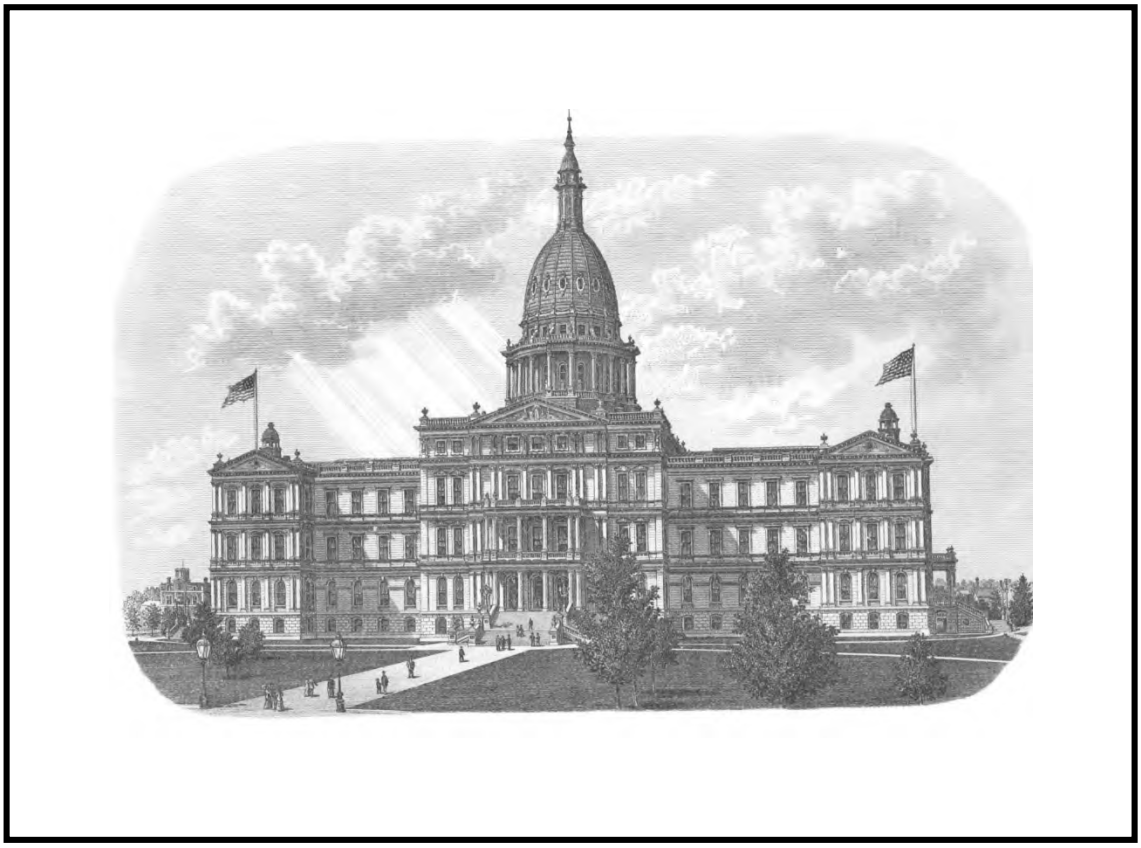
Michigan Register

Issue No. 24 – 2024 (Published January 15, 2025)



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

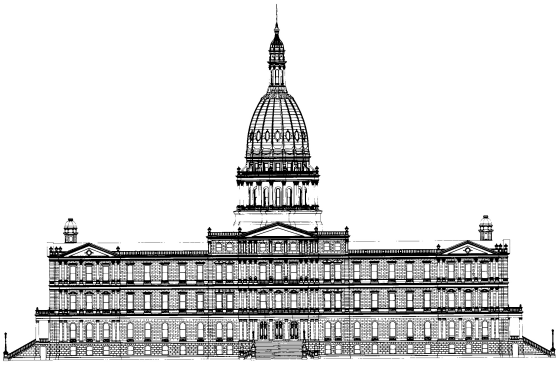
Issue No. 24— 2024
(This issue, published January 15, 2025, contains
documents filed from December 1, 2024 to January 1, 2025)

Compiled and Published by the
Michigan Office of Administrative Hearings and Rules

Michigan Register (ISSN 0892-3124). Published twice per month, with a cumulative index, by the Michigan Office of Administrative Hearings and Rules, pursuant to §24.208 of the Michigan Compiled Laws. Subscription $400.00 per year, postpaid to points in the U.S. First class postage paid at Lansing, Michigan. Direct all mail concerning subscriptions to Michigan Office of Administrative Hearings and Rules, Ottawa Building – Second Floor, 611 W. Ottawa Street, Lansing, MI 48909.

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
11	June 1	July 1
12	June 15	July 15
13	July 1	August 1
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24	December 15	January 15

CONTENTS

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 SURGICAL SERVICES

(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. (1) These standards are requirements for the approval of the initiation, replacement, expansion, or acquisition of a surgical service provided in a surgical facility and the delivery of these services under Part 222 of the Code. Surgical services provided in a freestanding surgical outpatient facility, an ambulatory surgery center certified under title XVIII, or a surgical department of a hospital licensed under Part 215 of the Code and offering inpatient or outpatient surgical services are covered clinical services . The Department shall use these standards 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) "Ambulatory surgical center" or "ASC" means any distinct entity certified by Medicare as an ASC under the provisions of Title 42, Part 416 that operates exclusively for the purpose of providing surgical services in a CON-approved operating room to patients not requiring hospitalization, and defined as a health facility for purposes of part 222 of the code.

(b) "Burn care" means surgical services provided to burn patients in a licensed hospital site that has been verified as meeting the "Guidelines for Development and Operation of Burn Centers" issued by the American Burn Association in March 1988, or equivalent standards for a burn center.

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

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

(e) ”Critical access hospital” or “cah” means a hospital designated by cms pursuant to 42 cfr 485.606.

(f) "Cystoscopy" means direct visual examination of the urinary tract with a cystoscope.

(g) "Cystoscopy case" means a single visit to an operating room during which one or more cystoscopic procedures are performed.

(h) “Dedicated dialysis access center” means a FSOF or ASC used exclusively for dialysis access cases.

(i) “Dedicated endoscopy or cystoscopy operating room” means a room used exclusively for endoscopy or cystoscopy cases.

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

(k) “Dialysis access” means the physical conduit being used to access the patient in order to provide dialysis.

(l) “Dialysis access case” means a single visit to an operating room during the performance of one or more procedures for a patient to establish or maintain dialysis access for the purpose of providing hemodialysis or peritoneal dialysis for the treatment of advanced chronic kidney disease, end stage renal disease or other qualifying condition requiring dialysis. these procedures may include venography, fluoroscopic guidance of central venous dialysis access devices, vascular catheter placement, repair, removal, and replacement, vascular catheter thrombolysis, removal of obstructions, fistulagrams, angioplasty, angiogram, stent placement, percutaneous thrombectomy, percutaneous fistula creation, percutaneous peritoneal dialysis catheter placement, repair, removal, and replacement.

(m) “Emergency Room” means a designated area in a licensed hospital and recognized by the Department as having met the staffing and equipment requirements for the treatment of emergency patients.

(n) "Endoscopy" means visual inspection of any portion of the body by means of an endoscope.

(o) "Endoscopy case" means a single visit to an operating room during which one or more endoscopic procedures are performed.

(p) "Existing surgical service" means a surgical facility that, on the date an application is submitted to the Department, is part of a licensed hospital site, a licensed freestanding surgical outpatient facility, or a certified ASC.

(q) "Freestanding surgical outpatient facility" or "FSOF" means a health facility licensed under Part 208 of the Code and provides outpatient surgical services in a CON-approved operating room. It does not include a surgical outpatient facility owned and operated as a part of a licensed hospital site. A freestanding surgical outpatient facility is a health facility for purposes of Part 222 of the Code.

(r) "Hospital" means a health facility licensed under Part 215 of the Code.

(s) "Hours of use" means the actual time in hours, and parts thereof, an operating room is used to provide surgical services. It is the time from when a patient enters an operating room until that same patient leaves that same room. It excludes any pre- or post-operative room set-up or clean-up preparations, or any time a patient spends in pre- or post-operative areas including a recovery room.

(t) "Licensed hospital site" means either:

(i) in the case of a single site hospital, the location of the hospital authorized by license and listed on that licensee's certificate of licensure or

(ii) in the case of a hospital with multiple sites, the location of each separate and distinct inpatient site as authorized by licensure.

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

(v) “Medicare dependent hospital” or “mdh” means a hospital designed by cms pursuant to 42 cfr 412.108.

(w) "Offer" means to perform surgical services.

(x) "Operating room" or "OR" means a room in a surgical facility constructed and equipped to perform surgical cases and located on a sterile corridor. The term also includes a room constructed and equipped to perform surgical cases on a nonsterile corridor if the room is located in an FSOF or ASC that is used exclusively for endoscopy or cystoscopy cases. This term does not include procedure rooms.

(y) "Operating suite," for purposes of these standards, means an area in a surgical facility that is dedicated to the provision of surgery. An operating suite includes operating rooms, pre- and post-operative patient areas, clean and soiled utility and linen areas, and other support areas associated with the provision of surgery.

(z) "Outpatient surgery" means the provision of surgical services performed in a hospital, FSOF, or ASC, requiring anesthesia or a period of postoperative observation, or both, to patients whose admission to a hospital for an overnight stay is not anticipated- as being medically necessary.

(aa) "Procedure room" means a room in a surgical facility constructed and equipped to perform surgical procedures and not located on a sterile corridor. Procedures conducted in procedure rooms are not considered surgical cases.

(bb) "Renovate an existing surgical service or one or more operating rooms" means a project that:

(i) involves the renovation, remodeling, or modernization of an operating suite of a hospital, FSOF, or ASC;

(ii) does not involve new construction;

(iii) does not involve a change in the physical location within the surgical facility at the same site; and

(iv) does not result in an increase in the number of operating rooms at an existing surgical facility.

Renovation of an existing surgical service or one or more operating rooms may involve a change in the number of square feet allocated to an operating suite. The renovation of an existing surgical service or one or more operating rooms shall not be considered the initiation, expansion, replacement, or acquisition of a surgical service or one or more operating rooms.

(cc) "Sole community hospital" or "sch" means a hospital designated by cms pursuant to 42 cfr 412.92.

(dd) "Sterile corridor" means an area of a surgical facility designated primarily for surgical cases and surgical support staff. Access to this corridor is controlled and the corridor is not used by the general public or personnel of the surgical facility whose primary work station is not in the operating suite(s) or whose primary work tasks do not require them to be in the operating suite(s) of a surgical facility. Examples of personnel who would normally use sterile corridors include physicians, surgeons, operating room nurses, laboratory or radiology personnel, and central supply or housekeeping personnel. Other terms commonly used to represent "sterile" in describing access areas include "restricted," "controlled," "limited access," or "clean."

(ee) "Surgical case" means a single visit to an operating room during which one or more surgical procedures are performed in a con-approved operating room.

(ff) "Surgical facility" means either:

(i) a licensed FSOF;

(ii) a certified ASC; or

(iii) a licensed hospital site authorized to provide inpatient or outpatient surgery.

(gg) "Surgical service" means performing surgery in a surgical facility.

(hh) "Trauma care," for purposes of these standards, means surgical services provided to a trauma patient in a licensed hospital site that has been verified as meeting the standards of the American College of Surgeons for a Level I or II trauma center, or equivalent standards.

(ii) "Verifiable data" means surgical data (cases and/or hours) from the most recent Annual Survey or more recent data that can be validated by the Department.

(2) Terms defined in the Code have the same meanings when used in these standards.

Section 3. Inventory of operating rooms used to perform surgical services; surgical cases, or hours of use; and evaluating compliance with minimum volume requirements

Sec. 3. (1) The Department shall use the number of operating rooms and verifiable data pursuant to subsection (2) to determine the number of surgical cases, hours of use, or both, as applicable, pursuant to

subsection (3) for purposes of evaluating compliance with the actual and proposed volume requirements set forth in the applicable sections of these standards. Compliance with CON minimum volume requirements established by these standards shall be determined based on the average number of surgical cases, hours of use, or both, per operating room of the surgical service as permitted by these standards.

(2) The number of operating rooms for each type of surgical facility shall be determined as follows:

(a) In a licensed hospital site, all operating rooms in which surgery is or will be performed excluding:

(i) A delivery room(s) if that room is located in an area of a licensed hospital site designated primarily for obstetrical services.

(ii) An operating room that is or will be used exclusively for endoscopy or cystoscopy cases.

(iii) An operating room in which a fixed lithotripter is or will be located and utilized. A mobile lithotripter shall not be considered as an operating room.

(iv) An operating room that is or will be used, though not exclusively, to provide surgical services to patients requiring burn care or trauma care, as those terms are defined in these standards. No more than 0.5 burn care and 0.5 trauma care operating rooms shall be excluded pursuant to this subdivision, and precludes the use of the room in subsection (2)(a)(v).

(v) An operating room that is or will be used exclusively to provide surgical services to patients requiring burn care or trauma care, as those terms are defined in these standards. No more than 1 burn care and 1 trauma care operating room shall be excluded pursuant to this subdivision, and precludes the use of the room in subsection (2)(a)(iv).

(vi) A hybrid ORCCL shall have 0.5 excluded for each room meeting the requirements of section of these standards. A surgical facility will not be limited to the number of hybrid ORCCLS within a single licensed facility.

(b) In an FSOF or ASC that is or will be used exclusively for endoscopy, cystoscopy, or dialysis access cases all rooms in which endoscopy, cystoscopy, or dialysis access cases are or will be performed.

(c) In an FSOF or ASC that is not or will not be used exclusively for endoscopy, cystoscopy OR DIALYSIS ACCESS cases, all operating rooms in which surgery is or will be performed, excluding any operating rooms used exclusively for endoscopy, cystoscopy, or dialysis access cases.

(3) The number of surgical cases, or hours of use, shall be determined as follows:

(a) In a licensed hospital site, all surgical cases, or hours of use, performed in operating rooms, including surgical cases, or hours of use, performed in an operating room identified in subsections (2)(a)(iv), (v), and (vi) but excluding the surgical cases, or hours of use, performed in operating rooms identified in subsection (2)(a)(i), (ii), and (iii).

(b) In an FSOF or ASC that is or will be used exclusively for endoscopy, cystoscopy, or dialysis access cases, all endoscopy, cystoscopy, or dialysis access cases, or hours of use, performed in the operating rooms identified in subsection (2)(b).

(c) In an FSOF or ASC that is not or will not be used exclusively for endoscopy, cystoscopy, OR DIALYSIS ACCESS cases, all surgical cases, or hours of use, performed in the operating rooms identified in subsection (2)(c). Cases, or hours of use, performed in any operating room used exclusively for endoscopy, cystoscopy, or dialysis access cases, shall be excluded.

Section 4. Requirements to initiate a surgical service

Sec. 4. To initiate a surgical service means to begin operation of a surgical facility at a site that has not offered surgical services within the 12-month period immediately preceding the date an application is

submitted to the Department. An applicant proposing to initiate a surgical service shall demonstrate the following, as applicable to the proposed project.

(1) Each proposed operating room shall perform an average of at least 1,128 surgical cases per year per operating room in the second 12 months of operation.

(2) Subsection (1) shall not apply if the proposed project involves the initiation of a surgical service with 1 or 2 operating rooms at a licensed hospital that is a critical access hospital, sole community hospital, or Medicare dependent hospital, or a licensed hospital site located in a rural or micropolitan statistical area county that does not offer surgical services as of the date an application is submitted to the Department.

(3) An applicant shall demonstrate that it meets the requirements of Section 11(2) for the number of surgical cases projected under subsection (1).

(a) Section 11(2)(d) shall not apply if the proposed project involves the initiation of a surgical service at a new FSOF or a new ASC at a new geographical site utilizing the historical surgical cases of the applicant and the new service is owned by the same applicant.

(4) An applicant proposing to initiate a dedicated dialysis access center shall only use dialysis access cases in accordance with section 11 (1)(e).

Section 5. Requirements to replace a surgical service

Sec. 5. To replace a surgical service or one or more operating rooms, means:

(i) The development of new space (whether through new construction, purchase, lease or similar arrangement) to house one or more operating rooms operated by an applicant at the same site as the operating room(s) to be replaced;

(ii) designating an OR as a dedicated endoscopy or cystoscopy OR;

(iii) relocating an existing surgical facility with one or more operating rooms to a new geographic location of that existing surgical facility; or

(iv) relocating one or more operating rooms of an existing surgical facility to a different geographic location currently offering surgical services as another existing surgical facility.

(v) The term does not include the renovation of an existing surgical service or one or more operating rooms.

(vi) An applicant requesting to replace an existing surgical service shall demonstrate each of the following, as applicable to the proposed project.

(1) An applicant proposing to replace shall demonstrate:

(a) All existing operating rooms in the existing surgical facility have performed an average of at least the following, utilizing the most recent 12 months of data which is verifiable by the department:

(i) 1,042 surgical cases per operating room, or

(ii) 1,125 hours of use in a facility that performs only outpatient surgery, per operating room or

(iii) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient hours of use, as billed by the facility, per operating room and calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient hours divided by 1,125. (For example: Using 375 inpatient hours and 844 outpatient hours would equate to 375/1,500 + 844/1,125 = 0.25 + 0.75 = 1.00 OR.), or

(iv) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient surgical cases, as billed by the facility, per operating room and calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient cases divided by 1,042. (For example: Using 375 inpatient hours and 785 outpatient cases would equate to 375/1,500 + 785/1,042 = 0.25 + 0.75 = 1.00 OR.)

(2) An applicant proposing to replace one or more operating rooms at a licensed hospital and is located in a rural or micropolitan county or the applicant is located in a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent federal decennial census or the applicant is a critical access hospital, sole community hospital, or Medicare dependent hospital shall demonstrate each of the following:

(a) The applicant has less than six ORS at the licensed hospital.

(b) All existing operating rooms have performed an average of at least one of the following utilizing the most recent 12 months of data verifiable by the department:

(i) 839 surgical cases per operating room, or

(ii) 906 hours of use per operating room.

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(3) Subsections (1) and (2) shall not apply if the proposed project involves replacing one or more operating rooms at the same licensed hospital site is a critical access hospital, sole community hospital, or Medicare dependent hospital, or if the surgical facility is located in a rural or micropolitan statistical area county and has one or two operating rooms.

(4) Subsections (1) and (2) shall not apply to those hospitals licensed under Part 215 of PA 368 of 1978, as amended that had fewer than 70 licensed beds on December 1, 2002 provided the number of ORs at the surgical service has not increased as of March 31, 2003, and the location does not change.

(5) An applicant proposing to designate an OR as a dedicated endoscopy or cystoscopy OR shall submit notification to the Department on a form provided by the Department. An applicant under this subsection shall not be required to comply with subsections (1) and (2).

(6) An applicant proposing to relocate an existing surgical service or one or more operating rooms shall demonstrate each of the following, as applicable:

(a) The proposed new site is within a 10-mile radius of the site at which an existing surgical service is located if an existing surgical service is located in a metropolitan statistical area county, or a 20-mile radius if an existing surgical service is located in a rural or micropolitan statistical area county.

