oil or natural gas production and may be commingled with waste waters from gas plants which are an integral part of production operations, unless those waters are classified as a hazardous waste at the time of injection.
       (B) For enhanced recovery of oil or natural gas.
       (C) For storage of hydrocarbons that are liquid at standard temperature and pressure.
       (ii) Utilizes diesel fuel as a component of hydraulic fracturing fluid.
(d) “Class II well operator” means the person having secured a permit for any of the following:
   (i) A new Class II well.
   (ii) An existing Class II well.
   (iii) A conversion of an existing well to a Class II well.
   (iv) A rule authorized well in operation before the effective date of primacy.
(e) “Commercial disposal well” means a Class II well that is permitted to accept wastes other than those generated by the owner or operator of the well.
(f) “Confining interval” means a geological formation, group of formations, or part of a formation that is capable of limiting fluid movement above an injection interval.
(g) “Contaminant” means any physical, chemical, biological, or radiological substance or matter in water.
(h) “Date of primacy” means the effective date of the Administrator’s approval of the Michigan underground injection control program for Class II wells pursuant to section 1425 of the federal safe drinking water act of 1974, 42 U.S.C. USC 300h-4.
(i) “Diesel fuel(s)” means fluids that are associated with 5 specific Chemical Abstracts Services Registry Numbers (68334-30-5, 68476-34-6, 68476-30-2, 68476-31-3, and 8008-20-6).
(j) “Endangerment to an underground source of drinking water” means that an injection operation may result in the presence of any contaminant in an underground source of drinking water, which supplies or may reasonably be expected to supply any public water system, where both of the following apply:
   — (A) The presence of the contaminant results from an injection operation.
   — (B) The presence of that contaminant may result in violation of any national primary drinking water regulation or may otherwise adversely affect the health of persons.
(k) ”Enhanced Oil Recovery” or “Enhanced Recovery” means secondary recovery.
(l) “Existing Class II well” means a Class II well that has been approved, constructed, or converted prior to before the date of primacy.
(m) “Injection casing” means the long string of casing set into, through, or just above the injection interval, in which the packer and tubing may be set.
(n) “Injection interval” means the geological formation or group of formations or part of a formation receiving fluids through an injection well. There must be a confining interval above the injection interval.

(o) “Karst” means a type of topography that is formed over limestone, dolomite, or gypsum by solution of the rock and is characterized by closed depressions or sinkholes, caves, and underground drainage.

(p) “Mechanical integrity” means a well condition that exists if there is no significant leakage in the well’s casing, tubing, or packer and if there is no significant fluid movement into an underground source of drinking water through vertical channels adjacent to the injection well bore.

(q) “New Class II well” means a Class II well that is constructed or converted under Part part 615 after date of primacy.

(r) “Oil or Gas Field Fluid Wastes” means liquid wastes resulting, obtained, or produced from the exploration, drilling, or production of oil or gas, or both.

(s) “Part 615” means Part part 615 of 1994 PA 451, the act, MCL 324.61501 to 324.61527.

(t) “Rule authorized well” means a Class II well that was classified and/or treated, or both, by the USEPA as an authorized by rule well on or after January 1, 1984.

(u) “USEPA” means the United States Environmental Protection Agency.

(v) “Waste” as defined in section 61501(q)(i) to (iii) of the act, MCL 324.61501 (q)(i)-(iii), includes unreasonable damage endangerment to an underground source of drinking water.
NOTICE OF PUBLIC HEARING

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
OIL, GAS, AND MINERALS DIVISION

OIL AND GAS OPERATIONS
Rule Set 2019-001 EG

NOTICE OF PUBLIC HEARING
FRIDAY, JUNE 21, 2019
Constitution Hall
525 West Allegan Street, Lansing, Michigan 48909
ConCon Conference Room, 1:00 – 4:00 p.m.

The Michigan Department of Environment, Great Lakes, and Energy (EGLE), Oil, Gas, and Minerals Division (OGMD), will hold a public hearing on June 21, 2019 at Constitution Hall in the ConCon Conference Room from 1:00 to 4:00 p.m. The hearing will be held to receive public comments on proposed changes to the Oil and Gas Operations administrative rules.

The proposed rule set (2019-001 EG) will amend the current rules by clarifying definitions and terminology in order to demonstrate that the oil and gas regulatory program within the State of Michigan is equally effective as compared to the Class II well program regulated on the federal level by the United States Environmental Protection Agency (US EPA). EGLE regulates Class II wells under Part 615, Supervisor of Wells, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA) and the US EPA regulates the same wells under the Underground Injection Control (UIC) program under the authority of the Safe Drinking Water Act (SDWA). These rule updates will position Michigan to apply for Class II well delegated authority (termed primacy) of the US EPA program pursuant to Section 1425 of the SDWA.

These rules are promulgated by authority conferred on the Director of EGLE by Section 61506 of the Natural Resources and Environmental Protection Act, 1994 PA 451, MCL 324.61506. These rules will become effective 7 days after filing with the Secretary of State.


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 shown below by 5:00 p.m. on Friday, July 5, 2019. Copies of the draft rules may also be obtained by mail or electronic transmission at the following address:

Oil, Gas, and Minerals Division
Michigan Department of Environment, Great Lakes, and Energy
The hearing site is accessible, including handicap parking. People with disabilities requiring additional accommodations to participate in the hearing (such as information in alternative formats) should contact the OGMD at 517-284-6823 at least 5 days prior to the hearing date. Individuals attending the meeting are requested to refrain from using heavily scented personal care products in order to enhance accessibility for everyone. Information at this meeting will be presented by speakers and printed handouts.
MCL 24.208 states in part:

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

(a) Executive orders and executive reorganization orders.”
EXECUTIVE ORDERS

EXECUTIVE ORDER

No. 2019-10

Michigan Joint Task Force on Jail and Pretrial Incarceration

Little statewide data exist to account for who is booked into local jails, how long they stay, and why. National sources show Michigan jail populations tripling in the last 35 years. With crime now at a 50-year low, hundreds of thousands are still admitted to Michigan jails every year, and people are staying in jail longer on average than before. Furthermore, roughly half of the people held in Michigan’s jails on any given day have not been convicted of a crime and are constitutionally presumed innocent as they await trial.

A significant portion of county budgets in Michigan go to justice-system costs. Growth in jail populations has stretched county resources, leaving less for investment in treatment services, crime prevention, victim services, economic development, and other local priorities.

Local justice-system decisions, ranging from arrest and pretrial release to case processing, diversion, and jail sentences versus community-based alternatives, are shaped and influenced in part by state-level laws, policies, and budgetary decisions.

An emerging and fast-developing body of research offers useful guidance about what does and does not work to prevent and deter crime, protect victims, ensure court appearance and pretrial safety, and reduce recidivism.

Jurisdictions across the country have generated innovative models for justice-system reform that could inform policy discussions or be adapted to improve system outcomes in Michigan.

The elected leaders of this state are committed to good government, transparency, responsible spending of taxpayer resources, and to the constitutional guarantees of liberty, due process, and equal protection of the laws.

Moreover, the elected leaders of this state have a strong interest in easing the burden on county budgets, taxpayers, and citizens by ensuring jail beds are used in targeted ways that promote public safety and economic stability.

A joint task force to evaluate justice systems in Michigan and to craft recommendations for statewide policy and budgetary changes grounded in data, research, and fundamental constitutional principles, will assist the state in increasing justice-system efficiency and effectiveness and in becoming a national leader in justice-system reform. This task force will exist as a partnership between county and state leaders, as well as other leaders involved in the criminal justice system.
Section 1 of article 5 of the Michigan Constitution of 1963 vests the executive power of the State of Michigan in the governor.

Section 4 of article 5 of the Michigan Constitution of 1963 authorizes the establishment of temporary commissions or agencies for special purposes.

Acting pursuant to the Michigan Constitution of 1963 and Michigan law, I order the following:

1. Creating the Michigan Joint Task Force on Jail and Pretrial Incarceration

   (a) The Michigan Joint Task Force on Jail and Pretrial Incarceration (“Task Force”) is created as a temporary advisory body consisting of 21 residents of this state.

   (b) The Task Force shall include the following members from the executive branch of state government:

       (1) The lieutenant governor.

       (2) The attorney general or the attorney general’s designated representative from within the Department of Attorney General.

   (c) The Task Force shall include the following members appointed by the governor:

       (1) A community member who is a crime survivor or victim advocate.

       (2) A representative of community corrections or pretrial services.

       (3) An individual who is a formerly incarcerated person appointed from a list of one or more nominees submitted by the Michigan State Appellate Defender Office.

       (4) An individual who is a public defender or a criminal defense attorney for indigent clients appointed from a list of one or more nominees submitted by the Michigan Indigent Defense Commission.

       (5) An individual recognized as a community leader or a business leader appointed from a list of one or more nominees submitted by the majority leader of the Michigan Senate.

       (6) An individual recognized as a faith leader or a community leader appointed from a list of one or more nominees submitted by the speaker of the Michigan House of Representatives.

       (7) A county prosecutor appointed from a list of one or more nominees submitted by the Prosecuting Attorneys Association of Michigan.

       (8) A police chief appointed from a list of one or more nominees submitted by the Michigan Association of Chiefs of Police.
(9) The following two members appointed from a list of two or more nominees submitted by the Michigan Association of Counties:

(A) A member of a board of county commissioners from a county with a population of 200,000 or more according to the most recent decennial census.

(B) A member of a board of county commissioners from a county with a population of less than 200,000 according to the most recent decennial census.

(10) The following two members appointed from a list of two or more nominees submitted by the Michigan Sheriffs’ Association:

(A) A county sheriff or county jail administrator from a county with a population of 200,000 or more according to the most recent decennial census.

(B) A county sheriff or county jail administrator from a county with a population of less than 200,000 according to the most recent decennial census.

(d) The following officers of the judicial branch of state government may participate as members of the Task Force:

(1) The chief justice of the Michigan Supreme Court.

(2) A circuit court judge designated by the chief justice of the Michigan Supreme Court.

(3) A district court judge designated by the chief justice of the Michigan Supreme Court.

(e) The following officers of the legislative branch of state government may participate as members of the Task Force:

(1) A member of the Michigan Senate designated by the senate majority leader.

(2) A member of the Michigan Senate designated by the senate minority leader.

(3) A member of the Michigan House of Representatives designated by the speaker of the Michigan House of Representatives.

(4) A member of the Michigan House of Representatives designated by the house minority leader.

(f) Nominations for appointments are requested by May 1, 2019. The governor shall make appointments under section 1(c) by May 8, 2019. Members appointed under section 1(c) will be appointed for terms ending on September 30, 2020. Notice to the governor of designation of participants from the judicial branch and the legislative branch is requested by May 1, 2019.

(g) A vacancy on the Task Force shall be filled in the same manner as the original appointment or designation.
2. **Charge to the Task Force**

(a) The Task Force shall act in an advisory capacity with the goal of developing ambitious, innovative, and thorough recommendations for changes in state law, policy, and appropriations to expand alternatives to jail, safely reduce jail admissions and length of stay, and improve the efficiency and effectiveness of Michigan’s justice systems.

(b) The Task Force’s recommendations shall be guided by the following objectives:

1. To expand jail alternatives for those who can be managed in the community;
2. To safely reduce jail admissions, length of stay, and associated costs;
3. To support consistent, objective, and evidence-based pretrial decision-making;
4. To provide services and support to crime victims;
5. To improve the efficiency and effectiveness of the state’s and counties’ justice and public safety systems; and
6. To better align practices with research and constitutional mandates.

(c) The Task Force shall provide recommendations for implementation and performance-outcome monitoring of statewide policy changes.

(d) The Task Force shall educate the public, stakeholders, and policymakers regarding its findings and recommendations.

(e) The Task Force shall complete its work and shall issue a final report detailing its findings and policy recommendations by January 10, 2020.

3. **Operations of the Task Force**

(a) By mutual agreement, the State Court Administrative Office shall staff the Task Force and Pew Charitable Trusts will provide technical assistance.

(b) The Task Force shall adopt procedures, consistent with this order and applicable law, governing its organization and operations. The Task Force shall hold its meetings in a manner that complies with the Open Meetings Act, 1976 PA 267, as amended, MCL 15.261 to 15.275.

(c) The Task Force shall meet at the call of its chairpersons and as otherwise provided in the procedures adopted by the Task Force. The Task Force shall meet at least six times and shall hold its first meeting by July 31, 2019.
(d) A majority of the members of the Task Force serving constitutes a quorum for the transaction of the business of the Task Force. The Task Force must act by a majority vote of its serving members.

(e) The Task Force may establish advisory workgroups composed of individuals or entities participating in Task Force activities to assist it in performing its duties and responsibilities. The Task Force may adopt, reject, or modify any recommendations proposed by an advisory workgroup.

(f) The Task Force may, as appropriate, make inquiries, studies, and investigations, hold hearings, and receive comments from the public. The members and staff of the Task Force shall engage and gather input and guidance from their peers, justice-system practitioners and stakeholders, in-state and national experts, crime victims and those impacted by criminal justice systems in the state, community leaders, and members of the public.

(g) The Task Force may accept donations of labor, services, or other things of value from any public or private agency or person. Any donations shall be received and used in accordance with law.

(h) Members of the Task Force shall serve without compensation.

(i) The Task Force is dissolved on September 30, 2020.
4. Implementation

(a) All departments, committees, commissioners, or officers of this state or of any political subdivision of this state shall give to the Task Force and its staff, or to any member or representative of the Task Force, any necessary assistance required by the Task Force, or any member or representative of the Task Force, in the performance of the duties of the Task Force so far as is compatible with their duties and consistent with this order and applicable law. Free access also must be given to any books, records, or documents in their custody relating to matters within the scope of inquiry, study, or review of the Task Force, consistent with applicable law.

(b) This order is not intended to abate a proceeding commenced by, against, or before an officer or entity affected by this order. A proceeding may be maintained by, against, or before the successor of any officer or entity affected by this order.

(c) If any portion of this order is found to be unenforceable, the unenforceable provision should be disregarded and the rest of the order should remain in effect as issued.

(d) This order is effective upon filing.

Given under my hand and the great seal of the State of Michigan.

Date: April 17, 2019

______________________________
GRETCHE WHITMER
GOVERNOR

By the Governor:

______________________________
SECRETARY OF STATE
MICHIGAN ADMINISTRATIVE CODE TABLE
(2019 SESSION)

MCL 24.208 states in part:

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

*          *          *

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

The following table cites administrative rules promulgated during the year 2019, and indicates the effect of these rules on the Michigan Administrative Code (1979 ed.).
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</tr>
</tbody>
</table>

(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)
CUMULATIVE INDEX

A

ATTORNEY GENERAL, DEPARTMENT OF
Opinions
Constitutionality of State Housing Development Authority’s Equal Employment Opportunity policy
   OAG Opinion No. 7308 (2019-1)

Constitutionality of 2018 PA 359
   OAG Opinion No. 7309 (2019-6)

E

EXECUTIVE ORDER
No. 1 -2019 (2019-2)
No. 2 -2019 (2019-2)
No. 3 -2019 (2019-2)
No. 4 -2019 (2019-2)
No. 5 -2019 (2019-2)
No. 6 -2019 (2019-4)
No. 7 -2019 (2019-4)
No. 8 -2019 (2019-6)
No. 9 -2019 (2019-7)
No. 10 -2019 (2019-8)

EDUCATION, DEPARTMENT OF
Certification and Licensure of School Counselors (2019-4)
School Administrator Certification Code (2019-4)
Teacher Certification Code (2019-4)
ENVIRONMENTAL QUALITY, DEPARTMENT OF
Correction:
Part 2. Air Use Approval (2019-1)
Part 18. Prevention of Significant Deterioration of Air Quality (2019-1)
Part 19. New Source Review For Major Sources Impacting Nonattainment Areas (2019-1)

Oil and Gas Operations (2019-8*)
Part 2. Air Use Approval (2019-1)
Part 18. Prevention of Significant Deterioration of Air Quality (2019-1)
Part 19. New Source Review For Major Sources Impacting Nonattainment Areas (2019-1)

HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Certificate of Need
Cardiac Catheterization Services (2019-1)
Open Heart Surgery (OHS) Services (2019-1)

Reporting of Poisonings Due to Use of Prescription and Illicit (2019-3*)

INSURANCE AND FINANCE, DEPARTMENT OF
Credit for Reinsurance (2019-1)

LICENSING AND REGULATORY AFFAIRS, DEPARTMENT OF
Correction:
Michigan Gas Safety Standards (2019-1)
Real Estate Brokers and Salespersons (2019-2)
Survey and Remonumentation Commission - General Rules (2019-2)

Accountancy– General Rules (2019-1)
Audiology - General Rules (2019-1)
Barbers (2019-5*)
Basic Local Exchange Service Customer Migration (2019-1)
Behavior Analysts – General Rules (2019-1)
Board of Acupuncture - General Rules (2019-1)
Board of Athletic (2019-5*)
Board of Chiropractic - General Rules (2019-1)
Board of Massage Therapy – General Rules (2019-1)
Board of Nursing – General Rules (2019-8*)
Board of Pharmacy - Controlled Substances (2019-1)
Board of Physical Therapy - General Rules (2019-1*)
Board of Psychology - General Rules (2019-5*)
Board of Respiratory Care (2019-1*)
Board of Social Work - General Rules (2019-1)
Board of Veterinary Medicine - General Rules (2019-1)
Code of Conduct (2019-1)
Complaints (2019-8*)
Consumer Standards and Billing Practices for Electric and Gas Residential Service (2019-1)
Freestanding Surgical Outpatient Facilities (2019-8*)
Hospice Licensure Rules (2019-8*)
Licensing Health Facilities or Agencies (2019-8*)
Michigan Gas Safety Standards (2019-1)
Michigan Medical Marihuana (2019-8*)
Minimum Standards for Hospitals (2019-8*)
Nursing Homes and Nursing Care Facilities (2019-8*)
Part 30. Telecommunications (2019-5*)
Part 6. Fire Exits (2019-5*)
Part 7. Guards for Power Transmissions (2019-5*)
Part 11. Fixed and Portable Ladders (2019-6*)
Part 14. Tunnels, Shafts, Caissons and Cofferdams (2019-6*)
Part 17. Refuse Packer Units (2019-5*)
Part 26. Metalworking Machinery (2019-7*)
Part 30. Telecommunications (2019-5*)
Part 42. Forging (2019-5*)
Part 44. Foundries (2019-5*)
Part 53. Tree Trimming and Removal (2019-6*)
Part 57. Oil and Gas Drilling and Servicing Operations (2019-5*)
Part 74 Fire Fighting (2019-5*)
Public Inspection of License Records (2019-8*)
Residential Builders and Maintenance and Alteration Contractors (2019-1)
Securities (2019-1)
Survey and Remonumentation Commission - General Rules (2019-1)
Task Force on Physician’s Assistants – General Rules (2019-1*)
Technical Standards for Electric Service (2019-1)
Unbundled Network Element and Local Interconnection Services (2019-1)
Veterinary Technician Licensure (2019-1) (2019-1)
Wage and Hour Division General Rules (2019-8)
Workers' Compensation Health Care Services Rules (2019-1)

MILITARY AND VETERAN AFFAIRS, DEPARTMENT OF
State Homes for Veterans (2019-1)

NATURAL RESOURCES, DEPARTMENT OF
Forest and Mineral Resource Development Fund Program (2019-5)
Nonmetallic Minerals Leased on State Lands (2019-1)

TRANSPORTATION, DEPARTMENT OF
Motor Bus Transportation Rules (2019-1)

TREASURY, DEPARTMENT OF
Correction:
Taxpayers Bill of Rights (2019-1)

