

Michigan Register

Issue No. 6 – 2024 (Published April 15, 2024)



GRAPHIC IMAGES IN THE MICHIGAN REGISTER

COVER DRAWING

Michigan State Capitol:

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

(Michigan State Archives)

PAGE GRAPHICS

Capitol Dome:

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

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

(Michigan State Archives)

East Elevation of the Michigan State Capitol:

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

(Michigan Capitol Committee)

Michigan Register

Published pursuant to § 24.208 of
The Michigan Compiled Laws



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(This issue, published April 15, 2024, contains
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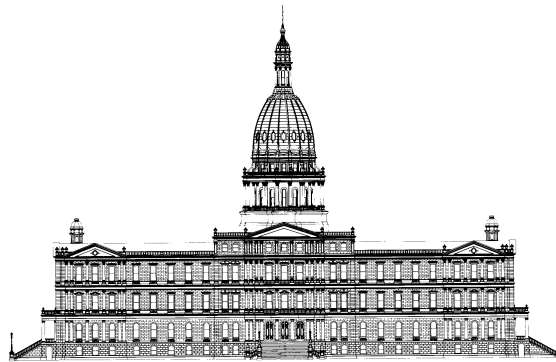
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Michigan Office of Administrative Hearings and Rules

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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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17	September 1	October 1
18	September 15	October 15
19	October 1	November 1
20	October 15	November 15
21	November 1	December 1
22	November 15	December 15
23	December 1	January 1
24	December 15	January 15

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**ADMINISTRATIVE RULES
FILED WITH THE SECRETARY OF STATE**

MCL 24.208 states in part:

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

* * *

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

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

CARNIVAL AND AMUSEMENT SAFETY

GENERAL RULES

Filed with the secretary of state on March 20, 2024

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

(By authority conferred on the director of the department of licensing and regulatory affairs by section 6 of the carnival-amusement safety act of 1966, 1966 PA 225, MCL 408.656, and Executive Reorganization Orders Nos. 1991-9, 1996-2, 2003-1, 2008-4, and 2011-4, MCL 338.3501, 445.2001, 445.2011, 445.2025, and 445.2030)

R 408.802, R 408.803, R 408.814, R 408.829, R 408.831, R 408.832, R 408.839, R 408.839a, R 408.844, R 408.848, R 408.872, R 408.874, and R 408.897 of the Michigan Administrative Codes are amended, R 408.815 and R 408.816 are added, and R 408.833 and R 408.843 are rescinded, as follows:

PART 1. GENERAL PROVISIONS

R 408.802 Safety requirements for carnival-amusement rides and devices.

Rule 2. (1) Electrical wiring, apparatus, and equipment must be manufactured, installed, and maintained as prescribed in the national electrical code (NFPA 70), 2020 edition, published by the National Fire Protection Association. The provisions of the national electrical code are adopted by reference as electrical standards for the carnival and amusement rides and devices in this state.

(2) These adopted provisions may be purchased for a cost of \$121.50, at the time of adoption of these rules, from the National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, Massachusetts 02169-7471, telephone: 800-344-3555 or 617 -770-3000, website address: www.nfpa.org. A copy of this code and the general rules are available for inspection and purchase at the Department of Licensing and Regulatory Affairs, Bureau of Construction Codes 611 W. Ottawa Street, Lansing, Michigan 48909, 517 - 241- 9313, for a cost of \$121.50 at the time of adoption.

(3) The department adopts by reference the ASTM Standards on Amusement Rides and Devices, established by ASTM F-24 Committee, ASTM Volume 15.07, November 2022 as it relates to a carnival or amusement ride, as that term is defined in section 2 of the act, MCL 408.652. The adopted standards may be purchased for a cost of \$338.00, at the time of adoption of these rules, from The American Society for Testing and Materials (ASTM), 100 Barr Harbor Drive, P.O. Box C 700, West Conshohocken Pennsylvania 19428- 2959, customer service telephone: 610-832-9500, website address: <https://www.astm.org/astm-bos-15.07.html>. A copy of this code is available for inspection

and purchase at the Department of Licensing and Regulatory Affairs Bureau of Construction Codes, 611 W. Ottawa Street, Lansing, Michigan 48909, Phone: 517 -241- 9313, for a cost of \$338.00 at the time of adoption.

(4) The department adopts by reference the standards contained in the American National Standards Institute Safety (ANSI) requirements for aerial passenger tramways, ANSI B77.1 2017, for aerial passenger tramway amusement rides in this state. This adopted standard may be purchased at a cost of \$200.00, as of the time of adoption of these rules, from the American National Standards Institute (ANSI), 25 West 43rd Street, New York, New York 10036, telephone: 212-642-4900, fax: 212-398-0023, website address: <https://webstore.ansi.org/Standards/ANSI/ANSIB772017>. A copy of this code is available for inspection and purchase at the Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, 611 W. Ottawa Street, Lansing, Michigan 48909, for a cost of \$200.00 at the time of adoption of these rules.

R 408.803 Definitions.

Rule 3. (1) As used in these rules:

- (a) "Act" means the carnival-amusement safety act of 1966, 1966 PA 225, MCL 408.651 to 408.670.
- (b) "Aerial passenger tramway" means any of the following devices used to transport passengers:
 - (i) "Single and double reversible aerial tramways" means devices that carry passengers in 1 or more enclosed cars that reciprocate between terminals.
 - (ii) "Chair lift, gondola lift, and monorail" means a device that carries passengers on chairs, cars, or in gondola cabs attached to and suspended from a moving wire rope or attached to a moving wire rope or chain and supported on a standing wire rope, rail, or other structure.
- (c) "Amusement ride or amusement device" means a device or combination of devices or elements that carries, conveys, or directs an individual or individuals over or through a fixed or restricted course or within a defined area, for the primary purpose of amusement or entertainment. Amusement ride or amusement device does not include any of the following:
 - (i) Aerial adventure courses.
 - (ii) Aquatic play equipment.
 - (iii) Buildings or concourses used in laser games or paint ball.
 - (iv) Bungee jumping.
 - (v) Devices operated on a river, lake, or any other natural body of water.
 - (vi) Funhouses, haunted houses, and similar walk-through devices that are erected temporarily on a seasonal basis and do not have mechanical components designed to convey patrons.
 - (vii) Hayrides.
 - (viii) High speed go-karts capable of attaining speeds of 25 miles per hour or more.
 - (ix) Human-powered devices.
 - (x) Ice skating rinks.
 - (xi) Inflatable amusement devices.
 - (xii) Luge and bobsled tracks.
 - (xiii) Mechanical bulls.
 - (xiv) Parasailing.
 - (xv) Playground equipment, including, but not limited to, soft-contained play equipment, swings, seesaws, slides, stationary spring-mounted animal features, jungle gyms, rider-propelled merry-go-rounds, and trampolines.
 - (xvi) Rock walls.
 - (xvii) Roller skating rinks.
 - (xviii) Simulators that can be safely exited mid-ride.
 - (xix) Skateboard ramps or courses.

(xx) Skydiving simulators.

(xxi) Stationary wave systems.

(xxii) Trampoline courts.

(xxiii) Tubing and sledding hills.

(xxiv) Wave pools.

(xxv) Any other devices as determined by the department.

(d) "Amusement park" means a tract or area used principally as a permanent location for carnival-amusement rides.

(e) "Engineer's attestation" means a letter signed by a licensed engineer that states the device complies with the applicable act and rules as well as the standards and codes that are adopted by reference in R 408.802.

(f) "Gravity ride" means a ride installed on a manmade inclined surface that entirely depends on gravity for its operation to convey a passenger from the top of the incline to the bottom in a singular lane and conveys the passenger in or on a carrier, tube, bag, bathing suit, or clothes.

(g) "Major breakdown" means a stoppage of operation from any cause resulting in damage, failure, or breakage of a structural or stress-bearing part of a ride.

(2) A term defined in the act has the same meaning when used in these rules.

R 408.814 Definitions; waterslide.

Rule 14. (1) "Waterslide" means an inclined, nonmechanical amusement ride that has all of the following characteristics:

(a) Consists of 1 or more courses of varying slopes and directions.

(b) Relies on gravity and not a mechanical system to propel its passengers.

(c) Uses water to lubricate the course and to regulate passenger velocity.

(d) Includes a landing area or runout designed to bring riders to a complete stop and allow them to exit the ride in a safe manner.

(2) "Waterslide" does not include slides that are not separate amusement rides but are customarily recreational equipment as evidenced by a vertical drop of 15 feet or less and a total linear slide length of 50 feet or less.

R 408.815 Routing sheets.

Rule 15. (1) Routing sheets that are in a paper or digital format are required to be submitted to the department by mobile operators at the time of application for a permit or annual renewal of the permit.

Routing sheets must include all of the following information:

(a) Specific address where the rides will be set up.

(b) Setup dates of the rides.

(c) Operation dates of the rides.

(d) Number of amusement devices on site, if available.

(e) Specific amusement devices on site, if available.

(2) Additional locations must be updated with the department as soon as information is available.

R 408.816 Operational training and emergency response training forms.

Rule 16. Forms to track training for staff operating devices must comply with all of the following:

(a) Be made available to the department on request.

(b) Be maintained in a digital format that contains all of the information that is included in the paper forms and made available to the department digitally upon request.

(c) Contain all of the following:

(i) The name of company.

- (ii) The name of the device.
- (iii) The state issued device number.
- (iv) The staff member or members that have been trained.
- (v) The date when the training was conducted.
- (vi) The name of the trainer.
- (vii) The training curriculum.
- (viii) The signature of the trainer and the staff that were trained.

PART 2. DESIGN, CONSTRUCTION, AND OPERATION

R 408.829 Seating and carrying devices.

Rule 29. (1) Tubs, cars, chairs, seats, gondolas, and other carriers used on a ride must be designed and constructed as strong as practical. A ride's interior and exterior parts that passengers might come in contact with must be smooth, rounded, free from sharp, rough, or splintered edges or corners, and have no protruding screws or projections that might cause injury. Parts that passengers might be thrown on or against by action of the ride must be adequately padded to prevent or minimize the possibility of injury. The upholstery must be kept in repair, and no loose or flapping portions of upholstery or decoration are allowed.

(2) Propellers or other moving parts or decorations attached to tubs, cars, chairs, seats, gondolas, and other carriers must be securely fastened to this equipment and must be keyed or otherwise secured so that they cannot come off during operation of the ride. Vanes, canopies, or other attachments that might become disengaged must be secured with safety straps to prevent them from flying away in case of breakage or dislocation.

(3) If a device on a ride is shown to have a deficiency or require repairs in the ride's tubs, cars, chairs, seats, gondolas, or other carriers used, the ride will be considered noncompliant as a whole and must not operate until returned to compliance based on the number of carriers on the device as follows:

(a) For devices with 10 or fewer carriers, the ride, as a whole, will be considered noncompliant and must not operate if 50% or more of the carriers are found deficient.

(b) For devices with more than 10 carriers, the ride, as a whole, will be considered noncompliant and must not operate if 25% or more of the carriers are found deficient.

(4) Subrule (3) of this rule does not apply to go-karts, bumper cars, bumper boats, or individual devices that can be removed or replaced as needed, including, but not limited to, train cars, log rides, or boat rides.

R 408.831 Safety retainers.

Rule 31. Tubs, cars, chairs, seats, gondolas, and other carriers used on a ride that depends on a single means of attachment or support must be equipped with a safety retainer to prevent the carrier, if it becomes disengaged from its support or attachment, from being catapulted from the ride and to prevent any action of the carrier that might throw the occupants from the carrier while the ride is in motion. This rule only applies to rides or situations determined to be hazardous after inspection by an authorized representative of the department and review of the conditions.

R 408.832 Permit-inspection decal.

Rule 32. (1) After a ride has been inspected and authorized for operation, the department shall issue a permit-inspection decal that must be affixed to a basic part of the ride structure in such a manner as to be readily accessible to the authorized inspector. The permit-inspection decal must display the

identification number issued by the department for the individual ride and other information considered necessary by the department.

(2) If the ride is transferred to another owner or operator, sold, rebuilt or undergoes major alterations, it must be reinspected. After completion of the inspection, a new permit-inspection decal must be issued.

(3) If a ride is transferred to another owner or operator or is sold, the permit-inspection decal shall be obliterated by the owner or operator before the transfer or sale.

(4) If a permit-inspection decal is mutilated so that it is no longer legible, the operator shall notify the department and a new permit-inspection decal must be issued.

R 408.833 Rescinded.

R 408.839 Gravity rides.

Rule 39. In addition to complying with other applicable rules, gravity rides must comply with all of the following;

(a) The frequency of departure of carriers from the loading area must be controlled by a ride operator. The minimum distance or time between departures must be determined by the manufacturer or designer of the device.

(b) The ride must have an operator located at the loading area and an attendant at the unloading area.

(c) If the entire ride is not visible to the operator, then additional attendants shall be located at other stations along the ride to ensure complete surveillance of the entire ride. Two-way communication must be provided between the operator and other attendants of the ride.

R 408.839a Waterslides.

Rule 39a. A waterslide that conveys passengers must, in addition to other applicable rules, comply with all of the following requirements:

(a) Each waterslide must be designed and constructed to have a minimum safety factor of 2.

(b) Each waterslide must be designed and constructed to retain the passengers within the waterslide during the ride.

(c) At each loading area, a hard surface that is not earth and is reasonably level must be provided. The surface must be large enough to accommodate the intended quantity of passengers.

(d) If the elevation of a loading surface of a waterslide is more than 12 inches above the elevation of an adjacent area, then guardrails must be installed on the exposed sides of the loading area.

(e) A waterslide may terminate in a swimming pool or in a body of water such as a lake, river, stream, or artificial lake or reservoir. The design of the waterslide and its termination point must meet the requirements of the act and these rules.

(f) If the landing area or runout of a waterslide is in a public swimming pool, the landing area or runout of the waterslide must be specified by the designer. Swimming in this area, other than to exit the flume, landing, or runout area, is prohibited.

(g) If the landing area or runout of a waterslide is in an enclosed tank or in a pool used only to exit the waterslide ride, the landing area or runout must be specified by the designer. This landing area or runout is not a public swimming pool.

(h) Each waterslide must have at least 1 attendant located at the loading area at all times when the ride is being operated for the use of the public. A waterslide attendant shall be trained, prepared, and capable of controlling the frequency of departure of passengers from the loading area. The design and operation of a loading area common to more than 1 course must allow an attendant to remain knowledgeable of the disposition of each passenger. One attendant is sufficient to dispatch riders on more than 1 course from a common loading area if a mechanical system or operational controls are used to regulate rider dispatch on each affected course.

(i) There must be at least 1 attendant in the unloading area at all times when the ride is being operated for the use by the public. An attendant in an unloading area must be trained in cardiopulmonary resuscitation and must be trained, prepared, and capable of assisting any passenger exiting the waterslide. One attendant is sufficient to operate the termination point common to more than 1 water slide, if the owner or operator provides sufficient attendants in the unloading area to ensure that each attendant can scan the entire area that he or she is responsible for every 10 seconds and respond within the area within 20 seconds.

