

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

ARTICLE 2
ADMINISTRATION

PART 22
STATE DEPARTMENT OF PUBLIC HEALTH

333.2201 Department of public health and office of director of public health continued.

Sec. 2201. The department of public health and the office of the director of public health created by sections 425 and 426 of Act No. 380 of the Public Acts of 1965, being sections 16.525 and 16.526 of the Michigan Compiled Laws, shall continue under this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the division of occupational health in the bureau of environmental and occupational health, with the exception of dry cleaning unit, from the department of public health to the director of the department of labor, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

For transfer of certain powers and duties of the office of policy, planning and evaluation from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2202 Director of public health; appointment, term, and qualifications; designation and responsibility of chief medical executive; "administrative experience" defined.

Sec. 2202. (1) The governor shall appoint the director of public health by the method and for a term prescribed by section 508 of Act No. 380 of the Public Acts of 1965, being section 16.608 of the Michigan Compiled Laws. The director shall be qualified in the general field of health administration. Qualification may be demonstrated by either of the following:

(a) Not less than 8 years administrative experience of which not less than 5 years have been in the field of health administration.

(b) A degree beyond the level of baccalaureate in a field related to public health or administration, and not less than 5 years of administrative experience in the field of health administration.

(2) If the director is not a physician, the director shall designate a physician as chief medical executive of the department. The chief medical executive shall be a full-time employee and shall be responsible to the director for the medical content of policies and programs.

(3) As used in this section, "administrative experience" means service in a management or supervisory capacity.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of certain powers and duties of the chief medical executive from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

For transfer of powers and duties of chief medical executive to the new chief medical executive in the office of chief medical executive created within the department of health and human services, and abolishment of the position of chief medical executive, see E.R.O. No. 2016-4, compiled at MCL 333.26369.

Popular name: Act 368

333.2204 Director of public health; salary; full-time performance of functions; expenses.

Sec. 2204. The director shall receive an annual salary appropriated by the legislature and payable in the same manner as salaries of other state officers. The director's full time shall be devoted to the performance of the functions of the director's office. The director shall receive expenses necessarily incurred in the performance of official functions.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2205 Assignment, vesting, and exercise of functions; internal organization of department; allocation and reallocation of duties and functions.

Sec. 2205. (1) A function assigned by this code to the department vests in the director or in an employee or agent of the department designated by the director, or in any employee or agent of the department who is assigned the function in accordance with internal administrative procedures of the department established by the director. A function vested by law in a nonautonomous entity of the department may be exercised by the director.

(2) As provided in section 7 of Act No. 380 of the Public Acts of 1965, being section 16.107 of the

Michigan Compiled Laws, and except as otherwise provided by law, the director with the approval of the governor may establish the internal organization of the department and to allocate and reallocate duties and functions to provide economic and efficient administration and operation of the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2208 Public health advisory council; creation; appointment, qualifications, and terms of members; removal; vacancy.

Sec. 2208. (1) The public health advisory council is created in the department. The public health advisory council shall consist of 16 members. Initial members of the public health advisory council shall include those individuals currently appointed to the advisory council created under section 506 of Act No. 380 of the Public Acts of 1965, being section 16.606 of the Michigan Compiled Laws, who shall serve for the remainder of their terms under that section.

(2) The advisory council shall represent consumers and providers of health care representative of the population as to sex, race, and ethnicity and shall include representatives of a local governing entity as defined in part 24 and a local health department. New members shall be appointed by the governor with the advice and consent of the senate. Except for initial members, a member of the public health advisory council shall serve for a term of 4 years or until a successor is appointed. After the effective date of this part, an individual shall not serve more than 2 full terms and 1 partial term, consecutive or otherwise.

(3) The director may request the governor to remove a member from the public health advisory council at any time for good cause.

(4) A vacancy shall be filled in the same manner as an original appointment for the balance of the unexpired term.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2209 Public health advisory council; election and terms of chairperson and vice-chairperson; quorum; reimbursement; staff support.

Sec. 2209. (1) The public health advisory council shall elect a chairperson and vice-chairperson for terms of 2 years and shall determine the number of voting members constituting a quorum for the transaction of business.

(2) Public health advisory council members shall be reimbursed pursuant to section 1216.

(3) The department shall provide staff support to the public health advisory council.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2210 Public health advisory council; powers and duties generally.

Sec. 2210. (1) The public health advisory council shall advise and consult with the director on public health programs and policies.

(2) The public health advisory council may:

(a) Study issues, problems, and programs which the council and director jointly determine are of priority in the implementation of the responsibilities of the state and local health departments.

(b) Advise the director on selected issues related to health planning and department implementation of long-term health policies.

(c) Make recommendations as to the department's state health plan development responsibilities and duties delegated to the department pursuant to law.

(d) Make recommendations as to the activities of all advisory committees, councils, boards, task forces, and commissions created in the department under this code or any other law and report annually to the director on the activities of those entities with particular attention to areas of overlapping functions and activities.

(e) Provide other assistance the director reasonably requests.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2211 Coordination between local health departments and local health planning agencies; review; annual assessment; information.

Sec. 2211. (1) In each of the 3 years immediately after the effective date of this part, the public health advisory council shall review the coordination between local health departments and local health planning agencies, and make annual assessments by January 1 of those years to the director including actions which should be taken to improve coordination. The annual assessment shall be available to the governor, legislature, county boards of commissioners, local health departments, health planning agencies, and other interested persons.

(2) The department shall provide the public health advisory council with information necessary to carry out its functions under this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2213 Task forces.

Sec. 2213. (1) The public health advisory council may appoint task forces composed of council members and other individuals in a number the council determines is appropriate when the council determines that either of the following exists:

(a) A task force is appropriate to provide professional or technical expertise related to a department or council function under this code.

(b) A task force is appropriate to provide additional public participation in a department or council function under this code.

(2) The department may request that the public health advisory council establish a task force when the department determines that the task force is appropriate to the functions vested in the department by this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2215 Termination of advisory committee or task force; exception; review of advisory council, commission, board, task force, or body.

Sec. 2215. (1) An advisory committee to the department created in this code or task force created under section 2213 shall terminate 2 years after the date of its creation or renewal unless the public health advisory council not later than 90 days before an advisory committee is to terminate reviews the need for the continued existence of the advisory committee or task force and thereafter recommends its continuance.

(2) Upon the recommendation of the public health advisory council the director may reappoint or request reappointment of an advisory committee which would have been otherwise terminated pursuant to subsection (1). Subsection (1) does not apply to advisory councils, commissions, boards, task forces, or other advisory bodies which are not specifically designated as advisory committees.

(3) Not later than 2 years after the effective date of this code, and biennially thereafter, the public health advisory council shall review and advise the director on the need for, and alternatives to, each advisory council, commission, board, task force, or body established in the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2221 Organized programs to prevent disease, prolong life, and promote public health; duties of department.

Sec. 2221. (1) Pursuant to section 51 of article 4 of the state constitution of 1963, the department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and agencies and health services delivery systems; and regulation of health care facilities and agencies and health services delivery systems to the extent provided by law.

(2) The department shall:

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- (a) Have general supervision of the interests of the health and life of the people of this state.
- (b) Implement and enforce laws for which responsibility is vested in the department.
- (c) Collect and utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.
- (d) Make investigations and inquiries as to:
 - (i) The causes of disease and especially of epidemics.
 - (ii) The causes of morbidity and mortality.
 - (iii) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.
- (e) Plan, implement, and evaluate health education by the provision of expert technical assistance and financial support.
- (f) Take appropriate affirmative action to promote equal employment opportunity within the department and local health departments and to promote equal access to governmental financed health services to all individuals in the state in need of service.
- (g) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the department and which are not otherwise prohibited by law.
- (h) Plan, implement, and evaluate nutrition services by the provision of expert technical assistance and financial support.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2223 Biennial plan for rural health; preparation; submission to standing committees.

Sec. 2223. The center for rural health created under section 2612, in consultation with the department and professional associations representing health facilities and health professions, shall prepare a biennial plan for rural health. The center for rural health, in consultation with the department, shall submit the plan to the standing committees in the senate and house of representatives with jurisdiction over matters pertaining to public health.

History: Add. 1990, Act 125, Imd. Eff. June 26, 1990.

Compiler's note: For transfer of certain powers and duties of the center for rural health from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

For transfer of powers and duties of the center for rural health to the director of the department of community health and abolishment of the center, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2224 Promotion of local health services; coordination and integration of public health services.

Sec. 2224. Pursuant to this code, the department shall promote an adequate and appropriate system of local health services throughout the state and shall endeavor to develop and establish arrangements and procedures for the effective coordination and integration of all public health services including effective cooperation between public and nonpublic entities to provide a unified system of statewide health care.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2226 Powers of department.

Sec. 2226. The department may:

- (a) Engage in research programs and staff professional training programs.
- (b) Advise governmental entities or other persons as to the location, drainage, water supply, disposal of solid waste, heating, and ventilation of buildings.
- (c) Enter into an agreement, contract, or arrangement with governmental entities or other persons necessary or appropriate to assist the department in carrying out its duties and functions.
- (d) Exercise authority and promulgate rules to safeguard properly the public health; to prevent the spread of diseases and the existence of sources of contamination; and to implement and carry out the powers and duties vested by law in the department.
- (e) Accept gifts, grants, bequests, and other donations in the name of this state. Funds or property accepted shall be used as directed by its donor and in accordance with the law, rules, and procedures of this state.
- (f) Either directly or by interagency contract, develop and deliver health services to vulnerable population groups.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.60; R 325.921 et seq.; R 325.951 et seq.; R 325.2101 et seq.; R 325.2111 et seq.; R 325.3271 et seq.; R 325.3401 et seq.; R 325.3801 et seq.; R 325.5801 et seq.; R 325.9001 et seq.; R 325.9901 et seq.; R 325.13051 et seq.; R 325.13091 et seq.; R 325.23101 et seq.; and R 560.401 et seq. of the Michigan Administrative Code.

333.2227 Racial and ethnic health disparities; duties of department.

Sec. 2227. The department shall do all of the following:

- (a) Develop and implement a structure to address racial and ethnic health disparities in this state.
- (b) Monitor minority health progress.
- (c) Establish minority health policy.
- (d) Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.
- (e) Utilize federal, state, and private resources, as available and within the limits of appropriations, to fund minority health programs, research, and other initiatives.
- (f) Provide the following through interdepartmental coordination:
 - (i) Data and technical assistance to minority health coalitions and any other local entities addressing the elimination of racial and ethnic health disparities.
 - (ii) Measurable objectives to minority health coalitions and any other local health entities for the development of interventions that address the elimination of racial and ethnic health disparities.
 - (g) Establish a web page on the department's website, in coordination with the state health disparities reduction and minority health section, that provides information or links to all of the following:
 - (i) Research within minority populations.
 - (ii) A resource directory that can be distributed to local organizations interested in minority health.
 - (iii) Racial and ethnic specific data including, but not limited to, morbidity and mortality.
 - (h) Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.
 - (i) Develop and implement awareness strategies targeted at health and social service providers in an effort to eliminate the occurrence of racial and ethnic health disparities.
 - (j) Identify and assist in the implementation of culturally and linguistically appropriate health promotion and disease prevention programs that would emphasize prevention and incorporate an accessible, affordable, and acceptable early detection and intervention component.
 - (k) Promote the development and networking of minority health coalitions.
 - (l) Appoint a department liaison to provide the following services to local minority health coalitions:
 - (i) Assist in the development of local prevention and intervention plans.
 - (ii) Relay the concerns of local minority health coalitions to the department.
 - (iii) Assist in coordinating minority input on state health policies and programs.
 - (iv) Serve as the link between the department and local efforts to eliminate racial and ethnic health disparities.
 - (m) Provide funding, within the limits of appropriations, to support evidence-based preventative health, education, and treatment programs that include outcome measures and evaluation plans in minority communities.
 - (n) Provide technical assistance to local communities to obtain funding for the development and implementation of a health care delivery system to meet the needs, gaps, and barriers identified in the statewide strategic plan for eliminating racial and ethnic health disparities.
 - (o) One year after the effective date of this section and each year thereafter, submit a written report on the status, impact, and effectiveness of the amendatory act that added this section to the standing committees in the senate and house of representatives with jurisdiction over issues pertaining to public health, the senate and house of representatives appropriations subcommittees on community health, and the senate and house fiscal agencies.

History: Add. 2006, Act 653, Imd. Eff. Jan. 9, 2007.

Compiler's note: Act 368

333.2228 Heads of intra-departmental units and employees; appointment; salaries and expenses; liability for damages; quarters and facilities.

Sec. 2228. (1) The director may appoint, subject to civil service procedures, heads of intra-departmental units and employees necessary to perform the functions prescribed by this code or any other law. Salaries and expenses incurred under this code shall be paid out of the amount appropriated for that purpose with the approval of the director.

(2) The director or an employee or representative of the department is not personally liable for damages

sustained in the performance of departmental functions, except for wanton and wilful misconduct.

(3) The department of management and budget shall provide suitable quarters and facilities for the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2229 Employees at veterans' facility physically injured by assault; wages; supplement; fringe benefits.

Sec. 2229. A person employed by the department at the Michigan veterans' facility at Grand Rapids, or the D.J. Jacobetti veterans' facility at Marquette established under Act No. 152 of the Public Acts of 1885, being sections 36.1 to 36.12 of the Michigan Compiled Laws, or any other veterans' facility operated by the department after the effective date of this section who is physically injured during the course of his or her employment as the result of an assault by a recipient of department services shall receive his or her full wages from the department until worker's compensation benefits begin and then shall receive in addition to worker's compensation benefits a supplement from the department which together with the worker's compensation benefits shall equal but not exceed the weekly net wage of the employee at the time of the injury. This supplement shall only apply while the person is on the department's payroll and is receiving worker's compensation benefits due to an injury covered by this section and shall include an employee who is receiving worker's compensation benefits on the effective date of this section due to an injury covered by this section. This supplement shall not exceed a 100 week period. Fringe benefits normally received by an employee shall be in effect during the time the employee receives the supplement provided by this section from the department.

History: Add. 1987, Act 285, Imd. Eff. Jan. 6, 1988.

Popular name: Act 368

333.2231 Furnishing information relating to public health; report.

Sec. 2231. (1) To assist the department in its duties and functions, officials of this state and persons transacting business in this state shall furnish the department with information relating to public health which may be requested by the department.

(2) The department shall report periodically to the governor and legislature as to the activities carried on under this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2232 Repealed. 1986, Act 79, Eff. Apr. 1, 1987.

Compiler's note: The repealed section pertained to material safety data sheets, lists of hazardous chemicals, and access to information from employees regarding hazardous chemicals in workplace.

Popular name: Act 368

333.2232a Repeal of MCL 333.2232.

Sec. 2232a. Section 2232 is repealed on April 1, 1987.

History: Add. 1986, Act 79, Imd. Eff. Apr. 7, 1986.

Popular name: Act 368

333.2233 Rules.

Sec. 2233. (1) The department may promulgate rules necessary or appropriate to implement and carry out the duties or functions vested by law in the department.

(2) If the Michigan supreme court rules that sections 45 and 46 of the administrative procedures act of 1969, Act No. 306 of the Public Acts of 1969, being sections 24.245 and 24.246 of the Michigan Compiled Laws, are unconstitutional, and a statute requiring legislative review of administrative rules is not enacted within 90 days after the Michigan supreme court ruling, the department shall not promulgate rules under this act.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1996, Act 67, Imd. Eff. Feb. 26, 1996.

Compiler's note: In separate opinions, the Michigan Supreme Court held that Section 45(8), (9), (10), and (12) and the second sentence of Section 46(1) ("An agency shall not file a rule ... until at least 10 days after the date of the certificate of approval by the committee or after the legislature adopts a concurrent resolution approving the rule.") of the Administrative Procedures Act of 1969, in providing for the Legislature's reservation of authority to approve or disapprove rules proposed by executive branch agencies, did not comply with the enactment and presentment requirements of Const 1963, Art 4, and violated the separation of powers provision of Const 1963, Art 3, and, therefore, were unconstitutional. These specified portions were declared to be severable with the remaining portions

remaining effective. Blank v Department of Corrections, 462 Mich 103 (2000).

Popular name: Act 368

Administrative rules: R 287.1; R 287.451 et seq.; R 287.481 et seq.; R 325.60; R 325.151 et seq.; R 325.921 et seq.; R 325.951 et seq.; R 325.1053 et seq.; R 325.1213 et seq.; R 325.1281 et seq.; R 325.1541 et seq.; R 325.2101 et seq.; R 325.2111 et seq.; R 325.2581; R 325.3271 et seq.; R 325.3311 et seq.; R 325.3401 et seq.; R 325.3801 et seq.; R 325.5810 et seq.; R 325.9001 et seq.; R 325.13051 et seq.; R 325.13091 et seq.; R 325.17101 et seq.; R 325.23101 et seq.; R 338.3801; and R 338.3821 et seq. of the Michigan Administrative Code.

333.2235 Local health department; authorization to exercise power or function; primary organization as to services and programs; exceptions; summary reports.

Sec. 2235. (1) Except as provided in subsection (3), the department may authorize a local health department to exercise a power or function of the department where not otherwise prohibited by law or rule.

(2) The director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department.

(3) Subsections (1) and (2) do not apply if the director determines that 1 of the following exists:

(a) The local health department does not have and is unable or unwilling to obtain qualified personnel or does not have and is unable or unwilling to obtain the administrative capacity or programmatic mechanisms to perform a specific function.

(b) The services or programs are so specialized in nature and of such technical complexity that cost benefit or cost effectiveness does not justify administration through the local health department.

(c) Legal constraints preclude the assignment of the responsibility.

(4) When a branch of the state department of public health directly delivers services within a local health department area, the state department of public health shall provide summary reports of those activities to the local health department upon the request of the local health officer.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2237 Duties of department as to health education; "health education" defined.

Sec. 2237. (1) The department shall:

(a) Exercise overall leadership in recognizing the importance of public health education objectives in the planning, developing, and carrying out of public health programs within the department's jurisdiction.

(b) Encourage local health departments to give priority to community health education activities as an essential part of local health programs.

(c) Develop and apply standards for the evaluation of public health education activities both at the state and local level and in cooperation with other public and private agencies.

(d) Collect and disseminate information about public health education activities and research in this state.

(2) As used in this section, "health education" means that dimension of health care that directs attention of individuals to their health behavior with the goal of enabling the individuals to make reasoned decisions about their own health practices and those within the various communities in which the individuals live, work, and play. The basic components of reasoned health decision-making education include both:

(a) The acquisition of accurate, unbiased, authoritative knowledge of subjects such as human biology, efficacy of early prevention, disease detection and control, nutritional practices, detection and control of environmental hazards, alternative health practices and the consequences of each, and the affective assessment of an individual's own beliefs on health outcomes.

(b) The acquisition of the behavior skills required to carry out the desired alternative.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2241 Inspection or investigation to assure compliance; application for warrant.

Sec. 2241. (1) To assure compliance with laws enforced by the department, the department may inspect, investigate, or authorize an inspection or investigation to be made of any matter, thing, premises, place, person, record, vehicle, incident, or event.

(2) The department may apply for an inspection or investigation warrant under section 2242 to carry out this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2242 Warrant; affidavit required for issuance.

Sec. 2242. Upon receipt of an affidavit made on oath establishing grounds for issuing a warrant pursuant to section 2243, a magistrate shall issue an inspection or investigation warrant authorizing the department applying for the warrant to conduct an inspection or investigation.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2243 Warrant; grounds for issuance.

Sec. 2243. A magistrate shall issue an inspection or investigation warrant if either of the following exists:

(a) Reasonable legislative or administrative standards for conducting a routine or area inspection are satisfied with respect to the particular thing, premises, place, person, record, vehicle, incident, or event.

(b) There is reason to believe that noncompliance with laws enforced by the state or local health department may exist with respect to the particular thing, premises, place, person, record, vehicle, incident, or event.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2244 Warrant; finding of cause.

Sec. 2244. The magistrate's finding of cause shall be based on the facts stated in the affidavit. The affidavit may be based upon reliable information supplied to the applicant from a credible individual, named or unnamed, if the affidavit contains affirmative allegations that the individual spoke with personal knowledge of the matters contained in the affidavit.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2245 Warrant; directing to law enforcement officer; contents.

Sec. 2245. An inspection or investigation warrant may be directed to the sheriff or any law enforcement officer, commanding the officer to assist the state or local health department in the inspection or investigation. A warrant shall designate and describe the location or thing to be inspected and the property or thing to be seized. The warrant shall state the grounds or cause for its issuance or a copy of the affidavit shall be attached to the warrant.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2246 Warrant; execution.

Sec. 2246. The officer to whom an inspection or investigation warrant is directed or a person assisting the officer may break an outer or inner door or window of a house or building, or anything therein, to execute the warrant, if, after notice of his or her authority and purpose, the officer is refused admittance, or when necessary to liberate the officer or person assisting the officer in execution of the warrant.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2247 Warrant; procuring maliciously or without cause; misdemeanor.

Sec. 2247. A person who maliciously and without cause procures an inspection or investigation warrant to be issued and executed is guilty of a misdemeanor.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2251 Imminent danger to health or lives; informing individuals affected; order; noncompliance; petition to restrain condition or practice; conditions constituting menace to public health; promulgation of emergency rule under MCL 24.248; definitions.

Sec. 2251. (1) Upon a determination that an imminent danger to the health or lives of individuals exists in this state, the director immediately shall inform the individuals affected by the imminent danger and issue an order that shall be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The order shall incorporate the director's findings and require immediate action necessary to avoid, correct, or remove the imminent danger. The order may specify action to be taken or prohibit the presence of individuals in locations or under conditions where the imminent danger

exists, except individuals whose presence is necessary to avoid, correct, or remove the imminent danger.

(2) Upon failure of a person to comply promptly with a department order issued under this section, the department may petition the circuit court having jurisdiction to restrain a condition or practice which the director determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.

(3) If the director determines that conditions anywhere in this state constitute a menace to the public health, the director may take full charge of the administration of applicable state and local health laws, rules, regulations, and ordinances in addressing that menace.

(4) If the director determines that an imminent danger to the health or lives of individuals in this state can be prevented or controlled by the promulgation of an emergency rule under section 48(2) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.248, to schedule or reschedule a substance as a controlled substance as provided in part 72, the director shall notify the director of the department of licensing and regulatory affairs and the administrator of his or her determination in writing. The notification shall include a description of the substance to be scheduled or rescheduled and the grounds for his or her determination. The director may provide copies of police, hospital, and laboratory reports and other information to the director of the department of licensing and regulatory affairs and the administrator as considered appropriate by the director.

(5) As used in this section:

(a) "Administrator" means that term as defined in section 7103.

(b) "Imminent danger" means a condition or practice exists that could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided.

(c) "Person" means a person as defined in section 1106 or a governmental entity.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2012, Act 180, Imd. Eff. June 19, 2012.

Popular name: Act 368

333.2253 Epidemic; emergency order and procedures; avian influenza; conditions requiring assistance of department of agriculture and rural development; visitation within qualified health care facility; LINDA; definitions.

Sec. 2253. (1) Subject to subsections (4) and (5), if the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may make a declaration of that determination and may within that emergency order prohibit the gathering of people for any purpose and establish procedures to be followed during the epidemic to ensure continuation of essential public health services and enforcement of health laws. Emergency procedures are not limited to this code.

(2) If an epidemic described in subsection (1) involves avian influenza or another virus or disease that is or may be spread by contact with animals, the department of agriculture and rural development shall cooperate with and assist the director in the director's response to the epidemic.

(3) On request from the director, the department of agriculture and rural development shall assist the department in any review or update of the department's pandemic influenza plan under section 5112.