Motor Fuel Tax Rules (2019-4)
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>
<thead>
<tr>
<th>PA No.</th>
<th>ENROLLED</th>
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<th>Effective Date</th>
<th>SUBJECT</th>
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<tbody>
<tr>
<td>1</td>
<td>0095</td>
<td>Yes</td>
<td>No</td>
<td>1/18</td>
<td>1/18/18</td>
<td>Use tax: collections; use tax on the difference; accelerate phase-in. **** Governor Veto of 7/25/17 overridden and approved by 2/3 vote on 1/17/18 **** (Sen. D. Robertson)</td>
</tr>
<tr>
<td>2</td>
<td>0094</td>
<td>Yes</td>
<td>No</td>
<td>1/18</td>
<td>1/18/18</td>
<td>Sales tax: collections; use tax on the difference; accelerate phase-in. **** Governor Veto of 7/25/17 overridden and approved by 2/3 vote on 1/17/18 **** (Sen. D. Hildenbrand)</td>
</tr>
<tr>
<td>3</td>
<td>4533</td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>1/26/18</td>
<td>Natural resources: hunting; nonresident 3-day small game license; establish. (Rep. C. VanderWall)</td>
</tr>
<tr>
<td>4</td>
<td>4957</td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>1/26/18</td>
<td>Natural resources: hunting; mentored youth hunting license; allow individual to purchase additional licenses. (Rep. G. Howell)</td>
</tr>
<tr>
<td>5</td>
<td>0207</td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>4/26/18</td>
<td>Law enforcement: other; arrest power for state property security officers; modify. (Sen. M. Green)</td>
</tr>
<tr>
<td>6</td>
<td>0525</td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>1/26/18</td>
<td>Courts: reorganization; reorganization of courts and number of judgeships; modify. (Sen. R. Jones)</td>
</tr>
<tr>
<td>7</td>
<td>0702</td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>1/26/18</td>
<td>Local government: other; educational instruction access act; clarify deed restriction language. (Sen. P. Pavlov)</td>
</tr>
<tr>
<td>8</td>
<td>4849</td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>4/26/18</td>
<td>Cemeteries and funerals: other; money held by a county for care and preservation of cemetery lots; require to be presumed abandoned under certain circumstances. (Rep. J. Alexander)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>9</td>
<td>4940</td>
<td></td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>4/26/18</td>
<td>Agriculture; associations and commissions; dry bean act; modify apportionment of districts and create a member at large. (Rep. E. Canfield)</td>
</tr>
<tr>
<td>10</td>
<td>5144</td>
<td></td>
<td>Yes</td>
<td>1/26</td>
<td>1/26</td>
<td>1/26/18</td>
<td>Marihuana; facilities; requirements for the issuance of a state operating license; revise, and provide for other general amendments. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>11</td>
<td>4735</td>
<td></td>
<td>Yes</td>
<td>2/6</td>
<td>2/6</td>
<td>5/7/18</td>
<td>Education; dual enrollment; definition of eligible institution for postsecondary dual enrollment; expand. (Rep. A. Miller)</td>
</tr>
<tr>
<td>12</td>
<td>4218</td>
<td></td>
<td>Yes</td>
<td>2/6</td>
<td>2/6</td>
<td>5/7/18</td>
<td>Juveniles; juvenile justice services; qualifications for direct care worker of a juvenile court-operated residential care facility; modify. (Rep. E. Leutheuser)</td>
</tr>
<tr>
<td>13</td>
<td>4821</td>
<td></td>
<td>Yes</td>
<td>2/6</td>
<td>2/6</td>
<td>5/7/18 #</td>
<td>Probate; wills and estates; appointment of the state or county public administrator as personal representative of a decedent's estate in a formal proceeding; require, and modify powers and duties of public administrators acting as personal representatives. (Rep. J. Runestad)</td>
</tr>
<tr>
<td>14</td>
<td>4822</td>
<td></td>
<td>Yes</td>
<td>2/6</td>
<td>2/6</td>
<td>5/7/18 #</td>
<td>Probate; wills and estates; appointment of the state or county public administrator as personal representative of a decedent's estate in a formal proceeding; require, and modify powers and duties of public administrators acting as personal representatives. (Rep. J. Ellison)</td>
</tr>
<tr>
<td>15</td>
<td>4470</td>
<td></td>
<td>Yes</td>
<td>2/6</td>
<td>2/6</td>
<td>5/7/18 #</td>
<td>Civil procedure; statute of limitations; appointment of receiver; clarify that appointment does not constitute an action under the &quot;one act&quot; rule, and clarify that statute of limitations under other act does not conflict with the revised judicature act. (Rep. B. Iden)</td>
</tr>
<tr>
<td>16</td>
<td>4471</td>
<td></td>
<td>Yes</td>
<td>2/6</td>
<td>2/6</td>
<td>5/7/18 #</td>
<td>Civil procedure; remedies; uniform commercial real estate receivership act; enact. (Rep. B. Iden)</td>
</tr>
<tr>
<td>17</td>
<td>4644</td>
<td></td>
<td>Yes</td>
<td>2/12</td>
<td>2/13</td>
<td>5/14/18</td>
<td>Traffic control; traffic regulation; annual multiple trip permit for vehicles; allow. (Rep. T. Cole)</td>
</tr>
<tr>
<td>18</td>
<td>0409</td>
<td></td>
<td>Yes</td>
<td>2/12</td>
<td>2/13</td>
<td>5/14/18</td>
<td>Natural resources; Great Lakes; use of certain bottomlands for private harbors; provide for. (Sen. T. Casperson)</td>
</tr>
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<tr>
<td>19</td>
<td>0543</td>
<td>Yes</td>
<td>2/14</td>
<td>2/14</td>
<td>5/15/18</td>
<td><strong>Highways:</strong> name; portion of I-94 in Kalamazoo County; designate as the “Chief Ed Switalski Memorial Highway”. <em>(Sen. M. O'Brien)</em></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>0316</td>
<td>Yes</td>
<td>2/14</td>
<td>2/14</td>
<td>2/14/18</td>
<td><strong>Natural resources:</strong> other; certain regulations on the taking of frogs; repeal. <em>(Sen. D. Booher)</em></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>0529</td>
<td>Yes</td>
<td>2/14</td>
<td>2/14</td>
<td>5/15/18</td>
<td><strong># Human services:</strong> county services; child care fund act; establish reimbursement procedures for appeal of determination. <em>(Sen. P. MacGregor)</em></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>0530</td>
<td>Yes</td>
<td>2/14</td>
<td>2/14</td>
<td>5/15/18</td>
<td><strong># Human services:</strong> county services; child care fund act; designate state as first payer and clarify reimbursable expenses. <em>(Sen. P. MacGregor)</em></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>0574</td>
<td>Yes</td>
<td>2/12</td>
<td>2/14</td>
<td>5/15/18</td>
<td><strong>Education:</strong> financing; levy of regional enhancement millage; revise. <em>(Sen. D. Hildenbrand)</em></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>0634</td>
<td>Yes</td>
<td>2/14</td>
<td>2/14</td>
<td>2/14/18</td>
<td><strong>Health occupations:</strong> psychologists; temporary license for individuals seeking a limited license as a psychologist; allow for extensions or renewals under certain circumstances and exempt certain individuals from examination requirement to obtain a limited license as a psychologist. <em>(Sen. W. Schmidt)</em></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>4787</td>
<td>Yes</td>
<td>2/14</td>
<td>2/14</td>
<td>2/14/18</td>
<td><strong>Natural resources:</strong> fishing; ice shanty identification requirements and removal dates; modify. <em>(Rep. C. VanderWall)</em></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>5284</td>
<td>Yes</td>
<td>2/12</td>
<td>2/14</td>
<td>2/14/18</td>
<td><strong>Property:</strong> conveyances; transfer of certain state-owned property in Saginaw County; provide for. <em>(Rep. V. Guerra)</em></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>4523</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>5/22/18</td>
<td><strong>Explosives:</strong> other; Michigan explosives permitting act; repeal. <em>(Rep. S. Johnson)</em></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>4524</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>5/22/18</td>
<td><strong># Torts:</strong> liability; joint and several liability; revise to reflect repeal of explosives act of 1970. <em>(Rep. S. VanSingel)</em></td>
<td></td>
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<tr>
<td>29</td>
<td>5137</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>5/22/18</td>
<td>Crimes: explosives; certain activities with respect to explosive materials; prohibit and provide penalties. (Rep. S. Johnson)</td>
</tr>
<tr>
<td>30</td>
<td>5138</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>5/22/18</td>
<td>Criminal procedure: sentencing guidelines; certain activities with respect to explosive materials; prohibit, and enact sentencing guidelines. (Rep. S. Johnson)</td>
</tr>
<tr>
<td>31</td>
<td>4950</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>2/21/18</td>
<td>Corporate income tax: insurance companies; tax imposed on gross direct premiums; exclude health maintenance organizations. (Rep. H. Vaupel)</td>
</tr>
<tr>
<td>32</td>
<td>5047</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>2/21/18</td>
<td>Corporate income tax: insurance companies; definition of insurance company; exclude health maintenance organizations. (Rep. H. Vaupel)</td>
</tr>
<tr>
<td>33</td>
<td>4752</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>2/21/18</td>
<td>Probate: wills and estates; fee ratio and reporting requirement; revise, and remove sunset. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>34</td>
<td>4813</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>5/22/18</td>
<td>Animals: other; training requirements for animal control shelters, animal protection shelters, and class B dealers to obtain a limited permit to buy, possess, and administer certain animal tranquilizers and sodium pentobarbital; revise. (Rep. H. Vaupel)</td>
</tr>
<tr>
<td>35</td>
<td>4956</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>5/22/18</td>
<td>Vehicles: equipment; distance requirement between kingpins and axles on certain trucks; eliminate. (Rep. T. Cole)</td>
</tr>
<tr>
<td>36</td>
<td>5200</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>2/21/18</td>
<td>Natural resources: other; certain sections in the natural resources and environmental protection act; update and eliminate certain references. (Rep. G. Howell)</td>
</tr>
<tr>
<td>37</td>
<td>4411</td>
<td>Yes</td>
<td>2/20</td>
<td>2/21</td>
<td>2/21/18</td>
<td>Liquor: licenses; eligibility of certain local governmental units to receive a scheduled event license; modify population threshold. (Rep. C. VanderWall)</td>
</tr>
<tr>
<td>38</td>
<td>0748</td>
<td>Yes</td>
<td>2/28</td>
<td>2/28</td>
<td>2/28/18</td>
<td>Individual income tax: exemptions; treatment of certain deductions and exemptions for state purposes after reduction of federal exemptions to zero; clarify and increase. (Sen. J. Brandenburg)</td>
</tr>
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<tr>
<td>39</td>
<td>0750</td>
<td>Yes</td>
<td>2/28</td>
<td>2/28</td>
<td>2/28/18</td>
<td>Individual income tax: city; treatment of exemptions after reduction of federal exemptions to zero; clarify. (Sen. M. Knollenberg)</td>
</tr>
<tr>
<td>40</td>
<td>5175</td>
<td>Yes</td>
<td>2/28</td>
<td>2/28</td>
<td>5/29/18</td>
<td>Liquor: licenses; qualifications of an eligible merchant that may fill and sell growlers of beer; revise. (Rep. T. Brann)</td>
</tr>
<tr>
<td>41</td>
<td>4472</td>
<td>Yes</td>
<td>2/28</td>
<td>2/28</td>
<td>5/29/18</td>
<td>Health: pharmaceuticals; food and drug administration-designated interchangeable biological drug products; allow pharmacists to dispense under certain circumstances. (Rep. J. Bizon)</td>
</tr>
<tr>
<td>42</td>
<td>4665</td>
<td>Yes</td>
<td>2/28</td>
<td>2/28</td>
<td>2/28/18</td>
<td>Education: discipline; enrollment eligibility in strict discipline academy; modify. (Rep. R. VerHeulen)</td>
</tr>
<tr>
<td>43</td>
<td>5040</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/1/18</td>
<td>Traffic control: other; driver responsibility fees; eliminate collection of beginning September 30, 2018. (Rep. L. Chatfield)</td>
</tr>
<tr>
<td>44</td>
<td>5041</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/1/18</td>
<td>Traffic control: other; educational outreach program for driver responsibility fee amnesty program; create. (Rep. S. Santana)</td>
</tr>
<tr>
<td>45</td>
<td>5043</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/1/18</td>
<td>Traffic control: other; driver responsibility fees; eliminate collection of for certain individuals who entered into an installment payment program. (Rep. R. Hauck)</td>
</tr>
<tr>
<td>46</td>
<td>5044</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/1/18</td>
<td>Traffic control: other; driver responsibility fees; eliminate assessment beginning October 1, 2018. (Rep. J. Bellino)</td>
</tr>
<tr>
<td>47</td>
<td>0613</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/1/18</td>
<td>Traffic control: other; reference in enhanced driver license and enhanced official state personal identification card act to driver responsibility fees; modify. (Sen. R. Jones)</td>
</tr>
<tr>
<td>48</td>
<td>5046</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/1/18</td>
<td>Traffic control: other; waiver of driver responsibility fee for successful participation in DWI sobriety court program; provide for on or after October 1, 2018. (Rep. S. Marino)</td>
</tr>
</tbody>
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<tr>
<td>49</td>
<td>0625</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/31/18</td>
<td>Traffic control; other; workforce training payment program; create. (Sen. K. Horn)</td>
</tr>
<tr>
<td>50</td>
<td>5079</td>
<td>Yes</td>
<td>3/1</td>
<td>3/1</td>
<td>3/31/18</td>
<td>Traffic control; driver license; driver responsibility fee; amend eligibility for alternative payment programs and reinstatement of driver license, and eliminate driver responsibility fee assessments for certain offenses. (Rep. D. Rendon)</td>
</tr>
<tr>
<td>51</td>
<td>0400</td>
<td>Yes</td>
<td>3/6</td>
<td>3/6</td>
<td>3/6/18</td>
<td>Communications; emergency 9-1-1; emergency 9-1-1 service enabling act; modify. (Sen. R. Jones)</td>
</tr>
<tr>
<td>52</td>
<td>0481</td>
<td>Yes</td>
<td>3/6</td>
<td>3/6</td>
<td>6/4/18</td>
<td>Highways; name; portion of US-10; designate as the &quot;Marine Lance Corporal Ryan Burgess Memorial Highway&quot;. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>53</td>
<td>4191</td>
<td>Yes</td>
<td>3/6</td>
<td>3/6</td>
<td>6/4/18</td>
<td>Highways; name; portion of I-75; designate as the &quot;Officer Martin 'Marty' Chivas Memorial Highway&quot;. (Rep. M. Howrylak)</td>
</tr>
<tr>
<td>54</td>
<td>5216</td>
<td>Yes</td>
<td>3/6</td>
<td>3/6</td>
<td>6/4/18</td>
<td>Civil procedure; other; report of prisoner actions dismissed as frivolous; eliminate. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>55</td>
<td>5039</td>
<td>Yes</td>
<td>3/6</td>
<td>3/6</td>
<td>3/6/18</td>
<td>Transportation; motor fuel tax; motor fuel tax exemptions; modify. (Rep. J. Wentworth)</td>
</tr>
<tr>
<td>56</td>
<td>0616</td>
<td>Yes</td>
<td>3/6</td>
<td>3/6</td>
<td>6/4/18</td>
<td>Children; protection; access to electronic central registry; allow tribal entity or tribal social services representative to have access. (Sen. J. Emmons)</td>
</tr>
<tr>
<td>57</td>
<td>0393</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>1/1/19</td>
<td>Economic development; tax increment financing; tax increment finance authorities into a single act; provide for. (Sen. K. Horn)</td>
</tr>
<tr>
<td>58</td>
<td>0419</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Juveniles; other; considerations for returning child to custody of parent; modify. (Sen. J. Emmons)</td>
</tr>
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<tr>
<td>59</td>
<td>0420</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Children; protection; considerations for returning child to custody of parent; modify.</td>
</tr>
<tr>
<td>60</td>
<td>0421</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Children; child abuse or child neglect; considerations for returning child to custody of parent; modify.</td>
</tr>
<tr>
<td>61</td>
<td>0522</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Local government; other; compensation for directors of a village or township community center; provide for.</td>
</tr>
<tr>
<td>62</td>
<td>0582</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Vehicles; registration; issuance of plates, tabs, or placards to persons with disabilities; allow upon determination of a qualifying condition by a physical therapist.</td>
</tr>
<tr>
<td>63</td>
<td>0645</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Transportation; other; state safety oversight entity; create to oversee covered rail fixed guideway public transportation systems.</td>
</tr>
<tr>
<td>64</td>
<td>4535</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Traffic control; civil infraction procedures; civil infraction for failure to place a tab on a vehicle within 30 days of date of registration; modify.</td>
</tr>
<tr>
<td>65</td>
<td>4536</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Criminal procedure; expunction; expunction of all information in arrest record when individual is wrongly accused under certain circumstances; require.</td>
</tr>
<tr>
<td>66</td>
<td>4537</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Law enforcement; law enforcement information network (LEIN); promulgation of rules to effectuate expunction and destruction of all arrest record information from LEIN and other databases by C.J.I.S. under certain circumstances; require.</td>
</tr>
<tr>
<td>67</td>
<td>4538</td>
<td>Yes</td>
<td>3/13</td>
<td>3/14</td>
<td>6/12/18</td>
<td>Criminal procedure; pretrial procedure; expunction and destruction of biometric data; eliminate certain exceptions.</td>
</tr>
<tr>
<td>68</td>
<td>4973</td>
<td>Yes</td>
<td>3/19</td>
<td>3/19</td>
<td>6/17/18</td>
<td>Civil rights; public records; public body records, documents, or information disclosable under freedom of information act; exempt critical energy infrastructure and cybersecurity-related information.</td>
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</table>
| 69    | 0596     | Yes   | 3/19              | 3/19       | 6/17/18        | Recreation; trails; trail development and management; provide for.  
(Sen. G. Hansen) |
| 70    | 4168     | Yes   | 3/19              | 3/19       | 6/17/18        | Highways; name; portion of M-71; designate as "PFC Shane Cantu Veterans Memorial Highway".  
(Rep. B. Frederick) |
| 71    | 4430     | Yes   | 3/19              | 3/19       | 6/17/18        | Civil rights; privacy; state assistance of federal government data collection; restrict.  
(Rep. M. Howrylak) |
| 72    | 4545     | Yes   | 3/19              | 3/19       | 7/1/18         | Employment security; other; data sharing; allow for certain purposes and facilitate access.  
(Rep. J. Ellison) |
| 73    | 4546     | Yes   | 3/19              | 3/19       | 7/1/18 #       | Employment security; reports; liability for misuse of shared data; extend to individuals associated with Michigan works agencies and certain educational institutions.  
(Rep. G. Howell) |
| 74    | 4839     | Yes   | 3/19              | 3/19       | 6/17/18        | Vehicles; registration; authority to deny or suspend vehicle registrations of carriers under certain circumstances; provide for.  
(Rep. C. VanderWall) |
| 75    | 4888     | Yes   | 3/19              | 3/19       | 3/19/18        | Traffic control; traffic regulation; definition of "charitable or civic organization" in section 676b of the Michigan vehicle code; modify.  
(Rep. D. Lauwers) |
| 76    | 5094     | Yes   | 3/19              | 3/19       | 6/17/18        | Consumer credit; credit reports and reporting agencies; free security freeze for consumers; provide for.  
(Rep. J. Bellino) |
| 77    | 5112     | Yes   | 3/19              | 3/19       | 6/17/18        | Highways; name; portion of Red Arrow Highway in Berrien County; designate as the "Trooper Robert J. Mihalik Memorial Highway".  
(Rep. K. LaSata) |
| 78    | 5155     | Yes   | 3/19              | 3/19       | 6/17/18        | Natural resources; rivers and streams; adopt-a-river program; limit to state parks and recreation areas.  
(Rep. K. LaSata) |