(b) All existing operating rooms in the surgical facility from which one or more ORs are proposed to be relocated have performed an average of at least one of the following utilizing the most recent 12 months of data verifiable by the department:

(i) 1,042 surgical cases per operating room, or

(ii) 1,125 hours of use in a facility that performs only outpatient surgery per year per operating room or,

(iii) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient hours of use, as billed by the facility, per operating room and calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient hours divided by 1,125. (For example: Using 375 inpatient hours and 844 outpatient hours would equate to 375/1,500 + 844/1,125 = 0.25 + 0.75 = 1.00 OR.), or

(iv) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient surgical cases, as billed by the facility, per operating room calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient cases divided by 1,042. (For example: Using 375 inpatient hours and 785 outpatient cases would equate to 375/1,500 + 785/1,042 = 0.25 + 0.75 = 1.00 OR.)

(v) An existing surgical facility applicant that is proposing to relocate one or more operating rooms to another existing surgical facility is not required to meet subsections 5(6)(b)(i)-(iv).

(vi) The relocated operating rooms shall be licensed to the receiving existing surgical facility and the applicant shall agree to decrease their total number of operating rooms, as applicable.

(c) All operating rooms, existing and relocated, at the receiving existing surgical facility, are projected to perform an average of at least the following in the second twelve months of operations:

(i) 1,042 surgical cases per operating room or

(ii) 1,125 hours of use in a facility that performs only outpatient surgery per operating room, and annually thereafter, or

(iii) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient hours of use, as billed by the facility, per operating room, and annually thereafter and calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient surgical hours divided by 1,125. (For example: Using 375 inpatient hours and 844 outpatient hours would equate to 375/1,500 + 844/1,125 = 0.25 + 0.75 = 1.00 OR.) or

(iv) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient surgical cases, as billed by the facility, per operating room, and annually thereafter and calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient cases divided by 1,042. (For example: Using 375 inpatient hours and 785 outpatient cases would equate to 375/1,500 + 785/1,042 = 0.25 + 0.75 = 1.00 OR.)

(d) the existing surgical service from which the operating rooms are being relocated, and the existing surgical service receiving the operating rooms, shall not require any ownership relationship.

(7) Subsection (6) shall not apply if the proposed project involves relocating one or two operating rooms within a 20-mile radius if the surgical facility is a critical access hospital, sole community hospital, or Medicare dependent hospital, or is located in a rural or micropolitan statistical area county.

(8) An applicant proposing to relocate an existing surgical service or one or more operating rooms from one licensed hospital site to another licensed hospital site and is located in a rural or micropolitan county or the applicant is located in a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent federal decennial

census or the applicant is a critical access hospital, sole community hospital, or Medicare dependent hospital, shall demonstrate each of the following:

(a) The applicant has less than six ORs at the licensed hospital from which one or more operating rooms are proposed to be relocated.

(b) All existing operating rooms have performed an average of at least one of the following utilizing the most recent 12 months of data that is verifiable by the department:

(i) 839 surgical cases per operating room, or

(ii) 906 hours of use per operating room,

(iii) an existing licensed hospital that is proposing to relocate one or more operating rooms to another existing licensed hospital is not required to meet subsections 5(8)(b)(i)-(ii),

(iv) the relocated operating rooms shall be licensed to the receiving existing licensed hospital and the applicant shall agree to decrease their total number of operating rooms, as applicable.

(c) all operating rooms, existing and relocated, at the receiving licensed hospital are projected to perform an average of at least the following in the second twelve months of operations:

(i) 839 surgical cases per operating room or

(ii) 906 hours of use per operating room.

(d) the existing licensed hospital from which the operating rooms are being relocated, and the existing licensed hospital receiving the operating rooms, shall not require any ownership relationship.

(9) An applicant shall demonstrate that it meets the requirements of Section 11(2) for the number of surgical cases, or hours of use, projected under subsections (6) and (8).

Section 6. Requirements to expand an existing surgical service

Sec. 6. To expand a surgical service means the addition of one or more operating rooms at an existing surgical service. This term also includes the change from a dedicated endoscopy or cystoscopy OR to a non-dedicated OR. An applicant proposing to add one or more operating rooms at an existing surgical service shall demonstrate each of the following as applicable, to the proposed project.

(1) An applicant shall demonstrate the following:

(a) All existing operating rooms in the existing surgical facility have performed an average of at least one of the following utilizing the most recent 12 months of data that is verifiable by the department:

(i) 1,216 surgical cases per operating room, or

(ii) 1,313 hours of use in a facility that performs only outpatient surgery per operating room, or

(iii) a licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient hours of use, as billed by the facility per year, per operating room, calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,750 plus the outpatient hours divided by 1,313. (For example: Using 438 inpatient hours and 985 outpatient hours would equate to 438/1,750 + 985/1,313 = 0.25 + 0.75 = 1.00 OR), or

(iv) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient surgical cases, as billed by the facility, per operating room calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,750 plus the outpatient cases divided by 1,216. (For example: Using 438 inpatient hours and 912 outpatient cases would equate to 438/1,750 + 912/1,216 = 0.25 + 0.75 = 1.00 OR.)

(v) all expansion volume under this subsection must be based on existing surgical cases and/or hours performed in existing operating rooms, not proposed, projected cases based on a trend of increased volume at a facility.

(b) all proposed operating rooms, including existing operating rooms, are projected to perform an average of at least the following in the second twelve months of operations:

(i) 1,042 surgical cases per operating room or

(ii) 1,125 hours of use in a facility that performs only outpatient surgery per operating room, or

(iii) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient hours of use as billed by the facility per operating room calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient hours divided by 1,125. (For example: Using 375 inpatient hours and 844 outpatient hours would equate to 375/1,500 + 844/1,125 = 0.25 + 0.75 = 1.00 OR.), or

(iv) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient surgical cases, as billed by the facility, calculated as follows:

(A) The number of operating rooms shall be the sum of the inpatient hours of use divided by 1,500 plus the outpatient cases divided by 1,042. (For example: Using 375 inpatient hours and 785 outpatient cases would equate to 375/1,500 + 785/1,042 = 0.25 + 0.75 = 1.00 OR.)

(c) An applicant whose existing operating rooms in the existing surgical facility have performed an average of at least 1650 surgical cases or 1750 hours of use per operating room in the previous 12 months for which verifiable data is available shall qualify to add one (1) additional operating room and shall not be subject to subsections (a) or (b) above.

(2) An applicant proposing to add one or more operating rooms at a licensed hospital located in a rural or micropolitan county or in a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent federal decennial census, or the applicant is a critical access hospital, sole community hospital, or Medicare dependent hospital, shall demonstrate each of the following:

(a) The applicant has less than six ORs at the licensed hospital.

(b) All existing operating rooms have performed an average of at least one of the following utilizing the most recent 12 months of data verifiable by the department:

(i) 979 surgical cases per operating room, or

(ii) 1,057 hours of use per operating room.

(c) All proposed operating rooms, including existing operating rooms, are projected to perform an average of at least the following in the second twelve months of operations:

(i) 839 surgical cases per operating room, or

(ii) 906 hours of use per operating room.

(3) Subsections (1) and (2) shall not apply if the proposed project involves adding a second operating room in a licensed hospital site located in a rural or micropolitan statistical area county that currently has only one operating room.

(4) An applicant shall demonstrate that it meets the requirements of Section 11(2) for the number of surgical cases, or hours of use, projected under subsections (1) and (2).

(5) For an applicant proposing to add one or more operating rooms to a dedicated dialysis access center that applicant shall only use dialysis access cases subject to section 11 (1)(e).

Section 7. Requirements to acquire an existing surgical service

Sec. 7. Acquisition of a surgical service means a project involving the issuance of a new license for a hospital or a freestanding surgical outpatient facility or a new certification as an ambulatory surgical center as the result of the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing surgical service. An applicant proposing to acquire an existing surgical service shall demonstrate each of the following, as applicable to the proposed project.

(1) An applicant agrees and assures to comply with all applicable project delivery requirements.

(2) For the first application proposing to acquire an existing surgical service, for which a final decision has not been issued, on or after January 27, 1996, the existing surgical service shall not be required to be in compliance with the applicable volume requirements set forth in these standards. The surgical service shall be operating at the applicable volume requirements in the second 12 months after the effective date of the acquisition.

(3) For any application proposing to acquire an existing surgical service except the first application, for which a final decision has not been issued, on or after January 27, 1996, the existing surgical service shall be required to be in compliance with the applicable volume requirements on the date the application is submitted to the Department.

(4) Subsection (3) shall not apply to those hospitals licensed under Part 215 of PA 368 of 1978, as amended that had fewer than 70 licensed beds on December 1, 2002 provided the number of ORs at the surgical service has not increased as of March 31, 2003, and the location does not change.

Section 8. Requirements for a Hybrid Operating Room/Cardiac Catheterization Laboratory (OR/CCL)

Sec. 8. A hybrid or/ccl means an operating room located on a sterile corridor and equipped with an angiography system permitting minimally invasive procedures of the heart and blood vessels with full anesthesia capabilities. An applicant proposing to add one or more hybrid OR/CCLS at an existing surgical service shall demonstrate each of the following:

(1) The applicant operates an open heart surgery service which is in full compliance with the current con review standards for open heart surgery services.

(2) If the hybrid OR/CCL(s) represents an increase in the number of licensed operating rooms at the facility, the applicant is in compliance with Section 6 of these standards.

(3) If the hybrid OR/CCL(s) represents conversion of an existing operating room(s), the applicant is in compliance with the provisions of Section 5, if applicable.

(4) The applicant meets the applicable requirements of the CON review standards for cardiac catheterization services.

(5) Each case performed in a hybrid OR/CCL shall be included either in the surgical volume or the therapeutic cardiac catheterization volume of the facility. No case shall be counted more than once.

Section 9. Requirements for Medicaid Participation

Sec. 9. An applicant shall provide verification of the facility's 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. an individual physician's National Provider Identifier (NPI) number shall not suffice as proof of a facility's Medicaid participation.

Section 10. Project delivery requirements terms of approval for all applicants

Sec. 10. An applicant shall agree that, if approved, the surgical services shall be delivered in compliance with the following terms of approval:

(1) Compliance with these standards.

(2) (a) Compliance with the following quality assurance standards:

(i) The designation of ORs as defined by the standards shall not be changed without prior notification to the Department.

(ii) Surgical facilities shall have established policies for the selection of patients and delineate procedures which may be performed in that particular facility.

(iii) Surgical facilities shall have provisions for handling all types of in-house emergencies, including cardiopulmonary resuscitation.

(iv) Surgical facilities performing outpatient surgery shall have policies which allow for hospitalization of patients when necessary. All surgeons who perform surgery within the facility shall have evidence of admitting privileges or of written arrangements with other physicians for patient admissions at a local hospital. The surgical facility shall have an established procedure, including a transfer agreement that provides for the immediate transfer of a patient requiring emergency care beyond the capabilities of the surgical facility to a hospital that is capable of providing the necessary inpatient services and is located within 30 minutes of the surgical facility. If no hospital is located within 30 minutes of the surgical facility, an applicant shall have a transfer agreement with the nearest hospital having such capability.

(v) An applicant shall have written policies and procedures regarding the administration of a surgical facility.

(vi) An applicant shall have written position descriptions which include minimum education, licensing, or certification requirements for all personnel employed at the surgical facility.

(vii) An applicant shall have a process for credentialing individuals authorized to perform surgery or provide anesthesia services at a surgical facility. An applicant's credentialing process shall insure that the selection and appointment of individuals to the staff of a surgical facility does not discriminate on the basis of licensure, registration, or professional education as doctors of medicine, osteopathic medicine and surgery, podiatric medicine and surgery, or dentistry.

(viii) An applicant shall provide laboratory, diagnostic imaging, pathology and pharmacy (including biologicals) services, either on-site or through contractual arrangements.

(ix) An applicant shall have written policies and procedures for advising patients of their rights.

(x) An applicant shall develop and maintain a system for the collection, storage, and use of patient records.

(xi) Surgical facilities shall have separate patient recovery and non-patient waiting areas.

(xii) Surgical facilities shall provide a functionally safe and sanitary environment for patients, personnel, and the public. Each facility shall incorporate a safety management a physical environment free of hazards and to reduce the risk of human injury.

(b) For purposes of evaluating subsection (a), the Department shall consider it prima facie evidence as to compliance with the applicable requirements if an applicant surgical facility is accredited by the Joint Commission on the Accreditation of Healthcare Organizations, or the Accreditation Association for Ambulatory Health Care, or certified by Medicare as an ambulatory surgical center.

(c) The operation of and referral of patients to the surgical facility 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, to assure appropriate utilization by all segments of the Michigan population, shall:

(b) not deny surgical services to any individual based on ability to pay or source of payment;

(c) provide surgical services to any individual based on the clinical indications of need for the service.

(d) maintain information by payer 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.

(e) An applicant shall participate in Medicaid or in Medicaid managed care products at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter or attest that the applicant has been unable to contract with Medicaid managed care products at current Medicaid rates.

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

(a) Existing operating rooms shall perform an average of at least:

(i) 1,042 surgical cases per year per operating room verifiable by the Department, or

(ii) 1,125 hours of use in a facility that performs only outpatient surgery per year per operating room verifiable by the Department, or

(iii) Be in compliance using the applicable weighted averages under Section 5.

(b) Existing operating rooms, located in a rural or micropolitan county, or within a city, village, or township with a population of not more than 12,000 and in a county with a population of not more than 110,000 as defined by the most recent Federal decennial census or the facility is a critical access hospital, sole community hospital, or Medicare dependent hospital in a surgical service that has less than 6 OR's shall perform an average of at least:

(i) 839 surgical cases per operating room verifiable by the Department or

(ii) 906 hours of use per operating room verifiable by the Department.

(c) The applicant shall participate in a data collection System established and administered by the Department. The data may include, but is not limited to, hours of use of operating rooms, annual budget and cost information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as well as the volume of care provided to patients from all payer sources. An applicant shall provide the required data on a separate basis for each licensed or certified site, 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. Minimum volume requirements shall not apply if the licensed hospital has less than 3 ORs and is a critical access hospital, sole community hospital, or Medicare dependent hospital, or is located in a rural or micropolitan county.

(d) The surgical service shall provide the Department with timely notice of the proposed project implementation consistent with applicable statute and promulgated rules.

(e) 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 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 11. Documentation of projections

Sec. 11. (1) An applicant required to project volumes of service shall specify how the volume projections were developed and shall include only those surgical cases performed in an OR.

(a) The applicant shall include a description of the data source(s) used as well as an assessment of the accuracy of these data used to make the projections. The projections must use most recent 12 months of data verifiable by the department. if the applicant is not utilizing annual survey data, then they must provide a detailed list of surgical cases for each committing facility. Based on this documentation, the Department shall determine if the projections are reasonable.

(b) The Department shall subtract any previous commitment, pursuant to subsection 2(d).

(c) An applicant committing cases from a hospital to an FSOF or ASC application, shall not utilize inpatient case commitments (or hours of use) in the CON application for projections.

(d) The department shall accept projections that include applying a specified percentage of projected future growth if that percentage is less than or equal to the average annual percentage of growth seen at the applicant's facility over the previous 5 years.

(e) If an applicant is applying for a dedicated dialysis access center, that applicant shall only use dialysis access cases for projected volume. For the purposes to initiate or expand surgical services for a dedicated dialysis access center, an applicant may use dialysis access cases that were performed outside of an OR as long as the dialysis access cases were performed in a facility certified by the joint commission for dialysis access cases.

(f) An applicant facility that is not or will not be used exclusively for dialysis access cases shall not utilize any dialysis access cases performed at a dedicated dialysis access center in the CON application for projections.

(2) If a projected number of surgical cases, or hours of use, under subsection (1) includes surgical cases, or hours of use, performed at another existing surgical facility(s), an applicant shall demonstrate, with documentation satisfactory to the Department, that the utilization of the existing surgical facility(s) is in compliance with the volume requirements applicable to that facility, and will continue to be in compliance with the volume requirements (cases and/or hours) applicable to that facility subsequent to the initiation, expansion, or replacement of the surgical services proposed by an applicant. In demonstrating compliance with this subsection, an applicant shall provide each of the following:

(a) The name of each physician that performed surgical cases to be transferred to the applicant surgical facility.

(b) The number of surgical cases each physician, identified in subdivision (a), performed during the most recent 12-month period for which verifiable data is available.

(c) The location(s) at which the surgical cases to be transferred were performed, including evidence that the existing location and the proposed location are within 20 miles of each other.

(d) A written commitment from each physician, identified in subdivision (a), that he or she will perform at least the volume of surgical cases to be transferred to the applicant surgical facility for no less

than 3 years subsequent to the initiation, expansion, or replacement of the surgical service proposed by an applicant.

(e) Subsection 11(2)(d) shall not apply if the proposed project involves the initiation of a surgical service at a new FSOF or a new ASC at a new geographical site utilizing the historical surgical cases of the applicant and the new service is owned by the same applicant. The applicant facility committing surgical data has completed the departmental form that certifies the surgical cases were performed at the committing facility and the surgical cases will be transferred to the proposed surgical facility for no less than three years subsequent to the initiation of the surgical service proposed by the applicant.

(f) The number of surgical cases performed, at the existing surgical facility from which surgical cases will be transferred, during the most recent 12-month period prior to the date an application is submitted to the Department for which verifiable annual survey data is available.

(3) An applicant, other than an applicant proposing to initiate a surgical service, may utilize hours of use in documenting compliance with the applicable sections of these standards, if an applicant provides documentation, satisfactory to the Department, from the surgical facility from which the hours of use are being transferred.

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 CON review standards supersede and replace the CON Review Standards for Surgical Facilities approved by the CON Commission on September 21, 2017 and effective on November 17, 2017.

APPENDIX A

Rural Michigan counties are as follows:

Alcona	Gogebic	Ogemaw
Alger	Huron	Ontonagon
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

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR HOSPITAL BEDS

(By authority conferred on the CON Commission by sections 22215 and 22217 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, 333.22217, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

Sec. 1. (1) These standards are requirements for approval under Part 222 of the Code that involve (a) beginning operation of a new hospital or (b) replacing beds in a hospital or physically relocating hospital beds from one licensed site to another geographic location or (c) increasing licensed beds in a hospital licensed under Part 215 or (d) acquiring a hospital. Pursuant to Part 222 of the Code, a hospital licensed under Part 215 is a covered health facility. The Department shall use these standards 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.

(2) An increase in licensed hospital beds is a change in bed capacity for purposes of Part 222 of the Code.

(3) The physical relocation of hospital beds from a licensed site to another geographic location is a change in bed capacity for purposes of Part 222 of the Code.

(4) An increase in hospital beds certified for long-term care is a change in bed capacity for purposes of Part 222 of the Code and shall be subject to and reviewed under the CON Review Standards for Long-Term-Care Services.

Section 2. Definitions

Sec. 2. (1) As used in these standards:

(a) "Acquiring a hospital" means the issuance of a new hospital license as the result of the acquisition (including purchase, lease, donation, or other comparable arrangements) of a licensed and operating hospital and which does not involve a change in bed capacity.