(j) If the entire water slide is not visible to the attendant at the loading area or if the attendant is controlling entry to multiple courses, then some form of 2-way communication must be provided between the attendants of the ride to ensure that passenger loading is stopped if there are problems.

R 408.843 Rescinded.

R 408.844 Mechanical failure reports.

Rule 44. The owner or operator of a carnival-amusement ride shall report a major breakdown to the department within 24 hours after the occurrence of the incident by telephone or other means of immediate communication. The owner or operator shall confirm this report using the form provided by the department. This report must be forwarded to the department within 7 days after the occurrence of the reportable incident. After being advised of a major breakdown, the department may require that the scene of an accident or major breakdown, or both, be secured and not disturbed to any greater extent than necessary for removal of the deceased or injured individuals. The department may order an immediate inspection of the secured site and the ride must be released for repair and operation only after the inspection is completed.

R 408.848 Control and operation.

Rule 48. An operator shall have knowledge of the use and function of normal operating controls, signal systems, and safety devices applicable to the ride and of the proper use, function, capacity, and speed of the particular ride at all times that it is being operated. When the ride is shut down, provision must be made to prevent the ride from being operated by the public. An individual other than a trained operator shall not be permitted to handle the controls of a ride during normal operation, except where the ride is designed to be controlled by the passenger.

PART 3. PROCEDURES

R 408.872 Emergency applications for permits to operate.

Rule 72. When an owner or operator has not previously intended to operate a ride in this state and has not made application for a permit to operate, the owner or operator, after confirming a booking in this state, shall notify the department and apply for a permit to operate. The notice must be given not less than 30 days before the book date. When an emergency booking makes the 30-day notice impossible, the owner or operator shall notify the department of the booking by telephone or other means of immediate communication and shall confirm this notice in writing. The director shall schedule and arrange for inspection of the rides and the issuance of a permit to operate in conjunction with the owner or operator to best serve the needs of both parties and the orderly administration of the act and these rules. If devices require inspection before operation, the owner or operator shall make every effort to arrive at a location within this state and set up the devices to be inspected.

R 408.874 Daily inspection.

Rule 74. A ride must be inspected and tested on each day it is intended to be used. This inspection must be made by an individual commissioned to perform such inspections by the director. Daily inspection and performance tests must be performed and recorded in a manner prescribed by the manufacturer or ASTM F-24 if manufacturer standards are unavailable, and must be certified by the individual commissioned to perform these inspections. Physical or digital results of these daily inspection and performance tests must be maintained and available to the department for review. These inspection reports must be retained at the operation site until the next inspection is conducted by the director. An owner or operator shall not knowingly use, or permit to be used, a ride that is not properly assembled or is defective or unsafe in any of its parts, controls, or safety equipment.

PART 4. PARTICIPATORY RIDES - GO-KARTS

R 408.897 Remote idle system.

Rule 97. (1) Effective May 1, 2000, each go-kart must be equipped with a receiver for a remote idle system. A go-kart ride attendant shall control the remote idle system.

(2) If the remote idle system becomes inoperable and requires repair, then the track owner or operator shall make a written request to operate the go-kart rides until the repair is completed.

ADMINISTRATIVE RULES

DEPARTMENT OF NATURAL RESOURCES

LAW ENFORCEMENT DIVISION

STATE LAND USE RULES

Filed with the secretary of state on March 12, 2024

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

(By authority conferred on the department of natural resources by section 504 of the natural resources and environmental protection act, 1994 PA 451, MCL 324.504, and Executive Reorganization Orders Nos. 1991-22, 2009-31, and 2011-1, MCL 299.13, 324.99919, and 324.99921)

R 299.924 of the Michigan Administrative Code is amended, as follows:

R 299.924 Land under the control of the department other than parks, recreation areas, game and wildlife areas, designated campgrounds and access sites; unlawful acts.

Rule 24. In addition to the unlawful acts specified in R 299.922, on land under the control of the department other than state parks, recreation areas, game and wildlife areas, designated campgrounds, and public access sites, it is unlawful to do any of the following:

(a) Park any wheeled, motorized vehicle more than 50 feet from the traveled portion of a road, forest road, parking lot, or trail open to such vehicle use.

(b) Use, operate, or possess a wheeled, motorized vehicle, except a PAMD, on a designated state forest pathway.

(c) Possess a dog or other animal in a designated day use area, except if it is under immediate control on a leash not more than 6 feet in length. This subdivision does not apply to a dog within a designated leash-free area or to a dog being used for hunting, in field trials, while being trained for hunting or field trials, or for other purposes as allowed by the department on land under the control of the department and open to such use.

ADMINISTRATIVE RULES

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

DIRECTOR'S OFFICE

IONIZING RADIATION RULES GOVERNING THE USE OF RADIATION MACHINES

Filed with the secretary of state on March 13, 2024

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

(By authority conferred on the director of the department of labor and economic opportunity by sections 13515, 13521, 13522, and 13527 of the public health code, 1978 PA 368, MCL 333.13515, 333.13521, 333.13522, and 333.13527, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, 2011-4, and 2019-3, MCL 330.3101, 445.2001, 445.2011, 445.2030, and 125.1998)

R 333.5201, R 333.5202, R 333.5203, R 333.5204, R 333.5205, R 333.5206, R 333.5207, R 333.5208, R 333.5209, R 333.5210, R 333.5211, R 333.5212, and R 333.5213 of the Michigan Administrative Code are added, as follows:

PART 5. OPERATOR QUALIFICATIONS

R 333.5201 Purpose and scope.

Rule 5201. (1) This part establishes the qualification requirements of individuals engaged in medical radiologic technology. Improper performance of medical radiologic technology results in unnecessary exposure to machine produced ionizing radiation and the unnecessary re-administration of machine produced ionizing radiation. Therefore, the qualification of these individuals to apply machine produced ionizing radiation to humans has a direct impact on the machine produced ionizing radiation burden of the patient.

(2) Unless specifically exempt in accordance with R 333.5209, a registrant shall not employ an individual to perform medical radiologic technology who does not meet the requirements of this part or without the expressed written approval of the department.

R 333.5202 Definitions; A.

Rule 5202. (1) "ACRRT" means American Chiropractic Registry of Radiologic Technologists.

(2) "Approved program" means a formal education program in the respective discipline of radiography or radiation therapy that is accredited by 1 or more of the following:

(a) Joint Review Committee on Education in Radiologic Technology.

(b) Regional institutional accrediting agencies.

(c) Conjoint Secretariat of the Canadian Medical Association.

(3) “ARRT” means American Registry of Radiologic Technologists.

R 333.5203 Definitions; B.

Rule 5203. "Bone densitometry" means the science and art of applying machine produced ionizing radiation to human beings for the determination of site-specific bone density.

R 333.5204 Definitions; C.to G.

Rule 5204. (1) “CAMRT” means Canadian Association of Medical Radiation Technologists.

(2) “CBRPA” means Certification Board for Radiology Practitioner Assistants.

(3) “CCI” means Cardiovascular Credentialing International.

(4) "Chiropractic radiography" means the science and art of applying machine produced ionizing radiation to human beings for diagnostic evaluation of skeletal anatomy.

(5) "Continuing education activity" means a learning activity that is planned, organized, and administered to enhance the professional knowledge and skills underlying professional performance that a medical radiologic technologist uses to provide services for patients, the public, or the medical profession. To qualify as continuing education, the activity must be planned and organized to provide sufficient depth and scope of a subject area.

(6) "CE credit" or continuing education credit means a unit of measurement for continuing education activities. One CE credit is awarded for 1 contact hour, which is 50 minutes. Activities longer than 1 hour are assigned whole or partial credits based on the 50-minute hour.

(7) “Direct supervision” means the required individual must be present in at least an adjacent area and immediately available to furnish assistance and direction throughout the procedure, and is responsible for the control of quality, radiation safety protection, and technical aspects of the application of radiation to human beings for diagnostic, therapeutic, or research purposes.

(8) “General supervision” means the procedure is furnished under the overall direction and control of a licensed practitioner whose presence is not required during the performance of the procedure., and is responsible for the control of quality, radiation safety protection, and technical aspects of the application of radiation to human beings for diagnostic, therapeutic, or research purposes.

R 333.5205 Definitions; L.

Rule 5205. (1) "Licensed practitioner" means a health practitioner licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(2) “Limited diagnostic radiographer” means an individual, other than a licensed practitioner, who, while under the general supervision of a licensed practitioner, performs limited diagnostic radiography.

(3) “Limited diagnostic radiography” means the science and art of applying machine produced ionizing radiation to human beings for limited diagnostic purposes.

R 333.5206 Definitions; M.

Rule 5206. (1) "Medical radiologic technologist" means an individual, other than a licensed practitioner, who, while under the general supervision of a licensed practitioner performs medical x-radiation procedures involving the application of machine produced ionizing radiation to human beings for diagnostic, therapeutic, and research purposes.

(2) "Medical radiologic technology" means the science and art of performing medical x-radiation procedures involving the application of machine produced ionizing radiation to human beings for diagnostic, therapeutic, and research purposes. The specialized disciplines of medical radiologic

technology are medical radiography, radiation therapy technology, chiropractic radiography, limited diagnostic radiography, and radiologist assistant.

(3) "Medical radiographer" means an individual, other than a licensed practitioner, who, while under the general supervision of a licensed practitioner, applies machine produced ionizing radiation to a part of the human body.

(4) "Medical radiography" means the science and art of applying machine produced ionizing radiation to human beings for diagnostic, and research purposes.

R 333.5207 Definitions; P.

Rule 5207. (1) "Personal supervision" means the required individual is in attendance in the room during the performance of a procedure, and is responsible for the control of quality, radiation safety and protection, and technical aspects of the application of radiation to human beings for diagnostic, therapeutic, or research purposes.

(2) "Physician's assistant" means an individual who is licensed as a physician's assistant under part 170 or part 175 of the public health code, 1978 PA 368, MCL 333.17001 to 333.17097 and 333.17501 to 333.17556.

(3) "Podiatric" means a radiographic examination of the toes, foot, ankle, calcaneus, and distal tibia/fibula but does not include the knee joint.

R 333.5208 Definitions; R.

Rule 5208. (1) "Radiation therapy technology" means the science and art of applying radiation emitted from x-ray machines or particle accelerators to human beings for therapeutic purposes.

(2) "Radiologist assistant" means an individual, other than a licensed practitioner, who as a medical radiographer with advanced-level training and certification, performs a variety of activities under the direct, general, or personal supervision of a radiologist, certified by the American Board of Radiology (ABR), the American Osteopathic Board of Radiology (AOBR), or Royal College of Physicians and Surgeons of Canada (RCPSC), in the areas of patient care, patient management, clinical imaging, and interventional procedures. The radiologist assistant shall not interpret images, make diagnoses, or prescribe medications or therapies.

(3) "Radiology" means the branch of medicine that deals with the study and application of imaging technology to diagnose and treat disease.

(4) "RCEEM" or "recognized continuing education evaluation mechanism" means a mechanism used by the ARRT for evaluating the content, quality, and integrity of an educational activity. The evaluation shall include a review of education objectives, content selection, faculty qualifications, and educational methods and materials.

R 333.5209 Exemptions.

Rule 5209. (1) Nothing in this part shall be construed to limit or affect in any respect, the medical practice of individuals properly licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838 with respect to their professions and scope of practice.

(2) The following individuals are exempt from the requirements of this part:

(a) A student enrolled in an approved program applicable to his or her profession who, as a part of his or her course of study, applies machine produced ionizing radiation to human beings while under the direct supervision of a licensed practitioner or medical radiologic technologist who meets the requirements of this part.

(b) An individual employed as a dental assistant or dental hygienist who performs radiography under the general supervision of a licensed practitioner.

(c) A nurse, technician, or other assistant who, under the general supervision of a licensed practitioner, performs bone densitometry.

(d) A medical radiologic technologist performing mammography who meets the qualification requirements of R 333.5630.

(e) A computed tomography (CT) operator who meets the qualification requirements of R 333.5705.

(f) A nuclear medicine technologist who, under the supervision of an authorized user, utilizes sealed and unsealed radioactive materials for diagnostic, treatment, and research purposes.

R 333.5210 Categories and types of qualification.

Rule 5210. (1) The department recognizes all of the following categories in the practice of medical radiologic technology:

(a) Medical radiography.

(b) Radiation therapy technology.

(c) Radiologist assistant.

(d) Chiropractic radiography.

(e) Limited diagnostic radiography.

(2) The department recognizes the following types of qualifications:

(a) Active status for individuals who have passed an examination as indicated in R 333.5211 and who maintain current registration status with the registry providing the examination.

(b) Temporary status for individuals who have completed an approved program in medical radiography, radiation therapy technology, radiologist assistant, chiropractic radiography, or cardiac catheterization and interventional radiography and are eligible for the examination required to obtain the credential or credentials specified in R 333.5211. Temporary status conveys the same rights as active status. Temporary status must not exceed 3 years after completion of the approved program.

(c) Limited diagnostic radiography for individuals who have completed the training required in R 333.5212. Limited diagnostic radiography procedures that require specific limited qualifications are as follows:

(i) Limited diagnostic radiography – chest:

(A) Posterior anterior upright.

(B) Anterior posterior supine.

(C) Lateral upright.

(D) Lateral decubitus.

(E) Anterior posterior lordotic.

(F) Obliques.

(ii) Limited diagnostic radiography – extremities:

(A) Finger or fingers.

(B) Forearm.

(C) Shoulder.

(D) Toes.

(E) Tibia and fibula.

(F) Femur.

(G) Hand.

(H) Elbow.

(I) Clavicle.

(J) Foot.

(K) Knee.

(L) Wrist.

(M) Humerus.

- (N) Scapula.
- (O) Ankle.
- (P) Patella.
- (iii) Limited diagnostic radiography – spine:
 - (A) Cervical spine.
 - (B) Sacroiliac joints.
 - (C) Thoracic spine.
 - (D) Sacrum.
 - (E) Lumbar spine.
 - (F) Coccyx.
- (iv) Limited diagnostic radiography - skull and sinuses:
 - (A) Skull.
 - (B) Paranasal sinuses.
 - (C) Mandible facial bones.
- (v) Limited diagnostic radiography – podiatric:
 - (A) Foot.
 - (B) Ankle.

(d) Conditional status for individuals can occur during the 3 years immediately following the effective date of this part. A medical radiologic technologist that does not meet the requirements of subdivision (a), (b), or (c) of this subrule shall be considered qualified contingent upon a written statement of assurance that the individual is competent to apply machine produced ionizing radiation to human beings. This statement of assurance must be maintained for inspection by the department and must specify the nature of the equipment and procedures the individual is competent to utilize. The statement of assurance must be provided by a licensed practitioner under whose general supervision the individual is employed or has been employed. Three years after the effective date of this part, a medical radiologic technologist shall meet the requirements of subdivision (a), (b), or (c) of this subrule.

R 333.5211 Credentialing requirements.

