COVER DRAWING

*Michigan State Capitol:*

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

(Michigan State Archives)

PAGE GRAPHICS

*Capitol Dome:*

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

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

(Michigan State Archives)

*East Elevation of the Michigan State Capitol:*

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

(Michigan Capitol Committee)
Michigan Register (ISSN 0892-3124). Published twice per month, with a cumulative index, by the Office of Regulatory Reinvention, pursuant to §24.208 of the Michigan Compiled Laws. Subscription $400.00 per year, postpaid to points in the U.S. First class postage paid at Lansing, Michigan. Direct all mail concerning subscriptions to Office of Regulatory Reinvention, Romney Building – Eight Floor, 111 S. Capitol, Lansing, MI 48909

Jeff Bankowski, Executive Director, Office of Performance and Transformation; Deidre O’Berry, Administrative Rules Specialist for Operations and Publications.
Rick Snyder, Governor

Brian Calley, Lieutenant Governor
PREFACE

PUBLICATION AND CONTENTS OF THE MICHIGAN REGISTER

The Office of Regulatory Reform publishes the Michigan Register.

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

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

Sec. 8.

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

(a) Executive orders and executive reorganization orders.

(b) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills signed into law by the governor during the calendar year and the corresponding public act numbers.

(c) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills vetoed by the governor during the calendar year.

(d) Proposed administrative rules.

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

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

(g) Emergency rules filed with the secretary of state.

(h) Notice of proposed and adopted agency guidelines.

(i) Other official information considered necessary or appropriate by the office of regulatory reform.

(j) Attorney general opinions.

(k) All of the items listed in section 7(m) after final approval by the certificate of need commission under section 22215 of the public health code, 1978 PA 368, MCL 333.22215.

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

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

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

(5) An agency shall electronically transmit a copy of the proposed rules and notice of public hearing to the office of regulatory reform for publication in the Michigan register.
4.1203 Michigan register fund; creation; administration; expenditures; disposition of money received from sale of Michigan register and amounts paid by state agencies; use of fund; price of Michigan register; availability of text on internet; copyright or other proprietary interest; fee prohibited; definition.

Sec. 203.

(1) The Michigan register fund is created in the state treasury and shall be administered by the office of regulatory reform. The fund shall be expended only as provided in this section.

(2) The money received from the sale of the Michigan register, along with those amounts paid by state agencies pursuant to section 57 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.257, shall be deposited with the state treasurer and credited to the Michigan register fund.

(3) The Michigan register fund shall be used to pay the costs of preparing, printing, and distributing the Michigan register.

(4) The department of management and budget shall sell copies of the Michigan register at a price determined by the office of regulatory reform not to exceed the cost of preparation, printing, and distribution.

(5) Notwithstanding section 204, beginning January 1, 2001, the office of regulatory reform shall make the text of the Michigan register available to the public on the internet.

(6) The information described in subsection (5) that is maintained by the office of regulatory reform shall be made available in the shortest feasible time after the information is available. The information described in subsection (5) that is not maintained by the office of regulatory reform shall be made available in the shortest feasible time after it is made available to the office of regulatory reform.

(7) Subsection (5) does not alter or relinquish any copyright or other proprietary interest or entitlement of this state relating to any of the information made available under subsection (5).

(8) The office of regulatory reform shall not charge a fee for providing the Michigan register on the internet as provided in subsection (5).

(9) As used in this section, “Michigan register” means that term as defined in section 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.205.

CITATION TO THE MICHIGAN REGISTER

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

CLOSING DATES AND PUBLICATION SCHEDULE

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

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

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

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

SUBSCRIPTIONS AND DISTRIBUTION
The *Michigan Register*, a publication of the State of Michigan, is available for public subscription at a cost of $400.00 per year. Submit subscription requests to: Office of Regulatory Reinvention, Romney Building –Eight Floor, 111 S. Capitol Avenue, Lansing, MI 48909. Checks Payable: State of Michigan. Any questions should be directed to the Office of Regulatory Reinvention (517) 335-8658.

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

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

Jeff Bankowski, Executive Director,
Office of Performance and Transformation
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MCL 24.208 states in part:

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

*   *   *

(f) Administrative rules filed with the secretary of state.”
PART 10a

MICHIGAN ENERGY CODE

R 408.31087 Applicable code.

Rule 1087. Rules governing the energy efficiency for the design and construction of buildings and structures, not including residential buildings, shall be those contained in the international energy conservation code, 2015 edition, except for sections C107.2 to C107.5, C108.2 to C108.4, C301.2, C301.3, C302, C401.2.1 to C408.3.2, C502.2 to C502.2.6.2, C503.2 to C503.6 and the ASHRAE energy standard for buildings except low-rise residential buildings, ANSI/ASHRAE/IESNA standard 90.1-2013 (hereafter the standard), including appendices A, B, C, D, and G, except for sections 8.4.2, 8.4.3 to 8.4.3.2. With the amendments noted, the international energy conservation code and the standard are adopted in these rules by reference. The Michigan energy code is available for inspection at the Lansing office of the

Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, 611 W. Ottawa Street, Lansing, Michigan 48933. The code may be purchased from the International Code Council, through the bureau’s website at www.michigan.gov/bcc, at a cost as of the time of adoption of these rules of $44.00. The ASHRAE 90.1-2013 standard is available for inspection at the Lansing office of the Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes. The standard may be purchased from the American Society of Heating, Refrigeration and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, NE, Atlanta, Georgia 30329, at a cost as of the time of adoption of these rules of $135.00 each.

R 408.31087a Scope.

Rule 1087a. Section C501.1 of the code is amended to read as follows:
C501.1. Scope. The requirements contained in this chapter are applicable to commercial buildings, or portions of commercial buildings. These commercial buildings shall meet the requirements of ASHRAE/IESNA Standard 90.1, “Energy Standard for Buildings Except for Low-Rise Residential Buildings, and the requirements contained in this chapter.

R 408.31087b Application.
Rule 1087b. Section C401.2 of the code is amended to read as follows:

R 408.31088 Definitions.
Rule 1088. The definitions of building and building official in section 202 of the code are amended to read as follows:
“Building” as defined in the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MCL 125.1501 to 125.1531.
"Building official" as defined in the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MCL 125.1501 to 125.1531.

R 408.31088a Scope; requirements.
Rule 1088a. Sections C101.1 is amended to read as follows:
C101.1. Title. This code shall be known and cited as the “Michigan Energy Code.” It is referred to herein as “this code.”

R 408.31089 Rescinded.

R 408.31090 Administrative requirements.
Rule 1090. Section C104.8 of the code is added to read as follows:
C104.8. Administrative requirements relating to permits, enforcement, interpretations, and appeals shall be pursuant to the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MCL 125.1501 to 125.1531.

R 408.31091 Existing buildings.
Rule 1091. Sections C502.1, C503.1, C504.1, and C505.1 of the code are amended to read as follows:
C502.1. Additions. Additions shall comply with ASHRAE 90.1-2013, section 4.2.1.2.
C503.1. Alterations. Alterations to any building or structure shall comply with the requirements of ASHRAE 90.1-2013, section 4.2.1.3.
C504.1. General. Buildings and structures, and parts thereof, shall be repaired in compliance with section C501.3 and this section. Work on nondamaged components that is necessary for the required repair of damaged components shall be considered part of the repair and shall not be subject to the requirements for alterations in this chapter. Routine maintenance required by section C501.3, ordinary repairs exempt from permit and abatement of wear due to normal service conditions shall not be subject to the requirements for repairs in this section.
Where a building was constructed to comply with ANSI/ASHRAE/IESNA 90.1, repairs shall comply with the standard.
C505.1. General. Spaces undergoing a change in occupancy that would result in an increase in demand for either fossil fuel or electrical energy shall comply with this code.
R 408.31092 Construction documents.
   Rule 1092. Sections C102.1.1 and C103.1 of the code are amended to read as follows:
   C102.1.1. Above code programs. The state construction code commission may evaluate and approve a
   national, state, or local energy efficiency program to exceed the energy efficiency required by this code.
   Buildings approved in writing by an energy efficiency program, such as ICC 700-2012 “silver” or
   energy star version 3 (rev. 07), shall be considered in compliance with this code. The requirements
   identified as “mandatory” in chapter 4 shall be met.
   C103.1. Submittal documents. Construction documents, special inspection and structural programs,
   and other data shall meet both of the following requirements:
   (1) Be submitted in 1 or more sets with each application for a permit.
   (2) Be prepared by, or under the direct supervision of, a registered design professional when required
   Where special conditions exist, the building official may require additional construction documents to
   be prepared by a registered design professional.

R 408.31092a Inspections.
   Rule 1092a. Section C104.2 of the code is amended to read as follows:
   C104.2. Required energy efficiency inspections. The code official or his or her designated agent, upon
   notification, shall make the inspections set forth in sections C104.2.1 through C104.2.6.

R 408.31093 Fees.
   Rule 1093. Section C107.1 of the code is amended to read as follows:
   C107.1. Payment of fees. The fees prescribed by the Stille-DeRosset-Hale single state construction
   code act, 1972 PA 230, MCL 125.1501 to 125.1531 shall be paid to the enforcing agency of the
   jurisdiction before a permit to begin work for new construction, alteration, removal, demolition, or other
   building operation may be issued. In addition, an amendment to a permit requiring an additional fee
   shall not be approved until the additional fee has been paid.