(b) "Adjusted patient days" means the number of patient days when calculated as follows:

(i) Combine all pediatric patient days of care and obstetrics patient days of care provided during the period of time under consideration and multiply that number by 1.1.

(ii) Add the number of non-pediatric and non-obstetric patient days of care, excluding psychiatric patient days, provided during the same period of time to the product obtained in (i) above. This is the number of adjusted patient days for the applicable period.

(c) "Alcohol and substance abuse hospital" means a licensed hospital within a long-term (acute) care (LTAC) hospital that exclusively provides inpatient medical detoxification and medical stabilization and related outpatient services for persons who have a primary diagnosis of substance dependence covered by MSDRGs – listed in appendix E. The department shall update the MS-DRGS utilizing the most

current MIDB data available to the department, as needed, and as follows: (i) updates to the MS-DRGS shall not require standard advisory committee action, a public hearing, or submittal of the standard to the legislature and governor in order to become effective. (ii) the department shall notify the commission when the updates are made and the effective date of the MS-DRGS.

(d) "Average adjusted occupancy rate" shall be calculated as follows:

(i) Calculate the number of adjusted patient days during the most recent, consecutive 36-month period, as of the date of the application, for which verifiable data are available to the Department.

(ii) Calculate the total licensed bed days for the same 36-month period as in (i) above by multiplying the total licensed beds by the number of days they were licensed.

(iii) Divide the number of adjusted patient days calculated in (i) above by the total licensed bed days calculated in (ii) above, then multiply the result by 100.

(e) "Base year" means the most recent year that final MIDB data is available to the Department.

(f) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to Section 22211 of the code, being Section 333.22211 of the Michigan Compiled Laws.

(g) "Close a hospital" means an applicant will demonstrate to the satisfaction of the Department that a hospital licensed under Part 215, and whose licensed capacity for the most recent 24 months prior to submission of the application was at least 80 percent for acute care beds, will close and surrender its acute care hospital license upon completion of the proposed project.

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

(i) "Common ownership or control" means a hospital that is owned by, is under common control of, or has a common parent as the applicant hospital.

(j) "Compare group or comparative review group" means the applications, other than applications applying under Section 6(5), that have been grouped for the same type of project in the same hospital group and are being reviewed comparatively in accordance with the CON rules. For applications applying under Section 6(5), compare group or comparative review group means applications that have been grouped for the same type of project and are proposing sites within a 60-minute travel time and are being reviewed comparatively in accordance with the CON rules.

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

(l) "Department inventory of beds" means the current list maintained for each hospital group on a continuing basis by the Department of (i) licensed hospital beds and (ii) hospital beds approved by a valid CON issued under either Part 221 or Part 222 of the Code that are not yet licensed. The term does not include hospital beds certified for long-term-care in hospital long-term care units.

(m) "Disproportionate share hospital payments" means the most recent payments to hospitals in the special pool for non-state government-owned or operated hospitals to assure funding for costs incurred by public facilities providing inpatient hospital services which serve a disproportionate number of low-income patients with special needs as calculated by the Medical Services Administration within the Department.

(n) "Excluded hospitals" means hospitals in the following categories:

(i) Critical access hospitals designated by CMS pursuant to 42 CFR 485.606

(ii) Hospitals located in rural or micropolitan statistical area counties

(iii) LTAC and Inpatient Rehabilitation Facility (IRF) hospitals

(iv) Sole community hospitals designated by CMS pursuant to 42 CFR 412.92

(v) Hospitals with 25 or fewer licensed beds

(vi) Hospitals as defined under MCL Section 333.21501(1)(i) and have been approved under MCL Section 333.21551 to delicense 100% of their licensed beds.

(o) "Existing hospital beds" means, for a specific hospital group, the total of all of the following: (i) hospital beds licensed by the Department of Licensing and Regulatory Affairs (LARA) or its successor; (ii) hospital beds with valid CON approval but not yet licensed; (iii) proposed hospital beds under appeal from a final decision of the Department; and (iv) proposed hospital beds that are part of a completed application under Part 222 (other than the application under review) for which a proposed decision has been issued and which is pending final Department decision.

(p) "Geographically underserved area" means those geographic areas that are more than 30-minutes drive time from an existing licensed acute care hospital with 24 hour/7 days a week emergency room services using Esri's online network analyst services (or a comparable source).

(q) "Gross hospital revenues" means the hospital's revenues as stated on the most recent Medicare and Michigan Medicaid forms filed with the Medical Services Administration within the Department.

(r) "Health service area" or "HSA" means the groups of counties listed in Appendix A.

(s) "Hospital bed" means a bed within the licensed bed complement at a licensed site of a hospital licensed under Part 215 of the Code, excluding (i) hospital beds certified for long-term care as defined in Section 20106(6) of the Code, (ii) unlicensed newborn bassinets, and (iii) unlicensed beds.

(t) "Hospital" means a hospital as defined in Section 20106(5) of the Code being Section 333.20106(5) of the Michigan Compiled Laws and licensed under Part 215 of the Code. The term does not include a hospital or hospital unit licensed or operated by the Department of Mental Health.

(u) "Hospital group" means a cluster or grouping of hospitals based on geographic proximity and hospital utilization patterns. The list of hospital groups and the hospitals assigned to each hospital group will be posted on the State of Michigan CON web site and will be updated pursuant to Section 3.

(v) "Hospital long-term-care unit" or "HLTCU" means a nursing care unit, owned or operated by and as part of a hospital, licensed by the Department, and providing organized nursing care and medical treatment to 7 or more unrelated individuals suffering or recovering from illness, injury, or infirmity.

(w) "Host hospital" means a licensed and operating hospital, which delicenses hospital beds, and which leases patient care space and other space within the physical plant of the host hospital, to allow an LTAC hospital, IRF hospital, or alcohol and substance abuse hospital, to begin operation.

(x) "Inpatient Rehabilitation Facility bed" or "IRF bed" means a licensed hospital bed within an IRF hospital or unit that has been approved to participate in the Title XVIII (Medicare) program as a prospective payment system (PPS) exempt Inpatient Rehabilitation Hospital in accordance with 42 CFR Part 412 Subpart P.

(y) "Inpatient Rehabilitation Facility hospital" or "IRF hospital" means a hospital that has been approved to participate in the Title XVIII (Medicare) program as a prospective payment system (PPS) exempt Inpatient Rehabilitation Hospital in accordance with 42 CFR Part 412 Subpart P.

(z) "Licensed site" means the location of the facility authorized by license and listed on that licensee's certificate of licensure.

(aa) "Limited access area" or "LAA" means a potential hospital location both with a bed need of 10 beds or more and an underserved population percent of 50% or more, as identified on the state of Michigan CON web site. Limited access areas shall be redetermined in the following circumstances:

(i) each time the bed need methodology is redetermined,

(ii) when a new hospital has been approved, or

(iii) when an existing hospital closes.

(bb) "Long-term (acute) care hospital" or "LTAC hospital" means a hospital has been approved to participate in the Title XVIII (Medicare) program as a prospective payment system (PPS) exempt hospital in accordance with 42 CFR Part 412 Subpart O.

(cc) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396 to 1396g and 1396i to 1396u.

(dd) "Medicaid volume" means the number of Medicaid recipients served at the hospital as stated on the most recent Medicare and Michigan Medicaid forms filed with the Medical Services Administration within the Department.

(ee) "Michigan Inpatient Data Base" or "MIDB" means the data base compiled by the Michigan Health and Hospital Association or successor organization. The data base consists of inpatient discharge records from all Michigan hospitals and Michigan residents discharged from hospitals in border states for a specific calendar year.

(ff) "New beds in a hospital" means hospital beds that meet at least one of the following: (i) are not currently licensed as hospital beds, (ii) are currently licensed hospital beds at a licensed site in one hospital group which are proposed for relocation in a different hospital group as determined by the Department pursuant to Section 3 of these standards, (iii) are currently licensed hospital beds at a licensed site in one hospital group which are proposed for relocation to another geographic site which is in the same hospital group as determined by the Department, but which are not in the replacement zone, or (iv) are currently licensed hospital beds that are proposed to be licensed as part of a new hospital in accordance with Section 6(2) of these standards.

(gg) "New hospital" means one of the following: (i) the establishment of a new facility that shall be issued a new hospital license, (ii) for currently licensed beds, the establishment of a new licensed site that is not in the same hospital group as the currently licensed beds, (iii) currently licensed hospital beds at a licensed site in one hospital group which are proposed for relocation to another geographic site which is in the same hospital group as determined by the Department, but which are not in the replacement zone, or (iv) currently licensed hospital beds that are proposed to be licensed as part of a new hospital in accordance with section 6(2) of these standards.

(hh) "Obstetrics patient days of care" means inpatient days of care for patients in the applicant’s Michigan Inpatient Data Base data ages 15 and over with MSDRGs listed in Appendix E (obstetrical discharges). The department shall update the MS-DRGS utilizing the most current MIDB data available to the department, as needed, and as follows: (i) updates to the MS-DRGS shall not require standard advisory committee action, a public hearing, or submittal of the standard to the legislature and governor in order to become effective. (ii) the department shall notify the commission when the updates are made and the effective date of the MS-DRGS.

(ii) "Overbedded hospital group" means a hospital group in which the total number of existing hospital beds in that hospital group exceeds the hospital group needed hospital bed supply.

(jj) "Pediatric patient days of care" means inpatient days of care for patients in the applicant’s Michigan Inpatient Data Base data ages 0 through 14 excluding normal newborns.

(kk) "Planning year" means five years beyond the base year for which hospital bed need is developed.

(ll) “Potential hospital location” means a 1km hexagon region. The center point of which is located both in a geographically underserved area and on land (not water).

(mm) "Qualifying project" means each application in a comparative group which has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the code, being section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code or these Standards.

(nn) "Relocate existing licensed hospital beds" for purposes of sections 6(3) and 8 of these standards, means a change in the location of existing hospital beds from the existing licensed hospital site to a different existing licensed hospital site within the same hospital group or HSA. This definition does not apply to projects involving replacement beds in a hospital governed by Section 7 of these standards.

(oo) "Remaining patient days of care" means total inpatient days of care in the applicant's Michigan Inpatient Data Base data minus obstetrics patient days of care and pediatric patient days of care.

(pp) "Renewal of lease" means execution of a lease between the licensee and a real property owner in which the total lease costs exceed the capital expenditure threshold.

(qq) "Replace beds" means a change in the location of the licensed hospital, the replacement of a portion of the licensed beds at the same licensed site, or the one-time replacement of less than 50% of the licensed beds to a new site within 250 yards of the building on the licensed site containing more than 50% of the licensed beds, which may include a new site across a highway(s) or street(s) as defined in MCL 257.20 and excludes a new site across a limited access highway as defined in MCL 257.26. The hospital beds will be in new physical plant space being developed in new construction or in newly acquired space (purchase, lease, donation, etc.) within the replacement zone.

(rr) "Replace IRF beds" means a change in the location of all IRF beds from an existing site to a new site within the replacement zone for IRF beds.

(ss) "Replacement zone" means a proposed licensed site that (i) is in the same hospital group as the existing licensed site as determined by the Department in accord with Section 3 of these standards and is on the same site, on a contiguous site, or on a site within 2 miles (5 miles for IRF beds) of the existing licensed site if the existing licensed site is located in a county with a population of 200,000 or more, or on a site within 5 miles (10 miles for IRF beds) of the existing licensed site if the existing licensed site is located in a county with a population of less than 200,000 or (ii) qualifies as an enhanced replacement zone.

(tt) "Uncompensated care volume" means the hospital's uncompensated care volume as stated on the most recent Medicare and Michigan Medicaid forms filed with the Medical Services Administration within the Department.

(uu) "Use rate" means the number of days of inpatient care per 1,000 population during a one-year period.

(vv) "Verifiable data" means data (inpatient patient days) from the most recent annual survey or more recent data that can be validated by the Department.

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

Section 3. Hospital groups

Sec. 3. Each existing hospital is assigned to a hospital group pursuant to subsection (1).

(1) These hospital groups and the assignments of hospitals to hospital groups shall be updated by the Department every five years or at the direction of the Commission. The methodology described in "New Methodology for Defining Hospital Groups" by Paul l. Delamater, Ashton M. Shortridge, and Joseph P. Messina, 2011 shall be used as follows:

(a) For each hospital, calculate the patient day commitment index (%C – a mathematical computation where the numerator is the number of inpatient hospital days from a specific geographic area provided by a specified hospital and the denominator is the total number of patient days provided by the specified hospital using MIDB data) for all Michigan zip codes using the summed patient days from the most recent three years of MIDB data. Include only those zip codes found in each year of the most recent three years of MIDB data. Arrange observations in an origin-destination table such that each hospital is an origin (row) and each zip code is a destination (column) and include only hospitals with inpatient records in the MIDB.

(b) For each hospital, calculate the road distance to all other hospitals. Arrange observations in an origin-destination table such that each hospital is an origin (row) and each hospital is also a destination (column).

(c) Rescale the road distance origin-destination table by dividing every entry in the road distance origin-destination table by the maximum distance between any two hospitals.

(d) Append the road distance origin-destination table to the %C origin-destination table (by hospital) to create the input data matrix for the clustering algorithm.

(e) Group hospitals into clusters using the k-means clustering algorithm with initial cluster centers provided by a wards hierarchical clustering method. Iterate over all cluster solutions from 2 to the number of hospitals (*n*) minus 1.

(i) For each cluster solution, record the group membership of each hospital, the cluster center location for each of the clusters, the r^2 value for the overall cluster solution, the number of single hospital clusters, and the maximum number of hospitals in any cluster.

(ii) "k-means clustering algorithm" means a method for partitioning observations into a user-specified number of groups. It is a standard algorithm with a long history of use in academic and applied research. The approach identifies groups of observations such that the sum of squares from points to the assigned cluster centers is minimized, i.e., observations in a cluster are more similar to one another than they are to other clusters. Several k-means implementations have been proposed; the bed need methodology uses the widely-adopted Hartigan-Wong algorithm. Any clustering or data mining text will discuss k-means; one example is B.S. Everitt, S. Landau, M. Leese, & D. Stahl (2011) Cluster Analysis, 5th Edition. Wiley, 346 p.

(iii) "Wards hierarchical clustering method" means a method for clustering observations into groups. This method uses a binary tree structure to sequentially group data observations into clusters, seeking to minimize overall within-group variance. In the bed need methodology, this method is used to identify the starting cluster locations for k-means. Any clustering text will discuss hierarchical cluster analysis, including Ward's method; one example is: G. Gan, C. Ma, & J. Wu (2007) Data Clustering: Theory, Algorithms, and Applications (Asa-Siam Series on Statistics and Applied Probability). Society for Industrial and Applied Mathematics (Siam), 466 p.

(f) Calculate the incremental F score (F_{inc}) for each cluster solution (i) between 3 and *n*-1 letting:

r^2_i = r^2 of solution i

r^2_{i-1} = r^2 of solution i-1

k_i = number of clusters in solution i

k_{i-1} = number of clusters in solution i-1

n = total number of hospitals

where: $$F_{inc,i} = \frac{\left(\frac{r_i^2 - r_{i-1}^2}{k_i - k_{i-1}}\right)}{\left(\frac{1 - r_i^2}{n - (k_i - 1)}\right)}$$

(g) Select candidate solutions by finding those with peak values in f_{inc} scores such that $f_{inc,\,i}$ is greater than both $f_{inc,\,i-1}$ and $f_{inc,\,i+1}$.

(h) Remove all candidate solutions in which the largest single cluster contains more than 20 hospitals.

(i) Identify the minimum number of single hospital clusters from the remaining candidate solutions. Remove all candidate solutions containing a greater number of single hospital clusters than the identified minimum.

(j) From the remaining candidate solutions, choose the solution with the largest number of clusters (*k*). This solution (*k* clusters) is the resulting number and configuration of the hospital groups.

(k) Rename hospital groups as follows:

(i) For each hospital group, identify the HSA in which the maximum number of hospitals are located. In case of a tie, use the HSA number that is lower.

(ii) For each hospital group, sum the number of current licensed hospital beds for all hospitals.

(iii) Order the groups from 1 to *k* by first sorting by HSA number, then sorting within each HSA by the sum of beds in each hospital group. The hospital group name is then created by appending number in which it is ordered to "hg" (e.g., hg1, hg2, … hg*k*).

(iv) Hospitals that do not have patient records in the MIDB - identified in subsection (1)(a) - are designated as "ng" for non-groupable hospitals.

(2) For an application involving a proposed new licensed site for a hospital (whether new or replacement), the proposed new licensed site shall be assigned to an existing hospital group utilizing the methodology described in "A Methodology for Defining Hospital Groups" by Paul L. Delamater, Ashton M. Shortridge, and Joseph P. Messina, 2011 as follows:

(a) Calculate the road distance from proposed new site (*s*) to all existing hospitals, resulting in a list of *n* observations (s_n).

(b) Rescale s_n by dividing each observation by the maximum road distance between any two hospitals identified in subsection (1)(c).

(c) For each hospital group, subset the cluster center location identified in subsection (1)(e)(i) to only the entries corresponding to the road distance between hospitals. For each hospital group, the result is a list of *n* observations that define each hospital group's central location in relative road distance.

(d) Calculate the distance ($d_{K,S}$) between the proposed new site and each existing hospital group

where: $d_{k,s} = \sqrt{\left(HG_{k,1} - s_1\right)^2 + \left(HG_{k,2} - s_2\right)^2 + \left(HG_{k,3} - s_3\right)^2 + \ldots + \left(HG_{k,n} - s_n\right)^2}$

(e) Assign the proposed new site to the closest hospital group (HG*k*) by selecting the minimum value of $d_{k,s}$.

(f) If there is only a single applicant, then the assignment procedure is complete. If there are additional applicants, then steps (a) – (e) must be repeated until all applicants have been assigned to an existing hospital group.

(3) The Department shall amend the hospital groups to reflect: (a) approved new licensed site(s) assigned to a specific hospital group; (b) hospital closures; and (c) licensure action(s) as appropriate.

(4) As directed by the Commission, new hospital group assignments established according to subsection (1) shall supersede the previous subarea/hospital group assignments and shall be posted on the State of Michigan CON web site effective on the date determined by the Commission.

Section 4. Determination of hospital bed need and limited access areas

Sec. 4. (1) The determination of the hospital bed need for a hospital group for a planning year shall be made using the MIDB and the methodology detailed in "New Methodology for Determining Needed Hospital Bed Supply" by Paul L. Delamater, Ashton M. Shortridge, and Joseph P. Messina, 2011 as follows:

(a) All hospital discharges for normal newborns (DRG 391 prior to 2008, DRG 795 thereafter) and psychiatric patients (ICD-9-CM codes 290 through 319, see Appendix D for ICD-10-CM Codes, as a principal diagnosis) will be excluded.

(b) For each county, compile the monthly patient days used by county residents for the previous five years (base year plus previous four years). Compile the monthly patient days used by non-Michigan residents in Michigan hospitals for the previous five years as an "out-of-state" unit. The out-of-state patient days unit is considered an additional county thereafter. Patient days are to be assigned to the month in which the patient was discharged. For patient records with an unknown county of residence, assign patient days to the county of the hospital where the patient received service.