(4) Beginning June 1, 2023, an emergency order issued under subsection (1) may prohibit or otherwise limit any visitation of a patient or resident in a qualified health care facility for a period not to exceed 30 days after the date the director first declares that control of the epidemic is necessary to protect the public health.

(5) Beginning June 1, 2023, because LINDA, after 30 days after the director first declares that control of an epidemic is necessary to protect the public health in an emergency order issued under subsection (1), all of the following apply:

(a) Subject to subdivision (b), the emergency order must not prohibit or otherwise limit a patient representative from visiting a patient or resident with a cognitive impairment in a qualified health care facility.

(b) The emergency order may do any of the following:

(i) Implement reasonable safety measures before or during a patient representative's visit to a patient or resident with a cognitive impairment in the qualified health care facility, including, but not limited to, prescreening or testing a patient representative, imposing a visit duration on a patient representative, restricting the number of patient representatives who may visit at 1 time, and requiring a patient representative to preschedule a visit.

(ii) Establish procedures for the visitation of a patient or resident with a cognitive impairment in a qualified health care facility, if the director determines that establishing the procedures is vital to maintaining a safe health care infrastructure in this state. The director shall consult with qualified health care facilities before

establishing procedures under this subparagraph.

(6) As used in this section:

(a) "Assisted living facility" means an unlicensed entity that offers community-based residential care for at least 3 unrelated adults who are 65 years of age or older or who need assistance with activities of daily living that are available 24 hours a day, including, but not limited to, personal, supportive, or intermittent health-related services.

(b) "Cognitive impairment" means a deficiency in the patient's or resident's mental capability or loss of intellectual ability, either of which affects the patient's or resident's comprehension, decision-making, reasoning, adaptive functioning, judgment, learning, or memory and that materially affects the patient's or resident's ability to function. A cognitive impairment may be a temporary short-term change in cognition, a medically induced change in cognition, or a long-term ongoing change in cognition.

(c) "Family member" means an individual related to a patient or resident by blood, marriage, or adoption who is within the fifth degree of kinship to the patient or resident.

(d) "LINDA" means loved individuals need dedicated attention.

(e) "Patient representative" means any of the following:

(i) A family member.

(ii) A patient advocate as that term is defined in section 1106 of the estates and protected individuals code, 1998 PA 386, MCL 700.1106.

(iii) An individual who is named as the attorney-in-fact under a durable or nondurable power of attorney for the patient or resident.

(f) "Qualified health care facility" means any of the following:

(i) A health facility or agency as that term is defined in section 20106.

(ii) An assisted living facility.

(iii) A physician's private practice office.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 157, Imd. Eff. May 26, 2006;—Am. 2022, Act 274, Eff. Mar. 29, 2023.

Popular name: Act 368

333.2255 Injunctive action.

Sec. 2255. Notwithstanding the existence and pursuit of any other remedy, the department, without posting bond, may maintain injunctive action in the name of the people of this state to restrain, prevent, or correct a violation of a law, rule, or order which the department has the duty to enforce or to restrain, prevent, or correct an activity or condition which the department believes adversely affects the public health.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2261 Violation as misdemeanor; penalty.

Sec. 2261. Except as otherwise provided by this code, a person who violates a rule or order of the department is guilty of a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200.00, or both.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2262 Violation; rules adopting schedule of monetary civil penalties; issuance, contents, and delivery of citation.

Sec. 2262. (1) The department may promulgate rules to adopt a schedule of monetary civil penalties, not to exceed \$1,000.00 for each violation or day that a violation continues, which may be assessed for a specified violation of this code or a rule promulgated or an order issued under this code and which the department has the authority and duty to enforce.

(2) If a department representative believes that a person has violated this code or a rule promulgated or an order issued under this code which the department has the authority and duty to enforce, the representative may issue a citation at that time or not later than 90 days after discovery of the alleged violation. The citation shall be written and shall state with particularity the nature of the violation, including reference to the section, rule, or order alleged to have been violated, the civil penalty established for the violation, if any, and the right to appeal the citation pursuant to section 2263. The citation shall be delivered or sent by registered mail to the alleged violator.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2263 Citation; petition for administrative hearing; decision of hearings officer; review; provisions governing hearings and appeals; civil penalty.

Sec. 2263. (1) Not later than 20 days after receipt of the citation, the alleged violator may petition the department for an administrative hearing, which shall be held within 60 days after receipt of the petition by the department. The administrative hearing may be conducted by a hearings officer who may affirm, dismiss, or modify the citation. The decision of the hearings officer shall be final, unless within 30 days after the decision the director grants a review of the citation. Upon review, the director may affirm, dismiss, or modify the citation.

(2) Hearings and appeals under this section shall conform to the administrative procedures act of 1969.

(3) A civil penalty shall become final if a petition for an administrative hearing is not received within the time specified in subsection (1). A civil penalty imposed shall be paid to the state treasury for deposit in the general fund. A civil penalty may be recovered in a civil action brought in the county in which the violation occurred or the defendant resides.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2264 Patient safety organization; certification of more than 1 entity.

Sec. 2264. Notwithstanding any other provision of this act to the contrary, more than 1 entity may be certified as a patient safety organization under section 924 of the patient safety and quality improvement act of 2005, 42 USC 299b-24.

History: Add. 2006, Act 643, Imd. Eff. Jan. 5, 2007.

Compiler's note: Act 368

PART 23
BASIC HEALTH SERVICES

333.2301 Identification of priority health problems; preparation and basis of proposed list of basic health services.

Sec. 2301. (1) The department, utilizing broad participation of, and providing ample opportunity for the submission of recommendations by, the individuals and organizations described in section 2302, annually shall identify the priority health problems of this state utilizing state health plans and an assessment procedure based on data and statistics consistent with or provided for in sections 2616 and 2617. Identification of priority health problems related to mental health shall be made with the consultation and advice of the department of mental health. From these priorities, the department annually shall prepare a proposed list of basic preventive, personal, and environmental health services to be made available and accessible to all residents in need of the services in this state without regard for place of residence, marital status, sex, age, race, or inability to pay.

(2) The list of proposed basic health services shall be based upon the capabilities of the health related arts and sciences and upon criteria related to health needs, resources, and performance and shall take into account the services provided by private practitioners and private providers of health services. To the extent that the proposed list of basic health services includes mental health services for which responsibility has been vested in state or local mental health agencies by Act No. 258 of the Public Acts of 1974, as amended, being sections 330.1001 to 330.2106 of the Michigan Compiled Laws, or rules promulgated pursuant to that act, the inclusion of those services in the proposed list shall be subject to the approval of the department of mental health.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of certain powers and duties of the bureau of child and family services, with the exception of the women, infants, and children division, from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2302 Annual budget request to include proposed list of basic health services and proposed program statement; review and comment.

Sec. 2302. The proposed list of basic health services, the methodology used to derive the list, and a proposed program statement shall be included in the department's annual budget request and shall be made available for review and comment to the legislature, health planning agencies, local health departments, local governmental entities, health professional associations, and the public.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2305 Proposed program statement; contents.

Sec. 2305. The proposed program statement shall include:

(a) A statement describing the availability and accessibility of proposed basic health services to all residents in need in this state.

(b) The basic health services proposed to be delivered through the department.

(c) The basic health services proposed to be delivered through other public or nonpublic entities through contracts or other arrangements.

(d) The basic health services proposed to be delivered through local health departments in accordance with the criteria set forth in section 2235.

(e) A description of the methods which will be employed to make persons aware of the availability and accessibility of the proposed basic health services.

(f) A description of the proposed methods and sources of financing the proposed basic health services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2311 Proposed health services as basic health services; revision, publication, and dissemination of list and program statement.

Sec. 2311. Those health services proposed under this part which are funded by appropriations to the department or which are made available through other arrangements approved by the legislature in the appropriations process are basic health services for purposes of this code. The department shall revise the proposed list of basic health services and the program statement to reflect funds actually appropriated and shall cause the list and program statement, as revised, to be published and widely disseminated.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2321 Availability and accessibility of basic health services; demonstration upon request; basic health service as required service; notice of nonavailability or nonaccessibility; investigation; notice to complainant.

Sec. 2321. (1) Upon request, the department shall demonstrate the availability and accessibility of the basic health services in a manner consistent with the revised program statement and this code.

(2) A basic health service designated for delivery through a local health department is a required service under part 24 for the local fiscal year covered by the appropriation.

(3) A person who believes that a basic health service described in the revised program statement is not available or accessible may notify the department. The department shall investigate each written complaint and shall notify the complainant of the availability and source of the service. If there are grounds to believe that the service is not available or accessible, the complainant shall be given written notice, within a reasonable time, of the action proposed to be taken.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

PART 24

LOCAL HEALTH DEPARTMENTS

333.2401 Meanings of words and phrases; general definitions and principles of construction.

Sec. 2401. (1) For purposes of this part, the words and phrases defined in sections 2403 to 2408 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2403 Definitions; A to D.

Sec. 2403. (1) "Allowable service" means a health service delivered in a city, county, district, or part thereof, which is not a required service but which the department determines is eligible for cost reimbursement pursuant to sections 2471 to 2498.

(2) "County" includes a unified county unless otherwise specified.

(3) "District" means a multi-county or city-county district served by a health department created under section 2415.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2406 Definitions; L.

Sec. 2406. "Local governing entity" means:

(a) In case of a single county health department, the county board of commissioners.

(b) In case of a district health department, the county boards of commissioners of the counties comprising the district.

(c) In case of a district health department which includes a single city health department, the county boards of commissioners of the counties comprising the district and the mayor and city council of the city.

(d) In case of a single city health department, the mayor and city council of the city.

(e) In the case of a local health department serving a county within which a single city health department has been created pursuant to section 2422, the county board of commissioners elected from the districts served by the county health department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2408 Definitions; R to U.

Sec. 2408. (1) "Required service" means a local health service specifically required pursuant to this part or specifically required elsewhere in state law, except a service specifically excluded by this part or a rule promulgated pursuant to this part.

(2) "Unified county" means a county having an optional unified form of county government under Act No. 139 of the Public Acts of 1973, as amended, being sections 45.551 to 45.573 of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2411 Division of powers and duties.

Sec. 2411. (1) Where the governing entity of a local health department includes a unified county, the powers and duties vested in the county board of commissioners and county executive in that county shall be divided in accordance with Act No. 139 of the Public Acts of 1973, as amended.

(2) Where the local governing entity of a local health department includes a city, the powers and duties vested in the mayor and city council shall be divided as provided by law and the city charter.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2413 County health department; county board of health.

Sec. 2413. Except if a district health department is created pursuant to section 2415, the local governing entity of a county shall provide for a county health department which meets the requirements of this part, and may appoint a county board of health.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2415 Creation of district health department; composition of district board of health.

Sec. 2415. Two or more counties or a city having a population of 750,000 or more and 1 or more counties, by a majority vote of each local governing entity and with approval of the department, may unite to create a district health department. The district board of health shall be composed of 2 members from each county board of commissioners or in case of a city-county district 2 members from each county board of commissioners and 2 representatives appointed by the mayor of the city. With the consent of the local governing entities affected, a county or city may have a greater number of representatives.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2417 Claim against district health department; audit; allowance of claim; report; appeal; apportionment of allowed claims; formula; voucher.

Sec. 2417. A claim against a district health department shall be audited by the district board of health

which has the same power to allow the claim that a local governing entity has as to claims against a county or city. If the district board of health meets less often than once a month, a claim may be allowed by the local health officer and 1 member of the district board of health who shall report the action to the board at its next regular meeting. The same right of appeal from the decision of the district board of health as to a claim exists as from a similar decision of a local governing entity. The total amount of the allowed claims shall be apportioned among the local governing entities of the district using a formula approved by the district health board. The formula determined by the district health board shall be approved by the state department of treasury. A voucher for an allowed claim shall be issued by the officers of each local governing entity for its apportioned share.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2419 Employment of personnel; consolidation of functions.

Sec. 2419. Two or more local governing entities may contract for the employment of personnel or the consolidation of functions of their local health departments under a plan approved by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2421 City health department; creation; powers and duties.

Sec. 2421. A city having a population of 750,000 or more may create a city health department which shall be considered a local health department for purposes of this code, if the requirements of sections 2422 to 2424 are met. If a city creates a health department, that department and its local governing entity shall have the powers and duties of a local health department or local governing entity as provided by this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2422 Selection of option by city; notice of intent.

Sec. 2422. Not later than 6 months after the effective date of this part, a city having a population of 750,000 or more shall select an option permitted under this section in a manner consistent with its charter and shall notify the department of the city's intent to do 1 of the following:

(a) Create a city health department pursuant to a plan developed under section 2424.

(b) Join with the county or district in which the city is located to create a district health department pursuant to section 2415 and a plan developed under section 2424.

(c) Decline to exercise the options in subdivision (a) or (b), in which case the local health department otherwise having jurisdiction in the county in which the city is located, pursuant to a plan developed under section 2424, shall assume the powers and duties of a local health department in the city.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2423 Selection of option by city; failure to notify department; continuing local financial support for affected services.

Sec. 2423. Failure to notify the department under section 2422 is considered an exercise of the option in section 2422(c). Selection of the option in section 2422(a) or (b) does not preclude the selection of the option in section 2422(c) and the implementation of section 2424 at a later time. During the transition period, a city exercising the option in section 2422(c) shall continue local financial support for affected services at a level considered by the department to be consistent with support previously provided by the city, or with the requirements of the approved plan.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2424 Selection of option by city; planning period; transition plan; responsibility for local cost of required services; approval of developed plan; disposition of federal funds.

Sec. 2424. (1) A city selecting an option under section 2422 has a planning period of:

(a) One year after the selection of the option in section 2422(a).

(b) Eighteen months after the selection of the option in section 2422(b) or (c).

(2) During the planning period the affected local governing entities shall develop and adopt a plan setting forth the arrangements, agreements, and contracts necessary to establish a local health department pursuant to the exercised option and prescribing a timetable for the indicated transition. The transition plan shall provide

that a city shall assume full financial liability for the local cost of services or programs provided by the city or transferred to the city by another local governing entity by virtue of the exercise of the option in section 2422(a). The plan shall include contracts providing that an employee transferred under the plan shall not lose any benefit or right as a result of the transfer. Upon completion of the transition period, a city exercising that option is solely responsible for the local cost of all required services under this part.

(3) By the end of the planning period, the developed plan shall be submitted to the department for approval. If a plan is not submitted or approved, the department shall develop a transition plan during the 6 months after the end of the planning period and, upon completion, the plan shall be an approved plan under this section.

(4) Subject to federal law and regulations, disposition of federal funds shall be made in accordance with the approved plan and option exercised.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2426 Real and personal property of village or township board or department of health; title; use and administration.

Sec. 2426. The title to real and personal property of a village or township board or department of health, including cemetery and trust property, shall vest in the village or township and be held in its name as of the effective date of the repeal by this code of provisions authorizing the creation of boards or departments of health. The property shall be used and administered by the village or township, or appropriate agency thereof, as provided by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2428 Local health officer; appointment; qualifications; powers and duties.

Sec. 2428. (1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

(2) The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2431 Local health department; requirements; report; reviewing plan for organization of local health department; waiver.

Sec. 2431. (1) A local health department shall:

(a) Have a plan of organization approved by the department.

(b) Demonstrate ability to provide required services.

(c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and wilful misconduct.

(d) Meet the other requirements of this part.

(2) Each local health department shall report to the department at least annually on its activities, including information required by the department.

(3) In reviewing a plan for organization of a local health department, the department shall consider the fiscal capacity and public health effort of the applicant and shall encourage boundaries consistent with those of planning agencies established pursuant to federal law.

(4) The department may waive a requirement of this section during the option period specified in section 2422 based on acceptable plan development during the planning period described in section 2424 and thereafter based on acceptable progress toward implementation of the plan as determined by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1985, Act 18, Imd. Eff. May 16, 1985.

Popular name: Act 368

333.2433 Local health department; powers and duties generally.

Sec. 2433. (1) A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of

environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

(2) A local health department shall:

(a) Implement and enforce laws for which responsibility is vested in the local health department.

(b) Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.

(c) Make investigations and inquiries as to:

(i) The causes of disease and especially of epidemics.

(ii) The causes of morbidity and mortality.

(iii) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.

(d) Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.

(e) Provide or demonstrate the provision of required services as set forth in section 2473(2).

(f) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.

(g) Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.

(3) This section does not limit the powers or duties of a local health officer otherwise vested by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2435 Local health department; additional powers.

Sec. 2435. A local health department may:

(a) Engage in research programs and staff professional training programs.

(b) Advise other local agencies and persons as to the location, drainage, water supply, disposal of solid waste, heating, and ventilation of buildings.

(c) Enter into an agreement, contract, or arrangement with a governmental entity or other person necessary or appropriate to assist the local health department in carrying out its duties and functions unless otherwise prohibited by law.

(d) Adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.

(e) Accept gifts, grants, bequests, and other donations for use in performing the local health department's functions. Funds or property accepted shall be used as directed by its donor and in accordance with the law, rules, and procedures of this state and the local governing entity.

(f) Sell and convey real estate owned by the local health department.

(g) Provide services not inconsistent with this code.

(h) Participate in the cost reimbursement program set forth in sections 2471 to 2498.

(i) Perform a delegated function unless otherwise prohibited by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2437 Exercise by department of public health of power vested in local health department.

Sec. 2437. The department, in addition to any other power vested in it by law, may exercise any power vested in a local health department in an area where the local health department does not meet the requirements of this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2441 Adoption of regulations; purpose; approval; effective date; stringency; conflicting regulations.

Sec. 2441. A local health department may adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department. The regulations shall be approved or disapproved by the local governing entity. The regulations shall become effective 45 days after approval by the local health department's governing entity or at a time specified by the local health department's governing entity. The regulations shall be at least as stringent as the standard established by state law applicable to the

same or similar subject matter. Regulations of a local health department supersede inconsistent or conflicting local ordinances. .

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 76, Imd. Eff. Apr. 7, 1986;—Am. 2010, Act 72, Imd. Eff. May 13, 2010.

Popular name: Act 368

333.2442 Adoption of regulation; notice of public hearing.

Sec. 2442. Before adoption of a regulation the local health department shall give notice of a public hearing and offer any person an opportunity to present data, views, and arguments. The notice shall be given not less than 10 days before the public hearing and not less than 20 days before adoption of the regulation. The notice shall include the time and place of the public hearing and a statement of the terms or substance of the proposed regulation or a description of the subjects and issues involved and the proposed effective date of the regulation. The notice shall be published in a manner calculated to give notice to persons likely to be affected by the proposed regulation. Methods which may be employed, depending on the circumstances, include publication of the notice in a newspaper of general circulation in the jurisdiction, or when appropriate, in a trade, industry, governmental, or professional publication.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2443 Violation of regulation or order; misdemeanor; penalty.

Sec. 2443. Except as otherwise provided in this act, a person who violates a regulation of a local health department or order of a local health officer under this act is guilty of a misdemeanor punishable by imprisonment for not more than 6 months or a fine of not more than \$200.00, or both.

History: Add. 2010, Act 72, Imd. Eff. May 13, 2010.

Popular name: Act 368

333.2444 Fees for services; expenses and compensation.

Sec. 2444. (1) A local governing entity, or in case of a district the district board of health, may fix and require the payment of fees for services authorized or required to be performed by the local health department. The local governing entity or district board may revoke, increase, or amend the fees. The fees charged shall not be more than the reasonable cost of performing the service.

(2) Members of a local board of health may receive necessary traveling expenses for attending meetings and may receive compensation as determined by the local governing entity for each meeting attended.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2446 Inspection or investigation.

Sec. 2446. To assure compliance with laws enforced by a local health department, the local health department may inspect, investigate, or authorize an inspection or investigation to be made of, any matter, thing, premise, place, person, record, vehicle, incident, or event. Sections 2241 to 2247 apply to an inspection or investigation made under this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2448 Intergovernmental contracts; existing contracts not affected.

Sec. 2448. (1) A city, county, district, or part thereof may enter into an intergovernmental contract necessary or appropriate to a reorganization or an assumption or relinquishing of a health jurisdiction or function authorized by this part. The contract shall provide that an employee transferred shall not lose any benefit or right as a result of the transfer.

(2) This section does not affect existing contracts between cities and counties for the provision of health services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2451 Imminent danger to health or lives; informing individuals affected; order; noncompliance; petition to restrain condition or practice; “imminent danger” and “person” defined.

Sec. 2451. (1) Upon a determination that an imminent danger to the health or lives of individuals exists in

the area served by the local health department, the local health officer immediately shall inform the individuals affected by the imminent danger and issue an order which shall be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The order shall incorporate the findings of the local health department and require immediate action necessary to avoid, correct, or remove the imminent danger. The order may specify action to be taken or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary to avoid, correct, or remove the imminent danger.

(2) Upon the failure of a person to comply promptly with an order issued under this section, the local health department may petition a circuit or district court having jurisdiction to restrain a condition or practice which the local health officer determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.

(3) As used in this section:

(a) "Imminent danger" means a condition or practice which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided.

(b) "Person" means a person as defined in section 1106 or a governmental entity.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2453 Epidemic; emergency order and procedures; involuntary detention and treatment; visitation within qualified health care facility; LINDA; definitions.

Sec. 2453. (1) Subject to subsections (3) and (4), if a local health officer determines that control of an epidemic is necessary to protect the public health, the local health officer by emergency order may make a declaration of that determination and may within that emergency order prohibit the gathering of people for any purpose and establish procedures to be followed by persons, including a local governmental entity, during the epidemic to ensure continuation of essential public health services and enforcement of health laws. Emergency procedures are not limited to this code.

(2) A local health department or the department may provide for the involuntary detention and treatment of individuals with hazardous communicable disease in the manner prescribed in sections 5201 to 5210.

(3) Beginning June 1, 2023, an emergency order issued under subsection (1) may prohibit or otherwise limit any visitation of a patient or resident in a qualified health care facility for a period not to exceed 30 days after the date the local health officer first declares that control of the epidemic is necessary to protect the public health.

(4) Beginning June 1, 2023, because LINDA, after 30 days after the local health officer first declares that control of an epidemic is necessary to protect the public health in an emergency order issued under subsection (1), all of the following apply:

(a) Subject to subdivision (b), the emergency order must not prohibit or otherwise limit a patient representative from visiting a patient or resident with a cognitive impairment in a qualified health care facility.

(b) The emergency order may do any of the following:

(i) Implement reasonable safety measures before or during a patient representative's visit to a patient or resident with a cognitive impairment in the qualified health care facility, including, but not limited to, prescreening or testing a patient representative, imposing a visit duration on a patient representative, restricting the number of patient representatives who may visit at 1 time, and requiring a patient representative to preschedule a visit.

(ii) Establish procedures for the visitation of a patient or resident with a cognitive impairment in a qualified health care facility if the local health officer determines that establishing the procedures is vital to maintaining a safe health care environment. The local health officer shall consult with qualified health care facilities before establishing procedures under this subparagraph.

(5) As used in this section:

(a) "Assisted living facility" means an unlicensed entity that offers community-based residential care for at least 3 unrelated adults who are 65 years of age or older or who need assistance with activities of daily living that are available 24 hours a day, including, but not limited to, personal, supportive, or intermittent health-related services.

(b) "Cognitive impairment" means a deficiency in the patient's or resident's mental capability or loss of intellectual ability, either of which affects the patient's or resident's comprehension, decision-making, reasoning, adaptive functioning, judgment, learning, or memory and that materially affects the patient's or resident's ability to function. A cognitive impairment may be a temporary short-term change in cognition, a

medically induced change in cognition, or a long-term ongoing change in cognition.

(c) "Family member" means an individual related to a patient or resident by blood, marriage, or adoption who is within the fifth degree of kinship to the patient or resident.

(d) "LINDA" means loved individuals need dedicated attention.