R 408.31094 Stop work orders.
   Rule 1094. Section C108.1 of the code is amended to read as follows:
   C108.1. Stop work orders. Notice shall be in accordance with the Stille-DeRosset-Hale single state
   construction code act, 1972 PA 203, MCL 125.1501 to 125.1531. A person who is served with a stop
   work order, except for work that the person is directed to perform to remove a violation or unsafe
   condition, is subject to the penalty provisions prescribed by the act.

R 408.31095 Board of appeals.
   Rule 1095. Sections C109.1 and C109.3 of the code are amended to read as follows:
   C109.1. Means of appeal. (1) An interested person may appeal a decision of the enforcing agency to
   the board of appeals in accordance with the act.
   (2) The decision of a local board of appeals may be appealed to the construction code commission in
   accordance with the act and time frames contained in the act.

R 408.31096 Climate zones.
   Rule 1096. Sections C301.1, Tables C301.1 and C301.3(2) of the code are amended and Figure
   C301.1a is added to the code to read as follows:
   C301.1. General. Climate zones from figures C301.1, C301.1a, or table C301.1 shall be used to
   determine the applicable requirements of this code.
### Table C301.1
#### Climate Zones by County

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<th>5A</th>
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Key: A – Moist. Absence of moisture designation indicates moisture regime is irrelevant.

### Table C301.3(2)
#### Climate Zone Definitions
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<td>9000 &lt; HDD65°F≤12600</td>
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For SI: °C = [(°F)-32]/1.8
R 408.31097 Fenestration product rating.

Rule 1097. Section C303.1.3 of the code is amended to read as follows:
C303.1.3. Fenestration product rating. U-factors or fenestration products (windows, doors, and skylights) shall be determined in accordance with NFRC 100 by an accredited, independent laboratory, and labeled and certified by the manufacturer. Products lacking a labeled U-factor shall be assigned a default U-factor from Table C303.1.3(1) or C303.1.3(2).

Exception:
1. Computer simulations by independent NFRC certified laboratories or approval under the Stille-Derossett-Hale Single State Construction Code Act, 1972 PA 230, MCL 125.1501 to 125.1531, is considered in compliance with this section.
2. Where required, garage door U-factors shall be determined in accordance with NFRC 100 or ANSI/DASMA 105.

U-factors shall be determined by an accredited, independent laboratory, and labeled and certified by the manufacturer.

Products lacking a labeled U-factor shall be assigned a default U-factor from Table C303.1.3(1) or C303.1.3(2). The solar heat gain coefficient (SHGC) and visible transmittance (VT) of glazed fenestration products (windows, glazed doors, and skylights) shall be determined in accordance with NFRC 200 by an accredited, independent laboratory, and labeled and certified by the manufacturer. Products lacking such a labeled SHGC or VT shall be assigned a default SHGC or VT from table C303.1.3(3).

R 408.31098 (C506.1) Envelope alterations.

Rule 1098. Section 5.1.3 of the standard is amended to read as follows:
(5.1.3). Alterations to the building envelope shall comply with the requirements of section 5 for insulation, air leakage, and fenestration applicable to those specific portions of the building that are being altered.

Exceptions:
1. Installation of storm windows or glazing panels over existing glazing, provided the storm window or glazing panel contains a low-emissivity coating. However, a low-emissivity coating is not required where the existing glazing already has a low-emissivity coating. Installation may be either on the inside or outside of the existing glazing.
2. Replacement of glazing in existing sash and frame, provided the U-factor and SHGC will be equal to or lower than before the glass replacement.
3. Alterations to roof or ceiling, wall, or floor cavities that are insulated to full depth with insulation having a minimum nominal value of R-3.0/in.
4. Alterations to walls and floors, where the existing structure is without framing cavities and no new framing cavities are created.
5. Roof recovering.
6. Removal and replacement of a roof membrane where there is existing roof insulation integral to or below the roof deck.
7. Removal and replacement of a roof membrane where the insulation is installed entirely above the roof deck, a minimum of R-20 insulation shall be permitted where the placement of additional insulation greater than R-20 insulation would require either of the following:
   a. Raising the height of parapets, weep systems, or through wall flashings where roof abuts adjoining walls or parapets.
   b. Raising the height of mechanical or electrical equipment, mechanical curbs, roof hatches, skylight curbs, service equipment, piping, conduit, duct work, roof platforms, ladders, stairs, guard rails, expansion joints, roof davits, or door thresholds.
8. Replacement of existing fenestration, provided that the area of the replacement fenestration does not exceed 25% of the total fenestration area of an existing building and that the U-factor and SHGC, will be equal to or lower than before the fenestration replacement.

R 408.31098a (C506.2) Vestibules.
   Rule 1098a. Section 5.4.3.4 of the standard is amended to reads as follows:
   5.4.3.4. Vestibules. Building entrances that separate conditioned space from the exterior shall be protected with an enclosed vestibule, with all doors opening into and out of the vestibule equipped with self-closing devices. Vestibules shall be designed so that in passing through the vestibule it is not necessary for the interior and exterior doors to open at the same time. Interior and exterior doors shall have a minimum distance between them of not less than 7 feet when in the closed position. The floor area of each vestibule shall not exceed the greater of 50 feet² or 2% of the gross conditioned floor area for that level of the building. The exterior envelope of conditioned vestibules shall comply with the requirements for a conditioned space. The interior and exterior envelope of unconditioned vestibules shall comply with the requirements for a semiheated space.

   Exceptions:
   1. Doors not intended to be used by the public, such as doors to storage, mechanical, electrical, or equipment rooms.
   2. Doors opening directly from a sleeping unit or dwelling unit.
   3. Doors that open directly from a space less than 3,000 feet² (298 m²) in area.
   4. Revolving doors.
   5. Doors used primarily to facilitate shipping, receiving, or material handling.
   6. Doors with no exterior entrance hardware.
   7. Doors leading solely to outdoor eating areas.
   8. Overhead doors.

R 408.31098b (C506.3) System commissioning.
   R1098a. Section 6.7.2.4 of the standard is amended to read as follows:
   6.7.2.4. System Commissioning. HVAC control systems shall be tested to ensure that control elements are calibrated, adjusted, and in proper working condition. For projects larger than 10,000 ft², conditioned area, except warehouses and semiheated spaces, detailed instructions for commissioning HVAC systems (see informative appendix E) shall be provided by the designer in plans and specifications.

R 408.31098c (C506.4) Lighting alterations.
   R1098b. Section 9.1.2 of the standard is amended to read as follows:
   9.1.2. Lighting alterations. For the alteration of any lighting system in an interior space, that space shall comply with the lighting power density (LPD) requirements of section 9 applicable to that space and the automatic shutoff requirements of section 9.4.1.1. For the alteration of any lighting system in an exterior building application, that lighting system shall comply with the lighting power density (LPD) requirements of section 9 applicable to the area illuminated by that lighting system and the applicable control requirements of sections 9.4.1.4(a) and 9.4.1.4(b). These alterations shall include all luminaires that are added, replaced, or removed. This requirement shall also be met for alterations that involve only the replacement of lamps plus ballasts. Alterations do not include routine maintenance or repair situations.

   Exception: Alterations that involve less than 50% of the connected lighting load in a space or area do not have to comply with these requirements, provided that such alterations do not increase the installed LPD.
R 325.1922 Admission and retention of residents.

Rule 22. (1) A home shall have a written resident admission contract, program statement, admission and discharge policy, and a resident's service plan for each resident.

(2) The admission policy shall specify all of the following:
   (a) That at the time of admission, the home shall document the needs of each individual seeking admission. The documented needs shall be used to develop the resident's service plan.
   (b) That a home shall not accept an individual seeking admission unless the individual's needs can be adequately and appropriately met within the scope of the home's program statement.
   (c) That the individual seeking admission and his or her authorized representative, if any, shall participate in the development of the individual's service plan.
   (d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.

(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident, the resident's authorized representative, or both, and the home. The resident admission contract shall, at a minimum, specify all of the following:
   (a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.
   (b) The services to be provided and the fees for the services.
   (c) The notice to be provided by the home to the resident, the resident's authorized representative, or both, upon any change in fees.
   (d) The transportation services that are provided, if any, and the fees for those services.
   (e) The home's admission and discharge policy.
   (f) The home's refund policy.
(g) The resident's rights and responsibilities, which shall include those rights and responsibilities specified in section 20201(2) and (3), MCL 333.20201(2) and (3) of the public health code and section 20202, MCL 333.20202, of the code.

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

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

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

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

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

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

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

(11) In accordance with section 20201(3) of the code, MCL 333.20201(3) (e), a home’s discharge policy shall specify that a home for the aged resident may be transferred or discharged for any of the following reasons:
   (a) Medical reasons.
   (b) His or her welfare or that of other residents.
   (c) For nonpayment of his or her stay.
   (d) Transfer or discharge sought by resident or authorized representative.

(12) The reason for transfer or discharge shall be documented in the resident record.

(13) A home shall provide a resident and his or her authorized representative, if any, and the agency responsible for the resident's placement, if any, with a 30-day written notice before discharge from the home. The written notice shall consist of all of the following:
(a) The reasons for discharge.
(b) The effective date of the discharge.
(c) A statement notifying the resident of the right to file a complaint with the department. The provisions of this subrule do not preclude a home from providing other legal notice as required by law.

(14) If the department finds that the resident was discharged in violation of these rules or the home's discharge policy, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.

(15) A home may discharge a resident before the 30-day notice if the home has determined and documented that either, or both, of the following exist:
(a) Substantial risk to the resident due to the inability of the home to meet the resident's needs or due to the inability of the home to assure the safety and well-being of the resident, other residents, visitors, or staff of the home.
(b) A substantial risk or an occurrence of the destruction of property.