(c) For each county, calculate the monthly patient days for all months in the planning year. For each county, construct an ordinary least squares linear regression model using monthly patient days as the dependent variable and months (1-60) as the independent variable. If the linear regression model is significant at a 90% confidence level (F-score, two tailed p value ≤ 0.1), predict patient days for months 109-120 using the model coefficients. If the linear regression model is not significant at a 90% confidence level (F-score, two tailed p value > 0.1), calculate the predicted monthly patient day demand in the planning year by finding the monthly average of the three previous years (months 25-60).

(d) For each county, calculate the predicted yearly patient day demand in the planning year. For counties with a significant regression model, sum the monthly predicted patient days for the planning year. For counties with a non-significant regression model, multiply the three year monthly average by 12.

(e) For each county, calculate the base year patient day commitment index (%c) to each hospital group. Specifically, divide the base year patient days from each county to each hospital group by the total number of base year patient days from each county.

(f) For each county, allocate the planning year patient days to the hospital groups by multiplying the planning year patient days by the %c to each hospital group from subsection (e).

(g) For each hospital group, sum the planning year patient days allocated from each county.

(h) For each hospital group, calculate the average daily census (ADC) for the planning year by dividing the planning year patient days by 365. Round each ADC value up to the nearest whole number.

(i) For each hospital group, select the appropriate occupancy rate from the occupancy table in Appendix C.

(j) For each hospital group, calculate the planning year bed need by dividing the planning year ADC by the appropriate occupancy rate. Round each bed need value up to the nearest whole number.

(2) The determination of limited access areas and their hospital bed need shall be made using the methodology detailed in "A Methodology for Determining Limited Access Areas" by Paul L. Delamater, 2021, which methodology is summarized as follows:

(a) Calculate the average yearly patient day use rate of Michigan residents in the base year as follows:

(i) Sum all patient days from all hospital discharges for Michigan residents in the base year, excluding all hospital discharges for normal newborns (DRG 391 prior to 2008, DRG 795 thereafter) and psychiatric patients (ICD-9-CM codes 290 through 319, see Appendix D for ICD-10-CM Codes, as a principal diagnosis).

(ii) Acquire the estimated Michigan population in the base year from the US Census Bureau.

(iii) Divide the summed patient days calculated in (i) by the estimated Michigan population acquired in (ii) to calculate the average yearly patient day use rate.

(b) Identify geographically underserved areas as follows:

(i) Using Esri's online network analyst services (or a comparable source), create 30-minute drive time service areas around each existing licensed acute care hospital with 24 hour/7 days a week emergency room services.

(ii) Identify regions greater than a 30-minute drive from the nearest existing hospital by removing the 30-minute service areas from the state geographic footprint. The remaining regions are the geographically underserved areas.

(c) Identify potential hospital locations as follows:

(i) Create a hexagon tessellation over the entire state with 1km distance between the center point of every hexagon.

(ii) Subset the hexagons to include only those hexagons with a center point that is located within a geographically underserved area and on land. For purposes of this subsection, on land means those US Census block groups that are not 100% covered by water. The set of remaining hexagons are the potential hospital locations.

(d) For each potential hospital location, calculate the bed need and the underserved population percent as follows:

(i) Using Esri's online network analyst services (or a comparable source), create a 30-minute drive time service area around the hexagon center point.

(ii) Identify the number of people residing within the 30-minute service area using US Census block centroids with updated population information.

(iii) Assign each population as currently underserved or currently served by geographically overlaying the US Census block centroids (with updated population information) used in (ii) with the geographically underserved areas identified in (b). Sum the number of people in both groups to determine the total population.

(iv) Multiply the underserved population total by the average yearly patient day use rate of Michigan residents in the base year as calculated in Section 4(2)(a) to calculate the expected number of yearly patient days. Follow the steps in Section 4(1)(h) – (j) to calculate the bed need for the hospital location.

(v) Divide the underserved population total by the total population as determined in (iii), and multiply by 100 to calculate the underserved population percent.

(e) Remove all potential hospital locations with a bed need of less than 10 beds or with an underserved population percent of less than 50%. The remaining potential hospital locations are the limited access areas.

Section 5. Bed Need

Sec. 5. (1) The bed-need numbers shall apply to projects subject to review under these standards, except where a specific CON review standard states otherwise.

(2) The Department shall re-calculate the acute care bed need methodology in Section 4 every two years, or as directed by the Commission.

(3) The effective date of the bed-need numbers shall be established by the Commission.

(4) New bed-need numbers established by subsections (2) and (3) shall supersede previous bed-need numbers and shall be posted on the State of Michigan CON web site as part of the hospital bed inventory.

(5) Modifications made by the Commission pursuant to this section shall not require standard advisory committee action, a public hearing, or submittal of the standard to the legislature and the governor in order to become effective.

Section 6. Requirements for approval -- new beds in a hospital, LTAC hospital or IRF hospital or substance abuse hospital; relicensure of beds by a host hospital; LTAC or IRF hospital space renewal of lease; and LTAC or IRF hospital continued operation after host hospital closes

Sec. 6. (1) An applicant proposing new beds in a hospital, except an applicant meeting the requirements of subsection 2, 3, 4, or 5, shall demonstrate that it meets all of the following:

(a) The new beds in a hospital shall result in a hospital of at least 200 beds in a metropolitan statistical area county or 25 beds in a rural or micropolitan statistical area county. This subsection may be waived by the Department if the Department determines, in its sole discretion, that a smaller hospital is necessary or appropriate to assure access to health-care services.

(b) The total number of existing hospital beds in the hospital group to which the new beds will be assigned does not currently exceed the needed hospital bed supply. The Department shall determine the hospital group to which the beds will be assigned in accord with Section 3 of these standards.

(c) Approval of the proposed new beds in a hospital shall not result in the total number of existing hospital beds, in the hospital group to which the new beds will be assigned, exceeding the needed hospital bed supply. The Department shall determine the hospital group to which the beds will be assigned in accord with Section 3 of these standards.

(2) An applicant proposing to begin operation as a new LTAC hospital, IRF hospital or alcohol and substance abuse hospital within an existing licensed, host hospital, or an LTAC or IRF hospital continuing operation after a host hospital closes, shall demonstrate that it meets all of the requirements of this subsection:

(a) If the LTAC or IRF hospital applicant described in this subsection does not meet the Title XVIII requirements of the Social Security Act for exemption from PPS as an LTAC or IRF hospital within 12 months after beginning operation, then it may apply for a six-month extension in accordance with R325.9403 of the CON rules. If the applicant fails to meet the Title XVIII requirements for PPS exemption as an LTAC or IRF hospital within the 12 or 18-month period, then the CON granted pursuant to this section shall expire automatically.

(b) The patient care space and other space to establish the new hospital is being obtained through a lease arrangement and renewal of a lease between the applicant and the host hospital. The initial, renewed, or any subsequent lease shall specify at least all of the following:

(i) That the host hospital shall delicense the same number of hospital beds proposed by the applicant for licensure in the new hospital or any subsequent application to add additional beds.

(ii) That the proposed new beds shall be for use in space currently licensed as part of the host hospital.

(iii) That upon non-renewal and/or termination of the lease, upon termination of the license issued under Part 215 of the act to the applicant for the new hospital, upon noncompliance with the project delivery requirements, upon voluntary closure of the host hospital, or any other applicable requirements of these standards, the beds licensed as part of the new hospital must be disposed of by one of the following means:

(A) Relicensure of the beds to the host hospital. The host hospital must obtain a CON to acquire the LTAC or IRF hospital. In the event that the host hospital applies for a CON to acquire the LTAC or IRF hospital [including the beds leased by the host hospital to the LTAC or IRF hospital] within six months following the termination of the lease with the LTAC or IRF hospital, it shall not be required to be in compliance with the hospital bed supply if the host hospital proposes to add the beds of the LTAC or IRF hospital to the host hospital's medical/surgical licensed capacity and the application meets all other applicable project delivery requirements. The beds must be used for general medical/surgical purposes. Such an application shall not be subject to comparative review and shall be processed under the procedures for non-substantive review (as this will not be considered an increase in the number of beds originally licensed to the applicant at the host hospital);

(B) Delicensure of the hospital beds; or

(C) Acquisition by another entity that obtains a CON to acquire the new hospital in its entirety and that entity must meet and shall stipulate to the requirements specified in Section 6(2).

(D) Voluntary closure of the host hospital. An LTAC or IRF hospital proposing to continue operation after its host hospital voluntarily closes shall not be subject to comparative review and shall be processed under the same procedures for non-substantive review. The applicant shall also demonstrate it meets all of the following:

(1) The LTAC or IRF hospital has or agrees to permanently acquire its LTAC or IRF hospital beds from the host hospital as demonstrated by a current agreement with the host hospital or other documentation acceptable to the department,

(2) The LTAC or IRF hospital has or agrees that it will have continued control of its physical space as demonstrated by a current executed lease, proof of ownership, an agreement to lease or purchase or other documentation acceptable to the department,

(3) The LTAC or IRF agrees to comply with all applicable project delivery requirements, and

(4) the LTAC or IRF hospital approved under this subsection agrees that if it ceases operation as an LTAC or IRF hospital it will dispose of its licensed beds by either (i) relocating the beds to an existing, licensed hospital or (ii) delicensing the beds.

(c) The applicant or the current licensee of the new hospital shall not apply, initially or subsequently, for CON approval to initiate any other CON covered clinical services; provided, however, that this section is not intended, and shall not be construed in a manner which would prevent the licensee from contracting and/or billing for medically necessary covered clinical services required by its patients under arrangements with its host hospital or any other CON approved provider of covered clinical services.

(d) The new licensed hospital shall remain within the host hospital.

(e) The new hospital shall be assigned to the same hospital group as the host hospital.

(f) The proposed project to begin operation of a new hospital, under this subsection, shall constitute a change in bed capacity under Section 1(2) of these standards.

(g) The lease will not result in an increase in the number of licensed hospital beds in the hospital group.

(h) Applications proposing a new hospital under this subsection shall not be subject to comparative review.

(3) An applicant proposing to add new hospital beds, as the receiving licensed hospital under Section 8, shall demonstrate that it meets all of the requirements of this subsection and shall not be required to be in compliance with the needed hospital bed supply if the application meets all

other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements.

(a) The approval of the proposed new hospital beds shall not result in an increase in the number of licensed hospital beds as follows:

(i) In the hospital group pursuant to Section 8(2)(a), or

(ii) in the HSA pursuant to Section 8(2)(b).

(b) Where the source hospital was subject to Section 8(3)(b), the receiving hospital shall have an average adjusted occupancy rate of 40 percent or above.

(c) Where the source hospital was subject to Section 8(3)(b), the addition of the proposed new hospital beds at the receiving hospital shall not exceed the number determined by the following calculation:

(i) As of the date of the application, calculate the adjusted patient days for the most recent, consecutive 36-month period where verifiable data is available to the Department, and divide by .40.

(ii) Divide the result of subsection (i) by 1095 (or 1096, if the 36-month period includes a leap year) and round up to next whole number or 25, whichever is larger. This is the maximum number of beds that can be licensed at the receiving hospital.

(iii) Subtract the receiving hospital's total number of licensed beds and approved beds from the result of subsection (ii). This is the maximum number of beds that can be added to the receiving hospital.

(d) Where the source hospital was subject to Section 8(3)(b), the receiving hospital's average adjusted occupancy rate must not be less than 40 percent after the addition of the proposed new hospital beds.

(e) Subsection (3)(b), (c), and (d) shall not apply to excluded hospitals.

(f) The proposed project to add new hospital beds, under this subsection, shall constitute a change in bed capacity under Section 1(2) of these standards.

(g) Applicants proposing to add new hospital beds under this subsection shall not be subject to comparative review.

(h) Hospitals defined under Section 2(1)(n)(vi) of this standard shall not apply for additional beds under Section 6(3) until the receiving hospital has relicensed the beds as required in MCL Section 333.21551(7).

(4) An applicant may apply for the addition of new beds if all of the following subsections are met. Further, an applicant proposing new beds at an existing licensed hospital site shall not be required to be in compliance with the needed hospital bed supply if the application meets all other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements.

(a) The beds are being added at the existing licensed hospital site or are being replaced to a new IRF hospital site being created under Section 7(6) as part of the same CON application.

(b) The hospital at the existing licensed hospital site has operated at an adjusted occupancy rate of 80 percent or above for the previous, consecutive 24 months based on its licensed and approved hospital bed capacity. The adjusted occupancy rate shall be calculated as follows:

(i) Calculate the number of adjusted patient days during the most recent, consecutive 24-month period for which verifiable data are available to the Department.

(ii) Divide the number calculated in (i) above by the total possible patient days [licensed and approved hospital beds multiplied by 730 (or 731 if including a leap year)]. This is the adjusted occupancy rate.

(c) The number of beds that may be approved pursuant to this subsection shall be the number of beds necessary to reduce the adjusted occupancy rate for the hospital to 75 percent. The number of beds shall be calculated as follows:

(i) Divide the number of adjusted patient days calculated in subsection (b)(i) by .75 to determine licensed bed days at 75 percent occupancy.

(ii) Divide the result of step (i) by 730 (or 731 if including a leap year) and round the result up to the next whole number.

(iii) Subtract the number of licensed and approved hospital beds as documented on the "Department Inventory of Beds" from the result of step (ii) and round the result up to the next whole number to determine the maximum number of beds that may be approved pursuant to this subsection.

(d) A licensed acute care hospital that has relocated its beds, after the effective date of these standards, shall not be approved for hospital beds under this subsection for five years from the effective date of the relocation of beds.

(e) Applicants proposing to add new hospital beds under this subsection shall not be subject to comparative review.

(5) An applicant proposing a new hospital in a limited access area shall not be required to be in compliance with the needed hospital bed supply if the application meets all other applicable con review standards, agrees and assures to comply with all applicable project delivery requirements, and all of the following subsections are met.

(a) The proposed new hospital, unless a critical access hospital, shall have 24 hour/7 days a week emergency services, surgical services, and licensed acute care beds.

(b) The Department shall assign the proposed new hospital to an existing hospital group using the methodology in Section 3(2).

(c) Approval of the proposed new beds in a hospital in a limited access area shall not exceed the bed need for the limited access area as determined in Section 4(2)(d)(iv) and as set forth on the State of Michigan CON web site.

(d) Applicants proposing to create a new hospital under this subsection shall not be approved, for a period of five years after beginning operation of the facility, of the following covered clinical services: (i) open heart surgery, (ii) therapeutic cardiac catheterization, (iii) fixed positron emission tomography (pet) services, (iv) all transplant services, (v) neonatal intensive care services/beds, and (vi) fixed urinary extracorporeal shock wave lithotripsy (ueswl) services.

(e) Applicants proposing to add new hospital beds under this subsection shall be prohibited from relocating the new hospital beds for a period of 10 years after beginning operation of the facility.

Section 7. Requirements for approval to replace beds

Sec. 7. (1) If the application involves the development of a new licensed site, an applicant proposing to replace beds in a hospital within the replacement zone shall demonstrate that the new beds in a hospital shall result in a hospital of at least 200 beds in a metropolitan statistical area county or 25 beds in a rural or micropolitan statistical area county. This subsection may be waived by the Department if the Department determines, in its sole discretion, that a smaller hospital is necessary or appropriate to assure access to health-care services.

(2) The applicant shall specify whether the proposed project is to replace the licensed hospital to a new site, to replace all licensed IRF beds to a new site, to replace a portion of the licensed beds at the

existing licensed site, or the one-time replacement of less than 50% of the licensed beds to a new site within 250 yards of the building on the licensed site containing more than 50% of the licensed beds, which may include a new site across a highway(s) or street(s) as defined in MCL 257.20 and excludes a new site across a limited access highway as defined in MCL 257.26.

(3) The applicant shall demonstrate that the new licensed site is in the replacement zone or in the enhanced replacement zone. To qualify as an enhanced replacement zone, the following requirements shall be met:

(a) The existing licensed site shall:

(i) be located in a county with a population of 200,000 or less, and

(ii) be the only licensed hospital site in that county that reported providing emergency services on the most recent CON Annual Survey as of the date of the application; and

(b) the proposed licensed site shall:

(i) be in the same hospital group as the existing licensed site as determined by the Department in accord with Section 3 of these standards,

(ii) be on a site within 10 miles of the existing licensed site,

(iii) be on a site within the same county as the existing licensed site or in an adjacent county that does not currently have a licensed hospital site that offers emergency services, and

(iv) be on a site 10 or more miles from all other licensed hospital sites that offer emergency services.

(4) The applicant shall comply with the following requirements, as applicable:

(a) The applicant's hospital shall have an average adjusted occupancy rate of 40 percent or above.

(b) If the applicant hospital does not have an average adjusted occupancy rate of 40 percent or above, then the applicant hospital shall reduce the appropriate number of licensed beds to achieve an average adjusted occupancy rate of 60 percent or above. The applicant hospital shall not exceed the number of beds calculated as follows:

(i) As of the date of the application, calculate the number of adjusted patient days during the most recent, consecutive 36-month period where verifiable data is available to the Department, and divide by .60.

(ii) Divide the result of subsection (i) above by 1095 (or 1096 if the 36-month period includes a leap year) and round up to the next whole number or 25, whichever is larger. This is the maximum number of beds that can be licensed at the licensed hospital site after the replacement.

(c) Subsection (4)(a) and (b) shall not apply to excluded hospitals.

(5) An applicant proposing replacement beds in the replacement zone shall not be required to be in compliance with the needed hospital bed supply if the application meets all other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements.

(6) If the application involves the development of a new licensed IRF hospital site, an applicant proposing to replace IRF beds within the replacement zone shall demonstrate that it meets all of the requirements of this subsection:

(a) The new license created by the proposed project shall only be utilized for inpatient rehabilitation beds.

(b) The applicant hospital has demonstrated, at the time of the CON filing, it is operating under high occupancy as governed by Section 6(4) of these standards.

(c) The applicant has demonstrated, at the time of CON filing, that the beds to be replaced are either IRF beds that meet the Title XVIII requirements of the Social Security Act for exemption from PPS as an IRF hospital, or high occupancy beds being requested under Section 6(4) as part of the same CON application.

(d) The new IRF hospital will have at least 40 IRF beds if located in a county with a population of 200,000 or more; or at least 25 IRF beds if located in a county with a population of less than 200,000.

(e) As part of the phasing of the replacement of IRF beds to the new site, the applicant may retain, for 36-months from the time of activation of the new site, up to eight IRF beds at the existing hospital site. Any IRF beds at the existing site that have not been transitioned to the new site within the 36-month time period shall not be utilized for inpatient rehabilitation and shall revert back to acute medical-surgical hospital beds.

(f) The proposed project to begin operation of a new site, under this subsection, shall constitute a change in bed capacity under Section 1(2) of these standards.

(g) The existing hospital site shall delicense the same number of IRF beds proposed by the applicant for licensure in the new IRF hospital.

(h) Applicants proposing a new IRF hospital under this subsection shall not be subject to comparative review.

(i) The new IRF hospital shall be assigned to the same hospital group as the hospital where the IRF beds originated.

