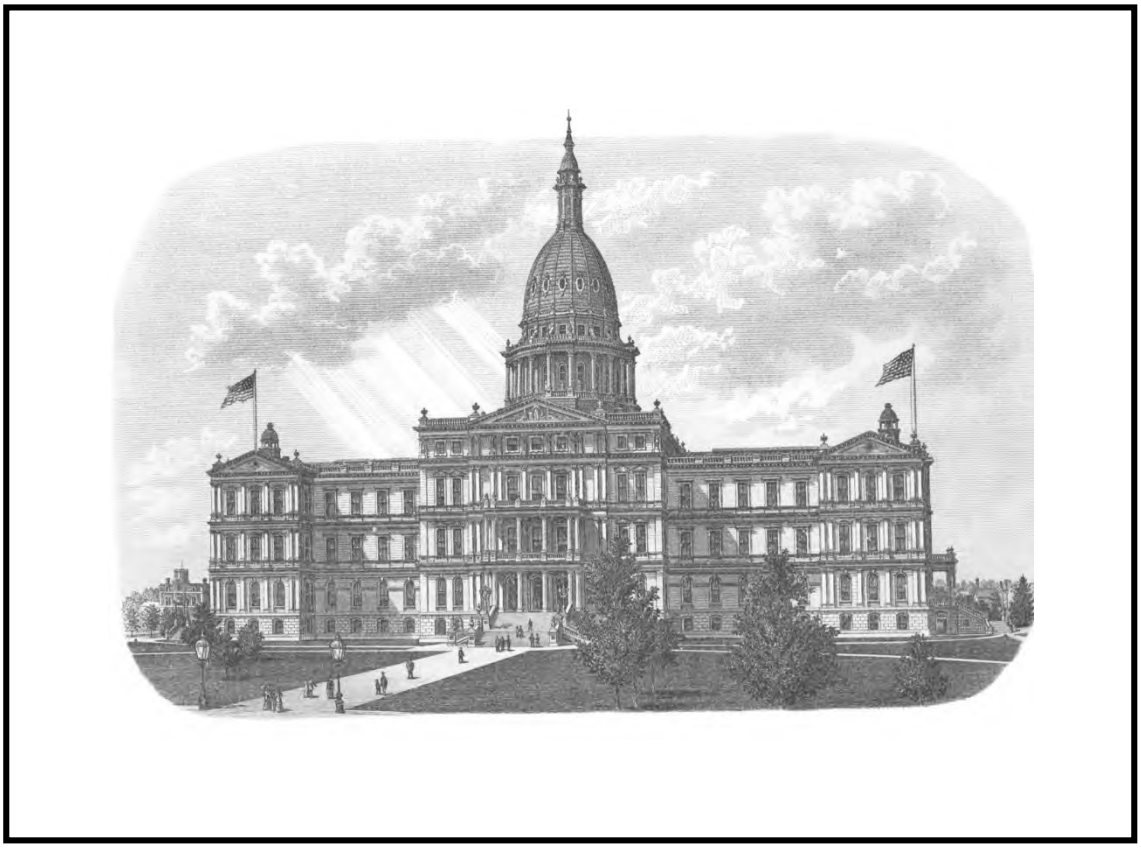
Michigan Register

Issue No. 18 – 2024 (Published October 15, 2024)



GRAPHIC IMAGES IN THE

MICHIGAN REGISTER

COVER DRAWING

Michigan State Capitol:

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

(Michigan State Archives)

PAGE GRAPHICS

Capitol Dome:

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

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

(Michigan State Archives)

East Elevation of the Michigan State Capitol:

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

(Michigan Capitol Committee)

Michigan Register

Published pursuant to § 24.208 of
The Michigan Compiled Laws

Issue No. 18— 2024
(This issue, published October 15, 2024, contains
documents filed from September 1, 2024 to October 1, 2024)

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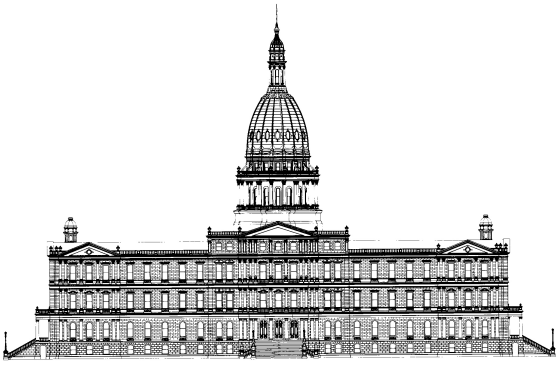
Katie Wienczewski, Administrative Rules Division Director, Michigan Office of Administrative Hearings and Rules; Deidre O'Berry, Administrative Rules Specialist for Operations and Publications.

Gretchen Whitmer, Governor



Garlin Gilchrist, Lieutenant Governor

PREFACE

PUBLICATION AND CONTENTS OF THE MICHIGAN REGISTER

The Michigan Office of Administrative Hearings and Rules 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, 2024 MR 1 refers to the year of issue (2024) and the issue number (1).

CLOSING DATES AND PUBLICATION SCHEDULE

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

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

Documents submitted for publication should be delivered or mailed in an electronic format to the following address: MICHIGAN REGISTER, Michigan Office of Administrative Hearings and Rules, Ottawa Building – Second Floor, 611 W. Ottawa Street, Lansing, MI 48933.

RELATIONSHIP TO THE MICHIGAN ADMINISTRATIVE CODE

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

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

SUBSCRIPTIONS AND DISTRIBUTION

The *Michigan Register,* a publication of the State of Michigan, is available for public subscription at a cost of $400.00 per year. Submit subscription requests to: Michigan Office of Administrative Hearings and Rules, Ottawa Building –Second Floor, 611 W. Ottawa Street, Lansing, MI 48933. Checks Payable: State of Michigan. Any questions should be directed to the Michigan Office of Administrative Hearings and Rules (517) 335-2484.

INTERNET ACCESS

The *Michigan Register* can be viewed free of charge on the website of the Michigan Office of Administrative Hearings and Rules – Administrative Rules Division: www.michigan.gov/ard.

Issue 2000-3 and all subsequent editions of the *Michigan Register* can be viewed on the Michigan Office of Administrative Hearings and Rules website. 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.

Executive Director,
Michigan Office of Administrative Hearings and Rules

2024 PUBLICATION SCHEDULE

Issue No.	Closing Date for Filing or Submission Of Documents (5 p.m.)	Publication Date
1	January 1	February 1
2	January 15	February 15
3	February 1	March 1
4	February 15	March 15
5	March 1	April 1
6	March 15	April 15
7	April 1	May 1
8	April 15	May 15
9	May 1	June 1
10	May 15	June 15
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22	November 15	December 15
23	December 1	January 1
24	December 15	January 15

CONTENTS

ADMINISTRATIVE RULES
FILED WITH THE SECRETARY OF STATE

MCL 24.208 states in part:

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

* * *

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

ADMINISTRATIVE RULES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC STABILITY ADMINISTRATION

FOOD ASSISTANCE PROGRAM

Filed with the secretary of state on September 26, 2024

These rules become effective on October 1, 2024.

(By authority conferred on the department of health and human services by section 6 of the social welfare act, 1939 PA 280, MCL 400.6)

R 400.3009 of the Michigan Administrative Code is amended and R 400.3010 is rescinded, as follows:
R 400.3009 Child support; required offer of service.
Rule 9. The department shall offer services to establish paternity and obtain child support to the client if the food assistance program group includes a child or children, but the food assistance program group does not include 1 or both parents of the child or children. The department shall provide comprehensive information about paternity and child support services to ensure the client can make an informed decision about whether to pursue or not to pursue those services.

R 400.3010 Rescinded.

PROPOSED ADMINISTRATIVE RULES, NOTICES OF PUBLIC HEARINGS

MCL 24.242(3) states in part:

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

MCL 24.208 states in part:

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

* * *

(d) Proposed administrative rules.

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

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH ADMINISTRATION

BODY ART FACILITIES

Filed with the secretary of state on

These rules become effective immediately after filing with the secretary of state unless adopted under section 33, 44, or 45a(9) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the department of health and human services by sections 2226, 2233, 2235, and 13108 of the public health code, 1978 PA 368, MCL 333.2226, 333.2233, 333.2235, and 333.13108; section 5 of the critical health problems reporting act, 1978 PA 312, MCL 325.75; and section 24 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1024)

R 333.13101, R 333.13102, R 333.13103, R 333.13104, R 333.13105, R 333.13106, R 333.13107, R 333.13108, R 333.13109, R 333.13110, R 333.13111, R 333.13112, R 333.13113, R 333.13114, R 333.13115, R 333.13116, R 333.13117, R 333.13118, R 333.13119, R 333.13120, and R 333.13121 are added to the Michigan Administrative Code, as follows:

PART 1. DEFINITIONS

R 333.13101 Definitions.

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

(a) "AAMI" means the Association for the Advancement of Medical Instrumentation.

(b) "Act" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

(c) "Aftercare instructions" means verbal and written instructions given to the client, specific to the body art procedure or procedures rendered regarding the care of the body art and surrounding area.

(d) "ANSI" means American National Standards Institute.

(e) "Antiseptic" means a product that is labeled as useful in preventing diseases caused by microorganisms present on the skin or on mucosal surfaces, or both, of humans. These products must comply with section 201(g)(1)(B) of the federal food, drug, and cosmetic act, 21 USC 321. Antiseptic includes products meant to kill germs and may also be referred to as, but not limited to, the following:

(i) Antiseptic.

(ii) Antimicrobial.

(iii) Antibacterial.

(iv) Microbicide.

(v) Germicide.

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

(g) "ASTM" means the American Society for Testing and Materials International.

(h) “Autoclave” means a device that is intended to sterilize products by means of pressurized steam. An autoclave must comply with 1 or more of the 3 types of steam programs defined as B, N, and S by EN13060 / ISO 17665, and must be capable of sterilizing hollow items, or lumens. An autoclave can remove air from the load by means of any of the following:

(i) Gravity displacement.

(ii) Fractionated vacuum.

(iii) Steam flush-pressure pulse.

(i) “Automated instrument washer” means a mechanical washer designed specifically for the decontamination of instruments before sterilization. These devices must comply with ISO 15883-1/2. Automated instrument washer includes a washer-disinfector or washer-sterilizer.

(j) “Body art technician” means an individual who performs any of the following actions:

(i) Tattooing, including scarification.

(ii) Branding.

(iii) Body piercing.

(k) “Body jewelry” means an adornment placed into a body piercing and comprised of various materials including metals, non-metals, and organic materials as provided in R 333.13114.

(l) “Clean” means objects or surfaces are free from visible soil, organic material, or inorganic material, as usually accomplished by manual or mechanical means through water with detergents or enzymatic products.

(m) “Client” means an individual undergoing any of the following procedures:

(i) Tattooing, including scarification.

(ii) Branding.

(iii) Body piercing.

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

(o) “Contaminated sharps” means any contaminated object that can penetrate the skin including, but not limited to, the following:

(i) Tattoo needles.

(ii) Body piercing needles.

(iii) Disposable razors.

(p) “Cycle number” means a unique number that corresponds to each individual autoclave cycle, is used as an identifier and may or may not include the date as part of the number.

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

(r) “Disinfectant” means a tuberculocidal chemical or physical agent that kills vegetative forms of microorganisms, but not necessarily all microbial forms such as bacterial spores registered with the United States Environmental Protection Agency.

(s) “Disinfection” or “disinfected” means the process that kills most pathogenic microorganisms and other microorganisms on inanimate objects by physical or chemical means but does not ensure the margin of safety standards associated with sterilization processes.

(t) “EGLE” means the department of environment, Great Lakes, and energy.

(u) “EN” or “European standard” means a technical standard, established by consensus and approved by a recognized body that provides, for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context.

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

(w) “Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an individual’s assigned duties in the body art facility. It does not include incidental exposures that may take place on

the job, which are neither reasonably nor routinely expected, and which the individual is not required to incur in the normal course of employment.

(x) "Foot-candles" mean a measurement of light intensity.

(y) "Gloves" means medical grade or exam grade, sterile or nonsterile, disposable, single-use, full-hand coverings worn for protection against disease transmission.

(z) "Hand washing" means physically removing or reducing most microorganisms from the intact skin of the hands.

(aa) "Hand washing sink" means a sink equipped to provide water with both hot and cold temperatures through a mixing valve or combination faucet, used solely for washing hands, arms, or prosthetics.

(bb) "Instruments" means needles, needles attached to the needle bars, body piercing needles, razors, scarification implements, and other devices that may come in contact with a client's body or that may have possible exposure to bodily fluids during the body art procedure.

(cc) "ISO" means the International Organization for Standardization.

(dd) "Material certificate" means all documents intended to state the specifics of a material used for body jewelry. Names for these documents include, but are not limited to, the following:

(i) Mill certificates.

(ii) ISO certificates.

(iii) Metal composition sheets.

(iv) Material certification sheets.

(ee) "Medical waste" means any of the following that are not generated from a household or care agency as required by part 138 of the act, MCL 333.13801 to 333.13832:

(i) Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.

(ii) Liquid human and animal waste, including blood and blood products and body fluids.

(iii) Pathological waste.

(iv) Sharps.

(v) Contaminated wastes from animals, primarily research animals, that have been exposed to agents infectious to humans.

(ff) "MIOSHA standards" means the Michigan occupational safety and health standards promulgated by the Michigan occupational safety and health administration under the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1001 to 408.1094.

(gg) "Mucosal surface" means the moisture-secreting membrane lining of all body cavities or passages that communicates with the exterior, including, but not limited to, the nose, mouth, vulva, and urethra.

(hh) "Municipal solid waste" means common trash or garbage that does not meet the definition of hazardous or biomedical waste.

(ii) "Non-critical violations" means any violation that is not a critical violation as that term is defined in section 13101 of the act, MCL 333.13101.

(jj) "Operator" means a person that controls any interest in, operates, or manages a body art facility and is responsible for compliance with these regulations, whether or not actually performing body art activities.

(kk) "OPIM" or "other potentially infectious material" means human body fluids including, but not limited to, the following:

(i) Any body fluids visibly contaminated with blood.

(ii) Saliva in oral body art procedures.

(iii) Semen.

(iv) Vaginal secretions.

(v) All body fluids where it is difficult or impossible to differentiate between body fluids.

(ll) “Part 131” means part 131 of the act, MCL 333.13101 through 333.13112.

(mm) “Pathological waste” means any of the following:

(i) Human organs.

(ii) Tissues.

(iii) Body parts other than teeth.

(iv) Products of conception.

(v) Fluids removed by trauma or during surgery, autopsy, or another medical procedure and not fixed in formaldehyde.

(nn) “PPE” or “Personal protective equipment” means specialized clothing or equipment that is worn by an individual working in a body art facility to protect the individual from an exposure or hazard.

(oo) “Personnel” means employees, body artists, contracted body artists, and agents of the body art facility, whether or not actually performing body art activities.

(pp) “Procedure” means the act of performing body art.

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

(rr) “Procedure surface” means a surface utilized during the procedure that has the potential to become contaminated and that may require cleaning and disinfecting.

(ss) “Reprocessing” means a validated process used to render an instrument, which has been previously used or contaminated, fit for a subsequent single use. Reprocessing is designed to remove soil and contaminants by cleaning and to inactivate microorganisms by sterilization.

(tt) “Safety data sheet” means a document for a potentially harmful chemical that includes information such as the properties of each chemical; the physical hazards, health hazards, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical under the Hazard Communication Standard, 29 CFR 1910.1200(g).

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

(vv) “Sharps” means objects that can purposely or accidentally cut or penetrate the skin or mucosa, including, but not limited to, presterilized single-use needles, scalpel blades, and razor blades.

(ww) “Sharps disposal container” means a puncture-resistant, leakproof on sides and bottom container made specifically to meet National Institute for Occupational Safety standards and can be closed for handling, storage, transportation, and disposal. A sharps container must be labeled with the international biohazard symbol.

(xx) “Single-use, disposable” means products or items that are intended for 1-time, 1-individual use and are disposed of after use on each client, including, but not limited to, the following:

(i) Cotton swabs or cotton balls.

(ii) Tissues or paper products.

(iii) Paper or plastic cups.

(iv) Gauze and sanitary coverings.

(v) Razors.

(vi) Needles.

(vii) Scalpel blades.

(viii) Stencils.

(ix) Ink cups.

(x) Protective gloves.

(yy) “Smoke” or “smoking” means that term as defined in section 12601 of the act, MCL 333.12601.