Rule 5211. Individuals who seek to qualify for active status in medical radiologic technology shall possess the appropriate credential or credentials as specified below or equivalent:

- (a) Medical radiography:
 - (i) ARRT – radiography (R).
 - (ii) CAMRT – registered technologist, radiation technology (RTR).
- (b) Radiation therapy technology:
 - (i) ARRT – registered radiation therapists (RTT).
 - (ii) CAMRT – registered radiation therapists (RTT).
- (c) Radiologist assistant:
 - (i) ARRT – registered radiologist assistant (RRA).
 - (ii) CBRPA – radiology practitioner assistant (RPA).
- (d) Chiropractic radiography provided through ACRRT.
- (e) Cardiac catheterization and interventional radiography:
 - (i) ARRT – cardiovascular interventional radiography (CV).
 - (ii) ARRT – cardiac interventional radiography (CI).
 - (iii) ARRT – vascular interventional radiography (VI).
 - (iv) CCI – registered cardiovascular invasive specialist (RCIS).

R 333.5212 Limited diagnostic radiography requirements.

Rule 5212. (1) Individuals who perform limited diagnostic radiography shall pass an approved program or obtain a minimum of 40 hours of training relevant to the radiologic science within the limited scope of practice. This training must include both clinical and didactic components.

(2) The following general categories must be included in limited diagnostic radiography training or program:

- (a) Fundamentals of healthcare.
- (b) Medical terminology.
- (c) Patient care and management.
- (d) Human anatomy and physiology.
- (e) Imaging production and evaluation.
- (f) Imaging equipment and radiation production.
- (g) Radiation protection and radiobiology.

(3) In addition to the categories in subrule (2) of this rule, the curriculum must include the following:

- (a) Limited chest radiography programs must include instruction on chest radiography procedures.
- (b) Limited extremity programs must include instruction on extremity radiographic procedures.
- (c) Limited spine programs must include instruction on spine radiographic procedures.
- (d) Limited skull and sinus programs must include instruction on skull and sinus radiographic procedures.

(e) Limited podiatry programs must include instruction on foot, ankle, and leg below the knee radiographic procedures.

(4) Limited diagnostic radiography programs must be competency-based educational programs.

(5) All limited diagnostic radiographers are required to maintain proof of completion of approved program or training.

R 333.5213 Continuing education requirements.

Rule 5213. (1) The required number of CE credits for limited diagnostic radiography is 12 CE credits.

(2) CE credits required by subrule (1) of this rule must be completed within 24 months after the effective date of these rules and every 24 months after their initial completion.

(3) The options for meeting CE requirements are any of the following:

(a) Activities approved by an RCEEM. Among the requirements for qualification as an RCEEM, an organization shall be national in scope, non-profit, radiology based, and willing to evaluate CE activity developed by a medical radiologic technologist within a given discipline. Organizations with current RCEEM status include:

- (i) American College of Radiology.
- (ii) American Healthcare Radiology Administrators.
- (iii) American Institute of Ultrasound in Medicine.
- (iv) American Roentgen Ray Society.
- (v) American Society of Nuclear Cardiology.
- (vi) American Society of Radiologic Technologists.
- (vii) Association of Vascular and Interventional Radiographers.
- (viii) Canadian Association of Medical Radiation Technologists.
- (ix) Medical Dosimetrist Certification Board.
- (x) Radiological Society of North America.
- (xi) Society of Diagnostic Medical Sonography.

(xii) Section for Magnetic Resonance Technologist of the International Society for Magnetic Resonance in Medicine.

- (xiii) Society of Nuclear Medicine Technologist Section.
- (xiv) Society of Vascular Ultrasound.

(b) Approved academic courses offered by a post-secondary educational institution that are relevant to the radiologic sciences or patient care, or both. Courses in the biologic sciences, physical sciences, verbal and written communication, mathematics, computers, management, or education methodology are considered relevant. Credit is awarded at the rate of 12 CE credits for each academic quarter or 16 CE credits for each academic semester credit.

(c) Advanced cardiopulmonary resuscitation (CPR) certification, including advanced life support, instructor, or instructor trainer, through the American Red Cross, the American Heart Association, or the American Safety and Health Institute is awarded 6 CE credits.

(4) All limited diagnostic radiographers are required to maintain proof of participation in continuing education activities. Proof may be in the form of a certificate or an itemized list from an ARRT-approved record-keeping mechanism.

ADMINISTRATIVE RULES

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

INSURANCE

HOLDING COMPANIES

Filed with the secretary of state on March 20, 2024

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

(By authority conferred on the director of the department of insurance and financial services by sections 210 and 1361 of the insurance code of 1956, 1956 PA 218, MCL 500.210 and 500.1361, and Executive Reorganization Order No. 2013-1, MCL 550.991)

R 500.71, R 500.72, R 500.73, R 500.74, R 500.75, R 500.76, R 500.77, R 500.78, R 500.79, R 500.80, R 500.81, R 500.82, R 500.83, R 500.84, R 500.85, R 500.86, R 500.87, R 500.88, R 500.89, R 500.90, and R 500.91 are added to the Michigan Administrative Code, as follows:

R 500.71 Definitions.

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

- (a) “Act” means the insurance code of 1956, 1956 PA 218, MCL 500.100 to 500.8302.
 - (b) “Chapter 13” means chapter 13 of the act, MCL 500.1301 to 500.1379.
 - (c) “Executive officer” means chief executive officer, chief operating officer, chief financial officer, treasurer, secretary, controller, and another individual performing functions corresponding to those performed by the individuals described in this subdivision without regard to title.
 - (d) “Ultimate controlling person” means the person that is not controlled by another person.
- (2) A term defined in the act has the same meaning when used in these rules, unless a more specific definition of a term is provided under chapter 13, in which case the term defined in chapter 13 has the same meaning when used in these rules. A term not defined in the act has meaning according to industry usage when used in these rules.

R 500.72 Purpose.

Rule 2. These rules set forth requirements and procedures that the director considers necessary to carry out chapter 13. These rules are necessary and appropriate in the public interest and for the protection of the policyholders in this state.

R 500.73 Severability.

Rule 3. If a provision of these rules, or the application of these rules to a person or circumstance, is held invalid by a court of competent jurisdiction, that determination does not affect other provisions or applications of these rules that can be given effect without the invalid provision or application, and to that end, the provisions of these rules are severable.

R 500.74 Forms; general requirements.

Rule 4. (1) The department shall make available forms, titled Form A, Form B, Form C, Form D, and Form F, that must be used to prepare the statements required under chapter 13. The forms are not intended as blank forms to fill in. The statements filed must contain the numbers and captions of all items. The text of the items may be omitted, as long as the answers to the items clearly indicate the scope and coverage of each item. All instructions, whether appearing under the items of the form or elsewhere in the form, must be omitted. Unless expressly provided otherwise, if an item is inapplicable or the answer is in the negative, an appropriate statement to that effect must be made.

(2) One complete copy of each statement, including exhibits and all other papers and documents filed as part of the statement, must be filed with the director in a manner prescribed by the department. The copy must be signed in the manner prescribed on the form or otherwise prescribed by the department. If an individual or group of individuals are ultimate controlling persons, the individuals shall sign the Form A, Form B, Form C, and Form F statements. The director shall reject a copy that is not properly signed until it is conformed. If the signature of a person is affixed pursuant to a power of attorney or other similar authority, a copy of the power of attorney or other authority must be filed with the statement.

(3) Statements must be prepared electronically. Statements must be easily readable and suitable for review and reproduction. Debits in credit categories and credits in debit categories must be designated to make them clearly distinguishable on photocopies. Statements must be in the English language and monetary values must be stated in United States currency. If an exhibit or other paper or document filed with the statement is in a language other than English, it must be accompanied by a translation into the English language and a monetary value shown in a foreign currency must be converted into United States currency, unless the director allows the monetary value to be shown in a foreign currency.

R 500.75 Forms; incorporation of information by reference; summaries and omissions.

Rule 5. (1) Information required by an item of Form A, Form B, Form D, or Form F may be incorporated by reference in an answer or partial answer to another item. Information contained in a financial statement, annual report, proxy statement, statement filed with a governmental authority, or another document may be incorporated by reference in an answer or partial answer to an item of Form A, Form B, Form D, or Form F, as long as the document is filed as an exhibit to the statement. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents currently on file with the director that were filed within 3 years are not required to be attached as exhibits. References to information contained in exhibits or in documents already on file must clearly identify the material and specifically indicate that the material is incorporated by reference in the answer to the item. Material must not be incorporated by reference if the incorporation renders the statement incomplete, unclear, or confusing.

(2) If an item requires a summary or outline of the provisions of a document, only a brief statement must be made as to the pertinent provisions of the document. In addition to the statement, the summary or outline may incorporate by reference particular parts of an exhibit or document currently on file with the director that was filed within 3 years and may be qualified in its entirety by the reference. If 2 or more documents that must be filed as exhibits are substantially identical in all material respects, except as to the parties, the dates of execution, or other details, a copy of only 1 of the documents must be filed with a schedule identifying the omitted documents and setting forth the material details in which the documents differ from the documents that have a copy filed.

R 500.76 Forms; information unknown or unavailable; extension.

Rule 6. (1) If it is impractical to furnish any required information, document, or report when it must be filed, a separate document must be filed with the director that does all of the following:

- (a) Identifies the information, document, or report in question.

(b) States why filing the information, document, or report when required is impractical.

(c) Requests an extension of time for filing the information, document, or report to a specified date.

(2) The request in subrule (1)(c) of this rule is considered granted unless the director denies the request within 60 days after receipt of the request.

R 500.77 Forms; additional information and exhibits.

Rule 7. In addition to the information expressly required to be included in Form A, Form B, Form C, Form D, and Form F, the director may request additional material information as necessary to make the information contained in the form not misleading. Exhibits may be filed in addition to those expressly required by the statement. The exhibit must clearly indicate the subject matter that it refers to. Changes to Form A, Form B, Form C, Form D, or Form F must include on the top of the cover page the phrase: “Change No. [insert number] to” and indicate the date of the change, not the date of the original filing.

R 500.78 Subsidiaries of domestic insurers.

Rule 8. The authority to invest in subsidiaries under section 1341a of the act, MCL 500.1341a, is in addition to any authority to invest in subsidiaries contained in another provision of the act.

R 500.79 Acquisition of control; statement filing; Form A.

Rule 9. A person required to file a statement under section 1311 of the act, MCL 500.1311, shall furnish the required information on Form A.

R 500.80 Amendments to Form A.

Rule 10. An applicant required to file Form A shall promptly advise the director of changes in the information furnished on Form A arising after the date the information was furnished but before the director’s disposition of the application.

R 500.81 Acquisition of certain “domestic insurers”; Form A.

Rule 11. (1) If the person being acquired is determined to be a domestic insurer solely because of the provisions of section 1311(4) of the act, MCL 500.1311, the name of the domestic insurer on the cover page must be indicated as follows:

“ABC Insurance Company, a subsidiary of XYZ Holding Company.”

(2) If a domestic insurer described section 1311(4) of the act, MCL 500.1311, is being acquired, a reference to “the insurer” contained in Form A refers to both the domestic subsidiary insurer and the person being acquired.

R 500.82 Annual registration of insurers; statement filing; Form B.

Rule 12. An insurer required to file an annual registration statement under section 1324 of the act, MCL 500.1324, shall furnish the required information on Form B by May 1 of each year for the immediately preceding calendar year, unless an extension is granted by the director under section 1324 of the act, MCL 500.1324.

R 500.83 Summary of changes to registration; statement filing; Form C.

Rule 13. An insurer required to file an annual registration statement under section 1324 of the act, MCL 500.1324, shall furnish the required information on a summary of changes to registration statement, Form C, by May 1 of each year for the immediately preceding calendar year, unless an extension is granted by the director under section 1324 of the act, MCL 500.1324.

R 500.84 Amendments to Form B.

Rule 14. (1) An amendment to Form B must be filed within 15 days after the end of a month in which there is a material change to the information provided in the annual registration statement.

(2) Amendments must be filed in the Form B format with only those items that are being amended reported. Each amendment must include “Amendment No. [insert number] to Form B for [insert year]” at the top of the cover page and indicate the date of the change, not the date of the original filings.

R 500.85 Alternative and consolidated registrations.

Rule 15. (1) An authorized insurer may file a registration statement on behalf of an affiliated insurer or insurers that are required to register under section 1324 of the act, MCL 500.1324. A registration statement may include information not required by the act regarding an insurer in the insurance holding company system, even if the insurer is not authorized to do business in this state. Instead of filing a registration statement on Form B, the authorized insurer may file a copy of the registration statement or similar report that it must file in its state of domicile if both of the following are met:

(a) The statement or report contains substantially similar information required to be furnished on Form B.

(b) The filing insurer is the principal insurance company in the insurance holding company system.

(2) The question of whether the filing insurer is the principal insurance company in the insurance holding company system is a question of fact, and an insurer filing a registration statement or report instead of Form B on behalf of an affiliated insurer shall set forth a brief statement of facts that substantiate the filing insurer’s claim that it, in fact, is the principal insurer in the insurance holding company system.

(3) With the prior approval of the director, an unauthorized insurer may follow any of the procedures that could be done by an authorized insurer under subrule (1) of this rule.

(4) An insurer may take advantage of the provisions of section 1329 or 1330 of the act, MCL 500.1329 and 500.1330, without obtaining the prior approval of the director. The director reserves the right to require individual filings if the director finds the filings necessary in the interest of clarity, ease of administration, or the public good.

R 500.86 Disclaimer of affiliation and termination of registration.

Rule 16. (1) A petition for disclaimer of affiliation or a request for termination of registration claiming that a person does not, or will not upon the taking of some proposed action, control another subject person must contain the following information:

(a) The number of authorized, issued, and outstanding voting securities of the subject person.

(b) With respect to the person whose control is denied and all affiliates of that person, the number and percentage of shares of the subject person’s voting securities that are held of record or known to be beneficially owned, and the number of shares there is a right to acquire, directly or indirectly.

(c) All material relationships and bases for affiliation between the subject person and the person whose control is denied and all affiliates of that person.

(d) A statement explaining why the person must not be considered to control the subject person.

(2) The burden of proof for establishing that an affiliation does not exist rests with the petitioner and is subject to the director’s approval.

R 500.87 Transactions subject to prior notice; notice filing; Form D.

Rule 17. (1) An insurer required to give notice of a proposed transaction pursuant to section 1341 of the act, MCL 500.1341, shall furnish the required information on Form D.