(j) If the IRF hospital approved under this subsection ceases operation as an IRF hospital, the beds licensed as part of the new IRF hospital must be disposed of by one of the following means:

(i) relocate the replaced IRF beds back to the site of origin;

(ii) relocate all IRF beds approved under high occupancy to the site of origin in subsection (i) if they are to be utilized as an IRF bed; or

(iii) delicense any IRF beds approved under high occupancy if they are not to be utilized as an IRF bed.

Section 8. Requirements for approval of an applicant proposing to relocate existing licensed hospital beds

Sec. 8. (1) The proposed project to relocate beds, under this section, shall constitute a change in bed capacity under Section 1(3) of these standards.

(2) Any existing licensed acute care hospital (source hospital) may relocate all or a portion of its beds to another existing licensed acute care hospital as follows:

(a) The licensed acute care hospitals are located within the same hospital group, or

(b) the licensed acute care hospitals are located within the same HSA if the receiving hospital meets the requirements of Section 6(4)(b) of these standards.

(3) The applicant shall comply with the following requirements, as applicable:

(a) The source hospital shall have an average adjusted occupancy rate of 40 percent or above.

(b) If the source hospital does not have an average adjusted occupancy rate of 40 percent or above, then the source hospital shall reduce the appropriate number of licensed beds to achieve an average adjusted occupancy rate of 60 percent or above upon completion of the relocation(s). The source hospital shall not exceed the number of beds calculated as follows:

(i) As of the date of the application, calculate the number of adjusted patient days during the most recent, consecutive 36-month period where verifiable data is available to the Department, and divide by .60.

(ii) Divide the result of subsection (i) by 1095 (or 1096 if the 36-month period includes a leap year) and round up to the next whole number or 25, whichever is larger. This is the maximum number of beds that can be licensed at the source hospital site after the relocation.

(c) Subsections (3)(a) and (b) shall not apply to excluded hospitals.

(4) A source hospital shall apply for multiple relocations on the same application date, and the applications can be combined to meet the criteria of (3)(b) above. A separate application shall be submitted for each proposed relocation.

(5) The hospital from which the beds are being relocated, and the hospital receiving the beds, shall not require any ownership relationship.

(6) The relocated beds shall be licensed to the receiving hospital and will be counted in the inventory for the applicable hospital group.

(7) The relocation of beds under this section shall not be subject to a mileage limitation.

Section 9. Project delivery requirements terms of approval for all applicants

Sec. 9. An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of CON approval:

(1) Compliance with these standards.

(2) Compliance with the following quality assurance standards:

(a) The applicant shall assure compliance with Section 20201 of the Code, being Section 333.20201 of the Michigan Compiled Laws.

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

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

(b) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:

(i) Not deny services to any individual based on ability to pay or source of payment.

(ii) Maintain information by source of payment to indicate the volume of care from each payor and non-payor source provided annually.

(iii) Provide services to any individual based on clinical indications of need for the services.

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

(a) An applicant approved pursuant to Section 6(4) must achieve a minimum occupancy of 75 percent over the last 12-month period in the three years after the new beds are put into operation, and for each subsequent calendar year, or the number of new licensed beds shall be reduced to achieve a minimum of 75 percent average annual occupancy for the revised licensed bed complement.

(b) The applicant must submit documentation acceptable and reasonable to the Department, within 30 days after the completion of the 3-year period, to substantiate the occupancy rate for the last 12-month period after the new beds are put into operation and for each subsequent calendar year, within 30 days after the end of the year.

(c) The applicant shall participate in a data collection system 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, and demographic, morbidity, and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data on a separate basis for each licensed site; 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.

(d) The applicant shall participate and submit data to the Michigan Inpatient Data Base (MIDB). The data shall be submitted to the Department or its designee.

(e) The applicant shall provide the Department with timely notice of the proposed project implementation consistent with applicable statute and promulgated rules.

(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) An applicant approved for the replacement of IRF beds under Section 7(6) to a new non-contiguous site shall be in compliance with the following:

(a) The replaced IRF beds shall maintain their PPS exempt inpatient rehabilitation hospital status.

(b) The new license created by the proposed project will only be utilized for inpatient rehabilitation beds.

(6) An LTAC or IRF hospital approved pursuant to section 6(2) may continue to operate after its host hospital closes and shall be in compliance with all of the following:

(a) be separately licensed,

(b) maintain its own governing body,

(c) own and operate its approved beds, and

(d) operations must continue without interruption including maintaining its own staff, supplies, and services.

(7) An applicant approved pursuant to Section 6(5) shall not exceed the number of approved beds unless it also receives approval under sections 6(3) or 6(4).

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

(9) A hospital defined under MCL Section 333.21501(1)(i) shall also meet the following requirements:

(a) The hospital must notify The Department of the designation aquried as required in MCL Section333.21513(h).

(b) If the hospital ceases to meet the requirements of MCL Section 333.21551 or decides to permanently delicense beds as part of MCL Section 333.21551 they must notify The Department for bed inventory purposes.

(c) The hospital will continue to be in compliance with the requirements listed in MCL Section 333.21551, as applicable.

Section 10. Department inventory of beds

Sec. 10. The Department shall maintain and provide on request a listing of the Department inventory of beds for each hospital group.

Section 11. Effect on prior planning policies; comparative reviews

Sec. 11. (1) These CON review standards supersede and replace the CON Standards for Hospital Beds approved by the CON Commission on December 9, 2021 and effective February 28, 2022.

(2) Projects reviewed under these standards shall be subject to comparative review except those projects meeting the requirements of Section 7 involving the replacement of beds in a hospital within the replacement zone and projects involving acquisition (including purchase, lease, donation or comparable arrangements) of a hospital.

Section 12. Additional requirements for applications included in comparative reviews

Sec. 12. (1) Any application for hospital beds, that is subject to comparative review under Section 22229 of the Code, being Section 333.22229 of the Michigan Compiled Laws, or under these standards shall be grouped and reviewed comparatively with other same type of applications (limited access area or non-limited access area) in accordance with the CON rules.

(2) Each application in a comparative review group shall be individually reviewed to determine whether the application is a qualifying project. If the Department determines that two or more competing applications are qualifying projects, it shall conduct a comparative review. The Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1) of the Code, and which have the highest number of points when the results of subsection (3) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects that, when taken together, do not exceed the need in the order in which the applications were received by the Department based on the date and time stamp placed on the applications by the department in accordance with rule 325.9123.

(3)(a) A qualifying project will be awarded points based on the applicant's CMS Star Ratings via Hospital Compare as of the date of application as follows:

A qualifying project will be awarded points based on the applicant's quality of care as measured by the overall Star Ratings available through CMS' Hospital Compare. For purposes of evaluating this criterion, an average shall be calculated based on the overall Star Ratings of the applicant and all currently licensed Michigan hospitals under common ownership or control with the applicant that are located in the same health service area as the proposed hospital beds. Applicants shall be ranked in order according to this calculated overall Star Rating average.

STAR RATING	POINTS AWARDED
Applicant with highest average star rating	20 points
All other applicants	Applicant's average Star Rating divided by the highest applicant's Star Rating, then multiplied by 15
Example: The highest applicant has an average Star Rating of 3.4	20 points
Applicant with Star Rating of 3.1	(3.1 ÷ 3.4) x 15 = 13.7 is 14 points
Applicant with Star Rating of 3.0	(3.0 ÷ 3.4) x 15 = 13.2 is 13 points

For purposes of evaluating this criterion, applicants shall submit the overall CMS Star Rating available at the time of the submission of the CON application for the applicant and each currently licensed hospital under common ownership or control located in the same health service area as the proposed hospital beds. Where an applicant proposes to close a hospital(s) as part of its application, data from the hospital(s) to be closed shall be excluded from this calculation. Star Ratings shall be rounded to the nearest 1/10, and points awarded shall be rounded to the nearest whole number, i.e. numbers ending in .5 or higher, round up, and numbers ending in .4 or lower, round down.

(b) A qualifying project will be awarded points based on the ranking of the applicant's uninsured days as measured as a percentage of total days as set forth in the following table. The applicant's uninsured percentage will be the cumulative of all uninsured inpatient med/surg and uninsured inpatient rehab days divided by the cumulative of all inpatient med/surg and inpatient rehab days at all currently licensed Michigan hospitals under common ownership or control with the applicant that are located in the same health service area as the proposed hospital beds. For purposes of evaluating this criterion, an applicant shall submit the most recent reviewed and accepted Medicaid Cost Report for each currently licensed hospital under common ownership or control within the same health service area. If a hospital under common ownership or control with the applicant has not filed a MEDICAID Cost Report, then the related applicant shall receive a score of zero.

UNINSURED DAYS	POINTS AWARDED
Applicant with highest percent of uninsured days	10 points
All other applicants	Applicant's percent of uninsured days divided by the highest applicant's percent of uninsured days, then multiplied by 7
Example: The highest applicant has 5.3% uninsured days	10 points
Applicant with 5.0% days	(5.0 ÷ 5.3) x 7 = 6.6 is 7 points
Applicant with 3.0% days	(3.0 ÷ 5.3) x 7 = 4.0 is 4 points

Where an applicant proposes to close a hospital(s) as part of its application, data from the hospital(s) to be closed shall be excluded from this calculation. Percentages of days shall be rounded to the nearest 1/10 (e.g. 5.3%), and points awarded shall be rounded to the nearest whole number, i.e. numbers ending in .5 or higher, round up, and numbers ending in .4 or lower, round down.

(c) A qualifying project will be awarded points based on the ranking of the applicant's Medicaid days as measured as a percentage of total days as set forth in the following table. For purposes of scoring, the applicant's Medicaid percentage will be the cumulative of all Title XIX and Healthy Michigan inpatient med/surg and inpatient rehab days divided by the cumulative of all inpatient med/surg and inpatient rehab days at all currently licensed Michigan hospitals under common ownership or control with the applicant that are located in the same health service area as the proposed hospital beds. For purposes of evaluating this criterion, an applicant shall submit the most recent reviewed and accepted Medicaid Cost Report for each currently licensed hospital under common ownership or control within the same health service area. If a hospital under common ownership or control with the applicant has not filed a MEDICAID Cost Report, then the related applicant shall receive a score of zero.

MEDICAID DAYS	POINTS AWARDED
Applicant with highest percent of Medicaid days	20 points
All other applicants	Applicant's percent of Medicaid days divided by the highest applicant's percent of Medicaid days, then multiplied by 15
Example: the highest applicant has 15.3% Medicaid days	20 points
Applicant with 15.0% days	(15.0 ÷ 15.3) x 15 = 14.7 is 15 points
Applicant with 12.2% days	(12.2 ÷ 15.3) x 15 = 12.0 is 12 points

Where an applicant proposes to close a hospital(s) as part of its application, data from the hospital(s) to be closed shall be excluded from this calculation. Percentages of days shall be rounded to the nearest 1/10 (e.g. 5.3%), and points awarded shall be rounded to the nearest whole number, i.e. numbers ending in .5 or higher, round up, and numbers ending in .4 or lower, round down.

(d) A qualifying project shall be awarded points as set forth in the following table in accordance with its impact on inpatient capacity. If an applicant proposes to close a hospital(s), points shall only be awarded if (i) closure of that hospital(s) does not create a bed need in any hospital group as a result of its closing; (ii) the applicant stipulates that the hospital beds to be closed shall not be transferred to another location or facility; and (iii) the utilization (as defined by the average daily census over the previous 24-month period prior to the date that the application is submitted) of the hospital to be closed is at least equal to 50 percent of the size of the proposed hospital (as defined by the number of proposed new licensed beds).

Impact on Capacity	Points Awarded
Closure of hospital(s)	15 pts
Closure of hospital(s) which creates a bed need	5 pts

(e) A qualifying project will be awarded points based on the applicant's total project costs per hospital bed. For purposes of this criterion, total project costs shall be defined as the total costs for construction and renovation, site work, architectural/engineering and consulting fees, contingencies, fixed equipment, construction management and permits. The proposed project must include space for

inpatient care, and, if not already available at the proposed site, space to provide 24 hour/7 days a week surgical, emergency and imaging services. Points shall be awarded in accordance with the table below:

COST PER BED	POINTS AWARDED
Applicant with lowest cost per bed	15 points
All other applicants	The lowest cost per bed in the compare group divided by the applicant's cost per bed, then multiplied by 10
Example: the lowest cost applicant has $698,000 per bed	15 points
Applicant with $710,000 per bed	($698,000 ÷ 710,000) x 10 = 9.8 is 10 points
Applicant with $975,000 per bed	($698,000 ÷ 975,000) x 10 = 7.2 is 7 points

Points shall not be awarded under this section for any project that proposes to add beds at a leased facility. Costs shall be rounded to the nearest whole dollar, and points awarded shall be rounded to the nearest whole number, i.e. numbers ending in .5 or higher, round up, and numbers ending in .4 or lower, round down.

(f) A qualifying project will be awarded points based on the percentage of the applicant's historical market share of inpatient days of the population in an area which will be defined as that area circumscribed by the proposed hospital locations defined by all of the applicants in the comparative review process under consideration. This area will include any zip code completely within the area as well as any zip code which touches, or is touched by, the lines that define the area included within the figure that is defined by the geometric area resulting from connecting the proposed locations. In the case of two locations or one location or if the exercise in geometric definition does not include at least ten zip codes, the market area will be defined by the zip codes within the county (or counties) that includes the proposed site (or sites). Market share used for the calculation shall be the cumulative of the market area's patient days served by the applicant and all currently licensed Michigan hospitals under common ownership and control divided by the market area's total patient days for the 12-month period most recently available through the Michigan inpatient database.

MARKET SHARE	POINTS AWARDED
Applicant with highest market share	10 pts
All other applicants	Applicant's market share divided by the highest applicant's market share in the compare group, then multiplied by 7
Example: the highest applicant has 22.5% of population	10 points
Applicant with 20.0% market share	(20.0 ÷ 22.5) x 7 = 6.2 is 6 points
Applicant with 15.6% market share	(15.6 ÷ 22.5) x 7 = 4.9 is 5 points

For purposes of evaluating this criterion, an applicant shall submit patient days by zip code for each currently licensed Michigan hospital under common ownership or control using the most recent 12-months of data available through the MIDB at the time of the submission of the CON application.

Where an applicant proposes to close a hospital(s) as part of its application, data from the hospital(s) to be closed shall be excluded from this calculation. Market share percentages shall be rounded to the nearest 1/10 (e.g. 5.3%), and points awarded shall be rounded to the nearest whole number, i.e. numbers ending in .5 or higher, round up, and numbers ending in .4 or lower, round down.

(4) If the comparative review group involves limited access area(s), each qualifying project will be awarded points based on the bed need of each applicant's chosen limited access area. The applicant proposing to locate a hospital in a limited access area with the highest bed need shall receive 10 points. All other applicants shall receive points as set forth in the following table.

BED NEED	POINTS AWARDED
Applicant in LAA with highest bed need	10 pts
All other applicants	Bed need of the applicant's project divided by the bed need of the applicant with the highest bed need, then multiplied by 10
Example: The highest applicant proposes project in LAA allowing 22 beds	10 points
Applicant proposes project in LAA allowing 15 beds	(15 ÷ 22) x 10 = 6.8 is 7 points
Applicant proposes project in LAA allowing 10 beds	(10 ÷ 22) x 10 = 4.5 is 5 points

Points shall be rounded to the nearest whole number.

Section 13. Requirements for approval -- acquisition of an existing hospital or renew the lease of an existing hospital

Sec. 13. An applicant proposing to acquire an existing hospital or renew the lease of an existing hospital must meet the following as applicable:

(1) An applicant proposing to acquire a hospital shall not be required to be in compliance with the needed hospital bed supply for the hospital group in which the hospital subject to the proposed acquisition is assigned if the applicant demonstrates that all of the following are met:

(a) the acquisition will not result in a change in bed capacity,

(b) the licensed site does not change as a result of the acquisition,

(c) the project is limited solely to the acquisition of a hospital with a valid license, and

(d) if the application is to acquire a hospital, which was proposed in a prior application to be established as an LTAC or IRF hospital and which received CON approval, the applicant also must meet the requirements of Section 6(2). Those hospitals that received such prior approval are so identified on the Department inventory of beds.

(2) The applicant shall comply with the following requirements, as applicable:

(a) The existing licensed hospital shall have an average adjusted occupancy rate of 40 percent or above.

(b) If the existing licensed hospital does not have an average adjusted occupancy rate of 40 percent or above, the applicant shall agree to all of the following:

(i) The hospital to be acquired will achieve an annual adjusted occupancy of at least 40% during any consecutive 12-month period by the end of the third year of operation after completion of the acquisition. Annual adjusted occupancy shall be calculated as follows:

(a) Calculate the number of adjusted patient days during the most recent, consecutive 12-month period for which verifiable data is available to the Department.

(b) Divide the number of adjusted patient days calculated in (a) above by 365 (or 366 if a leap year).

(c) If the hospital to be acquired does not achieve an annual adjusted occupancy of at least 40 percent, as calculated in (b) above, during any consecutive 12-month period by the end of the third year of operation after completion of the acquisition, the applicant shall relinquish sufficient beds at the existing hospital to raise its adjusted occupancy to 60 percent. The revised number of licensed beds at the hospital shall be calculated as follows:

(i) Calculate the number of adjusted patient days during the most recent, consecutive 12-month period where verifiable data is available to the Department, and divide by .60.

(ii) Divide the result of subsection (i) above by 365 (or 366 if the 12-month period includes a leap year) and round up to the next whole number or 25, whichever is larger. This is the maximum number of beds that can be licensed at the existing licensed hospital site after acquisition.

(d) Subsection (2) shall not apply to excluded hospitals or to those applicants applying under Section 13(3).

(3) An applicant proposing to renew the lease for an existing hospital shall not be required to be in compliance with the needed hospital bed supply for the hospital group in which the hospital is located, if all of the following requirements are met:

(a) The lease renewal will not result in a change in bed capacity.

(b) The licensed site does not change as a result of the lease renewal.

(4) Section 13(3) does not apply to renewal of lease for LTAC hospital, IRF hospital or alcohol and substance abuse hospital within an existing licensed, host hospital under Section 6(2).

1 Section 14. Requirements for approval – all applicants

Sec. 14. (1) 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.

(2) The applicant certifies all outstanding debt obligations owed to the State of Michigan for Quality Assurance Assessment Program (QAAP) or Civil Monetary Penalties (CMP) have been paid in full.

(3) The applicant certifies that the health facility for the proposed project has not been cited for a state or federal code deficiency within the 12 months prior to the submission of the application. If a state code deficiency has been issued, the applicant shall certify that a plan of correction for cited state deficiencies at the health facility has been submitted and approved by the Bureau of Community and Health Systems within LARA. If a federal code deficiency has been issued, the applicant shall certify

that a plan of correction for cited federal deficiencies at the health facility has been submitted and approved by the Centers for Medicare and Medicaid Services. If code deficiencies include any unresolved deficiencies still outstanding with LARA or the Centers for Medicare and Medicaid Services that are the basis for the denial, suspension, or revocation of an applicant's health facility license, poses an immediate jeopardy to the health and safety of patients, or meets a federal conditional deficiency level, the proposed project cannot be approved without approval from the Bureau of Community and Health Systems or, if applicable, the Centers for Medicare and Medicaid Services.

(4) The applicant certifies that the requirements for hospitals found in the Minimum Design Standards for Health Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978, as amended, or any future versions, and are published by LARA, will be met when the architectural blueprints are submitted for review and approval by LARA.