(16) A home that proposes to discharge a resident for any of the reasons listed in subrule (15) of this rule shall take all of the following steps before discharging the resident:
(a) The home shall notify the resident, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any, not less than 24 hours before discharge. The notice shall be verbal and issued in writing. The notice of discharge shall include all of the following information:
   (i) The reason for the proposed discharge, including the specific nature of the substantial risk.
   (ii) The location to which the resident will be discharged.
   (iii) The right of the resident to file a complaint with the department.
   (b) The department and adult protective services shall be notified not less than 24 hours before discharge in the event of either of the following:
      (i) A resident does not have an authorized representative or an agency responsible for the resident’s placement.
      (ii) The resident does not have a subsequent placement.
   (c) The notice to the department and adult protective services shall include all of the following information:
      (i) The reason for the proposed discharge, including the specific nature of the substantial risk.
      (ii) The location to which the resident will be discharged, if known.
      (d) If the department finds that the resident was improperly discharged, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.
      (e) The resident shall not be discharged until a subsequent setting that meets the resident's immediate needs is located.

R 325.1923 Employee's health.

Rule 23. (1) A person on duty in the home shall be in good health. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees. A record shall be maintained for each employee, which shall include results of baseline screening for communicable disease. Records of accidents or illnesses occurring while on duty that place others at risk shall be maintained in the employee's file.

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

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

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

PART 5. RECORDS

R 325.1944 Employee records and work schedules.

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

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

   (3) The home shall retain the work schedules for the preceding 3 months.
These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45a(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the department of health and human services by sections 20910, 20917a, and 2233 of 1978 PA 368, MCL 333.20910, 333.20917a, and 333.2233; and Executive Reorganization Order No 2015-1, MCL 400.227.)

R 325.125; R 325.126; R 325.127; R 325.128; R 325.129; R 325.130; R 325.131; R 325.132; R 325.133; R 325.134; R 325.135; R 325.136; R 325.137; and R 325.138 are amended in the Michigan Administrative Code as follows:

PART 1. GENERAL PROVISIONS

R 325.125 Definitions; A to D.
   Rule 1. As used in these parts:
   (a) "ACS-COT" means the American College of Surgeons-Committee on Trauma.
   (b) "Adult trauma patient" means an injured or potentially injured individual that is, or reasonably appears to be, 15 years of age or older.
   (c) "ATLS course" means an advanced trauma life support course with an emphasis on the first hour of initial assessment and primary management of an injured patient, starting at the point in time of injury continuing through initial assessment, life-saving intervention, reevaluation, stabilization, and transfer when appropriate.
   (d) "Administrative hearing" means a hearing conducted pursuant to the administrative procedures act, 1969 PA 306, MCL 24.201 to 24.328.
   (e) "Code" means MCL 333.1101 to MCL 333.25211 and known as the Michigan public health code.
   (f) "Department" means the Michigan department of health and human services, or its duly appointed successor.
   (g) "Disciplinary action" means an action taken by the department against a health care facility or regional trauma network for failure to comply with the code, rules, or protocols approved by the department.

R 325.126 Definitions; E to O.
   Rule 2. As used in this part:
(a) "Health care facility" means a health care facility licensed under MCL 333.20801 and 333.21501 that operates a service for treating emergency patients, 24 hours a day, 7 days a week.

(b) "Hold itself out" means the agency, health care facility, or trauma facility advertises, announces, or charges specifically for providing trauma care as defined in the code.

(c) "Inter-facility trauma transfer" means identifying the group of trauma patients that require additional trauma resources with the goal of providing optimal care to these patients by the timely transfer of that patient to an appropriate level of care to optimize outcome.

(d) "Medical control" means the supervision and coordination of emergency medical services through a medical control authority, as prescribed, adopted, and enforced through department-approved protocols, within an emergency medical services system.

(e) "Medical Control Authority or “MCA” means an organization designated by the department to provide medical control as defined in the code.

(f) "Medical control authority board" means a board appointed by the participating organizations to carry out the responsibilities and functions of the medical control authority.

(g) "Medical control authority region" means the geographic area comprised of a county, group of counties, or parts of an individual county, as designated by the department.

(h) "Non-designated health care facility" means a health care facility that has chosen not to be a part of Michigan's trauma care system, or a health care facility that the department has not designated as a trauma facility.

R 325.127 Definitions; P to T

Rule 3. As used in this part:

(a) "Pediatric trauma facility" means a facility that has obtained a level of verification as a pediatric trauma facility, as provided by the ACS-COT, as well as those requirements to be designated as a trauma facility in Michigan, as set forth in R 325.127 to R 325.138.

(b) "Pediatric trauma patient" means an injured or potentially injured individual that is, or reasonably appears to be, under 15 years of age.

(c) "Physician" means a doctor of medicine (MD) or a doctor of osteopathy (DO) who possesses a valid current license to practice medicine in the state of Michigan.

(d) "Protocol" means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under MCL 333.20919.

(e) "Professional standards review organization" means a committee established by a life support agency or a medical control authority for the purpose of improving the quality of medical care, as provided in MCL 331.531.

(f) "Quality improvement program" means actions taken by a life support agency, medical control authority, trauma facility, or jointly between a life support agency, medical control authority, or trauma facility with a goal of continuous improvement of medical care in accordance with the code. Actions shall take place under a professional standards review organization, as provided in MCL 331.531 to 331.533.

(g) "Regional Professional Standards Review Organization or RPSRO" means a committee established by the regional trauma network for the purpose of improving the quality of trauma care within a recognized trauma region as provided in MCL 331.531 to 331.533.

(h) "Regional trauma advisory council or "RTAC" means a committee established by a regional trauma network and comprised of MCA personnel, emergency medical services (EMS) personnel, life support agency representatives, health care facility representatives, physicians, nurses, and consumers. The functions of the RTAC are to provide leadership and direction in matters related to trauma systems.
development in their region, and monitor the performance of the trauma agencies and health care facilities within the region, including, but not limited to, the review of trauma deaths and preventable complications.

(i) "Regional trauma network" means an organized group comprised of the local MCAs within a region, which integrates into existing regional emergency preparedness, and is responsible for appointing a regional trauma advisory council and creating a regional trauma plan.

(j) "Regional trauma plan" means a written plan prepared by a RTAC, and submitted by the regional trauma network and approved by the department, that is based on minimum criteria established by the department.

(k) "Statewide Trauma Care Advisory Subcommittee or “STAC,” as used in these rules, means the statewide trauma care advisory subcommittee as defined in MCL 333.20917a, 333.20908, and 333.20910, that acts as the department's subject matter experts with regard to the clinical and operational components of trauma care.

(l) "Statewide trauma care system" means a comprehensive and integrated arrangement of emergency services personnel, facilities, equipment, services, communications, medical control authorities, and organizations necessary to provide trauma care to all patients within a particular geographic region.

(m) "Statewide trauma registry" means a system for collecting data which the department manages and analyzes the data and disseminates results.

(n) "Trauma" means bodily injury caused by the application of external forces.

(o) "Trauma bypass" means to forego delivery of a patient to the nearest health care facility for another health care facility whose resources are more appropriate to the patient's injury pursuant to direction given to a pre-hospital emergency medical service by online medical direction or predetermined triage criteria as established by department-approved protocols. However, trauma care still must be provided to patients as necessary pursuant to 42 USC §1395dd or other applicable laws.

(p) "Trauma diversion” means the re-routing of a trauma patient from a trauma care facility that has 1 or more of its essential resources currently functioning at maximum capacity, or is otherwise unavailable, to an alternate trauma care facility in order to serve the best interests of the trauma patient.

(q) “Trauma facility" means a health care facility designated by the department as having met the criteria set forth in the code as being either a level I regional trauma research facility, level II regional trauma facility, level III community trauma facility, or level IV trauma support facility.

(r) "Trauma response" means a patient who has been injured or potentially injured as a result of the application of external forces and requires the utilization of the trauma care system.

(s) "Trauma team" means a team of multidisciplinary health care providers established and defined by a health care facility or emergency care facility that provides trauma care.

(t) "Triage" means classifying patients according to the severity of their medical conditions.

R 325.128 Terms.

Rule 4. Terms defined in the code have the same meanings when used in these rules.

R 325.129 Powers and duties of department.

Rule 5. (1) The department, with the advice of the emergency medical services coordination committee and statewide trauma care advisory subcommittee, shall do all of the following:

(a) Implement an "all-inclusive" trauma system throughout the state. This type of system allows for the care of all injured or potentially injured patients in an integrated system of health care in the pre-hospital and health care facility environments by personnel that are well trained and equipped to care for injured patients of any severity. The system allows for a health care facility to participate in
the system to the extent or level that it is willing to commit the resources necessary for the appropriate management of the trauma patients and prohibits the department from limiting the number of health care facilities that seek to qualify for any given level of trauma designation under this system. It also ensures that all trauma patients are served by a system of coordinated care, based on the degree of injury and care required.

(b) Perform all of the following:
   (i) Establish a statewide trauma quality improvement process using a statewide database.
   (ii) Monitor the statewide trauma system.
   (iii) Ensure the coordination and performance of the regional trauma networks.
   (iv) Set minimum standards for system performance and trauma patient care.

(c) Develop a statewide process to establish regional trauma networks comprised of local medical control authorities in a manner that integrates into existing regional emergency preparedness, EMS, or medical control systems.