(2) Agreements for cost sharing services and management services must, at a minimum, do all of the following, as applicable:

- (a) Identify the person providing services and the nature of the services.
- (b) Set forth the methods to allocate costs.
- (c) Require timely settlement, not less frequently than on a quarterly basis, and compliance with the requirements in the NAIC Accounting Practices and Procedures Manual.
- (d) Prohibit advancement of money by the insurer to the affiliate except to pay for services defined in the agreement.
- (e) State that the insurer shall maintain oversight for functions provided to the insurer by the affiliate and that the insurer shall monitor services annually for quality assurance.
- (f) Define books and records of the insurer to include all books and records developed or maintained under or related to the agreement.
- (g) Specify that all books and records of the insurer are and remain the property of the insurer, held for the benefit of the insurer and are subject to the control of the insurer.
- (h) State that all money and invested assets of the insurer are the exclusive property of the insurer, held for the benefit of the insurer and are subject to the control of the insurer.
- (i) Include standards for termination of the agreement with and without cause.
- (j) Include provisions for indemnification of the insurer if there is gross negligence or willful misconduct on the part of the affiliate providing the services.
- (k) Specify that if the insurer is placed in receivership or seized by the director under chapter 81 of the act, MCL 500.8101 to 500.8160, all of the following apply:
 - (i) All of the rights of the insurer under the agreement extend to the receiver or director.
 - (ii) All books and records must immediately be made available to the receiver or the director and must be turned over to the receiver or director immediately upon the receiver's or director's request.
- (l) Specify that the affiliate has no automatic right to terminate the agreement if the insurer is placed in receivership pursuant to chapter 81 of the act, MCL 500.8101 to 500.8159.
- (m) Specify that the affiliate shall continue to maintain any systems, programs, or other infrastructure notwithstanding a seizure by the director under chapter 81 of the act, MCL 500.8101 to 500.8159, and shall make them available to the receiver, for so long as the affiliate continues to receive timely payment for services rendered.

R 500.88 Enterprise risk report; Form F.

Rule 18. The ultimate controlling person of an insurer required to file an enterprise risk report pursuant to section 1325a of the act, MCL 500.1325a, shall furnish the required information on Form F.

R 500.89 Group capital calculation.

Rule 19. (1) If an insurance holding company system has previously filed the annual group capital calculation at least once, the lead state commissioner has the discretion to exempt the ultimate controlling person from filing the annual group capital calculation if the lead state commissioner makes a determination based upon that filing that the insurance holding company system meets all of the following criteria:

- (a) Has annual direct written and unaffiliated assumed premium, including international direct and assumed premium, but excluding premiums reinsured with the Federal Crop Insurance Corporation and Federal Flood Program, of less than \$1,000,000,000.00.
- (b) Has no insurers within its holding company structure that are domiciled outside of the United States or 1 of its territories.
- (c) Has no banking, depository, or other financial entity that is subject to an identified regulatory capital framework within its holding company structure.

(d) The holding company system attests that there are no material changes in the transactions between insurers and non-insurers in the group that have occurred since the last filing of the annual group capital calculation.

(e) The non-insurers within the holding company system do not pose a material financial risk to the insurer's ability to honor policyholder obligations.

(2) If an insurance holding company system has previously filed the annual group capital calculation at least once, the lead state commissioner has the discretion to accept instead of the group capital calculation a limited group capital filing if both of the following apply:

(a) The insurance holding company system has annual direct written and unaffiliated assumed premium, including international direct and assumed premium, but excluding premiums reinsured with the Federal Crop Insurance Corporation and Federal Flood Program, of less than \$1,000,000,000.00.

(b) All of the following additional criteria are met:

(i) Has no insurers within its holding company structure that are domiciled outside of the United States or 1 of its territories.

(ii) Does not include a banking, depository, or other financial entity that is subject to an identified regulatory capital framework.

(iii) The holding company system attests that there are no material changes in transactions between insurers and non-insurers in the group that have occurred since the last filing of the report to the lead state commissioner and the non-insurers within the holding company system do not pose a material financial risk to the insurer's ability to honor policyholder obligations.

(3) For an insurance holding company that has previously met an exemption with respect to the group capital calculation pursuant to subrule (1) or (2) of this rule, the lead state commissioner may require at any time the ultimate controlling person to file an annual group capital calculation, completed in accordance with the group capital calculation instructions, if any of the following criteria are met:

(a) An insurer within the insurance holding company system is in a risk-based capital action level event, as prescribed by the director in an order issued under section 438 of the act, MCL 500.438, or otherwise prescribed by the director, or a similar standard for a non-United States insurer.

(b) An insurer within the insurance holding company system meets 1 or more of the standards of an insurer determined to be in hazardous financial condition as established under section 436a of the act, MCL 500.436a.

(c) An insurer within the insurance holding company system otherwise exhibits qualities of a troubled insurer as determined by the lead state commissioner based on unique circumstances including, but not limited to, the type and volume of business written, ownership and organizational structure, federal agency requests, and international supervisor requests.

(4) A non-United States jurisdiction is considered to recognize and accept the group capital calculation if it satisfies the following criteria:

(a) With respect to an exemption described under section 1325b(3)(d) of the act, MCL 500.1325b, either of the following:

(i) The non-United States jurisdiction recognizes the United States state regulatory approach to group supervision and group capital, by providing confirmation by a competent regulatory authority, in that jurisdiction, that insurers and insurance groups whose lead state is accredited by the NAIC under the NAIC Accreditation Program are subject only to worldwide prudential insurance group supervision including worldwide group governance, solvency and capital, and reporting, as applicable, by the lead state and shall not be subject to group supervision, including worldwide group governance, solvency and capital, and reporting, at the level of the worldwide parent undertaking of the insurance or reinsurance group by the non-United States jurisdiction.

(ii) Where no United States insurance groups operate in the non-United States jurisdiction, that non-United States jurisdiction indicates formally in writing to the lead state with a copy to the International

Association of Insurance Supervisors that the group capital calculation is an acceptable international capital standard. This serves as the documentation otherwise required in paragraph (i) of this subdivision.

(b) The non-United States jurisdiction provides confirmation by a competent regulatory authority in that jurisdiction that information regarding insurers and their parent, subsidiary, or affiliated entities, if applicable, must be provided to the lead state commissioner in accordance with a memorandum of understanding or similar document between the commissioner and that jurisdiction, including, but not limited to, the International Association of Insurance Supervisors Multilateral Memorandum of Understanding or other multilateral memoranda of understanding coordinated by the NAIC. The commissioner shall determine, in consultation with the NAIC Committee Process, if the requirements of the information sharing agreements are in force.

(5) A list of non-United States jurisdictions that recognize and accept the group capital calculation must be published through the NAIC Committee Process as follows:

(a) A list of jurisdictions that recognize and accept the group capital calculation pursuant to section 1325b(3)(d) of the act, MCL 500.1325b, is published through the NAIC Committee Process to assist the lead state commissioner in determining which insurers shall file an annual group capital calculation. The list must clarify those situations in which a jurisdiction is exempted from filing under section 1325b(3)(d) of the act, MCL 500.1325b. To assist with a determination under section 1325b(4) of the act, MCL 500.1325b, the list must also identify whether a jurisdiction that is exempted under either sections 1325b(3)(c) and (d) of the act, MCL 500.1325b, requires a group capital filing for a United States based insurance group's operations in that non-United States jurisdiction.

(b) For a non-United States jurisdiction where no United States insurance groups operate, the confirmation provided to meet the requirement of subrule (4)(a)(ii) of this rule serves as support for recommendation to be published as a jurisdiction that recognizes and accepts the group capital calculation through the NAIC Committee Process.

(c) If the lead state commissioner makes a determination pursuant to section 1325b(3)(d) of the act, MCL 500.1325b, that differs from the NAIC List, the lead state commissioner shall provide thoroughly documented justification to the NAIC and other states.

(d) Upon determination by the lead state commissioner that a non-United States jurisdiction no longer meets 1 or more of the requirements to recognize and accept the group capital calculation, the lead state commissioner may provide a recommendation to the NAIC that the non-United States jurisdiction be removed from the list of jurisdictions that recognize and accepts the group capital calculation.

R 500.90 Extraordinary dividends and reporting of all dividends.

Rule 20. (1) Requests for approval of extraordinary dividends or another extraordinary distribution to shareholders must include all of the following:

- (a) The amount of the proposed dividend.
- (b) The date established for payment of the dividend.
- (c) A statement as to whether the dividend is to be in cash or other property and, if in property, a description of the property, its cost, and its fair market value together with an explanation of the basis for valuation.
- (d) A copy of the calculations determining whether the proposed dividend is extraordinary. The work paper must include all of the following information:
 - (i) The amounts, dates, and form of payment of all dividends or distributions, including regular dividends but excluding distributions of the insurers own securities, paid within the period of 12 consecutive months ending on the date fixed for payment of the proposed dividend for which approval is sought and commencing on the day after the same day of the same month in the last preceding year.

(ii) Surplus as regards policyholders, which is the total capital and surplus, as of the preceding December 31.

(iii) If the insurer is a life insurer, the net gain from operations for the 12-month period ending the preceding December 31.

(iv) If the insurer is not a life insurer, the net income less realized capital gains for the 12-month period ending the preceding December 31 and the 2 preceding 12-month periods.

(v) If the insurer is not a life insurer, the dividends paid to stockholders excluding distributions of the insurer's own securities in the preceding 2 calendar years.

(e) A balance sheet and statement of income for the period intervening from the last annual statement filed with the director and the end of the month preceding the month in which the request for dividend approval is submitted.

(f) A brief statement as to the effect of the proposed dividend upon the insurer's surplus and the reasonableness of surplus in relation to the insurer's outstanding liabilities and the adequacy of surplus relative to the insurer's financial needs.

(2) Subject to section 1343(4) of the act, MCL 500.1343, a domestic insurer that is a member of an insurance holding company system and declares a shareholder dividend shall report the dividend to the director within 5 business days after declaring the dividend and not less than 10 business days before the payment.

(3) Subject to section 1343(5) of the act, MCL 500.1343, an insurer subject to registration under section 1324 of the act, MCL 500.1324, shall not pay an extraordinary dividend or make another extraordinary distribution to its shareholders until 30 days after the director has received notice of the declaration and has not disapproved or has approved the payment within that period.

(4) All filings pursuant to section 1343 of the act, MCL 500.1343, that either report the declaration of all dividends before payment or request approval of an extraordinary dividend must be directed to the attention of the Office of Insurance Financial and Market Regulation.

R 500.91 Adequacy of Surplus.

Rule 21. The factors set forth in sections 403, 436a, 1341, 1342, and 1343 of the act, MCL 500.403, 500.436a, 500.1341, 500.1342, and 500.1343, are not an exhaustive list. In determining the adequacy and reasonableness of an insurer's surplus, no single factor is necessarily controlling. Instead, the director considers the net effect of all of these factors, plus other factors bearing on the financial condition of the insurer. In comparing the surplus maintained by other insurers, the director considers the extent to which each of these factors varies from company to company, and in determining the quality and liquidity of investments in subsidiaries, the director considers the individual subsidiary and may discount or disallow its valuation to the extent that the individual investments warrant.

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

PUBLIC SERVICE COMMISSION

RESPONSIBILITIES OF PROVIDERS OF BASIC LOCAL EXCHANGE SERVICE THAT CEASE
TO PROVIDE THE SERVICE

Filed with the secretary of state on March 15, 2024

These rules become effective on March 21, 2024.

(By authority conferred on the public service commission by sections 202 and 213 of the Michigan telecommunications act, 1991 PA 179, MCL 484.2202 and 484.2213)

R 484.1001, R 484.1002, R 484.1003, R 484.1004, R 484.1005, and R 484.1006 of the Michigan Administrative Code are amended, R 484.1010, R 484.1011, R 484.1012, R 484.1013, R 484.1014, R 484.1015, R 484.1016, R 484.1017, R 484.1018, and R 484.1019 are added, and R 484.1007, R 484.1008, and R 484.1009 are rescinded, as follows:

PART 1. GENERAL PROVISIONS

R 484.1001 Applicability.

Rule 1. These rules apply to providers of basic local exchange service that cease to provide service to any segment of end users or geographic area, go out of business, or withdraw from this state, including the transfer of customers to other providers and the reclaiming of unused telephone numbers.

R 484.1002 Definitions.

Rule 2. (1) As used in these rules:

(a) “Act” means the Michigan telecommunications act, 1991 PA 179, MCL 484.2101 to 484.2603.

(b) “Commission” or “MPSC” means the Michigan public service commission.

(c) “Customer” means the person that is the end subscriber of the retail telecommunications service.

(d) “License” means a license to provide basic local exchange service issued pursuant to the act.

(e) “Provider” means a person, firm, partnership, corporation, or other entity that provides retail basic local exchange service.

(f) “Reclamation” means the process of removing active and non-active telephone numbers from the inventory of a provider that ceases to provide basic local exchange service.

(g) “Segment” means the type of customer, such as business, residential, or interconnecting providers.

(h) “Wholesale provider” means a person, firm, partnership, corporation, or other entity that provides a resale or local wholesale basic local exchange service product to a provider.

(2) A term defined in the act that is not defined in this rule has the same meaning when used in these rules.

R 484.1003 Expiration.

Rule 3. These rules expire 3 years after the effective date of the rules. The commission may, before the expiration of the rules, promulgate new rules.

PART 2. RESPONSIBILITIES OF PROVIDERS AND WHOLESALE PROVIDERS INVOLVED IN A DISCONNECTION DISPUTE

R 484.1004 Attempt at resolution.

Rule 4. In the case of a billing dispute between a provider and a wholesale provider, the parties shall make a good faith effort to work with each other to determine what portion, if any, of the bill for resale or the purchase of a local wholesale product provided by the wholesale provider to the provider is disputed and which portion is undisputed. The wholesale provider and the provider shall work together to resolve the billing dispute and arrange for payment of the undisputed charges, pursuant to the agreement between the wholesale provider and the provider.

R 484.1005 Notification of discontinuance.

Rule 5. (1) When the wholesale provider plans to disconnect a service that will make the provider unable to furnish basic local exchange service to its customers due to a dispute concerning resale or the purchase of a local wholesale product, the wholesale provider shall notify the commission and the provider of this disconnection in writing not less than 45 days after the date of the impending disconnect.

(2) Notice required under subrule (1) of this rule must include, to the extent known by the wholesale provider, but is not limited to, all of the following:

- (a) The name, address, and account number or numbers of the provider.
- (b) The number and segment or segments of customers to be disconnected.
- (c) An indication of whether the wholesale provider is furnishing resale service or a local wholesale product.
- (d) The reason for the disconnection.
- (e) A statement or citation describing where the right to disconnect or deny service is found, such as in an interconnection agreement or other contract.
- (f) If the dispute is related to billing and charges, an estimate of the charges owed and amounts of those charges that are disputed and undisputed and the amount required to be repaid to avoid disruption of services.
- (g) The date and time, or range of dates and times, when the wholesale provider intends to discontinue the service.

(3) The wholesale provider shall notify the commission as soon as reasonably practicable but no less than 1 business day before the date of the notice required by the provider under subrule (4) of this rule, if the notice to discontinue service to the provider has been modified or withdrawn.

(4) Within 10 business days after receiving notice from the wholesale provider, the provider shall notify all of its affected customers, the governor of this state, and the commission of the discontinuance of service under 47 CFR 63.71 and any other federal rules applicable to discontinuance of basic local exchange service. Notice to the commission must include both of the following:

(a) A statement of the company's prospective intent for the disposition of its license and any tariffs on file with the commission.

(b) A list of customers being served by the provider that may be affected by the discontinuance of service, including billing name, billing address, and service telephone number. For non-published numbers, only the NPA-NXX must be provided. The list must also identify end users of the provider that are public utilities, governmental agencies, schools, or medical facilities.

(5) If the provider fails to provide the notice under subrule (4) of this rule by the eleventh business day, the commission may post a notice of the discontinuance on its website.

(6) These rules do not relieve a provider from any obligations it has under section 313 of the act, MCL 484.2313.