APPENDIX A

Counties assigned to each health service area are as follows:

HSA	COUNTIES		
1 - Southeast	Livingston	Monroe	St. Clair
	Macomb	Oakland	Washtenaw
	Wayne		
2 - Mid-Southern	Clinton	Hillsdale	Jackson
	Eaton	Ingham	Lenawee
3 - Southwest	Barry	Calhoun	St. Joseph
	Berrien	Cass	Van Buren
	Branch	Kalamazoo	
4 - West	Allegan	Mason	Newaygo
	Ionia	Mecosta	Oceana
	Kent	Montcalm	Osceola
	Lake	Muskegon	Ottawa
5 - GLS	Genesee	Lapeer	Shiawassee
6 - East	Arenac	Huron	Roscommon
	Bay	Iosco	Saginaw
	Clare	Isabella	Sanilac
	Gladwin	Midland	Tuscola
	Gratiot	Ogemaw	
7 - Northern Lower	Alcona	Crawford	Missaukee
	Alpena	Emmet	Montmorency
	Antrim	Gd Traverse	Oscoda
	Benzie	Kalkaska	Otsego
	Charlevoix	Leelanau	Presque Isle
	Cheboygan	Manistee	Wexford
8 - Upper Peninsula	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	Ogemaw
Alger	Huron	Ontonagon
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

APPENDIX C

OCCUPANCY RATE TABLE

2 HOSPITAL GROUP PROJECTED BED ADC			ADJUSTED BED RANGE	
ADC _LOW	ADC_HIGH	OCCUPANCY RATE	BEDS_LOW	BEDS_HIGH
30	31	60%	50	52
32	35	61%	53	58
36	39	62%	59	53
40	45	63%	64	72
46	50	64%	72	79
51	58	65%	79	90
59	67	66%	90	102
68	77	67%	102	115
78	88	68%	115	130
89	101	69%	129	147
102	117	70%	146	168
118	134	71%	167	189
135	154	72%	188	214
155	176	73%	213	242
177	204	74%	240	276
205	258	75%	274	344
259	327	76%	341	431
328	424	77%	426	551
425	561	78%	545	720
562	760	79%	712	963
761	895	80%	952	1119

APPENDIX D

ICD-9-CM TO ICD-10-CM Code Translation

ICD-9 CODE	Description	ICD-10 Code	Description
290 through 319	Psychiatric Patients	F01.50-F99	Mental, Behavioral, and Neurodevelopmental Disorders

"ICD-9-CM Code" means the disease codes and nomenclature found in the International Classification of Diseases - 9th Revision - Clinical Modification, prepared by the Commission on Professional and Hospital Activities for the U.S. National Center for Health Statistics.

"ICD-10-CM Code" means the disease codes and nomenclature found in the International Classification of Diseases - 10th Revision - Clinical Modification, National Center for Health Statistics.

APPENDIX E

MSDRG Codes

MS-DRG Service Line	MS-DRG Code	MS-DRG Description
Obstetrics	778	Threatened Abortion
Obstetrics	780	False Labor
Obstetrics	781	Other Antepartum Diagnoses with Medical Complications
Obstetrics	782	Other Antepartum Diagnoses without Medical Complications
Obstetrics	817	Other Antepartum Diagnoses with O.R. Procedure with MCC
Obstetrics	818	Other Antepartum Diagnoses with O.R. Procedure with CC
Obstetrics	819	Other Antepartum Diagnoses with O.R. Procedure without CC/MCC
Obstetrics	831	Other Antepartum Diagnoses without O.R. Procedure with MCC
Obstetrics	832	Other Antepartum Diagnoses without O.R. Procedure with CC
Obstetrics	833	Other Antepartum Diagnoses without O.R. Procedure without CC/MCC
Obstetrics	765	Cesarean Section with CC/MCC

Obstetrics	766	Cesarean Section without CC/MCC
Obstetrics	783	Cesarean Section with Sterilization with MCC
Obstetrics	784	Cesarean Section with Sterilization with CC
Obstetrics	785	Cesarean Section with Sterilization without CC/MCC
Obstetrics	786	Cesarean Section without Sterilization with MCC
Obstetrics	787	Cesarean Section without Sterilization with CC
Obstetrics	788	Cesarean Section without Sterilization without CC/MCC
Obstetrics	769	Postpartum and Post Abortion Diagnoses with O.R. Procedure
Obstetrics	770	Abortion with D&C, Aspiration Curettage or Hysterotomy
Obstetrics	776	Postpartum and Post Abortion Diagnoses without O.R. Procedure
Obstetrics	777	Ectopic Pregnancy
Obstetrics	779	Abortion without D&C
Obstetrics	767	Vaginal Delivery with Sterilization and/or D&C
Obstetrics	768	Vaginal Delivery with O.R. Procedures Except Sterilization and/or D&C
Obstetrics	774	Vaginal Delivery with Complicating Diagnoses
Obstetrics	775	Vaginal Delivery without Complicating Diagnoses
Obstetrics	796	Vaginal Delivery with Sterilization and/or D&C with MCC
Obstetrics	797	Vaginal Delivery with Sterilization and/or D&C with CC
Obstetrics	798	Vaginal Delivery with Sterilization and/or D&C without CC/MCC
Obstetrics	805	Vaginal Delivery without Sterilization and/or D&C with MCC
Obstetrics	806	Vaginal Delivery without Sterilization and/or D&C with CC
Obstetrics	807	Vaginal Delivery without Sterilization and/or D&C without CC/MCC
Substance Abuse	894	Alcohol/Drug Abuse or Dependence, Left Against Medical Advice
Substance Abuse	895	Alcohol/Drug Abuse or Dependence with Rehabilitation Therapy
Substance Abuse	896	Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy with MCC
Substance Abuse	897	Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy without MCC

Source: Michigan Inpatient Data Base
(Tentative) Amended and Effective May 06, 2024

CERTIFICATE OF NEED REVIEW STANDARDS

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR BONE MARROW TRANSPLANTATION (BMT) SERVICES

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

(2) A BMT service listed on the Department inventory that is located at a hospital site and initially does not perform both allogeneic and autologous procedures shall not be required to obtain separate CON approval to begin performing both autologous and allogeneic BMT procedures.

(3) An existing BMT service that performs only adult procedures shall require separate CON approval in order to perform pediatric procedures. An existing BMT service that performs only pediatric procedures shall require separate CON approval in order to perform adult procedures.

Section 2. Definitions

Sec. 2. (1) As used in these standards:

(a) "Adult" means an individual age 18 or older.

(b) "Allogeneic" means transplantation between genetically non-identical individuals of the same species.

(c) "Autologous" means transplantation in which the donor and recipient are the same individual.

(d) "Bone marrow transplantation service" or “BMT service” means the transplantation of proliferating hematopoietic stem cells essential to the survival of a patient derived from the bone marrow, the peripheral circulation, cord blood, or any other source.

(e) "Cancer hospital" means a hospital that is a Comprehensive Cancer Center designated by the National Cancer Institute or operates a Comprehensive Cancer Center as an affiliate of a Michigan university that is designated as a Comprehensive Cancer Center by the National Cancer Institute.

(f) "Certificate of Need Commission" or "CON Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(g) "Comparative group" means the applications that have been grouped for the same type of project in the same planning area and are being reviewed comparatively in accordance with the CON rules.

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

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

(j) "Department inventory of BMT services" means the list maintained by the Department of: (i) the bone marrow transplantation services operating pursuant to a valid CON issued under Part 222 or former Part 221; (ii) operating BMT services for which the operation of that service did not require a CON; and (iii) BMT services that are not yet operational but have a valid CON issued under Part 222. The list shall inventory adult and pediatric services separately and shall specify the site at which the BMT service is authorized.

(k) "Existing BMT service," for purposes of Section 3(5) of these standards, means any of the following: (i) a BMT service listed on the Department inventory, (ii) a proposed BMT service under appeal from a final decision of the Department, or (iii) a proposed BMT service that is part of a completed application under Part 222 (other than the application under review) for which a proposed decision has been issued and which is pending final decision.

(l) "Health service area" or "HSA" means the geographic area set forth in Appendix A.

(m) "Initiate" or "implement" means the performance of the first transplant procedure. The term of an approved CON shall be 18 months or the extended period established by Rule 325.9403(2).

(n) "Institutional Review Board" or "IRB" means an institutional review board as defined by Public Law 93-348 which is regulated by Title 45 CFR 46.

(o) "Licensed site" means the location of the hospital authorized by license and listed on that licensee's certificate of licensure.

(p) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396 to 1396g and 1396i to 1396u.

(q) "Pediatric" means any patient 20 years of age or less or any patient with congenital conditions or diseases for which BMT is a treatment.

(r) "Planning area" means:

(i) planning area one that includes the counties in health service areas 1, 2, 5, and 6, and the following counties in health service area 7: Alcona, Alpena, Cheboygan, Crawford, Montmorency, Oscoda, Otsego, and Presque Isle; or

(ii) planning area two that includes the counties in health service areas 3, 4, and 8, and the following counties in health service area 7: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford.

(s) "Qualifying project" means each application in a comparative group that has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other applicable requirements for approval in the Code and these standards.

(t) "Survival rate" means the rate calculated using the Kaplan-Meier technique and the following: (i) the date of transplantation (or, if more than one transplant is performed, the date of the first transplant) must be the starting date for calculation of the survival rate; (ii) for those dead, the date of death is used, if known. If the date of death is unknown, it must be assumed as 1 day after the date of the last ascertained survival; (iii) for those who have been ascertained as surviving within 60 days before the fiducial date (the point in time when the facility's survival rates are calculated and its experience is reported), survival is considered to be the date of the last ascertained survival, except for patients described in subsection (v); (iv) any patient who is not known to be dead, but whose survival cannot be ascertained to a date that is within 60 days before the fiducial date, must be considered as "lost to follow up" for the purposes of the survival rate calculation; (v) any patient transplanted between 61 and 120

days before the fiducial date must be considered as "lost to follow up" if he or she is not known to be dead and his or her survival has not been ascertained for at least 60 days before the fiducial date. Any patient transplanted within 60 days before the fiducial date must be considered as "lost to follow up" if he or she is not known to be dead and his or her survival has not been ascertained on the fiducial date; and (vi) the survival analyses must use the assumption that each patient in the "lost to follow up" category died 1 day after the last date of ascertained survival. However, an applicant may submit additional analyses that reflect each patient in the "lost to follow up" category as alive at the date of the last ascertained survival.

(u) “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.

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

Section 3. Requirements to initiate a BMT service

Sec. 3. Initiate a BMT service means to begin operation of a BMT service at a site that does not provide either adult or pediatric BMT services and is not listed on the Department inventory as of the date an application is submitted to the Department. The term includes an adult service that is proposing to provide a pediatric BMT service, and a pediatric service that is proposing to provide an adult BMT service. The term does not include beginning operation of a BMT service by a cancer hospital which acquires an existing BMT service provided that all of the staff, services, and programs required under Section 3(3) are to be provided by the cancer hospital and/or by the hospital from which the BMT service is being acquired. An applicant proposing to initiate a BMT service shall demonstrate the following requirements, as applicable to the proposed project.

(1) An applicant shall specify in the application whether the proposed service will perform either or both adult and pediatric BMT procedures.

(2) An applicant shall specify the licensed site at which the BMT service will be provided.

(3) An applicant proposing to initiate either an adult or pediatric BMT service shall demonstrate that the licensed site at which the transplants will be offered provides each of the following staff, services, and programs:

(a) operating rooms.

(b) continuous availability, on-site or physically connected, either immediate or on-call, of CT scanning, magnetic resonance imaging, ultrasound, angiography, and nuclear medicine services.

(c) dialysis.

(d) inpatient-outpatient social work.

(e) inpatient-outpatient psychiatry/psychology.

(f) clinical research.

(g) a microbiology and virology laboratory.

(h) a histocompatibility laboratory that meets the standards of the American Society for Histocompatibility and Immunogenetics, or an equivalent organization, either on-site or through written agreement.

(i) a hematopathology lab capable of performing cell phenotype analysis using flow cytometry.

(j) a clinical chemistry lab with the capability to monitor antibiotic and antineoplastic drug levels, available either on-site or through other arrangements that assure adequate availability.

(k) other support services, as necessary, such as physical therapy and rehabilitation medicine.

(l) continuous availability of anatomic and clinical pathology and laboratory services, including clinical chemistry, and immuno-suppressive drug monitoring.

(m) continuous availability of red cells, platelets, and other blood components.

(n) an active medical staff that includes, but is not limited to, the following board-certified or board-eligible specialists. For an applicant that is proposing to perform pediatric transplant procedures, these specialists shall be board-certified or board-eligible in the pediatric discipline of each specialty.

(i) anesthesiology.

(ii) cardiology.

(iii) critical care medicine.

(iv) gastroenterology.

(v) general surgery.

(vi) hematology.
(vii) infectious diseases.
(viii) nephrology.
(ix) neurology.
(x) oncology.
(xi) pathology, including blood banking experience.
(xii) pulmonary medicine.
(xiii) radiation oncology.
(xiv) radiology.
(xv) urology.

(o) One or more consulting physicians who are board-certified or board-eligible in each of the following specialties. For an applicant proposing to perform pediatric BMT procedures, these specialists shall have specific experience in the care of pediatric patients.

(i) dermatology.
(ii) immunology.
(iii) neurosurgery.
(iv) orthopedic surgery.

(4) An applicant must provide an implementation plan for the proposed BMT service. “Implementation plan" means a plan that documents how a proposed BMT service will be initiated within the time period specified in these standards or the CON rules. At a minimum, the implementation plan shall identify:

(a) each component or activity necessary to begin performing the proposed BMT service including, but not limited to, the development of physical plant requirements, such as an intensive care unit capable of treating immuno-suppressed patients, equipment acquisitions, and recruitment and employment of all physician and support staff;

(b) the time table for completing each component or activity specified in subsection (a); and

(c) if the applicant previously has been approved for a BMT service for which either the CON expired or the service did not perform a transplant procedure during any consecutive 12-month period, what changes have or will be made to ensure that the proposed service can be initiated and provided on a regular basis.

(5)(a) An applicant shall demonstrate that the number of existing adult BMT services does not exceed three (3) adult BMT services in planning area one identified in Section 2(1)(t)(i) or one (1) adult BMT service in planning area two identified in Section 2(1)(t)(ii) and that approval of the proposed application will not result in the total number of adult BMT services exceeding the need for each specific planning area.

(b) An applicant shall demonstrate that the number of existing pediatric BMT services does not exceed two (2) pediatric BMT services in planning area one identified in Section 2(1)(t)(i) or one (1) pediatric BMT service in planning area two identified in Section 2(1)(t)(ii) and that approval of the proposed application will not result in the total number of pediatric BMT services exceeding the need for each specific planning area.

(6)(a) An applicant proposing to initiate an adult BMT service shall project that at least 30 transplants, of which at least 10 are allogeneic transplant procedures, will be performed in the third 12-months of operation.

(b) An applicant proposing to initiate a pediatric BMT service shall project that at least 10 transplants, of which 5 are allogeneic transplant procedures, will be performed in the third 12-months of operation.

(c) An applicant proposing to initiate both an adult and a pediatric BMT service shall specify whether patients age 18-20 are included in the projection of adult procedures required pursuant to subsection (a) or the projection of pediatric procedures required pursuant to subsection (b). An applicant shall not include patients age 18-20 in both adult and pediatric projections required pursuant to subsections (a) and (b).

(7) An applicant shall provide megavoltage radiation therapy services, either on-site or physically connected, with a nominal beam energy of at least 6 MEV, including the capability to perform total body irradiation.

(8) An applicant shall demonstrate that the licensed site at which the proposed BMT service is proposed has an institutional review board.

(9) An applicant proposing to initiate a pediatric BMT service shall demonstrate that the licensed site at which the pediatric transplant procedures will be performed has each of the following:

(a) a designated pediatric inpatient oncology unit.

(b) a pediatric inpatient intensive care unit.

(c) membership status in either the Pediatric Oncology Group (POG) or the Children's Cancer Group (CCG).

(d) a pediatric tumor board that meets on a regularly scheduled basis.

(e) family support group services, provided either directly or through written agreements.

(f) a pediatric cancer program with the following staff:

(i) a director who is either a board-certified immunologist who has specific training and experience in BMT or a board-certified pediatric hematologist/oncologist.

(ii) nurses with training and experience in pediatric oncology.

(iii) social workers with training and experience in pediatric oncology.

(iv) pediatric psychologists.

(v) child life specialists.

(10)(a) An applicant proposing to initiate either a new adult or pediatric BMT service shall submit, in its application, a written consulting agreement with an existing BMT service. The written consulting agreement must be with an existing in-state or out-of-state Foundation for the Accreditation of Cellular Therapy (FACT) accredited transplant unit that performs both allogenic and autologous transplants for either adult and/or pediatrics. The terms of the agreement and the roles and responsibilities of both the existing and proposed service shall include at least the following:

(i) The term of the written consulting agreement is no less than 36 months after the proposed service begins to perform BMT procedures.

(ii) One or more representatives of the existing BMT service have been designated as staff responsible for carrying out the roles and responsibilities of the existing service.

(iii) The existing service shall evaluate and make recommendations to the proposed service on policies and procedures, including time tables, for at least each of the following:

(A) nursing services.

(B) infection control.

(C) nutritional support.
(D) staff needs and training.
(E) inpatient and outpatient medical coverage.
(F) transfusion and blood bank policies.
(G) transplant treatment protocols.
(H) hematopoiesis laboratory services and personnel.
(I) data management.
(J) quality assurance program.

(iv) Specify a schedule of site visits by staff of the existing BMT service that, at a minimum, includes:

(A) 3 visits during the first 12-months of operation of the proposed service.

(B) 3 visits during each the second 12-months and third 12-months of operation of the proposed service.

(v) Specify that the purpose of the site visits required by subdivision (iv) is to assess the proposed service and make recommendations related to quality assurance mechanisms of the proposed service, including at least each of the following:

(A) a review of the number of patients transplanted.
(B) transplant outcomes.
(C) all infections requiring treatment or life-threatening toxicity, defined for purposes of this agreement as National Cancer Institutes grade #3 or greater toxicity, excluding hematological toxicity.
(D) all deaths occurring within 100 days from transplant.
(E) each of the requirements of subdivision (iii).

(vi) Specify that a written report and minutes of each site visit shall be completed by the existing BMT service and sent to the proposed service within 2 weeks of each visit, and that copies of the reports and minutes shall be available to the Department upon request. At a minimum, the written report shall address each of the items in subdivision (v).

(vii) Specify that the existing BMT service shall notify the Department and the proposed service immediately if it determines that the proposed service may not be in compliance with any applicable quality assurance requirements, and develop jointly with the proposed service a plan for immediate remedial actions.

(viii) Specify that the existing BMT service shall notify the Department immediately if the consulting agreement required pursuant to these standards is terminated and that the notification shall include a statement describing the reasons for the termination.

(b) For purposes of subsection (10), "existing BMT service" means a service that meets all of the following:

(i) currently is performing and is FACT accredited in, the types of transplants (allogeneic and autologous; adult or pediatric) proposed to be performed by the applicant;
(ii) currently is certified as a National Marrow Donor Program; and
(iii) is located in the United States.