(e) "Patient representative" means any of the following:

(i) A family member.

(ii) A patient advocate as that term is defined in section 1106 of the estates and protected individuals code, 1998 PA 386, MCL 700.1106.

(iii) An individual who is named as the attorney-in-fact under a durable or nondurable power of attorney for the patient or resident.

(f) "Qualified health care facility" means any of the following:

(i) A health facility or agency as that term is defined in section 20106.

(ii) An assisted living facility.

(iii) A physician's private practice office.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2022, Act 274, Eff. Mar. 29, 2023.

Popular name: Act 368

333.2455 Building or condition violating health laws or constituting nuisance, unsanitary condition, or cause of illness; order; noncompliance; warrant; assessment and collection of expenses; liability; judicial order; other powers not affected.

Sec. 2455. (1) A local health department or the department may issue an order to avoid, correct, or remove, at the owner's expense, a building or condition which violates health laws or which the local health officer or director reasonably believes to be a nuisance, unsanitary condition, or cause of illness.

(2) If the owner or occupant does not comply with the order, the local health department or department may cause the violation, nuisance, unsanitary condition, or cause of illness to be removed and may seek a warrant for this purpose. The owner of the premises shall pay the expenses incurred.

(3) If the owner of the premises refuses on demand to pay expenses incurred, the sums paid shall be assessed against the property and shall be collected and treated in the same manner as taxes assessed under the general laws of this state. An occupant or other person who caused or permitted the violation, nuisance, unsanitary condition, or cause of illness to exist is liable to the owner of the premises for the amount paid by the owner or assessed against the property which amount shall be recoverable in an action.

(4) A court, upon a finding that a violation or nuisance may be injurious to the public health, may order the removal, abatement, or destruction of the violation or nuisance at the expense of the defendant, under the direction of the local health department where the violation or nuisance is found. The form of the warrant to the sheriff or other law enforcement officer may be varied accordingly.

(5) This section does not affect powers otherwise granted to local governments.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2458 Establishment of cemetery; requirements; determinations; approval; disposition of plats; vacating cemetery; removal and reinterment of bodies and remains.

Sec. 2458. (1) A person or governmental entity shall not establish a cemetery in this state until a description of the premises and a plat showing the cemetery's division is filed in duplicate with the local health department having jurisdiction of the premises. A local health department shall not approve a proposed cemetery if the local health department determines that establishment or operation of the cemetery would be injurious to the public health. The local health department shall determine whether it is safe and healthful for a cemetery to be established in the proposed location and if the local health department approves the location and the plat of the premises, the local health department shall indorse its approval on both plats. When the establishment of a cemetery is approved, 1 plat shall be returned to the proprietor and the other shall be retained and preserved by the local health department.

(2) The local health department shall supervise activities to vacate a cemetery and the removal and reinterment of bodies and remains.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2461 Violation; schedule of monetary civil penalties; issuance, contents, and delivery of citation.

Sec. 2461. (1) In the manner prescribed in sections 2441 and 2442 a local governing entity may adopt a

schedule of monetary civil penalties of not more than \$1,000.00 for each violation or day that the violation continues which may be assessed for a specified violation of this code or a rule promulgated, regulation adopted, or order issued which the local health department has the authority and duty to enforce.

(2) If a local health department representative believes that a person has violated this code or a rule promulgated, regulation adopted, or order issued under this code which the local health department has the authority and duty to enforce, the representative may issue a citation at that time or not later than 90 days after discovery of the alleged violation. The citation shall be written and shall state with particularity the nature of the violation, including reference to the section, rule, order, or regulation alleged to have been violated, the civil penalty established for the violation, if any, and the right to appeal the citation pursuant to section 2462. The citation shall be delivered or sent by registered mail to the alleged violator.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2462 Citation; petition for administrative hearing; decision of local health officer; review; petition for judicial review; civil penalty.

Sec. 2462. (1) Not later than 20 days after receipt of the citation, the alleged violator may petition the local health department for an administrative hearing which shall be held within 30 days after the receipt of the petition. After the administrative hearing, the local health officer may affirm, dismiss, or modify the citation. The decision of the local health officer shall be final, unless within 60 days of the decision the appropriate local governing entity or committee thereof, or in the case of a district department, the district board of health or committee thereof, grants review of the citation. After the review, the local governing entity, board of health, or committee thereof may affirm, dismiss, or modify the citation.

(2) A person aggrieved by a decision of a local health officer, local governing entity, or board of health under this section may petition the circuit court of the county in which the principal office of the local health department is located for review. The petition shall be filed not later than 60 days following receipt of the final decision.

(3) A civil penalty becomes final if a petition for an administrative hearing or review is not received within the time specified in this section. A civil penalty imposed under this part is payable to the appropriate local health department for deposit with the general funds of the local governing entity, or in case of a district, the funds shall be divided according to the formula used to divide other district funds. A civil penalty may be recovered in a civil action brought in the county in which the violation occurred or the defendant resides.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2463 Appearance tickets.

Sec. 2463. In the manner prescribed in sections 2441 and 2442 a local governing entity may designate representatives of the local health department as public servants authorized by law to issue and serve appearance tickets pursuant to sections 9a to 9g of chapter 4 of Act No. 175 of the Public Acts of 1927, as amended, being sections 764.9a to 764.9g of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2465 Injunctive action; liability for damages.

Sec. 2465. (1) Notwithstanding the existence and pursuit of any other remedy, a local health officer, without posting bond, may maintain injunctive action to restrain, prevent, or correct a violation of a law, rule, or order which the officer has the duty to enforce, or to restrain, prevent, or correct an activity or condition which the officer believes adversely affects the public health.

(2) A local health officer or an employee or representative of a local health department is not personally liable for damages sustained in the performance of local health department functions, except for wanton and wilful misconduct.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2471 Program; establishment; objectives.

Sec. 2471. The department shall establish a program pursuant to sections 2471 to 2498 with the following objectives:

(a) To prescribe responsibilities of state and local governments for local health services.

(b) To assure the availability, accessibility, and acceptability of required health services for the people of

this state.

(c) To establish the basis for equitable state reimbursement of expenditures to support local health services.

(d) To assure that state reimbursement for reasonable and allowable costs for required and allowable local health services shall be provided at the level necessary to assure maintenance of the services on an equitable basis for the people of this state.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2472 Services eligible for cost sharing; criteria and procedures for additional services; minimum standards for delivery of services.

Sec. 2472. (1) Services which a local health department is required to provide under the program plan described in part 23 are eligible for cost sharing under this part.

(2) The department shall prescribe criteria and procedures for designating additional services proposed by a local health department as allowable services.

(3) The department shall establish minimum standards of scope, quality, and administration for the delivery of required and allowable services not inconsistent with sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2473 Specific objectives of required services; demonstrating provision of service; contracts.

Sec. 2473. (1) Required services designated pursuant to part 23 shall be directed at the following specific objectives:

(a) Prevention and control of environmental health hazards.

(b) Prevention and control of diseases.

(c) Prevention and control of health problems of particularly vulnerable population groups.

(d) Development of health care facilities and agencies and health services delivery systems.

(e) Regulation of health care facilities and agencies and health services delivery systems to the extent provided by state law.

(2) A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.

(3) The department may enter into contracts necessary or appropriate to carry out this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2475 Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.

Sec. 2475. (1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

(a) First year, 20%.

(b) Second year, 30%.

(c) Third year, 40%.

(d) Fourth year and thereafter, 50%.

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2476 Reimbursement of certain expenditures prohibited.

Sec. 2476. The following expenditures shall not be reimbursed under sections 2471 to 2498:

(a) Expenditures for required and allowable services to the extent the expenditures are reimbursed from another source such as fees for services or another state or federal program.

(b) Direct capital expenditures for facilities.

(c) Expenditures used to match other state funds.

- (d) Expenditures for other services specifically excluded in rules promulgated by the department.
- (e) Federal and state categorical health program funds.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2477 Local governing entity not to receive less than received under prior provisions; providing, designating, and reallocating funds; accountability.

Sec. 2477. (1) A local governing entity shall not receive less in any year under sections 2471 to 2498 than it received under Act No. 306 of the Public Acts of 1927, as amended, being sections 327.201 to 327.208a of the Michigan Compiled Laws, in the full state fiscal year immediately before the effective date of this part.

(2) Funds under this part shall be provided to the local governing entity which shall be accountable for substantial conformance with agreements and standards as provided by section 2484. The funds shall be designated for the local health department but may be reallocated through the local health department if services are rendered by other local agencies.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2479 Criteria for determining costs for services.

Sec. 2479. Not later than 1 year after the effective date of this section, the department shall prescribe criteria for determining the reasonable and allowable costs for required and allowable services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2481 Condition for approval of funding.

Sec. 2481. As a condition for the approval of funding for a service under sections 2471 to 2498, a local health department shall:

(a) Provide the required health services which the local health department is designated to provide in substantial accord with the program plan developed under part 23 and rules promulgated under section 2495, including standards as to the scope and quality of services.

(b) Report its performance and fiscal matters in a form and containing information the department reasonably requires to implement sections 2471 to 2498.

(c) Keep records and afford access to the records by authorized state, federal, and local officials for audit and review purposes necessary to verify and assure the accuracy and acceptability of the reports.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2482 Minimum expenditure for health services; waiving maintenance of local funding; certain services considered health services.

Sec. 2482. (1) The total local appropriations for a local health department expended for health services shall be not less in any year than in the local health department's full fiscal year immediately before the effective date of this part. However, the department may waive maintenance of local funding in extraordinary circumstances.

(2) For purposes of this section, services for which funds under Act No. 306 of the Public Acts of 1927, as amended, were being used on the effective date of this part are considered health services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2483 Conditions for reimbursement.

Sec. 2483. A local health department desiring reimbursement under sections 2471 to 2498 shall:

(a) Submit annually to the department a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides. After review and approval by the department, the program statement shall serve as a basis of determining priorities for local development with appropriate state policy and technical assistance.

(b) Submit annually to the department the budget approved by the local governing entity. The budget shall reflect the program statement and include the required services which the local health department provides, other health services proposed for state reimbursement as allowable services, and services proposed for full local or categorical state or federal funding. After review, the department shall determine the services eligible as allowable services for state reimbursement. Determinations regarding proposed allowable services shall be

made annually for each local health department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2484 Agreement implementing standards; basis for reimbursement; operating advance; adjustments.

Sec. 2484. (1) Standards of scope, quality, and administration promulgated under section 2495 shall be implemented through an agreement between the department and the local governing entity. An agreement under this subsection shall specify at least the minimum activities agreed upon as necessary for substantial compliance with rules and shall be based upon findings in the annual program statement of the local health department.

(2) A local health department shall be reimbursed on the basis of approved program performance reports as required by this section and sections 2481 and 2483 and on the basis of prescribed fiscal reports reflecting actual, reasonable, and allowable costs incurred pursuant to rules promulgated under section 2495. An operating advance may be provided which shall be replenished as the costs are reported. Adjustments shall be made as necessary to compensate for payments previously made.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2486 Notice of appeal; informal conference; reaffirming, modifying, or revoking decision; hearing; petition for redress.

Sec. 2486. (1) Upon receipt of a notice from a local health department that the local health department wishes to appeal a department decision relative to the implementation of sections 2471 to 2498, the department shall schedule an informal conference to be attended by representatives of the jurisdiction affected by the decision and representatives of the department. After the conference the department may reaffirm, modify, or revoke its decision.

(2) Upon request, a local health department adversely affected by a decision of the department as to service eligibility, development priorities, allowable services, minimum activities necessary for substantial compliance, a decision under section 2235, or the level of reasonable and allowable costs shall be granted a hearing. The local governing entity may pursue further appeal by petition to the appropriate circuit court for redress.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2488 Appropriation request to include funds for reimbursement of local health departments; basis of sums requested.

Sec. 2488. A separate part of the department's annual health appropriation request shall include funds to reimburse local health departments for expenditures incurred to establish and maintain required and allowable health services. The sums requested shall be based on reasonable and allowable costs for required and allowable services at projected levels for the next fiscal period and shall be used for reimbursing local health departments which have complied with sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2490 Administration of MCL 333.2471 to 333.2498.

Sec. 2490. Sections 2471 to 2498 shall be administered in a manner consistent with the requirements of federal law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2492 Status report; appropriation for development and implementation of evaluation and related training.

Sec. 2492. (1) At the end of the second full state fiscal year after the effective date of this part, the department shall report to the governor and legislature as to the status of required and allowable health services in relation to standards, costs, and health needs of the people of this state.

(2) An amount equal to 1% of the estimated total expenditures for the required and allowable local health services shall be appropriated to the department annually for the development and implementation of evaluation and related training for local health departments and department staffs in the delivery of the

required and allowable health services authorized under sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2495 Rules; determinations; review and comment.

Sec. 2495. (1) The department shall promulgate rules and may make determinations necessary or appropriate to implement this part, consistent with this code, including the establishment of minimum standards for health officers, development plans, the designation of allowable services, and the quality, delivery, and reasonable costs for required and allowable services.

(2) Not less than 30 days before promulgation of a rule establishing minimum standards for the quality, delivery, or reasonable costs for required and allowable services, the department shall request the Michigan association of counties, the Michigan health officers association, the Michigan association of local environmental health administrators, and the Michigan association of local public health administrators to review and comment on the rule. This subsection does not limit review and comment by additional governmental and professional organizations or by other persons.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.13001 et seq. and R 325.13051 et seq. of the Michigan Administrative Code.

333.2497 Administrative compliance order.

Sec. 2497. Upon a finding that a local health department is not able to provide or to demonstrate the adequate provision of 1 or more of the required services, or fails to meet the requirements of this part or the rules promulgated under this part, the department may issue an administrative compliance order to the local health department's local governing entity. The order shall state the nature of the deficiencies and set forth a reasonable time by which the deficiencies shall be corrected.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2498 Petition for administrative hearing; finality of order or compliance date; reaffirming, modifying, or revoking order; modifying time for compliance; petition for writ of mandamus.

Sec. 2498. (1) Within 60 working days after receipt of an administrative compliance order and proposed compliance period, a local governing entity may petition the department for an administrative hearing. If the local governing entity does not petition the department for a hearing within 60 days after the receipt of an administrative compliance order, the order and proposed compliance date shall be final.

(2) After a hearing, the department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.

(3) If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the department may petition the appropriate circuit court for a writ of mandamus to compel correction.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

PART 25.

HEALTH INFORMATION TECHNOLOGY

333.2501 Definitions.

Sec. 2501. As used in this part:

(a) "Commission" means the health information technology commission created under section 2503.

(b) "Department" means the department of community health.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006.

Compiler's note: For creation of department of health and human services and abolishment of department of community health, see E.R.O. No. 2015-1, compiled at MCL 400.227.

Popular name: Act 368

333.2503 Health information technology commission; creation; membership; appointment; representation; terms; vacancy; removal; election of chairperson and officers; meetings; conduct of business at public meeting; availability of writings; participation of

professionals and advisors; compensation.

Sec. 2503. (1) The health information technology commission is created within the department to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state. The commission shall consist of 13 members appointed by the governor in accordance with subsection (2) as follows:

- (a) The director of the department or his or her designee.
- (b) The director of the department of information technology or his or her designee.
- (c) One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703.
- (d) One individual representing hospitals.
- (e) One individual representing doctors of medicine.
- (f) One individual representing doctors of osteopathic medicine and surgery.
- (g) One individual representing purchasers or employers.
- (h) One individual representing the pharmaceutical industry.
- (i) One individual representing schools of medicine in Michigan.
- (j) One individual representing the health information technology field.
- (k) One individual representing pharmacists.
- (l) One individual representing health plans or other third party payers.
- (m) One individual representing consumers.

(2) Of the members appointed under subsection (1), there shall be representatives from both the public and private sectors. In order to be appointed to the commission, each individual shall have experience and expertise in at least 1 of the following areas and each of the following areas shall be represented on the commission:

- (a) Health information technology.
- (b) Administration of health systems.
- (c) Research of health information.
- (d) Health finance, reimbursement, and economics.
- (e) Health plans and integrated delivery systems.
- (f) Privacy of health care information.
- (g) Medical records.
- (h) Patient care.
- (i) Data systems management.
- (j) Mental health.

(3) A member of the commission shall serve for a term of 4 years or until a successor is appointed. Of the members first appointed after the effective date of the amendatory act that added this part, 3 shall be appointed for a term of 1 year, 3 shall be appointed for a term of 2 years, 3 shall be appointed for a term of 3 years, and 4 shall be appointed for a term of 4 years. If a vacancy occurs on the commission, the governor shall make an appointment for the unexpired term in the same manner as the original appointment. The governor may remove a member of the commission for incompetency, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(4) At the first meeting of the commission, a majority of the members shall elect from its members a chairperson and other officers as it considers necessary or appropriate. After the first meeting, the commission shall meet at least quarterly, or more frequently at the call of the chairperson or if requested by a majority of the members. A majority of the members of the commission appointed and serving constitute a quorum for the transaction of business at a meeting of the commission.

(5) Any business that the commission may perform shall be conducted at a public meeting held in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. The commission shall give public notice of the time, date, and place of the meeting in the manner required by the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(6) The commission shall make available a writing prepared, owned, used, in the possession of, or retained by the commission in the performance of an official function as the commission to the public in compliance with the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(7) The commission shall ensure adequate opportunity for the participation of health care professionals and outside advisors with expertise in health information privacy, health information security, health care quality and patient safety, data exchange, delivery of health care, development of health information technology standards, or development of new health information technology by appointing advisory committees, including, but not limited to, advisory committees to address the following:

- (a) Interoperability, functionality, and connectivity, including, but not limited to, uniform technical standards, common policies, and common vocabulary and messaging standards.
- (b) Security and reliability.
- (c) Certification process.
- (d) Electronic health records.
- (e) Consumer safety, privacy, and quality of care.
- (8) Members of the commission shall serve without compensation.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006.

Popular name: Act 368

333.2505 Commission; duties; strategic plan.

Sec. 2505. (1) The commission shall do each of the following:

(a) Develop and maintain a strategic plan in accordance with subsection (2) to guide the implementation of an interoperable health information technology system that will reduce medical errors, improve quality of care, and produce greater value for health care expenditures.

(b) Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of health information technology.

(c) Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.

(d) Increase the public's understanding of health information technology.

(e) Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories, and any other health care entity.

(f) Identify strategies to improve the ability to monitor community health status.

(g) Develop or design any other initiatives in furtherance of the commission's purpose.

(h) Annually, report and make recommendations to the chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology, the house of representatives and senate appropriations subcommittees on community health and information technology, and the senate and house fiscal agencies.

(i) Perform any and all other activities in furtherance of the above or as directed by the department or the department of information technology, or both.

(2) The strategic plan developed pursuant to subsection (1)(a) shall include, at a minimum, each of the following:

(a) The development or adoption of health care information technology standards and strategies.

(b) The ability to base medical decisions on the availability of information at the time and place of care.

(c) The use of evidence-based medical care.

(d) Measures to protect the privacy and security of personal health information.

(e) Measures to prevent unauthorized access to health information.

(f) Measures to ensure accurate patient identification.

(g) Methods to facilitate secure patient access to health information.

(h) Measures to reduce health care costs by addressing inefficiencies, redundancy in data capture and storage, medical errors, inappropriate care, incomplete information, and administrative, billing, and data collection costs.

(i) Incorporating health information technology into the provision of care and the organization of the health care workplace.

(j) The ability to identify priority areas in which health information technology can provide benefits to consumers and a recommended timeline for implementation.

(k) Measurable outcomes.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006.

Popular name: Act 368

333.2507 Personal liability of commission or commission members.

Sec. 2507. The commission or a member of the commission shall not be personally liable for any action at law for damages sustained by a person because of an action performed or done by the commission or a member of the commission in the performance of their respective duties in the administration and implementation of this part.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006.

Popular name: Act 368

333.2511 Healthcare information technology and infrastructure development fund; administration; use; authority of director or commission to accept money or make expenditures; prohibited conduct by commission members; conflict of interest; annual report.

Sec. 2511. (1) There is established in the department the healthcare information technology and infrastructure development fund to be administered by the commission for the purpose of promoting the development and adoption of healthcare information technologies designed to improve the quality, safety, and efficiency of healthcare services.

(2) Money in the fund shall be used for established regional health information organizations and other projects authorized by the commission and may be expended by contract, loan, or grant, to develop, maintain, expand, and improve the state's healthcare information technology infrastructure and to assist healthcare facilities and health service providers in adopting healthcare information technologies shown to improve healthcare quality, safety, or efficiency. The commission shall develop criteria for the selection of projects to be funded from the fund and criteria for eligible regional health information organizations and healthcare information technology and infrastructure projects to be funded under this part.

(3) The director is authorized to accept any grant, devise, bequest, donation, gift, services in kind, assignment of money, bonds, or money appropriated by the legislature or received from insurers, for deposit in and credit of the fund. The commission is authorized to expend from the healthcare information technology and infrastructure development fund any money deposited into the fund for the purposes set forth in subsection (2). Money in the fund at the close of the fiscal year shall remain in the fund and shall not lapse to the general fund.

(4) Notwithstanding any provision of its articles of incorporation, bylaws, or other enabling documents or laws to the contrary, a health insurer, health maintenance organization, health plan, or nonprofit health care corporation is authorized to allocate sums of money derived from the collections of premiums to the healthcare information technology and infrastructure development fund. The commission is authorized to approve projects which are in conformance with this section.

(5) A member of the commission shall not make, participate in making, or in any way attempt to use his or her position as a member of the commission to influence a decision regarding a loan, grant, investment, or other expenditure under this part to his or her employer. A member, employee, or agent of the commission shall not engage in any conduct that constitutes a conflict of interest and shall immediately advise the commission in writing of the details of any incident or circumstances that may present the existence of a conflict of interest with respect to the performance of the commission-related work or duty of the member, employee, or agent of the commission. A member who has a conflict of interest related to any matter before the commission shall disclose the conflict of interest before the commission takes any action with respect to the matter, which disclosure shall become a part of the record of the commission's official proceedings. The member with the conflict of interest shall refrain from doing all of the following with respect to the matter that is the basis of the conflict of interest:

- (a) Voting in the commission's proceedings related to the matter.
- (b) Participating in the commission's discussion of and deliberation on the matter.
- (c) Being present at the meeting when the discussion, deliberation, and voting on the matter take place.
- (d) Discussing the matter with any other commission member.

(6) Failure of a member to comply with subsection (5) constitutes misconduct in office subject to removal under section 2503.

(7) When authorizing expenditures and investments under this part, the commission shall not consider whether a recipient has made a contribution or expenditure under the Michigan campaign finance act, 1976 PA 388, MCL 169.201 to 169.282. Expenditures under this part shall not be used to finance or influence political activities.

(8) The commission shall prepare and issue an annual report not later than January 30 of each year outlining in specific detail the amount of funds spent from the fund in the previous year, a status report on the projects funded, progress to date in implementing a statewide healthcare information infrastructure, and recommendations for future investments and projects.

History: Add. 2006, Act 459, Imd. Eff. Dec. 20, 2006.

Popular name: Act 368

PART 26
DATA, INFORMATION, AND RESEARCH

333.2601 Applicability.

Sec. 2601. Unless otherwise provided, this part applies to all data made or received by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of certain powers and duties of the center for health promotion and chronic disease prevention and the office of policy, planning and evaluation, from the department of public health to the director of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2602 Meanings of words and phrases; general definitions and principles of construction.

Sec. 2602. (1) For purposes of this part, the words and phrases defined in sections 2603 to 2607 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2603 Definitions; D.

Sec. 2603. (1) "Data" means items of information made or received by the department which pertain to a condition, status, act, or omission, existing independently of the memory of an individual, whether the information is retrievable by manual or other means and whether or not coded. It includes the normal and computer art meanings of the word data.