(7) The provider shall contact the commission to provide periodic updates of the status of the disconnection and transition of its customers as requested by commission staff.

(8) The provider shall return all deposits to customers and apply all appropriate credits to customer accounts associated with the discontinued service within 30 days after the discontinuance of service.

R 484.1006 Notification of transfer of customer base.

Rule 6. (1) A provider that is acquiring all or part of a customer base from another provider shall comply with the transfer of customer base notice requirements as set forth in 47 CFR 64.1120(e) and any other state and federal rules applicable to the transfer of all or part of a customer base. The provider shall submit a copy of this notice to the commission at the same time as it files its application with the Federal Communications Commission.

(2) Notice to the commission must include both of the following:

(a) A statement of the prospective intent for the disposition of the license and any tariff of the company that is transferring its customer base.

(b) The number and segment or segments of customers affected by the transfer.

(3) If the commission considers it necessary to protect the public interest, it may institute a longer period of time for the transition of a customer base to another provider, but not to exceed 60 days in length. The providers shall work together to ensure the transition of the customer base from 1 provider to another.

R 484.1007 Rescinded.

R 484.1008 Rescinded.

R 484.1009 Rescinded.

R 484.1010 Resolution of disputes between providers.

Rule 10. If a provider disputes disconnection by another provider, the providers shall follow the appropriate procedures for resolution as set forth in their interconnection agreement and may apply to the commission for resolution as allowable under the act.

PART 3. CESSATION OF SERVICE TO ANY SEGMENT OF END USERS OR GEOGRAPHIC AREA, WITHDRAWAL OF SERVICE FROM THE STATE, TRANSFER OF CUSTOMERS TO OTHER PROVIDERS

R 484.1011 Notice of discontinuance of service to any segment of end users or geographic area.

Rule 11. A provider of basic local exchange service or toll service that proposes to discontinue service shall follow the requirements under section 313 of the act, MCL 484.2313. The provider shall electronically file a notice to discontinue service under this section in the commission's electronic docket filing system.

R 484.1012 Notice of discontinuance to the commission under section 313(5)(a) of the act, MCL 484.2313.

Rule 12. (1) Notice to the commission under section 313(5)(a) of the act, MCL 484.2313, must include, but is not limited to, all of the following:

- (a) The proposed date of the discontinuance.
- (b) The geographic area, exchange, or exchanges where the discontinuance will occur.
- (c) A list of alternative providers in the service area that offer comparable voice service with reliable access to 9-1-1 and emergency services through any technology or medium.
- (d) The number and segment or segments of customers that will be affected by the discontinuance.
- (e) The method by which customers or interconnecting providers were notified of the discontinuance, such as by first-class mail, within customer bills, or under the terms of the interconnection agreement.
- (f) The reason for the discontinuance.
- (g) A statement of the provider's prospective intent for the disposition of its license and any tariffs on file with the commission.

(2) An exhibit attached to the notice in subrule (1) of this rule must include, but is not limited to, all of the following:

- (a) A copy of the section 214 of the federal telecommunications act of 1996, 47 USC 214, application filing with the Federal Communications Commission.
- (b) A copy of the newspaper publication notice. The affidavit of publication from the newspaper or newspapers must be filed separately in the docket once publication is complete.
- (c) A copy of the notice provided to customers.
- (d) A copy of the notice provided to interconnecting providers, if applicable, as provided for in section 313 of the act, MCL 484.2313. If not applicable, the provider shall note accordingly in the notice to the commission.

(3) An incumbent local exchange carrier that proposes to discontinue service to a geographic area, exchange, or exchanges, in addition to providing the materials listed in subrule (2)(a) to (d) of this rule, shall provide to the commission a clear and detailed description, including a map of the geographic boundary area to which the discontinuance of service would take place and the segment or segments of customers the proposed discontinuance applies.

(4) A provider that determines certain information in its notice is confidential may file that information with the commission as provided under section 210 of the act, MCL 484.2210.

R 484.1013 Requirements for newspaper, customer and interconnecting provider notices under section 313(5)(a) of the act, MCL 484.2313.

Rule 13. The newspaper, customer, and interconnecting provider notices required under section 313(5)(a) of the act, MCL 484.2313, must include, but are not limited to, all of the following:

- (a) Information for customers to contact the provider.
- (b) The proposed date of the discontinuance.
- (c) The geographic area, exchange, or exchanges where the discontinuance will occur.
- (d) A list of alternative providers in the service area that offer comparable voice service with reliable access to 9-1-1 and emergency services through any technology or medium.
- (e) The MPSC docket number assigned to the notice for the discontinuance of service and a statement that affected customers may file comments requesting that the commission investigate the availability of comparable voice service with reliable access to 9-1-1 and emergency service. The notice must also provide information on how to file comments with the commission. If a provider is unable to furnish the MPSC docket number and investigation statement information in its notices under section 313(5)(a) of the act, MCL 484.2313, the provider shall include the MPSC docket number in its notice under section 313(5)(b) of the act, MCL 484.2313.

R 484.1014 Notice of discontinuance to the commission under section 313(5)(b), MCL 484.2313.

Rule 14. (1) On approval of the application filed with the Federal Communications Commission and not less than 90 days before discontinuing service, the provider proposing to discontinue service shall follow the notice steps in section 313(5)(b) of the act, MCL 484.2313. The notice to the commission filed under section 313(5)(b) of the act, MCL 484.2313, must include, but is not limited to, all of the following:

- (a) The proposed date of discontinuance.
- (b) The geographic area, exchange, or exchanges where the discontinuance will occur.
- (c) A list of alternative providers in the service area that offer comparable voice service with reliable access to 9-1-1 and emergency services through any technology or medium.
- (d) The number and segment or segments of remaining customers subject to the discontinuance.
- (e) The method by which customers or interconnecting providers were provided the second notice of the discontinuance, such as by first-class mail, within customer bills, or under terms of the interconnection agreement.
- (f) Any other relevant information pertaining to the discontinuance, such as additional attempts made at customer outreach outside of the requirements outlined in section 313 of the act, MCL 484.2313.

(2) An exhibit attached to the notice in subrule (1) of this rule must include, but is not limited to, all of the following:

- (a) A copy of the Federal Communications Commission public notice showing the grant of approval of the discontinuance.
- (b) A copy of the newspaper publication notice. The affidavit of publication from the newspaper or newspapers must be filed separately in the docket once publication is completed.
- (c) A copy of the second notice to customers.
- (d) A copy of the notice provided to interconnecting providers, if applicable, as provided for in section 313 of the act, MCL 484.2313. If not applicable, the provider shall note accordingly in the notice to the commission.

R 484.1015 Requirements for newspaper, customer and interconnecting provider notices under section 313(5)(b), MCL 484.2313.

Rule 15. The newspaper, customer, and interconnecting provider notices required under section 313(5)(b) of the act, MCL 424.2313, must include, but are not limited to, all of the following:

- (a) Information for customers to contact the provider.
- (b) The proposed date of the discontinuance.
- (c) The geographic area, exchange, or exchanges where the discontinuance will occur.
- (d) A list of alternative providers in the service area that offer comparable voice service with reliable access to 9-1-1 and emergency services through any technology or medium.
- (e) The MPSC docket number assigned to the notice for the discontinuance of service and a statement that affected customers may file comments requesting that the commission investigate the availability of comparable voice service with reliable access to 9-1-1 and emergency service. The notice must also provide direction on how to file comments with the commission.

R 484.1016 Other notice of discontinuance.

Rule 16. For a discontinuance of basic local exchange service that is subject to federal filing and notice requirements, but not subject to the requirements of section 313 of the act, MCL 484.2313, the provider is encouraged to consult with the commission to determine the most appropriate means of notification to customers and the commission.

R 484.1017 Completion of discontinuance.

Rule 17. (1) The provider shall provide periodic updates of the status of the discontinuance and transition of its impacted customers as requested by the commission.

(2) The provider shall return all deposits to customers and apply all appropriate credits to customer accounts associated with the discontinued service within 30 days after the discontinuance.

(3) On completion of the discontinuance of service, the provider shall file a notice in the docket informing the commission of the completion.

R 484.1018 Reclamation of telephone numbers.

Rule 18. (1) Inactive telephone numbers of a provider that ceases to provide service are considered abandoned.

(2) The provider ceasing to provide service shall contact the North American Numbering Plan Administrator, the National Number Pool Administrator, and the National Portability Administration Center regarding the NPA-NXX-Xs affected by the discontinuation of service.

(3) The commission staff shall work with the North American Numbering Plan Administrator, the National Number Pool Administrator, and the National Portability Administration Center to assist in the reclamation of numbering resources.

PART 4. REMEDIES

R 484.1019 Remedies.

Rule 19. Violation of these rules may result in penalties issued under section 601 of the act, MCL 484.2601, including, but not limited to, revocation of a license to provide basic local exchange service.

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

MEDICINE - GENERAL RULES

Filed with the secretary of state on March 19, 2024

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

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, 16174, 16204, 16215, 16287, 17031, 17033, 17048, and 17076 of the public health code, 1978 PA 368, MCL 333.16145, 333.16148, 333.16174, 333.16204, 333.16215, 333.16287, 333.17031, 333.17033, 333.17048, and 333.17076, and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, and 2011-4, MCL 338.3501, 445.2001, 445.2011, and 445.2030)

R 338.2407, R 338.2411, R 338.2413, R 338.2421, R 338.2423, R 338.2425, R 338.2427, R 338.2429, R 338.2431, R 338.2435, R 338.2437, R 338.2441, and R 338.2443 of the Michigan Administrative Code are amended, as follows:

PART 1. GENERAL PROVISIONS

R 338.2407 Telehealth.

Rule 107. (1) A licensee shall obtain consent for treatment before providing a telehealth service under section 16284 of the code, MCL 333.16284.

(2) A licensee shall maintain proof of consent for telehealth treatment in the patient's up-to-date medical record and satisfy section 16213 of the code, MCL 333.16213.

(3) A licensee providing a telehealth service may prescribe a drug if the licensee is a prescriber acting within the scope of the licensee's practice and in compliance with section 16285 of the code, MCL 333.16285, and if the licensee does both of the following:

(a) Refers the patient to a provider who is geographically accessible to the patient, if medically necessary.

(b) Makes the licensee available to provide follow-up care services to the patient, or to refer the patient to another provider, for follow-up care.

(4) A licensee providing any telehealth service shall do both of the following:

(a) Act within the scope of the licensee's practice.

(b) Exercise the same standard of care applicable to a traditional, in-person healthcare service.

R 338.2411 Delegation of prescribing controlled substances to an advanced practice registered nurse; limitation.

Rule 111. (1) A physician may delegate the prescription of controlled substances listed in schedules 2 to 5 of part 72 of the code, MCL 333.7201 to 333.7231, to a registered nurse who holds specialty certification under section 17210 of the code, MCL 333.17210, except for a nurse anesthetist, if the delegating physician establishes a written authorization that has all the following information:

- (a) The name, license number, and signature of the delegating physician.
 - (b) The name, license number, and signature of the nurse practitioner, nurse midwife, or clinical nurse specialist.
 - (c) The limitations or exceptions to the delegation.
 - (d) The effective date of the delegation.
- (2) The delegating physician shall review and update a written authorization on an annual basis after the original date or the date of amendment, if amended. The delegating physician shall note the review date on the written authorization.
- (3) The delegating physician shall maintain a written authorization at the delegating physician's primary place of practice.
- (4) The delegating physician shall provide a copy of the signed, written authorization to the nurse practitioner, nurse midwife, or clinical nurse specialist.
- (5) The delegating physician shall ensure that an amendment to the written authorization satisfies subrules (1) to (4) of this rule.
- (6) A delegating physician may authorize a nurse practitioner, a nurse midwife, or a clinical nurse specialist to issue multiple prescriptions allowing the patient to receive a total of up to a 90-day supply of a schedule 2 controlled substance.

R 338.2413 Training standards for identifying victims of human trafficking; requirements.

Rule 113. (1) Under section 16148 of the code, MCL 333.16148, an individual seeking licensure or who is licensed shall have completed training in identifying victims of human trafficking that satisfies the following standards:

- (a) Training content must cover all the following:
 - (i) Understanding the types and venues of human trafficking in this state or the United States.
 - (ii) Identifying victims of human trafficking in healthcare settings.
 - (iii) Identifying the warning signs of human trafficking in healthcare settings for adults and minors.
 - (iv) Identifying resources for reporting the suspected victims of human trafficking.
 - (b) Acceptable providers or methods of training include any of the following:
 - (i) Training offered by a nationally recognized or state-recognized, health-related organization.
 - (ii) Training offered by, or in conjunction with, a state or federal agency.
 - (iii) Training obtained in an educational program that has been approved for initial licensure, or by a college or university.
 - (iv) Reading an article related to the identification of victims of human trafficking that satisfies the requirements of subdivision (a) of this subrule and is published in a peer-reviewed journal, healthcare journal, or professional or scientific journal.
 - (c) Acceptable modalities of training include any of the following:
 - (i) Teleconference or webinar.
 - (ii) Online presentation.
 - (iii) Live presentation.
 - (iv) Printed or electronic media.
- (2) The department may select and audit an individual and request documentation of proof of completion of training. If audited by the department, the individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.

(b) A self-certification statement by the individual. The certification statement must include the individual's name and either of the following:

(i) For training completed under subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed under subrule (1)(b)(iv) of this rule, the title of the article, author, publication name of the peer-reviewed journal, healthcare journal, or professional or scientific journal, and the date, volume, and issue of publication, as applicable.

PART 2. LICENSES

R 338.2421 Accreditation standards for approval of medical schools and medical residency programs.

Rule 121. (1) The standards for accrediting medical schools developed and adopted by the Liaison Committee on Medical Education, 655 K Street NW, Suite 100, Washington, District of Columbia 20001-2399, set forth in the publication titled "Functions and Structure of a Medical School," March 2023 edition, which are available at no cost on the committee's website at <https://lcme.org>, are approved and adopted by reference. A medical school accredited by the Liaison Committee on Medical Education is approved.

(2) The standards for approval of a postgraduate training program developed and adopted by the Accreditation Council for Graduate Medical Education, 401 North Michigan Avenue, Suite 2000, Chicago, Illinois 60611, set forth in the publication titled "ACGME Common Program Requirements," effective July 1, 2023, which are available at no cost on the council's website at <https://www.acgme.org>, are approved and adopted by reference. A medical postgraduate training program accredited by the Accreditation Council for Graduate Medical Education is approved.

(3) The standards for approval of a resident training program by the College of Family Physicians of Canada, 2630 Skymark Avenue, Mississauga, Ontario, Canada L4W 5A4, set forth in the publication titled "Standards of Accreditation for Residency Programs in Family Medicine," July 2020 version, which are available at no cost on the college's website at <https://www.cfpc.ca/en/home>, are approved and adopted by reference. A residency program accredited by the College of Family Physicians of Canada is approved.

(4) The standards for approval of a resident training program by the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, Canada K1S 5N8, set forth in the publication titled "General Standards of Accreditation for Residency Programs," July 2020 edition, which are available at no cost on the college's website at <https://www.royalcollege.ca/rcsite/home-e>, are approved and adopted by reference. A residency program accredited by the Royal College of Physicians and Surgeons is approved.