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

(aaa) “Ultrasonic cleaner” means a device that removes debris by a process called cavitation, in which waves of acoustic energy are propagated in aqueous solutions to disrupt the bonds that hold particulate matter to surfaces.

(bbb) “Vapor product” means a noncombustible product that employs a heating element, power source, electronic circuit, or other electronic, chemical, or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine or any other substance, and the use or inhalation of which simulates smoking. Vapor products include, but are not limited to, any of the following:

(i) Electronic cigarette.

(ii) Electronic cigar.

(iii) Electronic cigarillo.

(iv) Electronic pipe.

(v) Vapor cartridge or other container of nicotine or other substance in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device.

(2) The terms defined in the act have the same meaning when used in these rules.

PART 2. BODY ART FACILITY REQUIREMENTS; GENERAL

R 333.13102 General purpose; violations.

Rule 2. These rules provide the applicable processes for the establishment and maintenance of a body art facility in this state and guidance on the inspection and enforcement process to the local health departments to ensure that public health, safety, and welfare is protected.

R 333.13103 Physician exemption.

Rule 3. The licensing and inspection rules do not apply to procedures that are utilized as a part of a patient’s treatment and are performed by or under the control, direction, and on-site supervision of a physician who is licensed in this state.

R 333.13104 Procedures allowed at licensed body arts facilities.

Rule 4. Tattooing, branding, or body piercing, as defined by the act and these rules, are the only procedures allowed within a body art facility.

R 333.13105 Body art facility; applications; renewal licenses; temporary body art facility licenses.

Rule 5. (1) Applications and the fee for licensure must be received not less than 30 days before tattooing, branding, or body piercing services are to be provided.

(2) The department shall notify license holders that their license is due for renewal by mail, or email if a facility email address is submitted.

(3) When submission for the renewal of a body art license application and licensing fee for a body art facility are received by the department, the department shall notify the local health department responsible for the jurisdiction in which the facility is located.

(4) Annual licenses and renewal licenses are effective for the calendar year applied for and do not imply or guarantee a license of 365 days after initial approval.

(5) Applications and the required fee for temporary licenses must be received not less than 30 days before the first day on which tattooing, branding, or body piercing services are to be provided at the temporary location, and temporary licenses expire after 11:59 p.m. on the final date described on the

temporary license. No services are to be performed until an initial inspection has been completed and approved by the local health department.

(6) The license will be issued to a specific person at a specific location and is nontransferable. Mobile units will not be licensed as statewide transitory units.

(7) A renewal license will be issued to the facility upon application and payment provided the facility has had a satisfactory inspection within the previous licensing period.

(8) The license must be posted in the body art facility in a prominent and conspicuous area where it can be readily observed. Temporary facilities and newly approved permanent facilities must post their inspection report stating that the facility is approved for operation.

R 333.13106 Body art facility; inspections.

Rule 6. (1) A site plan submission by the applicant to the local health department and an initial inspection by the local health department representative responsible for the jurisdiction in which the body art facility is located are required for a new or a proposed remodel of a licensed body art facility.

(2) A detailed site plan must be reviewed by the local health department to determine whether the body art facility complies with the facility requirements found in R 333.13119.

(3) After passing an initial inspection, the local health department may allow the body art facility to begin offering approved procedures to clients provided the body art facility has applied for licensure in this state.

(4) Inspection of the body art facility must be conducted pursuant to section 13105 of the act, MCL 333.13105, under the department's authority under section 2241 of the act, MCL 333.2241. The local health department must convey the results of that inspection to the department.

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

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

(7) The inspection of a body art facility must document whether the body art facility has met the requirements in the act and rules and a recommendation of whether the facility should be licensed. This determination must be noted on the initial license or temporary license inspection report form completed by the local health department, and a copy of the signed and dated documentation must be given to the owner or operator at the end of the inspection. A signed copy of a department inspection report form stating the facility is approved to operate can be posted temporarily until a state-issued license is received.

(8) The inspection report must delineate inspection items that are violations. If violations are identified, the local health department must mark them on the form and note remedies for correction in the comment section of the inspection form.

(9) Violations noted on the inspection report may require an inspection by the local health department to ensure corrective action has been taken. If an inspection is needed, the time frame for the inspection must be noted in the comment section of the inspection report form.

R 333.13107 Variance.

Rule 7. A variance may be granted to a licensed body art facility by the local health department under the conditions set forth in section 13111 of the act, MCL 333.13111.

PART 3. EMPLOYEE REQUIREMENTS; RECORDS

R 333.13108 Body art facility requirements; adoption of MIOSHA standards;

violations considered a critical violation.

Rule 8. (1) Failure to comply with the requirements in this rule, including training, is a critical violation, which may lead to immediate closure or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) Pursuant to section 32(4) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.232, the department adopts by reference the following MIOSHA regulations:

(a) Occupational Health Standards "Part 430. Hazard Communication," R 325.77001 to R 325.77004.

(b) General Industry Safety and Health Standard "Part 554. Bloodborne Infectious Diseases," R 325.70001 to R 325.70018.

(3) The standards referenced in subrule (2) of this rule are available from the MIOSHA standards section at website: www.michigan.gov/mioshastandards at no charge.

(4) The standards are available for inspection, and copies of the standards may be obtained from the Department of Labor and Economic Opportunity, MIOSHA Standards Section, 530 West Allegan Street, P.O. Box 30645, Lansing, Michigan 48909-8143. Up to 5 copies of these standards may be obtained at no charge. For quantities greater than 5, the cost as of the time of the adoption of these rules is 4 cents per page.

R 333.13109 Requirements for body art technicians and other individuals with potential exposure to blood and OPIM; adoption of youth employment standards; violations considered critical violations.

Rule 9. (1) Failure to comply with the requirements in this rule is a critical violation, which may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) A body art facility shall not employ a minor in violation of the youth employment standards act, 1978 PA 90, MCL 409.101 to 409.124.

(3) Body art technicians shall refuse body art services to an individual who shows signs of being under the influence of alcoholic liquor or a controlled substance.

(4) Body art technicians shall not perform tattooing, branding, or body piercing on non-intact skin, non-intact mucosal surfaces, or surfaces with a suspected rash or visible infection.

(5) Body art technicians shall not perform body art procedures on skin or mucosal surfaces that have been affected by any topical anesthetic, external analgesic, or another product that contains an anesthetic active ingredient, unless the product, dosage, and directions for use are appropriately prescribed by a licensed physician for use before or during body art procedures. Documentation of the prescription must be made part of the client record.

(6) Body art technicians shall not perform a procedure on the nipple or genital area of a minor regardless of written consent and presence of a parent or legal guardian of that minor.

(7) All personnel working in the body art facility with the potential for exposure to blood and OPIM shall ensure all the following:

(a) Maintain a high degree of cleanliness; conform to hygienic practices, including hand washing; and wear proper personal protective equipment with clean clothes when performing procedures.

(b) Maintain hair, skin, and clothes that are free of visible particulate matter and debris.

(c) Maintain fingernails short with smooth, filed edges to allow thorough cleaning and prevent glove tears.

(8) If the clothes of a body art technician, or any other individual with the potential exposure to blood or OPIM, become visibly contaminated, contaminated clothing must be removed as soon as possible in a way that prevents additional exposure to the contaminated areas of the clothing. Contaminated clothing must be replaced with clean clothing before commencing any further procedures.

(9) Before assuming responsibilities, personnel with potential exposure shall meet the same requirements as body art technicians.

(10) All personnel working in the body art facility with the potential for exposure to blood and OPIM shall not be involved in procedures if they have any of the following that would result in uncontained drainage and contamination of body art instruments, equipment, procedure surfaces, or the client:

(a) Open wounds.

(b) Cuts.

(c) Sores.

(d) Burns.

(e) Skin abnormalities on any portion of the body.

(11) All personnel working in the body art facility with the potential for exposure to blood and OPIM, shall not do any of the following in work areas where tattooing, branding, or body piercing are performed or other areas where there is a likely exposure to blood and other OPIM:

(a) Eat.

(b) Drink.

(c) Smoke.

(d) Use vapor products.

(e) Use marijuana.

(f) Apply cosmetics or lip balm.

(g) Handle contact lenses.

(h) Store food.

(12) Body art technicians and other individuals, such as assistants, with the potential for exposure to blood and OPIM shall perform appropriate hand washing when performing, setting up for, or cleaning up after procedures. At a minimum, hand washing must be performed at all of the following times:

(a) Immediately before donning gloves to set-up equipment and instruments used for conducting procedures.

(b) Immediately before donning gloves to perform a procedure.

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

(d) When leaving the work area.

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

(f) Before and after the following activities:

(i) Eating

(ii) Drinking.

(iii) Smoking.

(iv) Using vapor products.

(v) Using marijuana.

(vi) Applying cosmetics or lip balm.

(vii) Handling contact lenses.

(viii) Using the bathroom.

(ix) When hands are visibly soiled.

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

(14) When involved in procedures, body art technicians and other individuals involved in setting up for, performing, or cleaning up after procedures with the potential exposure to blood and OPIM, shall wear disposable medical-grade exam gloves using aseptic technique to ensure that the instruments and gloves are not contaminated to minimize the possibility of transmitting infections during procedures.

(15) A minimum of 1 pair of disposable, medical-grade exam gloves must be used for each of the following stages of the procedure:

(a) Set-up of equipment or instruments used for conducting procedures and skin preparation, applying stencils, or drawing designs on the skin of the procedure area.

(b) The procedure and post-procedure teardown.

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

(16) If personnel working in the body art facility involved in setting up for, performing, or cleaning up after procedures leaves the procedure area during a procedure, gloves must be removed before leaving the procedure area and a new pair of gloves put on when returning to the procedure area.

(17) When involved in procedures, if the body art technician's glove or gloves, or the glove or gloves of another individual involved, is pierced or torn, or if the glove or gloves become potentially contaminated, the glove or gloves must be changed immediately.

(18) To ensure adequate protection for the technician, latex gloves must not be used in conjunction with petroleum-based products.

(19) All personnel working in the body art facility involved in performing the procedure must not use gloves in place of hand washing procedures.

(20) Gloves and other disposable PPE must be disposed of in an appropriate, covered waste receptacle.

(21) Reusable PPE must be placed in an appropriate provided receptacle for storage until it can be cleaned and disinfected.

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

(23) Body art technicians shall immediately dispose of all needles, including the needle bar, and other contaminated sharps including razors, directly into a conveniently placed and secured sharps disposal container. Body art technicians shall not do any of the following with a contaminated sharp:

(a) Bend.

(b) Recap.

(c) Break.

(d) Shear.

(e) Disassemble

(f) Manipulate.

(24) For individuals performing microblading or manual procedures, once the needle grouping is attached to the hand piece, it cannot be removed and must be fully disposed of into a sharps container.

R 333.13110 Body art facility requirements; disclosure; consent; violation of rules considered critical violations.

Rule 10. (1) Failure to comply with the requirements in this rule is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) Before starting a procedure, the body art facility shall provide each client with the following department-approved documents to be completed:

(a) Disclosure statement and notice for filing complaints. This statement must include both the following:

(i) Risks and possible consequences of procedures.

(ii) Information on how to lodge complaints about the body art facility related to compliance with the department's rules for body art facilities.

(b) Aftercare instructions and when to seek medical treatment, if necessary.

(c) Client body art record and consent form. This record must include the following:

(i) If the client is a minor, proof of parental or legal guardian identification and a copy of documentation verifying the legal guardian's relationship with the minor.

(ii) Documentation of completing a health questionnaire of the client's medical condition as it relates to receiving body art and notification to follow-up with a physician, if necessary.

(iii) Client identification and contact information.

(iv) The design, location, type of procedure, and name of body art technician completing the procedure.

(v) An informed consent statement that documents the client's receipt and completion of the documents in this subrule, including a signature obtained from the client or legal guardian.

(3) Facility created or altered documents must be at least as comprehensive as state-provided sample documents in order to be approved by the department.

R 333.13111 Client contact in event of communicable disease outbreak; disclosure.

Rule 11. Pursuant to the authority under sections 2221, 2226, and 2231 of act, MCL 333.2221, 333.2226, and 333.2231, the body art facility shall request the client to provide contact information in the event of a communicable disease outbreak investigation, recalls, or other issues pertaining to the client's health.

R 333.13112 Record retention.

Rule 12. (1) All client and body art personnel records, print or digital form, must be retained in a confidential manner in compliance with the following:

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

(b) All electronic records must be password protected.

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

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

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

(iii) Other persons authorized by law to access the records.

(2) All client and body art personnel records must be retained on the business premises for 1 year. All records must be maintained for a minimum of 3 years. These records include, but are not limited to, the following:

(a) Safety data sheets for all hazardous chemicals that clients may be exposed to.

(b) Complete record keeping of all instruments, body jewelry, sharps, and inks used for tattooing, branding, or body piercing at the body art facility. Invoices or purchase orders can satisfy this requirement.

(3) After the 3-year minimum for record retention, all client and body art personnel records may be destroyed. Destruction of records include any of the following methods:

(a) Shredding

(b) Incineration.

(c) Electronic deletion.

(d) Disposal in another manner that protects the confidentiality of all client and employee-related documents.

(4) Body art facilities that close and cease operations are required to retain records securely for 3 years. Destruction of records include any of the following methods:

(a) Shredding

(b) Incineration.

(c) Electronic deletion.

(d) Disposal in another manner that protects the confidentiality of all client and employee-related documents.

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

PART 4. PROTECTIVE PROCEDURES; CRITICAL VIOLATIONS

R 333.13113 Preparation and care of body art area; conducting procedure; violations considered critical violations.

Rule 13. (1) Failure to comply with the requirements in this rule is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) If reusable instruments are used for procedures, the procedure area must have a separate disposable container or a container capable of being cleaned and disinfected available and used to hold and transport all post-procedure contaminated instruments and equipment from the procedure area to the reprocessing area.

(3) Procedure areas must be organized to prevent cross-contamination of clean, disinfected, or sterile instruments and equipment with contaminated equipment. The organization of the procedure area must include all the following:

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

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

(c) All sterilized supplies must remain in its sterile package or autoclave cartridge or cassette, or both, until opened in front of the client.

(4) Before a procedure is performed, the immediate skin area and the areas of the skin surrounding where the artist will be touching and where body art is to be placed must be cleaned and then prepared with an appropriate skin preparation antiseptic in accordance with the manufacturer’s instructions.

(5) Washing pads must be disposed of in a covered waste receptacle after a single use.

(6) If shaving is necessary, single-use, disposable razors must be used. Used razors must not be recapped or broken and must be immediately disposed of in an approved, properly labeled, and secured sharps disposal container.

(7) For an oral procedure, the mouth must be rinsed out with an oral antiseptic mouth rinse for at least 30 seconds.

(8) Topical anesthetics, external analgesics, or any other products containing an anesthetic active ingredient must not be applied to any skin or mucosal surface, unless the use is appropriately prescribed and delegated by a licensed physician in this state.

(9) Documentation of the prescription referenced in subrule (8) of this rule must be made part of the client record, and the delegation of duties to anyone other than a physician must comply with section 16215 of the act, MCL 333.16215.

(10) All tattoo pigments or inks, tattoo needles, piercing needles, and all other body art instruments and supplies used for procedures must be used according to the manufacturer’s instructions.

(11) All needles used for body art must be single-use, sterile needles. After use, needles, including the needle bar, or microblading handle must be immediately disposed of in an approved, properly labeled, and secured sharps disposal container.

(12) Expired needles must not be used for procedures.

(13) Expired needles must be disposed of in an approved, properly labeled, and secured sharps disposal container or must be re-packaged and re-sterilized as prescribed in R 333.13116, if approved by the needle manufacturer.

(14) All products and devices applied to the skin, including, but not limited to, stencils, markers, pencils, and pens, must be single-use and disposed of immediately after use. All bulk products must be portioned out for the individual in a manner to prevent contamination of the original container and its contents and must be discarded upon completion of the procedure.

(15) Only rotary pen tattoo machines that utilize presterilized, single-use needle cartridge systems with appropriate backflow prevention devices, such as membranes or barriers, or those equipped with detachable, single-use disposable sterile combo couplers and detachable, single-use disposable casings or casings that can be cleaned and sterilized, are allowed for use.

(16) When employing a needle cartridge with an appropriate backflow prevention device, the rotary pen tattoo machine must be covered with an appropriate single-use disposable barrier while in operation, and it must be cleaned and disinfected immediately after each use.