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<tr>
<td>79</td>
<td>5156</td>
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<td>Yes</td>
<td>3/19</td>
<td>3/19</td>
<td>6/17/18</td>
<td>Natural resources: shorelands; adopt-a-shoreline program; limit to state parks and recreation areas. (Rep. K. LaSata)</td>
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<tr>
<td>80</td>
<td>5198</td>
<td></td>
<td>Yes</td>
<td>3/19</td>
<td>3/19</td>
<td>6/17/18</td>
<td>Natural resources: forests; agreements with other states and the federal government to provide assistance; allow for all hazard incidents. (Rep. S. Allor)</td>
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<tr>
<td>81</td>
<td>5236</td>
<td></td>
<td>Yes</td>
<td>3/19</td>
<td>3/19</td>
<td>6/17/18</td>
<td>Occupations; accounting; certified public accountants; continuing education requirements; modify, and make other general revisions. (Rep. B. Iden)</td>
</tr>
<tr>
<td>82</td>
<td>4321</td>
<td></td>
<td>Yes</td>
<td>3/20</td>
<td>3/20</td>
<td>3/20/18</td>
<td>Appropriations; zero budget; supplemental appropriations; provide for fiscal year 2017-2018. (Rep. L. Cox)</td>
</tr>
<tr>
<td>83</td>
<td>5120</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Highways; name; portion of M-15 in the city of Vassar; designate as the &quot;Specialist 5 Michael May and Corporal Chris Esckelson Memorial Highway&quot;. (Rep. E. Canfield)</td>
</tr>
<tr>
<td>84</td>
<td>0353</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Labor; benefits; mandatory job interview information requirements; prohibit local units of government from establishing for employers. (Sen. J. Proos)</td>
</tr>
<tr>
<td>85</td>
<td>0442</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Businesses; business corporations; general revisions to business corporation act; provide for. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>86</td>
<td>0590</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Townships; charter; computation of net indebtedness; modify to include eligible reimbursements under the local community stabilization authority act. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>87</td>
<td>0591</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Villages; general law; computation of net indebtedness; modify to include eligible reimbursements under the local community stabilization authority act. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>88</td>
<td>0592</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Villages; home rule; computation of net indebtedness; modify to include eligible reimbursements under the local community stabilization authority act. (Sen. M. Shirkey)</td>
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<td>89</td>
<td>0593</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Cities: home rule; computation of net indebtedness; modify to include eligible reimbursements under the local community stabilization authority act. (Sen. M. Shirkey)</td>
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<tr>
<td>90</td>
<td>0589</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Vehicles: other; operation of electric patrol vehicles on sidewalks; permit under certain circumstances and modify certain equipment requirements. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>91</td>
<td>0638</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Insurance: reinsurance; eligibility credit for reinsurance; modify. (Sen. M. O’Brien)</td>
</tr>
<tr>
<td>92</td>
<td>4811</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>3/26/18 #</td>
<td>Agriculture: other; certain food processing standards; modify compliance with federal regulations, and modify certain licensing requirements and fees. (Rep. R. Victory)</td>
</tr>
<tr>
<td>93</td>
<td>4812</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>3/26/18 #</td>
<td>Agriculture: other; certain feed standards; modify compliance with federal regulations. (Rep. R. Victory)</td>
</tr>
<tr>
<td>94</td>
<td>5227</td>
<td></td>
<td>Yes</td>
<td>3/26</td>
<td>3/26</td>
<td>6/24/18</td>
<td>Agriculture: regulation; seed potato standards for distributing, growing, and planting; require to comply with the national harmonization program. (Rep. R. Victory)</td>
</tr>
<tr>
<td>95</td>
<td>5257</td>
<td></td>
<td>Yes</td>
<td>4/2</td>
<td>4/2</td>
<td>7/1/18</td>
<td>Crimes: computer; penalties for possession and use of ransomware without authorization; provide for. (Rep. B. Iden)</td>
</tr>
<tr>
<td>96</td>
<td>5258</td>
<td></td>
<td>Yes</td>
<td>4/2</td>
<td>4/2</td>
<td>7/1/18 #</td>
<td>Criminal procedure: sentencing guidelines; sentencing guidelines for possession with intent to use ransomware without authorization; enact. (Rep. J. Lower)</td>
</tr>
<tr>
<td>97</td>
<td>5097</td>
<td></td>
<td>Yes</td>
<td>4/2</td>
<td>4/2</td>
<td>7/1/18</td>
<td>Counties: boards and commissions; permit fee required for a government entity or telecommunication provider working within a county right-of-way; clarify limits, and clarify bonding and insurance requirements for telecommunication providers working within a county right-of-way. (Rep. B. Griffin)</td>
</tr>
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<td>99</td>
<td>5282</td>
<td>Yes</td>
<td>4/2</td>
<td>4/2</td>
<td>7/1/18</td>
<td>Crimes: intoxication or impairment; hearing procedure for issuing a restricted license requiring the installation of ignition interlock device; modify. (Rep. P. Lucido)</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>5456</td>
<td>Yes</td>
<td>4/2</td>
<td>4/2</td>
<td>4/2/18</td>
<td>Civil procedure; civil actions; asbestos bankruptcy trust claims transparency act; enact. (Rep. J. Wentworth)</td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>5678</td>
<td>Yes</td>
<td>4/2</td>
<td>4/2</td>
<td>4/2/18</td>
<td>Health occupations; health professionals; bona fide prescriber-patient relationship before prescribing or dispensing a controlled substance; modify beginning date. (Rep. B. Kahle)</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>4633</td>
<td>Yes</td>
<td>4/2</td>
<td>4/5</td>
<td>7/4/18</td>
<td>Law enforcement; reports; uniform crime reporting system; include the national missing and unidentified persons system (NamUs) for reports of missing individuals. (Rep. T. Brann)</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>0623</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>4/5/18</td>
<td>Individual income tax; deductions; extension or renewal of certain qualified renaissance zones; allow. (Sen. K. Horn)</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>0662</td>
<td>Yes</td>
<td>4/2</td>
<td>4/5</td>
<td>7/4/18</td>
<td>Liquor; licenses; eligibility for club liquor license; extend to certain additional members. (Sen. R. Jones)</td>
<td></td>
</tr>
<tr>
<td>105</td>
<td>0712</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>4/5/18</td>
<td>Civil rights; public records; maintenance, custody, and procedure for disclosing certain public records; modify. (Sen. J. Stamas)</td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>0727</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>4/5/18</td>
<td>Education; teachers; interim teaching certificate; modify certain criteria. (Sen. P. Pavlov)</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>0801</td>
<td>Yes</td>
<td>4/5</td>
<td>4/5</td>
<td>7/4/18</td>
<td>Controlled substances; schedules; tianeptine sodium; include as a schedule 2 drug. (Sen. R. Jones)</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>4922</td>
<td>Yes</td>
<td>4/2</td>
<td>4/5</td>
<td>7/4/18</td>
<td>Vehicles; inspection; records of collection and disposition of inspection fees; allow for review by local government. (Rep. J. Yaroch)</td>
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<td>0521</td>
<td>Yes</td>
<td>4/24</td>
<td>4/24</td>
<td>7/23/18</td>
<td>Traffic control; traffic regulation; procedure for intersection traffic flow due to power failure; clarify. (Sen. R. Jones)</td>
</tr>
<tr>
<td>115</td>
<td>5394</td>
<td>Yes</td>
<td>4/25</td>
<td>4/26</td>
<td>7/25/18</td>
<td>Highways: name; portion of Business Route 127; designate as the “SPC Robert Friese Memorial Highway”. (Rep. J. Wentworth)</td>
</tr>
<tr>
<td>116</td>
<td>5001</td>
<td>Yes</td>
<td>4/25</td>
<td>4/26</td>
<td>7/25/18 #</td>
<td>Occupations: foresters; registration of foresters; provide for purposes of preparing management plan for tax-exempt qualified forest property. (Rep. D. Rendon)</td>
</tr>
<tr>
<td>117</td>
<td>5002</td>
<td>Yes</td>
<td>4/25</td>
<td>4/26</td>
<td>7/25/18 #</td>
<td>Property tax: exemptions; qualified forest property; revise forester registration program citation. (Rep. D. Rendon)</td>
</tr>
<tr>
<td>118</td>
<td>5091</td>
<td>Yes</td>
<td>4/25</td>
<td>4/26</td>
<td>4/26/18</td>
<td>Individual income tax: reporting; employer reporting deadline; modify to comply with federal deadline. (Rep. B. Kahle)</td>
</tr>
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<tr>
<td>119</td>
<td>5438</td>
<td></td>
<td>Yes</td>
<td>4/25</td>
<td>4/26</td>
<td>7/25/18</td>
<td>Crimes: human trafficking; definition of coercion; expand to include controlling or facilitating access to controlled substances. (Rep. L. Cox)</td>
</tr>
<tr>
<td>120</td>
<td>0809</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>12/31/18</td>
<td>Elections: other Michigan election law; repeal and remove certain obsolete provisions, and make other miscellaneous changes. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>121</td>
<td>0810</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>12/31/18</td>
<td>Courts: district court; reference in the revised judicature act of 1961 to the Michigan election law; update. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>122</td>
<td>0811</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>12/31/18</td>
<td>Elections: school; reference in the revised school code to the Michigan election law; update. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>123</td>
<td>0812</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>12/31/18</td>
<td>Elections: voting equipment; certain obsolete provisions; remove, and modify voting machine references to electronic voting system. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>124</td>
<td>0813</td>
<td></td>
<td>Yes</td>
<td>5/12</td>
<td>5/3</td>
<td>12/31/18</td>
<td>Criminal procedure: sentencing guidelines; sentencing guidelines for certain Michigan election law violations; provide for. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>125</td>
<td>0814</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>12/31/18</td>
<td>Elections: registration; certain obsolete provisions in the Michigan election law related to voter registration; remove, and amend other provisions related to voter registration. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>126</td>
<td>5646</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>5/3/18</td>
<td>Elections: qualified voter file; maintenance of the statewide qualified voter file; require the secretary of state to check against the United States Social Security Administration's death master file and require the secretary of state to participate in multistate voter registration verification programs. (Rep. J. Calley)</td>
</tr>
<tr>
<td>127</td>
<td>5644</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>5/3/18</td>
<td>Elections: absent voters; procedure to “spoil” an absent voter ballot; provide for, and require use of paper ballots for tabulation. (Rep. T. Barrett)</td>
</tr>
<tr>
<td>128</td>
<td>5012</td>
<td></td>
<td>Yes</td>
<td>5/2</td>
<td>5/3</td>
<td>8/1/18</td>
<td>Elections: recounts; aggrieved candidate for purposes of recount; clarify. (Rep. J. Lilly)</td>
</tr>
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| 129   | 5669 |    | Yes   | 5/2               | 5/3        | 5/3/18         | **Elections**: voting procedures; identification for election purposes; define. 
(Rep. A. Miller) |
| 130   | 0290 |    | Yes   | 5/2               | 5/3        | 8/1/18         | **Elections**: recounts; recount fee; increase for certain recounts. 
(Sen. D. Robertson) |
| 131   | 0841 |    | Yes   | 5/2               | 5/3        | 8/1/18         | **Businesses**: partnerships; liability for obligations of limited liability partnerships; clarify. 
(Sen. J. Brandenburg) |
| 132   | 5261 |    | Yes   | 5/2               | 5/3        | 5/3/18         | **Property tax**: exemptions; filings for certain personal property exemptions; modify dates. 
(Rep. J. Tedder) |
| 133   | 4905 |    | Yes   | 5/2               | 5/3        | 5/3/18         | **Property tax**: principal residence exemption; principal residence exemption for individual residing in nursing home or assisted living facility; modify. 
(Rep. P. Lucido) |
| 134   | 0618 |    | Yes   | 5/9               | 5/10       | 8/8/18         | **Highways**: name; portion of M-59 in Livingston County; designate as the "Candice Dunn Memorial Highway". 
(Sen. D. Hildenbrand) |
| 135   | 5238 |    | Yes   | 5/9               | 5/10       | 5/10/18        | **School aid**: other; operational improvements for school districts; clarify terms. 
(Rep. B. Griffin) |
| 136   | 5463 |    | Yes   | 5/9               | 5/10       | 8/8/18         | **Health**: hazardous products; sale or delivery of nitrous oxide to individuals under the age of 18; prohibit, and provide remedies. 
(Rep. S. Chang) |
| 137   | 5464 |    | Yes   | 5/9               | 5/10       | 8/8/18         | **Civil procedure**: remedies; prosecuting attorney or attorney general to bring action for certain violations regarding the sale of nitrous oxide to minors; provide for. 
(Rep. J. Bellino) |
| 138   | 4628 |    | Yes   | 5/9               | 5/10       | 8/8/18         | **Highways**: name; portion of M-66 between M-55 in Lake City and M-72 in Kalkaska; designate as the "Veterans Highway". 
(Rep. D. Rendon) |

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<td>139</td>
<td>4945</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>8/8/18</td>
<td>Traffic control; traffic regulation; prohibition on operation of golf cart on state trunk line highway; eliminate under certain circumstances. (Rep. A. Miller)</td>
</tr>
<tr>
<td>140</td>
<td>5215</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>8/8/18</td>
<td>Crimes: escape; provision related to assisting an inmate to escape from the Adrian girls training school; repeal. (Rep. B. Kahle)</td>
</tr>
<tr>
<td>141</td>
<td>4422</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>5/10/18</td>
<td>Retirement: public school employees; allowing a retirant to be employed at a reporting unit as school renewal coach or high impact leadership facilitator under certain conditions without forfeiting retirement allowance or health care coverage; provide for. (Rep. H. Hughes)</td>
</tr>
<tr>
<td>142</td>
<td>4768</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>8/8/18</td>
<td>Juveniles: criminal procedure; setting aside juvenile adjudication for completion of the Michigan youth challeNGe academy; provide for. (Rep. J. Bizon)</td>
</tr>
<tr>
<td>143</td>
<td>4410</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>8/8/18</td>
<td>Probate: wills and estates; exempt property; allow decedent to exclude child by written instrument. (Rep. P. Lucido)</td>
</tr>
<tr>
<td>144</td>
<td>5530</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>8/8/18</td>
<td>Crimes: criminal sexual conduct; individual convicted of or juvenile adjudicated for criminal sexual conduct; prohibit from returning to the same school building as victim. (Rep. L. Theis)</td>
</tr>
<tr>
<td>145</td>
<td>5531</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>8/8/18</td>
<td>Education: discipline; provision related to suspension or expulsion of a student; modify. (Rep. L. Theis)</td>
</tr>
<tr>
<td>146</td>
<td>5532</td>
<td>Yes</td>
<td>5/9</td>
<td>5/10</td>
<td>8/8/18</td>
<td>Civil procedure: personal protection orders; criminal sexual conduct; prohibit abuser from attending same school as minor victim. (Rep. S. Santana)</td>
</tr>
<tr>
<td>147</td>
<td>5100</td>
<td>Yes</td>
<td>5/15</td>
<td>5/16</td>
<td>8/14/18</td>
<td>Traffic control: violations; definition of obstructed license plate; clarify. (Rep. H. Hughes)</td>
</tr>
<tr>
<td>148</td>
<td>5010</td>
<td>Yes</td>
<td>5/15</td>
<td>5/16</td>
<td>8/14/18</td>
<td>Criminal procedure: statute of limitations; crime of armed robbery; include. (Rep. D. Farrington)</td>
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<td>149</td>
<td>5234</td>
<td>Yes</td>
<td>5/15</td>
<td>5/16</td>
<td>8/14/18</td>
<td>Corrections: jails; medical probation based on physical or mental incapacity and compassionate release based on imminent death; allow. (Rep. M. Howrylak)</td>
</tr>
<tr>
<td>150</td>
<td>5259</td>
<td>Yes</td>
<td>5/15</td>
<td>5/16</td>
<td>8/14/18</td>
<td>Transportation: other; taxi service, limousine, and transportation network company vehicle signage regulations; revise. (Rep. B. Iden)</td>
</tr>
<tr>
<td>151</td>
<td>0297</td>
<td>Yes</td>
<td>5/15</td>
<td>5/16</td>
<td>8/14/18</td>
<td>Occupations: individual licensing and regulation; presentation of identification to certain government officials; require, and revise scope of practice for electricians. (Sen. K. Horn)</td>
</tr>
<tr>
<td>152</td>
<td>0815</td>
<td>Yes</td>
<td>5/15</td>
<td>5/16</td>
<td>8/14/18</td>
<td>Vehicles: registration; registration fee reduction for vans modified with a wheelchair lift mechanism; modify. (Sen. K. Horn)</td>
</tr>
<tr>
<td>154</td>
<td>4667</td>
<td>Yes</td>
<td>5/23</td>
<td>5/23</td>
<td>10/1/18 #</td>
<td>Liquor: economic development; grape and wine industry council; change name to Michigan craft beverage council and revise powers and duties of members. (Rep. B. Iden)</td>
</tr>
<tr>
<td>155</td>
<td>0440</td>
<td>Yes</td>
<td>5/23</td>
<td>5/23</td>
<td>10/1/18 #</td>
<td>Liquor: other; reference to grape and wine council; revise to reflect change in name to the Michigan craft beverage council and to create a fund for it to carry out its responsibilities. (Sen. G. Hansen)</td>
</tr>
<tr>
<td>157</td>
<td>5591</td>
<td>Yes</td>
<td>5/23</td>
<td>5/23</td>
<td>8/21/18</td>
<td>Occupations: appraisers; time period for filing a complaint against a licensee for certain violations; modify. (Rep. B. Iden)</td>
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| 159   | 0804     | Yes   | 5/23             | 5/23       | 8/21/18        | Property; state buildings; concession operations by blind persons; modify exceptions.
Sen. D. Hildenbrand |
| 160   | 0568     | Yes   | 5/23             | 5/23       | 5/23/18        | Vehicles; motorcycles; height restriction on motorcycle and moped handlebars; modify.
Sen. R. Jones |
| 161   | 0647     | Yes   | 5/23             | 5/23       | 5/23/18        | Individual income tax; home heating credit; funding for weatherization; extend sunset and require report.
Sen. D. Zorn |
| 162   | 0839     | Yes   | 5/23             | 5/23       | 8/21/18        | Natural resources; mining; amendments to a mining permit; allow significant changes after a public meeting and allow certain changes by written notification to department of environmental quality.
Sen. T. Casperson |
| 163   | 0840     | Yes   | 5/23             | 5/23       | 8/21/18        | Environmental protection; water pollution; certain waste collection or treatment facilities; exempt from certain permit requirements.
Sen. T. Casperson |
| 164   | 0881     | Yes   | 5/23             | 5/23       | 8/21/18        | Environmental protection; water pollution; exemptions for tailings disposal facilities; modify.
Sen. T. Casperson |
| 165   | 0883     | Yes   | 6/3              | 6/4        | 6/4/18         | Appropriations; supplemental; Michigan natural resources trust fund; provide appropriations for fiscal year 2017-2018.
Sen. D. Booher |
| 166   | 0551     | Yes   | 6/3              | 6/4        | 6/4/18         | Natural resources; other; natural resources trust fund process for determining amounts available for expenditure; provide for.
Sen. D. Hildenbrand |
| 167   | 5620     | Yes   | 6/3              | 6/4        | 1/1/19         | Sales tax; exemptions; exemption claim process after sale at retail; modify.
Rep. P. Hornberger |
| 168   | 5621     | Yes   | 6/3              | 6/4        | 1/1/19         | Use tax; exemptions; exemption claim process after sale; modify.
Rep. S. Allor |