(5) Copies of the standards adopted by reference in subrules (1) to (4) of this rule are available for inspection and distribution at a cost of 10 cents per page from the Board of Medicine, Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan 48909.

R 338.2423 Doctor of medicine; license requirements; United States and Canadian graduates.

Rule 123. An applicant for a doctor of medicine license who graduated from a medical school inside the United States or Canada shall satisfy the requirements of the code, the rules promulgated under the code, and all the following requirements:

- (a) Provide the required fee and a completed application on a form provided by the department.
- (b) Provide proof, as directed by the department, verifying completion of a degree from a medical school that satisfies the standards under R 338.2421(1).
- (c) Provide proof, as directed by the department, verifying passing scores on all steps of the USMLE adopted under R 338.2431 and verifying satisfaction of all the requirements under R 338.2431.
- (d) Provide proof, as directed by the department, verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies the requirements under R 338.2421(2), (3), or (4).
- (e) Provide a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days before the scheduled date of completion.

R 338.2425 Doctor of medicine; license requirements; foreign graduates.

Rule 125. An applicant for a doctor of medicine license who graduated from a medical school outside the United States or Canada shall satisfy the requirements of the code, the rules promulgated under the code, and all the following requirements:

- (a) Provide the required fee and a completed application on a form provided by the department.
- (b) Provide proof, as directed by the department, verifying certification from the ECFMG that the applicant has graduated from a medical school listed in the World Directory of Medical Schools.
- (c) Provide proof, as directed by the department, verifying passing scores on all steps of the USMLE adopted under R 338.2431 and verifying satisfaction of all the requirements under R 338.2431.
- (d) Provide proof, as directed by the department, verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies the requirements under R 338.2421(2), (3), or (4).
- (e) Provide a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days before the scheduled date of completion.

R 338.2427 Licensure by endorsement.

Rule 127. (1) An applicant for a doctor of medicine license by endorsement shall satisfy the requirements of the code, the rules promulgated under the code, and all the following requirements:

- (a) Provide the required fee and a completed application on a form provided by the department.
- (b) Provide proof, as directed by the department, verifying a current and full doctor of medicine license in another state or province of Canada.
- (c) If the applicant is licensed as a doctor of medicine in a province in Canada, provide proof, as directed by the department, verifying that the applicant completed the educational requirements in Canada or in the United States for licensure as a doctor of medicine in Canada or in the United States.
- (d) Provide proof, as directed by the department, verifying passing scores on either of the following examinations for a doctor of medicine license in another state or province of Canada to obtain licensure as a doctor of medicine in another state or in a province of Canada:
 - (i) All steps of the USMLE adopted under R 338.2431 and provide proof verifying satisfaction of all the requirements under R 338.2431.
 - (ii) Part I of the Medical Council of Canada Qualifying Examination.
- (e) Provide proof, as directed by the department, verifying completion of a minimum of 1 year of postgraduate clinical training in a program that satisfies the requirements under R 338.2421(2), (3), or (4).

(2) An applicant who provides proof, as directed by the department, verifying a current and full license in good standing as a doctor of medicine in another state or a province of Canada for not less than 10 years before the date of filing the application for a doctor of medicine license by endorsement is presumed to satisfy the requirements of subrule (1)(c), (d), and (e) of this rule.

(3) An applicant who is or has been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country shall disclose that fact on the application form. The applicant shall satisfy the requirements of section 16174(2) of the code, MCL 333.16174, including verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and, except as otherwise provided under section 17011(4) of the code, MCL 333.17011, sanctions are not in force when the application is submitted. If licensure is granted and it is determined that sanctions have been imposed, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

R 338.2429 Educational limited license.

Rule 129. (1) An individual not eligible for a doctor of medicine license shall obtain an educational limited license before engaging in postgraduate training.

(2) An applicant for an educational limited license who is from a medical school inside the United States or Canada shall satisfy the requirements of the code, the rules promulgated under the code, and all the following requirements:

(a) Provide the required fee and a completed application on a form provided by the department.

(b) Provide proof, as directed by the department, verifying that the applicant has graduated or is expected to graduate within 3 months after the date of the application from a medical school that satisfies the requirements under R 338.2421(1).

(c) Provide proof, as directed by the department, verifying that the applicant has been accepted into a postgraduate training program that satisfies the requirements under R 338.2421(2).

(3) An applicant for an educational limited license who is from a medical school outside the United States or Canada shall satisfy the requirements of the code, the rules promulgated under the code, and all the following requirements:

(a) Provide the required fee and a completed application on a form provided by the department.

(b) Provide proof, as directed by the department, verifying certification from the ECFMG and that the applicant has satisfied both of the following requirements:

(i) Graduated from a medical school listed in the World Directory of Medical Schools.

(ii) Received passing scores on step 1 and step 2 CK of the USMLE adopted under R 338.2431.

(c) Provide proof, as directed by the department, verifying that the applicant has been accepted into a postgraduate training program that satisfies the requirements under R 338.2421(2).

(4) Under section 17012(2) of the code, MCL 333.17012, an educational limited license is renewable for not more than 5 years.

R 338.2431 Examination; adoption; passing scores; limitation on attempts.

Rule 131. (1) The USMLE, developed and administered by the FSMB, is approved and adopted, which consists of the following steps:

(a) USMLE Step 1.

(b) USMLE Step 2 CK.

(c) USMLE Step 3.

(2) The passing score for each step of the USMLE accepted for licensure is the passing score established by the FSMB.

(3) An applicant shall not make more than 4 attempts to pass any step of the USMLE.

R 338.2435 Clinical academic limited license.

Rule 135. An applicant for a clinical academic limited license shall satisfy the requirements of the code, the rules promulgated under the code, and all the following requirements:

- (a) Provide the required fee and a completed application on a form provided by the department.
- (b) Provide proof, as directed by the department, verifying that the applicant has been appointed to a position in an academic institution.
- (c) Provide proof, as directed by the department, verifying 1 of the following:
 - (i) The applicant has graduated from a medical school that satisfies the requirements under R 338.2421(1).
 - (ii) Certification from the ECFMG that the applicant has satisfied both of the following requirements:
 - (A) Graduated from a medical school listed in the World Directory of Medical Schools.
 - (B) Received passing scores on step 1 and step 2 CK of the USMLE adopted under R 338.2431.

R 338.2437 Relicensure.

Rule 137. (1) An applicant whose doctor of medicine license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201, if the applicant satisfies the requirements of the code, the rules promulgated under the code, and all the following requirements:

- (a) Provides the required fee and a completed application on a form provided by the department.
- (b) Provides proof, as directed by the department, verifying the completion of not less than 150 hours of continuing education that satisfies the requirements of R 338.2443 during the 3 years immediately preceding the date of the application for relicensure.
- (c) Establishes good moral character, as that term is defined in, and determined under, 1974 PA 381, MCL 338.41 to 338.47.
- (d) An applicant who holds or has ever held a license to practice medicine shall establish all the following requirements:
 - (i) Disciplinary proceedings are not pending against the applicant.
 - (ii) If sanctions have been imposed against the applicant, the sanctions are not in force when the application is submitted.
 - (iii) A previously held license was not surrendered or allowed to lapse to avoid discipline.

(2) An applicant whose doctor of medicine license has been lapsed for 3 years but less than 5 years may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant provides fingerprints as set forth in section 16174(3) of the code, MCL 333.16174, and satisfies the requirements of subrule (1) of this rule and either of the following requirements:

- (a) Provides proof, as directed by the department, verifying that the applicant is currently licensed and in good standing as a doctor of medicine in another state or a province of Canada.
- (b) Provides proof, as directed by the department, verifying completion of 1 of the following during the 3 years immediately preceding the date of the application for relicensure:
 - (i) Successfully passed the Special Purpose Examination (SPEX) offered by the FSMB. The passing score is the passing score established by the FSMB.
 - (ii) Successfully completed a postgraduate training program that satisfies the requirements under R 338.2421(2), (3), or (4).
 - (iii) Successfully completed a physician re-entry program that is an organizational member of the Coalition for Physician Enhancement (CPE).
 - (iv) Successfully completed a physician re-entry program affiliated with a medical school that satisfies the requirements under R 338.2421(1).

(3) An applicant whose doctor of medicine license has lapsed for 5 years or more may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant provides fingerprints as set forth in

section 16174(3) of the code, MCL 333.16174, and satisfies the requirements of subrule (1) of this rule and either of the following requirements:

(a) Provides proof, as directed by the department, verifying that the applicant is currently licensed and in good standing as a doctor of medicine in another state or a province of Canada.

(b) Provides proof, as directed by the department, verifying completion of both of the following during the 3 years immediately preceding the date of the application for relicensure:

(i) Successfully passed the SPEX offered by the FSMB. The passing score is the passing score established by the FSMB.

(ii) Successfully completed 1 of the following training options:

(A) A postgraduate training program that satisfies the requirements under R 338.2421(2), (3), or (4).

(B) A physician re-entry program that is an organizational member of the CPE.

(C) A physician re-entry program affiliated with a medical school that satisfies the requirements under R 338.2421(1).

(4) If required to complete the requirements of subrule (2)(b) or (3)(b) of this rule, the applicant may obtain an educational limited license for the sole purpose of completing that training.

(5) An applicant with an educational limited license may be relicensed under section 16201(3) or (4) of the code, MCL 333.16201, if the applicant satisfies subrule (1) of this rule and the requirements under R 338.2429.

(6) An applicant who is or has been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country shall disclose that fact on the application form. The applicant shall satisfy the requirements of section 16174(2) of the code, MCL 333.16174, including verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force when the application is submitted. If licensure is granted and it is determined that sanctions have been imposed, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

PART 3. CONTINUING EDUCATION

R 338.2441 License renewals.

Rule 141. (1) An applicant for renewal shall satisfy the requirements of the code and the rules promulgated under the code.

(2) An applicant for license renewal who has been licensed in the 3-year period immediately preceding the application for renewal shall accumulate a minimum of 150 hours of continuing education in activities approved under R 338.2443 during the 3 years immediately preceding the application for renewal.

(3) Submission of an application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. The licensee shall maintain documentation of satisfying the requirements of this rule for 4 years after the date of applying for license renewal. Failure to satisfy this rule is a violation of section 16221(h) of the code, MCL 333.16221.

(4) The department may select and audit a sample of licensees who have renewed their license and request proof of compliance with subrule (2) of this rule. If audited, the licensee shall provide documentation as specified in R 338.2443.

(5) An applicant must submit a request for a waiver of continuing education requirements to the department for the board's consideration not less than 30 days before the last regularly scheduled board meeting before the expiration date of the license.

R 338.2443 Acceptable continuing education; requirements; limitations.

Rule 143. (1) The 150 hours of continuing education required under R 338.2441 must satisfy the following requirements, as applicable:

(a) Credit for a continuing education program or activity that is identical or substantially equivalent to a program or activity for which the licensee has already earned credit during the renewal period cannot be granted.

(b) A minimum of 1 hour of continuing education must be earned in medical ethics.

(c) A minimum of 3 hours of continuing education must be earned in pain and symptom management under section 17033(2) of the code, MCL 333.17033. At least 1 of the 3 hours must include controlled substances prescribing. Continuing education hours in pain and symptom management may include, but are not limited to, any of the following areas:

(i) Public health burden of pain.

(ii) Ethics and health policy related to pain.

(iii) Michigan pain and controlled substance laws.

(iv) Pain definitions.

(v) Basic sciences related to pain including pharmacology.

(vi) Clinical sciences related to pain.

(vii) Specific pain conditions.

(viii) Clinical physician communication related to pain.

(ix) Management of pain, including evaluation and treatment and non-pharmacological and pharmacological management.

(x) Ensuring quality pain care and controlled substances prescribing.

(xi) Michigan programs and resources relevant to pain.

(d) A minimum of 75 continuing education credits must be obtained through category 1 programs listed in subrule (2) of this rule.

(e) Completion of implicit bias training under R 338.7004 during the 3 years immediately preceding the application for renewal may be used toward satisfaction of the requirements of R 338.2441(2) and subrule (1) of this rule.

(2) The following activities are acceptable category 1 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/allowed for the activity
(a)	<p>Attendance at or participation in a continuing education program or activity related to the practice of medicine, including, but not limited to, live, in-person programs, interactive or monitored teleconference, audio-conference, or web-based programs, online programs, and journal articles with a self-study component or other self-study programs approved or offered by any of the following organizations:</p> <ul style="list-style-type: none"> - American Medical Association. - Michigan State Medical Society. - Accreditation Council for Continuing Medical Education (ACCME) including non-ACCME accredited providers engaging in joint providership with ACCME accredited 	<p>The number of continuing education hours for a specific program or activity is the number of hours approved by the sponsor or the approving organization for the specific program. A maximum of 150 continuing education hours may be earned for this activity during the renewal period.</p>

	<p>providers. - American Osteopathic Association. - Michigan Osteopathic Association.</p> <p>If audited, the licensee must provide a copy of the letter or certificate of completion showing the licensee’s name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date the program was held or the activity completed.</p>	
(b)	<p>Taking and passing a specialty board certification or recertification examination for a specialty board recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the National Board of Physicians and Surgeons.</p> <p>If audited, the licensee shall provide proof from the specialty board of the successful passing of the examination.</p>	<p>Fifty continuing education hours are granted for successfully passing a specialty board certification or recertification examination during the renewal period. A maximum of 50 continuing education hours may be earned for this activity in each renewal period.</p>
(c)	<p>Successfully completing an activity that is required for maintenance of a specialty certification for a board recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the National Board of Physicians and Surgeons that does not satisfy the requirements of subrule (2)(a) or (b) of this rule.</p> <p>If audited, the licensee shall provide proof from the specialty board that the activity was required for maintenance of certification, that the activity was successfully completed, and the date of completion.</p>	<p>One continuing education hour is granted for every 60 minutes spent on the activity. A maximum of 30 continuing education hours may be earned for this activity in each renewal period.</p>
(d)	<p>Participation in a clinical training program that satisfies any of the requirements of R 338.2421(2), (3), or (4) or is accredited by a board recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the National Board of Physicians and Surgeons. To receive credit, the licensee shall be enrolled for a minimum of 5 months in a 12-month period.</p> <p>If audited, the licensee shall provide a letter</p>	<p>Fifty continuing education hours per year may be granted for this activity. A maximum of 150 continuing education hours may be earned per renewal period.</p>

	from the program director verifying the licensee took part in the program.	
(3) The following activities are acceptable category 2 continuing education:		
	Activity and Proof of Completion	Number of Continuing Education Hours granted/allowed for the activity
(a)	<p>Serving as a clinical instructor for medical students or residents engaged in a postgraduate training program that satisfies requirements of R 338.2421(2), (3), or (4).</p> <p>To receive credit, the clinical instructorship must not be the licensee’s primary employment function.</p> <p>If audited, the licensee shall provide proof of scheduled instructional hours and a letter from the program director verifying the licensee’s role.</p>	Two continuing education hours are granted for each 50 to 60 minutes of scheduled instruction. Additional credit for preparation of a lecture cannot be granted. A maximum of 48 continuing education hours may be earned for this activity in each renewal period.
(b)	<p>Initial presentation of a scientific exhibit, poster, or paper to a professional medical organization.</p> <p>If audited, the licensee shall provide a copy of the document presented with proof of presentation or a letter from the program sponsor verifying the date of the presentation.</p>	Two continuing education hours are granted for each presentation. No additional credit is granted for preparation of the presentation. A maximum of 24 continuing education hours may be earned in this activity in each renewal period. Under R 338.2443(1)(a), credit for a presentation is granted only once per renewal period.
(c)	<p>Publication of a scientific article relating to the practice of medicine in a peer-reviewed journal or periodical.</p> <p>If audited, the licensee shall provide a copy of the publication that identifies the licensee as the author or a publication acceptance letter and documentation of the peer-review process.</p>	Six continuing education hours are granted for serving as the primary author. Three continuing education hours are granted for serving as a secondary author. A maximum of 24 continuing education hours may be earned for this activity in each renewal period. Under R 338.2443(1)(a), credit for an article is granted once per renewal period.
(d)	<p>Initial publication of a chapter or a part of a chapter related to the practice of medicine in either of the following textbooks:</p> <ul style="list-style-type: none"> - A professional healthcare textbook. - A peer-reviewed textbook. <p>If audited, the licensee shall provide a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	Five continuing education hours are granted for serving as the primary author. Two continuing education hours are granted for serving as a secondary author. A maximum of 24 continuing education hours may be earned for this activity in each renewal period. Under R 338.2443(1)(a), credit for publication is granted once per renewal period.
(e)	<p>Participating on any of the following committees:</p> <ul style="list-style-type: none"> - A peer-review committee dealing with 	Eighteen continuing education hours are granted for taking part on a committee. A maximum of 18 continuing education hours may be earned for this activity in each renewal period.