(17) Cartridges used in rotary pen tattoo machines must have manufacturer-provided proof and verification of the backflow prevention device's effectiveness and have undergone testing to ensure compliance, or the artist must demonstrate effectiveness through field testing.

(18) To field test, a needle cartridge must be filled with fluid, such as water or ink, held upright with the tips or needles facing upwards, and the plunger operated at least 100 times to assess for any indications of backflow or leakage.

(19) The use of a rotary pen tattoo machine that utilizes a sponge at the opening of the chamber to prevent the entry of pigment, blood, or other potentially infectious materials into the machine is strictly prohibited.

(20) Sterilized instruments may not be used if the package integrity has been breached, compromised, is wet or stained, or the expiration date has been exceeded without first repackaging and re-sterilizing as prescribed in R 333.13116, if approved by the manufacturer.

(21) Immediately before and while a tattoo is applied, the quantity of tattoo pigment or ink to be used must be transferred from the tattoo pigment or ink bottle and placed in a single-use pigment container.

(22) Tattoo pigment or ink or other contaminated liquid must be absorbed by placing absorbent materials into the containers to absorb the liquid. On completion of the tattoo, these single-use, disposable pigment containers and their contents must be properly discarded.

(23) Tattoo pigment or ink must not be reused on another client or placed back in the original stock container.

(24) Tattoo pigment or ink bottles must be tightly closed when not in use. Tattoo pigments or ink may not be stored on the procedure surface. If tattoo pigment or ink bottles are stored in the procedure area, they may not be accessed during the performance of a procedure without first removing and disposing of contaminated gloves and performing hand washing. New gloves must be used to complete the procedure.

(25) Expired pigments or inks must not be used for procedures and must be discarded on expiration. Pigments or inks that have a secondary expiration date, such as a period of time after opening, must be labeled with both the date opened and the new expiration date and must be discarded on expiration.

(26) After performing a tattoo, the following actions must be performed:

(a) Excess pigment or ink must be removed from the skin with a clean, single-use, disposable paper towel or wipe.

(b) The completed tattoo must be washed with an appropriate cleansing solution.

(c) The tattooed area must be allowed to dry.

(d) If an ointment is applied, the ointment must either be from a single-use packet or by using an applicator in such a way that the original container is not contaminated.

(e) A protective product or dressing appropriate to the procedure performed must be applied under the manufacturer's instructions.

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

R 333.13114 Body art jewelry; prohibitions; composition; violations considered critical violations.

Rule 14. (1) Failure to comply with the requirements in this rule is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) Material certificates from jewelry suppliers for jewelry used for piercings must meet the following:

(a) Be available to the department upon request.

(b) Be updated from the supplier for each new lot of material

(3) Piercing guns, stud-and-clasp piercing systems, or other similar devices, instruments, or systems are prohibited in body piercings.

(4) All body jewelry used for piercing must be new and unused, cleaned in accordance with the jewelry manufacturer's instructions, and sterilized before use. If the manufacturer does not provide instructions for use, the item should be inspected for cleanliness and sterilized in an autoclave according to the autoclave manufacturer's instructions.

(5) The composition of body jewelry used for piercing must be comprised of only the following materials:

(a) Any and all materials that meet ASTM or ISO standards for implantation.

(b) Solid 14 karat or higher yellow, white, or rose gold that is nickel free and cadmium free. Gold jewelry used for piercing may not be any of the following:

(i) Plated, unless using materials approved by this standard over solid 14 karat or higher yellow, white, or rose gold that is nickel-free and cadmium-free.

(ii) Gold filled.

(iii) Gold overlay or vermeil.

(c) Solid unalloyed or alloyed platinum that is nickel-free and cadmium-free.

(d) Unalloyed niobium that is ASTM B392 compliant.

(e) Lead free glass.

(6) All threaded or press-fit jewelry must have internal tapping.

(7) Body jewelry surfaces and ends must be smooth, and free of nicks, scratches, burrs, stamps, hallmarks, and visible polishing compounds.

(8) Metals must have a consistent finish on surfaces that frequently meet tissue.

R 333.13115 Cleaning and disinfection of procedure surfaces; violations considered critical violations.

Rule 15. (1) Failure to follow the procedures in this rule is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) All procedure surfaces must be cleaned and disinfected with a disinfectant after each use and between clients, regardless of whether contamination is visible. Disinfectants must be used according to the manufacturer's instructions.

(3) Non-procedure surfaces and equipment must not be touched during the procedure.

(4) If an object is likely to be touched or contaminated during the procedure, it must be covered with an appropriate barrier such as barrier film, a clip cord sleeve, dental bib, or table paper. A barrier used to cover equipment must be discarded at the end of each procedure.

(5) The underlying surface must be cleaned and disinfected after each use between clients and before a new barrier covering is applied.

(6) Cloth or fabric items must not be used in the procedure area.

R 333.13116 Cleaning, and sterilization procedures; violations considered critical violations.

Rule 16. (1) Failure to follow the procedures in this rule is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) All equipment and devices used to clean and sterilize body art materials and instruments must be suitable for their intended use.

(3) For the cleaning of single-use, disposable instruments before sterilization, follow the instrument manufacturer's instructions. If the manufacturer does not provide instructions for use, the item should be inspected for cleanliness and sterilized in an autoclave according to the autoclave manufacturer's instructions.

(4) All reusable instruments are to be cleaned and sterilized after each use in the reprocessing area. When warm water is used, it should not exceed 104 degrees Fahrenheit or 40 degrees Celsius.

(5) All hinged equipment, such as piercing forceps, must be in the open position.

(6) Instruments must be disassembled.

(7) When using instruments for body art procedures the instruments must be cleaned as follows:

(a) Soaked or immersed in an enzymatic or other appropriate solution.

(b) Scrubbed to remove debris.

(c) Rinsed and inspected.

(d) Processed through an ultrasonic cleaner.

(e) Rinsed and dried.

(f) Inspected.

(g) Sterilized.

(8) Processes in subrule (7)(a) to (e) of this rule may be accomplished using an automated instrument washer.

(9) All sterilization loads must include a Class V or better chemical indicator.

(10) Chemical indicator results must be recorded for each sterilization cycle.

(11) After being cleaned, all reusable instruments used for body art must be processed for sterilization by either of the following methods:

(a) Contained in sterilization packaging and subsequently sterilized, with the date noted on packaging or indicator strips. This information must match up with the sterilization log and all sterilization packaging must have a color-changing chemical indicator.

(b) Sterilized without packaging, stored, and sterilized again immediately before use.

(12) After completing the sterilization process, sterilized instruments and jewelry must be stored in a cabinet, drawer, or tightly covered container reserved for the storage of sterilized instruments and jewelry.

(13) All instruments used for procedures must remain stored in either of the following:

(a) A sterile package marked with the cycle number until just before a procedure.

(b) A clean container ready for sterilization immediately before the procedure.

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

(15) The expiration date for reusable sterilized instruments must follow the packaging manufacturer's instructions.

(16) Tools used for reassembly must be cleaned and disinfected immediately before use.

(17) All jewelry must be clean and disassembled before sterilization.

(18) Ultrasonic cleaners, instrument washers, and autoclaves must be used, cleaned, and maintained in accordance with manufacturer's instructions, and a copy of the recommended procedures for the operation of the autoclave must be kept on file at the body art facility. All sterilization procedures must be compliant with ANSI/AAMI ST79 (4.28).

(19) All personnel working in the facility must comply with all of the following procedures when sterilizing non-disposable instruments and handling sterilized instruments:

(a) Either gloves or other required PPE must be worn when preparing materials for sterilization and loading materials into the autoclave.

(b) Appropriate hand washing must be performed immediately before preparing the materials for sterilization and loading materials into the autoclave.

(c) Appropriate hand washing must be performed before donning gloves, unloading materials from the autoclave, and placing them into storage.

(d) Appropriate hand washing must be performed before donning gloves and retrieving sterilized materials from the storage area in preparation for setting up for a procedure.

(20) A different pair of gloves must be used for each of the stages in subrule (19) of this rule for cleaning, disinfecting, and sterilization.

R 333.13117 Spore test; procedures; notification to local health department of positive spore test result; violations considered critical violations.

Rule 17. (1) Failure to follow the procedures in this rule is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(2) A license must not be issued until documentation of the autoclave's ability to destroy spores is received by the department if on-site sterilization is performed at the facility.

(3) The owner or operator of a body art facility shall demonstrate that the autoclave used is capable of attaining sterilization by weekly spore detection tests. These tests must be verified through an independent laboratory. Test records must be retained by the owner or operator for a period of at least 3 years and be made available on request.

(4) If a spore test result is positive, the body art facility shall discontinue the use of that autoclave and shall not put that autoclave back into service until it has been serviced and a negative spore test has been recorded.

(5) In the event of a positive spore test, the following procedure must be followed:

(a) If the mechanical indicators, including time, temperature, and pressure, and chemical indicators, including internal and external, suggest that the autoclave is functioning properly, a single positive spore test may not indicate autoclave malfunction. The autoclave must be removed from service and sterilization operating procedures reviewed to determine if operator error could be responsible.

(b) Document procedures taken to remedy the situation in the sterilization log.

(c) To the extent possible reprocess all items processed since the last negative spore test in a separate autoclave that has negative spore test results.

(d) Retest the autoclave by using biological, mechanical, and chemical indicators after correcting identified procedural problems.

(e) If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the autoclave back in service.

(f) If the repeat spore test remains positive, the following procedure is required:

(i) Do not use the autoclave until it has been inspected or repaired and the exact reason for the positive test has been determined. This work should be done by a factory authorized service professional who is certified to repair and maintain the specific autoclave that is being worked on.

(ii) Before placing the autoclave back in service, rechallenge the autoclave with biological indicator tests in 3 consecutive empty chamber sterilization cycles after the cause of the autoclave failure has been determined and corrected.

(iii) Maintain sterilization records, including sterilization cycles, maintenance, and spore tests.

(6) Until a negative spore test has been received, the body art facility shall use an alternative autoclave or either of the following:

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

(b) Only single-use, disposable and pre-sterilized instruments.

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

R 333.13118 Medical waste; medical waste management plan; storage and containment; disposal procedures.

Rule 18. (1) Pursuant to section 32(4) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.232, the department adopts by reference the EGLE regulations as they relate to medical waste regarding the on-site generation, treatment, packaging, and storage of medical waste under part 138 of the act, MCL 333.13801 to 333.13832, and R 325.1541 to 325.1549.

(2) These standards may be obtained at no charge from the Michigan Department of Environment, Great Lakes, and Energy, Constitution Hall, 525 West Allegan Street
P.O. Box 30473, Lansing, MI 48909-7973, or via the internet at the following website: https://www.michigan.gov/egle/-/media/Project/Websites/egle/Documents/Regulatory-Assistance/Guidebooks/MI-Guide-to-Environmental-Regulations/MI-Guide-Environmental-Regulations-Entire-Book.pdf?rev=690e0fdb00d64ac1b45c7c513333a6ee&hash=FC40A5A66A52C2F530BB391F3070D152 .

(3) All body art establishments shall register as a medical waste producing facility under part 138 of the act, MCL 333.13801 to 333.13832.

PART 5. FACILITY REQUIREMENTS

R 333.13119 Facility requirements; violations considered critical violations.

Rule 19. (1) For new body art facilities and for body art facilities undergoing renovation, an 8-1/2 by 11 or larger scale drawing and floor plan of the proposed facility or the proposed renovation of the facility must be submitted to the local health department that inspects body art facilities in the jurisdiction in which the body art facility is located. This drawing and a copy of the floor plan must show the accurate placement of each of the following, if applicable:

(a) Walls.

(b) Windows.
(c) Doors.
(d) Waiting area.
(e) Procedure area or areas.
(f) Bathroom or bathrooms.
(g) Reprocessing area.
(h) Equipment and instrument storage area or areas.
(i) Chairs.
(j) Tables.
(k) Sinks.
(l) Light fixtures.

(2) The scale drawing and floor plan in subrule (17) of this rule must be submitted to the local health department at least 30 days before the proposed opening or planned renovation.

(3) The owner or operator of the body art facility shall send the site plan to the local health department for approval before construction or renovation of the body art facility.

(4) Failure to follow the requirements in subrules (5) to (31) of this rule is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

(5) All body art facilities shall be completely separated by solid walls extending from floor to ceiling, from any room or area used for human habitation, non-body art activities, or another activity that may cause potential contamination of work or procedure surfaces. Doors between these rooms or areas must be self-closing and must remain closed unless entering or exiting the facility, room, or area.

(6) Exterior doors must be self-closing and windows equipped with screens in good repair if the windows are intended to be used for ventilation.

(7) If the body art facility has a check-in room or waiting room and retail area, procedure areas must be separated from both the customer waiting area and retail area by a partition or barrier.

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

(9) Walls, partitions, and floors of a body art facility must be smooth, non-absorbent, maintained in a clean condition, and in good repair.

(10) Carpeting is allowed in the check-in, waiting, or retail area if the area is separate from procedure areas.

(11) All procedure surfaces in the procedure area, including chairs, tables, benches, and counters, must be smooth, free of open holes or cracks, non-absorbent, in good repair, and must be of such construction as to be easily cleaned and disinfected after each use between clients.

(12) No reusable cloth or similar material items, including furniture, may be used in a procedure area.

(13) No multiple use materials may be employed for procedures unless they are non-absorbent and can be cleaned and disinfected.

(14) The facility must be well-ventilated.

(15) The facility must be provided with an artificial light source equivalent to at least 20 foot-candles, 3 feet off the floor, except that 100 foot-candles must be provided at the level where the procedures are being performed, where instruments and sharps are either handled cleaned or assembled, or where handwashing stations are located.

(16) Spot lighting may be utilized to achieve the required degree of illumination for the purpose of conducting procedures. Fluorescent tube lighting over a procedure area must be protected from accidental breakage during a procedure by an appropriate covering.

(17) Body art facilities that use only single-use disposable instruments are not required to have a separate room or area for the sole purpose of reprocessing contaminated tools and equipment.

(18) If on-site sterilization of disposable instruments or new unused jewelry, or both, for piercing is performed at the facility, the cleaning and sterilization must occur in a location that is not subject to reasonably anticipated contamination.

(19) A lined, covered waste receptacle must be provided in every procedure area and restroom. The receptacles must be cleanable, kept clean, and have self-closing lids with hands-free controls. The receptacles must be emptied weekly or when needed. Municipal solid waste removal must meet all local or state regulations, or both.

(20) The facility must be free of pests, including insects, vermin, and rodents.

(21) An initial inspection of the premises is required before body art services can be performed in this new facility or renovated area.

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

(23) All sinks must be plumbed and connected directly to an approved water supply system and an approved sewage disposal system. Sinks must have warm running water under pressure. Portable sinks must not be approved in a permanent facility.

(24) Liquid soap and single-use, disposable paper towels must be readily accessible. There must be a covered waste receptacle by each sink for the disposal of paper towels.

(25) A separate permanent sink designated for hand washing only must be provided. The sink must not be located in the lavatory.

(26) One hand sink must serve no more than 3 body art technicians with readily accessible and unobstructed access where the body artists can go to and from their workstations without having to touch anything with their hands.

(27) A body art facility must have a minimum of 1 lavatory with a toilet, a separate sink, and a self-closing door.

(28) Body art facilities that use reusable instruments must have a separate room or area for the sole purpose of reprocessing contaminated tools and instruments. Both of the following are required:

(a) This area must be separated from the remainder of the facility by a minimum of a wall or partition and must be an area that does not allow client access.

(b) The reprocessing area must be organized to prevent cross-contamination of clean, disinfected, or sterile equipment with dirty equipment.

(29) All chemical or cleaning supply containers, including skin antiseptics and cleansers, must be labeled with contents.

(30) Animals are not allowed in the body art facility except service animals in accordance with the Americans with Disabilities Act of 1990, 42 USC 12101to 12213, and 8 CFR 35.136(a).

(31) In addition to receiving construction and renovation authority, water supply, plumbing, and sewage disposal must also comply with the requirements of the local health authority under sections 2235 and 2433 of the act, MCL 333.2235 and 333.2433, and under sections 8a and 8b of the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MCL 125.1508a and 125.1508b.

R 333.13120 Temporary facility license requirements for owners and operators of body art facilities; facilities; violations considered critical violations.

Rule 20. (1) An owner or operator may have more than 1 technician working under the temporary license if there is a single set-up where individual procedure areas are adjacent or contiguous with one another. If there are multiple procedure areas at the event that are not adjacent or contiguous with one another, the owner or operator shall apply for separate temporary licenses.