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<td>5093</td>
<td>Yes</td>
<td>6/3</td>
<td>6/4</td>
<td>6/4/18</td>
<td>Retirement: public school employees; matching contributions for certain employees hired before July 1, 2010; provide for. (Rep. B. LaFave)</td>
</tr>
<tr>
<td>170</td>
<td>5235</td>
<td>Yes</td>
<td>6/3</td>
<td>6/4</td>
<td>9/2/18</td>
<td>Labor; hours and wages; technical amendments to payment of monthly payday wages; provide for. (Rep. S. Marino)</td>
</tr>
<tr>
<td>171</td>
<td></td>
<td>Yes</td>
<td>6/6</td>
<td>6/6/18</td>
<td></td>
<td>Initiated Law; prevailing wage; requirement; repeal.</td>
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<tr>
<td>172</td>
<td>4643</td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>6/11/18</td>
<td>Taxation; state real estate transfer; exemptions of real estate transfer tax for certain principal residences that have lost value; expand to include certain certificate of occupancy dates. (Rep. D. Maturen)</td>
</tr>
<tr>
<td>173</td>
<td>0992</td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>6/11/18 #</td>
<td>Insurance; health insurers; health insurance claims assessment act; sunset and repeal under certain conditions. (Sen. K. Horn)</td>
</tr>
<tr>
<td>174</td>
<td>0993</td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>6/11/18 #</td>
<td>Use tax; collections; trigger for assessment on certain medical services; eliminate. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>175</td>
<td>0994</td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>6/11/18</td>
<td>Insurance; health insurers; insurance provider assessment act; create. (Sen. M. Shirkey)</td>
</tr>
<tr>
<td>176</td>
<td>5686</td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>9/9/18</td>
<td>State; identification cards; issuance of a state identification card for a term that exceeds an applicant's legal presence; prohibit. (Rep. P. Hornberger)</td>
</tr>
<tr>
<td>177</td>
<td>5687</td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>9/9/18</td>
<td>Traffic control; driver license; issuance of driver license for a term that exceeds an applicant's legal presence; prohibit, and require visual marking on driver license. (Rep. B. Griffin)</td>
</tr>
<tr>
<td>178</td>
<td>5768</td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>6/11/18</td>
<td>Liquor; distribution; requirements related to the sale, delivery, or importation of beer, wine, and mixed spirit drink in this state; modify process. (Rep. B. Iden)</td>
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<td>179</td>
<td>4574</td>
<td></td>
<td>Yes</td>
<td>6/11</td>
<td>6/11</td>
<td>9/9/18</td>
<td>Traffic control: parking; information to be displayed on handicap permit placard; revise. (Rep. D. Rendon)</td>
</tr>
<tr>
<td>182</td>
<td>0871</td>
<td></td>
<td>Yes</td>
<td>6/12</td>
<td>6/12</td>
<td>9/10/18</td>
<td>Criminal procedure: statute of limitations; statute of limitations for certain criminal sexual conduct violations; modify. (Sen. M. O’Brien)</td>
</tr>
<tr>
<td>183</td>
<td>0872</td>
<td></td>
<td>Yes</td>
<td>6/12</td>
<td>6/12</td>
<td>6/12/18</td>
<td>Civil procedure: statute of limitations; statute of limitations for criminal sexual conduct violations; extend retroactively, and add grace period for minor victims of criminal sexual conduct. (Sen. D. Knezek)</td>
</tr>
<tr>
<td>184</td>
<td>4106</td>
<td></td>
<td>Yes</td>
<td>6/12</td>
<td>6/13</td>
<td>9/11/18</td>
<td># Education: curriculum; granting academic credit for internship; require under certain circumstances. (Rep. B. LaFave)</td>
</tr>
<tr>
<td>185</td>
<td>5676</td>
<td></td>
<td>Yes</td>
<td>6/12</td>
<td>6/13</td>
<td>9/11/18</td>
<td># School aid: membership; definition of membership; expand to include pupils engaging in internships and work experiences. (Rep. B. Iden)</td>
</tr>
<tr>
<td>187</td>
<td>5727</td>
<td></td>
<td>Yes</td>
<td>6/12</td>
<td>6/13</td>
<td>9/11/18</td>
<td># Businesses: franchises; prohibition against pyramid schemes; revise in franchise investment law. (Rep. P. Hornberger)</td>
</tr>
<tr>
<td>188</td>
<td>5728</td>
<td></td>
<td>Yes</td>
<td>6/12</td>
<td>6/13</td>
<td>9/11/18</td>
<td># Criminal procedure: sentencing guidelines; sentencing guidelines for crime of engaging in pyramid promotion schemes; provide for. (Rep. J. Noble)</td>
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<td>5729</td>
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<td>Yes</td>
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<td>6/13</td>
<td>9/11/18</td>
<td>#</td>
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<td></td>
<td></td>
<td>Consumer protection; unfair trade practices; application of consumer protection act to pyramid schemes; clarify. (Rep. B. Iden)</td>
</tr>
<tr>
<td>190</td>
<td>1012</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>6/20/18</td>
<td>Elections; voting procedures; ballot secrecy sleeves; modify, and modify time to notify an officer whose recall is sought of the recall petition. (Sen. D. Robertson)</td>
</tr>
<tr>
<td>191</td>
<td>0731</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Property; recording; requirement that an instrument be filed; change to recorded. (Sen. D. Zorn)</td>
</tr>
<tr>
<td>192</td>
<td>0732</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Property; recording; recording waiver of mortgage priority; clarify recording fee. (Sen. D. Zorn)</td>
</tr>
<tr>
<td>193</td>
<td>0733</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Land use; other; certified survey map requirements; modify. (Sen. D. Zorn)</td>
</tr>
<tr>
<td>194</td>
<td>0734</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Property; recording; conveyance under a trust; require trust to be recorded separately. (Sen. I. Conyers)</td>
</tr>
<tr>
<td>195</td>
<td>0735</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Property; recording; death certificate for joint tenant; require to be recorded separately from deed. (Sen. D. Knezek)</td>
</tr>
<tr>
<td>196</td>
<td>0736</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Property; recording; recording requirements; remove exception for wills. (Sen. C. Hertel)</td>
</tr>
<tr>
<td>197</td>
<td>0737</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Property; recording; recording with register of deeds; require an English translation document to be included. (Sen. C. Hertel)</td>
</tr>
<tr>
<td>198</td>
<td>0738</td>
<td></td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Property; recording; certificates of correction; provide for recording fee. (Sen. J. Proos)</td>
</tr>
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<tr>
<td>199</td>
<td>0739</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>6/20/18</td>
<td>Property: condemnation; prima facie evidence of ownership in fourth class cities; repeal. (Sen. J. Proos)</td>
<td></td>
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<tr>
<td>200</td>
<td>0740</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>6/20/18</td>
<td>Property: condemnation; prima facie evidence of ownership in county department and board of public works; repeal. (Sen. J. Proos)</td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>0887</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>6/20/18</td>
<td>Use tax: exemptions; certain tangible personal property acquired by a contractor; exempt. (Sen. J. Brandenburg)</td>
<td></td>
</tr>
<tr>
<td>202</td>
<td>4614</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>6/20/18</td>
<td>Education: teachers; option to renew lapsed provisional education certificate; repeal. (Rep. A. Miller)</td>
<td></td>
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<tr>
<td>203</td>
<td>5283</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>6/20/18</td>
<td>Economic development; brownfield redevelopment authority; definition of demolition within the brownfield redevelopment financing act; modify. (Rep. B. Frederick)</td>
<td></td>
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<tr>
<td>204</td>
<td>5391</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Vehicles: other; electric skateboard; define and regulate. (Rep. C. VanderWall)</td>
<td></td>
</tr>
<tr>
<td>205</td>
<td>5430</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>6/20/18</td>
<td>Insurance; insurers; electronic delivery of insurance documents; allow under certain conditions. (Rep. L. Theis)</td>
<td></td>
</tr>
<tr>
<td>206</td>
<td>5662</td>
<td>Yes</td>
<td>6/19</td>
<td>6/20</td>
<td>9/18/18</td>
<td>Vehicles: off-road; helmet and protective eyewear requirement while operating an off-road vehicle for towing a fishing shanty; eliminate. (Rep. C. VanderWall)</td>
<td></td>
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<tr>
<td>208</td>
<td>0897</td>
<td>Yes</td>
<td>6/22</td>
<td>6/22</td>
<td>9/20/18</td>
<td>Human services; medical services; recipient work engagement requirements for Healthy Michigan coverage; provide for and update waiver provisions for Healthy Michigan. (Sen. M. Shirkey)</td>
<td></td>
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<td>210</td>
<td>5536</td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td>Veterans: other; county veteran service fund; create, and provide for funding and expenditures. (Rep. J. Wentworth)</td>
<td></td>
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<tr>
<td>212</td>
<td>0330</td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td>Traffic control; violations; crime of operation of vehicle causing death while holding a suspended or revoked license or registration; expand to include individuals whose licenses or registrations were suspended or revoked by other states. (Sen. M. O’Brien)</td>
<td></td>
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<tr>
<td>215</td>
<td>0622</td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>6/26/18</td>
<td>Highways: name; portion of US-23; designate as the &quot;Peter A. Pettalia Memorial Highway&quot;. (Sen. J. Stamas)</td>
<td></td>
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<tr>
<td>216</td>
<td>4828</td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td>Highways: name; portion of I-696; designate as the &quot;Trooper Vicki Moreau DeVries Memorial Highway&quot;. (Rep. C. Greig)</td>
<td></td>
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<tr>
<td>217</td>
<td>5664</td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td>Highways: name; portion of I-96; designate as the &quot;Officer Mason Samborski Memorial Highway&quot;. (Rep. R. Wittenberg)</td>
<td></td>
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<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td>Highways: name; portion of M-52; designate as the &quot;Trooper Calvin R. Jones Memorial Highway&quot;. (Sen. D. Zorn)</td>
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<tr>
<td>220</td>
<td>5934</td>
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<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td>Human services; medical services; rural hospital access pool; provide for. (Rep. E. Canfield)</td>
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<tr>
<td>221</td>
<td>5901</td>
<td></td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td>Crime victims; other; allocation for statewide trauma system; modify limitation. (Rep. M. Whiteford)</td>
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<tr>
<td>222</td>
<td>1016</td>
<td></td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>6/26/18</td>
<td>Corporate income tax; insurance companies; rate; reduce for certain gross premiums. (Sen. J. Stamas)</td>
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<tr>
<td>223</td>
<td>5052</td>
<td></td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td># Elections; other; filling vacancy in office of county auditor; clarify under certain circumstances. (Rep. J. Jones)</td>
</tr>
<tr>
<td>224</td>
<td>5072</td>
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<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td># Elections; other; reference to elected office of county auditor in the election law; remove. (Rep. M. Webber)</td>
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<tr>
<td>225</td>
<td>5114</td>
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<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td># Elections; candidates; reference to elected office of county auditor in the election law; remove. (Rep. J. Calley)</td>
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<tr>
<td>226</td>
<td>5131</td>
<td></td>
<td>Yes</td>
<td>6/25</td>
<td>6/26</td>
<td>9/24/18</td>
<td># Elections; candidates; reference to elected office of county auditor in the election law; remove. (Rep. R. Kosowski)</td>
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<tr>
<td>228</td>
<td>0942</td>
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<td>Yes</td>
<td>6/26</td>
<td>6/27</td>
<td>6/27/18</td>
<td>State financing and management; authorities; talent investment fund in the higher education loan authority act; implement. (Sen. G. Hansen)</td>
</tr>
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<td>229</td>
<td>5139</td>
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<td>6/26</td>
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<td>0175</td>
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<td>233</td>
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<td>234</td>
<td>5145</td>
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<td>235</td>
<td>5141</td>
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<td>236</td>
<td>4069</td>
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<td>Yes</td>
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<td>237</td>
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<td>238</td>
<td>0302</td>
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<td>6/27</td>
<td>6/27</td>
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<td>0303</td>
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<td>Yes</td>
<td>6/27</td>
<td>6/27</td>
<td>9/25/18</td>
<td># Natural resources; funding; land exchange facilitation fund; authorize to be used for natural resources management costs. (Sen. D. Booher)</td>
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<tr>
<td>240</td>
<td>4475</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/27</td>
<td>9/25/18</td>
<td># Natural resources; land acquisition; cap on acreage in northern Michigan; remove, approve strategic plan, and restrict certain land acquisitions if FILT payments not made or state or federal land constitutes 40% or more of land in county. (Rep. G. Howell)</td>
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<tr>
<td>241</td>
<td>0344</td>
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<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>9/26/18</td>
<td>Education; curriculum; endorsement in science, technology, engineering, and math (STEM); provide for eligibility requirements. (Sen. J. Proos)</td>
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<td>242</td>
<td>0343</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>9/26/18</td>
<td>Education; students; provision to students of certain information concerning career outlook; provide for. (Sen. J. Proos)</td>
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<tr>
<td>243</td>
<td>5379</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>9/26/18</td>
<td>Education; safety; possession and application of sunscreen at school; allow. (Rep. K. Hertel)</td>
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<tr>
<td>244</td>
<td>0988</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>9/26/18</td>
<td>Human services; county services; sunset on certain administrative rate changes to foster care services; eliminate. (Sen. P. MacGregor)</td>
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<tr>
<td>245</td>
<td>1015</td>
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<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Health facilities; quality assurance assessments; state retention amount from funds generated through hospital assessments; revise. (Sen. D. Hildenbrand)</td>
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<td>246</td>
<td>5805</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>9/26/18</td>
<td>Health; pharmaceuticals; generically equivalent drug products and Food and Drug Administration-designated interchangeable biological drug products; require pharmacist to charge certain amount to certain purchasers. (Rep. J. Bizon)</td>
</tr>
<tr>
<td>248</td>
<td>5908</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Property tax; personal property; distribution of local community stabilization act share revenues; modify. (Rep. R. VerHeulen)</td>
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<td>249</td>
<td>4115</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>9/26/18</td>
<td>Sales tax; exemptions; sales at retail for fund-raising activities by nonprofit organizations; increase exempt amount. (Rep. E. Leutheuser)</td>
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<td>250</td>
<td>5435</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Economic development; other; revocation of certain commercial rehabilitation certificates; modify. (Rep. E. Leutheuser)</td>
</tr>
<tr>
<td>251</td>
<td>5436</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Economic development; obsolete property and rehabilitation; revocation of certain obsolete property rehabilitation certificates; modify. (Rep. B. Frederick)</td>
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<td>252</td>
<td>0197</td>
<td>Yes</td>
<td>6/27</td>
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<td>6/28/18</td>
<td>Individual income tax; checkoff; fostering futures scholarship trust fund; provide for. (Sen. P. MacGregor)</td>
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<tr>
<td>253</td>
<td>0196</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Individual income tax; other; credit income tax checkoff contributions to the fostering futures scholarship trust fund; provide for. (Sen. M. Knollenberg)</td>
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<td>256</td>
<td>0816</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Individual income tax; checkoff; contributions to the Michigan World War II Legacy Memorial fund; provide for. (Sen. M. Knollenberg)</td>
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<td>257</td>
<td>0817</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Individual income tax; other; Michigan World War II Legacy Memorial fund act; create. (Sen. S. Bieda)</td>
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<tr>
<td>258</td>
<td>5739</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Individual income tax; checkoff; donation to the Kiwanis fund; provide for. (Rep. S. Marino)</td>
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<td>5740</td>
<td>Yes</td>
<td>6/27</td>
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<td>6/28/18 #</td>
<td>Individual income tax; other; Kiwanis fund act; create. (Rep. D. Farrington)</td>
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<td>260</td>
<td>0946</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Labor; job training; Going pro talent program; create. (Sen. K. Horn)</td>
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<td>261</td>
<td>0226</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>9/26/18</td>
<td>Civil procedure; service of process; fees and mileage allowed for service of process; modify. (Sen. R. Jones)</td>
</tr>
<tr>
<td>262</td>
<td>4871</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18</td>
<td>Economic development; other; qualifying period for assessment; modify. (Rep. S. Chang)</td>
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<td>263</td>
<td>4609</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18 #</td>
<td>State financing and management; funds; cap and distribution of disaster and contingency fund; revise and modify. (Rep. S. Marino)</td>
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<tr>
<td>264</td>
<td>4610</td>
<td>Yes</td>
<td>6/27</td>
<td>6/28</td>
<td>6/28/18 #</td>
<td>State financing and management; funds; cap and distribution of disaster and contingency fund; revise and modify. (Rep. D. Farrington)</td>
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<tr>
<td>266</td>
<td>5142</td>
<td>Yes</td>
<td>6/28</td>
<td>6/28</td>
<td>9/26/18 #</td>
<td>School aid; other; requirement to employ certificated teachers for the purposes of school aid; modify. (Rep. R. Kosowski)</td>
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<tr>
<td>267</td>
<td>0652</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>6/29/18 #</td>
<td>Administrative procedure; rules; environmental rules; establish a special review committee. (Sen. T. Casperson)</td>
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<tr>
<td>268</td>
<td>0653</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>6/29/18 #</td>
<td>Environmental protection; permits; permit appeal panel; create. (Sen. D. Booher)</td>
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<td>269</td>
<td>0654</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>6/29/18 #</td>
<td>Environmental protection; other; environmental science advisory board; create. (Sen. D. Robertson)</td>
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<tr>
<td>270</td>
<td>0542</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Environmental protection; other; pesticide notification registry; limit geographic scope of required notification. (Sen. T. Casperson)</td>
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<tr>
<td>271</td>
<td>4438</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Environmental protection; sewage; exemption from domestic septic law; provide for portable toilets for farm laborers. (Rep. T. Barrett)</td>
</tr>
<tr>
<td>272</td>
<td>5417</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Natural resources; hunting; possessing or transporting of a bow and arrow, crossbow, or slingshot; modify. (Rep. S. Johnson)</td>
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<tr>
<td>273</td>
<td>0915</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Traffic control; traffic regulation; maximum width of school buses; provide for, and exempt from seasonal road restrictions. (Sen. T. Casperson)</td>
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<tr>
<td>274</td>
<td>0836</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Traffic control; traffic regulation; tandem axle assemblies; modify weight restrictions. (Sen. T. Casperson)</td>
</tr>
<tr>
<td>275</td>
<td>0640</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Transportation: authorities; motor bus transportation act; modify exemption from act for certain interstate motor carriers of passengers. (Sen. P. Pavlov)</td>
</tr>
<tr>
<td>276</td>
<td>4705</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Vehicles; driver training; training component for drivers regarding protocol when pulled over by a law enforcement officer; include in curriculum. (Rep. P. Lucido)</td>
</tr>
<tr>
<td>277</td>
<td>4198</td>
<td>No</td>
<td>6/27</td>
<td>6/29</td>
<td>**</td>
<td>Vehicles; driver training; training component for drivers regarding safety for bicyclists and other vulnerable roadway users on the road; require. (Rep. J. Alexander)</td>
</tr>
<tr>
<td>278</td>
<td>4176</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Vehicles; equipment; use of amber flashing lights on vehicles that participate in neighborhood watch programs; allow. (Rep. R. Kosowski)</td>
</tr>
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<tr>
<td>279</td>
<td>4185</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Traffic control; traffic regulation; requirement for operator of a motor vehicle to maintain a 5-foot distance when passing a bicyclist on the left; establish. (Rep. J. Bizon)</td>
</tr>
<tr>
<td>280</td>
<td>4265</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>10/16/18</td>
<td>Traffic control; traffic regulation; requirement for operator of a motor vehicle to maintain a 5-foot distance when passing a bicyclist; establish. (Rep. H. Hughes)</td>
</tr>
<tr>
<td>282</td>
<td>5645</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Criminal procedure; witnesses; support dog when witness testifies; allow under certain circumstances. (Rep. T. Barrett)</td>
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<tr>
<td>283</td>
<td>5761</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Crimes; other; provision for making or procuring false protest; repeal. (Rep. J. Bellino)</td>
</tr>
<tr>
<td>284</td>
<td>5762</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18 #</td>
<td>Civil procedure; other; reference to certain criminal violations; modify. (Rep. B. Kahle)</td>
</tr>
<tr>
<td>285</td>
<td>5763</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>9/27/18 #</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for false protest; repeal. (Rep. B. Griffin)</td>
</tr>
<tr>
<td>286</td>
<td>5775</td>
<td>Yes</td>
<td>6/28</td>
<td>6/29</td>
<td>6/29/18</td>
<td>Crimes; animals; provision related to disposition and use of animals permanently unfit to work; repeal. (Rep. R. Hauck)</td>
</tr>
<tr>
<td>287</td>
<td>1001</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Human services; foster parents; certain reporting requirements; repeal. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>288</td>
<td>1002</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Natural resources; other; report related to the Michigan civilian conservation corps endowment fund; eliminate. (Sen. T. Casperson)</td>
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<tr>
<td>289</td>
<td>1003</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Agriculture; products; certain reporting requirements; eliminate. (Sen. J. Stamas)</td>
<td></td>
</tr>
<tr>
<td>290</td>
<td>1004</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Agriculture; other; crop and stock reporting requirements; repeal. (Sen. W. Schmidt)</td>
<td></td>
</tr>
<tr>
<td>291</td>
<td>1005</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Animals; pet shops; certain reporting requirements; eliminate. (Sen. M. Knollenberg)</td>
<td></td>
</tr>
<tr>
<td>292</td>
<td>1006</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Agriculture; other; reporting requirements under the right to farm act; eliminate. (Sen. M. Shirkey)</td>
<td></td>
</tr>
<tr>
<td>293</td>
<td>1007</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Food; service establishments; certain reporting requirements; eliminate. (Sen. D. Zorn)</td>
<td></td>
</tr>
<tr>
<td>294</td>
<td>1008</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Agriculture; weights and measures; certain reporting requirements; eliminate. (Sen. M. O'Brien)</td>
<td></td>
</tr>
<tr>
<td>295</td>
<td>1009</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Corrections; other; certain reporting requirements; repeal. (Sen. V. Gregory)</td>
<td></td>
</tr>
<tr>
<td>296</td>
<td>1010</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>9/27/18</td>
<td>Transportation; other; certain reporting requirements; remove. (Sen. M. Kowall)</td>
<td></td>
</tr>
<tr>
<td>297</td>
<td>1011</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>6/29/18</td>
<td>Aeronautics; other; aeronautics commission; repeal biennial reporting requirement. (Sen. P. MacGregor)</td>
<td></td>
</tr>
<tr>
<td>298</td>
<td>5990</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>6/29/18</td>
<td>Law enforcement; fire personnel; certain reporting requirements under the firefighters training council act; repeal. (Rep. P. Hornberger)</td>
<td></td>
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</table>
| 299   | 5993|     | Yes   | 6/27              | 6/29       | 6/29/18        | Agriculture: diseases and pests; certain reporting requirements under the insect pest and plant disease act; repeal.  
(Rep. S. Marino) |
| 300   | 5995|     | Yes   | 6/27              | 6/29       | 9/27/18        | Veterans: employment; certain reporting requirements under the veteran right to employment services act; repeal.  
(Rep. B. Iden) |
| 301   | 5996|     | Yes   | 6/27              | 6/29       | 6/29/18        | Agriculture: products; certain reporting requirements under the grade A milk law; repeal.  
(Rep. J. Alexander) |
| 302   | 5997|     | Yes   | 6/27              | 6/29       | 9/27/18        | Corrections: other; certain reporting requirements under the community corrections act; repeal.  
(Rep. J. Bellino) |
| 303   | 5998|     | Yes   | 6/27              | 6/29       | 6/29/18        | Education: special; certain reporting requirements under the Michigan school for the blind act; repeal.  
(Rep. J. Noble) |
(Rep. M. Hultenga) |
| 305   | 6000|     | Yes   | 6/27              | 6/29       | 6/29/18        | Explosives: fireworks; certain reporting requirements under the Michigan fireworks safety act; repeal.  
(Rep. B. LaFave) |
| 306   | 6001|     | Yes   | 6/27              | 6/29       | 9/27/18        | Human services: food assistance; certain reporting requirements under the state food stamp distribution act; repeal.  
(Rep. S. Johnson) |
(Rep. S. Allor) |
| 308   | 6003|     | Yes   | 6/27              | 6/29       | 9/27/18        | Energy: gas and oil; certain reporting requirements under the motor fuels quality act; repeal.  
(Rep. S. Allor) |
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<td>310</td>
<td>6005</td>
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<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>6/29/18</td>
<td>Criminal procedure: DNA; certain reporting requirements under the DNA identification profiling system act; eliminate. (Rep. R. Hauck)</td>
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<tr>
<td>312</td>
<td>5885</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>6/29/18 #</td>
<td>Health facilities: other, references to remove 1925 PA 177; remove from 1987 PA 230. (Rep. R. Kosowski)</td>
</tr>
<tr>
<td>315</td>
<td>5888</td>
<td></td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
<td>6/29/18 #</td>
<td>Health facilities: other, references to 1925 PA 177; remove from the social welfare act. (Rep. A. Hammoud)</td>
</tr>
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<tr>
<td>319</td>
<td>5895</td>
<td>Yes</td>
<td>6/27</td>
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<td></td>
<td>Corrections: other; conservation rehabilitation camp for male delinquent youths; repeal 1962 PA 229. (Rep. B. LaFave)</td>
</tr>
<tr>
<td>320</td>
<td>5769</td>
<td>Yes</td>
<td>6/27</td>
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<td>Corrections: other; boys' vocational schools; repeal. (Rep. D. Rendon)</td>
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<tr>
<td>321</td>
<td>5738</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
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<td></td>
<td></td>
<td>State: other; outdated appropriation for Michigan, Minnesota, and Wisconsin boundaries; repeal. (Rep. J. Noble)</td>
</tr>
<tr>
<td>322</td>
<td>5741</td>
<td>Yes</td>
<td>6/27</td>
<td>6/29</td>
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<td>State agencies (existing): boards and commissions; Wisconsin-Michigan boundary commission; repeal. (Rep. B. LaFave)</td>
</tr>
<tr>
<td>323</td>
<td>5335</td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
<td>7/2/18</td>
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<td>State agencies (proposed): boards and commissions; Michigan infrastructure council; establish. (Rep. R. VerHeulen)</td>
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<tr>
<td>324</td>
<td>5406</td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
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<td>Water: other; water asset management council; establish. (Rep. R. Victory)</td>
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<tr>
<td>325</td>
<td>5408</td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
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<td></td>
<td>Transportation: other; transportation asset management council; modify, and modify reporting requirements for local road agencies. (Rep. T. Cole)</td>
</tr>
<tr>
<td>326</td>
<td>0178</td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
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<td></td>
<td>Vehicles; fund-raising registration plates; fund-raising plates for the &quot;Detroit Red Wings&quot;, &quot;Detroit Tigers&quot;, &quot;Detroit Lions&quot;, and &quot;Detroit Pistons&quot;; create. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>327</td>
<td>4360</td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
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<td></td>
<td>Local government: other; local governments and law enforcement agencies operating a motor vehicle storage facility or towing operation; prohibit under certain circumstances. (Rep. P. Lucido)</td>
</tr>
<tr>
<td>328</td>
<td>0888</td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
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<td></td>
<td></td>
<td>Retirement: public school employees; participation of certain student workers in retirement system; prohibit. (Sen. J. Proos)</td>
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<td>329</td>
<td>0916</td>
<td></td>
<td>Yes</td>
<td>6/28</td>
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<td>9/30/18</td>
<td>Occupations: junk and secondhand dealers; automatic recycling kiosks; regulate. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>331</td>
<td>0757</td>
<td></td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
<td>7/2/18</td>
<td>Occupations: alarm systems; low-voltage alarm system installation permitting; provide for. (Sen. M. Knollenberg)</td>
</tr>
<tr>
<td>332</td>
<td>0758</td>
<td></td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
<td>7/2/18</td>
<td>Construction: permits; low-voltage electric fence permitting; provide for exemption. (Sen. M. Knollenberg)</td>
</tr>
<tr>
<td>333</td>
<td>0908</td>
<td></td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
<td>7/2/18</td>
<td>Property: conveyances; state-owned property in Ingham County previously conveyed to city of Lansing; modify restrictions on use. (Sen. C. Hertel)</td>
</tr>
<tr>
<td>334</td>
<td>1036</td>
<td></td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
<td>7/2/18</td>
<td>Property: conveyances; state-owned property under the jurisdiction of the department of corrections; provide for the sale of. (Sen. W. Schmidt)</td>
</tr>
<tr>
<td>335</td>
<td>5652</td>
<td></td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
<td>7/2/18</td>
<td>Retirement: judges; determination of actuarial equivalent retirement allowance; modify. (Rep. J. Reilly)</td>
</tr>
<tr>
<td>336</td>
<td>5653</td>
<td></td>
<td>Yes</td>
<td>6/28</td>
<td>7/2</td>
<td>7/2/18</td>
<td>Retirement: state employees; determination of actuarial equivalent retirement allowance; modify. (Rep. E. Leutheuser)</td>
</tr>
<tr>