(2) "Data system" means an interrelated grouping of data for use by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2607 Definitions; R, S.

Sec. 2607. (1) "Record" means a datum or a grouping of data about a person or an object under the ownership or control of a person or governmental entity in which the person, object, or governmental entity is identifiable by name, number, symbol, or other identifying particular.

(2) "System of records" means an interrelated grouping of records for use by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2611 Coordination of activities; establishment of policy; interests to be considered; establishment, purpose, and powers of nonprofit corporation.

Sec. 2611. (1) The department shall coordinate the health services research, evaluation, and demonstration and health statistical activities undertaken or supported by the department.

(2) The department shall establish policy consistent with this part to administer health services research, evaluation, and demonstration and health statistical activities undertaken or supported by the department. In establishing the policy the department shall consider the following interests:

(a) The individual's right and reasonable expectation of privacy concerning its use, including the protection of privileged communications and the expectations of the individual when giving the information.

(b) The freedom of persons to do business.

(c) The public's interest in the protection of private rights.

(d) The public's interest in the free access to governmental information.

(e) The protections necessary to encourage persons to provide information.

(f) The individual's interest in being informed of dangers of which he or she would not otherwise be aware.

(g) The public's interest in the effective use of available data to protect and promote the health of individuals and the public as a whole.

(h) The public's interest in the effective and efficient management of governmental activities.

(i) The individual's interest in data about himself or herself.

(j) The interests of other governmental entities in preparing reports.

(3) The department may establish a nonprofit corporation pursuant to the nonprofit corporation act, Act No. 162 of the Public Acts of 1982, being sections 450.2101 to 450.3192 of the Michigan Compiled Laws. The purpose of the corporation shall be to plan, promote, and coordinate health services research with a public university or a consortium of public universities within the state. The corporation may research, evaluate, and demonstrate all of the following:

(a) The cause, effects, extent, and nature of illness and disability among all or a particular group of the

people of this state.

(b) The impact of personal illness and disability on the economy of this state and the well-being of all or a particular group of the people of this state.

(c) Environmental, laboratory, social, and other health related issues.

(d) The health knowledge and practices of the people of this state.

(e) The quality and availability of health resources in this state including, but not limited to, health care institutions and health professions.

(f) The determinants of health and nutritional practices and status including, but not limited to, behaviors that are related to health.

(g) Access to and use of health care services by all or a particular group of the people of this state including, but not limited to, the use of ambulatory health care services. The access and use may be categorized by specialty and type of practice of the health professional or health facility providing the service.

(h) Health care costs and financing including, but not limited to, trends in health care costs, sources of payments, and federal, state, and local expenditures for health care services.

(i) Public health policies and programs.

(j) Other issues considered appropriate by the board of directors of the corporation.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1989, Act 264, Imd. Eff. Dec. 26, 1989.

Compiler's note: For transfer of certain powers and duties of the Michigan public health institute from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2612 Nonprofit corporation; establishment; purpose; duties; selection and composition of board of directors; appointment and composition of internal management committee.

Sec. 2612. (1) The department may establish with Michigan state university and other parties determined appropriate by the department a nonprofit corporation pursuant to the nonprofit corporation act, Act No. 162 of the Public Acts of 1982, being sections 450.2101 to 450.3192 of the Michigan Compiled Laws. The purpose of the corporation shall be to establish and operate a center for rural health. In fulfilling its purpose, the corporation shall do all of the following:

(a) Develop a coordinated rural health program that addresses critical questions and problems related to rural health and provides mechanisms for influencing health care policy.

(b) Perform and coordinate research regarding rural health issues.

(c) Periodically review state and federal laws and judicial decisions pertaining to health care policy and analyze the impact on the delivery of rural health care.

(d) Provide technical assistance and act as a resource for the rural health community in this state.

(e) Suggest changes in medical education curriculum that would be beneficial to rural health.

(f) Assist rural communities with all of the following:

(i) Applications for grants.

(ii) The recruitment and retention of health professionals.

(iii) Needs assessments and planning activities for rural health facilities.

(g) Serve as an advocate for rural health concerns.

(h) Conduct periodic seminars on rural health issues.

(i) Establish and implement a visiting professor program.

(j) Conduct consumer oriented rural health education programs.

(k) Designate a certificate of need ombudsman to provide technical assistance and consultation to rural health care providers and rural communities regarding certificate of need proposals and applications under part 222. The ombudsman shall also act as an advocate for rural health concerns in the development of certificate of need review standards under part 222.

(2) The incorporators of the corporation shall select a board of directors consisting of a representative from each of the following organizations:

(a) The Michigan state medical society or its successor. The representative appointed under this subdivision shall be a physician practicing in a county with a population of not more than 100,000.

(b) The Michigan osteopathic physicians' society or its successor. The representative appointed under this subdivision shall be a physician practicing in a county with a population of not more than 100,000.

(c) The Michigan nurses association or its successor. The representative appointed under this subdivision shall be a nurse practicing in a county with a population of not more than 100,000.

(d) The Michigan hospital association or its successor. The representative selected under this subdivision shall be from a hospital in a county with a population of not more than 100,000.

(e) The Michigan primary care association or its successor. The representative appointed under this subdivision shall be a health professional practicing in a county with a population of not more than 100,000.

(f) The Michigan association for local public health or its successor. The representative appointed from a county health department for a county with a population of not more than 100,000 or from a district health department with at least 1 member county with a population of not more than 100,000.

(g) The office of the governor.

(h) The department of public health.

(i) The department of commerce.

(j) The Michigan senate. The individual selected under this subdivision shall be from a district located at least in part in a county with a population of not more than 100,000.

(k) The Michigan house of representatives. The individual selected under this subdivision shall be from a district located at least in part in a county with a population of not more than 100,000.

(3) The board of directors of the corporation shall appoint an internal management committee for the center for rural health. The management committee shall consist of representatives from each of the following:

(a) The college of human medicine of Michigan state university.

(b) The college of osteopathic medicine of Michigan state university.

(c) The college of nursing of Michigan state university.

(d) The college of veterinary medicine of Michigan state university.

(e) The cooperative extension service of Michigan state university.

(f) The department of public health.

History: Add. 1990, Act 138, Imd. Eff. June 26, 1990.

Compiler's note: For transfer of powers and duties of the center for rural health to the director of the department of community health and abolishment of the center, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2613 Nature of data to be defined by rule.

Sec. 2613. The department shall define by rule the nature of data collected, compiled, processed, used, or shared by the department pursuant to and consistent with section 2611(2).

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2614 Duties of department generally.

Sec. 2614. The department shall:

(a) Establish procedures to identify the circumstances under which, the places at which, the persons from whom, and the methods by which a person may secure that data, including the procedures governing requests, and the review established pursuant to section 2639.

(b) Prescribe standards for the publication of health-related data reported pursuant to this code which will encourage characteristics including accuracy, validity, reliability, completeness, and comparability; and advise users as to the status of the quality of the data.

(c) Prescribe the contents of forms or authorize the use of standardized forms for the collection of health-related data. The content and form shall be consistent with related local and federal requirements.

(d) Prescribe standards for the maintenance and preservation of health-related data.

(e) Establish procedures to govern the withholding and release of data as required by section 2637.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2615 Level of coverage; determination.

Sec. 2615. The department shall determine, not less than biennially, the level of coverage of the people of this state for each basic public health service prescribed under section 2311. This determination may be made by scientific sampling of the population or other scientific statistical techniques that will provide an accurate estimate of the level of coverage.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1990, Act 226, Imd. Eff. Oct. 8, 1990.

Popular name: Act 368

333.2616 Comprehensive health information system; establishment; provisions.

Sec. 2616. The department shall establish a comprehensive health information system providing for the collection, compilation, coordination, analysis, indexing, dissemination, and utilization of both purposefully

collected and extant health-related data and statistics, including the training of producers and users of the data and statistics in a manner involving the collaboration at the policy and technical levels of major state and local health operational, planning, professional, and university groups and agencies which require the data in their work.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2617 Comprehensive health information system; statistics.

Sec. 2617. The health information system shall include statistics relative to:

(a) The causes, effects, extent, and nature of illness and disability of the people of this state, or a grouping of its people, which may include the incidence and prevalence of various acute and chronic illnesses and infant and maternal morbidity and mortality.

(b) The impact of illness and disability of the people of this state on the economy of this state and on other aspects of the well-being of its people or a grouping of its people.

(c) Environmental, social, and other health hazards and health knowledge and practices of the people of this state.

(d) Determinants of health and nutritional practices and status, including behavior related to health.

(e) Health resources, which may include health care institutions.

(f) The utilization of health care, which may include the utilization of ambulatory health services by specialties and types of practice of the health professionals providing the services, and services of health facilities and agencies defined in section 20106 and other health care institutions.

(g) Health care costs and financing, which may include the trends in health care prices and costs, the sources of payments for health care services, and federal, state, and local governmental expenditures for health care services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2617a Maternal death; submission of information for inclusion in health information system.

Sec. 2617a. A physician or an individual in charge of a health facility who is present for or is aware of a maternal death shall submit information regarding that death at the time and in the manner specified or approved by the department for inclusion in the health information system established under section 2616. As used in this section:

(a) "Health facility" means a hospital, freestanding surgical outpatient facility, or other outpatient facility that is licensed or otherwise authorized to operate in this state under article 17.

(b) "Maternal death" means the death of a woman who was pregnant at the time of her death or within 1 year before her death.

(c) "Physician" means an individual who is licensed or otherwise authorized to engage in the practice of medicine or practice of osteopathic medicine and surgery under article 15.

History: Add. 2016, Act 479, Eff. Apr. 6, 2017.

333.2618 Publications; annual report; summary report; statement of limitations of data used.

Sec. 2618. The department shall publish and make available periodically to agencies and individuals health statistics publications of general interest, publications bringing health statistics into focus on priority programmatic issues and health profiles. An annual report on the health information system shall be made available to the governor and the legislature and to collaborating agencies. A summary report of each area described in sections 2616 and 2617 shall be included in the annual report not less than once each 5 years. The department shall include in the report a statement of the limitations of the data used in terms of their quality, accuracy, and completeness.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2619 Cancer registry; establishment; purpose; reports; records; rules; medical or department examination or supervision not required; contracts; evaluation of reports; publication of summary reports; commencement of reporting; effective date of section.

Sec. 2619. (1) The department shall establish a registry to record cases of cancer and other specified tumorous and precancerous diseases that occur in the state, and to record information concerning these cases as the department considers necessary and appropriate in order to conduct epidemiologic surveys of cancer

and cancer-related diseases in the state.

(2) Each diagnosed case of cancer and other specified tumorous and precancerous diseases shall be reported to the department pursuant to subsection (4), or reported to a cancer reporting registry if the cancer reporting registry meets standards established pursuant to subsection (4) to ensure the accuracy and completeness of the reported information. A person or facility required to report a diagnosis pursuant to subsection (4) may elect to report the diagnosis to the state through an existing cancer registry only if the registry meets minimum reporting standards established by the department.

(3) The department shall maintain comprehensive records of all reports submitted pursuant to this section. These reports shall be subject to the same requirements of confidentiality as provided in section 2631 for data or records concerning medical research projects.

(4) The director shall promulgate rules which provide for all of the following:

(a) A list of tumorous and precancerous diseases other than cancer to be reported pursuant to subsection (2).

(b) The quality and manner in which the cases and other information described in subsection (1) are reported to the department.

(c) The terms and conditions under which records disclosing the name and medical condition of a specific individual and kept pursuant to this section are released by the department.

(5) This section does not compel an individual to submit to medical or department examination or supervision.

(6) The department may contract for the collection and analysis of, and research related to, the epidemiologic data required under this section.

(7) Within 2 years after the effective date of this section, the department shall begin evaluating the reports collected pursuant to subsection (2). The department shall publish and make available to the public reports summarizing the information collected. The first summary report shall be published not later than 180 days after the end of the first 2 full calendar years after the effective date of this section. Subsequent annual summary reports shall be made on a full calendar year basis and published not later than 180 days after the end of each calendar year.

(8) Reporting pursuant to subsection (2) shall begin the next calendar year after the effective date of this section.

(9) This section shall take effect July 1, 1984.

History: Add. 1984, Act 82, Eff. July 1, 1984.

Popular name: Act 368

333.2621 Comprehensive policy for conduct and support of research and demonstration activities; conducting and supporting demonstration projects and scientific evaluations.

Sec. 2621. (1) The department shall establish a comprehensive policy pursuant to and consistent with section 2611(2) for the conduct and support of research and demonstration activities related to the department's responsibility for the health care needs of the people of this state.

(2) The department shall conduct research and demonstration activities related to the department's responsibility for the environmental, preventive, and personal health needs of the communities and people of this state, including:

(a) The causes, effects, and methods of prevention of illness.

(b) The determinants of health, including behavior related to health.

(c) The accessibility, acceptability, availability, organization, distribution, utilization, quality, and financing of health care, especially those services for the medically needy.

(3) The department may conduct and support demonstration projects to carry out subsection (2).

(4) The department shall conduct or support the conduct of scientific evaluations of the effectiveness, efficiency, and relevance of programs conducted or supported by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2623 Publication and dissemination of results and information obtained under MCL 333.2621.

Sec. 2623. The department may:

(a) Publish, make available, and disseminate, promptly and on as broad a basis as practicable, the results of health services research, demonstrations, and evaluations conducted and supported under section 2621.

(b) Provide indexing, abstracting, translation, publication, and other services leading to a more effective and timely dissemination of information as to health services, research, demonstrations, and evaluations

conducted or supported under section 2621 to public and private entities and persons engaged in the improvement of health and to the general public.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2624 Grants and contracts to conduct or support research activities and scientific evaluations.

Sec. 2624. The department may make grants to and contracts with persons and governmental entities to conduct or support research activities and scientific evaluations authorized under sections 2621 and 2623.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2631 Data concerning medical research project; confidentiality; use.

Sec. 2631. The information, records of interviews, written reports, statements, notes, memoranda, or other data or records furnished to, procured by, or voluntarily shared with the department in the conduct of a medical research project, or a person, agency, or organization which has been designated in advance by the department as a medical research project which regularly furnishes statistical or summary data with respect to that project to the department for the purpose of reducing the morbidity or mortality from any cause or condition of health are confidential and shall be used solely for statistical, scientific, and medical research purposes relating to the cause or condition of health.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2632 Data concerning medical research project; inadmissible as evidence; exhibition or disclosure.

Sec. 2632. The information, records, reports, statements, notes, memoranda, or other data described in section 2631 are not admissible as evidence in an action in a court or before any other tribunal, board, agency, or person. Furnishing the data to the department in the conduct of a medical research project or to a designated medical research project does not result in the loss of any privilege which the data may otherwise have making them inadmissible as evidence. The information, records, reports, notes, memoranda, or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part, by the department or its representative, or by any other person, agency, or organization, except as is necessary for the purpose of furthering the medical research project to which they relate consistent with section 2637 and the rules promulgated under section 2678. A person participating in a designated medical research project shall not disclose the information obtained except in strict conformity with the research project.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2633 Data concerning medical research projects; liability for furnishing.

Sec. 2633. The furnishing of information, records, reports, statements, notes, memoranda, or other data to the department, either voluntarily or as required by this code, or to a person, agency, or organization designated as a medical research project does not subject a physician, hospital, sanatorium, rest home, nursing home, or other person or agency furnishing the information, records, reports, statements, notes, memoranda, or other data to liability in an action for damages or other relief, and is not considered to be the willful betrayal of a professional secret or the violation of a confidential relationship.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1988, Act 122, Eff. Mar. 30, 1989.

Popular name: Act 368

333.2635 Power to demand or require data.

Sec. 2635. Sections 2631 to 2633 do not confer on the department the power to demand or require that a health professional furnish information, records of interviews, written reports, statements, notes, memoranda, or other data other than as expressly required by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2637 Procedures protecting confidentiality and regulating disclosure of data and records.

Sec. 2637. (1) The department shall establish procedures pursuant to section 2678 to protect the

confidentiality of, and regulate the disclosure of, data and records contained in a departmental data system or system of records.

(2) The procedures established under subsection (1) shall be consistent with the policy established under sections 2611 and 2613.

(3) Except as provided in section 2640, the procedures established under subsection (1) shall specify the data contained in a departmental data system or system of records that shall not be disclosed unless items identifying a person by name, address, number, symbol, or any other identifying particular are deleted.

(4) The procedures established under subsection (1) shall regulate the use and disclosure of data contained in a departmental data system or system of records released to researchers, other persons, including designated medical research projects as described in section 2631, or governmental entities. A person who receives data pursuant to this section shall not disclose an item of information contained in the data except in conformance with the authority granted by the department and with the purpose for which the data was originally requested by the researcher. The director may contract with researchers or other persons to implement and enforce this subsection. A contract made pursuant to this subsection shall do both of the following:

(a) Require the department to provide monitoring to assure compliance with this section.

(b) Provide for termination if this section or the contract is violated.

(5) An officer or employee of the department shall not disclose data contained in a departmental data system or system of records except as authorized in the procedures adopted pursuant to this section.

(6) The department periodically shall review the procedures adopted under this section.

(7) A person whose contract is terminated pursuant to subsection (4)(b) is not eligible to make a subsequent contract with the department.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1998, Act 496, Eff. Mar. 1, 1999.

Popular name: Act 368

333.2638 Violation; penalty.

Sec. 2638. A person who discloses confidential information in violation of sections 2631 to 2633 or who violates section 2637 or a rule implementing section 2637 is guilty of a misdemeanor, punishable by imprisonment for not more than 1 year, or a fine of not more than \$1,000.00, or both, and if the person is an employee of the department shall be subject to immediate dismissal.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2639 Review of personal records upon request; procedures for reviewing request; administrative hearing; records of requests.

Sec. 2639. (1) Upon written request, an individual shall be permitted to review his or her personal records maintained or made under the authority of this part, in accordance with this section.

(2) The department shall establish procedures for reviewing a request from a person concerning access to or the amendment of a record or data pertaining to the person, or from a researcher, other person, or governmental entity requesting information or access to information possessed by the department, including a method of making a determination on the request for access or amendment. A person or researcher aggrieved by a decision under this section may request an administrative hearing.

(3) The department shall maintain records of requests for access to or amendments of data with the accuracy, relevance, timeliness, and completeness necessary to assure fairness to the person making the request.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2640 Parentage registry; use and access by family independence agency; access to child's medical records and information; immunity; exception.

Sec. 2640. (1) The department shall give prompt access to the parentage registry to the family independence agency or its agent for the purpose of the family independence agency's duty to aid in the establishment or enforcement of child support obligations. The family independence agency or its agent may use or disclose the information from the parentage registry in carrying out that duty.

(2) Notwithstanding section 2637, if there is a compelling need for medical records or information to determine whether child abuse or neglect has occurred or to take action to protect a child where there may be a substantial risk of harm, the department shall give access to a family independence agency caseworker or administrator directly involved in the investigation to the child's medical records and information that are

pertinent to the child abuse or neglect investigation. Medical records or information disclosed under this section shall include the identity of the individual to whom the record or information pertains.

(3) The department shall provide the access described by subsection (2) only upon receipt of a written request from a caseworker or administrator directly involved in the investigation and shall provide that access within 14 calendar days after the record holder receives the written request. The department shall provide that access regardless of the consent of the person from whom consent would otherwise be required.

(4) To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to 691.1415, an individual who in good faith provides access to medical records or information under subsection (2) is immune from civil or administrative liability arising from that conduct, unless the conduct was gross negligence or willful and wanton misconduct.

(5) This section does not apply to a report, record, datum, or information whose confidentiality and disclosure are governed by section 5131.

History: Add. 1996, Act 307, Imd. Eff. June 20, 1996;—Am. 1998, Act 496, Eff. Mar. 1, 1999.

Popular name: Act 368

333.2641 Fees; disposition of collections.

Sec. 2641. (1) The department may charge fees for the reasonable cost of:

(a) Reproduction, duplication, amendment, certification, or authentication of data.

(b) Data searches other than those for which a fee is prohibited under section 3 of Public Law 93-579, 5 U.S.C. 552a.

(2) Collections under this section shall be transmitted to the department of treasury and credited to the general fund of this state.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2651 Repealed. 2006, Act 301, Imd. Eff. July 20, 2006.

Compiler's note: The repealed section pertained to creation of the anatomy board.

Popular name: Act 368

333.2652 Receiving and allocating bodies or parts; purpose; records of receipt and disposition; universities designated to perform duties and responsibilities; powers.

Sec. 2652. (1) The department shall receive dead human bodies, or parts of dead human bodies, designated for scientific uses and allocate the bodies or parts to hospitals and educational institutions requiring them for use in medical instruction or for the purpose of instruction, study, and use in the promotion of education in the health sciences in this state. The department shall keep permanent records of the receipt and disposition of dead bodies and parts.

(2) The department may designate Michigan state university, Wayne state university, or the university of Michigan to perform the duties and responsibilities of this section and sections 2653 to 2663.

(3) A university designated under subsection (2) may exercise all of the powers of the department contained in this section and sections 2653 to 2663 as delegated by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 301, Imd. Eff. July 20, 2006.

Compiler's note: For transfer of powers and duties of the anatomy board to the director of the department community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2653 "Unclaimed body" defined; notice to persons with authority to control disposition of unclaimed body; availability of unclaimed body to department; request for notification concerning unclaimed body; time, manner, and contents of notice; release of body; notice and surrender of body to benevolent association.

Sec. 2653. (1) As used in sections 2652 to 2663, "unclaimed body" means a dead human body for which the deceased has not provided a disposition, for which an estate or assets to defray costs of burial do not exist, and that is not claimed for burial by a person, relative, or court appointed fiduciary who has the right to control disposition of the body.

(2) An official of a public institution or a state or local officer in charge or control of an unclaimed body which would have to be buried at public expense shall use due diligence to notify the persons with authority to control the interment or disposition of the unclaimed body under section 3206 of the estates and protected individuals code, 1998 PA 386, MCL 700.3206. If there is no person under section 3206 of the estates and protected individuals code, 1998 PA 386, MCL 700.3206, to direct the disposition of the unclaimed body in a

manner other than provided by this section and sections 2655 to 2659, the unclaimed body shall become available to the department. Upon written request by the department for notification concerning unclaimed bodies coming under his or her jurisdiction, the officer, for the definite period specified in the request of the department, shall notify the department by telephone, facsimile, or electronic mail immediately following 72 hours after death, excluding Sundays and holidays, stating, when possible, the name, age, sex, religion, and cause of death of the deceased, and shall release the body according to the regulations or instructions of the department.

(3) If the deceased was a member of a religious faith maintaining a benevolent association that will provide for the burial of the deceased in accordance with the tenets of the religion, the department shall notify the benevolent association of the death of the deceased by telephone, facsimile, or electronic mail, and shall surrender the body to the benevolent association upon request.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 301, Imd. Eff. July 20, 2006.

Compiler's note: For transfer of powers and duties of the anatomy board to the director of the department community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2655 Embalming and disposing of unclaimed body; standards; holding period; identification and claim by person with authority over body.

Sec. 2655. An unclaimed body retained by the department for scientific or educational purposes shall be embalmed and disposed of in accordance with standards adopted under section 2678. The unclaimed body shall be held for 30 days by the person to whom it has been assigned for scientific or educational purposes. The body is subject during this period to identification and claim by an authenticated person with authority over the body under section 3206 of the estates and protected individuals code, 1998 PA 386, MCL 700.3206, for the purpose of interment or other disposition in accordance with the directions of that person.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 301, Imd. Eff. July 20, 2006.

Compiler's note: For transfer of powers and duties of the anatomy board to the director of the department community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2656 Receiving unclaimed body for educational purposes; expense; record; disposition.