<p>quality of patient care as it relates to the practice of medicine.</p> <ul style="list-style-type: none">- A committee dealing with utilization review as it relates to the practice of medicine.- A healthcare organization committee dealing with patient care issues related to the practice of medicine.- A national or state committee, board, council, or association related to the practice of medicine. <p>Participation in a committee, board, council, or association is considered acceptable if it enhances the participant's knowledge and understanding of the field of medicine. If audited, the licensee shall provide a letter from an organization official verifying the licensee's participation in not less than 50% of the regularly scheduled meetings of the committee, board, council, or association.</p>	
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ADMINISTRATIVE RULES

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

MICHIGAN REHABILITATION SERVICES

VOCATIONAL REHABILITATION

Filed with the secretary of state on March 13, 2024

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

(By authority conferred on the director of the department of labor and economic opportunity by sections 2a and 2b of the proprietary schools act, 1943 PA 148, MCL 395.102a and 395.102b, and sections 3, 4, and 6 of the rehabilitation act of 1964, 1964 PA 232, MCL 395.83, 395.84, and 395.86; Executive Reorganization Order Nos. 1999-1, 2003-1, 2012-5, and 2019-3, MCL 408.40, 445.2011, 445.2033, and 125.1998; and in accord with the workforce innovation and opportunity act, Public Law 113-128)

R 395.51, R 395.53, R 395.54, R 395.76, and R 395.79 of the Michigan Administrative Code are amended, and R 395.65 and R 395.83 is rescinded, as follows:

PART 1. ELIGIBILITY FOR REHABILITATION SERVICE

R 395.51 Definitions.

Rule 1. As used in these rules:

(a) “Clear and convincing evidence” means there is a high degree of certainty that the individual is incapable of benefiting from services in terms of an employment outcome.

(b) The “Client Assistance Program” or the “CAP” means the program under the rehabilitation act of 1973, 29 USC 732. The CAP provides assistance in informing and advising all applicants and individuals eligible for vocational rehabilitation services of all available benefits under the rehabilitation act of 1973, 29 USC 701 to 7961. Upon request of such applicants or eligible individuals, the CAP assists and advocates for such applicants or eligible individuals in their relationships with projects, programs, and services provided under the rehabilitation act of 1973, 29 USC 701 to 7961, including assistance and advocacy in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the rights of such individuals under the rehabilitation act of 1973, 29 USC 701 to 7961 and to facilitate access to the services funded under the rehabilitation act of 1973, 29 USC 701 to 7961 through individual and systemic advocacy.

(c) “Comparable services and benefits” means services and benefits, not including awards and scholarships based on merit, that are provided or paid for, in whole, or in part, by other federal, state, or local public agencies, by health insurance, or by employee benefits that are available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in

the individual's IPE and that are commensurate to the services the individual would otherwise receive from MRS.

(d) "Competitive integrated employment" means work that complies with the following:

(i) Is performed on a full-time or part-time basis, including self-employment, and for which an individual is compensated at a rate that includes all of the following:

(A) Is not less than the higher of the rate specified in section 6(a)(1) of the fair labor standards act of 1938, 29 USC 206 or the rate required under the applicable state or local minimum wage law for the place of employment.

(B) Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills.

(C) In the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills.

(D) Is eligible for the level of benefits provided to other employees.

(ii) Is at a location where the employee with a disability interacts for the purpose of performing the duties of the position with other individuals, for example, other employees, customers and vendors, who are not individuals with disabilities, not including supervisory personnel or individuals who are providing services to such employee, to the same extent that employees who are not individuals with disabilities and who are in comparable positions interact with these individuals.

(iii) Presents, as appropriate, opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

(e) "Cost of attendance" means the total amount it will cost a student to attend school in a year.

(f) "Employment outcome" means, with respect to the individual, entering, advancing in, or retaining full-time, or, if appropriate, part-time competitive integrated employment, including customized employment, self-employment, telecommuting, or business ownership, or supported employment that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(g) "Individualized plan for employment" or "IPE" means an individualized plan for employment as described in R 395.67 to R 395.71.

(h) "Michigan Rehabilitation Services or "MRS" means the part of a network of vocational rehabilitation programs across the United States authorized by the rehabilitation act of 1973, 29 USC 701 to 7961.

(i) "Part-time employment" means employment that is permanently assigned to an employee that is less than 30 hours of work per week.

(j) "Post-employment services" means one or more vocational rehabilitation services that are provided subsequent to the achievement of an employment outcome and that are necessary for an individual to maintain, regain, or advance in employment, consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice."

(k) "Pre-employment transition services" or "Pre-ETS" means the required activities and authorized activities specified in 34 CFR 361.48(a)(2) and (3).

(l) "Rehabilitation technology" means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities.

(m) "Substantial impediment to employment" means that a physical or mental impairment hinders an individual from preparing for, entering into, engaging in, advancing in, or retaining employment consistent with the individual's abilities and capabilities.

(n) “Vocational rehabilitation services” or “VRS” means those services, if provided to an individual, listed in 34 CFR 361.48, and, if provided for the benefit of groups of individuals, those services listed in 34 CFR 361.49.

R 395.53 Purpose.

Rule 3. (1) MRS shall assess, plan, develop, and provide vocational rehabilitation services for eligible individuals with disabilities, consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, to prepare for and engage in competitive integrated employment and achieve economic self-sufficiency.

(2) MRS shall make available Pre-ETS statewide to all students with disabilities, regardless of whether the student has applied or been determined eligible for vocational rehabilitation services.

(3) MRS shall engage with employers to increase job opportunities for individuals with disabilities.

(4) MRS provides services in accordance with the provisions of an IPE. Each IPE must be designed to achieve a specific employment outcome that is selected by the customer consistent with the customer’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Each IPE must include a description of the specific vocational rehabilitation services needed to achieve the employment outcome. Services provided must be needed to achieve the customer’s employment outcome and must be provided at the least cost, and of sufficient quality, to meet the individual’s rehabilitation needs.

R 395.54 General requirements.

Rule 4. (1) MRS shall not discriminate on the basis of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs, disability, participant status in a workforce innovation and opportunity act-funded program, or discriminate against certain non-citizens as defined by section 188 of the workforce innovation and opportunity act, 29 USC 3248.

(2) MRS shall not impose, as part of determining an individual’s eligibility for vocational rehabilitation services, a duration of residence requirement that excludes any applicant who is legally present in this state.

(3) Throughout the individual’s rehabilitation program, every opportunity must be provided to the individual to make informed choices regarding the rehabilitation process. MRS shall maintain documentation of opportunities for making informed choices in the individual’s case record.

(4) MRS shall establish and maintain a case record for each individual and recipient of vocational rehabilitation services, which includes data necessary to comply with MRS and federal Rehabilitation Services Administration requirements.

(5) MRS shall make administrative decisions about the district and office boundaries in which individuals are served. Individuals do not have a right to select the office or district in which they are served or the counselor who will serve them.

(6) Individuals are served in geographic MRS districts and offices according to their residence. Individuals who change their residence may have the option to have their cases transferred, with supervisory approval, to the district or office to which they have moved.

(7) Individuals have the right to appeal the denial of a request to change counselors within an office.

(8) Case service expenditures, whether assessment or IPE services, require written authorization by MRS before or simultaneously with the initiation of the service. Retroactive authorizations are allowed if the MRS customer made reasonable efforts to ensure MRS was able to provide the service and failure to authorize payment for services is due to MRS error or delay.

(9) Goods and services must be provided subject to the statewide availability of funds. Each IPE must be developed and implemented in a manner that gives the individual the opportunity to exercise

informed choice in selecting the vocational rehabilitation services needed to achieve the employment outcome, including the settings in which services will be provided, and the entity or entities that will provide the vocational rehabilitation services.

(10) When appropriate, MRS counselor shall provide the referral necessary to support the individual with disabilities in securing needed services from other agencies and organizations.

(11) The MRS counselor shall inform each individual of the right to obtain review of determinations made by MRS that affect the provision of vocational rehabilitation services, including the right to pursue mediation and provide applicants and eligible individuals with notice of the availability of the CAP to assist the applicant or recipient during mediation sessions or impartial due process hearings.

R 395.65 Rescinded

R 395.76 Rates of payment.

Rule 26. (1) MRS shall maintain a fee schedule for select vocational rehabilitation services. The fee schedule is a complete list of established rates of payment used to authorize and pay for specified services.

(2) The MRS fee schedule for vocational rehabilitation services is not absolute and MRS shall allow exceptions to the fee schedule so that individual needs can be addressed. The MRS fee schedule for vocational rehabilitation services must not be so low as to effectively deny an individual a necessary service.

(3) MRS shall authorize for services not listed on the fee schedule at the least cost to MRS that will ensure sufficient quality of services to meet the individual's vocational rehabilitation need.

(4) MRS shall not place an absolute dollar limit on specific service categories or on the total services provided to an individual.

(5) MRS is not responsible for the cost of out-of-state services in excess of the cost of in-state services if either service would meet the individual's vocational rehabilitation needs.

R 395.79 Requirements for closing the record of services of an individual who has achieved an employment outcome.

Rule 29. The record of services of an individual who has achieved an employment outcome may be closed only if all of the following requirements are met:

(a) The individual has achieved the employment outcome that is described in the individual's IPE.

(b) The employment outcome is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(c) The individual has maintained the employment outcome for an appropriate period of time, but not less than 90 days, necessary to ensure the stability of the employment outcome, and the individual no longer needs vocational rehabilitation services.

(d) The individual and MRS counselor consider the employment to be satisfactory and agree the individual is performing well on the job.

(e) The individual is informed through appropriate modes of communication of the availability of post-employment services.

R 395.83 Rescinded.

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF COMMUNITY AND HEALTH SYSTEMS

LICENSING HEALTH FACILITIES OR AGENCIES

Filed with the secretary of state on March 25, 2024

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

(By authority conferred on the department of licensing and regulatory affairs by sections 20115, 20131, 20132, 20141, 20171, 21419, 21521, 21523, 21561, 21562, 21563, 21615, 21741, and 21795 of the public health code, 1978 PA 368, MCL 333.20115, 333.20131, 333.20132, 333.20141, 333.20171, 333.21419, 333.21521, 333.21523, 333.21561, 333.21562, 333.21563, 333.21615, 333.21741, and 333.21795, and Executive Reorganization Order Nos. 1994-1, 1996-1, 1997-4, 2003-1, 2009-20, 2011-4, and 2015-1, MCL 333.26322, 330.3101, 333.26324, 445.2011, 333.26366, 445.2030, and 400.227)

R 325.45101, R 325.45103, and R 325.45193 of the Michigan Administrative Code are amended, and R 325.45341 and R 325.45343 are rescinded, as follows:

R 325.45101 Applicability.

Rule 101. (1) Rules 325.45103 to 325.45323 are applicable to all of the following:

- (a) Freestanding surgical outpatient facility.
- (b) Hospice.
- (c) Hospital.
- (d) Nursing care facility.
- (2) Rules 325.45331 to 325.45339 are only applicable to a freestanding surgical outpatient facility.
- (3) Rules 325.45345 to 325.45367 are only applicable to a hospice.
- (4) Rules 325.45369 to 325.45375 are only applicable to a hospital.
- (5) Rules 325.45377 to 325.45385 are only applicable to a nursing care facility.

R 325.45103 Definitions; A to F.

Rule 103. (1) As used in these rules:

(a) “Anesthesia” means a state of loss of feeling or sensation and is normally used to denote the loss of sensation to pain that is purposely induced using a specific gas or drug to permit the performance of surgery or other painful procedure.

(b) “Anesthesiologist” means a physician who specializes in the field of anesthesiology and who may or may not be a diplomate of the physician’s specialty board.

(c) “Anesthetic” means a drug, gas, or other agent used to abolish the sensation of pain. There are 3 classifications as follows:

(i) “General anesthetic” means an anesthetic agent that produces a temporary loss of consciousness by the administration of a gas; oral, intramuscular, or intravenous drugs; or a combination of these methods.

(ii) “Local anesthetic” means a drug whose action is limited to an area of the body around the site of its application.

(iii) “Spinal,” “epidural,” or “caudal” anesthetic means the injection of a local anesthetic into the spinal canal epidural area to produce a loss of sensitivity to the body areas at and below the sensory nerve distribution at the level of the injection.

(d) “Anesthetist” means an individual who is qualified to administer anesthetic.

(e) “Applicant” means an individual applying to the department for a health facility or agency license.

(f) “Article 15” means article 15 of the code, MCL 333.16101 to 333.18838.

(g) “Article 17” means article 17 of the code, MCL 333.20101 to 333.22260.

(h) “Bereavement services” means emotional, psychosocial, or spiritual support services provided to the family before or after the death of the patient to assist the family in coping with issues related to grief, loss, or adjustment.

(i) “Building change” means alterations to an existing building involving a change in the interior configuration or intended use, including alterations to the mechanical, electrical, or plumbing systems. This term does not include routine maintenance or replacement with comparable mechanical, electrical, or plumbing equipment that does not alter the current physical structure.

(j) “Business day” means a day other than a Saturday, Sunday, or any legal holiday.

(k) “Change of ownership” means the transfer of a health facility or agency from 1 owner to another if the licensee changes. This term does not include a transfer of a health facility or agency from 1 owner to another if the licensee does not change.