<td>337</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td>9/5</td>
<td>**</td>
<td>Initiated Law: hours and wages.</td>
</tr>
<tr>
<td>338</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td>9/5</td>
<td>**</td>
<td>Initiated Law: benefits; fair employment practices.</td>
</tr>
</tbody>
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<th>Filed Date</th>
<th>Effective Date</th>
<th>SUBJECT</th>
</tr>
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<tbody>
<tr>
<td>339</td>
<td>5377</td>
<td>Yes</td>
<td>9/12</td>
<td>9/13</td>
<td>12/12/18</td>
<td>Corrections: prisoners; criteria for placement on parole; modify. <em>(Rep. K. Kesto)</em></td>
</tr>
<tr>
<td>340</td>
<td>4679</td>
<td>Yes</td>
<td>9/12</td>
<td>9/13</td>
<td>12/12/18</td>
<td>Legislature; reports; fiscal note on the financial impact of legislation; require. <em>(Rep. J. Lilly)</em></td>
</tr>
<tr>
<td>341</td>
<td>5084</td>
<td>Yes</td>
<td>9/12</td>
<td>9/13</td>
<td>12/12/18</td>
<td>Elections: other; reference to elected office of county auditor in the election law; repeal. <em>(Rep. S. Marino)</em></td>
</tr>
<tr>
<td>342</td>
<td>5766</td>
<td>Yes</td>
<td>10/16</td>
<td>10/16</td>
<td>10/16/18</td>
<td>Vehicles; equipment; use of amber lights on vehicles performing snow removal services; allow during movement between jobs, allow for operation of certain vehicles with snow plow blades up to 10 feet wide during certain periods, and other revisions. <em>(Rep. T. Cole)</em></td>
</tr>
<tr>
<td>343</td>
<td>5402</td>
<td>Yes</td>
<td>10/16</td>
<td>10/16</td>
<td>1/14/19</td>
<td>Criminal procedure; evidence; videorecorded statements used for training purposes; require consent of certain individuals, and allow to be used in counties other than the county in which the videorecorded statement was taken. <em>(Rep. D. Farrington)</em></td>
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<tr>
<td>344</td>
<td>5403</td>
<td>Yes</td>
<td>10/16</td>
<td>10/16</td>
<td>1/14/19</td>
<td>Children; protection; videorecorded statements used for training purposes; require consent of certain individuals, and allow to be used in counties other than the county in which the videorecorded statement was taken. <em>(Rep. S. Gay-Dagnogo)</em></td>
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<tr>
<td>345</td>
<td>4887</td>
<td>Yes</td>
<td>10/16</td>
<td>10/16</td>
<td>1/14/19</td>
<td>Occupations; pawnbrokers; hold process for allegedly misappropriated goods; establish. <em>(Rep. P. Lucido)</em></td>
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<tr>
<td>346</td>
<td>4668</td>
<td>Yes</td>
<td>10/16</td>
<td>10/16</td>
<td>10/16/18</td>
<td>Liquor; other; marihuana-infused alcohol; prohibit. <em>(Rep. K. Kesto)</em></td>
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<tr>
<td>347</td>
<td>5181</td>
<td>Yes</td>
<td>10/16</td>
<td>10/16</td>
<td>1/14/19</td>
<td>Vehicles; abandoned; recovery procedures for abandoned vehicles; modify. <em>(Rep. D. Farrington)</em></td>
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<tr>
<td>348</td>
<td>5902</td>
<td>Yes</td>
<td>10/23</td>
<td>10/24</td>
<td>10/24/18</td>
<td>Public utilities; public service commission; long-term industrial load rates; allow. <em>(Rep. D. Lauwers)</em></td>
</tr>
<tr>
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<tr>
<td>349</td>
<td>0477</td>
<td>Yes</td>
<td>11/15</td>
<td>11/15</td>
<td>2/13/19</td>
<td>Traffic control; traffic regulation; vehicles to move over and slow down when passing certain stationary vehicles; require, and modify penalties. (Sen. D. Zorn)</td>
</tr>
<tr>
<td>350</td>
<td>0425</td>
<td>Yes</td>
<td>11/15</td>
<td>11/15</td>
<td>2/13/19</td>
<td>Elections; registration; online voter registration; allow. (Sen. J. Emmons)</td>
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<tr>
<td>351</td>
<td>0426</td>
<td>Yes</td>
<td>11/15</td>
<td>11/15</td>
<td>2/13/19 #</td>
<td>Elections; registration; online voter registration; allow. (Sen. M. Nofs)</td>
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<tr>
<td>352</td>
<td>0427</td>
<td>Yes</td>
<td>11/15</td>
<td>11/15</td>
<td>2/13/19 #</td>
<td>Elections; registration; online voter registration; allow. (Sen. J. Stamas)</td>
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<tr>
<td>353</td>
<td>0428</td>
<td>Yes</td>
<td>11/15</td>
<td>11/15</td>
<td>2/13/19 #</td>
<td>Elections; registration; online voter registration; allow. (Sen. G. Hansen)</td>
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<tr>
<td>354</td>
<td>0429</td>
<td>Yes</td>
<td>11/15</td>
<td>11/15</td>
<td>2/13/19 #</td>
<td>Elections; registration; online voter registration; allow. (Sen. D. Hildenbrand)</td>
</tr>
<tr>
<td>355</td>
<td>0901</td>
<td>Yes</td>
<td>11/15</td>
<td>11/15</td>
<td>2/13/19</td>
<td>Health occupations; podiatrists; definitions and terms associated with the practice of podiatric medicine and surgery; modify. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>356</td>
<td>5923</td>
<td>Yes</td>
<td>11/20</td>
<td>11/20</td>
<td>2/18/19</td>
<td>Highways; name; portion of I-94 in Jackson County; designate as the “Corrections Officers Jack Budd and Josephine McCallum Memorial Highway”. (Rep. J. Alexander)</td>
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<tr>
<td>357</td>
<td>6379</td>
<td>Yes</td>
<td>11/20</td>
<td>11/20</td>
<td>11/20/18</td>
<td>Retirement; state employees; retired legislative employee employed for a special assignment; allow without forfeiting retirement allowance. (Rep. E. Canfield)</td>
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<tr>
<td>358</td>
<td>0963</td>
<td>Yes</td>
<td>12/6</td>
<td>12/6</td>
<td>3/6/19</td>
<td>Highways; name; portion of M-13 in Bay County; designate as the “PFC Alan Robert Blohm Memorial Highway”. (Sen. M. Green)</td>
</tr>
<tr>
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<tr>
<td>359</td>
<td>1197</td>
<td>Yes</td>
<td>12/11</td>
<td>12/12</td>
<td>12/12/18</td>
<td>Highways; bridges; Mackinac bridge authority act; allow the operation of a utility tunnel. (Sen. T. Casperson)</td>
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<tr>
<td>360</td>
<td>0664</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>3/12/19 #</td>
<td>Occupations; notaries public; electronic notarization of documents; clarify. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>361</td>
<td>0996</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>3/12/19 #</td>
<td>Occupations; notaries public; recognition of notarial acts performed outside of this state; authorize in state notary statute. (Sen. W. Schmidt)</td>
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<tr>
<td>362</td>
<td>0997</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>3/12/19 #</td>
<td>Civil procedure; evidence; authentication process for notarial acts performed outside of this state; revise. (Sen. P. MacGregor)</td>
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<tr>
<td>363</td>
<td>0998</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>3/12/19 #</td>
<td>Law; uniform or model acts; uniform recognition of acknowledgments act; repeal. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>364</td>
<td>0999</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>3/12/19 #</td>
<td>Property; recording; requirements for recording electronic documents; modify. (Sen. C. Hertel)</td>
</tr>
<tr>
<td>365</td>
<td>0637</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>3/12/19</td>
<td>Communications; telecommunications; permits, fees, right-of-way use, and other regulation of wireless service providers; standardize. (Sen. J. Hune)</td>
</tr>
<tr>
<td>366</td>
<td>0894</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>3/12/19 #</td>
<td>Land use; zoning and growth management; regulation of wireless communications infrastructure; make subject to wireless communications infrastructure deployment act. (Sen. M. Nofs)</td>
</tr>
<tr>
<td>367</td>
<td>0465</td>
<td>Yes</td>
<td>12/12</td>
<td>12/12</td>
<td>12/12/18</td>
<td>Liens; construction; architects, engineers, and surveyors; allow to have a lien on recording a notice, without an actual physical improvement. (Sen. D. Booher)</td>
</tr>
<tr>
<td>368</td>
<td>1171</td>
<td>No</td>
<td>12/13</td>
<td>12/14</td>
<td>3/29/19</td>
<td>Labor; hours and wages; minimum wage; establish stepped increase, provide for a tipped-worker wage, and provide for other amendments. (Sen. D. Hildenbrand)</td>
</tr>
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<tr>
<td>369</td>
<td>1175</td>
<td>No</td>
<td>Yes/No</td>
<td>12/13</td>
<td>12/14</td>
<td>3/29/19</td>
<td>Labor: benefits; paid sick leave; paid medical leave act 2018 PA 338; modify. (Sen. M. Shirkey)</td>
</tr>
<tr>
<td>370</td>
<td>5798</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>3/17/19</td>
<td>Crime victims: statements; definition of the term &quot;victim&quot; for purposes of impact statements; expand. (Rep. T. Albert)</td>
</tr>
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<td>371</td>
<td>5539</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>3/17/19</td>
<td>Law enforcement: other; potential harm or criminal acts in the student safety act; include sexual abuse, assault, and rape. (Rep. K. LaSata)</td>
</tr>
<tr>
<td>372</td>
<td>5658</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>3/17/19</td>
<td>Criminal procedure: evidence; admissibility of prior acts of sexual crimes; allow under certain circumstances. (Rep. L. Cox)</td>
</tr>
<tr>
<td>373</td>
<td>5660</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>3/17/19</td>
<td>Crimes: penalties; crime of aggravated possession, production, financing, or distribution of child sexually abusive material; provide increased penalty. (Rep. L. Love)</td>
</tr>
<tr>
<td>374</td>
<td>5661</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>3/17/19</td>
<td>Criminal procedure: sentencing guidelines; sentencing guidelines for crime of aggravated possession, production, financing, or distribution of child sexually abusive material; provide for. (Rep. D. Farrington)</td>
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<tr>
<td>375</td>
<td>5794</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>3/17/19</td>
<td>Crimes: penalties; second or subsequent crime related to child sexually abusive material or other sexual offense against minor; provide for. (Rep. B. Iden)</td>
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<tr>
<td>376</td>
<td>5697</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>12/17/18</td>
<td>Higher education: community colleges; authority to issue job training revenue bonds; extend sunset date. (Rep. C. Afendoulis)</td>
</tr>
<tr>
<td>377</td>
<td>5749</td>
<td>Yes</td>
<td>Yes</td>
<td>12/17</td>
<td>12/17</td>
<td>3/17/19</td>
<td>Traffic control: traffic regulation; vehicle platooning operations; exempt from requirement that trucks and truck tractors leave sufficient space between themselves and other trucks or truck tractors for overtaking vehicles. (Rep. M. Webber)</td>
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<tr>
<td>378</td>
<td>0747</td>
<td>Yes</td>
<td>Yes</td>
<td>12/18</td>
<td>12/18</td>
<td>12/18/18</td>
<td>Retirement: military; computing retirement benefits paid to adjutants general; revise. (Sen. J. Stamas)</td>
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<td>379</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Highways: name; portion of M-44; designate as the “Michigan State Trooper Timothy O’Neill Memorial Highway”. <em>(Sen. P. MacGregor)</em></td>
</tr>
<tr>
<td>380</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Businesses: limited liability companies; certain fees under Michigan limited liability company act; waive for certain veterans. <em>(Rep. H. Hughes)</em></td>
</tr>
<tr>
<td>381</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Labor: public service employment; military experience; require state and political subdivisions to factor into starting salary. <em>(Rep. T. Albert)</em></td>
</tr>
<tr>
<td>382</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Elections: canvassing; expedited canvass of returns for electors of President and Vice President of the United States; require under certain circumstance. <em>(Rep. J. Lilly)</em></td>
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<tr>
<td>383</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Health: emergency services; requiring the use of ground ambulance to transport a nonemergency patient unless medically necessary for the patient; provide for. <em>(Rep. J. Bellino)</em></td>
</tr>
<tr>
<td>384</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Health facilities; hospitals; disclosure of certain insurance information to nonemergency patients; require before ordering an aircraft transport vehicle or ambulance that is a rotary aircraft. <em>(Rep. T. Barrett)</em></td>
</tr>
<tr>
<td>385</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Health facilities; emergency medical services; notice to nonemergency patient of good-faith estimate of cost of air ambulance services and whether it is a participating provider with patient’s insurance; require aircraft transport operation and ambulance operation to provide. <em>(Rep. B. LaFave)</em></td>
</tr>
<tr>
<td>386</td>
<td>12/19</td>
<td>12/19/18</td>
<td>Liquor: licenses; issuance of specially designated merchant license; modify population quota. <em>(Rep. C. VanderWall)</em></td>
</tr>
<tr>
<td>387</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Occupations: cosmetologists; shampoo services performed in a cosmetology establishment by certain students; allow. <em>(Sen. M. Knollenberg)</em></td>
</tr>
<tr>
<td>388</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Human services; adult foster care; dual license for a facility to offer mental health and substance abuse disorder programs; provide for. <em>(Sen. W. Schmidt)</em></td>
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<td>1051</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td>State financing and management; budget; budget process; modify. (Sen. D. Hildenbrand)</td>
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<tr>
<td>390</td>
<td>5321</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Natural resources; wildlife; issuance of permit to sterilize game animals; prohibit. (Rep. T. Cole)</td>
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<td>391</td>
<td>5374</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Traffic control; pedestrians; definition of motor vehicle; exclude power-driven mobility devices under certain circumstances, and include disabled individuals using wheelchairs or other mobility devices in definition of pedestrian. (Rep. M. Howrylak)</td>
<td></td>
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<tr>
<td>392</td>
<td>5640</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Traffic control; traffic regulation; definition of railroad train, train, and other on-track equipment; modify. (Rep. T. Cole)</td>
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<td>393</td>
<td>5641</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Transportation; railroads; definition of other on-track equipment; create. (Rep. B. Frederick)</td>
<td></td>
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<tr>
<td>394</td>
<td>5643</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Traffic control; traffic regulation; certain criteria for operation of a vehicle at railroad crossings; expand. (Rep. T. Sneller)</td>
<td></td>
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<tr>
<td>395</td>
<td>0434</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td>Veterans; ombudsman; veterans’ ombudsman; provide oversight of veterans’ facilities. (Sen. P. MacGregor)</td>
<td></td>
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<tr>
<td>396</td>
<td>0842</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td>Health facilities; hospices; requirement for hospice to establish a policy for the disposal of controlled substances at home care level under certain circumstances; provide for. (Sen. D. Zorn)</td>
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<tr>
<td>397</td>
<td>0898</td>
<td>No</td>
<td>12/19</td>
<td>12/19</td>
<td>3/29/19</td>
<td>Insurance; other; reporting requirement for captive insurance companies; modify. (Sen. J. Hune)</td>
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<td>398</td>
<td>0929</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td>Health facilities; emergency medical services; ambulance availability for county with population of 10,000 or less; provide for. (Sen. T. Casperson)</td>
<td></td>
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<tr>
<td>399</td>
<td>5711</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td>Natural resources; hunting; certain hunting age limits on public land; remove. (Rep. T. Cole)</td>
</tr>
<tr>
<td>400</td>
<td>5836</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td># Watercraft; registration; boater’s safety certificate verification; allow for electronic verification of. (Rep. S. Marino)</td>
</tr>
<tr>
<td>401</td>
<td>5988</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td># Watercraft; safety; boater’s safety certificate; waive fines and costs for failure to produce on demand of peace officer if electronic copy is produced before citation appearance date. (Rep. B. LaFave)</td>
</tr>
<tr>
<td>402</td>
<td>5989</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>3/19/19</td>
<td># Watercraft; safety; boater’s safety certificate; require department of natural resources to develop means for individual to display electronic copy to peace officer. (Rep. J. Bellino)</td>
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<tr>
<td>403</td>
<td>1154</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; manufacturer; limitations on sale of beer for on-premises consumption on licensed brewery premises; modify. (Sen. T. Rocca)</td>
</tr>
<tr>
<td>404</td>
<td>1155</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; manufacturer; sales of alcoholic liquor between certain manufacturers; allow. (Sen. T. Rocca)</td>
</tr>
<tr>
<td>405</td>
<td>1156</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; other; definitions; add definition of tasting room and expand definition of wine to include cider. (Sen. T. Rocca)</td>
</tr>
<tr>
<td>406</td>
<td>1157</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; distribution; reference to section 109 of the Michigan liquor control code of 1998; update. (Sen. T. Rocca)</td>
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<tr>
<td>407</td>
<td>1158</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; manufacturer; reference to section 109 of the Michigan liquor control code of 1998; update. (Sen. T. Rocca)</td>
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<tr>
<td>408</td>
<td>1159</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; manufacturer; multiple manufacturing licenses and tasting rooms; provide for. (Sen. J. Hune)</td>
</tr>
<tr>
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<td>409</td>
<td>1160</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; manufacturer, definitions of manufacture, manufacturer, manufacturing premises, mixed spirit drink, and mixed spirit drink manufacturer; add or modify. (Sen. J. Hune)</td>
</tr>
<tr>
<td>410</td>
<td>1161</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; spirits; requirements for tasting rooms for small distiller license; modify. (Sen. J. Hune)</td>
</tr>
<tr>
<td>411</td>
<td>1162</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; licenses; reference to section 111 of the Michigan liquor control code of 1998; update. (Sen. J. Hune)</td>
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<tr>
<td>412</td>
<td>1163</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; licenses; reference to section 111 of the Michigan liquor control code of 1998; update. (Sen. J. Hune)</td>
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<tr>
<td>413</td>
<td>1164</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; other; provision related to classes of vendors permitted to sell alcoholic liquor at retail; modify. (Sen. R. Warren)</td>
</tr>
<tr>
<td>414</td>
<td>1165</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; other; alternating proprietorship, approved tasting room, bottle, brandy manufacturer, and brewer; add or modify definitions. (Sen. R. Warren)</td>
</tr>
<tr>
<td>415</td>
<td>1166</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; wine; definitions of restaurant, sale, small winemaker, and shiner; add or modify. (Sen. R. Warren)</td>
</tr>
<tr>
<td>416</td>
<td>1167</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; other; definitions; add definition of tasting room and expand definition of wine to include cider. (Sen. R. Warren)</td>
</tr>
<tr>
<td>417</td>
<td>1168</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/19</td>
<td>12/19/18</td>
<td># Liquor; retail sales; reference to section 537; update. (Sen. R. Warren)</td>
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<tr>
<td>418</td>
<td>4421</td>
<td>Yes</td>
<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>3/20/19</td>
<td>Education; teachers; eligibility for substitute teaching; expand to include individuals with certain skills, experience, or backgrounds. (Rep. H. Hughes)</td>
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<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>3/20/19</td>
<td>Natural resources; soil and erosion; administration and enforcement of part 91 of NREPA; expressly allow municipalities to act jointly. (Sen. J. Hune)</td>
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<tr>
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<td>1023</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>3/20/19</td>
<td>Occupations; vehicles, dealers and repair facilities; dealer training; provide for. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>421</td>
<td>1029</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>12/20/18</td>
<td>Insurance; insurers; domestic stock insurer; regulate. (Sen. J. Hune)</td>
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<tr>
<td>422</td>
<td>6028</td>
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<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>3/20/19</td>
<td>Transportation; school vehicles; pupil transportation act; make general revisions. (Rep. G. Howell)</td>
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<td>423</td>
<td>6064</td>
<td></td>
<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>12/20/18</td>
<td>Economic development; Michigan strategic fund; rural jobs and capital investment fund program; create and operate. (Rep. J. Wentworth)</td>
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<tr>
<td>427</td>
<td>5254</td>
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<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>3/20/19</td>
<td>Law enforcement; background check; background checks for public employees who have access to certain information; require. (Rep. H. Vaupel)</td>
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<tr>
<td>428</td>
<td>5834</td>
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<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>3/20/19 # Veh</td>
<td>Vehicles; other; disability mobility vehicles; exclude from driver license requirement. (Rep. B. LaFave)</td>
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<td>429</td>
<td>HB 6431</td>
<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>3/20/19</td>
<td>Insurance; health insurers; Medigap plans; modify. (Rep. H. Vaupel)</td>
<td></td>
</tr>
<tr>
<td>430</td>
<td>HB 6432</td>
<td>Yes</td>
<td>12/19</td>
<td>12/20</td>
<td>12/20/18</td>
<td>Insurance; insurers; persons authorized to sell health benefits; modify, and eliminate restriction for an employee of a health benefit corporation from being licensed as an agent. (Rep. M. Webber)</td>
<td></td>
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<tr>
<td>431</td>
<td>SB 0489</td>
<td>Yes</td>
<td>12/20</td>
<td>12/20</td>
<td>3/20/19</td>
<td># Children; other; safe families home; exclude from foster home definition. (Sen. M. O'Brien)</td>
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<tr>
<td>432</td>
<td>SB 0490</td>
<td>Yes</td>
<td>12/20</td>
<td>12/20</td>
<td>3/20/19</td>
<td># Children; other; delegation of parent's or guardian's powers separate from foster care; clarify. (Sen. A. Meekhof)</td>
<td></td>
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<tr>
<td>433</td>
<td>SB 0797</td>
<td>Yes</td>
<td>12/20</td>
<td>12/20</td>
<td>3/20/19</td>
<td># Children; other; licensing of organization providing service under the safe families program; clarify. (Sen. V. Gregory)</td>
<td></td>
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<tr>
<td>434</td>
<td>SB 0798</td>
<td>Yes</td>
<td>12/20</td>
<td>12/20</td>
<td>3/20/19</td>
<td># Children; other; safe families program to allow a parent or guardian to delegate temporary care of minor child via power of attorney; create. (Sen. P. MacGregor)</td>
<td></td>
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<tr>
<td>435</td>
<td>SB 0982</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Law enforcement; state police; office of school safety; create, and provide oversight to the department of state police. (Sen. M. Nofs)</td>
<td></td>
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<tr>
<td>436</td>
<td>SB 0983</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Education; safety; school safety assessment and emergency operations plan; require. (Sen. M. Knollenberg)</td>
<td></td>
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<tr>
<td>437</td>
<td>SB 0990</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Education; facilities; requirement that a school district, intermediate school district, or public school academy consult with a certain law enforcement agency regarding school safety issues before construction or major renovation of a school building; establish. (Sen. M. O'Brien)</td>
<td></td>
</tr>
<tr>
<td>438</td>
<td>SB 4412</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>10/1/19</td>
<td>Property tax; tax tribunal; training of tribunal members and grounds for disqualification of tribunal members; provide for. (Rep. B. Iden)</td>
<td></td>
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<td>6422</td>
<td>Yes</td>
<td>12/20</td>
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<td>Marihuana; tracking system; information in the marihuana tracking system; allow licensee to authorize disclosure. (Rep. K. Kesto)</td>
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<td>1253</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Traffic control; traffic regulation; authorization to turn 1-way streets into 2-way streets; provide for. (Sen. G. Hansen)</td>
</tr>
<tr>
<td>441</td>
<td>1185</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Occupations; electricians; municipal licensure as a condition to apprenticeship or training; prohibit. (Sen. D. Robertson)</td>
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<tr>
<td>442</td>
<td>1233</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Aeronautics; unmanned aerial systems; use of unmanned aircraft system by state agencies to surveil or inspect licensed facilities; regulate. (Sen. P. MacGregor)</td>
</tr>
<tr>
<td>443</td>
<td>1187</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Criminal procedure; indigent defense; membership on the Michigan indigent defense commission; modify. (Sen. M. Knollenberg)</td>
</tr>
<tr>
<td>444</td>
<td>5494</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Aeronautics; unmanned aerial systems; criminal responsibility for use of unmanned aerial vehicle; define as an extension of the person. (Rep. M. Hoitenga)</td>
</tr>
<tr>
<td>445</td>
<td>5495</td>
<td>No</td>
<td>12/20</td>
<td>12/21</td>
<td>3/29/19</td>
<td>Crimes; other; prohibition on using an unmanned aircraft in a manner that interferes with the operations of a key facility; provide for. (Rep. R. Hauck)</td>
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<tr>
<td>446</td>
<td>5496</td>
<td>No</td>
<td>12/20</td>
<td>12/21</td>
<td>3/29/19</td>
<td>Aeronautics; other; Michigan aeronautics commission; establish duties under the unmanned aircraft systems act. (Rep. M. Hoitenga)</td>
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<td>447</td>
<td>6551</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Human services; medical services; program of all-inclusive care for the elderly (PACE); provide for. (Rep. D. Rendon)</td>
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<tr>
<td>448</td>
<td>4998</td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Crimes; other; penalties for false representation of a peace officer; expand to include railroad officer. (Rep. T. Barrett)</td>
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<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>12/21/18</td>
<td>Insurance; producers: agent of the insured obtaining coverage for a consumer through an agent of the insurer; allow under certain conditions. (Rep. J. Wentworth)</td>
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<tr>
<td>450</td>
<td>1050</td>
<td></td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Highways; other; use of highway by public utilities; expand to include broadband companies. (Sen. J. Stamas)</td>
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<tr>
<td>451</td>
<td>1072</td>
<td></td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Natural resources; nonnative species; permitted species list; eliminate, and require registration of persons selling live nonnative aquatic species. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>452</td>
<td>4332</td>
<td></td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Crimes; animals; penalties for crimes against animals; enhance, and make other revisions. (Rep. T. Brann)</td>
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<tr>
<td>453</td>
<td>6058</td>
<td></td>
<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Health occupations; health professionals; preliminary determination of eligibility of individuals who may apply for a license or registration; provide for in public health code. (Rep. S. VanSingel)</td>
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<tr>
<td>454</td>
<td>6059</td>
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<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Occupations; individual licensing and regulation; preliminary determination of eligibility of individuals who may apply for a license or registration; establish in skilled trades regulation act. (Rep. T. Sabo)</td>
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<tr>
<td>455</td>
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<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>3/21/19</td>
<td>Occupations; individual licensing and regulation; preliminary determination of eligibility of individuals who may apply for a license or registration; authorize in occupational code. (Rep. J. Lilly)</td>
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<td>456</td>
<td>4618</td>
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<td>Yes</td>
<td>12/20</td>
<td>12/21</td>
<td>12/21/18</td>
<td>Cities; income tax; voluntary withholding and additional collection procedures; provide for. (Rep. W. Byrd)</td>
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<td>457</td>
<td>5017</td>
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<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>3/27/19</td>
<td>Crimes; other; cyberbullying; prohibit, and provide penalties. (Rep. P. Lucido)</td>
</tr>
<tr>
<td>458</td>
<td>0040</td>
<td>No</td>
<td></td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td>Economic development; Michigan strategic fund; definition of &quot;qualified new job&quot;; expand to include out-of-state resident employed by a company located in a county that borders another state or country. (Sen. D. Zorn)</td>
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<td>459</td>
<td>0209</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td><em>Highways</em>; name; portion of highway M-10 in Wayne County; designate as “Sergeant Collin Rose Memorial Highway”. <em>(Sen. C. Young)</em></td>
</tr>
<tr>
<td>460</td>
<td>0361</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18</td>
<td><em>Corporate income tax</em>; <em>financial institutions</em>; tax base of financial institutions; clarify. <em>(Sen. D. Booher)</em></td>
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<tr>
<td>461</td>
<td>0416</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td><em>Animals</em>; animal shelters; adoption of certain seized animals used in fighting operations; allow, and make other revisions. <em>(Sen. T. Rocca)</em></td>
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<tr>
<td>462</td>
<td>0455</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td><em>Local government</em>; financing; recommendation of a treasurer to a local public entity of 1 or more financial institutions as depositories of public money; provide for. <em>(Sen. I. Conyers)</em></td>
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<tr>
<td>463</td>
<td>0541</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>3/27/19</td>
<td><em>Health occupations</em>; <em>health professionals</em>; licensing and regulation of dental therapists; provide for. <em>(Sen. M. Shirkey)</em></td>
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<tr>
<td>464</td>
<td>0703</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td><em>Taxation</em>; <em>convention tourism assessments</em>; convention and tourism promotion act; revise. <em>(Sen. W. Schmidt)</em></td>
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<tr>
<td>465</td>
<td>0704</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td><em>Taxation</em>; <em>convention tourism assessments</em>; regional convention and tourism promotion act; revise. <em>(Sen. W. Schmidt)</em></td>
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<tr>
<td>466</td>
<td>0705</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td><em>Taxation</em>; <em>convention tourism assessments</em>; regional tourism marketing act; revise. <em>(Sen. W. Schmidt)</em></td>
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<tr>
<td>467</td>
<td>0882</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>3/27/19</td>
<td><em>Civil rights</em>; open meetings; school board preventive security planning; provide exemption in open meetings act. <em>(Sen. D. Knezek)</em></td>
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<tr>
<td>468</td>
<td>0917</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>3/27/19</td>
<td><em>Aeronautics</em>; unmanned aerial systems; interference with public safety officials; revise list of included officials. <em>(Sen. P. MacGregor)</em></td>
</tr>
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### 2018 Michigan Public Acts Table