Sec. 2656. A person receiving an unclaimed body for educational purposes shall bear all reasonable expense incurred in the preservation and transportation of the body and shall keep a permanent record of bodies received, giving the identification number, name, age, religion, and sex, the place of last residence of the deceased, and the source and disposition, with dates, of the body. A person receiving an unclaimed body, or part thereof, for educational purposes shall dispose of the body in accordance with the standards adopted under section 2678.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the anatomy board to the director of the department community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2658 Postmortem examination of unclaimed body; certification of body unfit for scientific or education purposes; interment of unclaimed body; expense.

Sec. 2658. A person, unless specifically authorized by law, shall not hold a postmortem examination of an unclaimed body without the express permission of the director of the department. When, through the failure of a person to notify the department or promptly to release an unclaimed body as required by the department, the body becomes unfit for scientific or educational purposes, the department shall so certify, and the unclaimed body shall be interred at the expense of those responsible for the noncompliance.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 301, Imd. Eff. July 20, 2006.

Compiler's note: For transfer of powers and duties of the anatomy board to the director of the department community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2659 Adoption of standards for unclaimed bodies or parts.

Sec. 2659. The department may adopt standards pursuant to section 2678 for the transportation, reception, preservation, storage, records, and allocation of unclaimed bodies or parts.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.951 et seq. of the Michigan Administrative Code.

333.2661 Repealed. 2006, Act 301, Imd. Eff. July 20, 2006.

Compiler's note: The repealed section pertained to autopsy upon and disposition of an unclaimed body.

Popular name: Act 368

333.2663 Violations; misdemeanor.

Sec. 2663. A person who unlawfully disposes, uses, or sells an unclaimed body or who violates sections 2652 to 2661 is guilty of a misdemeanor.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 301, Imd. Eff. July 20, 2006.

Popular name: Act 368

333.2671 Public health and welfare dependent on humane use of animals for certain purposes.

Sec. 2671. The public health and welfare depend on the humane use of animals for the diagnosis and treatment of human and animal diseases; the advancement of veterinary, dental, medical, and biological sciences; and the testing, diagnosis, improvement, and standardization of laboratory specimens, biologic products, pharmaceuticals, and drugs.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2672 Animal research advisory board; creation; membership.

Sec. 2672. The animal research advisory board is created in the department. The animal research advisory board consists of the dean of the medical school of the university of Michigan, the dean of the veterinary college of Michigan state university, the dean of the medical school of Wayne state university, the dean of the dental school of the university of Detroit, the dean of the optometry college at Ferris state university, the secretary of the Michigan association of osteopathic physicians and surgeons, a representative from a research laboratory within this state and subject to the control of the United States public health service, and 2 member representatives of the Michigan federation of humane societies.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1987, Act 159, Imd. Eff. Nov. 5, 1987.

Compiler's note: For transfer of powers and duties of the animal research advisory board to the director of the department of community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2673 Animal research advisory board; powers.

Sec. 2673. The animal research advisory board may regulate and establish standards pursuant to section 2678 controlling the humane use of animals for the diagnosis and treatment of human and animal diseases; the advancement of veterinary, dental, optometrical, medical, and biological sciences; and the testing, diagnosis, improvement, and standardization of laboratory specimens, biologic products, pharmaceuticals, and drugs.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the animal research advisory board to the director of the department of community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2674 Administration of MCL 333.2671 to 333.2675; expenses of members.

Sec. 2674. (1) The department shall administer sections 2671 to 2675.

(2) The members of the animal research advisory board shall serve without compensation, but shall be entitled to expenses incurred in performance of official duties in accordance with section 1216.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the animal research advisory board to the director of the department of community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2675 Inspection of premises or property on which animals kept for experimental purposes; purpose.

Sec. 2675. The department, its representative, or a member of the animal research advisory board may inspect any premises or property on or in which animals are kept for experimental purposes for the purpose of investigation of compliance with board standards. The standards shall provide for the humane treatment of

animals reasonably necessary for the purposes of this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the animal research advisory board to the director of the department of community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2676 Registration for humane use of animals for experimental purposes; compliance with standards; grounds for suspension or revocation of registration; findings of fact conclusive; application for review of questions of law; orders.

Sec. 2676. A person shall not keep or use animals for experimental purposes unless registered to do so by the department. The department shall grant registration for the humane use of animals for experimental purposes upon compliance with board standards. The department may suspend or revoke a registration for failure to comply with this part or board standards. Findings of fact by the department, in the absence of fraud or arbitrariness, shall be conclusive, but the circuit court for the county in which the defendant resides or has his or her principal place of business may review questions of law involved in a final decision or determination of the department if the aggrieved party applies for the review not later than 30 days after the determination. The circuit court has jurisdiction to make orders as justice requires.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the animal research advisory board to the director of the department of community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2678 Rules.

Sec. 2678. The department shall promulgate rules to implement section 2637 and may promulgate rules to implement this part including the establishment of fees, standards pertaining to unclaimed bodies, or parts thereof, standards pertaining to the use of animals for experimental purposes, and the implementation of sections 2616 and 2617.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the animal research advisory board to the director of the department of community health and the abolishment of the board, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

Administrative rules: R 325.921 et seq. and R 325.951 et seq. of the Michigan Administrative Code.

333.2681 Definitions.

Sec. 2681. As used in sections 2681 to 2683:

- (a) "Cord blood unit" means the blood collected from a single placenta and umbilical cord.
- (b) "Donor" means a mother who has delivered a baby and consents to donate the newborn's blood remaining in the placenta and umbilical cord.
- (c) "Donor bank" means a qualified cord blood stem cell bank that enters into a contract with the director under section 2682.
- (d) "Human cord blood stem cells" means hematopoietic stem cells and any other stem cells contained in the neonatal blood collected immediately after the birth from the separated placenta and umbilical cord.
- (e) "Network" means the statewide network of qualified cord blood stem cell banks established under section 2682.

History: Add. 2006, Act 635, Imd. Eff. Jan. 4, 2007.

Popular name: Act 368

333.2682 Statewide network of cord blood stem cell banks.

Sec. 2682. (1) If funding is made available, the department shall establish a statewide network of cord blood stem cell banks. The director of the department shall enter into contracts with qualified cord blood stem cell banks to assist in the establishment, provision, and maintenance of the network.

(2) A cord blood stem cell bank is eligible to enter the network and be a donor bank if it satisfies each of the following:

- (a) Has obtained all applicable federal and state licenses, accreditations, certifications, registrations, and other authorizations required to operate and maintain a cord blood stem cell bank.
- (b) Has implemented donor screening and cord blood collection practices adequate to protect both donors

and transplant recipients and to prevent transmission of potentially harmful infections and other diseases.

(c) Has established a system of strict confidentiality to protect the identity and privacy of patients and donors in accordance with existing federal and state law and consistent with regulations promulgated under the health insurance portability and accountability act of 1996, Public Law 104-191, for the release of the identity of donors, recipients, or identifiable records.

(d) Has established a system for encouraging donation by an ethnically and racially diverse group of donors.

(e) Has developed adequate systems for communication with other cord blood stem cell banks, transplant centers, and physicians with respect to the request, release, and distribution of cord blood units nationally and has developed such systems, consistent with the regulations promulgated under the health insurance portability and accountability act of 1996, Public Law 104-191, to track recipients' clinical outcomes for distributed units.

(f) Has developed an objective system for educating the public, including patient advocacy organizations, about the benefits of donating and utilizing cord blood stem cells in appropriate circumstances.

(3) A donor bank that enters into the network shall do all of the following:

(a) Acquire, tissue-type, test, cryopreserve, and store donated units of human cord blood acquired with the informed consent of the donor, in a manner that complies with applicable federal regulations.

(b) Make cord blood units collected under this section, or otherwise, available to transplant centers for stem cell transplantation.

(c) Allocate up to 10% of the cord blood inventory each year for peer-reviewed research. This quota may be met by using cord blood units that did not meet the cell count standards necessary for transplantation.

(4) A board of directors shall govern and administer the state cord blood stem cell bank network. The board shall be appointed by the director and consist of members who represent each of the following:

(a) Cord blood stem cell transplant centers.

(b) Physicians from participating birthing hospitals.

(c) The cord blood stem cell research community.

(d) Recipients of cord blood stem cell transplants.

(e) Family members who have made a donation to a statewide cord blood stem cell bank.

(f) Individuals with expertise in the social sciences.

(g) Members of the general public.

(h) Each network donor bank.

(5) Except as otherwise provided under this subsection, each member of the board shall serve for a 3-year term and may be reappointed for 1 or more additional terms. Appointments for the initial members shall be for terms of 1, 2, and 3 years, respectively, so as to provide for the subsequent appointment of an equal number of members each year. The board shall elect a chairperson and do each of the following:

(a) Ensure that the donor banks within the network meet the requirements of subsection (2) on a continuing basis.

(b) Encourage network donor banks to work collaboratively with other network donor banks and encourage network donor banks to focus their resources in their respective local or regional area.

(c) Designate 1 or more established national or international cord blood registries to serve as a statewide cord blood stem cell registry.

(d) Coordinate the donor banks in the network.

History: Add. 2006, Act 637, Imd. Eff. Jan. 4, 2007.

Popular name: Act 368

333.2683 Educational materials on uses and benefits of cord blood stem cells; development and dissemination; availability.

Sec. 2683. (1) If funding is made available, the department shall promote public awareness and increase knowledge about the statewide network of cord blood stem cell banks, cord blood banking options, and the benefits of cord blood stem cells by developing and disseminating educational materials on the uses and benefits of cord blood stem cells, the viability of cord blood stem cells, information on research results utilizing cord blood stem cells, and any other related materials and information to enable the public to make informed decisions about the utilization of cord blood stem cells. Information shall include, but is not limited to, all of the following:

(a) An explanation of the differences between public and private cord blood banking.

(b) Information on the statewide network of cord blood stem cell banks.

(c) Cord blood options available.

(d) The medical process and risks involved in the collection of cord blood.

- (e) Medically accepted uses and benefits of cord blood collection and transplantation.
 - (f) A statement that due to ongoing research and development there may be future uses and benefits of cord blood collection and transplantation.
 - (g) An explanation of any costs to the donor associated with cord blood donation and storage.
 - (h) Information on how to request printed materials and how to access other information available on the department's website.
 - (i) Options for ownership and future use of the donated material.
 - (j) An explanation of the storage, maintenance, and viability for transplantation of cord blood stem cells.
- (2) The department, on its website, shall make the materials and information gathered and developed under subsection (1) available in printable format to the public and to health care facilities and agencies, cord blood banks, and health care professionals.
- (3) The department shall encourage health care professionals and health care facilities and agencies, including, but not limited to, physicians, nurse midwives, nurses, hospitals, birthing facilities, and local health departments to disseminate information to a pregnant woman before her third trimester of pregnancy about cord blood donation and the options for cord blood banking.

History: Add. 2006, Act 638, Imd. Eff. Jan. 4, 2007.

Popular name: Act 368

333.2683a Statewide network of cord blood stem cell banks; public awareness efforts; report on expenditure of funds.

Sec. 2683a. On or before April 1, 2007 and annually thereafter, the department shall submit to the house and senate appropriations subcommittees on community health, the house and senate standing committees on public health, the house and senate fiscal agencies, and the state budget director a report detailing the expenditure of funds related to both of the following:

- (a) The statewide network of cord blood stem cell banks established under section 2682.
- (b) The public awareness efforts required in this section.

History: Add. 2006, Act 636, Imd. Eff. Jan. 4, 2007.

Popular name: Act 368

333.2685 Use of live human embryo, fetus, or neonate for nontherapeutic research; prohibitions; presumption.

Sec. 2685. (1) A person shall not use a live human embryo, fetus, or neonate for nontherapeutic research if, in the best judgment of the person conducting the research, based upon the available knowledge or information at the approximate time of the research, the research substantially jeopardizes the life or health of the embryo, fetus, or neonate. Nontherapeutic research shall not in any case be performed on an embryo or fetus known by the person conducting the research to be the subject of a planned abortion being performed for any purpose other than to protect the life of the mother.

(2) For purposes of subsection (1) the embryo or fetus shall be conclusively presumed not to be the subject of a planned abortion if the mother signed a written statement at the time of the research, that she was not planning an abortion.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2686 Diagnostic, assessment, or treatment procedures not prohibited.

Sec. 2686. Sections 2685 to 2691 shall not prohibit or regulate diagnostic, assessment, or treatment procedures, the purpose of which is to determine the life or status or improve the health of the embryo, fetus, or neonate involved or the mother involved.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2687 Embryo, fetus, or neonate considered live.

Sec. 2687. An embryo, fetus, or neonate is a live embryo, fetus, or neonate for purposes of sections 2685 to 2691 if, in the best medical judgment of a physician, it shows evidence of life as determined by the same medical standards as are used in determining evidence of life in a spontaneously aborted embryo or fetus at approximately the same stage of gestational development.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2688 Research on dead embryo, fetus, or neonate; consent of mother; presumption; authorized transfer to medical research facilities; research standards.

Sec. 2688. (1) Research may not knowingly be performed upon a dead embryo, fetus, or neonate unless the consent of the mother has first been obtained. Consent shall not be required in the case of a routine pathological study.

(2) For purposes of this section, consent shall be conclusively presumed to have been granted by a written statement, signed by the mother that she consents to the use of her dead embryo, fetus, or neonate for research.

(3) Written consent shall constitute lawful authorization for the transfer of the dead embryo, fetus, or neonate to medical research facilities.

(4) Research being performed upon a dead embryo, fetus, or neonate shall be conducted in accordance with the same standards applicable to research conducted pursuant to part 101.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2689 Abortion; consideration.

Sec. 2689. A person shall not perform or offer to perform an abortion where part or all of the consideration for the performance is that the embryo, or fetus, whether alive or dead, may be used for research or study.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2690 Selling, collecting fee for, transferring, distributing, or giving away embryo, fetus, or neonate; financial benefit or compensation prohibited; exception; definitions.

Sec. 2690. (1) A person shall not knowingly sell, collect any fee for, transfer, distribute, or give away an embryo, fetus, or neonate for a use that is in violation of sections 2685 to 2689.

(2) Except as otherwise provided in subsection (3), a physician, or a person associated with the physician, who, as a result of the physician's performing an abortion, possesses a dead embryo, fetus, or neonate shall not knowingly financially benefit from or receive any type of compensation for either of the following:

(a) Allowing a person that was not involved in the performance of the abortion to have access to the embryo, fetus, or neonate for the purpose of the person taking possession and control of the embryo, fetus, or neonate, including the organs, tissues, or cells of the embryo, fetus, or neonate.

(b) Transferring possession and control of the embryo, fetus, or neonate, including the organs, tissues, or cells of the embryo, fetus, or neonate, to a person that was not involved in the performance of the abortion.

(3) Subsection (2) does not apply to any of the following:

(a) A hospital.

(b) A person that is performing an activity as part of that person's employment with a hospital or a contract with a hospital.

(c) A person that performs an activity under section 2688.

(4) As used in this section:

(a) "Abortion" means that term as defined in section 2803.

(b) "Hospital" means a hospital licensed under article 17.

(c) "Person associated with the physician" means any of the following:

(i) An employee of the physician or other individual who assists the physician in performing an abortion.

(ii) A private physician practice, professional corporation, or freestanding surgical outpatient facility licensed under article 17, that is owned or operated by the physician and in which an abortion is performed.

(iii) A private physician practice, professional corporation, or freestanding surgical outpatient facility licensed under article 17, that employs or contracts with the physician to perform an abortion.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2016, Act 386, Eff. Mar. 29, 2017;—Am. 2023, Act 209, Eff. Feb. 13, 2024.

Popular name: Act 368

333.2691 Violation; penalty.

Sec. 2691. A person who violates sections 2685 to 2690 is guilty of a felony, punishable by imprisonment for not more than 5 years.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2692 "Nontherapeutic research" defined.

Sec. 2692. As used in sections 2685 to 2691, "nontherapeutic research" means scientific or laboratory research, or other kind of experimentation or investigation not designed to improve the health of the research subject.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

PART 27

MICHIGAN ESSENTIAL HEALTH PROVIDER RECRUITMENT STRATEGY

333.2701 Definitions.

Sec. 2701. As used in this part:

(a) "Board certified" means certified to practice in a particular medical specialty by a national board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

(b) "Certified nurse midwife" means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification in the practice of nurse midwifery by the Michigan board of nursing under section 17210.

(c) "Certified nurse practitioner" means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification as a nurse practitioner by the Michigan board of nursing under section 17210.

(d) "Clinical nurse specialist-certified" means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification as a clinical nurse specialist by the Michigan board of nursing under section 17210.

(e) "Dental school" means an accredited program for the training of individuals to become dentists.

(f) "Dentist" means an individual who is licensed to engage in the practice of dentistry under part 166.

(g) "Designated advanced practice registered nurse" means a certified nurse midwife, certified nurse practitioner, or clinical nurse specialist-certified.

(h) "Designated mental health professional" means an individual who is qualified in the area of mental illness or developmental disabilities and who is 1 of the following:

(i) A nurse.

(ii) A psychologist.

(iii) A licensed master's social worker.

(iv) A licensed professional counselor.

(v) A marriage and family therapist.

(i) "Designated physician" means a physician qualified in 1 of the physician specialty areas identified in section 2711.

(j) "Designated professional" means a designated physician, designated advanced practice registered nurse, dentist, physician's assistant, or designated mental health professional.

(k) "Health resource shortage area" means a geographic area, population group, or health facility designated by the department under section 2717.

(l) "Licensed master's social worker" means an individual who is licensed under part 185 to engage in the practice of social work at the master's level.

(m) "Licensed professional counselor" means an individual who is licensed under part 181 to engage in the practice of counseling without supervision.

(n) "Marriage and family therapist" means an individual who is licensed under part 169 to engage in the practice of marriage and family therapy.

(o) "Medicaid" means benefits under the program of medical assistance established under title XIX of the social security act, 42 USC 1396 to 1396w-6, and administered by the department under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b.

(p) "Medical school" means an accredited program for the training of individuals to become physicians.

(q) "Medicare" means benefits under the federal Medicare program established under title XVIII of the social security act, 42 USC 1395 to 1395lll.

(r) "Mental health professional program" means an accredited program for the training of individuals to become a designated mental health professional.

(s) "National Health Service Corps" means the agency established under 42 USC 254d.

(t) "Nurse" means an individual who is licensed to engage in the practice of nursing under part 172.

(u) "Nursing program" means an accredited program for the training of individuals to become nurses.

(v) "Physician" means an individual who is licensed as a physician under part 170 or part 175.

(w) "Physician's assistant" means an individual who is licensed as a physician's assistant under part 170 or

part 175.

(x) "Physician's assistant program" means an accredited program for the training of individuals to become physician's assistants.

(y) "Psychologist" means an individual licensed to engage in the practice of psychology under part 182.

(z) "Service obligation" means the contractual obligation undertaken by an individual under section 2705 or section 2707 to provide health care services for a determinable time period at a site designated by the department.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990;—Am. 2014, Act 172, Imd. Eff. June 17, 2014;—Am. 2016, Act 499, Eff. Apr. 9, 2017;—Am. 2022, Act 38, Imd. Eff. Mar. 23, 2022.

Compiler's note: For transfer of certain powers and duties of the bureau of child and family services, with the exception of the women, infants, and children division, and the division of managed care the bureau of health systems, from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2703 Michigan essential health provider recruitment strategy; creation; purpose; duties of department.

Sec. 2703. (1) The Michigan essential health provider recruitment strategy is created in the department to facilitate the placement and retention of designated professionals in health resource shortage areas.

(2) In operating the Michigan essential health provider recruitment strategy, the department shall do all of the following:

(a) Recruit and place designated professionals in health resource shortage areas, as provided in this part.

(b) Coordinate with the national health service corps activities in this state.

(c) Provide consultation to communities and health resource shortage areas in securing, placing, and retaining designated professionals.

(d) Perform other duties as set forth in this part.

(e) Engage in other activities appropriate to the purposes of the program.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Popular name: Act 368

333.2705 Essential health provider repayment program for designated professionals; administration; repayment of debt or expenses; contract; requirements; lump sum payment; forfeiture; discretionary debt or expense repayment; maximum amount of debt or expense repayment; source of funds; distribution of funds; priority.

Sec. 2705. (1) The department shall administer an essential health provider repayment program for designated professionals who have incurred a debt or expenses as a result of a loan taken to attend a medical school, dental school, mental health professional program, nursing program for the training of certified nurse midwives, certified nurse practitioners, or clinical nurse specialists-certified, or physician's assistant program or as a result of providing services in a health resource shortage area. The department may each year repay all or part of a designated professional's debt or expenses, but the amount repaid in any 1 year shall not exceed the amount described in subsection (3). The department shall repay a debt or expenses only for a designated professional who has entered into a written contract with the department that requires the designated professional to engage in the full-time practice of health care services in a health resource shortage area to which he or she is assigned by the department for a period equal in years to the number of years for which the department has agreed in the contract to make a debt or expense repayment, or for a period of 2 years, whichever is greater.

(2) A debt or expense repayment on behalf of a designated professional under subsection (1) for fulfilling a service obligation for a particular year must be paid in a lump sum at the completion of the service obligation for that year. A designated professional who does not fulfill a service obligation for a particular year forfeits his or her right to the debt or expense repayment or any part of it for that year and the department may treat an agreement for further debt or expense repayment in a subsequent year as void. In its sole discretion, the department may make a debt or expense repayment before or during each year of service if there are extenuating circumstances. In its sole discretion, the department may pay a pro rata amount of an agreed debt or expense repayment to a designated professional or his or her estate if 1 of the following occurs before the completion of the designated professional's service obligation:

(a) The designated professional dies.

(b) The designated professional is unable, by reason of permanent disability, to render the service.

(c) Other circumstances prevail that are considered by the department to constitute a compelling reason to

consider the service obligation fulfilled.

(3) In any year of a debt or expense repayment program, the maximum amount of a debt or expense repayment is \$40,000.00 per year. The maximum amount of debt or expense repayment the department may pay on behalf of a designated professional is \$300,000.00, paid over a period of 10 years or more. The written contract described in subsection (1) must include the amount the department shall pay on behalf of a designated professional and the amount payable for each year of service.

(4) The department may accept funds from any source for the operation of the essential health provider repayment program, and the department shall distribute those funds in a manner consistent with this section.

(5) The department shall give the essential health provider repayment program created by this section priority over the other programs created under this part.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990;—Am. 2014, Act 172, Imd. Eff. June 17, 2014;—Am. 2016, Act 499, Eff. Apr. 9, 2017;—Am. 2022, Act 37, Eff. Mar. 29, 2023.

Popular name: Act 368

333.2707 Grant program for minority students; administration; eligibility; condition for award of grant; priority; determination of appropriate grant; failure to fulfill service obligation or complete training program; repayment; disposition of amounts repaid; service obligation considered fulfilled; source of funds; distribution of funds; definition.

Sec. 2707. (1) The department shall administer a grant program for minority students enrolled in medical schools, dental schools, nursing programs, or physician's assistant programs. Only minority students who meet the financial resources eligibility standards for federal student loan programs under title IV of the higher education act of 1965, Public Law 89-329, are eligible to receive a grant under this section.

(2) The department may award a grant to a minority student enrolled in a medical school who is training to become a designated physician, to a minority student enrolled in a dental school who is training to become a dentist, or to a minority student enrolled in a nursing program or physician's assistant program. As a condition for the award of the grant, the recipient of the grant shall enter into a written contract with the department that requires the recipient to provide, upon completion of training, full-time health care services in a health resource shortage area to which he or she is assigned by the department for a period equal to the number of years for which a grant is accepted. In awarding grants, the department shall give priority to students who are residents of this state and enrolled in a medical school, dental school, nursing program, or physician's assistant program in this state.

(3) The department shall determine an appropriate grant amount for each academic year for each health care profession.