(c) An applicant shall document that the existing BMT service meets the requirements of subsection (b).

Section 4. Requirements for approval – acquisition of a BMT service by a cancer hospital

Sec 4. Acquisition of a BMT service means the acquisition (including purchase, lease, donation, or other arrangement) of an existing BMT service. An applicant proposing to acquire an existing BMT service shall demonstrate the following, as applicable to the proposed project.

(1) The applicant meets all of the requirements of this subsection and shall not be required to be in compliance with Section 3(5) and the department inventory.

(a) The total number of BMT services is not increased in the planning area as the result of the acquisition.

(b) As part of the acquisition of the BMT service, the acquisition or replacement of the cancer hospital, or for any other reasons, the location of the BMT service shall be located at its prior location or in space within the licensed cancer hospital site.

(c) The applicant is a cancer hospital as defined by these standards.

(d) The applicant demonstrates that it meets, directly or through arrangements with the hospital from which it acquires the BMT service, the requirements set forth under Section 3(3), (6), (7), and (8), as applicable.

(e) The applicant agrees to either have a written consulting agreement as required by Section 3(10) or obtain a determination by the Department that such an agreement is not required because the existing BMT staff, services, and program substantially will continue to be in place after the acquisition.

(f) The applicant agrees and assures to comply, either directly or through arrangements with the hospital from which it acquires the BMT service, with all applicable project delivery requirements.

(2) An applicant approved for and holding a CON for BMT services under this section prior to the effective date of this revision of the BMT standards, September 29, 2014, shall apply to reacquire the BMT service, and the acquired BMT service shall be accountable under these revised standards.

(3) Applicants proposing to acquire an existing BMT service under this section shall not be subject to comparative review.

Section 5. Review standards for comparative reviews

Sec. 5. (1) Any application subject to comparative review under Section 22229 of the Code, being Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and reviewed comparatively with other applications in accordance with the CON rules applicable.

(2) Each application in a comparative group shall be individually reviewed to determine whether the application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards. If the Department determines that two or more competing applications satisfy all of the requirements for approval, these projects shall be considered qualifying projects. The Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1) being Section 333. 22225(1) of the Michigan Compiled Laws, and which have the highest number of points when the results of subsection (2) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, taken together, do not exceed the need, as defined in Section 22225(1) of the Code, being Section 333. 22225(1) of the Michigan Compiled Laws, in the order in which the

applications were received by the Department, based on the date and time stamp placed on the applications by the CON administrative unit of the Department responsible for administering the CON program when an application is submitted.

(3)(a) A qualifying project will have points awarded based on the straight-line distance to the nearest existing BMT service of the type applied for (adult or pediatric), as shown in the following schedule:

Straight-line Distance to Nearest BMT Service	Points Awarded
<75 miles	0
75 – 150 miles	1
>150 miles	2

(b) A qualifying project will have up to 4 points awarded based on the percentage of the medical/surgical indigent volume at the licensed site at which the proposed BMT service will be provided in accordance with the following:

(i) For each applicant in the same comparative group, determine the medical/surgical indigent volume. Determine the licensed site that has the highest indigent volume in the same comparative group. Divide the medical/surgical indigent volume for that licensed site by 4.0. The result is the indigent volume factor rounded to the nearest whole number.

(ii) For each applicant in the same comparative group, divide the medical/surgical indigent volume by the indigent volume factor determined in subdivision (i). The result, to the nearest whole number, is the number of points that will be awarded to each applicant pursuant to this subsection.

For purposes of this subsection, indigent volume means the ratio of a hospital's indigent charges to its total hospital charges expressed as a percentage, rounded to the nearest whole number, as determined by the Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services administration. The indigent volume data being used in this subsection is the data in the most current MDHHS-BPHASA Disproportionate Share Hospital (DSH) Report at the time the application(s) is deemed submitted by the Department.

(c) A qualifying project will have 2 points awarded if an applicant documents that, during the 36-month period prior to the date an application is submitted to the Department, at least 15 patients received pre- and post-transplant care at the licensed hospital site at which the BMT procedures will be performed and were referred for and received a BMT at an existing BMT service, and submits documentation from the existing BMT service(s) of these referrals.

(d) A qualifying project will have points awarded based on the number of necessary support services/personnel as identified in Section 7 that the applicant has available on-site on the date the application is submitted to the Department, as follows:

(i) 24-hour blood bank support, including pheresis capability, irradiated blood, products suitable for cytomegalovirus-negative transplants, and blood component therapy.

(ii) a processing and cryopreservation laboratory that meets the standards of the fact or an equivalent organization.

(iii) anatomic and clinical pathology with competency in interpreting pathologic findings related to graft-v-host disease and other opportunistic infections in immuno-compromised hosts.

(iv) therapeutic drug monitoring.

(v) one or more attending physicians with fellowship training, and/or at least 2 years of experience, in pediatric and/or adult BMT, as appropriate.

(vi) board-certified or board-eligible consulting physicians in all of the following areas: anatomic pathology with competence in graft versus host disease and other opportunistic diseases, infectious diseases with experience in immuno-compromised hosts, and radiation oncology with experience in total body irradiation.

(vii) a transplant team coordinator, with experience in evaluating pre and post BMT patients.

(viii) nurses with specialized training in pediatric and/or adult, as appropriate, BMT, hematology/oncology patient care, administration of cytotoxic therapies, management of infectious complications associated with host-defense mechanisms, administration of blood components, the hemodynamic support of the transplant patient, and managing immuno-suppressed patients.

(ix) a pharmacist experienced with the use of cytotoxic therapies, use of blood components, the hemodynamic support of the transplant patient, and the management of immuno-suppressed patients.

(x) an active, formal multi-disciplinary research program related to BMT.

(xi) a protective environmental inpatient unit for immuno-suppressed patients that has an isolation policy, an infection control plan specific to that unit, and air handling system capable of preventing nosocomial infections disseminated from central heating and cooling systems and ambient air.

The applicant shall receive points, up to a maximum of three (3), for this criterion according to the following schedule:

Number of BMT Support Personnel/Services Available	Points
zero or one	0
two to five	1
six to nine	2
ten or eleven	3

(4) Submission of conflicting information in this section may result in a lower point award. If an application contains conflicting information which could result in a different point value being awarded in this section, the Department will award points based on the lower point value that could be awarded from the conflicting information. For example, if submitted information would result in 6 points being awarded, but other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If the conflicting information does not affect the point value, the Department will award points accordingly. For example, if submitted information would result in 12 points being awarded and other conflicting information would also result in 12 points being awarded, then 12 points will be awarded.

Section 6. Requirements for Medicaid participation

Sec. 6. 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 7. Project delivery requirements terms of approval for all applicants

Sec. 7. An applicant shall agree that, if approved, the BMT service shall be delivered in compliance with the following terms of approval:

(1) Compliance with these standards. An applicant shall immediately report to the Department any changes in key staff or other aspects of the BMT service that may affect its ability to comply with these standards.

(2) Compliance with the following quality assurance requirements, as applicable, no later than the date the first BMT procedure, allogeneic or autologous, is performed:

(a) An applicant shall establish and maintain, either on-site or through written agreements, all of the following:

(i) 24-hour blood bank support, including pheresis capability, irradiated blood, products suitable for cytomegalovirus-negative transplants, and blood component therapy.

(ii) a cytogenetics and/or molecular genetic laboratory.

(iii) a processing and cryopreservation laboratory that meets the standards of the FACT or an equivalent organization.

(iv) a histocompatibility laboratory that has the capability of DNA-based HLA-typing and meets the standards of the American Society for Histocompatibility and Immunogenetics or an equivalent organization.

(v) anatomic and clinical pathology with competency in interpreting pathologic findings related to graft-v-host disease (programs performing allogeneic transplants) and other opportunistic infections in immuno-compromised hosts (programs performing allogeneic and autologous transplants).

(vi) therapeutic drug monitoring.

(b) An applicant shall establish and maintain, at the licensed hospital site at which the transplants are performed, both of the following:

(i) a protective environmental BMT inpatient unit for immuno-suppressed patients that has an isolation policy, an infection control plan specific to that unit, and an air handling system capable of preventing nosocomial infections disseminated from central heating and cooling systems and ambient air.

(ii) a specialized intensive care unit capable of treating immuno-suppressed neutropenic patients.

(c) An applicant shall establish and maintain written policies related to outpatient care for BMT patients, including at least the following:

(i) the ability to evaluate and provide treatment on a 24-hour basis.

(ii) nurses experienced in the care of BMT patients.

(iii) a designated outpatient area for patients requiring long-duration infusions or the administration of multiple medications or blood product transfusions.

(d) A BMT service shall establish and maintain a dedicated transplant team that includes at least the following staff:

(i) a transplant team leader, who is a physician that is board-certified in at least one of the following specialties: hematology, medical oncology, immunology, or pediatric hematology/oncology, as appropriate, and has had either at least one year of specific clinical training or two years of experience, both inpatient and outpatient, as an attending physician principally responsible for the clinical management of patients treated with hematopoietic transplantation. The team leader's experience shall include the clinical management of patients receiving an allogeneic transplant. The responsibilities of the transplant team leader shall include overseeing the medical care provided by

attending physicians, reporting required data to the Department, and responsibility for ensuring compliance with the all applicable project delivery requirements.

(ii) one or more attending physicians with specialized training in pediatric and/or adult BMT, as appropriate. At least one attending physician shall have specialized training in allogeneic transplantation, adult or pediatric, as appropriate. An attending physician shall be board-certified or board-eligible in hematology, medical oncology, immunology, or pediatric hematology/oncology, as appropriate.

(iii) on-site availability of board-certified or board-eligible consulting physicians, adult and/or pediatric, as appropriate, in at least the following specialties: cardiology, gastroenterology nephrology, psychiatry, pulmonary medicine, and critical care medicine.

(iv) on-site availability of board-certified or board-eligible consulting physicians in the following areas: anatomic pathology with competence in graft versus host disease (services performing allogeneic transplants) and other opportunistic diseases (services performing allogeneic and autologous transplants), infectious diseases with experience in immuno-compromised hosts, and radiation oncology with experience in total body irradiation.

(v) a transplant team coordinator, who shall be responsible for providing pre-transplant patient evaluation and coordinating treatment and post-transplant follow-up and care.

(vi) a nurse to patient ratio necessary to provide care consistent with the severity of a patient's clinical status.

(vii) nurses with specialized training in pediatric and/or adult, as appropriate, BMT, hematology/oncology patient care, administration of cytotoxic therapies, management of infectious complications associated with compromised host-defense mechanisms, administration of blood components, the hemodynamic support of the transplant patient, and managing immuno-suppressed patients.

(viii) a pharmacist experienced with the use of cytotoxic therapies, use of blood components, the hemodynamic support of the transplant patient, and the management of immuno-suppressed patients.

(ix) dietary staff capable of providing dietary consultations regarding a patient's nutritional status, including total parenteral nutrition.

(x) designated social services staff.

(xi) designated physical therapy staff.

(xii) data management personnel designated to the BMT service.

(xiii) for an applicant performing pediatric BMT, a child-life specialist.

(e) In addition to the dedicated transplant team required in subsection (d), an applicant's staff shall include a patient ombudsman, who is familiar with the BMT service, but who is not a member of the transplant team.

(f) An applicant shall develop and maintain patient management plans and protocols that include the following:

(i) therapeutic and evaluative procedures for the acute and long-term management of a patient.

(ii) patient management and evaluation during the waiting, in-hospital and immediate post-discharge phases of the service.

(iii) long-term management and evaluation, including education of the patient, liaison with the patient's attending physician, and the maintenance of active patient records for at least 5 years.

(iv) IRB approval of all clinical research protocols, or if transplantation does not require an IRB-approved clinical research protocol, written policies and procedures that include at least the following: donor, if applicable, and recipient selection, transplantation evaluations, administration of the

preparative regimen, post-transplantation care, prevention and treatment of graft-versus-host disease, and follow-up care.

(g) An applicant shall establish and maintain a written quality assurance plan.

(h) An applicant shall implement a program of education and training for nurses, technicians, service personnel, and other hospital staff.

(i) An applicant shall participate actively in the education of the general public and the medical community with regard to BMT, and make donation literature available in public areas of the institution.

(j) An applicant shall establish and maintain an active, formal multi-disciplinary research program related to the proposed BMT service.

(k) An applicant shall operate, either on-site or under its direct control, a multi-disciplinary selection committee which includes, but is not limited to, a social worker, a mental health professional, and physicians experienced in treating BMT patients.

(l) A pediatric BMT service shall maintain membership status in the Children's Oncology Group (COG).

(m) For purposes of evaluating subsection (2), except subdivision (k), the Department shall consider it prima facie evidence as to compliance with the applicable requirements if an applicant documents that the BMT service is accredited by the National Marrow Donor Program (NMDP) or the Foundation for the Accreditation of Cell Therapy (FACT).

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

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

(b) The BMT service shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

(c) The BMT service shall not deny BMT services to any individual based on ability to pay or source of payment.

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

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

(a) An adult BMT service shall perform at least 30 transplants, of which at least 10 are allogeneic transplants, in the third 12-months of operation and annually thereafter.

(b) A pediatric BMT service shall perform at least 10 transplants, of which at least 5 are allogeneic transplants, in the third 12-months of operation. After the third 12-months of operation, an applicant shall perform at least 30 pediatric transplants in any 36-month consecutive period, with no fewer than 5 allogeneic transplants in any 12-month period, beginning with the third 12-months of operation, and thereafter.

(c) A BMT service that performs both adult and pediatric BMT shall specify whether each patient age 18-20 is included in the category of adult procedures or the category of pediatric procedures. An applicant shall determine for each patient age 18-20 whether to record that patient as an adult or a pediatric procedure, but an applicant shall record each patient age 18-20 in only 1 category.

(d) The 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, demographic and diagnostic information, primary and secondary diagnoses, whether the transplant procedure was a first or repeat transplant procedure, length of stay, the volume of care provided to patients from all payor sources, and other data requested by the Department and approved by the CON

Commission. The applicant shall provide the required data on an individual basis for each designated licensed site; 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. In addition, an applicant shall report at least the following data for each patient:

(i) disease type.
(ii) transplant type, i.e., related allogeneic, unrelated allogeneic, and autologous.
(iii) source of hematopoietic stem cell, i.e., bone marrow, peripheral circulation, cord blood, etc.
(iv) patient age, i.e., adult or pediatric as defined by these standards.
(v) data on 100-day, 6-month, 1-year, 2-year, and 5-year survival rates.
(vi) relapse rates at 6-months, 1-year, and 5-years post-transplant.
(vii) median follow-up, and patients lost-to-follow-up.
(viii) cause(s) of death, if applicable.
(ix) additional summary information, as applicable.

(e) An applicant annually shall report for its BMT service annual and cumulative survival rates by type of transplant performed reported in actual number of transplants by disease category, transplant type, i.e., related allogeneic, unrelated allogeneic, and autologous; source of hematopoietic stem cell; patient age, i.e., adult or pediatric, as defined by these standards; and relapse rates at 100-days, 6-months, one year, and five years post-transplant. For purposes of these standards, procedure-related mortality is defined as death occurring within 100 days from BMT.

(f) The applicant shall maintain an organized institutional transplant registry for recording ongoing information on its patients being evaluated for transplant and on its transplant recipients and shall participate in the national and international registries applicable to the BMT service.

(g) The BMT service shall provide the Department with timely notice of the proposed project implementation consistent with applicable statute and promulgated rules. A BMT service that initially does not perform both allogeneic and autologous procedures also shall notify the Department when it begins to perform autologous procedures.

(h) An applicant shall notify the Department immediately if the consulting agreement required pursuant to Section 3(10) of these standards is terminated prior to the end of the first 36-months of operation of the BMT service. The notification shall include a statement describing the reasons for the termination. An applicant shall have 30 days following termination of that agreement to enter into a written consulting agreement that meets the requirements of Section 3(10). An applicant shall provide the Department with a copy of that written consulting agreement.

(i) The Department may use the information provided pursuant to Section 3(10) of these standards in evaluating compliance with the requirements of this section.

(j) 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 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 8. Documentation of projections

Sec. 8. An applicant required to project volumes of service under Section 3 shall specify how the volume projections were developed. The applicant shall use relevant and unduplicated data for patients in the same planning area as the proposed BMT service, which are verifiable from the most recent statewide tumor registry. The applicant shall only include new cancer cases that are appropriate for referral for BMT services and from the age grouping of patients based on the type of service to be offered. This specification of projections shall include an assessment of the accuracy of projections, and of the statistical method used to make the projections. Based on this documentation, the Department shall determine if the projections are reasonable.

Section 9. Department Inventory of BMT Services

Sec. 9. The Department shall maintain, and provide on request, a listing of the Department Inventory of BMT services.

Section 10. Effect on prior CON Review Standards; comparative reviews

Sec. 10. (1) These CON review standards supersede and replace the CON Review Standards for Extrarenal Organ Transplantation Services pertaining to BMT services approved by the CON Commission on December 13, 2012 and effective on March 22, 2013.

(2) Projects reviewed under these standards shall be subject to comparative review except for Section 4.