(2) If the local health department that has jurisdiction for the on-site inspection of a temporary license documents compliance in accordance with these rules, the department shall grant a license to the applicant for the operation of a temporary body art facility. A body art facility inspection report form

approved, dated, and signed by the representative of the local health department that has jurisdiction for the inspection must be posted on site instead of a formalized department license.

(3) The temporary body art facility license must be posted in a prominent and conspicuous place within the temporary body art facility where it may be readily seen by all clients.

(4) The department-provided disclosure statement and notice for filing complaints must be posted in a prominent and conspicuous place where it may be readily seen by all clients.

(5) Failure to follow the following requirements is a critical violation that may lead to immediate closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a:

(a) The temporary body art facility must be contained in a completely enclosed structure protected from wind, dust, and outdoor elements.

(b) The temporary body art facility must comply with the requirements in these rules. However, the following adaptations are allowed for requirements related to hand washing, facility size, lighting, and sterilization of instruments:

(i) The facility must have a minimum of 80 square feet of floor space. The space must have smooth, non-absorbent flooring that can be cleaned and disinfected or disposed of.

(ii) No more than 2 artists working at the same time in a single 80 square foot area.

(iii) Provide enough temporary hand washing sinks with warm water under pressure, liquid soap, and single-use disposable paper towels to adequately service the number of body art technicians present.

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

(v) Only single-use, disposable sterilized instruments must be used.

(vi) If jewelry or instruments are sterilized on site, there must be documentation that a spore test was performed on the autoclave not more than 7 days before the first date that the temporary license is in effect.

(vii) Sharps containers may be transported to an accepting medical waste treatment facility if in compliance with United States Department of Transportation materials of trade exemptions guidelines under 45 CFR parts 171 to 180.

PART 6. ENFORCEMENT

R 333.13121 Enforcement.

Rule 21. (1) Violations of these rules must be cited on the inspection report by the local health department for the jurisdiction in which the body art facility is located. The inspection report must delineate both critical and non-critical violations. Non-critical violations must be corrected by the next renewal inspection, or such period of time as specified. Critical violations must be corrected as required by the compliance schedule under section 13105a of the act, MCL 333.13105a.

(2) Critical violations, if not corrected in the time specified, may lead to closure, or suspension or revocation, or both, of the body art facility license, as provided under section 13105a of the act, MCL 333.13105a.

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

(4) If the local health department denies the appeal redetermination based on a follow- up inspection, the state or local health department, whichever governmental entity has initiated the enforcement action, shall inform each applicant in writing of the right to a fair hearing under chapter 4 of the administrative

procedures act of 1969, 1969 PA 306, MCL 24.271 to 24.288. The notice of right to a fair hearing must include the method by which a hearing must be requested, and that any positions or arguments on behalf of the individual may be presented personally or by legal counsel.

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

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

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

NOTICE OF PUBLIC HEARING

Department of Health and Human Services
Public Health Administration
Administrative Rules for Body Art Facilities
Rule Set 2023-59 HS

NOTICE OF PUBLIC HEARING
Monday, October 28, 2024
09:00 AM

Grand Tower Building - Dempsey Room 1st Floor
235 S. Grand Avenue, Lansing, Michigan 48933

The Department of Health and Human Services will hold a public hearing to receive public comments on proposed changes to the Body Art Facilities rule set.

This administrative rule set is new. There are no current body art administrative rules that provide guidance to those employed in or own body art facilities and stakeholders involved in the body art facility process, including health inspectors, the courts, and law enforcement. In absence of these rules, the spread of disease by improper or illegal procedures performed by body art owners, operators and technicians is likely. As public health is of paramount concern, the rules will provide the necessary requirements to hold accountable those owners, operators, and technicians who wish to perform body art. The rules promote quality control and prevent the spread of infections and diseases, e.g., Hepatitis C, from occurring in this state. The rules also serve as enforcement to the major threat to the public by illegal tattooists offering at home services and procedures in unsanitary conditions.

By authority conferred on the Department of Health and Human Services by section 2226, 2233 and 2235 of 1978 PA 368, section 13108 of 2010 PA 375, section 24 of 1974 PA 154, being MCL 333.2226, MCL 333.2233, MCL 333.2235, and MCL 333.13108.

The proposed rules will take effect immediately after filing with the Secretary of State. The proposed rules are published on the State of Michigan's website atwww.michigan.gov/ARD and in the 10/15/2024 issue of the Michigan Register. Copies of these proposed rules may also be obtained by mail or
electronic mail at the following email address: MDHHS-AdminRules@michigan.gov.

Comments on these proposed rules may be made at the hearing, by mail, or by electronic mail at the following addresses until 11/1/2024 at 05:00PM.

Department of Health and Human Services Attn: Mary E. Brennan

MDHHS Grand Tower Building 235 S. Grand Avenue- 2nd Floor-Legal Affairs Administration, Lansing, MI
48933

MDHHS-AdminRules@michigan.gov

The public hearing will be conducted in compliance with the 1990 Americans with Disabilities Act. If the hearing is held at a physical location, the building will be accessible with handicap parking available. Anyone needing assistance to take part in the hearing due to disability may call 517-335-4276 to make arrangements.

CERTIFICATE OF NEED REVIEW STANDARDS

MCL 24.208 states in part:

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

* * *

(k) All of the items in section 7(l) after final approval by the certificate of need commission or the statewide health coordinating council under section 22215 or 22217 of the public health code, 1978 PA 368, MCL 333.22215 and 333.2217.

MCL 24.207 states in part:

Sec. 7. "Rule" means an agency regulation, statement, standard, policy, ruling, or instruction of general applicability that implements or applies law enforced or administered by the agency, or that prescribes the organization, procedure, or practice of the agency, including the amendment, suspension, or rescission of the law enforced or administered by the agency. Rule does not include any of the following:

* * *

(l) All of the following, after final approval by the certificate of need commission or the statewide health coordinating council under section 22215 or 22217 of the public health code, 1978 PA 368, MCL 333.22215 and 333.22217:
(i) The designation, deletion, or revision of covered medical equipment and covered clinical services.
(ii) Certificate of need review standards
(iii) Data reporting requirements and criteria for determining health facility viability.
(iv) Standards used by the department of community health in designating a regional certificate of need review agency.
(v) The modification of the 100 licensed bed limitation for short-term nursing care programs set forth in section 22210 of the public health code, 1978 PA 368, MCL 333.22210.

CERTIFICATE OF NEED REVIEW STANDARDS

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
MEGAVOLTAGE RADIATION THERAPY (MRT) SERVICES/UNITS

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

Sec. 1. These standards are requirements for approval to initiate, replace, expand, or acquire an MRT service under Part 222 of the Code. MRT services and units are a covered clinical service pursuant to Part 222 of the Code. The Department shall use these in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws and Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

Section 2. Definitions

Sec. 2. (1) For purposes of these standards:

(a) "Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(b) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan compiled Laws.

(c) "Dedicated stereotactic radiosurgery/stereotactic body radiation therapy (SRS/SBRT) unit" means an MRT unit for which more than 90 percent of cases will be treated with radiosurgery and/or SBRT.

(d) "Department" means the Michigan Department of Health and Human Services (MDHHS).

(e) "Equivalent treatment visit" or "ETV" means a unit of measure, based on the type of treatment visit that reflects the relative average length of time one patient spends in one treatment visit in an MRT unit.

(f) “Excess ETVs” means the number of ETVs performed by an existing MRT service in excess of 10,000 per MRT unit. The number of MRT units used to compute excess ETVs shall include both existing and approved but not yet operational MRT units. In the case of an MRT service that operates or has a valid CON to operate that has more than one MRT unit at the same site; the term means number of ETVs in excess of 10,000 multiplied by the number of MRT units at the same site. For example, if an MRT service operates, or has a valid CON to operate, two MRT units at the same site, the excess ETVs is the number that is in excess of 20,000 (10,000 x 2) ETVs.

(g) "Existing MRT service" means a CON approved and operational facility and equipment used to provide MRT services including but not limited to the simulator(s), block fabrication materials, and all existing MRT units at a geographic location(s).

(h) "Existing MRT unit" means a CON approved and operational equipment used to provide MRT services.

(i) "Heavy particle accelerator" means a machine such as a cyclotron which produces beams of high energy particles such as protons, neutrons, pions, carbon ions, or other heavy ions with masses greater than that of an electron.

(j) "High MRT unit" or "HMRT unit" means a heavy particle accelerator or any other MRT unit operating at an energy level equal to or greater than 30.0 million electron volts (megavolts or MEV).

(k) "Intensity modulated radiation therapy" or "IMRT" means a visit utilizing only the computer controlled multi-leaf collimator part of the CMS definition for IMRT.

(l) "Intraoperative MRT unit" or "IORT unit" means an MRT unit that is designed to emit only electrons, located in an operating room in the surgical department of a licensed hospital and available for the treatment of a patient undergoing a surgical procedure with megavoltage radiation.

(m) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 and1396r-8 to 1396v.

(n) "Megavoltage radiation therapy" or "MRT" means a clinical modality in which patients with cancer, other neoplasms, cerebrovascular system abnormalities, or certain benign conditions are treated with radiation which is delivered by a MRT unit.

(o) "MRT service" means the CON approved MRT utilization of a MRT unit(s) at one geographic location.

(p) "MRT unit" or "unit" means a CON approved linear accelerator; cobalt unit; or other piece of medical equipment operating at an energy level equal to or greater than 1.0 million electron volts (megavolts or MEV) for the purpose of delivering doses of radiation to patients with cancer, other neoplasms, or cerebrovascular system abnormalities.

(q) "Michigan Cancer Surveillance Program" means the program for the collection and analysis of information on cancer in Michigan operated by the Department mandated by Act 82 of 1984, being Section 333.2619 of the Michigan Compiled Laws.

(r) "Non-special MRT unit" or "non-special unit" means an MRT unit other than an MRT unit meeting the definition of a special purpose MRT unit or an HMRT unit.

(s) "Simulation" means the precise mock-up of a patient treatment with an apparatus that uses a diagnostic x-ray tube, magnetic resonance imaging device, or computed tomography scanner, which is used in reproducing the two-dimensional or three-dimensional internal or external geometry of the patient, for use in treatment planning and delivery.

(t) "Special purpose MRT unit" or "special purpose unit" or "special unit" means any of the following types of MRT units: (i) dedicated SRS/SBRT unit, (ii) dedicated total body irradiator (TBI), or (iii) an OR-based IORT unit.

(u) "Total body irradiator" or "TBI" means a specially modified dedicated cobalt unit certified as a total body irradiator by the Nuclear Regulatory Commission (NRC) or a permanently modified dedicated linear accelerator that uses a very wide beam of gamma rays or x-rays to irradiate the entire body simultaneously.

(v) "Treatment site" means the anatomical location of the MRT treatment.

(w) "Treatment visit" means one patient encounter during which MRT is administered and billed. One treatment visit may involve one or more treatment ports or fields. Each separate encounter by the same patient at different times of the same day shall be counted as a separate treatment visit.

(2) The definitions in Part 222 shall apply to these standards.

Section 3. Requirements to initiate an MRT service

Sec. 3. Initiate means the establishment of an MRT service where an MRT service is not currently provided. The term does not include replacement of an existing MRT service. An applicant proposing to initiate an MRT service shall demonstrate the following, as applicable to the proposed project.

(1) An applicant proposing to initiate an MRT service shall demonstrate the following:

(a) The applicant projects 8,000 equivalent treatment visits for each proposed unit.

(b) The proposed MRT unit is not a special purpose MRT unit.

(2) An applicant that demonstrates all of the following shall not be required to be in compliance with the requirement in subsection (1):

(a) The site of the proposed MRT service is located in a rural or micropolitan statistical area county.

(b) The site of the proposed MRT service is 60 driving miles or more, verifiable by the Department, from the nearest MRT service.

(c) The applicant projects 5,500 equivalent treatment visits for each proposed unit.

(d) The proposed MRT unit is not a special purpose MRT unit.

(3) An applicant that demonstrates all of the following shall not be required to be in compliance with the requirement in subsection (1):

(a) The applicant is a hospital licensed under part 215 of the Code.

(b) The site of the proposed MRT service is a hospital licensed under part 215 of the Code and located in planning area 8.

(c) The site of the proposed MRT service is 45 driving miles or more, verifiable by the department, from the nearest MRT service.

(d) The applicant provides comprehensive imaging services including at least the following:

(i) Fixed magnetic resonance imaging (MRI) services,

(ii) Fixed computed tomography (CT) services, and

(iii) Mobile positron emission tomography (PET) services.

(e) The proposed MRT unit is not a special purpose MRT unit.

(4) An applicant proposing to initiate an MRT service with an HMRT unit shall demonstrate the following:

(a) The applicant is a single legal entity authorized to do business in the State of Michigan.

(b) The applicant is a collaborative that consists of at least 40% of all Michigan-based hospital MRT services with more than 30,000 equivalent treatment visits based on the most current data available to the Department. Hospital MRT service means an MRT service owned by a hospital or owned by a corporation that is itself wholly owned by hospital(s).

(c) The applicant shall include hospital MRT services from more than one planning area from one or both of the following:

(i) Hospital MRT services qualified under subsection (b).

(ii) Hospital MRT services with the highest number of equivalent treatment visits in a planning area.

(d) Equivalent treatment visits for this subsection shall be those from the most recent CON Annual Survey.

(e) An application shall not be approved if it includes an MRT service described in subsection (i) or (ii) except as provided in subsections (iii) or (iv).

(i) An MRT service that was part of another application under this subsection.

(ii) An MRT service owned by, under common control of, or has a common parent, as an MRT service under subsection (i).

(iii) The prior application, or the approved CON, were subsequently disapproved or withdrawn.

(iv) The application includes a commitment from the MRT service described in subsection (i) to surrender the CON, or application, described in subsection (i) and that commitment is fulfilled at the time the application under this section is approved.

(f) An application shall not be approved if it includes any of the following:

(i) An MRT service that is approved but not operational, or that has a pending application, for a heavy particle accelerator.

(ii) An MRT service that is owned by, under common control of, or has a common parent, as an MRT service described by subsection (i), unless the application under this subsection includes a commitment from the MRT service described in subsection (i) to surrender the CON, or application, described in subsection (i) and that commitment is fulfilled at the time the application under this section is approved.

(g) An application shall not be approved if it includes any of the following:

(i) An MRT service that is approved for a heavy particle accelerator that is operational.

(ii) An MRT service that is owned by, under common control of, or has a common parent, as an MRT service described by subsection (i), unless the application under this section includes a commitment from the MRT service described in subsection (i) to surrender the CON described in subsection (i), and that commitment is fulfilled at the time the HMRT unit is approved and operational under this subsection.

(h) The applicant shall provide documentation of its process, policies and procedures, acceptable to the Department that allows any other interested entities to participate in the collaborative utilization of the HMRT unit.

(i) The applicant shall provide an implementation plan, acceptable to the Department, for financing and operating the MRT service utilizing an HMRT that includes how physician staff privileges, patient review, patient selection, and patient care management shall be determined.

(j) The applicant shall indicate that its proposed HMRT unit will be available to both adult and pediatric patients.

(k) The applicant shall demonstrate simulation capabilities available for use in treatment planning.

(5) Applicants under this section shall demonstrate the following staff will be provided:

(a) One (1) FTE board-certified or board-qualified physician trained in radiation oncology.

(b) One (1) board-certified or board-qualified radiation physicist certified in therapeutic radiologic physics.

(c) One (1) dosimetrist, a person who is familiar with the physical and geometric characteristics of the radiation equipment and radioactive sources commonly employed and who has the training and expertise necessary to measure and generate radiation dose distributions and calculations under the direction of a medical physicist and/or a radiation oncologist.

(d) Two (2) FTE radiation therapists registered or eligible by the American Registry of Radiological Technologists (ARRT).

(e) One (1) program director who is a board-certified physician trained in radiation oncology who may also be the physician required under subsection (5)(a).

Section 4. Requirements to replace an existing MRT unit or service

Sec. 4. Replacement of an existing MRT unit means an equipment change that results in a new serial number or requiring the issuance of a new radiation safety certificate from the State of Michigan Radiation Safety Section. Replacement also means the relocation of an MRT service or unit to a new

site. Replacement does not include an upgrade to an existing MRT unit with the addition or modification of equipment or software; the replacement components; or change for the purpose of maintaining or improving its efficiency, effectiveness, and/or functionality. An applicant requesting to replace an existing MRT unit(s) or MRT service shall demonstrate the following, as applicable to the proposed project.