(4) An individual who incurs a service obligation under subsection (2) and who completes the training program for which the grant was awarded but fails to fulfill the service obligation shall repay to the department an amount equal to 2 times the amount of all grants the individual accepted under this section plus interest. The interest shall be at a rate determined by the state treasurer to reflect the cumulative annual percentage change in the Detroit consumer price index. An individual who incurs a service obligation under subsection (2) and who fails to complete the training program for which the grant was awarded shall repay to the department an amount equal to the actual amount of all grants the individual accepted under this section. Repayment to the department under this subsection shall be made within 3 years after the repayment obligation is incurred. Amounts repaid under this subsection shall be deposited with the state treasurer and credited to the minority health profession grant fund created in section 2721.

(5) An obligated individual shall be considered to have fulfilled the service obligation incurred under subsection (2) if any of the following occur:

(a) Service has been rendered for the obligated period.

(b) The obligated individual dies.

(c) The obligated individual is unable, by reason of permanent disability, to render the service.

(d) The obligated individual fails to satisfy the academic requirements for completion of the training program in which he or she is enrolled after having made a good faith effort.

(e) The obligated individual fails to satisfy the requirements for licensure, certification, or other form of authorization to practice the profession for which he or she has been trained.

(f) Other circumstances occur that are considered by the department to constitute a compelling reason to consider the service obligation fulfilled.

(6) The department may accept funds for the operation of the grant program from any source and distribute those funds in a manner consistent with this section.

(7) As used in this section, "Detroit consumer price index" means the most comprehensive index of

consumer prices available for the Detroit area from the bureau of labor statistics of the United States department of labor.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990;—Am. 2014, Act 173, Imd. Eff. June 17, 2014.

Popular name: Act 368

333.2709 Placement of certified nurse midwives.

Sec. 2709. The department may cooperate with a certified nurse midwifery service to support the placement of certified nurse midwives in health resource shortage areas.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Popular name: Act 368

333.2711 Recruitment for programs created in MCL 333.2705 and 333.2707; designated physician specialty areas; preference; "qualified" defined.

Sec. 2711. (1) For the programs created in sections 2705 and 2707, the department shall only recruit physicians who are qualified or students who are training to become qualified in 1 or more of the following designated physician specialty areas:

- (a) General practice.
- (b) Family practice.
- (c) Obstetrics.
- (d) Pediatrics.
- (e) Emergency medicine.
- (f) Internal medicine.
- (g) Preventive medicine.
- (h) Psychiatry or behavioral sciences.
- (i) Geriatrics.

(2) When enrolling individuals to participate in the programs created in sections 2705 and 2707, the department may give preference to an individual who is qualified or studying in 1 or more of the specific designated physician specialty areas of general practice, family practice, obstetrics, pediatrics, or internal medicine over an individual who is qualified or studying in another designated physician specialty area described in subsection (1).

(3) As used in this section, "qualified" means board certified or eligible for board certification.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990;—Am. 2014, Act 172, Imd. Eff. June 17, 2014;—Am. 2022, Act 38, Imd. Eff. Mar. 23, 2022.

Popular name: Act 368

333.2713 Fulfillment of service obligation; commencement; guidelines for assignment of designated professionals; condition for placement.

Sec. 2713. (1) The department shall determine when a participant in the grant program or essential health provider repayment program shall begin to fulfill a service obligation.

(2) The department shall prepare and annually revise guidelines for the assignment of designated professionals with service obligations to practice sites located in health resource shortage areas.

(3) As a condition for the placement of a designated professional in a health resource shortage area, the department may require a reasonable demonstration of the intent and the ability of the community to support and retain a designated professional.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Popular name: Act 368

333.2715 Individuals ineligible to receive funds under MCL 333.2705 or 333.2707.

Sec. 2715. An individual who participates in the national health service corps scholarship program under section 338A of title III of the public health service act, 42 U.S.C. 254I, or who has entered into an agreement that limits the individual's ability to serve in a Michigan health resource shortage area is not eligible to receive funds under section 2705 or 2707.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Popular name: Act 368

333.2717 Health resource shortage area; criteria for identification and designation.

Sec. 2717. (1) The department shall develop criteria for identifying and designating a geographic area, population group, or health facility as a health resource shortage area. In developing the criteria, the

department shall consider the needs of rural areas. The criteria may include, but are not limited to, all of the following:

- (a) Infant mortality rate.
- (b) Percentage of population below 100% of the poverty line.
- (c) Percentage of population age 65 and over.
- (d) Appropriate physician to population ratio.
- (e) Percentage of population eligible for Medicaid.
- (f) Aggregate unemployment rate.
- (g) Percentage of practicing physicians who accept Medicare or Medicaid assignment.
- (h) Geographic proximity of physicians to the resident population.
- (i) Average time the resident population must travel to obtain physician services from physicians in a designated physician specialty area.

(2) On the basis of the criteria set forth in subsection (1), the department shall identify and designate geographic areas, population groups, and health facilities in this state as health resource shortage areas for 1 or more designated professionals.

(3) Each of the following is considered a health resource shortage area:

(a) A health professional shortage area, as designated under section 332 of title III of the public health service act, 42 USC 254e, that is located in this state.

(b) A population of an urban or rural area designated as an area with a shortage of personal health services, as designated under section 330(b)(3) of title III of the public health service act, 42 USC 254c, that is located within this state.

(c) A population group designated as having a shortage of personal health services, as designated under section 330(b)(3) of title III of the public health service act, 42 USC 254c, that is located within this state.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990;—Am. 2022, Act 38, Imd. Eff. Mar. 23, 2022.

Popular name: Act 368

333.2719 Departmental discretion; guidelines for priority.

Sec. 2719. The department shall exercise its discretion in selecting a health resource shortage area for assignment of a designated professional. The department may establish guidelines for priority among health resource shortage areas in assignments of designated professionals to those areas.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Popular name: Act 368

333.2721 Minority health profession grant fund; creation; funding; use; investments; crediting earnings to fund.

Sec. 2721. (1) There is created the minority health profession grant fund as a separate fund in the state treasury, to be administered by the department. The department shall deposit amounts repaid under section 2707 with the state treasurer, who shall credit the amounts to the fund. The fund shall be used to fund grants made under section 2707.

(2) The state treasurer shall direct the investment of the fund money and shall credit earnings to the fund.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Popular name: Act 368

333.2723 Rules; status report.

Sec. 2723. (1) The department may promulgate rules necessary for the implementation of the department's functions under this part.

(2) The department shall report biennially to the house and senate appropriations subcommittees on the department of community health, the house and senate fiscal agencies, the governor, the state health planning council, and the public health advisory council on the status of the Michigan essential health provider recruitment strategy for the preceding 2 years. In addition to the status report, the report shall include, but not be limited to, all of the following:

(a) Review of state and federal legislation, rules, guidelines, and policy directives affecting the health personnel of health resource shortage areas.

(b) Recommendations concerning physician specialty areas or other health professions for inclusion in the Michigan essential health provider recruitment strategy based upon a determination of the need for various types of health care providers in this state.

(c) An assessment of whether the amount of debt or expense repayment an individual may receive under section 2705(3) is sufficient to facilitate the placement and retention of designated professionals in health

resource shortage areas, or whether that maximum amount should be adjusted to reflect changes in tuition costs for students enrolled in medical schools, dental schools, nursing programs, or physician's assistant programs.

(d) An analysis of the return on investment and effectiveness of the grant program under section 2707 and the essential health provider repayment program under section 2705.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990;—Am. 2014, Act 173, Imd. Eff. June 17, 2014.

Popular name: Act 368

333.2725 Short title.

Sec. 2725. This part shall be known and may be cited as the "Michigan essential health provider recruitment strategy act".

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Popular name: Act 368

333.2727 Conditional effective date.

Sec. 2727. This part shall take effect October 1, 1990, except that this part shall not take effect unless before that date legislation is enacted that contains funding for the program created by this part.

History: Add. 1990, Act 16, Eff. Oct. 1, 1990.

Compiler's note: In Sec. 101 of Act 198 of 1990, the legislature appropriated \$400,000 for the "Michigan essential health care provider program." Act 198 was approved by the governor on July 24, 1990, and filed with the Secretary of State on July 25, 1990.

Popular name: Act 368

PART 28 VITAL RECORDS

333.2801 Meanings of words and phrases; general definitions and principles of construction.

Sec. 2801. (1) For purposes of this part, the words and phrases defined in sections 2803 to 2805 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of certain powers and duties of the office of policy, planning and evaluation from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2803 Definitions; A to F.

Sec. 2803. (1) "Abortion" means a medical treatment that is intended to terminate a diagnosable intrauterine pregnancy for a purpose other than to produce a live birth. Abortion does not include the use or prescription of a drug or device that prevents pregnancy or a medical treatment used to remove a dead fetus or embryo whose death was the result of a spontaneous abortion.

(2) "Allowable individual" means an individual who is the subject of a birth record that is only available through the office of the state registrar and who meets any of the following:

(a) The individual was born in the jurisdiction of the office of the local registrar where the certified copy of the birth record is being sought.

(b) If the individual was adopted, the individual's adoption was ordered by a probate court that is located in the jurisdiction of the office of the local registrar where the certified copy of the birth record is being sought.

(3) "Dead body" means a human body or fetus, or a part of a dead human body or fetus, in a condition from which it may reasonably be concluded that death has occurred.

(4) "Fetal death" means the death of a fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams. Fetal death includes a stillbirth. The definition of fetal death must conform in all other respects as closely as possible to the definition recommended by the federal agency responsible for vital statistics.

(5) "Fetal remains" means a dead fetus or part of a dead fetus that has completed at least 10 weeks of gestation or has reached the stage of development that, upon visual inspection of the fetus or part of the fetus, the head, torso, or extremities appear to be supported by skeletal or cartilaginous structures. Fetal remains do not include the umbilical cord or placenta.

(6) "File" means to present a certificate, report, or other record to the local registrar for registration by the state registrar.

(7) "Final disposition" means the burial, cremation, interment, or other legal disposition of a dead body or fetal remains.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2002, Act 562, Imd. Eff. Oct. 1, 2002;—Am. 2012, Act 499, Eff. Mar. 31, 2013;—Am. 2020, Act 54, Eff. June 1, 2020;—Am. 2023, Act 209, Eff. Feb. 13, 2024.

Popular name: Act 368

333.2804 Definitions; I to R.

Sec. 2804. (1) "Institution" means a public or private establishment that provides inpatient medical, surgical, or diagnostic care or treatment or nursing, custodial, or domiciliary care to 2 or more unrelated individuals, including an establishment to which individuals are committed by law.

(2) "Law enforcement agency" means a police agency of a city, village, or township; a sheriff's department; the department of state police; and any other governmental law enforcement agency.

(3) "Live birth" means that term as defined in section 1 of the born alive infant protection act, 2002 PA 687, MCL 333.1071.

(4) "Local registrar" means the county clerk or the clerk's deputy, or in the case of a city having a population of 40,000 or more, the city clerk or city department designated by the governing body of the city; or a registrar appointed pursuant to section 2814. Population shall be determined according to the latest federal decennial census.

(5) "Miscarriage" means the spontaneous expulsion of a nonviable fetus that has completed less than 20 weeks of gestation.

(6) "Registration" means the acceptance by the state registrar and the incorporation of certificates provided for in this part into the official vital records.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1985, Act 20, Imd. Eff. May 16, 1985;—Am. 1990, Act 149, Imd. Eff. June 27, 1990;—Am. 2012, Act 499, Eff. Mar. 31, 2013.

Popular name: Act 368

333.2805 Definitions; S to V.

Sec. 2805. (1) "State registrar" means the official appointed under section 2813 or his or her authorized representative.

(2) "System of vital statistics" means the collection, certification, compilation, amendment, coordination, and preservation of vital records, including the tabulation, analysis, and publication of vital statistics.

(3) "Vital record" means a certificate or registration of birth, death, marriage, or divorce; an acknowledgment of parentage; or related data.

(4) "Vital statistics" means data derived from vital records and related reports.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1996, Act 307, Eff. June 1, 1997.

Popular name: Act 368

333.2811 Form and content of vital records and certificates.

Sec. 2811. The department shall prescribe the form and content of vital records and certificates, which, except as otherwise provided in this part, must conform as nearly as possible to recognized national standardized forms including, as required to comply with federal law, requirements for the entry of Social Security numbers.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1998, Act 332, Imd. Eff. Aug. 10, 1998;—Am. 2024, Act 252, Eff. Apr. 2, 2025.

Compiler's note: Enacting section 2 of 1998 PA 332 provides:

"Enacting section 2. The family independence agency shall request from the federal government an exemption from the provisions regarding the recording of social security numbers added by this 1998 amendatory act, which are intended to be used for the collection of child support, as required by federal law in order for this state to receive certain federal funds. Upon the granting of the exemption, those provisions referred to by this enacting section shall not be utilized or enforced by the state or a local governmental entity."

Popular name: Act 368

333.2813 State registrar; appointment; duties; inclusion of social security number; disclosure prohibited; violation; penalty.

Sec. 2813. (1) The director shall appoint, subject to civil service rules, a state registrar to administer the system of vital statistics.

(2) The state registrar shall:

(a) Administer and control the only system of vital statistics for this state, as authorized in this part and the rules promulgated pursuant to this part.

(b) Be the custodian of the system of vital statistics.

(c) Exercise superintending control over local registrars and administer and control the activities of local officials and all other persons as to the operation of the system of vital statistics. The state registrar shall require each local registrar to require, as required to comply with federal law, the entry of the social security number of each applicant on an application for his or her marriage license and of the deceased on his or her death certificate. The directive under this subdivision for the inclusion of a social security number on an application shall not be required of an applicant who is exempt under federal law from obtaining a social security number or who is exempt under federal or state law from including his or her social security number on such an application. The state registrar shall not require a marriage license applicant's social security number to be displayed on the marriage license.

(d) Issue instructions for the administration of the system of vital statistics and conduct training programs to promote uniformity of policy and procedures throughout the state in matters pertaining to the system of vital statistics.

(e) Prescribe, furnish, and distribute forms for vital records and vital statistics or prescribe other means of transmitting vital records and vital statistics information as required by this part and the rules promulgated pursuant to this part.

(f) Prepare and publish reports of vital statistics.

(3) A person shall not disclose, in a manner not authorized by law or rule, a social security number collected as required by this section. A violation of this subsection is a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than \$500.00, or both. A second or subsequent violation of this subsection is a felony punishable by imprisonment for not more than 4 years or a fine of not more than \$2,000.00, or both.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1998, Act 332, Imd. Eff. Aug. 10, 1998.

Popular name: Act 368

333.2814 City clerk or city department as local registrar; rules.

Sec. 2814. (1) A city having a population of less than 40,000 and an institution located within the city limits may request the state registrar to approve the governing body's appointment of a city clerk or a city department as a local registrar.

(2) The department shall promulgate rules for the administration of this section.

History: Add. 1985, Act 20, Imd. Eff. May 16, 1985.

Popular name: Act 368

333.2815 Local registrar; duties.

Sec. 2815. (1) A county board of commissioners and the governing body of a city having a population of 40,000 or more may agree that the county clerk or the clerk's deputy shall act as the local registrar for the city.

(2) A local registrar shall do all of the following:

(a) Record and transmit vital records and statistics as required by this part.

(b) Furnish blank forms and instructions provided by the state registrar to persons required to file vital records and vital statistics. A form or blank, including, but not limited to, a form or blank in an electronic format, other than those provided or approved by the state registrar shall not be used.

(c) Examine each vital record before accepting the record for registration. If the record is incomplete or unsatisfactory, the local registrar shall require the submission of additional information necessary to complete the record before accepting it for registration.

(d) Affix his or her identification to each vital record accepted for registration and document the date of its acceptance.

(e) Transmit, in the manner prescribed by the state registrar, the vital record to the department. The local registrar shall preserve at the local registrar's office information prescribed by the state registrar.

(f) Issue a certificate of registration for a live birth on a form approved by the state registrar and issue certified copies of vital records documents on file pursuant to sections 2881, 2882, and 2891.

(g) Issue a permit for final disposition of a dead body upon receipt of sufficient evidence that death occurred within the local registrar's jurisdiction.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1985, Act 20, Imd. Eff. May 16, 1985;—Am. 1997, Act 30, Imd. Eff. June 19, 1997.

Popular name: Act 368

333.2821 Birth registration required; filing record of birth; time of registration; transmission to childhood immunization registry.

Sec. 2821. (1) Birth registration is required for each individual born in this state.

(2) A record of birth for each live birth that occurs in this state shall be filed at the office of the local registrar not more than 5 days after the birth. The birth shall be registered when the filing is completed.

(3) Upon receipt of a vital record consisting of a birth registration transmitted by a local registrar pursuant to section 2815(2), the state registrar shall transmit the information contained in the birth registration to the childhood immunization registry created in section 9207 .

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1996, Act 540, Imd. Eff. Jan. 15, 1997.

Popular name: Act 368

333.2822 Individuals required to report live birth occurring in state; "surrender" defined.

Sec. 2822. (1) The following individuals shall report a live birth that occurs in this state:

(a) If a live birth occurs in an institution or enroute to an institution, the individual in charge of the institution or that individual's designated representative shall obtain the personal data, prepare the certificate of birth, secure the signatures required by the certificate of birth, and file the certificate of birth with the local registrar or as otherwise directed by the state registrar within 5 days after the birth. The physician or other individual in attendance shall provide the medical information required by the certificate of birth and certify to the facts of birth not later than 72 hours after the birth. If the physician or other individual does not certify to the facts of birth within 72 hours, the individual in charge of the institution or the individual's authorized representative shall complete and certify the facts of birth.

(b) If a live birth occurs outside an institution, the record must be prepared, certified, and filed with the local registrar by 1 of the following individuals in the following order of priority:

(i) The physician in attendance at or immediately after the live birth.

(ii) Any other individual in attendance at or immediately after the live birth.

(iii) A parent, or, in the absence of a parent, the individual in charge of the premises where the live birth occurs.

(c) If a newborn is surrendered under the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, the live birth must be reported in the same manner as provided in subdivision (a), except that the parents must be listed as "unknown" and the newborn must be listed as "Baby Doe".

(d) If a live birth occurs during an attempted abortion and the mother of the newborn has expressed a desire not to assume custody and responsibility for the newborn by refusing to authorize necessary life-sustaining medical treatment, the live birth must be reported as follows:

(i) If the attempted abortion took place in an institution, the live birth must be reported in the same manner as provided in subdivision (a), except that the parents must be listed as "unknown" and the newborn must be listed as "Baby Doe".

(ii) If the attempted abortion took place outside an institution, the live birth must be reported in the same manner as provided in subdivision (b), except that the parents must be listed as "unknown" and the newborn must be listed as "Baby Doe".

(2) As used in this section, "surrender" means that term as defined in section 1 of the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2002, Act 691, Eff. Mar. 31, 2003;—Am. 2017, Act 142, Eff. Jan. 28, 2018;—Am. 2024, Act 25, Eff. Apr. 2, 2025.

Popular name: Act 368

333.2823 Registration of live birth occurring in moving conveyance.

Sec. 2823. (1) When a live birth occurs in a moving conveyance in the United States and the child is first removed from the conveyance in this state, the birth must be registered in this state. Except as otherwise provided in section 2823a, the place where the child is first removed from the conveyance must be shown as the place of birth.

(2) When a live birth occurs in a moving conveyance while in international waters or air space or a foreign country and the child is first removed from the conveyance in this state, the birth must be registered in this state but the certificate must show the actual place of birth if the place can be determined.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2024, Act 252, Eff. Apr. 2, 2025.

Popular name: Act 368

333.2823a Certificate; place of live birth.

Sec. 2823a. (1) Except as otherwise provided in subsection (2), when a live birth occurs in this state, the place of birth must be listed on the certificate as follows:

(a) If the live birth occurs in an institution or en route to an institution, the place of birth must be listed as

the institution.

(b) If the live birth occurs in or en route to a freestanding birth center licensed under article 17, the place of birth must be listed as the freestanding birth center.

(c) If the live birth occurs in a home, the place of birth must be listed as "home".

(2) The place of birth of a child of unknown parentage who is found is as provided in section 2825.

History: Add. 2024, Act 252, Eff. Apr. 2, 2025.

Popular name: Act 368

333.2824 Registering name of spouse as parent of child; registering surname of child; consent; acknowledgment of parentage; designating surname of child; entering name of other parent and surname of child on birth certificate; other parent not named on birth registration; reference to legitimacy or illegitimacy prohibited.

Sec. 2824. (1) Except as otherwise provided by law, the name of the spouse at the time of conception or, if none, the spouse at birth must be registered as the other parent of the child. The surname of the child must be registered as designated by the child's parents.

(2) Except as otherwise provided by law, if the child's mother was not married at the time of conception or birth, the name of the other parent must not be entered on the certificate of birth without the written consent of the mother and without the completion, and filing with the state registrar, of an acknowledgment of parentage by the mother and the individual to be named as the other parent. The acknowledgment of parentage must be completed in the manner provided in the acknowledgment of parentage act. For a certificate of birth completed under this subsection and on the written request of both parents, the surname of the child must be designated by the child's parents.

(3) If the name of the child's other parent cannot be shown under subsection (1) or (2), the child must be given the surname designated by the mother.

(4) If the parentage of a child is determined by a court of competent jurisdiction, the name of a parent must be entered on the certificate of birth as found and ordered by the court. The surname of the child must be entered on the certificate of birth as designated by the child's mother.

(5) If the child's other parent is not named on the birth registration, no other information about the other parent may be entered on the registration.

(6) After May 30, 1979, a birth certificate must not contain a reference to the legitimacy or illegitimacy of a child.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1979, Act 23, Imd. Eff. May 30, 1979;—Am. 1993, Act 115, Imd. Eff. July 20, 1993;—Am. 1996, Act 307, Eff. June 1, 1997;—Am. 2024, Act 25, Eff. Apr. 2, 2025.

Popular name: Act 368

333.2825 Assuming custody of live born child of unknown parentage; form, contents, and filing of report; place of birth; report as birth registration; sealing and opening of report.

Sec. 2825. (1) A person who assumes custody of a live born child of unknown parentage shall report on a form and in a manner prescribed by the state registrar the following information:

(a) The date and place of finding the child.

(b) The sex and approximate birth date of the child.

(c) The name and address of the person or institution with whom the child is placed for care.

(d) The name given to the child by the custodian of the child.

(e) Other data required by the state registrar.

(2) The report shall be filed in the manner prescribed by the state registrar not later than 5 days after the person assumes custody.

(3) The place where the child is found shall be entered as the place of birth.

(4) A report made under this section constitutes the birth registration for the child.

(5) If the child is identified and a birth registration is found or obtained, a report registered under this section shall be sealed and may be opened only by order of a court of competent jurisdiction or as provided by rule.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2827 Failure to register birth within time prescribed; filing certificate of birth; registration of birth subject to evidentiary requirements; marking certificate "delayed" and showing date of delayed registration; endorsing summary statement of evidence on certificate;

failure to register due to conflict of information.

Sec. 2827. (1) When the birth of an individual born in this state has not been registered within the time period prescribed in section 2821, a certificate of birth may be filed in accordance with procedures established pursuant to section 2896 or as otherwise provided under subsection (4). The certificate shall be registered subject to evidentiary requirements the department prescribes to substantiate the alleged facts of birth.

(2) Except as otherwise provided under subsection (4), a certificate of birth registered 1 year or more after the date of birth shall be marked "delayed" and show on its face the date of the delayed registration.

(3) A summary statement of the evidence submitted in support of the delayed registration shall be endorsed on the certificate.