APPENDIX A

Counties assigned to each health service area are as follows:

HEALTH SERVICE AREA	COUNTIES		
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

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
205.136	R	17	338.486	*	5	338.589	*	5
299.924	*	5	338.501	*	5	338.590	*	5
325.45101	*	6	338.505	*	5	338.591	A	5
325.45103	*	6	338.511	*	5	338.2407	*	6
325.45193	*	6	338.513	*	5	338.2411	*	6
325.45341	R	6	338.515	*	5	338.2413	*	6
325.45343	R	6	338.517	*	5	338.2421	*	6
330.131	A	10	338.519	*	5	338.2423	*	6
330.132	A	10	338.521	*	5	338.2425	*	6
330.133	A	10	338.523	*	5	338.2427	*	6
330.134	A	10	338.525	*	5	338.2429	*	6
330.135	A	10	338.531	*	5	338.2431	*	6
330.136	A	10	338.531a	*	5	338.2435	*	6
333.5201	A	6	338.532	*	5	338.2437	*	6
333.5202	A	6	338.533	*	5	338.2441	*	6
333.5203	A	6	338.534	*	5	338.2443	*	6
333.5204	A	6	338.534a	A	5	338.2455	*	4
333.5205	A	6	338.535	*	5	338.2457	*	4
333.5206	A	6	338.536	*	5	338.2461	*	4
333.5207	A	6	338.537	*	5	338.2462	*	4
333.5208	A	6	338.538	*	5	338.2463	*	4
333.5209	A	6	338.551	*	5	338.2465	*	4
333.5210	A	6	338.555	*	5	338.2471	*	4
333.5211	A	6	338.557	*	5	338.2473	*	4
333.5212	A	6	338.559	*	5	338.2481	*	4
333.5213	A	6	338.563	*	5	338.3101	*	10
338.1	*	23	338.569	*	5	338.3102	*	10
338.1a	*	23	338.571	*	5	338.3104	*	10
338.2	*	23	338.575	*	5	338.3111	*	10
338.3	*	23	338.577	*	5	338.3132	*	10
338.4	*	23	338.583	*	5	338.3135	*	10
338.5	*	23	338.583a	*	5	338.3137	R	10
338.6	*	23	338.584	*	5	338.3141	*	10
338.8	*	23	338.585	*	5	338.3143	*	10
338.9	*	23	338.586	*	5	338.3145	*	10
338.10	*	23	338.587	*	5	338.3151	*	10
338.11	*	23	338.588	*	5	338.3153	*	10
338.12	*	23	338.588a	A	5	338.3153a	*	10
338.13	*	23	338.588b	A	5	338.3154	*	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
338.3161	*	10	338.10303c	*	9	340.1012	*	12
338.3161a	*	10	338.10303d	*	9	340.1013	*	12
338.3162	*	10	338.10304	*	9	340.1014	*	12
338.3162a	*	10	338.10305	*	9	340.1015	*	12
338.3162b	*	10	338.10305a	*	9	340.1016	*	12
338.3162c	*	10	338.10305b	*	9	340.1017	R	12
338.3162d	*	10	338.10305c	*	9	340.1018	R	12
338.3163	R	10	338.10307	*	9	340.1352	*	21
338.3164	*	10	338.10308	*	9	340.1353	*	21
338.3165	*	10	338.10309	*	9	340.1354	R	21
338.3166	*	10	338.10310	*	9	340.1721b	*	12
338.3167	*	10	338.10310a	*	9	340.1723c	*	12
338.3170	*	10	338.10312	*	9	340.17330	*	12
338.3181	*	10	338.10402	*	9	380.21	*	12
338.3183	*	10	338.10404	*	9	380.22	*	12
338.3185	*	10	338.10404b	*	9	390.661	*	3
338.7001a	*	10	338.10404c	*	9	390.1101	*	12
338.7002	*	10	338.10405	*	9	390.1103	*	12
338.7002b	*	10	338.10405a	*	9	390.1105	*	12
338.7004	*	10	338.10405b	*	9	390.1111	*	12
338.10101	*	9	338.10601	*	9	390.1115	*	12
338.10105	*	9	338.10602	*	9	390.1117	*	12
338.10202	*	9	338.10703	*	9	390.1118	*	12
338.10203	*	9	338.10704	*	9	390.1119	A	12
338.10204	*	9	338.13001	*	11	390.1122a	*	12
338.10206	*	9	338.13004	*	11	390.1123	*	12
338.10207	*	9	338.13031	*	11	390.1125	*	12
338.10208	*	9	338.13033	*	11	390.1129	*	12
338.10208a	*	9	340.1001	A	12	390.1129b	*	12
338.10209	*	9	340.1002	A	12	390.1130	*	12
338.10210	*	9	340.1003	A	12	390.1133	*	12
338.10211	*	9	340.1004	A	12	390.1135	*	12
338.10212	*	9	340.1005	A	12	390.1137	*	12
338.10212a	*	9	340.1006	A	12	390.1138	*	12
338.10213	*	9	340.1007	A	12	390.1141	*	12
338.10301	*	9	340.1008	A	12	390.1142	*	12
338.10303	*	9	340.1009	A	12	390.1143	*	12
338.10303a	*	9	340.1010	A	12	390.1144	A	12
338.10303b	*	9	340.1011	*	12	390.1145	*	12

(***** 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
390.1151	*	12	408.10808	R	2	408.30441	R	23
390.1152	*	12	408.10811	R	2	408.30442	R	23
390.1153	*	12	408.10812	R	2	408.30443	R	23
390.1161	*	12	408.10813	R	2	408.30448d	*	23
390.1163	R	12	408.10814	R	2	408.30458	*	23
390.1164a	R	12	408.10821	R	2	408.30459	*	23
390.1165	*	12	408.10822	R	2	408.30499	*	23
390.1167	*	12	408.10823	R	2	408.30551	*	23
390.1201	*	12	408.10824	R	2	408.30556	R	23
390.1203	*	12	408.10825	R	2	408.30557	*	23
390.1204	*	12	408.10826	*	2	408.30558	*	23
390.1205	A	12	408.10831	*	2	408.30559	R	23
390.1208	A	12	408.10833	*	2	408.30560	*	23
390.1211	A	12	408.10835	R	2	408.30561	*	23
395.51	*	6	408.10836	R	2	408.30562	R	23
395.53	*	6	408.10837	*	2	408.30564	*	23
395.54	*	6	408.10839	R	2	408.30565	R	23
395.65	R	6	408.22141	*	3	408.30565a	R	23
395.76	*	6	408.22141a	*	3	408.30566	R	23
395.79	*	6	408.22141b	*	3	408.30568	R	23
395.83	R	6	408.30401	*	23	408.30570	R	23
400.3009	*	18	408.30401a	R	23	408.30571	*	23
400.3010	R	18	408.30402	*	23	408.30572	R	23
408.802	*	6	408.30403	R	23	408.30573	R	23
408.803	*	6	408.30404	R	23	408.30574	R	23
408.814	*	6	408.30406	A	23	408.30575	R	23
408.815	A	6	408.30406a	A	23	408.30576	R	23
408.816	A	6	408.30408	R	23	408.31087	*	23
408.829	*	6	408.30409	*	23	408.31087a	R	23
408.831	*	6	408.30410	R	23	408.31087b	R	23
408.832	*	6	408.30411	R	23	408.31088	R	23
408.833	R	6	408.30412	*	23	408.31088a	*	23
408.839	*	6	408.30414	*	23	408.31090	R	23
408.843	R	6	408.30415a	*	23	408.31091	R	23
408.10801	*	2	408.30418	*	23	408.31091a	A	23
408.10803	*	2	408.30419	*	23	408.31092a	R	23
408.10804	R	2	408.30427	*	23	408.31093	*	23
408.10805	R	2	408.30428	R	23	408.31094	R	23
408.10807	R	2	408.30430	R	23	408.31095	R	23

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

R Number	Action	2024 MR Issue	R Number	Action	2024 MR Issue
408.31096	R	23	500.79	A	6
408.31097	R	23	500.80	A	6
408.31098	R	23	500.81	A	6
408.31098a	R	23	500.82	A	6
408.31098b	R	23	500.83	A	6
408.31098c	*	23	500.84	A	6
451.4.9	*	23	500.85	A	6
451.4.12	*	23	500.86	A	6
451.4.30	A	23	500.87	A	6
451.1227	*	12	500.88	A	6
451.1237	*	12	500.89	A	6
451.1239	*	12	500.90	A	6
484.1001	*	6	500.91	A	6
484.1002	*	6	500.1251	*	11
484.1003	*	6			
484.1004	*	6			
484.1005	*	6			
484.1006	*	6			
484.1007	R	6			
484.1008	R	6			
484.1009	R	6			
484.1010	A	6			
484.1011	A	6			
484.1012	A	6			
484.1013	A	6			
484.1014	A	6			
484.1015	A	6			
484.1016	A	6			
484.1017	A	6			
484.1018	A	6			
484.1019	A	6			
500.71	A	6			
500.72	A	6			
500.73	A	6			
500.74	A	6			
500.75	A	6			
500.76	A	6			
500.77	A	6			
500.78	A	6			

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

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(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

January 02, 2025
Compiled through PA 185 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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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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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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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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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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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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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)***

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0068	5028		No	7/8/2024	7/8/2024	**	***Housing***; *other*; energy-saving home improvements; invalidate prohibition of by homeowners' association. ***(Rep. Ranjeev Puri)***
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)***

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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)***
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)***

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0088	4723		No	7/23/2024	7/23/2024	**	***Vehicles***; *registration plates*; special registration plate for the Merchant Mariners; create. ***(Rep. Jason Morgan)***
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)***

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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)***
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)***

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	HB	SB					
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)***
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)***

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	HB	SB					
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)***
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)***

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	HB	SB					
0128		0834	Yes	10/3/2024	10/3/2024	10/3/2024	***Law enforcement***; *funds*; public safety officer death benefits; increase. ***(Sen. Kevin Hertel)***
0129		0150	Yes	10/8/2024	10/8/2024	10/8/2024	***Property tax***; *tax tribunal*; methods for tax tribunal to hold small claims hearings; expand to include telephonically or by videoconferencing. ***(Sen. Stephanie Chang)***
0130		0351	Yes	10/8/2024	10/8/2024	10/8/2024	***Civil rights***; *other*; public breastfeeding antidiscrimination act; expand to protect public expression of human milk. ***(Sen. Jeff Irwin)***
0131		0366	Yes	10/8/2024	10/8/2024	10/8/2024	***Energy***; *natural gas*; penalties for natural gas safety violations; modify. ***(Sen. Sean McCann)***
0132		0701	No	10/8/2024	10/8/2024	**	***Human services***; *medical services*; rural hospital access pool; modify. ***(Sen. Sam Singh)***
0133		0716	No	10/8/2024	10/8/2024	10/8/2025	***Vehicles***; *registration plates*; personalized license plates for historical vehicles; provide for. ***(Sen. Veronica Klinefelt)***
0134		0744	No	10/8/2024	10/8/2024	**	***Education***; *teachers and administrators*; requirements for a teacher to successfully complete a probationary period: modify. ***(Sen. Kristen McDonald Rivet)***
0135		0817	Yes	10/8/2024	10/8/2024	10/8/2024	***Appropriations***; *capital outlay*; natural resources trust fund and college building project; provide appropriations for fiscal year 2023-2024. ***(Sen. John Cherry)***
0136		0928	No	10/8/2024	10/8/2024	**	***Family law***; *paternity*; medical expenses related to birth of a child born out of wedlock paid by Medicaid; modify. ***(Sen. Sarah Anthony)***
0137		0929	No	10/8/2024	10/8/2024	**	***State management***; *funds*; distributions from the health and safety fund; modify. ***(Sen. Sarah Anthony)***

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	HB	SB					
0138		0932	No	10/8/2024	10/8/2024	**	***Human services***; *services or financial assistance*; family self-sufficiency plan; modify. ***(Sen. Sarah Anthony)***
0139		0926	No	10/8/2024	10/8/2024	**	***Gaming***; *lottery*; expenditures to the compulsive gaming prevention fund; modify. ***(Sen. Sarah Anthony)***
0140		0931	No	10/8/2024	10/8/2024	**	***Gaming***; *other*; compulsive gaming prevention fund; modify. ***(Sen. Sarah Anthony)***
0141		0933	No	10/8/2024	10/8/2024	**	***Gaming***; *other*; expenditures to the compulsive gaming prevention fund; modify. ***(Sen. Sarah Anthony)***
0142		0934	No	10/8/2024	10/8/2024	**	***Gaming***; *other*; expenditures to the compulsive gaming prevention fund; modify. ***(Sen. Sarah Anthony)***
0143		0935	No	10/8/2024	10/8/2024	**	***Juveniles***; *criminal procedure*; raise the age fund; eliminate. ***(Sen. Sarah Anthony)***
0144		0790	No	10/8/2024	10/8/2024	** #	***Health***; *home health care*; home help caregiver council; create and require collective bargaining with individual home health caregivers. ***(Sen. Kevin Hertel)***
0145		0791	No	10/8/2024	10/8/2024	**	***Labor***; *collective bargaining*; definition of public employee in 1947 PA 336; modify. ***(Sen. Sylvia Santana)***
0146		0567	Yes	10/10/2024	10/10/2024	10/10/2024#	***Education***; *other*; prescreening for dyslexia in public schools; provide for. ***(Sen. Jeff Irwin)***
0147		0568	Yes	10/10/2024	10/10/2024	10/10/2024#	***Education***; *other*; certain requirements for the approval of teacher preparation programs and alternative teaching programs; create. ***(Sen. Dayna Polehanki)***

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	HB	SB					
0148	5503		No	10/10/2024	10/10/2024	**	***Appropriations***; *school aid*; fiscal year 2024-2025 appropriations for K-12 school aid; provide for. ***(Rep. Regina Weiss)***
0149	5127		No	10/29/2024	10/29/2024	**	***Vehicles***; *registration plates*; eligibility for disabled veteran registration plate; extend to partially disabled veterans. ***(Rep. Mike McFall)***
0150		0788	No	11/8/2024	11/8/2024	11/10/2025	***Vehicles***; *registration plates*; special registration plates for women veterans; provide for. ***(Sen. Sylvia Santana)***
0151	5522		No	11/13/2024	11/13/2024	**	***Higher education***; *other*; nonvoting members of this state's delegation to the Midwestern Higher Education Commission; modify. ***(Rep. Carol Glanville)***
0152	5328		No	11/13/2024	11/13/2024	**	***Retirement***; *judges*; employee contribution and match; increase. ***(Rep. Jimmie Wilson)***
0153	5557		No	11/13/2024	11/13/2024	**	***Land use***; *zoning and growth management*; master plans; require to forecast and take into account housing needs. ***(Rep. Kristian Grant)***
0154	5598		No	11/13/2024	11/13/2024	**	***Property***; *recording*; penalties for knowingly drafting or submitting false documents to the register of deeds; provide for. ***(Rep. Tullio Liberati)***
0155	5599		No	11/13/2024	11/13/2024	** #	***Property***; *recording*; penalties for knowingly drafting or submitting false documents to the register of deeds; provide for. ***(Rep. Tullio Liberati)***
0156	4361		No	11/13/2024	11/13/2024	**	***Individual income tax***; *credit*; 1-time credit for organ donation; provide for. ***(Rep. Felicia Brabec)***
0157	4127		No	12/3/2024	12/3/2024	**	***Weapons***; *other*; possession of firearms at a polling place; prohibit. ***(Rep. Penelope Tsernoglou)***

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	HB	SB					
0158	4128		No	12/3/2024	12/3/2024	**	***Weapons***; *other*; firearms within 100 feet of an absentee ballot counting board while ballots are being counted; prohibit. ***(Rep. Stephanie A. Young)***
0159	5683		No	12/3/2024	12/3/2024	** #	***Health occupations***; *other*; the performance of certain exfoliation procedures; require to be under the supervision of a physician. ***(Rep. Tullio Liberati)***
0160	5684		No	12/3/2024	12/3/2024	** #	***Occupations***; *cosmetologists*; skin care services that may be performed by an esthetician or cosmetologist; modify. ***(Rep. Tullio Liberati)***
0161	4928		No	12/10/2024	12/10/2024	** #	***Transportation***; *school vehicles*; school bus stop-arm cameras; allow, and provide civil sanctions for violations. ***(Rep. Nate Shannon)***
0162	4929		No	12/10/2024	12/10/2024	** #	***Traffic control***; *civil infraction procedures*; revised judicature act; revise to reflect distribution of certain fines to school districts. ***(Rep. Tyrone Carter)***
0163	4930		No	12/10/2024	12/10/2024	** #	***Transportation***; *school vehicles*; school bus stop-arm cameras; allow. ***(Rep. Tyrone Carter)***
0164	4132		No	12/10/2024	12/10/2024	** #	***Traffic control***; *speed restrictions*; use of automated traffic enforcement devices in work zones to enforce speed limit reductions; allow. ***(Rep. Will Snyder)***
0165	4133		No	12/10/2024	12/10/2024	** #	***Civil procedure***; *costs and fees*; revised judicature act; revise to reflect the distribution of certain fines related to automated speed enforcement systems. ***(Rep. Mike Mueller)***
0166	5717		No	12/10/2024	12/10/2024	**	***Highways***; *memorial*; portion of I-75; designate as the "Trooper Joel E. Popp Memorial Highway" and amend the portion of M-53 known as the "Officer Leroy Imus Memorial Highway." ***(Rep. Amos O'Neal)***
0167		0504	No	12/17/2024	12/17/2024	**	***Public utilities***; *electric utilities*; long-term industrial load rates; prohibit from being subject to securitization charges. ***(Sen. Kristen McDonald Rivet)***

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	HB	SB					
0168		0881	No	12/17/2024	12/17/2024	** #	***Human services***; *services or financial assistance*; low-income energy assistance fund; modify. ***(Sen. Rick Outman)***
0169		0880	No	12/17/2024	12/17/2024	** #	***Human services***; *services or financial assistance*; Michigan energy assistance act; modify. ***(Sen. Sam Singh)***
0170		0353	No	12/17/2024	12/17/2024	Pending #	***Human services***; *services or financial assistance*; Michigan energy assistance act; modify. ***(Sen. Veronica Klinefelt)***
0171		1001	No	12/17/2024	12/17/2024	**	***Higher education***; *financial aid*; Michigan education trust act; modify. ***(Sen. Rosemary Bayer)***
0172		0740	No	12/23/2024	12/23/2024	**	***Occupations***; *plumbers*; ratio of journey or master plumbers to apprentice plumbers on a jobsite; provide for. ***(Sen. Darrin Camilleri)***
0173		0040	No	12/23/2024	12/23/2024	**	***Employment security***; *benefits*; maximum weekly benefit rate and maximum number of unemployment benefit weeks; increase. ***(Sen. Paul Wojno)***
0174		0982	Yes	12/23/2024	12/23/2024	12/23/2024#	***Communications***; *telecommunications*; conversion for telephone corporations to domestic limited liability company; provide for. ***(Sen. Sam Singh)***
0175		0983	Yes	12/23/2024	12/23/2024	12/23/2024#	***Businesses***; *limited liability companies*; definition of business organization; modify. ***(Sen. Dan Lauwers)***
0176		0984	Yes	12/23/2024	12/23/2024	12/23/2024#	***Businesses***; *business corporations*; applicability of the business corporation act; modify. ***(Sen. Sam Singh)***
0177		1050	Yes	12/23/2024	12/23/2024	12/23/2024#	***Corporate income tax***; *flow-through entities*; treatment of certain limited liability companies as a corporation; provide for. ***(Sen. Sarah Anthony)***

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	HB	SB					
0178		0205	No	12/30/2024	12/30/2024	Pending #	***Civil rights**; housing discrimination*; housing discrimination based on source of income; prohibit. ***(Sen. Mary Cavanagh)***
0179		0206	No	12/30/2024	12/30/2024	Pending #	***Civil rights**; housing discrimination*; housing discrimination based on source of income; prohibit. ***(Sen. Rosemary Bayer)***
0180		0207	No	12/30/2024	12/30/2024	Pending #	***Civil rights**; housing discrimination*; housing discrimination based on source of income; prohibit. ***(Sen. Jeff Irwin)***
0181		0237	No	12/30/2024	12/30/2024	**	***Use tax**; exemptions*; data center equipment used by an enterprise data center; modify and extend sunset. ***(Sen. Kevin Hertel)***
0182		0248	No	12/30/2024	12/30/2024	**	***Courts**; other*; age requirement for the use of a courtroom support dog; modify. ***(Sen. Dan Lauwers)***
0183		0515	No	12/30/2024	12/30/2024	**	***Criminal procedure**; evidence*; admissibility of certain hearsay testimony in certain human trafficking and prostitution prosecutions; provide for. ***(Sen. Rosemary Bayer)***
0184		0516	No	12/30/2024	12/30/2024	**	***Criminal procedure**; evidence*; admissibility of evidence of other acts in certain human trafficking and prostitution prosecutions; provide for. ***(Sen. Sue Shink)***
0185		0517	No	12/30/2024	12/30/2024	**	***Criminal procedure**; evidence*; use of truthful testimony, evidence, or other truthful information against certain witnesses; modify. ***(Sen. Stephanie Chang)***

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