(1) An applicant proposing to replace an existing MRT unit(s) shall demonstrate the following:

(a) The replacement unit(s) is a non-special unit and is replacing a non-special unit, or is a special purpose unit and is replacing a non-special purpose unit or a special purpose unit.

(b) The MRT unit(s) to be replaced is fully depreciated according to generally accepted accounting principles or either of the following:

(i) The existing MRT unit(s) poses a threat to the safety of the patients.

(ii) The replacement MRT unit(s) offers technological improvements that enhance quality of care, increased efficiency, and a reduction in operating costs and patient charges.

(c) The applicant agrees that the unit(s) to be replaced will be removed from service on or before beginning operation of the replacement unit(s).

(d) The site at which a special purpose unit is replaced shall continue to operate a non-special purpose unit.

(2) An applicant proposing to replace an existing MRT service to a new site shall demonstrate the following:

(a) The proposed site is within the same planning area as the existing MRT service site.

(b) The existing MRT unit(s) shall be operating at the following volumes, as applicable to the proposed project:

(i) Non-special MRT unit(s) at 8,000 equivalent treatment visits per unit or 5,500 for a unit either approved under Section 3(3) or located in a rural or micropolitan statistical area county.

(ii) HMRT unit(s) AT 8,000 equivalent treatment visits per unit.

(iii) Special purpose unit(s) at 1,000 equivalent treatment visits per unit.

(3) An applicant proposing to replace an MRT unit(s) of an existing MRT service to a new site shall demonstrate the following:

(a) The applicant is the same legal entity as the existing MRT service.

(b) For volume purposes, the new site shall remain associated with the existing MRT service for a minimum of three years.

(c) The MRT unit(s) to be relocated is a non-special MRT unit(s).

(d) The existing non-special MRT unit(s) of the MRT services from where the unit is being relocated from shall be operating at a minimum average volume of 8,000 equivalent treatment visits per unit.

(e) The proposed site meets the requirements of Section 3(5).

(f) The proposed site is within the same planning area as the existing MRT service site.

(g) The existing MRT service has been in operation for at least 36 months as of the date the application was submitted to the Department.

Section 5. Requirements to expand an existing MRT service

Sec. 5. An applicant proposing to expand an existing MRT service by adding an MRT unit(s) shall demonstrate the following, as applicable to the proposed project.

(1) An applicant proposing to add a non-special MRT unit(s) shall demonstrate an average of 10,000 equivalent treatment visits was performed in the most recent 12-month period on each of the applicant's existing and approved non-special MRT units.

(2) An applicant proposing to expand an existing MRT service with a special purpose MRT unit shall demonstrate the following, as applicable to the proposed project:

(a) An average of 8,000 equivalent treatment visits was performed in the most recent 12-month period on each of the applicant's existing and approved non-special MRT units and an average of 1,000 equivalent treatment visits was performed in the most recent 12-month period on each of the applicant's existing and approved special purpose MRT units.

(b) An applicant proposing to add a dedicated total body irradiator shall operate a bone marrow transplantation program or have a written agreement to provide total body irradiation services to a hospital that operates a bone marrow transplantation program.

(c) An applicant proposing to add an intraoperative MRT unit in an existing or proposed hospital operating room shall demonstrate that the unit is a linear accelerator with only electron beam capabilities.

Section 6. Requirements to acquire an existing MRT service

Sec. 6. Acquiring an existing MRT service means obtaining possession and control by contract, ownership, lease, or another comparable arrangement and renewal of lease for an existing MRT unit(s). An applicant proposing to acquire an MRT service shall demonstrate the following, as applicable to the proposed project.

(1) An application for the first acquisition of an existing MRT service, other than the renewal of a lease, on or after November 21, 2011, shall not be required to be in compliance with the applicable volume requirements set forth in Section 11. The MRT service shall be operating at the applicable volumes set forth in the project delivery requirements in the second 12 months of operation of the service by the applicant and annually thereafter.

(2) For any application proposing to acquire an existing MRT service, except the first application approved pursuant to subsection (1), an applicant shall be required to document that the MRT service to be acquired is operating in compliance with the volume requirements set forth in Section 11 of these standards applicable to an existing MRT service on the date the application is submitted to the Department.

(3) An applicant proposing to renew a lease for an existing MRT unit shall demonstrate the renewal of the lease is more cost effective than replacing the equipment.

Section 7. Requirements for a dedicated research MRT unit(s)

Sec. 7. An applicant proposing to add a dedicated research MRT unit shall demonstrate the following:

(1) The applicant is an existing MRT service.

(2) The applicant agrees that the dedicated research MRT unit(s) will be used primarily (70% or more of treatments) for research purposes.

(3) The dedicated research MRT unit(s) shall operate under a protocol approved by the applicant's Institutional Review Board (IRB), as defined by Public Law 93-348 and regulated by Title 45 CFR 46.

(4) The applicant operates a therapeutic radiation residency program approved by the American Medical Association, the American Osteopathic Association, or an equivalent organization.

(5) The proposed site can have no more than two dedicated research MRT units.

Section 8. Requirements for Medicaid participation

Sec. 8. An applicant shall provide verification of Medicaid participation. An applicant that is a new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided to the Department within six (6) months from the offering of services, if a CON is approved.

Section 9. Methodology for projecting equivalent treatment visits

Sec. 9. An applicant being reviewed under Section 3 shall apply the methodology set forth in this section in computing the projected number of equivalent treatment visits.

(1) An applicant shall demonstrate that the projection is based on the commitments of the treatments provided by the treating physician(s) for the most recent 12-month period immediately preceding the date of the application. The commitments of the treating physician(s) will be verified with the data maintained by the Department through its "CON Annual Survey."

(a) For the purposes of this section, treating physician means the staff physician of the MRT service directing and providing the MRT treatment, not the referring physician.

(2) An applicant shall demonstrate that the projected number of commitments to be performed at the proposed site under subsection (1) are from an existing MRT service that is in compliance with the volume requirements applicable to that service and will continue to be in compliance with the volume requirements applicable to that service subsequent to the initiation of the proposed MRT service by an applicant. Only excess ETVs equal to or greater than what is being committed pursuant to this subsection may be used to document projections under subsection (1). In demonstrating compliance with this subsection, an applicant shall provide each of the following:

(a) A written commitment from each treating physician that he or she will treat at least the volume of MRT treatments to be transferred to the proposed MRT service for no less than 3 years subsequent to the initiation of the MRT service proposed by an applicant.

(b) The number of treatments committed must have resulted in an actual treatment of the patient at the existing MRT service from which the treatment will be transferred. The committing physician must make available HIPAA compliant audit material if needed upon Department request to verify referral sources and outcomes. Commitments must be verified by the most recent data set maintained by the Department through its "CON Annual Survey."

(c) The projected commitments are from an existing MRT service within the same planning area as the proposed MRT service.

Section 10. Equivalent treatment visits

Sec. 10. Equivalent treatment visits shall be calculated as follows:

(1) For the time period specified in the applicable sections, assign each actual treatment visit provided to one applicable treatment visit category set forth in Table 1.

(2) The number of treatment visits for each category in the time period specified in the applicable section(s) of these standards shall be multiplied by the corresponding equivalent treatment visits weight in Table 1 to determine the number of equivalent treatment visits for that category for that time period.

(3) The number of equivalent treatment visits for each category determined pursuant to subsection (2) shall be summed to determine the total equivalent treatment visits for the time period specified in the applicable sections of these standards.

(4) The weighting in Table 1 is based on typical treatment times and assumes an ETV equals approximately 15 minutes of time on the MRT unit.

TABLE 1
Equivalent Treatments

Treatment Visit Category	Non-Special Visit Weight	Special Visit Weight
Simple	.66	
Intermediate	1.00	
Complex	2.00	
IMRT	1.66	
Total Body Irradiation	5.00	5.00
HMRT Therapy		3.33
Stereotactic radiosurgery/radiotherapy*	4.00	4.00
IORT		20.00
Virtual or Electron Simulation	1.00	1.00
*Additional Isocenter	1.33	1.33

Additive Factor Category	Non SRS-SBRT Visit	SRS/SBRT Visit
Gating or Internal Tracking w/ Beam Hold	1.00	1.00
Non-Standard Image Guidance	0.50	0.50
In-Room Contrast or Tracer Injection	0.25	0.25
In-Room Adaptive Treatment Plan	0.50	0.50

All patients under 5 years of age receive a 2.00 additive factor.

Gating or internal tracking with beam hold is the continuous capturing and monitoring of a target, fiducial, or a surrogate that is synchronized with the patient's respiratory or organ motion during radiation treatment with modulation of the radiation beam to deliver radiation more precisely to the target and/or decrease the radiation dose to the surrounding normal

tissue.

Gating or internal tracking with beam hold is not to exceed once per MRT treatment visit.

Non-standard image guidance is the process of acquiring and utilizing an internal anatomical imaging modality with the objective of guiding images, taking place exclusively within the designated MRT treatment room, as delineated below. The following techniques shall be classified as non-standard image guidance: 1) 4dct, 2) 3d MR imaging, and 3) 3d gamma-ray imaging. These aforementioned imaging techniques are deemed to fall within the scope of non-standard image guidance. This should take place during an MRT treatment visit.

Non-standard image guidance is not to exceed once per MRT treatment visit.

In-room contrast or tracer injection is the intravenous injection of a contrast agent or tracer while the patient is in the MRT treatment room and during an MRT treatment visit.

In-room contrast or tracer injection is not to exceed once per MRT treatment visit.

In-room adaptive treatment plan signifies a distinct visit wherein a three-dimensional (3d) dataset is acquired within the MRT treatment room just prior to the commencement of an MRT visit. Said acquired images are subsequently utilized to generate and evaluate an original radiation therapy plan, while the patient remains present within the treatment room. The resultant adaptive treatment plan, regardless of its clinical implementation or the utilization of the standard plan, is required to undergo a documented assessment by a physician prior to the initiation of MRT treatment, for it to be considered and accounted for.

In-room adaptive treatment plan is not to exceed once per MRT treatment visit.

Virtual or electron simulation refers to a session prior to the commencement of an MRT course, wherein a patient is positioned within an MRT treatment room in accordance with predetermined treatment parameters, simulating the conditions as if the patient were to undergo a planned treatment, without the actual administration of treatment.

Virtual or electron simulation is not to exceed twice per course of treatment.

*additional isocenter is defined as each additional unique set of treatment beams designed to target one or more additional lesions. There is a maximum of five visits per course of treatment. After the first isocenter, each additional isocenter receives 1.33 equivalent treatment visits.

Patient specific QA for IMRT receives a 2.0 additive factor, not to exceed twice per course of treatment. Patient specific QA for IMRT means verification of radiation delivered dose and/or fluence through physical measurement with a dosimetry phantom and/or detector array in the treatment room. Prior to the start of treatment and using all of the parameters of the patient’s treatment plan, one or more points in the delivered distribution should be compared against the planned distribution.

Patient specific QA for SRS/SBRT receives a 3.0 additive factor, not to exceed twice per

course of treatment. Patient specific QA for SRS/SBRT means verification of radiation delivered dose and/or fluence through physical measurement with a dosimetry phantom and/or detector array in the treatment room. Prior to the start of treatment and using all of the parameters of the patient's treatment plan, one or more points in the delivered distribution should be compared against the planned distribution.

(5) "Simple treatment visit" means a treatment visit involving a single treatment site, single treatment field, or parallel opposed fields with the use of no more than simple blocks.

(6) "Intermediate treatment visit" means a treatment visit involving two separate treatment sites, three or more fields to a single treatment site, or the use of special blocking.

(7) "Complex treatment visit" means a treatment visit involving three or more treatment sites, tangential fields with wedges, rotational or arc techniques or other special arrangements, or custom blocking.

(8) "IMRT treatment visit" means a visit utilizing only the computer controlled multi-leaf collimator part of the CMS definition for IMRT.

(9) "Stereotactic treatment visit" means a visit involving the use of a stereotactic guiding device with radiotherapy for the ablation of a precisely defined intracranial and/or extracranial tumor or lesion.

(10) "Intraoperative treatment visit" means a treatment visit where a dose of megavoltage radiation is delivered to a surgically exposed neoplasm or cancerous organ/site using a dedicated unit.

(11) "Isocenter" means the virtual point in space about which the MRT unit operates and is placed at the center of the tumor for the delivery of the radiation treatment.

(12) "Course of treatment" means the planned series of visits that compose a plan for treatment of one or more cancer sites for a single patient.

Section 11. Project delivery requirements terms of approval for all applicants

Sec. 11. An applicant shall agree that, if approved, the MRT service, including all existing and approved MRT units, shall be delivered in compliance with the following:

(1) Compliance with these standards.

(2) Compliance with the following quality assurance standards:

(a) An applicant shall assure that the MRT service is staffed and operated by physicians and/or radiation therapists qualified by training and experience to operate the unit safely and effectively. The Department shall consider it prima facie evidence if the applicant requires the equipment to be operated by a physician who is board certified or board qualified in either radiation oncology or therapeutic radiology, and/or a radiation therapist certified by the American Registry of Radiological Technologists (ARRT) or the American Registry of Clinical Radiography Technologists (ARCRT). The applicant may also submit, and the Department may accept, other evidence.

(b) An applicant shall have the following staff:

(i) One (1) full-time equivalent (FTE) board-certified or board- qualified physician trained in radiation oncology for each 250 patients treated with MRT annually.

(ii) One (1) FTE board-certified or board-qualified radiation physicist, certified in therapeutic radiologic physics, immediately available during hours of operation.

(iii) One (1) dosimetrist for every 300 patients treated with MRT annually.

(iv) Two (2) radiation therapists registered or eligible by the American Registry of Radiological Technologists (ARRT), for every MRT unit per shift of operation (not including supervisory time).

(v) One (1) FTE program director who is a board-certified physician trained in radiation oncology who may also be the physician required under subsection (i). The Department shall consider it prima facie evidence as to the training of the physician(s) if the physician is board certified or board qualified in radiation oncology and/or therapeutic radiology.

(c) All MRT treatments shall be performed pursuant to a radiation oncologist and at least one radiation oncologist will be immediately available during the operation of the unit(s).

(d) An applicant shall have equipment and supplies to handle clinical emergencies that might occur. Staff will be trained in CPR and other appropriate emergency interventions and shall be on-site in the MRT unit at all times when patients are treated. A physician shall be on-site or immediately available to the MRT unit at all times when patients are treated.

(e) An applicant shall operate a cancer treatment program. The Department shall consider it prima facie evidence if the applicant submits evidence of a cancer treatment program approved by the American College of Surgeons Commission on Cancer. A cancer treatment program is a coordinated, multi-disciplinary approach to the treatment of patients with cancer or other neoplasms, which must provide on-site simulation capability, and, either on-site or through written agreements with other providers, all of the following services: access to consultative services from all major disciplines needed to develop a comprehensive treatment plan, a computer-based treatment planning system, medical radiation physicist involvement, MRT capability including electron beam capability, treatment aid fabrication capability, brachytherapy, a multi-disciplinary cancer committee, a tumor registry, patient care evaluation studies, and cancer prevention and education programs. The applicant may also submit, and the Department may accept, other evidence. Patient care evaluation studies means a system of patient care evaluation, conducted at least twice annually, that documents the methods used to identify problems and the opportunities to improve patient care. Tumor registry means a manual or computerized data base containing information about all malignancies and only those that are diagnosed and/or treated at the applicant's facility. The malignancies must be reportable to the Michigan Cancer Surveillance Program as required pursuant to Public Act 82 of 1984, as amended.

(i) An applicant shall submit evidence of accreditation by the American College of Surgeons Commission on cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP) within the first three years of operation and continue to participate annually thereafter.

(ii) An applicant shall submit evidence of accreditation by the American College of Radiology (ACR), American Society for Radiation Oncology (ASTRO) or the American College of Radiation Oncology (ACRO) within the first three years of operation and continue to participate annually thereafter.

(f) The MRT service will have simulation capability at the same location.

(g) An applicant shall participate in the Michigan Cancer Surveillance Program.

(h) The applicant agrees to operate a special purpose MRT unit(s) only for the specific use for which it was approved.

(i) An applicant approved to operate a dedicated total body irradiator that uses cobalt as the source of radiation shall obtain and maintain Nuclear Regulatory Commission certification. An

applicant approved to operate a dedicated total body irradiator that is a permanently modified linear accelerator, or an HMRT unit, shall meet any requirements specified by the State of Michigan Radiation Safety Section.