(l) “Code” means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

(m) “Complainant” means an individual who files a complaint with the department alleging that a person has violated the code, an order issued under the code, or administrative rules promulgated thereunder.

(n) “Correction notice” means a notice from the department to a health facility or agency specifying violations of the code or these rules, corrective action to be taken, and the period in which the corrective action is to be completed.

(o) “Department” means the department of licensing and regulatory affairs.

(p) “Discharge” means that term as defined in section 21702 of the code, MCL 333.21702. In addition, as used in these rules, “discharge” means the voluntary or involuntary movement of a patient out of any type of health facility or agency.

(q) “Freestanding surgical outpatient facility” or “FSOF” means a facility as defined in section 20104 of the code, MCL 333.20104. Characteristics of a freestanding surgical outpatient facility include, but are not limited to, patient encounters with a physician, dentist, podiatrist, or other provider primarily for performing surgical procedures or related diagnosis, consultation, observation, and postoperative care, and the owner or operator may make the facility available to other physicians, dentists, podiatrists, or other providers who comprise its professional staff. This term does not include a private office of a physician, dentist, podiatrist, or other health professional whose patients are limited to those of the individual licensed professional maintaining and operating the office or the combined patients of individually licensed professionals practicing together in a legally constituted professional corporation, association, or partnership and sharing office space, if the private office is maintained and operated by a licensed health professional in accordance with usual practice patterns according to the type of practice

and patient encounters in the office are for diagnosis and treatment and are not limited primarily to the performance of surgical procedures and related care.

(2) Unless otherwise specified, a term defined in the code has the same meaning when used in these rules.

R 325.45193 Surgical patient record; required information; informed consent.

Rule 193. (1) In addition to R 325.45191, a freestanding surgical outpatient facility and a hospital shall keep and maintain in the surgical patient record all of the following:

- (a) Name of the surgeon.
 - (b) Name of the anesthesiologist or anesthetist, if other than the surgeon, if applicable.
 - (c) Preoperative study and diagnosis details if medically necessary.
 - (d) Provider notes including preoperative and postoperative vital signs and other relevant observations to document the patient's stabilized condition at the time of discharge.
 - (e) Product name and dosage of any sedative and anesthetic used.
 - (f) Method of anesthesia and any pertinent information concerning results or reactions.
 - (g) Operation and treatment notes and consultations.
 - (h) The postoperative diagnosis, including pathological findings.
 - (i) Social or social service information relevant to the case.
 - (j) Surgeon's operative note including all of the following:
 - (i) Name of each procedure performed.
 - (ii) Duration of procedure and any unusual problems or occurrences encountered.
 - (iii) Surgeon's description of gross appearance of any tissues removed.
 - (k) Summary of instructions given for follow-up observation and care.
- (2) The facility shall obtain informed consent from a patient, or the responsible relative or guardian in the case of an unemancipated minor, before the performance of a surgical procedure and maintain the signed written consent form or forms in the patient's record.

R 325.45341 Rescinded.

R 325.45343 Rescinded.

**PROPOSED ADMINISTRATIVE RULES,
NOTICES OF PUBLIC HEARINGS**

MCL 24.242(3) states in part:

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

MCL 24.208 states in part:

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

* * *

(d) Proposed administrative rules.

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

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

CORPORATIONS, SECURITIES, AND COMMERCIAL LICENSING BUREAU

SECURITIES

Filed with the secretary of state on

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

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 201, 202, 202a, 203, 304, 306, 401, 403, 405, 406, 410, 411, 412, 502, 504, and 605 of the uniform securities act (2002), 2008 PA 551, MCL 451.2201, 451.2202, 451.2202a, 451.2203, 451.2304, 451.2306, 451.2401, 451.2403, 451.2405, 451.2406, 451.2410, 451.2411, 451.2412, 451.2502, 451.2504, and 451.2605, and Executive Reorganization Order No. 2012-6, MCL 445.2034)

R 451.4.9 and R 451.4.12 of the Michigan Administrative Code are amended, and R 451.4.30 is added, as follows:

PART 4. BROKER-DEALERS, AGENTS, INVESTMENT ADVISERS, INVESTMENT ADVISER REPRESENTATIVES, AND FEDERAL COVERED INVESTMENT ADVISERS

R 451.4.9 Broker-dealer and agents representing broker-dealers examination requirements.

Rule 4.9. (1) Unless waived by the administrator, a natural person applicant for initial registration as a broker-dealer or agent shall take and pass, within 2 years immediately preceding the filing date of the application, and as reflected on the records of CRD, both of the following:

(a) Either the uniform securities agent state law examination, ~~(S63),~~ or the uniform combined state law examination, ~~(S66).~~

(b) The general securities business examination set forth in paragraph (i) of this subdivision, unless the applicant's proposed securities activities will be restricted, in which case the applicant ~~shall be~~ **is** required to take and pass each examination in paragraphs (ii) to (viii) of this subdivision that relates to the applicant's proposed securities activities:

(i) The general securities representative examination, ~~(S7).~~

(ii) The investment company products/variable contracts representative examination, ~~(S6).~~

(iii) The direct participation programs representative examination, ~~(S22).~~

(iv) The municipal securities representative examination, ~~(S52).~~

(v) The corporate securities limited representative examination, ~~(S62).~~

(vi) The registered options representative examination, ~~(S42).~~

(vii) The government securities representative examination, ~~(S72).~~

(viii) The private placement representative examination, ~~(S82).~~

(ix) Other examinations as may be applicable to an associated person and ~~his or her~~ **their** activities according to FINRA rules.

(2) An applicant for registration as a broker-dealer or agent is not required to take the examinations required by subrule (1) of this rule if the applicant was registered or licensed as a broker-dealer or agent in ~~Michigan~~ **this state** or another state with the same examination requirements as those identified in subrule (1) of this rule within the 2 years preceding the date the application was filed.

(3) An applicant for registration as a broker-dealer or agent who has not been registered in a state with the same examination requirements as those identified in subrule (1)(a) of this rule for more than 2 years but fewer than 5 years and who elects to participate in the maintaining qualifications program operated by FINRA is not required to take and pass the uniform securities agent state law examination, S63, required by subrule (1)(a) of this rule if the applicant elects to participate in the examination validity extension program operated by NASAA within 2 years after agent registration termination.

(4) An applicant for registration as a broker-dealer or agent who has not been registered in a state with the same examination requirements as those identified in subrule (1)(b) of this rule for more than 2 years but fewer than 5 years and who maintains validity of an examination required by subrule (1)(b) of this rule by successfully participating in the maintaining qualifications program operated by FINRA is not required to take and pass an examination required by subrule (1)(b).

(5) This rule does not extend the validity of the uniform combined state law examination, S66, for purposes of registration as an investment adviser representative under section 404(1) of the act, MCL 451.2404.

R 451.4.12 Investment adviser and investment adviser representative examination requirements.

Rule 4.12. (1) Unless otherwise waived by the administrator, a natural person investment adviser or investment adviser representative shall take and pass within 2 years immediately preceding the date of the application, as reflected on the records of IARD, either of the following:

- (a) The uniform investment adviser state law examination, ~~{S65}~~.
- (b) The uniform combined state law examination, ~~{S66}~~, and the general securities representative examination, ~~{S7}~~.

(2) Any person who has been registered as an investment adviser or an investment adviser representative in ~~any a~~ a state that requires the licensing, registration, or qualification of investment advisers or investment adviser representatives within the 2 years immediately preceding the date of filing an application ~~shall is not be~~ required to comply with the examination requirement in subrule (1) of this rule.

(3) Compliance with subrules (1) and (2) of this rule is waived if the applicant has been awarded any of the following designations and at the time of filing an application the designation is current and in good standing:

- (a) Certified financial planner awarded by the ~~certified financial planners board~~ **Certified Financial Planners Board** of ~~standards~~ **Standards**.
- (b) Chartered financial consultant or **Master of Science in Financial Planning** ~~masters of science and financial services~~ awarded by the American College, in Bryn Mawr, Pennsylvania.
- (c) Chartered financial analyst awarded by the Institute of Chartered Financial Analysts.
- (d) Personal financial specialists awarded by the American Institute of Certified Public Accountants.
- (e) Chartered investment counselor awarded by the Investment Adviser Association.

(4) An applicant who has taken and passed the uniform investment adviser law examination, ~~{S65}~~, within 2 years immediately preceding the date the application is filed with the administrator, or at any time if the applicant has been registered or licensed as an investment adviser or investment adviser representative within the 2 years immediately preceding the date the application is filed with the

administrator, ~~shall~~ is not be required to take and pass the uniform investment adviser law examination again.

(5) An applicant who is an agent for a broker-dealer and an investment adviser and who is not required by the agent's home jurisdiction to make a separate filing on CRD as an investment adviser representative, but who has previously met the examination requirement in subrule (1) of this rule necessary to provide advisory services on behalf of the broker-dealer or the investment adviser, ~~shall~~ is not be required to again take and pass the exams in subrule (1) of this rule.

(6) An applicant for registration who has not been registered in a state with the same examination requirements as those identified in subrule (1) of this rule for more than 2 years but fewer than 5 years is not required to take and pass the examination required by subrule (1) of this rule if the individual complies with R 451.4.30.

R 451.4.30 Investment adviser representative examination validity extension program.

Rule 4.30. (1) As used in this rule:

(a) "IAR EVEP" means the investment adviser representative examination validity extension program operated by NASAA.

(b) "MQP" means the maintaining qualifications program operated by FINRA.

(2) Notwithstanding R 451.4.12(2), an individual who terminates their registration as an investment adviser representative under section 404(1) of the act, MCL 451.2404, may maintain the validity of the examination required by R 451.4.12(1)(a) or (b) without being employed by or associated with an investment adviser or federal covered investment adviser for no more than 5 years following the termination of the effectiveness of the investment adviser representative registration if the individual complies with all of the following:

(a) The individual previously took and passed the examination that they seek to maintain validity under this rule.

(b) The individual was registered under section 404(1) of the act, MCL 451.2404, for at least 1 year immediately before the termination of that registration.

(c) The individual has never been subject to statutory disqualification under section 3(a)(39) of the securities and exchange act of 1934, 15 USC 78c.

(d) The individual elects to participate in the IAR EVEP within 2 years after the effective date of the termination of a registration under section 404(1) of the act, MCL 451.2404.

(e) The individual complies with R 451.4.29 when the individual's registration under section 404(1) of the act, MCL 451.2404, becomes ineffective.

(f) The individual annually completes the continuing education credits required by R 451.4.29(2)(a) and (b) on or before December 31 of each calendar year in which the individual participates in the IAR EVEP, regardless of when the individual elects to participate in the IAR EVEP.

(3) An individual who complies with MQP is considered to comply with the R 451.4.29(2)(b) component of continuing education required by subrule (2)(f) of this rule.

NOTICE OF PUBLIC HEARING

Department of Licensing and Regulatory Affairs
Corporations, Securities, & Commercial Licensing
Administrative Rules for Securities
Rule Set 2023-40 LR

NOTICE OF PUBLIC HEARING

Thursday, April 25, 2024

11:00AM

Sun Room

2407 N Grand River Ave, Lansing, MI 48906

The Department of Licensing and Regulatory Affairs will hold a public hearing to receive public comments on proposed changes to the Securities rule set.

The proposed rules incorporate model rules adopted by the North American Securities Administrators Association (NASAA) in 2022 and 2023 that extend the validity of qualifications examinations for certain individuals registered under the Michigan Uniform Securities Act (MUSA) if they enroll in a program administered by the Financial Industry Regulatory Authority (FINRA) and/or NASAA, and complete continuing education applicable to their registration categories. The rules would incentivize individuals to maintain their knowledge of industry standards, products, practices, and ethics during their disassociated period through approved and documented continuing education.

By authority conferred upon the Department of Licensing and Regulatory Affairs, MCL 451.2201, 451.2202, 451.2202a, 451.2203, 451.2304, 451.2306, 451.2401, 451.2403, 451.2405, 451.2406, 451.2410, 451.2411, 451.2412, 451.2502, 451.2504, and 451.2605, and Executive Reorganization Order No. 2012-6, MCL 445.2034.

The proposed rules will take effect immediately after filing with the Secretary of State. The proposed rules are published on the State of Michigan's website at www.michigan.gov/ARD and in the 4/15/2024 issue of the Michigan Register. Copies of these proposed rules may also be obtained by mail or electronic mail at the following email address: Pagem6@michigan.gov.

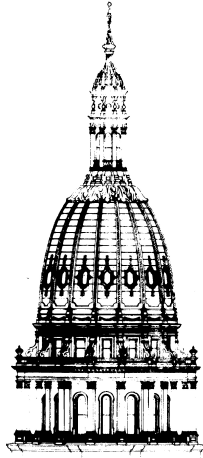
Comments on these proposed rules may be made at the hearing, by mail, or by electronic mail at the following addresses until 5/13/2024 at 05:00PM.

Mitchell Page, Department of Licensing and Regulatory Affairs, Corporations, Securities, and Commercial Licensing Bureau

P.O. Box 30018, Lansing MI, 48909

Pagem6@michigan.gov

The public hearing will be conducted in compliance with the 1990 Americans with Disabilities Act. If the hearing is held at a physical location, the building will be accessible with handicap parking available. Anyone needing assistance to take part in the hearing due to disability may call 517-241-9590 to make arrangements.



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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

March 17, 2024
Compiled through PA 19 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. <i>(Rep. Graham Filler)</i>
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. <i>(Rep. Graham Filler)</i>
0003	4418		Yes	2/21/2024	2/21/2024	2/21/2024	Probate; other ; uniform transfers to minors act; modify amount of transfer allowed. <i>(Rep. Kelly Breen)</i>
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. <i>(Rep. Kelly Breen)</i>
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". <i>(Rep. William Bruck)</i>
0006	4325		No	2/21/2024	2/21/2024	**	Environmental protection; other ; criminal penalties and civil fines for unlawful dumping of garbage; provide for. <i>(Rep. Helena Scott)</i>
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. <i>(Rep. Donovan McKinney)</i>
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. <i>(Rep. Jenn Hill)</i>

* - I.E. means Legislature voted to give the Act immediate effect.
 ** - Act takes effect on the 91st day after sine die adjournment of the Legislature.
 *** - See Act for applicable effective date.
 + - Line item veto.
 ++ - Pocket veto.
 # - Tie bar.

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

* - I.E. means Legislature voted to give the Act immediate effect.
** - Act takes effect on the 91st day after sine die adjournment of the Legislature.
*** - See Act for applicable effective date.
+ - Line item veto.
++ - Pocket veto.
- Tie bar.

PA No.	ENROLLED		I.E.* Yes/No	Governor Approved	Filed Date	Effective Date	SUBJECT
	HB	SB					
0019		0058	Yes	3/12/2024	3/12/2024	6/10/2024 #	Controlled substances; drug paraphernalia penalties for sale of nitrous oxide devices; provide for. (Sen. Joseph Bellino)

* - I.E. means Legislature voted to give the Act immediate effect.

** - Act takes effect on the 91st day after sine die adjournment of the Legislature.

*** - See Act for applicable effective date.

+ - Line item veto.

++ - Pocket veto.

- Tie bar.