(4) A certificate of birth that was not originally registered due to a conflict of information provided pursuant to section 2824(1) shall be registered upon the resolution of that conflict or upon the child who is the subject of the certificate of birth reaching the age of 18. A certificate of birth registered pursuant to this subsection is considered to have been filed and registered on the date the department originally received the birth information and shall not be marked "delayed".

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 567, Imd. Eff. Jan. 3, 2007.

Popular name: Act 368

333.2828 Conditions prohibiting registration of delayed certificate of birth; advising applicant of reasons and right of appeal; dismissal of application; judicial findings and order; forwarding order to state registrar; registration of order as certificate of birth; forwarding copy of delayed registration to local registrar.

Sec. 2828. (1) If an applicant does not submit the minimum documentation required by rules for delayed registration of a birth or if the state registrar has reasonable cause to question the validity or adequacy of the applicant's sworn statement or the documentary evidence, the state registrar shall not register the delayed certificate of birth and shall advise the applicant of the reasons for this action and of the applicant's right of appeal to the probate court of the county of residence or birth.

(2) The department may provide for the dismissal of an application which is not actively prosecuted.

(3) If, on the basis of the evidence presented, the court finds that the individual for whom a delayed certificate of birth is sought was born in this state, the court shall make findings as to the place and date of birth, parentage, and other findings required by the case and shall issue an order on a form prescribed and furnished by the state registrar to establish a certificate of birth. The order shall include the birth data to be registered, a description of the evidence presented, and the date of the court's action.

(4) The clerk of the court shall forward the order to the state registrar not later than the tenth day of the calendar month following the month in which the order was entered. The order shall be registered by the state registrar and shall constitute the certificate of birth.

(5) The state registrar shall forward a copy of a delayed registration to the local registrar of the district where the birth occurred.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2829 Report of adoption; form; contents; report when adoption order amended, annulled, or rescinded; duty of probate register or clerk; requirements of birth certificate issued to adopted individual.

Sec. 2829. (1) For each adoption ordered by the probate court in this state, the court shall prepare a report of adoption on a form prescribed and furnished by the state registrar. The report shall:

- (a) Include the facts necessary to locate and identify the certificate of live birth of the individual adopted.
- (b) Provide information necessary to establish a new certificate of live birth of the individual adopted.
- (c) Identify the adoption order.
- (d) Be certified by the probate register or clerk.

(2) When an adoption order is amended, annulled, or rescinded, the court shall prepare a report which shall include the facts necessary to identify the original adoption report and the facts amended in the adoption order necessary to properly amend the birth record. The report of a rescission of adoption shall include the current names and addresses of the petitioners.

(3) Not later than the tenth day of the calendar month, the probate register or clerk shall forward:

(a) To the state registrar, reports of adoption orders, and amendments, annulments, and rescissions of the orders, entered during the preceding month for individuals born in this state.

(b) To the appropriate registration authority in another state, the United States department of state, or the

United States immigration and naturalization service, reports of adoption orders, and amendments, annulments, and rescissions of the orders, entered during the preceding month for individuals born outside this state.

(4) A birth certificate issued to an adopted individual shall conform to the requirements of sections 67 and 68 of chapter X of Act No. 288 of the Public Acts of 1939, as amended, being sections 710.67 and 710.68 of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1979, Act 208, Eff. May 14, 1980;—Am. 1992, Act 248, Imd. Eff. Nov. 19, 1992.

Popular name: Act 368

333.2830 Adoption of child born outside United States, territory of United States, or Canada; filing, form, and contents of delayed registration of birth; petition for issuance of delayed registration of birth; entering change of name.

Sec. 2830. (1) If a child whose birth occurred outside the United States, a territory of the United States, or Canada is adopted by a resident of this state under the laws of this state or under the laws of a foreign country, the probate court, on motion of the adopting parent, may file a delayed registration of birth on a form provided by the department. The delayed registration shall contain the date and place of birth and other facts specified by the department.

(2) If the date and place of birth of a child described in subsection (1) cannot be documented from foreign records or a medical assessment of the development of the child indicates that the date of birth as stated in the immigration records is not correct, the court shall determine the facts and establish a date and place of birth and may file a delayed registration of birth as provided in subsection (1).

(3) Upon the petition of a child adopted in this state whose birth occurred outside the United States, a territory of the United States, or Canada, or a petition of the child's adoptive parents, the court that issued an order of adoption for that child before the effective date of this section may issue a delayed registration of birth for the adopted child as provided in subsection (1).

(4) A probate court may, at the request of the adopting parent when filing a delayed registration of birth under subsection (1), enter a new name for the child on the delayed registration of birth. After the filing of a delayed registration of birth that includes a change of name, the new name shall be the legal name of the adopted child.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1994, Act 242, Eff. July 5, 1994;—Am. 2005, Act 22, Imd. Eff. May 19, 2005.

Popular name: Act 368

333.2831 New certificate of birth; establishment; requirements.

Sec. 2831. The state registrar shall establish a new certificate of birth for an individual born in this state when the registrar receives any of the following:

(a) A report of adoption as provided in section 2829, a report of adoption prepared and filed under the laws of another state or foreign country, or a certified copy of the adoption order, together with the information necessary to identify the original certificate of birth and to establish a new certificate of live birth. However, the state registrar shall not establish a new certificate of live birth if so requested by the court ordering the adoption; the adopting parent; or the adoptee, if the adoptee is an adult.

(b) A request that a new certificate be established and the evidence required by the department proving that the individual's parentage has been established.

(c) A request that a new certificate be established to show a sex designation other than that designated at birth. The request must be accompanied by a form approved by the director and signed by the individual indicating a sex designation. If the form is accompanied by a court order changing the name of the individual, the new certificate must also reflect the new legal name. The state registrar may not require any additional document or certification other than the form, or, if applicable, the court order, required under this subdivision.

(d) A judgment or a parentage judgment under section 203 or 308 of the assisted reproduction and surrogacy parentage act, 2024 PA 24, MCL 722.1803 and 722.1908, together with the information necessary to identify the original certificate of birth and to establish a new certificate of live birth.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1996, Act 307, Eff. June 1, 1997;—Am. 2024, Act 25, Eff. Apr. 2, 2025;—Am. 2024, Act 230, Eff. Apr. 2, 2025.

Popular name: Act 368

333.2832 New certificate of birth; actual place and date of birth to be shown; substitution for original certificate; inspection; restoration of original certificate upon notice of annulment or rescission of adoption; preparing new certificate on delayed birth certificate form;

sealing or forwarding original certificate.

Sec. 2832. (1) When a new certificate of live birth is established, the actual place and date of birth must be shown. The new certificate must be substituted for the original certificate of live birth. Thereafter, the original certificate and the evidence of adoption, sex designation, or assisted reproduction or surrogacy under the assisted reproduction and surrogacy parentage act are not subject to inspection except as otherwise provided in section 2882(2) or (3) or on a court order. Evidence in support of other birth record changes is subject to inspection as provided in sections 2882 and 2883.

(2) On the receipt of notice of annulment of adoption or a copy of an order of rescission, the original certificate of live birth must be restored to its place in the files. The certificate created under subsection (1) is not subject to inspection except on a court order.

(3) If a certificate of live birth is not on file for the individual for whom a new live birth certificate is to be established under section 2831, a new live birth certificate may be prepared on the delayed birth certificate form in use at the time of the adoption, legitimation, parentage determination, or judgment or parentage judgment under section 203 or 308 of the assisted reproduction and surrogacy parentage act.

(4) When a new certificate of live birth is established by the state registrar, all copies of the original certificate of birth in the custody of a custodian of permanent records in this state must be sealed from inspection or forwarded to the state registrar, as the state registrar directs.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1992, Act 248, Imd. Eff. Nov. 19, 1992;—Am. 1994, Act 206, Eff. Jan. 1, 1995;—Am. 1996, Act 307, Eff. June 1, 1997;—Am. 2024, Act 25, Eff. Apr. 2, 2025.

Popular name: Act 368

333.2833 Recording death on decedent's birth certificate; notification; recordation by department or local registrar; recordation on face of copies of certificate; correction of record.

Sec. 2833. (1) The death of a person whose birth is registered under this code shall be recorded on the decedent's birth certificate in compliance with this section.

(2) Upon receipt of a certificate of death for a person under 45 years of age, the department shall notify the local registrar of the registration district in which a birth certificate for the decedent is maintained and, if a birth certificate for the decedent is maintained by the department, record the fact of death on the decedent's birth certificate.

(3) If the person was born in another state, the state registrar shall notify the state registrar of vital records in the state of birth that the person is deceased.

(4) Upon receipt of a notice from the department that there is on file in the local registrar's office a birth certificate of a deceased person, the local registrar shall record the fact of death on the birth record of the decedent.

(5) A copy of a birth certificate or certificate of registration issued for records identified and marked in accordance with subsections (1) and (2) shall have recorded on the face of the copy or certificate of registration the fact that the individual is deceased.

(6) Upon receipt of a notice that a record identified and marked in accordance with subsections (1) and (2) has been marked in error, the record may be corrected in accordance with this part.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1980, Act 385, Imd. Eff. Jan. 6, 1981.

Popular name: Act 368

333.2834 Report of fetal death; time, form, and manner; prohibited information; report if dead fetus delivered in or outside institution; notice to medical examiner; investigation and report; use and disposition of confidential statistical reports; disclosure identifying biological parents prohibited; incorporation of records into system of vital statistics; certificate of stillbirth.

Sec. 2834. (1) A fetal death occurring in this state shall be reported to the state registrar within 5 days after delivery. The state registrar shall prescribe the form and manner for reporting fetal deaths.

(2) The fetal death reporting form shall not contain the name of the biological parents, common identifiers such as social security or drivers license numbers, or other information identifiers that would make it possible to identify in any manner or in any circumstances the biological parents of the fetus. A state agency shall not compare data in an information system file with data in another computer system that would result in identifying in any way a woman or father involved in a fetal death. Statistical information that may reveal the identity of the biological parents involved in a fetal death shall not be maintained. This subsection does not apply after June 1, 2003.

(3) If a dead fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams is delivered in an institution, the individual in charge of the institution or his or her authorized representative shall prepare and file the fetal death report and shall follow the protocols in place for the institution in the event of a death that occurs after a live birth but before being discharged from the institution.

(4) If a dead fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams is delivered outside an institution, the physician in attendance shall prepare and file the fetal death report.

(5) If a fetal death occurs without medical attendance at or after the delivery or if inquiry is required by the medical examiner, the attendant, mother, or other person having knowledge of the fetal death shall notify the medical examiner who shall investigate the cause and prepare and file the fetal death report.

(6) The fetal death reports required under this section and filed before June 1, 2003 are confidential statistical reports to be used only for medical and health purposes and shall not be incorporated into the permanent official records of the system of vital statistics. A schedule for the disposition of these reports shall be provided for by the department. The department or any employee of the department shall not disclose to any person outside the department the reports or the contents of the reports required by this section and filed before June 1, 2003 in a way that permits the person to whom the report is disclosed to identify the biological parents.

(7) The fetal death reports required under this section and filed on or after June 1, 2003 are permanent vital records documents and shall be incorporated into the system of vital statistics. Access to a fetal death report or information contained on a fetal death report is the same as a live birth record under sections 2882, 2883, and 2888.

(8) With information provided to the department under subsection (7), the department shall create a certificate of stillbirth that conforms as nearly as possible to recognized national standardized forms and includes, but is not limited to, the following information:

(a) The name of the fetus, if it was given a name by the parent or parents.

(b) The number of weeks of gestation completed.

(c) The date of delivery and weight at the time of delivery.

(d) The name of the parent or parents.

(e) The name of the institution in which the fetus was delivered or the name of the health professional in attendance if the delivery was outside an institution.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2002, Act 562, Imd. Eff. Oct. 1, 2002;—Am. 2012, Act 499, Eff. Mar. 31, 2013.

Popular name: Act 368

333.2835-333.2837 Repealed. 2023, Act 209, Eff. Feb. 13, 2024.

Compiler's note: The repealed sections pertained to the reporting of abortions and any physical complications or death resulting from abortion and the disposal of fetal remains.

Popular name: Act 368

333.2841 Death registration required; place of death; failure to report death to law enforcement agency, funeral home, or 9-1-1 operator; violation; penalty.

Sec. 2841. (1) Death registration is required for each individual who dies in this state. If the place of death is unknown, but the body is found in this state, the death registration shall show this fact and shall be completed and filed in accordance with this section and section 2842. The place where the body is found shall be shown as the place of death.

(2) Except as otherwise provided under this part, an individual who discovers the body of an individual he or she knows or has reason to know is dead and fails to inform a law enforcement agency, a funeral home, or a 9-1-1 operator of the discovery is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1,000.00, or both. This subsection does not apply to an individual who knows or has reason to know that a law enforcement agency, a funeral home, or a 9-1-1 operator has been informed of the discovery of the body.

(3) A person who violates subsection (2) with the purpose of concealing the fact or cause of death of the individual is guilty of a felony punishable by imprisonment for not more than 5 years or a fine of not more than \$5,000.00, or both.

(4) A sentence imposed for a violation of this section may be imposed to run consecutively to any other sentence imposed for a conviction that arises out of the same transaction.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2012, Act 538, Eff. Apr. 1, 2013.

Popular name: Act 368

333.2842 Death registration; death occurring in moving conveyance.

Sec. 2842. (1) When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death registration shall show this fact and be completed and filed in accordance with this part. The place where the body is first removed from the conveyance, shall be shown as the place of death.

(2) When death occurs in a moving conveyance while in international waters or air space or a foreign country and the body is first removed from the conveyance in this state, the death shall be registered in this state in accordance with this part, but the certificate shall show the actual place of death insofar as the place can be determined.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2843 Report of death by funeral director; "dead body" defined; personal data; medical certification; neglecting or refusing to sign death certificate as misdemeanor; penalty; certification and filing of death record; deceased infant; information.

Sec. 2843. (1) A funeral director who first assumes custody of a dead body, either personally or through his or her authorized agent, shall report the death. For purposes of this subsection, "dead body" includes, but is not limited to, the body of an infant who survived an attempted abortion as described in the born alive infant protection act and who later died. The funeral director or the authorized agent shall obtain the necessary personal data from the next of kin or the best qualified individual or source available and shall obtain medical certification as follows:

(a) If the death occurred outside an institution, the medical certification portion of the death record shall be completed and certified not later than 48 hours after death by the attending physician; or in the absence of the attending physician, by a physician acting as the attending physician's authorized representative; or in the absence of an authorized representative, by the county medical examiner; or in the absence of the county medical examiner, by the county health officer or the deputy county medical examiner. If the death occurred in an institution, the medical certification shall be completed and signed not later than 48 hours after death by the attending physician; or in the absence of the attending physician, by a physician acting as the attending physician's authorized representative; or in the absence of an authorized representative, by the chief medical officer of the institution in which death occurred, after reviewing pertinent records and making other investigation as considered necessary, or by a pathologist.

(b) A physician described in subdivision (a), who for himself or herself or as an agent or employee of another individual neglects or refuses to certify a death record properly presented to him or her for certification by a funeral director or who refuses or neglects to furnish information in his or her possession, is guilty of a misdemeanor punishable by imprisonment for not more than 60 days, or a fine of not less than \$25.00 nor more than \$100.00, or both.

(2) A physician described in subsection (1)(a) shall provide the medical certification described in subsection (1)(a) within 48 hours after the death.

(3) A death record shall be certified by a funeral director who is licensed under article 18 of the occupational code, 1980 PA 299, MCL 339.1801 to 339.1812, or by an individual who holds a courtesy license under section 1806a of that act, MCL 339.1806a, and shall be filed with the local registrar of the district where the death occurred within 72 hours after the death.

(4) Except as otherwise provided in this subsection, the death of an infant who was born alive following an attempted abortion and was surrendered to an emergency service provider under the safe delivery of newborns law, sections 1 to 20 of chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, and then died shall be reported in the same manner as for any death. However, the deceased infant shall be listed as "Baby Doe" and no information that would directly identify the deceased infant or the deceased infant's parents shall be reported, including, but not limited to, the following information:

- (a) The name of the mother or father.
- (b) The address of the mother or father.
- (c) The name of the informant.
- (d) The address of the informant.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2002, Act 691, Eff. Mar. 31, 2003;—Am. 2013, Act 79, Eff. Sept. 26, 2013.

Popular name: Act 368

333.2843a Ascertaining if deceased person veteran; releasing information for graves registration list of all burials of veterans.

Sec. 2843a. A funeral director or his or her agent shall ascertain if the deceased person was a veteran of the

armed forces of the United States. If the deceased person was a veteran of the armed forces of the United States, the funeral director or his or her agent shall release to the Michigan veterans' trust fund board of trustees and to the department of management and budget all information required for the compilation and maintenance of a graves registration list of all burials of veterans in this state, pursuant to Act No. 9 of the Public Acts of the First Extra Session of 1946, as amended, being sections 35.601 to 35.610 of the Michigan Compiled Laws.

History: Add. 1980, Act 479, Imd. Eff. Jan. 20, 1981.

Popular name: Act 368

333.2843b Physician having actual knowledge of presence in deceased individual of infectious agent; notification of funeral director or authorized agent; refusal to render services prohibited; effective date of subsection (1); confidentiality; rules; violation as misdemeanor.

Sec. 2843b. (1) If, at the time of death, a physician who is required to complete the medical certification under section 2843(1)(a) has actual knowledge of the presence in the deceased individual of an infectious agent, including acquired immunodeficiency syndrome-related virus, the physician shall notify the funeral director or the funeral director's authorized agent of the appropriate infection control precautions to be taken. The notification required by this subsection shall occur before the body is released to the funeral director or the funeral director's authorized agent. A funeral director or funeral director's authorized agent who receives notification under this subsection shall not refuse to render services as a result of having received the notification. This subsection shall take effect on the effective date of the rules required by subsection (3).

(2) The information contained in the notification required by subsection (1) shall be confidential. A person who receives confidential information under this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

(3) Within 30 days after the effective date of this subsection, the department shall submit for promulgation under section 48 of the administrative procedures act of 1969, Act No. 306 of the Public Acts of 1969, being section 24.248 of the Michigan Compiled Laws, rules which define the term "infectious agent" for purposes of this section.

(4) The department may promulgate rules to administer this section.

(5) A person who violates subsection (2) is guilty of a misdemeanor.

History: Add. 1986, Act 185, Imd. Eff. July 8, 1986.

Compiler's note: Subsection (1) of this section took effect September 2, 1986, the date emergency rules required by subsection (3) were promulgated by the Department of Public Health.

Popular name: Act 368

333.2844 Referral of case to county medical examiner; determining and certifying cause of death; investigation; completing and signing medical certification; notice to funeral director; final disposition.

Sec. 2844. (1) When death occurs more than 10 days after the deceased was last seen by a physician, if the cause of death appears to be other than the illness or condition for which the deceased was being treated, or if the attending physician cannot accurately determine the cause of death, the case shall be referred to the county medical examiner for investigation to determine and certify the cause of death. If the county medical examiner determines that the case does not fall within his or her jurisdiction, the county medical examiner shall refer the case back to the deceased's physician within 24 hours for completion of the medical certification.

(2) When an investigation is required under Act No. 181 of the Public Acts of 1953, as amended, being sections 52.201 to 52.216 of the Michigan Compiled Laws, the county medical examiner shall determine the cause of death and shall complete and sign the medical certification within 48 hours after taking charge of the case.

(3) If the cause of death cannot be determined within 48 hours after death, the medical certification may be completed as provided by the department. The attending physician or county medical examiner shall give the funeral director in custody of the body notice of the reason for the delay, and final disposition shall not be made until authorized by the attending physician or medical examiner.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2844a Dental examination of dead body; forwarding records to law enforcement agency; entering information into national crime information center; cancellation of information.

Sec. 2844a. (1) In deaths investigated by the county medical examiner or deputy county medical examiner where he or she is not able to establish and verify, as required under section 5 of 1953 PA 181, MCL 52.205, the identity of the dead body by visual means, fingerprints, DNA, or other definitive identification procedures, the county medical examiner or deputy county medical examiner may have a qualified dentist, as determined by the county medical examiner or deputy county medical examiner, carry out a dental examination of the dead body. If the county medical examiner or deputy county medical examiner, with the aid of the dental examination and other identifying findings, is still not able to establish the identity of the dead body, the county medical examiner or deputy county medical examiner shall forward the dental examination records to the appropriate law enforcement agency. The law enforcement agency shall enter the information from the dental examination records into the national crime information center pursuant to section 8 of 1968 PA 319, MCL 28.258.

(2) If a person reported missing has not been found within 30 days, the law enforcement agency conducting the investigation for the missing person shall request the family or next of kin of the missing person to give them written consent to contact and request from the dentist of the missing person the person's dental records. The information from the dental records of the missing person shall be entered into the national crime information center by the law enforcement agency pursuant to section 8 of 1968 PA 319, MCL 28.258.

(3) If a person reported missing has been found, the law enforcement agency that entered the information under subsection (2) shall cancel the information.

History: Add. 1980, Act 418, Imd. Eff. Jan. 13, 1981;—Am. 1990, Act 149, Imd. Eff. June 27, 1990;—Am. 2006, Act 570, Imd. Eff. Jan. 3, 2007.

Popular name: Act 368

333.2845 Inability to locate body; registration of death upon receipt of findings of probate court; marking death registration; extension of time periods.

Sec. 2845. (1) When a death is presumed to have occurred in this state but the body cannot be located, the state registrar may register the death upon receipt of the findings of the probate court, including the personal and medical data required to complete the death registration. The death registration shall be marked "presumptive" and shall show on its face the date of registration and identify the court and the date of decree.

(2) The state registrar may provide for the extension of time periods prescribed for the filing of death registrations in cases where compliance would result in undue hardship.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2846 Failure to register death within prescribed time period; filing, registering, and marking certificate; evidentiary requirements.

Sec. 2846. (1) When a death occurring in this state is not registered within the time period prescribed by section 2843, a certificate may be filed in accordance with department procedures. The certificate shall be registered subject to evidentiary requirements the department prescribes to substantiate the alleged facts of death.

(2) A certificate of death registered 1 year or more after the date of death shall be marked "delayed" and shall show on its face the date of the delayed registration.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2847 Death of individual in county in which individual not a resident; information; issuance of certified copy or certificate of registration prohibited.

Sec. 2847. When a death registration returned by a local registrar to the state registrar indicates that an individual died in a county in which the individual was not a resident, the state registrar shall forward the necessary information monthly to the local registrar of the county in which the individual was a resident. A certified copy or certificate of registration based on this information shall not be issued by a local registrar receiving information under this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2848 Authorization for final disposition of dead body or fetus; time; form; retention of permit; religious service or ceremony not required; cremation; moving body; permit issued by other state.

Sec. 2848. (1) Except as otherwise provided in sections 2844 and 2845, a funeral director or person acting as a funeral director, who first assumes custody of a dead body, not later than 72 hours after death or the finding of a dead body and before final disposition of the body, shall obtain authorization for the final disposition. The authorization for final disposition of a dead body must be issued on a form prescribed by the state registrar and signed by the local registrar or the state registrar.

(2) Unless the mother has provided written consent for research on the dead fetus under section 2688, before final disposition of a dead fetus, irrespective of the duration of pregnancy, the funeral director or person assuming responsibility for the final disposition of the fetus or fetal remains shall obtain from the parents, or parent if the mother is unmarried, an authorization for final disposition on a form prescribed and furnished or approved by the state registrar. The authorization may allow final disposition to be by a funeral director, the individual in charge of the institution where the fetus was delivered or miscarried, or an institution or agency authorized to accept donated bodies, fetuses, or fetal remains under this act. The parents, or parent if the mother is unmarried, may direct the final disposition to be interment or cremation as those terms are defined in section 2 of the cemetery regulation act, 1968 PA 251, MCL 456.522, or incineration. After final disposition, the funeral director, the individual in charge of the institution, or other person making the final disposition shall retain the permit for not less than 7 years. This section as amended by 2012 PA 499 does not require a religious service or ceremony as part of the final disposition of fetal remains.