(j) All patients treated on an HMRT unit shall be evaluated for potential enrollment in research studies focusing on the applicability and efficacy of utilizing an HMRT unit for treatment of specific cancer conditions. The number of patients treated, number enrolled in research studies, and the types of cancer conditions involved shall be provided to the Department as part of the CON Annual Survey.

(k) The operation of and referral of patients to the MRT unit shall be in conformance with 1978 PA 368, Sec. 16221, as amended by 1986 PA 319; MCL 333.16221; MSA 14.15 (16221).

(3) Compliance with the following access to care requirements:

(a) The applicant shall accept referrals for MRT services from all appropriately licensed health care practitioners.

(b) To assure that the MRT service and its unit(s) will be utilized by all segments of the Michigan population, the applicant shall:

(i) not deny MRT services to any individual based on ability to pay or source of payment,

(ii) provide MRT services to an individual based on the clinical indications of need for the service, and

(iii) maintain information by payor and non-paying sources to indicate the volume of care from each source provided annually. Compliance with selective contracting requirements shall not be construed as a violation of this term.

(c) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

(4) Compliance with the following monitoring and reporting requirements:

(a) Non-special MRT units shall be operating at a minimum average volume of 4,000 Equivalent Treatment Visits per unit annually by the end of the third full year of operation, and annually thereafter. HMRT units shall be operating at a minimum average volume of 8,000 equivalent treatment visits per unit annually by the end of the third full year of operation, and annually thereafter. All special purpose MRT units shall be operating at a minimum average volume of 1,000 equivalent treatment visits per special purpose unit by the end of the third full year of operation, and annually thereafter. An applicant shall not include any treatments conducted on a dedicated research MRT unit.

(b) HMRT units approved pursuant to Section 3(2) or 3(3) of these standards shall be operating at a minimum average volume of 5,500 equivalent treatment visits per unit by the end of the third full year of operation, and annually thereafter. An applicant shall not include any treatments conducted on a dedicated research MRT unit.

(c) An applicant is not required to be in compliance with subsections (4)(a) or (b) if the applicant is replacing an MRT unit under Section 4(1).

(d) An applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include, but is not limited to, annual budget and cost information, operating schedules, through-put schedules, demographic and diagnostic information, and the volume of care provided to patients from all payor sources and other data requested by the Department. Data shall be provided by each type of MRT unit in a format established by the Department and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.

(e) Services provided on a dedicated research MRT unit shall be delivered in compliance with the following terms:

(i) Capital and operating costs for research treatment visits shall be charged only to a specific research account(s) and not to any patient or third-party payor.

(ii) The dedicated research MRT unit shall not be used for any purposes other than as approved by the IRB.

(iii) The treatments on a dedicated research MRT unit shall not be used for any volume purposes.

(f) The applicant shall provide notice to The Department of any planned decrease or discontinuation of service(s) no later than 30 days after the planned decrease or discontinuation of the service(s).

(5) The applicable agreements and assurances required by this section shall be in the form of a certification agreed to by the applicant or its authorized agent.

Section 12. Effect on prior CON review standards; comparative reviews

Sec. 12. Proposed projects reviewed under these standards shall not be subject to comparative review. These standards supersede and replace the CON Review Standards for MRT Services/Units approved by the CON Commission on September 15, 2022, and effective January 26, 2023.

APPENDIX A

PLANNING AREAS BY COUNTY

1	Livingston	Monroe	St. Clair
	Macomb	Oakland	Washtenaw
	Wayne		
2	Clinton	Hillsdale	Jackson
	Eaton	Ingham	Lenawee
3	Barry	Calhoun	St. Joseph
	Berrien	Cass	Van Buren
	Branch	Kalamazoo	
4	Allegan	Mason	Newaygo
	Ionia	Mecosta	Oceana
	Kent	Montcalm	Osceola
	Lake	Muskegon	Ottawa
5	Genesee	Lapeer	Shiawassee
6	Arenac	Huron	Roscommon
	Bay	Iosco	Saginaw
	Clare	Isabella	Sanilac
	Gladwin	Midland	Tuscola
	Gratiot	Ogemaw	
7	Alcona	Crawford	Missaukee
	Alpena	Emmet	Montmorency
	Antrim	Gd Traverse	Oscoda
	Benzie	Kalkaska	Otsego
	Charlevoix	Leelanau	Presque Isle
	Cheboygan	Manistee	Wexford
8	Alger	Gogebic	Mackinac
	Baraga	Houghton	Marquette
	Chippewa	Iron	Menominee
	Delta	Keweenaw	Ontonagon
	Dickinson	Luce	Schoolcraft

APPENDIX B

Rural Michigan counties are as follows:

Alcona	Gogebic	Ontonagon
Alger	Huron	Ogemaw
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Montmorency	Schoolcraft
Emmet	Newaygo	Tuscola
Gladwin	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Hillsdale	Mason
Alpena	Houghton	Mecosta
Benzie	Ionia	Menominee
Branch	Isabella	Missaukee
Chippewa	Kalkaska	St. Joseph
Delta	Keweenaw	Shiawassee
Dickinson	Leelanau	Wexford
Grand Traverse	Lenawee	
Gratiot	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Jackson	Muskegon
Bay	Kalamazoo	Oakland
Berrien	Kent	Ottawa
Calhoun	Lapeer	Saginaw
Cass	Livingston	St. Clair
Clinton	Macomb	Van Buren
Eaton	Midland	Washtenaw
Genesee	Monroe	Wayne
Ingham	Montcalm	

Source:

75 F.R., p. 37245 (June 28, 2010)
Statistical Policy Office
Office of Information and Regulatory Affairs

United States Office of Management and Budget

CERTIFICATE OF NEED REVIEW STANDARDS

CERTIFICATE OF NEED (CON) REVIEW STANDARDS
SYNOPSIS FOR PUBLICATION IN THE MICHIGAN REGISTER
PURSUANT TO THE ADMINISTRATIVE PROCEDURES ACT, 1969 PA 306, MCL 24.208(1)(k)

MEGAVOLTAGE RADIATION THERAPY
Final Approval by the CON Commission 6/13/24 and Effective 9/27/24

The language changes include the following:

1. Section 3(3)(c): Reduced distance requirement between MRT services in HSA 8:

   (c) The site of the proposed MRT service is 45 driving miles or more, verifiable by the department, from the nearest MRT service.

2. Section 10(4): Modified Table 1 equivalent treatment visits and associated definitions:

TABLE 1
Equivalent Treatments

Treatment Visit Category	Non-Special Visit Weight	Special Visit Weight
Simple	.66	
Intermediate	1.00	
Complex	2.00	
IMRT	1.66	
Total Body Irradiation	5.00	5.00
HMRT Therapy		3.33
Stereotactic radiosurgery/radiotherapy*	4.00	4.00
IORT		20.00
VIRTUAL OR ELECTRON SIMULATION	1.00	1.00
*ADDITIONAL ISOCENTER	1.33	1.33

ADDITIVE FACTOR CATEGORY	NON SRS-SBRT VISIT	SRS/SBRT VISIT
GATING OR INTERNAL TRACKING W/ BEAM HOLD	1.00	1.00
NON-STANDARD IMAGE GUIDANCE	0.50	0.50
IN-ROOM CONTRAST OR TRACER INJECTION	0.25	0.25
IN-ROOM ADAPTIVE TREATMENT PLAN	0.50	0.50

All patients under 5 years of age receive a 2.00 additive factor.

GATING OR INTERNAL TRACKING WITH BEAM HOLD IS THE CONTINUOUS CAPTURING AND MONITORING OF A TARGET, FIDUCIAL, OR A SURROGATE THAT IS SYNCHRONIZED WITH THE PATIENT'S RESPIRATORY OR ORGAN MOTION DURING RADIATION TREATMENT WITH MODULATION OF THE RADIATION BEAM TO DELIVER RADIATION MORE PRECISELY TO THE TARGET AND/OR DECREASE THE RADIATION DOSE TO THE SURROUNDING NORMAL TISSUE.

GATING OR INTERNAL TRACKING WITH BEAM HOLD IS NOT TO EXCEED ONCE PER MRT TREATMENT VISIT.

NON-STANDARD IMAGE GUIDANCE IS THE PROCESS OF ACQUIRING AND UTILIZING AN INTERNAL ANATOMICAL IMAGING MODALITY WITH THE OBJECTIVE OF GUIDING IMAGES, TAKING PLACE EXCLUSIVELY WITHIN THE DESIGNATED MRT TREATMENT ROOM, AS DELINEATED BELOW. THE FOLLOWING TECHNIQUES SHALL BE CLASSIFIED AS NON-STANDARD IMAGE GUIDANCE: 1) 4DCT, 2) 3D MR IMAGING, AND 3) 3D GAMMA-RAY IMAGING. THESE AFOREMENTIONED IMAGING TECHNIQUES ARE DEEMED TO FALL WITHIN THE SCOPE OF NON-STANDARD IMAGE GUIDANCE. THIS SHOULD TAKE PLACE DURING AN MRT TREATMENT VISIT.

NON-STANDARD IMAGE GUIDANCE IS NOT TO EXCEED ONCE PER MRT TREATMENT VISIT.

IN-ROOM CONTRAST OR TRACER INJECTION IS THE INTRAVENOUS INJECTION OF A CONTRAST AGENT OR TRACER WHILE THE PATIENT IS IN THE MRT TREATMENT ROOM AND DURING AN MRT TREATMENT VISIT.

IN-ROOM CONTRAST OR TRACER INJECTION IS NOT TO EXCEED ONCE PER MRT TREATMENT VISIT.

IN-ROOM ADAPTIVE TREATMENT PLAN SIGNIFIES A DISTINCT VISIT WHEREIN A THREE-DIMENSIONAL (3D) DATASET IS ACQUIRED WITHIN THE MRT TREATMENT ROOM JUST PRIOR TO THE COMMENCEMENT OF AN MRT VISIT. SAID ACQUIRED IMAGES ARE SUBSEQUENTLY UTILIZED TO GENERATE AND EVALUATE AN ORIGINAL RADIATION THERAPY PLAN, WHILE THE PATIENT REMAINS PRESENT WITHIN THE TREATMENT ROOM. THE RESULTANT ADAPTIVE TREATMENT PLAN, REGARDLESS OF ITS CLINICAL IMPLEMENTATION OR THE UTILIZATION OF THE STANDARD PLAN, IS REQUIRED TO UNDERGO A DOCUMENTED ASSESSMENT BY A PHYSICIAN PRIOR TO THE INITIATION OF MRT TREATMENT, FOR IT TO BE CONSIDERED AND ACCOUNTED FOR.

IN-ROOM ADAPTIVE TREATMENT PLAN IS NOT TO EXCEED ONCE PER MRT TREATMENT VISIT.

VIRTUAL OR ELECTRON SIMULATION REFERS TO A SESSION PRIOR TO THE COMMENCEMENT OF AN MRT COURSE, WHEREIN A PATIENT IS POSITIONED WITHIN AN MRT TREATMENT ROOM IN ACCORDANCE WITH PREDETERMINED TREATMENT PARAMETERS, SIMULATING THE CONDITIONS AS IF THE PATIENT

WERE TO UNDERGO A PLANNED TREATMENT, WITHOUT THE ACTUAL ADMINISTRATION OF TREATMENT.

VIRTUAL OR ELECTRON SIMULATION IS NOT TO EXCEED TWICE PER COURSE OF TREATMENT.

*ADDITIONAL ISOCENTER IS DEFINED AS EACH ADDITIONAL UNIQUE SET OF TREATMENT BEAMS DESIGNED TO TARGET ONE OR MORE ADDITIONAL LESIONS. THERE IS A MAXIMUM OF FIVE VISITS PER COURSE OF TREATMENT. AFTER THE FIRST ISOCENTER, EACH ADDITIONAL ISOCENTER RECEIVES 1.33 EQUIVALENT TREATMENT VISITS.

Patient specific QA for IMRT receives a 2.0 additive factor, not to exceed twice per course of treatment. Patient specific QA for IMRT means verification of radiation delivered dose and/or fluence through physical measurement with a dosimetry phantom and/or detector array in the treatment room. Prior to the start of treatment and using all of the parameters of the patient's treatment plan, one or more points in the delivered distribution should be compared against the planned distribution.

Patient specific QA for SRS/SBRT receives a 3.0 additive factor, not to exceed twice per course of treatment. Patient specific QA for SRS/SBRT means verification of radiation delivered dose and/or fluence through physical measurement with a dosimetry phantom and/or detector array in the treatment room. Prior to the start of treatment and using all of the parameters of the patient's treatment plan, one or more points in the delivered distribution should be compared against the planned distribution.

3. Section 11(4): Added subsection to require a notification to the Department no later than 30 days after a planned decrease or discontinuation of services:

(f) THE APPLICANT SHALL PROVIDE NOTICE TO THE DEPARTMENT OF ANY PLANNED DECREASE OR DISCONTINUATION OF SERVICE(S) NO LATER THAN 30 DAYS AFTER THE PLANNED DECREASE OR DISCONTINUATION OF THE SERVICE(S).

Complete Standards

A complete set of the approved language can be found at https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Doing-Business-with-MDHHS/Health-Care-Providers/Certificate-of-Need/CON-Review-Standards/MRT_Standards.pdf?rev=3ec6e5d04465433bbab0650ab7beb243&hash=A8BB89D8DA5EE66335824DCF5F11A191

A hard copy may be obtained, for a fee, by sending a written request to:

Michigan Department of Health and Human Services
Policy, Planning and Operational Support Administration
Office of Policy and Planning
P.O. Box 30195
Lansing, MI 48909

(517) 420-1273
Email address: MDHHS-ConWebTeam@michigan.gov

MICHIGAN ADMINISTRATIVE CODE TABLE
(2024 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 2024 and indicates the effect of these rules on the Michigan Administrative Code (1979 ed.).

MICHIGAN ADMINISTRATIVE CODE TABLE
(2024 RULE FILINGS)

R Number	Action	2024 MR Issue	R Number	Action	2024 MR Issue	R Number	Action	2024 MR Issue
299.924	*	5	338.533	*	5	338.2441	*	6
325.45101	*	6	338.534	*	5	338.2443	*	6
325.45103	*	6	338.534a	A	5	338.2455	*	4
325.45193	*	6	338.535	*	5	338.2457	*	4
325.45341	R	6	338.536	*	5	338.2461	*	4
325.45343	R	6	338.537	*	5	338.2462	*	4
330.131	A	10	338.538	*	5	338.2463	*	4
330.132	A	10	338.551	*	5	338.2465	*	4
330.133	A	10	338.555	*	5	338.2471	*	4
330.134	A	10	338.557	*	5	338.2473	*	4
330.135	A	10	338.559	*	5	338.2481	*	4
330.136	A	10	338.563	*	5	338.3101	*	10
333.5201	A	6	338.569	*	5	338.3102	*	10
333.5202	A	6	338.571	*	5	338.3104	*	10
333.5203	A	6	338.575	*	5	338.3111	*	10
333.5204	A	6	338.577	*	5	338.3132	*	10
333.5205	A	6	338.583	*	5	338.3135	*	10
333.5206	A	6	338.583a	*	5	338.3137	R	10
333.5207	A	6	338.584	*	5	338.3141	*	10
333.5208	A	6	338.585	*	5	338.3143	*	10
333.5209	A	6	338.586	*	5	338.3145	*	10
333.5210	A	6	338.587	*	5	338.3151	*	10
333.5211	A	6	338.588	*	5	338.3153	*	10
333.5212	A	6	338.588a	A	5	338.3153a	*	10
333.5213	A	6	338.588b	A	5	338.3154	*	10
338.486	*	5	338.589	*	5	338.3161	*	10
338.501	*	5	338.590	*	5	338.3161a	*	10
338.505	*	5	338.591	A	5	338.3162	*	10
338.511	*	5	338.2407	*	6	338.3162a	*	10
338.513	*	5	338.2411	*	6	338.3162b	*	10
338.515	*	5	338.2413	*	6	338.3162c	*	10
338.517	*	5	338.2421	*	6	338.3162d	*	10
338.519	*	5	338.2423	*	6	338.3163	R	10
338.521	*	5	338.2425	*	6	338.3164	*	10
338.523	*	5	338.2427	*	6	338.3165	*	10
338.525	*	5	338.2429	*	6	338.3166	*	10
338.531	*	5	338.2431	*	6	338.3167	*	10
338.531a	*	5	338.2435	*	6	338.3170	*	10
338.532	*	5	338.2437	*	6	338.3181	*	10