<table>
<thead>
<tr>
<th>PA No.</th>
<th>HB</th>
<th>SB</th>
<th>I.E.*</th>
<th>Governor Approved</th>
<th>Filed Date</th>
<th>Effective Date</th>
<th>SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>469</td>
<td>0922</td>
<td></td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>3/27/19 #</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for using an unmanned aircraft in a manner that interferes with the operations of a key facility; provide for. (Sen. D. Booher)</td>
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<tr>
<td>470</td>
<td>0940</td>
<td></td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td>Highways; name; portion of US-127; designate as the “Trooper Craig Scott Memorial Highway”. (Sen. C. Hertel)</td>
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<tr>
<td>471</td>
<td>0995</td>
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<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>3/27/19</td>
<td>Transportation; funds; membership and duties of the local agency wetland mitigation board; clarify. (Sen. M. Green)</td>
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<tr>
<td>472</td>
<td>1094</td>
<td></td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Liquor; licenses; issuance of a national sporting event license; expand to include Ladies Professional Golf Association Tour Champions Tournament for certain calendar years. (Sen. J. Stamas)</td>
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<tr>
<td>473</td>
<td>1116</td>
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<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td>Transportation; funds; local road improvement grant program; establish. (Sen. G. Hansen)</td>
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<tr>
<td>474</td>
<td>1130</td>
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<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Economic development; renaissance zones; agricultural processing facility requirements; modify. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>475</td>
<td>1132</td>
<td></td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td>Highways; name; portion of I-196 in Holland; designate as the “Marine Daniel Price Memorial Highway”. (Sen. A. Meekhof)</td>
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<tr>
<td>476</td>
<td>1137</td>
<td></td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td>Highways; name; portion of M-10; designate as the “Violet T. Lewis Memorial Highway”. (Sen. I. Conyers)</td>
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<tr>
<td>477</td>
<td>1199</td>
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<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Labor; public service employment; mandated public employee contribution to employer-provider health care benefits; modify the hard cap issue date deadline. (Sen. J. Stamas)</td>
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<tr>
<td>478</td>
<td>1207</td>
<td></td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>3/27/19</td>
<td>Construction; code; limit on cost of required accessibility route to an area of primary function when making alterations to an existing building; allow for. (Sen. K. Horn)</td>
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<tr>
<td>479</td>
<td>1219</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Liquor: licenses; sale of alcoholic beverages at university conference centers; expand. (Sen. T. Rocca)</td>
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<tr>
<td>480</td>
<td>1222</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Economic development: brownfield redevelopment authority; reimbursement formula for tax increment revenues lost as a result of certain personal property tax exemptions; modify. (Sen. M. Nofs)</td>
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<tr>
<td>481</td>
<td>1223</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Economic development: tax increment financing; reimbursement formula for tax increment revenues lost as a result of certain personal property tax exemptions; modify. (Sen. M. Nofs)</td>
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<tr>
<td>482</td>
<td>1225</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td>Retirement: public school employees; retirant performing custodial, food, or transportation services as an independent contractor at a reporting unit; allow without forfeiting retirement allowance. (Sen. M. Shirkey)</td>
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<tr>
<td>483</td>
<td>1231</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>3/27/19</td>
<td>Children; foster care; sunset provisions related to pilot programs for child welfare services; eliminate. (Sen. P. MacGregor)</td>
<td></td>
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<tr>
<td>484</td>
<td>1235</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>1/1/19</td>
<td>Property tax; special assessments; requirements for establishing a special assessment district for police and fire services; modify. (Sen. P. MacGregor)</td>
<td></td>
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<tr>
<td>485</td>
<td>1261</td>
<td>No</td>
<td>12/26</td>
<td>12/27</td>
<td>3/29/19</td>
<td>Civil rights; open meetings; procedures to accommodate the absence of members of a public body at public meetings; provide for. (Sen. A. Holler)</td>
<td></td>
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<tr>
<td>486</td>
<td>4134</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Health occupations; physicians; continuing certification requirements for physicians; prohibit as basis for license or renewal. (Rep. E. Canfield)</td>
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<tr>
<td>487</td>
<td>4135</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Insurance; health benefits; insurer or health maintenance organization requiring physicians to hold certain certifications before paying or reimbursing claims; prohibit unless specifically required for licensure. (Rep. E. Canfield)</td>
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<tr>
<td>488</td>
<td>4779</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Legislature; other; uniform electronic legal material; provide for. (Rep. R. Kosowski)</td>
<td></td>
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<tr>
<td>490</td>
<td>5122</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>3/27/19 #</td>
<td>Children; foster care; specific policy for foster children; create. (Rep. J. Runestad)</td>
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<tr>
<td>491</td>
<td>5362</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Probate; trusts; information required in a certificate of trust; modify. (Rep. P. Lucido)</td>
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<tr>
<td>492</td>
<td>5398</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>12/27/18</td>
<td>Probate; trusts; use of a certificate of trust under the estates and protected individuals code for a trust that affects real property; allow. (Rep. P. Lucido)</td>
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<tr>
<td>493</td>
<td>5955</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Occupations; individual licensing and regulation; authority of political subdivisions to enforce or impose occupational fees or licensing requirements or to regulate certain professions; limit. (Rep. J. Lower)</td>
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<tr>
<td>494</td>
<td>5956</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Townships; other; authority of townships to impose licensing requirements on certain occupations; clarify and limit. (Rep. J. Lower)</td>
</tr>
<tr>
<td>495</td>
<td>5957</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Villages; home rule; authority of villages to impose licensing requirements on certain occupations; clarify and limit. (Rep. T. Cole)</td>
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<tr>
<td>496</td>
<td>5958</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Townships; ordinances; authority of townships to impose licensing requirements on certain occupations; clarify and limit. (Rep. T. Albert)</td>
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<tr>
<td>497</td>
<td>5959</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Townships; charter; authority of charter townships to impose licensing requirements on certain occupations; clarify and limit. (Rep. T. Albert)</td>
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<tr>
<td>498</td>
<td>5960</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Cities; home rule; authority of cities to impose licensing requirements on certain occupations; clarify and limit. (Rep. J. Wentworth)</td>
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<tr>
<td>499</td>
<td>5961</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Cities: fourth class; authority of fourth class cities to impose licensing requirements on certain occupations; clarify and limit. (Rep. J. Wentworth)</td>
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<td>500</td>
<td>5962</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Counties: other; authority of counties to impose licensing requirements on certain occupations; clarify and limit. (Rep. L. Chatfield)</td>
<td></td>
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<td>501</td>
<td>5963</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Villages: general law; authority of general law villages to impose licensing requirements on certain occupations; clarify and limit. (Rep. J. Lilly)</td>
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<td>502</td>
<td>5964</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Counties: optional unified form of county government; authority of optional unified form of county government to impose licensing requirements on certain occupations; clarify and limit. (Rep. J. Calley)</td>
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<td>503</td>
<td>5965</td>
<td>Yes</td>
<td>12/26</td>
<td>12/27</td>
<td>12/27/18 #</td>
<td>Counties: charter; authority of charter counties to impose licensing requirements on certain occupations; clarify and limit. (Rep. J. Calley)</td>
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<td>504</td>
<td>6421</td>
<td>Yes</td>
<td>12/24</td>
<td>12/27</td>
<td>3/27/19</td>
<td>Traffic control: driver license; requirement for secretary of state to forward a digitized photograph of applicant for a state registry identification card to department of licensing and regulatory affairs; provide for. (Rep. K. Kesto)</td>
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<tr>
<td>505</td>
<td>6054</td>
<td>No</td>
<td>12/27</td>
<td>12/28</td>
<td>3/29/19 #</td>
<td>Property tax: state essential services assessment; penalty for filing alternative essential services assessment late; modify. (Rep. T. Albert)</td>
<td></td>
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<td>506</td>
<td>6063</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Land use; zoning and growth management; prohibition of local advertising ordinances from prohibiting signage for veterans or first responders who die in the line of duty; provide for. (Rep. J. Wentworth)</td>
<td></td>
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<tr>
<td>507</td>
<td>6087</td>
<td>No</td>
<td>12/27</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Transportation; funds; state infrastructure bank; allow for municipalities to borrow money from. (Rep. B. Frederick)</td>
<td></td>
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<tr>
<td>508</td>
<td>6088</td>
<td>No</td>
<td>12/27</td>
<td>12/28</td>
<td>3/29/19 #</td>
<td>Local government; bonds; loan from the state infrastructure bank; exempt from definition of municipal security under the revised municipal finance act. (Rep. G. Howell)</td>
<td></td>
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<tr>
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<td>6360</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Insurance: no-fault; requirement to provide policy information to department of health and human services; remove sunset. (Rep. E. Canfield)</td>
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<td>511</td>
<td>6361</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Human services: medical services; requirement to notify department of health and human services of legal action in which Medicaid may have a right to recover; expand. (Rep. E. Canfield)</td>
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<tr>
<td>512</td>
<td>6378</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Retirement: public school employees; procedure for granting service credit to certain employees of a tax supported community or junior college; provide for, and revise method to calculate unfunded actuarial accrued liability. (Rep. S. VanSingel)</td>
<td></td>
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<tr>
<td>513</td>
<td>6400</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Land use: zoning and growth management; Michigan zoning enabling act; exempt certain adult care facilities from special or conditional use permits. (Rep. J. Noble)</td>
<td></td>
</tr>
<tr>
<td>514</td>
<td>6403</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Veterans: other; county veteran service fund; modify distribution. (Rep. J. Wentworth)</td>
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<tr>
<td>515</td>
<td>6428</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Public utilities: municipal utilities; delivery of electric service outside of corporate limits of a city; modify provisions in MCL 460.10y. (Rep. J. Lower)</td>
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<tr>
<td>516</td>
<td>6429</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Public utilities: electric utilities; delivery of electric service outside of corporate limits of a city; modify provisions in MCL 124.3. (Rep. B. LaFave)</td>
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<td>517</td>
<td>6430</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Public utilities: electric utilities; delivery of electric service outside of corporate limits of a city; modify provisions in MCL 117.4f. (Rep. A. Miller)</td>
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<td>518</td>
<td>6472</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Natural resources: floodplains; issuance of floodplain permits for minor and general projects; modify, and extend sunset. (Rep. T. Cole)</td>
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<td>6487</td>
<td>No</td>
<td>12/27</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Vehicles; off-road; electronic title for vehicles with a lienholder; allow for off-road vehicles. (Rep. C. VanderWall)</td>
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<tr>
<td>520</td>
<td>6520</td>
<td>No</td>
<td>12/27</td>
<td>12/28</td>
<td>1/1/20</td>
<td>Insurance; insurers; corporate governance annual disclosure model act; enact. (Rep. L. Theis)</td>
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<tr>
<td>521</td>
<td>6572</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Labor; fair employment practices; certain information related to employment records of a law enforcement employee; modify employer release. (Rep. J. Runestad)</td>
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<tr>
<td>522</td>
<td>6573</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Law enforcement; employment; law enforcement officer separation from service record act; modify to allow Michigan commission on law enforcement standards to obtain records. (Rep. J. Runestad)</td>
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<tr>
<td>523</td>
<td>6582</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Civil rights; public records; freedom of information requests; require certain identifying information from requestor. (Rep. J. Lilly)</td>
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<tr>
<td>524</td>
<td>4067</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Health occupations; physicians; licensing process; modify to incorporate interstate medical licensure compact. (Rep. J. Tedder)</td>
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<tr>
<td>525</td>
<td>4505</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Crime victims; compensation; reimbursement for medical procedures and services related to sexual assault medical forensic examinations; modify. (Rep. D. Farrington)</td>
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<tr>
<td>527</td>
<td>4608</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Occupations; construction; licensing requirement for residential maintenance and alteration contractors; exclude painters and decorators. (Rep. J. Noble)</td>
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<tr>
<td>528</td>
<td>5018</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for crime of cyberbullying; enact. (Rep. P. Lucido)</td>
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</tbody>
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## 2018 Michigan Public Acts Table