(d) Implement and maintain a statewide trauma systems plan.

(e) Develop a statewide process for the verification of trauma resources based on criteria as defined in the “American College of Surgeons-Resources for Optimal Care of the Injured Patient; 2014,” including any subsequent amendments and editions of this publication. This document is available online at the ACS website or from ACS, P.O. Box 92425, Chicago, IL 60675.

(f) Develop a statewide process for the designation of trauma facilities.

(g) Establish state trauma recommendations and approve regional trauma triage protocols which are established and adopted by the local medical control authority.

(h) Maintain the established regional trauma networks to provide system oversight of the trauma care provided in each region of the state. Regional trauma networks shall be comprised of collaborating local medical control authorities (MCAs) in a region. The collaborating MCAs in a region shall apply to the department for approval and recognition as a regional trauma network. The department, with the statewide trauma care advisory subcommittee and emergency medical services coordination committee, shall review the regional trauma network application for approval every 3 years. The establishment of the regional trauma networks shall not limit the transfer or transport of trauma patients between regional trauma networks.

(j) Require field triage protocols which are established and adopted by local medical control and regional trauma networks, and shall be developed based on triage criteria prescribed by the department upon the recommendation of the STAC and emergency medical services coordination committee, and following the procedures established by the department under MCL 333.20919(3).

(k) Verify the trauma care resources of designated trauma facilities or health care facilities seeking designation in this state for a 3-year period.

(l) Develop a comprehensive statewide data collection system.

(m) Formulate recommendations for the development of performance improvement plans by the regional trauma networks, consistent with those in R 325.135.

(o) Develop a process for trauma system performance improvement, which will include responsibility for monitoring compliance with standards, maintaining confidentiality, and providing periodic review of trauma facility standards. The standards as specified in R 325.129(2)(l)(e) and R 325.135 are incorporated by reference in these rules.

(p) Develop a process for the evaluation of trauma system effectiveness based on standards that are incorporated by reference in these rules, as specified in subdivision (b) of this subrule and R 325.135.

(q) Coordinate and integrate appropriate injury prevention initiatives and programs.
(r) Support the state trauma system and provide resources to carry out its responsibilities and functions.

(s) Support the training and education needs and resources of trauma care personnel throughout the state.

(2) The department may deny, suspend, or revoke designation of a trauma facility upon a finding including, but not limited to, any of the following:

(a) Failure to comply with the administrative rules and/or health care facility rules and regulations.
(b) Willful preparation or filing of false reports or records.
(c) Fraud or deceit in obtaining or maintaining designation status.
(d) Failure to meet designation criteria established in these rules.
(e) Unauthorized disclosure of medical or other confidential information.
(f) Alteration or inappropriate destruction of medical records.
(g) The facility no longer has the resources required to comply with the current level of designation conferred.

(h) The facility no longer cares for trauma patients.

(i) A department-approved trauma care verification body has determined that the facility no longer meets its trauma facility verification criteria.

(j) Identified deficiencies are not remediated in the allowable timeframe.

(3) The department shall provide notice of intent to deny, suspend, or revoke trauma facility designation and shall provide for an appeals process in accordance with the code and the sections 71 to 87 of the administrative procedures act of 1969, MCL 24.271 to 24.287.

(4) In developing a statewide trauma system, the department shall consider all of the following factors:

(a) Efficient implementation and operation.
(b) Decrease in morbidity and mortality.
(c) Cost effective implementation.
(d) Incorporation of national standards.
(e) Availability of funds for implementation.

R 325.130. Trauma facility verification; designation and redesignation.

Rule 6. (1) A health care facility, which intends to provide trauma care, shall obtain designation as a trauma facility. A health care facility shall not self-designate itself as a trauma facility.

(2) A health care facility shall not use the word "trauma" to describe its facility, or in its advertising, unless it obtains and maintains a designation as a "trauma facility" from the department.

(3) The department shall redesignate the trauma capabilities of each health care facility on the basis of verification and designation requirements in effect at the time of redesignation.

(4) To obtain a designation as a "trauma facility," the institution shall apply to the department. An applicant health care facility has a right to an administrative hearing if denied a specific trauma facility level designation.

(5) The department shall designate the existing trauma resources of all participating health care facilities in the state, based upon the following categories:

(a) A level I regional trauma research center shall comply with the standards that are incorporated by reference and verification criteria developed by ACS-COT for Level I trauma facilities pursuant to R 325.129(l)(e), and all of the following:

(i) Comply with data submission requirements in R 325.133 and R 325.134.
(ii) Participate in coordinating and implementing regional injury prevention plans.
(iii) Provide staff assistance to the department in the designation and verification process of community trauma facilities and trauma support facilities.
(iv) Participate in the regional performance improvement process.
(b) A level II regional trauma center shall comply with the standards that are incorporated by reference and verification criteria established by the ACSCOT or level II trauma facilities, pursuant to R 325.129(l)(e), and all of the following:

(i) Comply with data submission requirements in R 325.133 and R 325.134.
(ii) Participate in coordinating and implementing regional injury prevention plans.
(iii) Provide staff assistance to the department in the designation and verification process of community trauma facilities and trauma support facilities.
(iv) Participate in the regional performance improvement process.

(c) For a level III, community trauma facility, verification criteria shall be established by the department, with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee. The standards are incorporated by reference in these rules, based upon verification criteria established by ACS-COT for level III facilities, pursuant to R 325.129(l)(e), and all of the following:

(i) Comply with data submission requirements in R 325.133 and R 325.134.
(ii) Participate in coordinating and implementing regional injury prevention plans.
(iii) Participate in the regional performance improvement process.

(d) For a Level IV trauma support facility, verification shall be completed using an "in-state" process, and criteria shall be established by the department, with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee. The verification standards incorporated by reference in these rules, are based upon criteria recommended by ACS-COT for level IV facilities, pursuant to R 325.129(l)(e) and Michigan level IV verification criteria and all of the following:

(i) Comply with data submission requirements in R 325.133 and R 325.134.
(ii) Participate in coordinating and implementing regional injury prevention plans.
(iii) Participate in the regional performance improvement process.

(e) The Michigan level III and IV verification criteria document is available from the department or online at the Michigan trauma system website.

(6) The resources of health care facilities applying for level I regional trauma research facility or level II regional trauma facility designation status shall be verified by the ACS-COT and shall do all of the following:

(a) Comply with data submission requirements in R 325.133 and R 325.134.
(b) Participate in coordinating and implementing regional injury prevention plans.
(c) Provide staff assistance to the department in the designation and verification process of community trauma facilities and trauma support facilities.
(d) Participate in the regional performance improvement process.

(7) Health care facilities seeking designation as a level III, community trauma facility shall be verified using either an in-state process established by the department, with the advice of the state trauma advisory subcommittee, or by the ACS-COT and shall do all of the following:

(a) Comply with data submission requirements in R 325.133 and R 325.134.
(b) Participate in coordinating and implementing regional injury prevention plans.
(c) Participate in the regional performance improvement process.

(8) Health care facilities seeking designation as a level IV, trauma support facility shall be verified using an in-state process established by the department, with the advice of the state trauma advisory subcommittee, and shall do all of the following:

(a) Comply with data submission requirements in R 325.133 and R 325.134.
(b) Participate in coordinating and implementing regional injury prevention plans.
(c) Participate in the regional performance improvement process.
(9) Health care facilities wishing to be redesignated as a level I regional trauma research facility must independently obtain ACS-COT verification at that level, and shall comply with the standards that are incorporated by reference pursuant to R 325.129(l)(e), and all of the following:
   (a) Comply with data submission requirements in R 325.133 and R 325.134.
   (b) Participate in coordinating and implementing regional injury prevention plans.
   (c) Provide staff assistance to the department in the designation and verification process of community trauma facilities and trauma support facilities.
   (d) Participate in the regional performance improvement process.

(10) Health care facilities wishing to be redesignated as a Level II regional trauma facility must independently obtain ACS-COT verification at that level, and shall comply with the standards that are incorporated by reference pursuant to R 325.129(l)(e), and all of the following:
   (a) Comply with data submission requirements as set forth in R 325.133 and R 325.134.
   (b) Participate in coordinating and implementing regional injury prevention plans.
   (c) Provide staff assistance to the department in the designation and verification process of community trauma facilities and trauma support facilities.
   (d) Participate in the regional performance improvement process.

(11) Health care facilities wishing to be re-designated as a level III community trauma facility must obtain verification at that level using either in-state resources, or the ACS-COT, and shall comply with the standards that are incorporated by reference pursuant to R 325.129(l)(e), and all of the following:
   (a) Comply with data submission requirements in R 325.133 and R 325.134.
   (b) Participate in coordinating and implementing regional injury prevention plans.
   (c) Participate in the regional performance improvement process.

(12) Health care facilities wishing to be redesignated as a level IV trauma support facility must obtain verification at that level using an in-state process. Level IV verification criteria shall be established by the department, with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee. The verification standards incorporated by reference in these rules are based upon criteria recommended by ACS-COT for level IV facilities, pursuant to R 325.129(l)(e), R 325.130, and Michigan level IV verification criteria, including all of the following:
   (a) Comply with data submission requirements in R 325.133 and R 324.134.
   (b) Participate in coordinating and implementing regional injury prevention plans.
   (c) Participate in the regional performance improvement process.