(***** Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

R Number	Action	2024 MR Issue	R Number	Action	2024 MR Issue	R Number	Action	2024 MR Issue
338.3183	*	10	338.10404	*	9	390.1103	*	12
338.3185	*	10	338.10404b	*	9	390.1105	*	12
338.7001a	*	10	338.10404c	*	9	390.1111	*	12
338.7002	*	10	338.10405	*	9	390.1115	*	12
338.7002b	*	10	338.10405a	*	9	390.1117	*	12
338.7004	*	10	338.10405b	*	9	390.1118	*	12
338.10101	*	9	338.10601	*	9	390.1119	A	12
338.10105	*	9	338.10602	*	9	390.1122a	*	12
338.10202	*	9	338.10703	*	9	390.1123	*	12
338.10203	*	9	338.10704	*	9	390.1125	*	12
338.10204	*	9	338.13001	*	11	390.1129	*	12
338.10206	*	9	338.13004	*	11	390.1129b	*	12
338.10207	*	9	338.13031	*	11	390.1130	*	12
338.10208	*	9	338.13033	*	11	390.1133	*	12
338.10208a	*	9	340.1001	A	12	390.1135	*	12
338.10209	*	9	340.1002	A	12	390.1137	*	12
338.10210	*	9	340.1003	A	12	390.1138	*	12
338.10211	*	9	340.1004	A	12	390.1141	*	12
338.10212	*	9	340.1005	A	12	390.1142	*	12
338.10212a	*	9	340.1006	A	12	390.1143	*	12
338.10213	*	9	340.1007	A	12	390.1144	A	12
338.10301	*	9	340.1008	A	12	390.1145	*	12
338.10303	*	9	340.1009	A	12	390.1151	*	12
338.10303a	*	9	340.1010	A	12	390.1152	*	12
338.10303b	*	9	340.1011	*	12	390.1153	*	12
338.10303c	*	9	340.1012	*	12	390.1161	*	12
338.10303d	*	9	340.1013	*	12	390.1163	R	12
338.10304	*	9	340.1014	*	12	390.1164a	R	12
338.10305	*	9	340.1015	*	12	390.1165	*	12
338.10305a	*	9	340.1016	*	12	390.1167	*	12
338.10305b	*	9	340.1017	R	12	390.1201	*	12
338.10305c	*	9	340.1018	R	12	390.1203	*	12
338.10307	*	9	340.1721b	*	12	390.1204	*	12
338.10308	*	9	340.1723c	*	12	390.1205	A	12
338.10309	*	9	340.17330	*	12	390.1208	A	12
338.10310	*	9	380.21	*	12	390.1211	A	12
338.10310a	*	9	380.22	*	12	395.51	*	6
338.10312	*	9	390.661	*	3	395.53	*	6
338.10402	*	9	390.1101	*	12	395.54	*	6

(***** Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

R Number	Action	2024 MR Issue	R Number	Action	2024 MR Issue	R Number	Action	2024 MR Issue
395.65	R	6	408.22141b	*	3	500.87	A	6
395.76	*	6	451.1227	*	12	500.88	A	6
395.79	*	6	451.1237	*	12	500.89	A	6
395.83	R	6	451.1239	*	12	500.90	A	6
408.802	*	6	484.1001	*	6	500.91	A	6
408.803	*	6	484.1002	*	6	500.1251	*	11
408.814	*	6	484.1003	*	6			
408.815	A	6	484.1004	*	6			
408.816	A	6	484.1005	*	6			
408.829	*	6	484.1006	*	6			
408.831	*	6	484.1007	R	6			
408.832	*	6	484.1008	R	6			
408.833	R	6	484.1009	R	6			
408.839	*	6	484.1010	A	6			
408.843	R	6	484.1011	A	6			
408.10801	*	2	484.1012	A	6			
408.10803	*	2	484.1013	A	6			
408.10804	R	2	484.1014	A	6			
408.10805	R	2	484.1015	A	6			
408.10807	R	2	484.1016	A	6			
408.10808	R	2	484.1017	A	6			
408.10811	R	2	484.1018	A	6			
408.10812	R	2	484.1019	A	6			
408.10813	R	2	500.71	A	6			
408.10814	R	2	500.72	A	6			
408.10821	R	2	500.73	A	6			
408.10822	R	2	500.74	A	6			
408.10823	R	2	500.75	A	6			
408.10824	R	2	500.76	A	6			
408.10825	R	2	500.77	A	6			
408.10826	*	2	500.78	A	6			
408.10831	*	2	500.79	A	6			
408.10833	*	2	500.80	A	6			
408.10835	R	2	500.81	A	6			
408.10836	R	2	500.82	A	6			
408.10837	*	2	500.83	A	6			
408.10839	R	2	500.84	A	6			
408.22141	*	3	500.85	A	6			
408.22141a	*	3	500.86	A	6			

(***** Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

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Part 11. Recording and Reporting of Occupational Injuries and Illnesses (2024-3)
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ADMINISTRATIVE RULES
ENROLLED SENATE AND HOUSE BILLS
SIGNED INTO LAW OR VETOED
(2024 SESSION)

Mich. Const. Art. IV, §33 provides: "Every bill passed by the legislature shall be presented to the governor before it becomes law, and the governor shall have 14 days measured in hours and minutes from the time of presentation in which to consider it. If he approves, he shall within that time sign and file it with the secretary of state and it shall become law . . . If he does not approve, and the legislature has within that time finally adjourned the session at which the bill was passed, it shall not become law. If he disapproves . . . he shall return it within such 14-day period with his objections, to the house in which it originated."

Mich. Const. Art. IV, §27, further provides: "No act shall take effect until the expiration of 90 days from the end of the session at which it was passed, but the legislature may give immediate effect to acts by a two-thirds vote of the members elected to and serving in each house."

MCL 24.208 states in part:

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

* * *

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

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

2024 Michigan Public Acts Table

Legislative Service Bureau
Legal Division, Statutory Compiling and Law Publications Unit
124 W. Allegan, Lansing, MI 48909

October 06, 2024
Compiled through PA 128 of 2024

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
0001	4416		Yes	2/21/2024	2/21/2024	2/21/2024	***Probate**; other*, general amendments to the estates and protected individuals code; provide for. ***(Rep. Graham Filler)***
0002	4417		Yes	2/21/2024	2/21/2024	5/21/2024	***Vehicles**; title*, transfer of ownership of vehicle to surviving spouse or heir after owner's death; modify maximum value and adjust for cost of living. ***(Rep. Graham Filler)***
0003	4418		Yes	2/21/2024	2/21/2024	2/21/2024	***Probate**; other*, uniform transfers to minors act; modify amount of transfer allowed. ***(Rep. Kelly Breen)***
0004	4419		Yes	2/21/2024	2/21/2024	5/21/2024	***Watercraft**; other*, watercraft eligible for issuance of certificate of title transferring deceased owner's interest; increase maximum value of, subject to Consumer Price Index. ***(Rep. Kelly Breen)***
0005	4845		Yes	2/21/2024	2/21/2024	2/21/2024	***Highways**; memorial*, portion of M-125; designate as the "Captain Joseph M. Liedel Memorial Highway". ***(Rep. William Bruck)***
0006	4325		No	2/21/2024	2/21/2024	**	***Environmental protection**; other*, criminal penalties and civil fines for unlawful dumping of garbage; provide for. ***(Rep. Helena Scott)***
0007	4824		No	2/27/2024	2/27/2024	** #	***Administrative procedure**; other*, cross-reference to administrative procedures act within the natural resources and environmental protection act; update. ***(Rep. Donavan McKinney)***
0008	4825		No	2/27/2024	2/27/2024	** #	***Administrative procedure**; other*, cross-reference to administrative procedures act within the state police retirement act of 1986; update. ***(Rep. Jenn Hill)***

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\+ - Line item veto.
++ - Pocket veto.
\# - Tie bar.

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
0009	4826		No	2/27/2024	2/27/2024	**	***Environmental protection***; *other*; environmental rules review committee; eliminate. ***(Rep. Sharon MacDonell)***
0010	4677		No	2/27/2024	2/27/2024	**	***Children***; *foster care*; assessments of education facilities at child care institutions; require. ***(Rep. Stephanie A. Young)***
0011	4678		No	2/27/2024	2/27/2024	**	***Children***; *child care*; assessments of education facilities at child care institutions; require. ***(Rep. Kimberly Edwards)***
0012	4979		Yes	3/12/2024	3/12/2024	3/12/2024	***Property tax***; *assessments*; procedures related to appointing designated assessors; modify. ***(Rep. Jenn Hill)***
0013	4857		No	3/12/2024	3/12/2024	**	***Agriculture***; *plants*; classification of milkweed as a noxious or exotic weed by local governments; prohibit. ***(Rep. Samantha Steckloff)***
0014	4524		Yes	3/12/2024	3/12/2024	6/10/2024	***Courts***; *drug court*; termination procedure for drug treatment courts; modify. ***(Rep. Joey Andrews)***
0015	4522		Yes	3/12/2024	3/12/2024	3/12/2024	***Courts***; *other*; family treatment court; create. ***(Rep. Kelly Breen)***
0016	4190		No	3/12/2024	3/12/2024	**	***Construction***; *asbestos*; public contracts for asbestos abatement projects; require disclosure of environmental violations. ***(Rep. Curtis VanderWall)***
0017	4185		No	3/12/2024	3/12/2024	**	***Labor***; *health and safety*; provisions related to civil penalties; modify with respect to repeated violations and asbestos-related violations. ***(Rep. Denise Mentzer)***
0018		0057	Yes	3/12/2024	3/12/2024	6/10/2024 #	***Controlled substances***; *drug paraphernalia*; sale of nitrous oxide devices; prohibit. ***(Sen. Stephanie Chang)***

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PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
0019		0058	Yes	3/12/2024	3/12/2024	6/10/2024 #	***Controlled substances***; *drug paraphernalia*; penalties for sale of nitrous oxide devices; provide for. ***(Sen. Joseph Bellino)***
0020		0721	Yes	3/28/2024	3/28/2024	3/28/2024	***Property***; *recording*; marketable record title; modify. ***(Sen. Jeremy Moss)***
0021	4511		No	3/28/2024	3/28/2024	** #	***Vehicles***; *equipment*; child restraint safety seats; require positioning of car seats to depend on weight of child, and make other revisions. ***(Rep. Carrie Rheingans)***
0022	4512		No	3/28/2024	3/28/2024	** #	***Vehicles***; *equipment*; waiver of civil fine and costs for a violation of section 710d; revise requirements. ***(Rep. John Fitzgerald)***
0023	4676		No	3/28/2024	3/28/2024	**	***Children***; *foster care*; education requirements for children placed in foster care; provide for. ***(Rep. Stephanie A. Young)***
0024	5207		No	4/1/2024	4/1/2024	** #	***Family law***; *other*; surrogate parenting act; repeal, and establish the assisted reproduction and surrogacy parentage act. ***(Rep. Samantha Steckloff)***
0025	5208		No	4/1/2024	4/1/2024	** #	***Records***; *birth*; birth certificates issued for a child whose parentage is determined under the assisted reproduction and surrogacy parentage act; provide for. ***(Rep. Christine Morse)***
0026	5209		No	4/1/2024	4/1/2024	** #	***Criminal procedure***; *sentencing guidelines*; sentencing guidelines for surrogate parentage contracts involving minors or intellectually disabled and for compensation; remove. ***(Rep. Kelly Breen)***
0027	5210		No	4/1/2024	4/1/2024	** #	***Probate***; *wills and estates*; intestate succession; revise for children conceived by assisted reproduction or surrogacy. ***(Rep. Jason Hoskins)***
0028	5211		No	4/1/2024	4/1/2024	** #	***Family law***; *paternity*; determination under the paternity act; exclude children conceived by assisted reproduction or surrogacy. ***(Rep. Jennifer Conlin)***

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	HB	SB					
0029	5212		No	4/1/2024	4/1/2024	** #	***Family law***; *other*; reference to surrogate parenting act; eliminate, and refer to the assisted reproduction and surrogacy parentage act. ***(Rep. Jason Morgan)***
0030	5213		No	4/1/2024	4/1/2024	** #	***Family law***; *paternity*; determination under the summary support and paternity act; exclude children conceived by assisted reproduction or surrogacy. ***(Rep. Penelope Tsernoglou)***
0031	5214		No	4/1/2024	4/1/2024	** #	***Family law***; *paternity*; determination under the acknowledgment of parentage act; exclude children conceived by assisted reproduction or surrogacy. ***(Rep. Laurie Pohutsky)***
0032	5215		No	4/1/2024	4/1/2024	** #	***Family law***; *paternity*; determination under the genetic parentage act; exclude children conceived by assisted reproduction or surrogacy. ***(Rep. Amos O'Neal)***
0033	4012		Yes	4/2/2024	4/2/2024	4/2/2024	***Traffic control***; *speed restrictions*; procedure for establishing speed limits; modify. ***(Rep. Bradley Slagh)***
0034	4183		Yes	4/2/2024	4/2/2024	4/2/2024	***Vehicles***; *historic*; historic vehicle plates allowed driving time; expand. ***(Rep. John R. Roth)***
0035	5048		Yes	4/2/2024	4/2/2024	4/2/2024	***Taxation***; *hotel-motel*; local units to levy a hotel tax; allow and increase rate allowed to be levied by counties. ***(Rep. John Fitzgerald)***
0036	5527		No	4/27/2024	4/29/2024	**	***Education***; *safety*; cardiac emergency response plans; modify. ***(Rep. John Fitzgerald)***
0037	5528		No	4/27/2024	4/29/2024	**	***Education***; *athletics*; CPR and AED certification requirements for athletic coaches; provide for. ***(Rep. Tyrone Carter)***
0038	5392		Yes	4/30/2024	4/30/2024	4/30/2024	***Criminal procedure***; *sentencing*; sunset on certain costs that may be imposed upon criminal conviction; modify. ***(Rep. Sarah Lightner)***

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	HB	SB					
0039	4608		No	4/30/2024	4/30/2024	**	***Health occupations***; *dietitians and nutritionists*; licensure of dietitian nutritionists; provide for. ***(Rep. Laurie Pohutsky)***
0040	5096		Yes	5/17/2024	5/17/2024	5/17/2024	***Economic development***; *renaissance zones*; designation of renaissance zone; modify. ***(Rep. Kristian Grant)***
0041		0027	No	5/21/2024	5/21/2024	**	***Insurance***; *health insurers*; equitable coverage for behavioral health and substance use disorder treatment; provide for. ***(Sen. Sarah Anthony)***
0042	5103		No	5/22/2024	5/22/2024	**	***Traffic control***; *driver license*; certain requirements for obtaining a driver license; remove. ***(Rep. Donavan McKinney)***
0043	4596		No	5/22/2024	5/22/2024	**	***Environmental protection***; *sewage*; labeling standards for disposable wipes products; provide for. ***(Rep. Denise Mentzer)***
0044	4523		Yes	5/22/2024	5/22/2024	8/20/2024	***Courts***; *other*; violent offender eligibility for mental health court; modify. ***(Rep. Kara Hope)***
0045	4525		Yes	5/22/2024	5/22/2024	8/20/2024	***Courts***; *drug court*; violent offender eligibility for drug treatment court; modify. ***(Rep. Graham Filler)***
0046	4343		No	5/22/2024	5/22/2024	**	***Financial institutions***; *payday lending*; legislative report requirement concerning deferred presentment service providers and transactions; revise. ***(Rep. Jennifer Conlin)***
0047	5534		No	5/22/2024	5/22/2024	**	***Criminal procedure***; *sentencing*; supreme court to determine court operation costs and propose new funding system; require. ***(Rep. Kelly Breen)***
0048		0249	No	5/22/2024	5/22/2024	**	***Health occupations***; *emergency medical services personnel*; examinations for certain emergency medical services personnel; modify, and require certain notices from education program sponsors. ***(Sen. Kevin Hertel)***