<table>
<thead>
<tr>
<th>PA No.</th>
<th>HB</th>
<th>SB</th>
<th>I.E.*</th>
<th>Governor Approved</th>
<th>Filed Date</th>
<th>Effective Date</th>
<th>SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>529</td>
<td>5866</td>
<td></td>
<td>Yes</td>
<td>12/27</td>
<td>12/28/18</td>
<td>Natural resources; fishing; general amendments to fishing regulations; provide for. (Rep. J. Bellino)</td>
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<tr>
<td>530</td>
<td>5913</td>
<td></td>
<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Sales tax; exemptions; tax-exempt status for 501(c)(19) organizations; provide for. (Rep. J. Bizon)</td>
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<td>531</td>
<td>5926</td>
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<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Corrections; parole; certificate of employability; modify certain requirements and term of validity. (Rep. S. Marino)</td>
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<td>532</td>
<td>5942</td>
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<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Crimes; other; penalties for threatening a school with a firearm or other deadly or dangerous weapon; provide for. (Rep. B. LaFave)</td>
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<td>533</td>
<td>5945</td>
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<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Traffic control; traffic regulation; truck route designations by local authorities and county road commissions; provide for agriculture equipment exemption. (Rep. D. Lasinski)</td>
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<td>534</td>
<td>6016</td>
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<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Health; testing; definition of HIV infection; modify. (Rep. E. Canfield)</td>
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<tr>
<td>535</td>
<td>6018</td>
<td></td>
<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Health; diseases; provision related to HIV testing procedures; modify. (Rep. H. Vaupel)</td>
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<tr>
<td>536</td>
<td>6019</td>
<td></td>
<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Health; diseases; information related to HIV disclosures; modify. (Rep. A. Hammoud)</td>
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<tr>
<td>537</td>
<td>6020</td>
<td></td>
<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Health; diseases; crime of sexual penetration while HIV infected; modify, and reduce certain penalties. (Rep. J. Hoadley)</td>
<td></td>
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<tr>
<td>538</td>
<td>6022</td>
<td></td>
<td>Yes</td>
<td>12/27</td>
<td>12/28/19</td>
<td>Health; diseases; testing of pregnant women; modify the infections for which testing is required and require additional testing during third trimester. (Rep. J. Bizon)</td>
<td></td>
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<td>539</td>
<td>6023</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Health: diseases; requirement for local health departments to maintain encoded case files for HIV test subjects; eliminate, and revise time frame for reporting certain information. (Rep. K. Hertel)</td>
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<td>540</td>
<td>6052</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Economic development; other; economic development incentive evaluation act; create. (Rep. T. Albert)</td>
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<td>541</td>
<td>6053</td>
<td>No</td>
<td>12/27</td>
<td>12/28</td>
<td>3/29/19 #</td>
<td>Property tax; state essential services assessment; penalty for filing essential services assessment late; modify. (Rep. T. Albert)</td>
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<tr>
<td>542</td>
<td>5609</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Insurance; property and casualty; gifts to insured from property-casualty insurer; allow up to $50.00. (Rep. L. Love)</td>
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<tr>
<td>543</td>
<td>5622</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Highways: name; portion of M-15; designate as &quot;Purple Heart Trail&quot;. (Rep. J. Reilly)</td>
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<tr>
<td>544</td>
<td>5647</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Health: other; use of handheld dental X-ray system; allow under certain circumstances. (Rep. B. Frederick)</td>
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<tr>
<td>545</td>
<td>5672</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Highways: name; portion of M-15 in Oakland County; designate as the &quot;Deputy Eric Overall Memorial Highway&quot;. (Rep. J. Tedder)</td>
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<td>546</td>
<td>5718</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Law enforcement; other; disposition of certain stolen or abandoned property; provide for by donation in certain circumstances. (Rep. J. Lilly)</td>
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<tr>
<td>547</td>
<td>5725</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Highways: name; portion of M-5; designate as the &quot;Staff Sergeant Duane J. Dreasky Memorial Highway&quot;. (Rep. T. Barrett)</td>
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<td>548</td>
<td>5828</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Law enforcement: state police; comprehensive school safety plan and fund; provide for. (Rep. J. Wentworth)</td>
</tr>
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<td>Education; safety; school districts, intermediate school districts, public school academies, and nonpublic schools to designate school safety liaison; require. (Rep. P. Hornberger)</td>
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<tr>
<td>550</td>
<td>5850</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Law enforcement; other; student safety act; eliminate sunset. (Rep. B. Iden)</td>
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<td>551</td>
<td>5851</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
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<td>Education; reports; reports regarding certain incidents involving certain crimes; require. (Rep. B. LaFave)</td>
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<td>552</td>
<td>5852</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Law enforcement; training; Michigan commission on law enforcement standards; modify to include active shooter training. (Rep. J. Bellino)</td>
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<td>553</td>
<td>5025</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
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<td>Cities; income tax; administrative procedures for withholding tax refunds for unpaid city income taxes administered by the state; provide for. (Rep. W. Byrd)</td>
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<td>554</td>
<td>5152</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
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<td></td>
<td>Health; patient directives; nonopioid directive form; create. (Rep. S. Singh)</td>
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<tr>
<td>555</td>
<td>5153</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
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<td></td>
<td>Probate; guardians and conservators; nonopioid directive form; allow a guardian to execute. (Rep. E. Canfield)</td>
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<td>556</td>
<td>5411</td>
<td>Yes</td>
<td>12/27</td>
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<td>12/28/18</td>
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<td></td>
<td></td>
<td>Retirement; state employees; classification definitions for corrections security inspector and corrections security representative; provide for. (Rep. T. Barrett)</td>
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<tr>
<td>557</td>
<td>5505</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
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<td></td>
<td>Human services; adult foster care; licensing of adult foster care facility; modify. (Rep. F. Liberati)</td>
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<td>558</td>
<td>5506</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Human services; adult foster care; adult foster care facility licensing; modify. (Rep. D. Rendon)</td>
</tr>
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<tr>
<td>559</td>
<td>5542</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Traffic control; civil infraction procedures; requirement that police officers take security from nonresident motorists for civil infractions in motor carrier safety act; eliminate. (Rep. J. Runestad)</td>
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<tr>
<td>560</td>
<td>5606</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Liquor; retail sales; sale of nonalcoholic beverages by a licensed wine maker; allow. (Rep. J. Lilly)</td>
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<td>561</td>
<td>5854</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>4/27/19</td>
<td>Natural resources; wetlands; voluntary wetland restoration permit program; create. (Rep. G. Howell)</td>
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<td>562</td>
<td>5855</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Natural resources; wetlands; voluntary wetland restoration permit program; provide definitions for. (Rep. J. Bellino)</td>
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<tr>
<td>563</td>
<td>4066</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Health occupations; physicians; interstate medical licensure compact; create. (Rep. J. Tedder)</td>
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<tr>
<td>564</td>
<td>4525</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Vehicles; motorcycles; definitions of autocycle and motorcycle; modify. (Rep. T. Cole)</td>
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<td>565</td>
<td>5098</td>
<td>Yes</td>
<td>12/28</td>
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<td>3/28/19</td>
<td>Public utilities; electric utilities; relocation of facilities; require certain notifications and procedures. (Rep. M. Holtenga)</td>
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<td>566</td>
<td>6012</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Traffic control; driver license; procedure when nonresident motorist does not comply with a traffic citation in this state; modify. (Rep. S. Johnson)</td>
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<td>Yes</td>
<td>12/28</td>
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<td>3/28/19</td>
<td>Health; testing; reporting procedures related to partner notification for HIV; update. (Rep. E. Canfield)</td>
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<td>6090</td>
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<td>12/28</td>
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<td>12/28/18</td>
<td>Counties: boards and commissions; board of review hearings under the county public improvement act of 1939; modify. (Rep. J. Bellino)</td>
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<td>570</td>
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<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Natural resources: funding; forest and mineral resource development grant and loan program; repeal. (Rep. D. Rendon)</td>
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<td>571</td>
<td>6397</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Legislature: legislative agencies; legislative corrections ombudsman; exempt certain information from certain disclosure and modify certain investigation procedures. (Rep. J. Bizon)</td>
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<tr>
<td>572</td>
<td>0671</td>
<td>No</td>
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<td>12/28</td>
<td>3/29/19</td>
<td>Property: recording; marketable title act; modify provisions relating to preserving claims against title. (Sen. R. Jones)</td>
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<td>573</td>
<td>0729</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Financial institutions: money transmitters; exemption from requirements of money transmission services act for certain gift cards and other stored value devices; clarify. (Sen. M. O'Brien)</td>
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<tr>
<td>574</td>
<td>0752</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>1/1/20</td>
<td>Human services: services or financial assistance; benefit eligibility after marriage; allow to extend for a certain period of time. (Sen. W. Schmidt)</td>
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<td>575</td>
<td>0838</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>State financing and management: bonds; time period for issuance of a security to pay off unfunded pension or postemployment health care liability; extend. (Sen. J. Brandenburg)</td>
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<tr>
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<td>0844</td>
<td>Yes</td>
<td>12/28</td>
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<td>12/28/18</td>
<td>Criminal procedure: other; date on which criminal justice policy commission expires; extend. (Sen. J. Proos)</td>
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<td>1108</td>
<td>No</td>
<td>12/28</td>
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<td>3/29/19</td>
<td>State financing and management: funds; 21st century jobs trust fund; modify. (Sen. J. Stamas)</td>
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<td>1118</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Property: conveyances; state-owned property in Muskegon and Tuscola Counties; provide for the sale of. (Sen. G. Hansen)</td>
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<td>1205</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Labor; public service employment; claims utilization and cost information compilation; modify. (Sen. P. Pavlov)</td>
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<td>1232</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Juveniles; juvenile justice services; sunset provisions related to pilot programs for child welfare services; eliminate. (Sen. P. MacGregor)</td>
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<td>1244</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Environmental protection; cleanups; cleanup criteria for hazardous substance; modify. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>582</td>
<td>1262</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>1/1/19</td>
<td>Marihuana; facilities; applicant for medical marihuana facilities license; modify, and provide other general amendments. (Sen. A. Meekhof)</td>
</tr>
<tr>
<td>583</td>
<td>1263</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td></td>
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<tr>
<td>584</td>
<td>1264</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>State; identification cards; requirement for secretary of state to forward a digitized photograph of applicant for a state registry identification card to department of licensing and regulatory affairs; provide for. (Sen. A. Meekhof)</td>
</tr>
<tr>
<td>585</td>
<td>0110</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Housing; affordable; incentives for affordable rental housing; allow local units of government to provide. (Sen. W. Schmidt)</td>
</tr>
<tr>
<td>586</td>
<td>0149</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Appropriations; zero budget; school aid appropriations; modify. (Sen. G. Hansen)</td>
</tr>
<tr>
<td>587</td>
<td>6021</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td></td>
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<tr>
<td>588</td>
<td>4991</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Individual income tax; exemptions; compensation received for wrongful imprisonment, distribution of revenue, and renew Michigan fund; exempt, revise, and create. (Rep. E. Canfield)</td>
</tr>
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<tr>
<td>589</td>
<td>4522</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Individual income tax; exemptions; additional personal exemption for stillborn birth; provide for. (Rep. M. Whiteford)</td>
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<tr>
<td>590</td>
<td>5806</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Courts; other; juvenile mental health courts; establish. (Rep. J. Calley)</td>
</tr>
<tr>
<td>591</td>
<td>5807</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Courts; other; references to juveniles in mental health court in revised judicature act; remove to reflect creation of juvenile mental health court. (Rep. J. Calley)</td>
</tr>
<tr>
<td>592</td>
<td>5808</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Courts; other; reference to chapter of revised judicature act in the probate code; modify. (Rep. J. Calley)</td>
</tr>
<tr>
<td>593</td>
<td>5810</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Mental health; other; certain alternative mental health treatment; replace with assisted outpatient treatment. (Rep. H. Vaupel)</td>
</tr>
<tr>
<td>594</td>
<td>5818</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Probate; guardians and conservators; guardians' authority to consent to mental health treatment; allow. (Rep. V. Guerra)</td>
</tr>
<tr>
<td>595</td>
<td>5819</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Mental health; other; guardians' authority to consent to mental health treatment; allow. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>596</td>
<td>5820</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Mental health; code; procedure for involuntary mental health treatment and judicial admissions; revise. (Rep. K. Kesto)</td>
</tr>
<tr>
<td>597</td>
<td>0763</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>Pending #</td>
<td>Natural resources; funding; Michigan natural resources trust fund and Michigan state parks endowment fund; modify allowable expenditures. (Sen. T. Casperson)</td>
</tr>
<tr>
<td>598</td>
<td>0931</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>Pending #</td>
<td>Natural resources; funding; Michigan natural resources trust fund and Michigan state parks endowment fund; modify allowable expenditures. (Sen. G. Hansen)</td>
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<td>599</td>
<td>0932</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>Pending #</td>
<td>Natural resources; funding; Michigan natural resources trust fund and Michigan state parks endowment fund; provide technical amendments. (Sen. D. Booher)</td>
</tr>
<tr>
<td>600</td>
<td>1234</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Health; emergency services; transportation of police canines in ambulances; allow. (Sen. D. Knezek)</td>
</tr>
<tr>
<td>601</td>
<td>5526</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Education; school districts; letter grade system for ranking public schools; establish. (Rep. T. Kelly)</td>
</tr>
<tr>
<td>602</td>
<td>4205</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>1/1/19</td>
<td>Administrative procedure; rules; adoption of rules by state agencies; prohibit from being more stringent than federal regulations. (Rep. T. Cole)</td>
</tr>
<tr>
<td>603</td>
<td>1238</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Elections; other; general amendments to the Michigan election law; provide for. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>604</td>
<td>1239</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18 #</td>
<td>Traffic control; driver license; declaration of United States citizenship on operator's or chauffeur's license application; require for automatic voter registration, and provide for automatic voter registration opt-out. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>605</td>
<td>1240</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18 #</td>
<td>State; identification cards; declaration of United States citizenship on personal identification card application; require for automatic voter registration, and provide for automatic voter registration opt-out. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>606</td>
<td>1241</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18 #</td>
<td>Traffic control; driver license; opt-out of voter registration provision on applications for enhanced driver licenses and enhanced official state personal identification cards; require. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>607</td>
<td>1242</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18 #</td>
<td>Campaign finance; other; updated citation reference in the Michigan campaign finance act; provide for. (Sen. M. Kowall)</td>
</tr>
<tr>
<td>608</td>
<td>6595</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Elections; petitions; limitation on number of petition signatures from any congressional district; provide for, and require petition circulator for constitutional amendments, initiatives, and referendums to indicate if he or she is paid or a volunteer. (Rep. J. Lower)</td>
</tr>
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<tr>
<td>609</td>
<td>6050</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Animals; other; large carnivore act; amend to allow for breeding of black bears under certain conditions. (Rep. D. Lauwers)</td>
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<tr>
<td>610</td>
<td>5778</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Agriculture; animals; large carnivore act; amend to allow for breeding of large carnivores in certain situations. (Rep. T. Albert)</td>
</tr>
<tr>
<td>611</td>
<td>4700</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Elections; precinct delegates; procedure for precinct delegates to file as a write-in candidate; modify, and modify certain references to board of primary election inspectors. (Rep. J. Lilly)</td>
</tr>
<tr>
<td>612</td>
<td>1038</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>6/26/19</td>
<td>Human services; medical services; audit of Medicaid cost reports; modify and create deadlines for completion. (Sen. J. Stamas)</td>
</tr>
<tr>
<td>613</td>
<td>4602</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>State financing and management; budget; technical amendments to budget stabilization fund; provide for. (Rep. L. Cox)</td>
</tr>
<tr>
<td>614</td>
<td>4734</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Elections; election officials; provisions regarding boards of county election commissioners and boards of county canvassers; modify. (Rep. J. Moss)</td>
</tr>
<tr>
<td>615</td>
<td>6122</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Environmental protection; solid waste; soil from sugar beet production; increase allowable moisture level. (Rep. T. Barrett)</td>
</tr>
<tr>
<td>616</td>
<td>6348</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Property tax; personal property; distribution of local community stabilization act share revenues; modify. (Rep. R. VerHeulen)</td>
</tr>
<tr>
<td>617</td>
<td>5813</td>
<td>Yes</td>
<td>12/27</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Law enforcement; investigations; investigation for financial harm of a vulnerable adult or elder adult; allow. (Rep. J. Runestad)</td>
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<tr>
<td>619</td>
<td>5907</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td><strong>Education:</strong> other requirements for an urban high school academy, requirements for a contract for a school of excellence that is a cyber school, enrollment information requirements, and required information regarding college level equivalent courses; modify. <em>(Rep. B. Frederick)</em></td>
</tr>
<tr>
<td>620</td>
<td>5992</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td><strong>Elections:</strong> offenses; election forgery; establish as a chargeable offense. <em>(Rep. S. Marino)</em></td>
</tr>
<tr>
<td>621</td>
<td>6011</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td><strong>Traffic control:</strong> driver license; national driver license compact; enter into. <em>(Rep. J. Noble)</em></td>
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<tr>
<td>623</td>
<td>6393</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td><strong>Food:</strong> milk; grade A milk law; update. <em>(Rep. J. Alexander)</em></td>
</tr>
<tr>
<td>624</td>
<td>0331</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td><strong>Health:</strong> occupations; licensing of genetic counselors; require. <em>(Sen. J. Emmons)</em></td>
</tr>
<tr>
<td>625</td>
<td>0706</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td><strong>Taxation:</strong> convention tourism assessments; convention and tourism marketing act; revise. <em>(Sen. W. Schmidt)</em></td>
</tr>
<tr>
<td>626</td>
<td>0707</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td><strong>Taxation:</strong> convention tourism assessments; community convention or tourism marketing act; revise. <em>(Sen. W. Schmidt)</em></td>
</tr>
<tr>
<td>627</td>
<td>1095</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td><strong>Elections:</strong> local; filing of nominating petitions for city elections; clarify. <em>(Sen. W. Schmidt)</em></td>
</tr>
<tr>
<td>628</td>
<td>1127</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td><strong>Higher education:</strong> community colleges; nominating petition filing deadline for certain board of trustee candidates; modify. <em>(Sen. W. Schmidt)</em></td>
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<td>629</td>
<td>1177</td>
<td>No</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Veterans: other; Michigan State Capitol Commission; provide recognition in the State Capitol Building for veterans and eliminate the report from the former custodian of the Michigan veterans’ headquarters. (Sen. M. O’Brien)</td>
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<tr>
<td>630</td>
<td>1180</td>
<td>Yes</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Veterans: veterans’ homes; independence of, appointment of executive director for, and establishment of nonprofit corporations to assist the Michigan veterans’ facility authority; provide for. (Sen. D. Hildenbrand)</td>
</tr>
<tr>
<td>631</td>
<td>1211</td>
<td>No</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Natural resources: wetlands; definition of wetland; revise, provide for award of expert witness fees, require department to provide certain information upon denial or modification of wetland or lakes and streams permit, and require award of costs to prevailing party other than this state. (Sen. T. Casperson)</td>
</tr>
<tr>
<td>632</td>
<td>5123</td>
<td>Yes</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Children; foster care; information regarding the foster children’s assurance of quality foster care policy; require the department of health and human services to provide to foster children. (Rep. P. Hornberger)</td>
</tr>
<tr>
<td>633</td>
<td>5454</td>
<td>Yes</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Property tax; principal residence exemption; owners temporarily absent while rebuilding a demolished or destroyed dwelling; extend principal residence exemption to. (Rep. P. Lucido)</td>
</tr>
<tr>
<td>634</td>
<td>5939</td>
<td>Yes</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18 #</td>
<td>Fireworks; use; time restrictions, fee collection, and retail certification and safety requirements; modify and clarify. (Rep. J. Lilly)</td>
</tr>
<tr>
<td>635</td>
<td>5940</td>
<td>Yes</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18 #</td>
<td>Fireworks; ordinances; local government regulations governing the use of temporary structures with fireworks; allow, and modify the times and days allowed for the use of consumer fireworks. (Rep. J. Chirkun)</td>
</tr>
<tr>
<td>636</td>
<td>5941</td>
<td>Yes</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18 #</td>
<td>Fireworks; use; authority to place a ban on the use of consumer fireworks because of weather conditions; limit to governor. (Rep. J. Lilly)</td>
</tr>
<tr>
<td>637</td>
<td>5943</td>
<td>Yes</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for threatening a school with a firearm or other deadly or dangerous weapon; enact. (Rep. S. VanSingel)</td>
</tr>
<tr>
<td>638</td>
<td>6006</td>
<td>No</td>
<td>Yes/No</td>
<td>12/28</td>
<td>12/28</td>
<td>3/29/19</td>
<td>Legislature; legislative agencies; Michigan capitol committee; eliminate. (Rep. J. Lower)</td>
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<td>12/28</td>
<td>3/29/19 #</td>
<td>Legislature; legislative agencies; Michigan capitol committee; eliminate reference in tobacco products tax act. (Rep. J. Lower)</td>
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<td>6269</td>
<td></td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Environmental protection; solid waste; coal combustion residuals; provide for assumption of federal permit program. (Rep. G. Howell)</td>
</tr>
<tr>
<td>641</td>
<td>6330</td>
<td></td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>1/15/19 #</td>
<td>Agriculture; industrial hemp; licensing and oversight program for industrial hemp; establish. (Rep. D. Lauwers)</td>
</tr>
<tr>
<td>642</td>
<td>6331</td>
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<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Controlled substances; marihuana; definitions of industrial hemp and marihuana; modify. (Rep. S. Johnson)</td>
</tr>
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<td>643</td>
<td>6355</td>
<td></td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Natural resources; fishing; requirement for minnow license; provide exception for person who purchased the minnows from a person with a license. (Rep. T. Cole)</td>
</tr>
<tr>
<td>644</td>
<td>6374</td>
<td></td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Drains; other; drains assessed to public corporations; require drainage board approval of changes in route or course. (Rep. R. Victory)</td>
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<td>Yes</td>
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<td>Drains; other; relinquishment; provide for to state transportation department with respect to intracounty drains for public health and provide for with respect to intercounty drains. (Rep. R. Victory)</td>
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<td>Yes</td>
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<td>Drains; other; provision regarding determination of necessity for public health and recovery of attendant expenses; make consistent for county and intercounty drains. (Rep. R. Victory)</td>
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<td>Drains; other; petition requirements; revise for county drainage districts and for maintenance on county and intercounty drains. (Rep. R. Victory)</td>
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<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19 #</td>
<td>Marihuana; facilities; industrial hemp; exclude from definition of marihuana plant, allow certain licenses to process, and require the department to promulgate certain rules. (Rep. D. Lauwers)</td>
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<td>Consumer protection; privacy; identity theft protection act; exempt licenses under insurance code of 1956 and affiliates. (Rep. J. Graves)</td>
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<td>Elections; offenses; felony penalty for signing a petition with multiple names; provide for. (Rep. K. LaSata)</td>
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<td>Traffic control; traffic regulation; penalties for certain vehicles' failure to stop at weigh station; modify. (Rep. S. VanSingel)</td>
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<td>Criminal procedure; sentencing guidelines; sentencing guidelines for crimes of animal cruelty; enact and amend. (Rep. T. Brann)</td>
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<td>Elections; candidates; candidate filing fee in lieu of nomination petitions for township offices; allow. (Rep. K. LaSata)</td>
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<td>Elections; candidates; candidate filing fee in lieu of nominating petitions for township offices; allow. (Rep. J. Calley)</td>
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<td>Legislature; other; Michigan Compiled Laws database; designate as an official source of law. (Rep. K. Kesto)</td>
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<td>Vehicles; registration plates; vehicles owned and operated for nonprofit food banks and food pantries; revise registration fees. (Rep. T. Brann)</td>
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<td>5372</td>
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<td>Yes</td>
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<td>Crimes; intoxication or impairment; alcohol dependent medication-assisted treatment program; require certain individuals to receive evaluation to determine if medication-assisted treatment would benefit the individual as part of his or her sentence. (Rep. J. Bellino)</td>
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<td>5439</td>
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<td>Mental health; facilities; psychiatric bed registry; create. (Rep. M. Whiteford)</td>
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<td>Property tax; limitation; notice of an election for a proposed increase in the total tax rate limitation; modify content of. (Rep. K. Crawford)</td>
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<td>6049</td>
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<td>12/28/18</td>
<td>Property tax; assessments; procedures by which state tax commission audits local assessment activities; modify. (Rep. J. Lower)</td>
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<td>661</td>
<td>6108</td>
<td>Yes</td>
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<td>12/28</td>
<td>12/28/18</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for crime of individuals who sign petitions with multiple names; provide for. (Rep. J. Lilly)</td>
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<td>662</td>
<td>6129</td>
<td>No</td>
<td>12/28</td>
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<td>3/29/19</td>
<td>Probate; trusts; powers and duties of a directed trustee; provide for. (Rep. K. Kesto)</td>
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<td>6130</td>
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<td>Probate; trusts; powers and duties of a directed trustee; provide for. (Rep. J. Calley)</td>
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<td>Probate; trusts; powers and duties of a directed trustee; provide for. (Rep. B. Iden)</td>
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<td>6147</td>
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<td>Highways; name; portion of M-53; designate as the &quot;Sergeant Wouters Memorial Highway&quot;. (Rep. P. Green)</td>
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<td>6344</td>
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<td>3/29/19</td>
<td>Courts; reorganization; district courts in East Lansing, Lansing, and Ingham County; consolidate to 1 countywide district court. (Rep. S. Singh)</td>
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<td>667</td>
<td>6465</td>
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<td>12/28/18</td>
<td>Environmental protection; water pollution; permit for ballast water discharge from oceangoing vessels; adopt Coast Guard standards. (Rep. D. Lauwers)</td>
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<td>668</td>
<td>6498</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Trade; vehicles; regulation of motor vehicle manufacturers and dealers and requirements for dealer agreements; revise. (Rep. B. Iden)</td>
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<td>0404</td>
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<td>State: identification cards; fee waiver on state identification cards for veterans and individuals receiving certain forms of government assistance; provide for. (Sen. M. O'Brien)</td>
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<td>670</td>
<td>0991</td>
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<td>12/28</td>
<td>12/28</td>
<td>3/28/19</td>
<td>Education: safety; biannual update to emergency contact information for student safety act; require. (Sen. D. Zorn)</td>
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<td>1136</td>
<td>No</td>
<td>12/28</td>
<td>12/28</td>
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<td>Natural resources: nonnative species; inland lake aquatic invasive plant species control and eradication program; establish. (Sen. D. Robertson)</td>
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<td>672</td>
<td>1034</td>
<td>No</td>
<td>12/28</td>
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<td>3/29/19</td>
<td>Property tax: exemptions; exemption for qualified forest property; modify. (Sen. D. Booher)</td>
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<td>673</td>
<td>0906</td>
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<td>12/28</td>
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<td>3/29/19</td>
<td>Sales tax: exemptions; purchase or lease of a school bus or services; provide exemption under certain circumstances. (Sen. J. Brandenburg)</td>
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<td>6475</td>
<td>Yes</td>
<td>12/28</td>
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<td>Retirement: state police; general amendments to the state police retirement act; provide for. (Rep. T. Albert)</td>
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<td>676</td>
<td>6481</td>
<td>Yes</td>
<td>12/28</td>
<td>12/28</td>
<td>12/28/18</td>
<td>Retirement: other; reference to state police retirement act in public employee retirement system investment act; update. (Rep. R. VerHeulen)</td>
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<td>677</td>
<td>6484</td>
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<td>12/28</td>
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<td>Insurance: no-fault; liability for damage to property; provide exception to abolition of tort liability. (Rep. T. Cole)</td>
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<td>Use tax; exemptions; purchase or lease of a school bus or services; provide exemption under certain circumstances. (Sen. J. Brandenburg)</td>
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<td>Vehicles; title; assembled vehicles; require secretary of state to issue a vehicle identification number and title under certain circumstances. (Rep. B. Roberts)</td>
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<td>Vehicles; registration plates; disabled veteran registration plates; allow surviving spouse of totally disabled veteran to use disabled veteran registration plate. (Rep. C. VanderWall)</td>
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<td>Retirement; other; reference to state police retirement act in state employees retirement act; update. (Rep. T. Albert)</td>
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<td>6479</td>
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<td>Retirement; other; reference to state police retirement act in divestment from terror act; update. (Rep. S. Johnson)</td>
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<td>Military affairs; facilities; possession of concealed firearms on military premises; allow. (Rep. G. Glenn)</td>
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<td>5837</td>
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<td>Public utilities; electric utilities; membership or associated membership in a joint agency; expand to another state or Canadian province under certain conditions. (Rep. A. Miller)</td>
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<td>Environmental protection; landfills; hazardous waste landfills; regulate disposal of certain radioactive waste in. (Sen. T. Caspperson)</td>
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**S U B J E C T**