(13) The department may, with the advice and recommendations of the state trauma advisory committee and emergency medical services coordination committee, modify the criteria or establish additional levels of trauma care resources as appropriate to maintain an effective state trauma system, and protect the public welfare, except that the department shall not establish any criteria for the purpose of limiting the number of health care facilities that qualify for a particular trauma level under these rules.

R 325.131 Triage and transport.

Rule 7. (1) The department, with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee, shall develop recommendations, based on standards that are incorporated by reference in these rules, pursuant to R 325.129(l)(e), R 325.136, R 325.137, and R 325.138 for protocols which are established and adopted by local medical control, for the triage, transport, and inter-facility transfer of adult and pediatric trauma patients to appropriate trauma care facilities.
(2) The standards that are incorporated by reference in these rules, pursuant to R 325.129(l)(e), R 325.136, R 325.137, and R 325.138 for the triage, transport, and the inter-facility transfer of trauma patients, provide recommended minimum standards of care for protocols which are established and adopted by local medical control that must be utilized during transport of trauma patients. On an annual basis, or as needed, the department shall review and update these recommended minimum standards with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee.

(3) The department, with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee, shall create regional trauma networks that shall have the responsibility for developing triage and transport procedures within that geographical area. Both of the following apply:

(a) Each regional trauma network shall be created within the emergency preparedness region currently established within the state.

(b) Each trauma region may create its own triage and transport criteria and protocols, destination criteria and protocols, and inter-facility transfer criteria and protocols, which are established and adopted by local medical control, so long as they meet or exceed the standards that are incorporated by reference in these rules, pursuant to R 325.129(l)(e), R 325.129(l)(k), R 325.136, R 325.137, and R 325.138, and that they are reviewed by the quality assurance task force and approved by the department. This may include coordination of triage and transport criteria and protocols, which are established and adopted by local medical control, across geographic regions if in the best interest of providing optimal trauma care to patients.

R 325.132 Trauma regions.

Rule 8. (1) The department, with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee, shall support the establishment and operational activities of the trauma regions through the commitment of resources.

(2) Each region shall establish a regional trauma network as prescribed and defined by R 325.125 to R 325.135.

(3) All MCAs within a region must participate in the regional trauma network, and life support agencies that care for trauma patients shall be offered membership on the regional trauma advisory council. Regional trauma advisory councils shall be operated in a manner that maximizes inclusion of their constituents. All of the following must apply:

(a) At least quarterly, a regional trauma network shall submit evidence of ongoing activity, such as meeting notices and minutes, to the department. Annually, the regional trauma advisory council shall file a report with the department which describes progress toward system development, demonstrates on-going activity, and includes evidence that members of the regional trauma advisory council are currently involved in trauma care.

(b) The regional trauma network shall develop a system regional trauma plan. The plan is subject to review of the STAC and emergency medical services coordination committee and approval by the department.

(c) The department shall review the plan to assure that it contains at a minimum, all of the following:

(i) All counties within the regional trauma advisory council have been included unless a specific county, or portion thereof, has been aligned within an adjacent network, and all health care entities and MCAs, life support agencies have been given an opportunity to participate in the planning process.

(ii) All of the following components have been addressed:

(A) Injury prevention.
(B) Communications.
(C) Regional performance improvement.
(D) Trauma education.
(E) Infrastructure.
(F) Continuum of care.

(4) Each regional trauma network shall appoint a RPSRO as defined in R 325.127(g).

(5) Each regional trauma advisory council shall develop performance improvement plans that are based on standards that are incorporated by reference in these rules, pursuant to R 325.129(l)(e), R 325.129(1)(k), and R 325.135, and shall be reviewed annually by the state trauma advisory subcommittee and emergency medical services coordination committee for recommendations to the department.

(6) Recommendations, which are developed and proposed for implementation by a regional trauma advisory council, shall meet or exceed those that have been established by the department with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee, as based on standards that are incorporated by reference in these rules, pursuant to R 325.129(l)(e) and R 325.129(1)(k).

(7) The department shall recognize the regional trauma network once it approves a completed regional trauma plan. The regional trauma network approval process shall consist of the following phases:
   (a) The first phase is the application phase, which begins with the submission to the department of a completed regional plan for the regional trauma network.
   (b) The second phase is the review phase, which begins with the receipt of the regional plan, and ends with a department recommendation to approve the regional trauma network.
   (c) The third phase is the final phase, with the department making a final decision regarding the regional trauma network plan. This phase also includes an appeal procedure for the denial of an approval of application in accordance with the department's administrative hearings requirements.

(8) If the application phase results in a recommendation to the department for approval by the statewide trauma advisory subcommittee and the emergency medical services coordination committee, and the department approves, then the department shall notify the regional trauma network applicant of the recommended action within 90 days from receipt by the department.

(9) Upon approval, a regional trauma advisory council shall implement the plan to include the following:
   (a) Education of all entities about the plan components.
   (b) On-going review of resources, process, and outcome data.

(10) The regional trauma network approval is in effect for 3 years.

R 325.133. Data collection.

Rule 9. (1) The department, with the advice and recommendations of the state trauma advisory subcommittee and emergency medical services coordination committee, shall develop and maintain a statewide trauma data registry. The department shall do all of the following:
   (a) Adopt the national trauma data standard elements and definitions as a minimum set of elements for data collection, with the addition of elements as recommended by the STAC. The following standards are incorporated by reference in these rules, as identified in the National Trauma Data Standard: Data Dictionary, 2016 Admissions, including subsequent amendments and editions. A link to the document is available online at the Michigan trauma systems website. A copy may be obtained at no cost by writing to the Bureau of EMS, Trauma and Preparedness.
   (b) Implement a plan for data including the following:
      (i) Notify partners of data dictionary changes and new iterations annually.
(ii) Define the data validation process for designated trauma facility data submissions to the statewide trauma registry.
(iii) Participate in state data collaboration activities.
(iv) Establish and maintain processes for the following:
   (A) Data related to trauma incidents shall be submitted to the statewide trauma registry according to the data submission timelines.
   (B) Monitor national standards, regional issues, facility, and RPSROs to determine the need for additional data metrics needed for system function.
   (C) For those trauma incidents that met the inclusion criteria identified for data submission, the following data elements shall be submitted to the department:
      (1) All national trauma data standard data elements.
      (2) All data elements recommended by the STAC.
   (v) Develop annual reports using regional and state data defined by the STAC which assesses the state trauma system and regional trauma networks.
   (vi) Evaluate and import additional data from existing databases as needed.
   (vii) Support and evaluate probabilistic and deterministic data linkages.
(2) The department shall support the data collection and analysis process.
(3) Both of the following apply to health care facility participation in data submission:
   (a) All designated facilities shall participate in data submission.
   (b) Participation as appropriate in the RPSRO, as provided in 1967 PA 270, MCL 331.531 to 331.533.

R 325.134 Statewide trauma registry.

Rule 10. (1) The purpose of the trauma registry is to collect and analyze trauma system data to evaluate the delivery of adult and pediatric trauma care, develop injury prevention strategies for all ages, and provide resources for research and education.

(2) The department shall coordinate data collected by the trauma care facilities and emergency medical service providers. The department shall develop and publish a data submission manual that specifies all of the following:
   (a) Data elements and definitions. The standards that are incorporated by reference pursuant to R 325.133(1)(a), and all of the following:
      (i) Definitions of what constitutes a reportable trauma case.
      (ii) Method of submitting data to the department.
      (iii) Timetables for data submission.
      (iv) Data submission format.
      (v) Protections for individual record confidentiality.
   (b) Notification of trauma care facilities of the required registry data sets and update the facilities and providers, as necessary, when the registry data set changes.
   (c) Specification of both the process and timelines for health care facility submission of data to the department.

(3) All health care facilities shall submit to the department trauma data determined by the department to be required for the department's operation of the statewide trauma registry. The department shall prescribe and provide both of the following:
   (a) Standard reporting mechanisms to be used by all health care facilities.
   (b) The form and content of records to be kept and the information to be reported to the department.
(4) The department and regional trauma advisory councils shall use the trauma registry data to identify and evaluate regional trauma care and to prepare reports and analyses as requested by regional trauma advisory councils, the state trauma advisory subcommittee, or the emergency medical services coordination committee.
R 325.135 Regional performance improvement.

Rule 11. (1) Each trauma care region shall be required to develop and implement a regional trauma performance improvement program. This program shall include the standards that are incorporated by reference pursuant to R 325.129(1)(e), R 325.129(1)(k), and R 325.130(6)(d), and shall include the development of an annual process for reporting to the department a review of all region-wide policies, procedures, and protocols.

(2) Each regional trauma network is responsible for monitoring, assessing, and evaluating its regional trauma system to improve trauma care, reduce death and disability, surveillance of injury, and implementation of injury prevention activities.

(3) Each regional trauma network shall appoint a RPSRO.

(4) Deviations from protocols, which are established and adopted by local medical control and approved by the department for trauma patients, shall be addressed through a documented trauma performance improvement process established by a professional standards review organization.

(5) Each regional trauma advisory council shall observe the confidentiality provisions of the health insurance portability and accountability act under 45 CFR Part 164, data confidentiality provisions under the code, or as established by the regional professional standards review organization.

(6) The performance improvement process shall include the following standards that are incorporated by reference in these rules, pursuant to R 325.129(1)(e), R 325.129(1)(k), and R 325.130(6)(d) and include all of the following system components to be evaluated for both pediatrics and adults:

(a) Components of the regional trauma plan.
(b) Triage criteria and effectiveness.
(c) Trauma center diversion.
(d) Data driven provision of care defined by available data metrics supported by the region, the statewide trauma advisory subcommittee, and the department.