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	HB	SB					
0049		0518	Yes	6/6/2024	6/6/2024	6/6/2024	***Education**; teachers and administrators*; interim teaching certification process; modify. ***(Sen. Darrin Camilleri)***
0050		0227	Yes	6/6/2024	6/6/2024	6/6/2024	***Children**; child care*; emergency safety intervention in a children's therapeutic group home; modify conditions for. ***(Sen. Dan Lauwers)***
0051	4579		No	6/6/2024	6/6/2024	**	***Insurance**; health insurers*; reimbursement rate for telehealth visits; require to be the same as reimbursements for office visits. ***(Rep. Natalie Price)***
0052	4131		No	6/6/2024	6/6/2024	**	***Insurance**; health insurers*; coverage for health care services provided through telemedicine; modify. ***(Rep. Tullio Liberati)***
0053	4580		No	6/6/2024	6/6/2024	**	***Human services**; medical services*; reimbursement rate for telehealth visits; require to be the same as reimbursements for office visits. ***(Rep. Felicia Brabec)***
0054	4213		No	6/6/2024	6/6/2024	**	***Mental health**; code*; definition of distant site for a telemedicine visit; provide for. ***(Rep. Christine Morse)***
0055	4186		No	6/6/2024	6/6/2024	**	***Construction**; asbestos*; provision allowing the withholding of payment to asbestos abatement contractors or demolition contractors for environmental violations; require certain local government contracts to contain, and require certain disclosures by asbestos abatement contractors and demolition contractors. ***(Rep. Donavan McKinney)***
0056	4188		No	6/6/2024	6/6/2024	**	***Environmental protection**; air pollution*; asbestos emissions program; impose fee on notification of demolition or renovation and specify minimum rates of inspection. ***(Rep. Abraham Aiyash)***
0057	4101		No	6/6/2024	6/6/2024	**	***Health occupations**; speech-language pathologists*; temporary licensing of speech-language pathologists; modify. ***(Rep. Curtis VanderWall)***
0058		0226	No	6/20/2024	6/20/2024	** #	***Environmental protection**; air pollution*; asbestos emissions program for demolition or renovation activity; require annual report on sufficiency of number of inspectors. ***(Sen. Erika Geiss)***

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	HB	SB					
0059		0225	No	6/20/2024	6/20/2024	** #	***Construction***; *asbestos*; public contracts for asbestos abatement projects; require under certain circumstances background investigation, public posting of certain information, and public hearings. ***(Sen. Stephanie Chang)***
0060		0691	Yes	6/20/2024	6/20/2024	6/20/2024	***Agriculture***; *associations and commissions*; growth assessments audit requirements; modify. ***(Sen. Sam Singh)***
0061		0416	No	6/20/2024	6/20/2024	** #	***Use tax***; *exemptions*; identifying information required for claiming exemption; include purchaser's license number issued by the Michigan liquor control commission to satisfy the requirements and add exemption for micro brewers. ***(Sen. Veronica Klinefelt)***
0062	4154		No	6/20/2024	6/20/2024	**	***Highways***; *memorial*; portion of M-3; designate as the "Senior Chief Petty Officer Jason P. May Memorial Highway". ***(Rep. Jay DeBoyer)***
0063		0415	No	6/20/2024	6/20/2024	** #	***Sales tax***; *exemptions*; identifying information required for claiming exemption; include purchaser's license number issued by the Michigan liquor control commission to satisfy the requirements, and add exemption for micro brewers. ***(Sen. Veronica Klinefelt)***
0064	4360		No	6/20/2024	6/20/2024	**	***Local government***; *authorities*; emergency services authorities; allow to serve partial municipalities. ***(Rep. Felicia Brabec)***
0065	4519		No	6/19/2024	6/20/2024	**	***Holidays***; *other*; "Negro Leagues Day"; designate as May 2 of each year. ***(Rep. Helena Scott)***
0066		0843	Yes	7/8/2024	7/8/2024	10/6/2024 #	***Criminal procedure***; *sex offender registration*; registration of individual convicted of sexual contact or sexual penetration with dead human body; require. ***(Sen. Veronica Klinefelt)***
0067	4603		No	7/8/2024	7/8/2024	**	***Construction***; *other*; use of design-build constructing for certain school buildings; allow. ***(Rep. Tullio Liberati)***
0068	5028		No	7/8/2024	7/8/2024	**	***Housing***; *other*; energy-saving home improvements; invalidate prohibition of by homeowners' association. ***(Rep. Ranjeev Puri)***

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	HB	SB					
0069		0235	Yes	7/8/2024	7/8/2024	10/6/2024	***Holidays***; *other*; "Blue Star Mothers Day"; designate as February 1. ***(Sen. Rick Outman)***
0070		0251	Yes	7/8/2024	7/8/2024	7/8/2024	***Transportation***; *carriers*; motor bus transportation act; modify the display of identification requirements. ***(Sen. Erika Geiss)***
0071		0417	Yes	7/8/2024	7/8/2024	7/8/2024	***Housing***; *housing development authority*; pass-through short-term bond financing program; modify. ***(Sen. Sam Singh)***
0072		0465	Yes	7/8/2024	7/8/2024	7/8/2024	***Vehicles***; *equipment*; restrictions for following snowplows; provide for. ***(Sen. Sam Singh)***
0073		0498	Yes	7/8/2024	7/8/2024	7/8/2024	***Children***; *foster care*; change in foster care placement; modify. ***(Sen. Jeff Irwin)***
0074		0603	No	7/8/2024	7/8/2024	**	***Elections***; *recounts*; recount process and recount filing fees; modify, modify the ballot canvassing deadlines under certain circumstances and require an expedited ballot canvass under certain circumstances. ***(Sen. Stephanie Chang)***
0075		0604	No	7/8/2024	7/8/2024	** #	***Criminal procedure***; *sentencing guidelines*; sentencing guidelines for certain Michigan election law violations dealing with recounts; modify. ***(Sen. Jeremy Moss)***
0076		0682	Yes	7/8/2024	7/8/2024	7/8/2024	***Traffic control***; *speed restrictions*; speed limit on a highway closed to nonemergency motor vehicles; provide for. ***(Sen. John Damoose)***
0077		0690	Yes	7/8/2024	7/8/2024	7/8/2024	***Military affairs***; *other*; Michigan code of military justice; revise. ***(Sen. Veronica Klinefelt)***
0078		0702	Yes	7/8/2024	7/8/2024	7/8/2024	***Occupations***; *cosmetologists*; minimum hours of training for licensure as instructor, manicurist, and esthetician; increase. ***(Sen. Sam Singh)***

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	HB	SB					
0079		0841	Yes	7/8/2024	7/8/2024	10/6/2024	***Crimes***; *penalties*; penalties for sexual conduct with a corpse or involving a corpse; provide for. ***(Sen. Veronica Klinefelt)***
0080		0842	Yes	7/8/2024	7/8/2024	10/6/2024 #	***Criminal procedure***; *sentencing guidelines*; sentencing guidelines for sexual conduct with a corpse or involving a corpse; create. ***(Sen. Veronica Klinefelt)***
0081	4308		No	7/23/2024	7/23/2024	**	***Vehicles***; *fund-raising registration plates*; fund-raising registration plate for sickle cell anemia research and treatment; create. ***(Rep. Amos O'Neal)***
0082	4331		Yes	7/23/2024	7/23/2024	7/23/2024	***Insurance***; *property and casualty*; insurance withholding amount for fire-damaged homes; increase, and allow for abandoned funds to be used for repairs. ***(Rep. Karen Whitsett)***
0083	4332		No	7/23/2024	7/23/2024	**	***Cities***; *home rule*; penalties for certain blight offenders; increase. ***(Rep. Karen Whitsett)***
0084	4613		Yes	7/23/2024	7/23/2024	7/23/2024 #	***Health occupations***; *emergency medical services personnel*; certain temporary licenses; modify terms. ***(Rep. David Prestin)***
0085	4614		Yes	7/23/2024	7/23/2024	7/23/2024 #	***Health occupations***; *emergency medical services personnel*; certain temporary licenses; make technical changes. ***(Rep. John Fitzgerald)***
0086	4647		Yes	7/23/2024	7/23/2024	7/23/2024	***Occupations***; *individual licensing and registration*; department of licensing and regulatory affairs inspection requirements of barbershops and barber colleges; modify. ***(Rep. Abraham Aiyash)***
0087	4718		No	7/23/2024	7/23/2024	**	***Criminal procedure***; *defenses*; sexual orientation or gender identity of a victim as a defense to a crime; prohibit. ***(Rep. Laurie Pohutsky)***
0088	4723		No	7/23/2024	7/23/2024	**	***Vehicles***; *registration plates*; special registration plate for the Merchant Mariners; create. ***(Rep. Jason Morgan)***

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0089	5056		No	7/23/2024	7/23/2024	** #	***Vehicles***; *fund-raising registration plates*; 4-H Foundation fund; create. ***(Rep. Reggie Miller)***
0090	5058		No	7/23/2024	7/23/2024	** #	***Vehicles***; *fund-raising registration plates*; fund-raising registration plate for the Michigan 4-H; create. ***(Rep. Matt Bierlein)***
0091	5151		Yes	7/23/2024	7/23/2024	7/23/2024	***Highways***; *memorial*; portion of M-53; designate as the "Officer Leroy Imus Memorial Highway". ***(Rep. Nate Shannon)***
0092	5182		Yes	7/23/2024	7/23/2024	10/21/2024	***Crimes***; *larceny*; use of a computer or similar technology to program a key code for automobile theft; prohibit, and provide penalties. ***(Rep. Denise Mentzer)***
0093	5183		Yes	7/23/2024	7/23/2024	10/21/2024#	***Criminal procedure***; *sentencing guidelines*; sentencing guidelines for use of a computer or similar technology to program a key code for automobile theft; provide for. ***(Rep. Alabas Farhat)***
0094	5460		Yes	7/23/2024	7/23/2024	7/23/2024	***Consumer protection***; *retail installment sales*; payments under motor vehicle installment sale contracts; modify. ***(Rep. Alabas Farhat)***
0095	5462		Yes	7/23/2024	7/23/2024	7/23/2024	***Highways***; *memorial*; portion of M-26; designate as the "Private Wesley Vietti Karna Memorial Highway". ***(Rep. Gregory Markkanen)***
0096	5737		Yes	7/23/2024	7/23/2024	7/23/2024	***Natural resources***; *hunting*; mentored youth hunting program; modify. ***(Rep. Abraham Aiyash)***
0097		0175	No	7/23/2024	7/23/2024	**	***Property tax***; *payment and collection*; penalties for failure to file a property tax transfer affidavit; modify. ***(Sen. Sylvia Santana)***
0098		0328	No	7/23/2024	7/23/2024	**	***Fire***; *other*; certain battery and power source standards for certain smoke alarm devices; require. ***(Sen. Kevin Hertel)***

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0099		0350	Yes	7/23/2024	7/23/2024	7/23/2024	***Higher education***; *financial aid*; qualified educational expenses under the promise zone authority act; modify. ***(Sen. Rosemary Bayer)***
0100		0388	Yes	7/23/2024	7/23/2024	7/23/2024	***Financial institutions***; *credit unions*; designation of inactive account; allow under certain conditions. ***(Sen. Veronica Klinefelt)***
0101		0389	Yes	7/23/2024	7/23/2024	7/23/2024	***State management***; *escheats*; unclaimed property of military personnel; modify dormancy periods. ***(Sen. Veronica Klinefelt)***
0102		0398	No	7/23/2024	7/23/2024	**	***Natural resources***; *inland lakes*; structure or fill on inland lake or stream bottomlands; authorize DEGLE to issue emergency order concerning. ***(Sen. Sean McCann)***
0103		0449	Yes	7/23/2024	7/23/2024	7/23/2024 #	***Human services***; *medical services*; access to complex rehabilitation technology; provide for. ***(Sen. Kevin Daley)***
0104		0450	Yes	7/23/2024	7/23/2024	7/23/2024	***Human services***; *medical services*; definition of complex rehabilitation technology; provide for. ***(Sen. Jeff Irwin)***
0105		0482	Yes	7/23/2024	7/23/2024	7/23/2024	***Health***; *medical waste*; containment of medical waste; modify. ***(Sen. Kristen McDonald Rivet)***
0106		0501	No	7/23/2024	7/23/2024	**	***Traffic control***; *traffic regulation*; weight restrictions on electric trucks; modify. ***(Sen. Darrin Camilleri)***
0107		0544	No	7/23/2024	7/23/2024	** #	***Occupations***; *individual licensing and registration*; license for refrigeration facility for storage of a dead human body and certificate of registration for a removal service for a dead human body; provide for. ***(Sen. Veronica Klinefelt)***
0108		0545	No	7/23/2024	7/23/2024	** #	***Occupations***; *licensing fees*; refrigeration facility and removal service for a dead human body; establish license, registration, and application fees. ***(Sen. Veronica Klinefelt)***

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0109		0555	Yes	7/23/2024	7/23/2024	7/23/2024	***Higher education***; *financial aid*; Michigan promise zone authority membership; modify. ***(Sen. Sarah Anthony)***
0110		0571	No	7/23/2024	7/23/2024	**	***Labor***; *hours and wages*; prevailing wage; require on certain solar and wind energy projects, and require contractors to obtain a registration to perform work on certain projects. ***(Sen. John Cherry)***
0111		0599	No	7/23/2024	7/23/2024	**	***Corrections***; *parole*; parole eligibility for medically frail inmates; modify. ***(Sen. Erika Geiss)***
0112		0662	No	7/23/2024	7/23/2024	**	***Natural resources***; *inland lakes*; financing provisions and definition of lake level; revise. ***(Sen. Rosemary Bayer)***
0113		0706	No	7/23/2024	7/23/2024	**	***Traffic control***; *driver license*; removal of failure to pay driver responsibility fees from centralized driving record; provide for. ***(Sen. Veronica Klinefelt)***
0114		0799	No	7/23/2024	7/23/2024	** #	***Traffic control***; *driver license*; reference to driver responsibility fees; remove. ***(Sen. Veronica Klinefelt)***
0115		0789	Yes	7/23/2024	7/23/2024	7/23/2024	***Liquor***; *licenses*; license to sell alcoholic liquor for consumption on the premises of certain locations; modify. ***(Sen. Jeff Irwin)***
0116		0878	Yes	7/23/2024	7/23/2024	7/23/2024	***Vehicles***; *registration plates*; special plates for dealers; modify. ***(Sen. John Cherry)***
0117	5099		No	7/23/2024	7/23/2024	**	***Economic development***; *Michigan strategic fund*; research and development tax credit program report; require the Michigan strategic fund to assist in its preparation. ***(Rep. Rachel Hood)***
0118	4368		No	7/23/2024	7/23/2024	**	***Corporate income tax***; *credits*; definitions for research and development tax credits; provide for. ***(Rep. Greg VanWoerkom)***

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0119	5102		No	7/23/2024	7/23/2024	**	***Corporate income tax**; credits*; annual report on research and development tax credits; provide for. ***(Rep. Ranjeev Puri)***
0120	5507		Yes	7/23/2024	7/23/2024	***	***Appropriations**; school aid*; fiscal year 2024-2025 omnibus appropriations for K-12 school aid, higher education, and community colleges; provide for. ***(Rep. Regina Weiss)***
0121		0747	Yes	7/24/2024	7/24/2024	7/24/2024 +	***Appropriations**; omnibus*; appropriations for multiple departments and branches for fiscal year 2024-2025 and supplemental appropriations for fiscal year 2023-2024; provide for. ***(Sen. Sarah Anthony)***
0122		0602	Yes	7/25/2024	7/25/2024	7/25/2024	***Occupations**; real estate*; right-to-list home sale agreement; require certain provisions of a valid agreement. ***(Sen. Kevin Hertel)***
0123	5393		Yes	10/3/2024	10/3/2024	10/3/2024	***Juveniles**; other*; maximum time for a juvenile to complete the terms of a consent calendar case plan; increase to 6 months. ***(Rep. Kara Hope)***
0124	5429		Yes	10/3/2024	10/3/2024	10/3/2024	***Children**; services*; court-appointed special advocate program; create. ***(Rep. Christine Morse)***
0125	5434		Yes	10/3/2024	10/3/2024	10/3/2024	***Highways**; memorial*; portion of M-11; designate as the "Korean War Veterans Memorial Drive". ***(Rep. Carol Glanville)***
0126	5779		No	10/3/2024	10/3/2024	**	***Townships**; public services*; certain townships to purchase, own, or operate a public service facility; provide for. ***(Rep. Jaime Churches)***
0127	5803		No	10/3/2024	10/3/2024	**	***Retirement**; public school employees*; certain required annual contributions; modify. ***(Rep. Matt Koleszar)***
0128		0834	Yes	10/3/2024	10/3/2024	10/3/2024	***Law enforcement**; funds*; public safety officer death benefits; increase. ***(Sen. Kevin Hertel)***

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