- **Environmental protection: landfills; disposal of certain radioactive waste in landfills; impose fee on.**
  (Sen. R. Warren)
- **Insurance; other; insurance data security model law; enact.**
  (Rep. L. Theis)
- **Gaming: bingo and charitable gaming; millionaire parties; provide for general amendments.**
  (Rep. T. Barrett)
- **Legislature; auditor general; authority to obtain confidential or electronic data; provide for.**
  (Rep. J. Graves)
- **Use tax; exemptions; purchase of certain aviation equipment; exempt.**
  (Rep. B. Kahle)
- **Sales tax; exemptions; purchase of certain aviation equipment; exempt.**
  (Rep. B. Kahle)
- **Gaming: horse racing; third party facilitator licenses; provide for.**
  (Rep. D. Lauwers)
- **Gaming: other; internet gaming; allow and regulate.**
  (Rep. B. Iden)
- **Crimes; gambling; internet gaming; allow.**
  (Rep. B. Iden)
- **Criminal procedure; sentencing guidelines; guidelines for violation of the lawful internet gaming act; enact.**
  (Rep. K. Kesto)

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<td>Environmental protection; water pollution; permit for ballast water discharge from oceangoing vessels; adopt Coast Guard standards. (Rep. D. Lauwers)</td>
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<td>Property tax; exemptions; alternative energy personal property; modify exemption. (Rep. T. Barrett)</td>
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<td>Retirement; public school employees; annuity option; expand. (Rep. S. Marino)</td>
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<td>Retirement; state employees; annuity option; provide for. (Rep. T. Albert)</td>
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<td>Economic development; other; principal shopping district act; revise. (Rep. C. Afendoulis)</td>
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<td>Traffic control; violations; prohibitions on window tinting and obstruction of driver's vision; eliminate. (Rep. J. Alexander)</td>
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<td>Property tax; assessments; placement of solar panels on residential real property; exclude from assessment of true cash value. (Rep. T. Barrett)</td>
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<td>Economic development; other; business improvement zones; modify. (Rep. R. VerHeulen)</td>
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<td>Children; protection; safe delivery of newborns act; modify definition of newborn and allow surrender to a newborn safety device. (Rep. B. Kahle)</td>
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<td>12/27/18</td>
<td>Children; protection; surrender of newborn to a newborn safety device; allow. (Rep. D. Rendon)</td>
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<td>Gaming: casinos; general amendments to the Michigan gaming control and revenue act; provide for. (Rep. B. Iden)</td>
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<td>Animals: pet shops; regulation of pet shops in the sale of dogs; clarify. (Rep. H. Vaupel)</td>
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<td>Local government: ordinances; local government enacting or enforcing an ordinance, policy, resolution, or rule regulating a qualified pet shop; prohibit. (Rep. H. Vaupel)</td>
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<td>Children: protection; reporting death of a newborn after surrender to a newborn safety device; expand. (Rep. B. Kahle)</td>
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<td>Children: protection; reference in Michigan penal code to surrender of a newborn under the newborn safe delivery law; revise. (Rep. B. Kahle)</td>
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<td>Animals: other; animal industry act; modify. (Rep. D. Lauwers)</td>
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<td>Animals: other; definition of livestock and reference to animal industry act in wildlife depredation act; modify citations. (Rep. G. Howell)</td>
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<td>Animals: other; definition of livestock in agricultural commodities marketing act; modify citations. (Rep. R. Victory)</td>
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<td>Animals: other; reference to animal industry act in act governing the licensing of livestock dealers; modify citations. (Rep. J. Alexander)</td>
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<td>Animals: other; definition of livestock in Michigan penal code; modify citations. (Rep. H. Vaupel)</td>
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<td>Criminal procedure; sentencing guidelines; sentencing guidelines for violations of animal industry act; modify citation. (Rep. H. Vaupel)</td>
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<td>Animals; other; definition of livestock in wolf-dog cross act; modify citations. (Rep. J. Wentworth)</td>
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<td>Animals; other; reference to animal industry act in act governing ferrets; modify citation. (Rep. J. Calley)</td>
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<td>Animals; other; reference to animal industry act in general property tax act; modify citations. (Rep. T. Barrett)</td>
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<td>Animals; other; definition of livestock in large carnivore act; modify citations. (Rep. B. Frederick)</td>
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<td>Animals; other; reference to animal industry act in Michigan aquaculture act; modify citation. (Rep. T. Cole)</td>
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<td>Gaming; other; fantasy contests consumer protection act; create. (Rep. B. Iden)</td>
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<td>Veto</td>
<td>6485</td>
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<td>Individual income tax; deductions; elimination of income and expenses of producing oil and gas; clarify. (Rep. T. Cole)</td>
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<td>6499</td>
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<td>Land use; zoning and growth management; definition of state licensed residential facility; increase number of children receiving care at certain child caring institutions. (Rep. J. Reilly)</td>
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<td>12/28/18</td>
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<td>Sales tax; exemptions; purchase of certain aviation equipment; exempt. (Rep. B. Kahle)</td>
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<td>Use tax; exemptions; purchase of certain aviation equipment; exempt. (Rep. B. Kahlke)</td>
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<td>Legislature; other; right of legislature to intervene in any proceeding; create. (Rep. R. VerHeulen)</td>
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<td>Gaming; bingo and charitable gaming; millionaire parties; provide for general amendments. (Sen. R. Jones)</td>
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<td>Civil procedure; costs and fees; recovery of costs and fees in an action involving this state; remove certain restrictions. (Sen. T. Casperson)</td>
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<td>Administrative procedure; contested cases; award of costs and fees to prevailing party in a case involving this state; remove certain restrictions; exempt parole hearings from administrative procedures act, and make general revisions to contested case provisions. (Sen. D. Robertson)</td>
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<td>Taxation; tobacco; cigarette tax; modify. (Sen. J. Hune)</td>
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<td>Corporate income tax; financial institutions; apportionment for unitary business groups; clarify. (Sen. D. Booher)</td>
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<td>Individual income tax; other; Michigan first-time home buyer savings program act; create. (Sen. P. MacGregor)</td>
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<td>Individual income tax; deductions; tax incentive for contributions made to first-time home buyers program; provide for. (Sen. K. Horn)</td>
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<td>Agriculture; other; animal care standards for egg-laying hens; delay effective date and provide for enforcement. (Sen. A. Meekhof)</td>
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<td>Natural resources; sand dunes; criteria for issuance of a variance to a public entity involving certain public land; provide for. (Sen. D. Booher)</td>
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<td>Financial institutions; credit cards; credit card arrangements act; modify definitions and update title. (Sen. P. MacGregor)</td>
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<td>0822</td>
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<td>State agencies (existing); executive office; contents and reporting of certain memoranda of understanding; modify. (Sen. M. Shirkey)</td>
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<td>Highways; signs; revisions to highway advertising act; provide for. (Sen. T. Casperson)</td>
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<td>Insurance; insurers; automobile club contract; exempt from requirements of insurance code. (Sen. J. Hune)</td>
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<td>Human services; medical services; reinterpretation of existing Medicaid policy; require to be promulgated in the same manner as new policy and establish certain bed and reporting requirements. (Sen. P. MacGregor)</td>
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<td>Human services; medical services; Medicaid eligibility for a nursing facility; modify. (Sen. G. Hansen)</td>
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<td>Vehicles; historic; definition of historic vehicles in Michigan vehicle code; expand to include certain military surplus vehicles. (Sen. H. Hopgood)</td>
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<td>Corporate income tax; business income; new federal limitations on interest expense deductions; decouple. (Sen. J. Brandenburg)</td>
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<td>Corporate income tax; flow-through entities; entity flow-through tax; provide for. (Sen. D. Hildenbrand)</td>
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<td>Civil rights; privacy; disclosure of certain donor information; prohibit. &lt;br&gt; <em>(Sen. M. Shirkey)</em></td>
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<td>Health: abortion; physical examination requirements; eliminate sunset. &lt;br&gt; <em>(Sen. T. Casperson)</em></td>
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<td>Criminal procedure: statute of limitations; 5-year limit for violation of the campaign finance act; provide for. &lt;br&gt; <em>(Sen. D. Robertson)</em></td>
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