(7) Each trauma care region shall be responsible for the ongoing evaluation of its trauma care system. Accordingly, each region shall be responsible for the ongoing receipt of information from the regional trauma system constituents on the implementation of various components of that region’s trauma system, and shall include the standards that are incorporated by reference pursuant to R 325.129(1)(e), R 325.129(A)(12), and R 325.130(6)(d), and include all of the following system components to be evaluated:

(a) Components of the regional trauma plan.
(b) Triage criteria and effectiveness.
(c) Trauma center diversion.
(d) Data analytics as defined by the department with the advice of the statewide trauma advisory subcommittee.

(8) Based upon information received by the region in the evaluation process, the region shall annually prepare a report containing results of the evaluation and a performance improvement plan. The report shall be made available to all regional trauma system constituents. The region shall ensure that all trauma facilities participate in this annual evaluation process, and encourage all other hospitals that treat trauma patients to participate in the annual evaluation process. The region shall not release specific information related to an individual patient or practitioner. Aggregate system performance information and evaluation will be available for review.

R 325.136 Destination protocols.

Rule 12. Local MCAs shall develop and submit trauma destination protocols to the EMS and trauma section for review by the quality assurance task force, pursuant to MCL 333.20916. Upon review and
approval by the department, the MCA must formally adopt and implement the protocol. The following factors will be used in evaluating those destination protocols:

(a) Trauma patients shall not be transported to a facility not participating in the state trauma system unless there is no other reasonable alternative available.

(b) Trauma patients shall be transported to the closest appropriate trauma facility as identified in regional and local medical control protocols.

(c) If a level I or level II trauma facility is not within a reasonable distance from the scene, the trauma patient shall be transported to the closest appropriate trauma facility.

(d) Each region shall make appropriate determinations for destination based on what is best for the patient.

(e) In areas of the state close to state borders, the most appropriate facility may be out of the state. If possible, transport trauma patients within state borders. Local protocols shall address this issue.

R 325.137 Trauma patient inter-facility transfer protocols.

Rule 13. (1) All designated trauma centers shall maintain inter-facility transfer protocols for trauma patients that are consistent with regional and local medical control protocol and that are compliant with the emergency medical treatment and labor act, 42 USC 1395dd.

(2) All level III and level IV designated hospitals will develop and implement formal policies based on published guidelines for the transfer of trauma patients who need care at level I or level II trauma facilities.

(3) Trauma patients will be transported to a hospital that is designated as a trauma facility.

R 325.138 Criteria for transfer protocols; criteria.

Rule 14. Designated trauma centers shall contact the department for current trauma patient transfer guidelines.
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 NATURAL RESOURCES

MACKINAC ISLAND STATE PARK COMMISSION

GENERAL RULES

Proposed May 5, 2017

These rules become effective immediately upon filing with the Secretary of State unless adopted under sections 33, 44, 45a(6), or 48 of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the Mackinac Island state park commission by sections 76504, and 76901, and 77702 of 1994 PA 451, MCL 324.76504, and 324.76901, and 324.77702)

R 318.111, R 318.145c, and R 318.146 of the Michigan Administrative Code are amended as follows:

R 318.111 Definitions.

Rule 1. As used in these rules:

(a) "Carrying passengers for hire" means the acts of any person transporting passengers to any point or points on the road or roads for a specified monetary consideration or acts of accepting gratuities for transporting passengers to any point or points on the road or roads.

(b) "Commercial operations" means any activity that involves, directly or indirectly, the buying or selling of goods or services, or the exchange or attempt or offer to exchange goods or services for money, barter, by accepting gratuities, or for anything of value.

(c) "Commission" means the Mackinac Island state park commission.

(d) "Director" means the director of the Mackinac Island state park commission.

(e) "Drays" means any horse-drawn vehicle used for the transportation of property, goods, or merchandise, either belonging to the owner of the dray or to others, with or without charge, whether the charge is a single fee or is established by contract.

(f) "Drive yourself carriage" means any horse-drawn vehicle for hire that is rented to another person or persons without the services of a driver being employed, engaged, provided, or suggested by the owner or operator of the carriage.

(g) "Unmanned aircraft" means an aircraft remotely operated without the possibility of direct human intervention from within or on the aircraft, whether used for recreational, commercial, academic, or governmental purposes.

(h) "Fort Mackinac bus" means any horse-drawn vehicle used for the transportation of passengers only from the downtown area directly to Fort Mackinac and return.

(i) "Hotel bus" means a horse-drawn vehicle which is licensed to a specific hotel, which operates over the roads of the Mackinac Island state park, and which does all of the following:

(i) Carries hotel passengers or their guests for a charge as approved by the Mackinac Island state park commission.

(ii) Operates on a fixed route or routes as designated by the Mackinac Island state park commission.

(iii) Makes infrequent deviations from the designated route or routes for the convenience of hotel guests or their party.
"Livery carriage" means any horse-drawn vehicle for hire transporting passengers for scenic drives charging on a time basis; that is, by the hour or fractions or multiples thereof, and not at a fixed price per passenger.

"Motor vehicle" means any device that is self-propelled, or partially self-propelled, by which a person or property may be transported or drawn. This Motor vehicle does not include personal assistive mobility devices.

"Person" means an individual, partnership, corporation, association, governmental entity, or other legal entity.

"Rental bicycle" means a bicycle or tricycle furnished to a visitor or a resident to use in Mackinac Island state park for a rental fee, whether that fee is separately identified or included in other charges, such as room rentals, either explicitly or implicitly.

"Road" means any thoroughfare, roadway, riding trail, or driving trail that is situated on lands that are under the jurisdiction of the commission.

"Saddle horse" means a riding horse furnished to a visitor or resident, for a period of time less than 1 week, for use in Mackinac Island State Park at a rental fee, whether that fee is separately identified or included in other charges, such as room rentals, either explicitly or implicitly.

"Sight-seeing carriage" means any horse-drawn vehicle that carries passengers for hire over prescribed routes established by the commission.

"Snowmobile" means a motor-driven vehicle designed for travel primarily on snow or ice of a type that utilizes sled-type runners or skis, or an endless belt tread, or any combination of these or other similar means of contact with the surface upon which it is operated. This Snowmobile is not a vehicle that must be registered under 1949 PA 300, MCL 257.1 to 257.923.

"Sky lantern" means an unmanned hot air balloon made of paper or other lightweight material that is launched into the atmosphere and has a flame inside the balloon.

"State license identification plate" means a metallic plate issued by the commission that bears the license type, the year for which the plate is valid, a unique number, and any other information as determined by the commission.

"Taxicab" means any horse-drawn vehicle carrying passengers for hire from one point on the island to another.

"Personal Assistive Mobility Device" (PAMD) means any battery powered mobility device that is used by a person with a mobility impairment for ambulation. This definition Personal assistive mobility device does not include gasoline powered devices, golf carts, riding lawn mowers, motorized bicycles, motorcycles, motorized skateboards, or other similar motorized vehicles.

"Marquette Park" is that portion of Mackinac Island state park bounded on the south by Main Street, on the west by Fort Street, on the east by the leasehold commonly known as Anne’s Cottage, and on the north by the bluff below Fort Mackinac.

"Waterborne Candle Lantern" means an unmanned container that floats on water and contains a flame.

R 318.145c Rental bicycle licenses.

Rule 45c. (1) The commission, upon receipt of completed application, may issue annual licenses for a number of rental bicycles for use in Mackinac Island state park as the commission determines are needed in the interest of public safety and proper service to the public.

(2) Licenses are nontransferable and must be surrendered to the issuing authority upon demand if any transfer is attempted or if ownership of the licensed business or its location is changed or altered in any way.
The commission shall establish the license fees, terms, and conditions under which rental bicycles may be supplied for use in the state park. Licenses are subject to revocation if their terms or conditions are violated.

R 318.146 Miscellaneous unlawful acts.

Rule 46. On lands under the jurisdiction of the commission, it is unlawful for a person or persons to do any of the following:

(a) Use the lands for commercial operations without proper permission. In considering whether to grant permission, the commission shall consider all of the following factors:
   (i) Interference with the safety, health, and welfare of the public.
   (ii) Need for the service.
   (iii) Whether the service is a duplication of available services.

(b) Use a loudspeaker or public address system without proper permission. The commission shall not grant permission if the system is capable of interfering with horse-drawn traffic by having the effect of frightening horses, thereby endangering the safety of passengers in the vehicles, pedestrians, bicycle riders, and others.

(c) Store or leave a boat, fish shanty, camping equipment, or other property without proper permission.

(d) Enter those buildings or areas to which an admission fee is established without payment of the fee, or without permission given by the commission, a commissioner, the director, or deputy director under order of the commission. Permission normally is to be given only to persons on business with the commission, any member of the commission, or any duly authorized staff member.

(e) For any lessee, licensee, or concessionaire to use, construct, or occupy any building within the park which is not furnished with an approved dry chemical fire extinguisher.

(f) For any lessee, licensee, or concessionaire to exercise his or her privileges within the park without procuring and keeping in effect such public liability and property damage insurance as the commission may deem adequate.

(g) For any person to furnish a saddle horse to another person for use in the Mackinac Island state park, unless a current license has been issued by the commission for the use of the saddle horse in the Mackinac Island state park.

(h) Engage in any violent, abusive, loud, boisterous, wanton, obscene, or otherwise disorderly conduct creating a breach of the peace; loiter, sit, or lie upon walks, passages, steps, or porches thereby obstructing the free passage of others; or remove, damage, or steal the property of another.

(i) Hold or participate in any type of road race or speed contest without proper permission.

(j) Conduct excavations, diggings, or surveys without proper permission.

(k) Carry or possess a metal detector without proper permission.

(l) Remove any archeological materials or artifacts without proper permission.

(m) Possess or consume alcoholic beverages in Marquette Park between the hours of 10:00 p.m. and 8:00 a.m.

(n) Launch or use a sky lantern or waterborne candle lantern.

(o) Use or operate an unmanned aircraft without proper written permission.

(p) Do any of the following without proper permission:

(i) Carry or possess a firearm unless unloaded in both barrel and magazine. Persons with valid Michigan Concealed Pistol licenses are not subject to this rule.

(ii) Shoot an air rifle, air pistol, paintball-emitting device of any kind, or slingshot.

(iii) Shoot a bow and arrow or crossbow.
NOTICE OF PUBLIC HEARING

The Michigan Department of Natural Resources will hold a public hearing to receive comments on proposed amendments to administrative rules, Mackinac Island state park commission general rules, promulgated under authority of sections 76504, 76901, and 77702 of 1994 PA 451, MCL 324.76504, MCL 324.76901, and MCL 324.77702. Information about the proposed changes to the rules will be provided at 7:00 p.m., followed by a public hearing at 7:30 p.m. at the following location and date:

Monday, July 10, 2017
Mackinac Island Community Hall
7358 Market Street
Mackinac Island, Michigan 49757

A copy of the proposed rules (ORR 2016-040 NR) may be accessed from the Michigan Office of Regulatory Reinvention web site at http://www.michigan.gov/orr and may also be obtained by contacting the Regulatory Affairs Officer, Legislative and Legal Affairs Office, Michigan Department of Natural Resources, P.O. Box 30028, Lansing, MI 48909, Telephone: 517-284-6029, FAX: 517-335-4242, or LaphamK1@michigan.gov.

Notice of public hearing is given in accordance with Section 41 and 42 of Michigan’s Administrative Procedures Act, 1969 PA 306, [MCL 24.241 and 24.242]. These rules will become effective immediately upon filing with the Secretary of State.

All interested persons are invited to attend and present their views. Statements should be submitted in writing for the hearing record. For those unable to attend, written statements may also be submitted to: Regulatory Affairs Officer, Legislative and Legal Affairs Office, Michigan Department of Natural Resources, P.O. Box 30028, Lansing, MI 48909, or LaphamK1@michigan.gov. All statements must be received by 5:00 p.m., on Monday, July 24, 2017. Persons with disabilities requesting accommodations for effective participation in the meeting should call 906-847-3328, or email to crydermank@michigan.gov 7 days before the meeting date to request mobility, visual, hearing, or other assistance.
MCL 24.248 states:

“Sec. 48. (1) If an agency finds that preservation of the public health, safety, or welfare requires promulgation of an emergency rule without following the notice and participation procedures required by sections 41 and 42 and states in the rule the agency's reasons for that finding, and the governor concurs in the finding of emergency, the agency may dispense with all or part of the procedures and file in the office of the secretary of state the copies prescribed by section 46 indorsed as an emergency rule, to 3 of which copies shall be attached the certificates prescribed by section 45 and the governor's certificate concurring in the finding of emergency. The emergency rule is effective on filing and remains in effect until a date fixed in the rule or 6 months after the date of its filing, whichever is earlier. The rule may be extended once for not more than 6 months by the filing of a governor's certificate of the need for the extension with the office of the secretary of state before expiration of the emergency rule. An emergency rule shall not be numbered and shall not be compiled in the Michigan Administrative Code, but shall be noted in the annual supplement to the code. The emergency rule shall be published in the Michigan register pursuant to section 8.

(2) If the agency desires to promulgate an identical or similar rule with an effectiveness beyond the final effective date of an emergency rule, the agency shall comply with the procedures prescribed by this act for the processing of a rule which is not an emergency rule. The rule shall be published in the Michigan register and in the code.”
EMERGENCY RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF PROFESSIONAL LICENSING

EMERGENCY RULES

FOR A STANDING ORDER FOR DISPENSING OPIOID ANTAGONISTS

Filed with the Secretary of State on May 25, 2017

These rules take effect upon filing with the Secretary of State and shall remain in effect for 6 months

(By the authority conferred on the Department of Licensing and Regulatory Affairs by section 17744e, of 1978 PA 368, being MCL 333.17744e and on the Department of Health and Human Services by sections 2221, 2226, and 2233, of 1978 PA 368, being MCL 333.2221, 333.2226 and 333.2233)

FINDING OF EMERGENCY

These rules are promulgated by the Department of Licensing and Regulatory Affairs (LARA) to establish emergency rules for the implementation of provisions from 2016 PA 383 (Act), effective March 28, 2017, which allows the Office of the Chief Medical Executive to issue a standing order that does not identify particular patients at the time it is issued for the purpose of a pharmacist dispensing opioid antagonists. The Act requires LARA, in consultation with the Michigan Department of Health and Human Services and local health departments, to promulgate rules regarding dispensing, training, and referral to implement the Act.

Michigan has been experiencing a persistently growing opioid abuse problem over the last several years. Opioids, in the form of powerful painkillers that are highly addictive, have led to rising numbers of opioid dependence among Michigan’s citizens. Moreover, prescribed opioids have lead to an uncontrollable increase in the use of highly addictive and dangerous illegal substances, especially heroin. According to the 2015 statistics from Center for Disease Control, Michigan saw its third consecutive year of record drug overdose deaths. In 2015, 1,981 people died from drug overdoses, up 13.5% from 2014. Furthermore, over the last 17 years, deaths from drug overdoses in Michigan quadrupled, compounded by the fact that the state was ranked 10th in the nation in per capita prescribing rates of opioid pain relievers in 2012.

The Act allows for the dispensing of opioid antagonists, such as Naloxone, to family members, acquaintances, and health professionals capable of assisting individuals in the throes of opioid addiction. Opioids antagonists are drugs used to bind to the opioid receptors in the body, resulting in the blocking of the body’s opiate receptors, preventing the body from having an adverse response to drugs such as heroin and other opiates. Prior to the statute becoming law, drug abusers themselves could obtain opioid antagonists to self-administer in the event of an overdose. However, for a variety of reasons, it is unrealistic to believe that an individual in the midst of an accidental opioid overdose would have the faculties to recognize the onset of an overdose and take appropriate action.

Most importantly, permanent administrative rules cannot be promulgated quickly enough to stem the loss of life which is increasing on a daily basis. Time is of the essence, and 2016 PA 383 presents an
opportunity to rapidly place life-saving opioid antagonists within the hands of those most readily able to stop and reverse opioid overdoses, and immediately save lives.

LARA, in consultation with the Department of Health and Human Services and local health departments, finds an urgency exists to prevent continued death and to preserve the public health, safety, and welfare from the opioid overdose epidemic which requires the promulgation of emergency rules without following the notice and participation procedures required by sections 41, 42, and 48 of 1969 PA 306, as amended, being MCL 24.241, MCL 24.242, and MCL 24.248 of the Michigan Compiled Laws.

Rule 1. Definitions.

As used in these rules:

(1) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.
(2) “Department" means the Michigan Department of Health and Human Services.
(3) “Eligible individuals” means individuals within the State of Michigan, who are seeking opioid antagonists.
(4) “Standing order” means a standing order issued by the Office of the Chief Medical Executive pursuant to section 17744e of the Code, being MCL 333.17744e.

Rule 2. Dispensing opioid antagonists; standing order; requirements.

(1) Upon issuance of the standing order, a pharmacy shall register with the department prior to dispensing opioid antagonists under the standing order.
(2) A pharmacy dispensing an opioid antagonist pursuant to the standing order, shall submit the following information, without individual identifiers, to the department on a quarterly basis, in a manner established by the department:
   (a) The total number of doses of opioid antagonist dispensed under the standing order.
   (b) The total number of doses of opioid antagonists dispensed under any type of prescription, including the standing order.
   (c) The number of each type of formulation dispensed.

Rule 3. Training for the administration of opioid antagonists; requirements.

(1) Pharmacists who dispense opioid antagonists pursuant to the standing order shall obtain training in the proper use and administration of opioid antagonists and in opioid overdose response. The training programs can be obtained on-line, in person, or in writing.
(2) Pharmacists who dispense opioid antagonists pursuant to the standing order shall provide educational material, approved by the Office of the Chief Medical Executive, on the administration of opioid antagonists to eligible individuals.

Rule 4. Referral to resource information.

(1) Pharmacists who dispense opioid antagonists pursuant to the standing order shall provide the eligible individual with resource information regarding referral for treatment services.
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

____________________________________________
Shelly Edgerton, Director
Department of Licensing and Regulatory Affairs

Pursuant to Section 48(1) of 1969 PA 306, as amended, being MCL 24.248(1), I hereby concur in the finding of the Department of Licensing and Regulatory Affairs that the circumstances creating an emergency have occurred and the promulgation of the above rules is required for the preservation of the public health, safety, and welfare.

____________________________                         ______________
Rick Snyder, Governor                         Date
MICHIGAN ADMINISTRATIVE CODE TABLE
(2017 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 2017, and indicates the effect of these rules on the Michigan Administrative Code (1979 ed.).
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(* Amendment to Rule, A Added Rule, N New Rule, R Rescinded Rule)
ARGICULTURE AND RURAL DEVELOPMENT, DEPARTMENT OF
Repeal
Repeal PA 257 of 2016 Regulation 203 Animal remedies (2017-1)

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AG Opinion No. 7293 (2017-1)

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AG Opinion No. 7294 (2017-3)

Compatibility of Offices of Village President and Village Manager
AG Opinion No. 7295 (2017-5)

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Repeal – Real Estate Broker Rules (2017-6)
Repeal - Residential Conservation Program Standards (2017-5)

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Beer – General Rules (2017-5)
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Board of Psychology – General Rules (2017-6)
Board of Nursing - General Rules (2017-1)
Cosmetology (2017-6)
Dentistry - General Rules (2017-1)
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General Rules Public Health Code (2017-4)
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Licensing Qualifications -Retail license; Participating agreement (2017-9)
Massage Therapy – General Rules (2017-5)
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Part 10a Michigan Energy Code (2017-10)
Part 14 – Conveyors GI (2017-4)
Part 30 – Telecommunications for Construction (2017-2)
Part 50 – Telecommunications for General Industry (2017-2)
Part 51 – Logging GI (2017-4)
Part 90 – Permit Required Confined Spaces GI (2017-4)
Part 91 – Process Safety Management of Highly Hazardous Chemicals GI (2017-4)
Part 301 – Air Contaminants for GI (2017-4)
Part 490 – Permit Required Confined Spaces OH (2017-4)
Part 590 – Silica in GI (2017-4)
Part 601 – Air Contaminants for Construction OH (2017-4)
Part 690 – Silica in Construction OH (2017-4)
Penal Facilities Fire Safety Rules (2017-6)
Wine – General Rules (2017-5)

N
NATURAL RESOURCES, DEPARTMENT OF
Mackinac Island State Park Commission – General Rules (2017-10)

S
STATE, DEPARTMENT OF
Assigned Claims Plan (2017-4)
Automotive Regulations (2017-2)

T
TRANSPORTATION, DEPARTMENT OF
Automotive Regulation – General Rules (2017-3)

TREASURY, DEPARTMENT OF
Audit Standards for Examinations under the Uniform Unclaimed Property Act (2017-5)
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.”
## 2017 Michigan Public Acts Table

**Legislative Service Bureau**  
Legal Division, Statutory Compiling and Law Publications Unit  
124 W. Allegan, Lansing, MI 48909  
June 6, 2017  
Through Act 42 of 2017

<table>
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<tr>
<th>PA No.</th>
<th>HB</th>
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</table>
| 1      | 0016 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Corrections; parole; parole sanctions certainty act; create.  
(Sen. J. Proos) |
| 2      | 0005 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Criminal procedure; other; certain definitions and requirements for the manner in which data regarding recidivism are collected; provide for in the code of criminal procedure.  
(Sen. J. Proos) |
| 3      | 0006 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Corrections; alternatives; certain definitions and requirements for the manner in which data regarding recidivism are collected; provide for in the community corrections act.  
(Sen. T. Schuitmaker) |
| 4      | 0007 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Corrections; other; definitions of certain terms and the manner in which data regarding recidivism are collected; provide for in the code of corrections.  
(Sen. M. Knollenberg) |
| 5      | 0008 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Corrections; parole; use of evidence-based supervision practices; require.  
(Sen. P. MacGregor) |
| 6      | 0009 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Corrections; other; reentry services provided to prisoners housed in correctional institutions by certain organizations; require the department to develop screening and registration policies and procedures for those organizations.  
(Sen. J. Proos) |
| 7      | 0010 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Corrections; parole; department to provide quarterly report providing reasons inmates beyond their earliest release date have not been paroled; require.  
(Sen. M. O’Brien) |
| 8      | 0012 | Yes | Yes/No | 3/30 | 3/31 | 6/29/17 | Corrections; parole; commutation hearings and procedures; expedite review and hearing process for certain commutations if requested by governor.  
(Sen. R. Jones) |

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<td>9</td>
<td>0013</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17</td>
<td><strong>Criminal procedure</strong>: probation; penalties for probationers who commit technical probation violations; modify. (Sen. J. Proos)</td>
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<td>10</td>
<td>0015</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17</td>
<td><strong>Criminal procedure</strong>: probation; reduction of term of probation; allow in certain cases. (Sen. R. Jones)</td>
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<td>11</td>
<td>0017</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
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<td><strong>Corrections</strong>: parole; supervising region incentive program; create. (Sen. M. Shirkey)</td>
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<td>0018</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17 #</td>
<td><strong>Corrections</strong>: parole; department of corrections to report parole absconders to department of health and human services; require. (Sen. K. Horn)</td>
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<td>13</td>
<td>0019</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17 #</td>
<td><strong>Human services</strong>: services or financial assistance; services or financial assistance provided to individual who absconds from parole; require to be discontinued. (Sen. D. Zorn)</td>
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<td>14</td>
<td>0020</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17</td>
<td><strong>Corrections</strong>: other; reference to general education development, (GED); revise to high school equivalency. (Sen. D. Robertson)</td>
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<td>0021</td>
<td>Yes</td>
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<td>3/31</td>
<td>6/29/17</td>
<td><strong>Crime victims</strong>: other; crime victims fund; ensure funds may be provided to minor victims of crime and require certain reporting. (Sen. R. Warren)</td>
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<td>0022</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17</td>
<td><strong>Corrections</strong>: prisoners; department to provide rehabilitation programming for 18-to 22-year-old inmates that specifically takes the prisoners' age into consideration and to report certain information; require. (Sen. B. Johnson)</td>
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<td>0023</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17</td>
<td><strong>Criminal procedure</strong>: other; swift and sure probation sanctions; modify, and create the swift and sure probation supervision fund. (Sen. J. Proos)</td>
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<td>0024</td>
<td>Yes</td>
<td>3/30</td>
<td>3/31</td>
<td>6/29/17</td>
<td><strong>Courts</strong>: other; swift and sure sanctions court; create. (Sen. J. Proos)</td>
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<td>0034</td>
<td>Yes</td>
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<td>6/29/17</td>
<td>Highways; name; portion of US-23; designate as the &quot;Sergeant Joe Johnson Memorial Highway&quot;. (Sen. J. Ananich)</td>
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<td>0039</td>
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<td>Probate; other; exceptions to definition of surviving spouse in relation to a funeral representative; revise. (Sen. R. Jones)</td>
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<td>0069</td>
<td>Yes</td>
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<td>State financing and management; other; disclosure of certain information in procurement process; modify. (Sen. R. Jones)</td>
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<td>0213</td>
<td>Yes</td>
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<td>3/31/17</td>
<td>Health; other; prescribing drugs, including controlled substances, via telehealth; provide for under certain circumstances and allow Michigan board of nursing to promulgate certain rules for clinical nurse specialists. (Sen. P. MacGregor)</td>
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<td>4080</td>
<td>Yes</td>
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<td>State financing and management; other; certain forms of energy improvement financing for certain school districts; provide for. (Rep. B. Griffin)</td>
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<td>4137</td>
<td>Yes</td>
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<td>8/2/17</td>
<td>Law enforcement; records; fingerprinting and photographing of child or youth with special health care needs taken and submitted to the automated fingerprint identification system (AFIS) and the statewide network of agency photos upon request of parent or guardian; allow. (Rep. B. Frederick)</td>
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<td>0038</td>
<td>Yes</td>
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<td>Law enforcement; records; procedure for fingerprinting and photographing of individual with special health care needs taken and submitted to the automated fingerprint identification system (AFIS) and the statewide network of agency photos upon request of parent or guardian; allow and establish. (Sen. R. Jones)</td>
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<td>Property; conveyances; transfer of certain state-owned property in Marquette County; provide for. (Sen. T. Casperson)</td>
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<td>4057</td>
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<td>8/7/17</td>
<td>Highways; name; portion of US-12 in the city of Jonesville; designate as the &quot;James Bondsteel Memorial Highway&quot;. (Rep. E. Leutheuser)</td>
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<td>4063</td>
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<td>5/9</td>
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<td>Crimes; other; aiming a beam of directed energy from a directed energy device at or into path of aircraft or moving train; prohibit and provide penalty. (Rep. L. Cox)</td>
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<td>4064</td>
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<td>8/7/17 #</td>
<td>Criminal procedure; sentencing guidelines; sentencing guidelines for crime of aiming beam of directed energy from a directed energy device at aircraft or into path of aircraft or path of moving train; enact. (Rep. T. Barrett)</td>
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<td>4203</td>
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<td>State; identification cards; secretary of state sharing of photographs taken for official state personal identification card with the department of state police; allow. (Rep. B. LaFave)</td>
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<td>Traffic control; driver license; access to driver license photograph of concealed weapons license holders; allow by department of state police. (Rep. T. Cole)</td>
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<td>Criminal procedure; sentencing; deferral and dismissal eligibility for victims of human trafficking; expand. (Rep. B. Kahle)</td>
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<td>Vehicles; trucks; length limit; increase truck and trailer combinations transporting agricultural drainage tubing to 75 feet. (Rep. B. Frederick)</td>
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<td>Family law; other; jurisdiction to establish a support order in certain circumstances under uniform interstate family support act (UIFSA); modify. (Rep. K. Kesto)</td>
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<td>Traffic control; traffic regulation; requirement that emergency lights be mounted on the roof of an authorized emergency vehicle; eliminate. (Sen. D. Zorn)</td>
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<td>Property; other; Michigan community foundation act; create. (Sen. W. Schmidt)</td>
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