(3) If final disposition is by cremation, the medical examiner of the county in which death occurred shall sign the authorization for final disposition.

(4) A body may be moved from the place of death to be prepared for final disposition with the consent of the physician or county medical examiner who certifies the cause of death.

(5) A permit for disposition issued under the law of another state that accompanies a dead body or dead fetus brought into this state is authorization for final disposition of the dead body or dead fetus in this state.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2002, Act 562, Imd. Eff. Oct. 1, 2002;—Am. 2012, Act 499, Eff. Mar. 31, 2013;—Am. 2023, Act 209, Eff. Feb. 13, 2024.

Popular name: Act 368

333.2850 Interment or other disposition of dead body or fetus; duty of individual in charge of premises; record of final disposition.

Sec. 2850. An individual in charge of premises in which interments or other disposition of dead bodies is made shall not inter or allow interment or other disposition of a dead body or fetus unless it is accompanied by an authorization for final disposition. An individual in charge of a place for final disposition shall keep a record of a final disposition made in the premises under his or her charge. The record shall state the name of the deceased, date and place of death, date of final disposition, and the name and address of the funeral director or person acting as a funeral director.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2851 Permit request for disinterment of dead human body.

Sec. 2851. (1) Subject to any other provision of this part, a person who has authority to make arrangements for a dead human body under section 3206 of the estates and protected individuals code, 1998 PA 386, MCL 700.3206, also has authority to request a permit for the disinterment of a dead human body under section 2853 notwithstanding the lack of consent of, or 1 or more objections of, a person who owns or possesses ownership rights over the place of repose. A person who owns or possesses ownership rights over the place of repose shall not bear any cost associated with the disinterment unless that person initiates the disinterment or is otherwise legally obligated for the costs of the disinterment.

(2) This section does not void or otherwise affect a gift made pursuant to part 101.

History: Add. 1996, Act 284, Imd. Eff. June 17, 1996;—Am. 2006, Act 301, Imd. Eff. July 20, 2006.

Popular name: Act 368

333.2852 Weather conditions requiring storage of dead body; authorization for delayed interment; disinterment and reinterment permit not required.

Sec. 2852. When weather conditions prevent an immediate interment of a dead body and storage is necessary, the individual in charge of a cemetery shall obtain written authorization for delayed interment signed by the next of kin or authorized agent. The authorization shall specify the approximate hour and date of interment and place of temporary storage. This storage is not considered interment and a disinterment and reinterment permit is not required.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2853 Permit for disinterment and reinterment required; issuance; forms for permits and applications; retention of application; copy of permit as permanent record; petition for disinterment order.

Sec. 2853. (1) A permit for disinterment and reinterment is required before disinterment of a dead body. The local health department in whose jurisdiction the body is interred shall issue the permit upon proper application by a licensed funeral director or person acting as a funeral director in accordance with rules promulgated by the department.

(2) A person shall not disinter or permit the disinterment of a dead body in a cemetery and the body's reinterment in a cemetery or removal from the cemetery unless a disinterment and reinterment permit is issued by the local health department in the jurisdiction in which the cemetery is located.

(3) The department shall prepare and furnish to local health departments the forms for permits and applications therefor, which shall be used in the procedures prescribed by this section and section 2852.

(4) The local health department shall retain an application for a disinterment and reinterment permit for not less than 5 years. A duplicate copy of the permit shall be maintained in permanent records of the cemetery from which the body was disinterred.

(5) If a required consent cannot be obtained, a person may petition the circuit court of the county in which the cemetery is located for a disinterment order.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.8051 et seq. of the Michigan Administrative Code.

333.2854 Failure to comply with provisions of MCL 333.2848; violation; state civil infraction; civil fine.

Sec. 2854. A person who violates this part by failing to obtain the proper authorization for final disposition of a dead body as provided under section 2848 is responsible for a state civil infraction as provided under chapter 88 of the revised judicature act of 1961, 1961 PA 236, MCL 600.8801 to 600.8835, and may be ordered to pay a civil fine of not more than \$1,000.00 per violation.

History: Add. 2012, Act 499, Eff. Mar. 31, 2013;—Am. 2023, Act 209, Eff. Feb. 13, 2024.

Popular name: Act 368

333.2855 Autopsy; physician to perform; consent; ordering of autopsy; exceptions; removal, retention, or use of pituitary gland; conditions; charge; submitting pituitary gland for treatment of human being; agreement.

Sec. 2855. (1) An autopsy shall not be performed upon the body of a deceased individual except by a physician who has been granted written consent to perform the autopsy by the person with authority over the burial or disposition of the body under section 3206 of the estates and protected individuals code, 1998 PA 386, MCL 700.3206. This section does not prevent the ordering of an autopsy by a medical examiner or a local health officer.

(2) This section does not apply to a department of anatomy in a school of medicine in this state or to an autopsy, postmortem, or dissection performed pursuant to and under the authority of any other law.

(3) A local health officer may order an autopsy if necessary to carry out the functions vested in a local health department by this code.

(4) A physician, including a medical examiner, performing an autopsy pursuant to subsection (1), (2), or (3) may remove, retain, or use the pituitary gland of the deceased individual if the removal, retention, or use of the pituitary gland is for purposes of medical research, education, or therapy, and the physician is unaware of any direction made by the deceased individual before death or of an objection made by the next of kin of the deceased individual that a part of the deceased individual's body not be removed.

(5) If consent for the performance of the autopsy is required pursuant to subsection (1), the physician shall obtain consent from the same individual for the removal, retention, or use of the pituitary gland of the deceased individual pursuant to subsection (4).

(6) Except for a reasonable charge related to the actual costs incurred and incident to removing and handling the pituitary gland, the removed pituitary gland shall be submitted, without charge, to hospitals, medical education or research institutions, or to individuals or organizations for the purpose of treating another human being. The hospital, medical education or research institution, or other individual or organization receiving the gland shall agree to furnish the gland, or a hormone produced from the gland, without charge.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1982, Act 3, Imd. Eff. Feb. 4, 1982;—Am. 2006, Act 301, Imd. Eff. July 20, 2006

Popular name: Act 368

333.2855a Public display of autopsy photograph; court action; applicability of section to internet service provider; constitutionally protected speech or activity not prohibited; definitions.

Sec. 2855a. (1) A person shall not publicly display an autopsy photograph of a decedent that identifies the decedent by name, face, or other identifying physical feature unless 1 of the following conditions is met:

(a) One of the following individuals specifically provides written authorization for the public display of the autopsy photograph:

(i) A person nominated by will or other writing signed by the decedent.

(ii) If an individual described in subparagraph (i) cannot be identified or located following a diligent and good faith effort, the decedent's spouse.

(iii) If an individual described in subparagraph (i) or (ii) cannot be identified or located following a diligent and good faith effort, an adult child of the decedent.

(iv) If an individual described in subparagraph (i), (ii), or (iii) cannot be identified or located following a diligent and good faith effort, a parent of the decedent.

(v) If an individual described in subparagraph (i), (ii), (iii), or (iv) cannot be identified or located following a diligent and good faith effort, the next of kin of the decedent.

(vi) If an individual described in subparagraph (i), (ii), (iii), (iv), or (v) cannot be identified or located following a diligent and good faith effort, an individual charged by law with the responsibility for burial or cremation of the decedent's body.

(b) The public display of the autopsy photograph is 1 of the following:

(i) Upon written authorization by the prosecuting attorney having jurisdiction for a purpose directly related to the investigation or prosecution of a criminal case.

(ii) Authorized by a court of competent jurisdiction for a purpose directly related to the proceedings in a civil case.

(iii) Required for a health department to carry out its lawful duties.

(iv) Necessary for legitimate research or teaching of only medical, public health, or public safety personnel or students enrolled at a postsecondary educational institution.

(2) A decedent's parent, surviving spouse, and children who are injured as a result of a violation of this section may bring an action in a court of competent jurisdiction to recover \$1,000.00 or actual damages, whichever is greater, plus costs and reasonable attorney fees.

(3) This section does not apply to an internet service provider or computer network service provider who in good faith, and without knowledge of the content of the photograph, provides the medium for public display of the photograph. As used in this subsection, "internet service provider" means a person who provides a service that enables users to access content, information, electronic mail, or other services offered over the internet.

(4) This section does not prohibit constitutionally protected speech or activity.

(5) As used in this section:

(a) "Autopsy photograph" means an image of a decedent obtained during an autopsy of that decedent in this state, and includes an image on videotape, motion picture or other film, or an image captured by digital means.

(b) "Decedent" means a deceased human being.

(c) "Public display" means to knowingly communicate, exhibit, or display in open view or to distribute to members of the public or in a public manner, whether or not for commercial purposes, through any medium of communication including, but not limited to, the internet or a computer, computer network, computer program, or computer system, as those terms are defined in section 2 of 1979 PA 53, MCL 752.792.

History: Add. 2003, Act 322, Eff. Mar. 31, 2004.

333.2861 Original marriage license certificates; filing; incorporating information relating to marriages in system of vital statistics.

Sec. 2861. (1) A local registrar shall file with the state registrar original marriage license certificates, including applications and licenses, in accordance with Act No. 128 of the Public Acts of 1887, as amended, being sections 551.101 to 551.111 of the Michigan Compiled Laws, and Act No. 180 of the Public Acts of 1897, as amended, being sections 551.201 to 551.204 of the Michigan Compiled Laws.

(2) The state registrar shall incorporate the information relating to marriages in this state in the system of

vital statistics.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2864 Report of divorce proceedings; filing; forms; specifying number of divorces granted; report by party petitioning for divorce; signing and filing report; incorporating divorce reports in system of vital statistics.

Sec. 2864. (1) Before the fifth day of each calendar month the clerk of a circuit court shall file with the state registrar a report of divorce proceedings in the court for the preceding month.

(2) The report shall be made on forms prescribed by the state registrar and shall specify the number of divorces granted.

(3) A party petitioning for a divorce shall file with the petition a report, on a form prescribed and furnished by the state registrar to the county clerk, which shall include the information prescribed by the state registrar. When a divorce is granted the clerk of the court shall sign and file the report with the state registrar together with the monthly reports required by this section.

(4) The state registrar shall incorporate the divorce reports in the system of vital statistics.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2867 Information necessary to complete birth, death, marriage, or divorce registration; furnishing on demand; attesting accuracy of personal data regarding live birth registration.

Sec. 2867. (1) Upon the demand of the state registrar, local registrar, or other person responsible for the filing of vital records, a person who has information necessary to complete a birth, death, marriage, or divorce registration shall furnish that information to the person making the demand, who shall forward the information to the state registrar.

(2) A parent of a child shall attest to the accuracy of the personal data provided for in a live birth registration in time to permit filing within the 5 days prescribed in section 2821.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2871 Amendment of certificate or record; procedures; requirements; rules.

Sec. 2871. (1) A certificate or record registered under this part may be amended only in accordance with this part or procedures adopted under section 2896.

(2) Except as provided in subsection (3) and section 2872(1), a certificate or record amended under this section, section 2872, or section 2873 shall:

- (a) Have the original information contained in the amended item expunged.
- (b) Be marked "amended".
- (c) Contain the date of the amendment.
- (d) Identify the item amended.

(3) The department shall promulgate rules to prescribe the conditions under which an addition or minor amendment may be made to a certificate or record not later than 1 year after the date of the event without the certificate or record being considered as amended.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2872 Acknowledgement of paternity; creating new certificate of birth; changing surname of child; sealing original certificate; addendum to certificate of live birth; creating new live birth certificate and sealing original.

Sec. 2872. (1) Upon written request and receipt of an acknowledgment of paternity from the probate court of a child born out of wedlock, the state registrar shall create a new certificate of birth to show paternity. Upon the written request of the parents, the surname of the child must be changed on the certificate to that designated by the parents. The certificate must not be marked "amended". The original certificate of live birth must be sealed in accordance with section 2832.

(2) Upon receipt of a certified copy of a court order changing the name of an individual born in this state and upon request of the individual or the individual's parents, guardian, or legal representative, the state registrar shall affix an addendum to the individual's certificate of live birth, which must state the individual's new name and identify the court order. The state registrar shall create a new live birth certificate and seal the

original certificate only if the court order changing the individual's name specifically directs the state registrar to do so or if the request relates to a minor whose name is changed under section 1 of chapter XI of the probate code of 1939, 1939 PA 288, MCL 711.1.

(3) The requirement under subsection (2) that a court order changing the individual's name must include a specific direction to the state registrar for the state registrar to create a new live birth certificate and seal the original certificate does not apply to a new certificate of birth established under section 2831(c).

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2024, Act 230, Eff. Apr. 2, 2025.

Popular name: Act 368

333.2873 Conditions precluding amendment of vital record; reason for refusal; appeal; reporting amendment; preservation of original information.

Sec. 2873. (1) If an applicant does not submit the minimum documentation required by the department for amending a vital record or if the state registrar has reasonable cause to question the validity or adequacy of the applicant's sworn statement or the documentary evidence, and if the deficiencies are not corrected, the state registrar shall not amend the vital record and shall advise the applicant of the reason for the refusal. The applicant shall have the right to appeal to a circuit court.

(2) When a certificate is amended under this section or section 2871 or 2872, the state registrar shall report the amendment to the appropriate custodian of permanent local records who shall amend the record accordingly.

(3) The original information contained in a vital record which is amended shall be preserved by the state registrar in accordance with section 2876.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2876 Preservation of vital records and vital statistics; procedures.

Sec. 2876. The department shall provide by electronic or other means or by reproduction pursuant to the records media act for the preservation of vital records and vital statistics made or received by the department. Procedures shall be consistent with those established under the authority of part 26. The procedures shall require that vital records be stored in a manner reasonably calculated to assure the indefinite preservation of the information contained in the vital records against loss or destruction.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1992, Act 196, Imd. Eff. Oct. 5, 1992.

Popular name: Act 368

333.2881 Procedures applicable to system of vital statistics; request and fee for verification of facts; request and fee for name and location of court which finalized adoption.

Sec. 2881. (1) The procedures established by the department pursuant to part 26 to protect the confidentiality of records and to regulate the disclosure of data contained in a departmental data system or system of records are applicable to the system of vital statistics.

(2) Except as otherwise provided in section 2890, upon written request and payment of the prescribed fee, the state registrar or local registrar shall verify for any person the following facts:

- (a) The name or names of the individual to whom the vital record pertains.
- (b) The nature of the event.
- (c) The date of the event.
- (d) The place of the event.
- (e) The date of filing.

(3) Upon written request of an adult person who has been adopted, and payment of a fee as prescribed in section 2891, the department shall inform the requester of the name and location of the court which finalized the adoption.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1979, Act 208, Eff. May 14, 1980;—Am. 1987, Act 83, Imd. Eff. June 29, 1987.

Popular name: Act 368

333.2882 Issuance of certain certified copies; request; fee; request of adopted adult or confidential intermediary; phrase to be marked on certificate provided under subsection (2) or (3).

Sec. 2882. (1) Except as otherwise provided in section 2890, on receipt of a written request and payment of the prescribed fee, if any, the state registrar or local registrar shall issue the appropriate 1 of the following:

- (a) A certified copy of a live birth record, an affidavit of parentage filed after June 1, 1997, or a certificate

or other record of stillbirth filed after June 1, 2003 to 1 of the following:

- (i) The individual who is the subject of the record.
- (ii) A parent named in the record.
- (iii) An heir, a legal representative, or a legal guardian of the individual who is the subject of the record.
- (iv) A court of competent jurisdiction.

(b) If the live birth record is 100 or more years old, a certified copy of the live birth record to any applicant.

(c) A certified copy of a death record, including the cause of death, to any applicant.

(d) A certified copy of a marriage or divorce record to any applicant, except as provided by rule.

(e) A certified copy of a fetal death record that was filed before September 30, 1978, to any applicant.

(2) On receipt of a written request of an adult who has been adopted and payment of the prescribed fee, the state registrar shall issue to that individual a copy of his or her original certificate of live birth, if the written request identifies the name of the adult adoptee and is accompanied by a copy of a central adoption registry clearance reply form that was completed by the department and delivered to that individual as required under section 68(9) of the Michigan adoption code, chapter X of the probate code of 1939, 1939 PA 288, MCL 710.68.

(3) On receipt of a written request of a confidential intermediary appointed under section 68b of the Michigan adoption code, chapter X of the probate code of 1939, 1939 PA 288, MCL 710.68b, presentation of a certified copy of the order of appointment, identification of the name of the adult adoptee, and payment of the required fee, the state registrar shall issue to the confidential intermediary a copy of the original certificate of live birth of the adult adoptee on whose behalf the intermediary was appointed.

(4) A copy of the original certificate of live birth provided under subsection (2) or (3) must have the following phrase marked on the face of the copy: "This document is a copy of a sealed record and is not the active birth certificate of the individual whose name appears on this document".

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1987, Act 83, Imd. Eff. June 29, 1987;—Am. 1994, Act 186, Imd. Eff. June 20, 1994;—Am. 1994, Act 206, Eff. Jan. 1, 1995;—Am. 1996, Act 307, Eff. June 1, 1997;—Am. 1997, Act 54, Imd. Eff. July 1, 1997;—Am. 2002, Act 544, Imd. Eff. July 26, 2002;—Am. 2002, Act 691, Eff. Mar. 31, 2003;—Am. 2020, Act 209, Imd. Eff. Oct. 15, 2020.

Popular name: Act 368

333.2882a Heirloom birth certificate; issuance; administration; fee; design; seal; signature of governor; marketing and promotion; certificate not official record; section to be referred to as "Pam Posthumus law."

Sec. 2882a. (1) In addition to the birth record copies and certificates issued under section 2882 and subject to the limitations of section 2882(1)(a) and (b), the state registrar shall issue, upon request and payment of the fee prescribed in subsection (2), an heirloom birth certificate representing the birth of the individual named on the original birth record or certificate. The state registrar may establish procedures for the administration of an heirloom birth certificate. The state registrar shall establish procedures to allow the purchase of a gift card or certificate that can be redeemed by a person eligible to purchase an heirloom birth certificate under this section.

(2) The fee for each heirloom certificate of birth is \$40.00. The state registrar shall transmit \$20.00 of each fee collected under this section to the state treasurer for deposit as a gift or donation into the children's trust fund created in 1982 PA 249, MCL 21.171 to 21.172.

(3) The department shall design each heirloom birth certificate available for issue under subsection (1) consistent with the form and content prescribed under section 2811 and so that it is suitable for display. An heirloom birth certificate may bear the seal of the state and may be signed by the governor.

(4) The department shall market and promote heirloom birth certificates available under this section.

(5) An heirloom birth certificate issued under this section is not an official record of birth and is not the active birth certificate of the individual whose name appears on the document.

(6) This section may be referred to as the "Pam Posthumus law".

History: Add. 2011, Act 28, Imd. Eff. May 16, 2011;—Am. 2012, Act 127, Imd. Eff. May 8, 2012.

Popular name: Act 368

333.2883 Furnishing copies or data from system of vital statistics; requirements; availability of copies of certificates or reports.

Sec. 2883. (1) The department may furnish copies or data from the system of vital statistics to the federal agency responsible for national vital statistics if the federal agency shares in the cost of collecting, processing, and transmitting the data, and if the data is not used for other than statistical purposes by the federal agency unless authorized by the state registrar.

(2) The department may furnish copies or data from the system of vital statistics to federal, state, local, and other public or private agencies for statistical or administrative purposes upon terms or conditions prescribed by the department if the copies or data are used only for the purpose for which requested unless otherwise authorized by the state registrar.

(3) The department may make available copies of certificates or reports required under this part or data derived from the certificates or reports that the department determines are necessary to local health agencies for local health planning and program activities.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2884 Transmitting transcripts of records and other reports to offices of vital statistics outside state; agreement; return of transcripts; transcripts received from other jurisdictions.

Sec. 2884. The state registrar, by agreement, may transmit transcripts of records and other reports required by this part to offices of vital statistics outside this state when the records or other reports relate to residents of those jurisdictions or individuals born in those jurisdictions. The agreement shall require that the transcripts be used for statistical and administrative purposes only as specified in the agreement. The transcripts shall be returned by the other jurisdiction not later than 2 years after the date of the event or after the statistical tabulations have been accomplished, whichever is sooner. Transcripts received from other jurisdictions by the department in this state shall be handled in the same manner.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2885 Transmission of vital records to library of Michigan.

Sec. 2885. (1) The state registrar may transmit on microfilm or microfiche or by other electronic means copies of the following vital record certificates or reports or indexes of the certificates or reports from the system of vital statistics to the library of Michigan to be made available to the public to facilitate genealogical research:

(a) Each death record certificate that is 75 years old or older.

(b) Each marriage record certificate that is 75 years old or older, excluding those marriage record certificates issued under 1897 PA 180, MCL 551.201 to 551.204.

(c) Each divorce record that is 75 years old or older.

(d) Each birth record certificate that is 110 years old or older unless the certificate has been sealed or the disclosure of that certificate is otherwise prohibited by law.

(2) To further facilitate genealogical research, the state registrar may do 1 or more of the following:

(a) Establish and implement a web-based mechanism to provide the public with internet access to those vital record certificates or reports or indexes of the certificates or reports described under subsection (1).

(b) Transmit copies of those vital record certificates or reports or indexes of the certificates or reports described under subsection (1) to federal, state, local, and other public or private entities.

(3) Vital records described under subsection (1)(a), (b), and (c) that were previously sealed by law or rule shall be unsealed and may be released by the state registrar as historical copies of the certificate of a vital event.

(4) The state registrar shall establish procedures for the transmission of those documents described in subsection (1). The state registrar may establish procedures for the updating and correcting of those documents described under subsection (1) that are subsequently amended or replaced.

(5) Vital records copies or information released by the state registrar in accordance with this section and no longer under the supervisory control of the state registrar shall not be considered prima facie evidence of the facts within those copies or other information.

History: Add. 2006, Act 73, Imd. Eff. Mar. 20, 2006.

Popular name: Act 368

Compiler's note: For transfer of powers and duties of library of Michigan and state librarian, except pertaining to services for blind and physically handicapped and those related to census data functions, to department of education, see E.R.O. No. 2009-26, compiled at MCL 399.752.

333.2886 Certified copies considered same as original; prima facie evidence.

Sec. 2886. A certified copy of a vital record, or any part thereof, or a certificate of registration issued in accordance with sections 2881 and 2882 is considered for all purposes the same as the original and is prima facie evidence of the facts stated in the original.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2888 Inspection of vital records, disclosure of information, and issuance of copies; procedures; appeal to state registrar.

Sec. 2888. (1) To protect the integrity of vital records, to insure their proper use, and to insure the efficient and proper administration of the system of vital statistics, a person or governmental entity shall not permit inspection of, disclose information contained in vital records, or copy or issue a copy of all or part of a record except as authorized by this part, by rule, or by order of a court of competent jurisdiction. Vital records and information or any part of the information contained in a vital record is not subject to the provisions of the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246. Procedures shall provide for adequate standards of security and confidentiality of vital records.

(2) The department may establish procedures for the disclosure of information contained in vital records for research purposes.

(3) An appeal from a decision of a custodian of permanent local records refusing to disclose information, or to permit inspection of or copying of records under the authority of this section and procedures adopted under section 2896, shall be made to the state registrar, whose decision is binding on the local custodian of permanent local records.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2002, Act 562, Imd. Eff. Oct. 1, 2002.

Popular name: Act 368

Administrative rules: R 325.3231 et seq. of the Michigan Administrative Code.

333.2889 Tagging birth certificate of missing child; notifying state police of request for copy of certificate; matching LEIN entry and certificate; tagging by local registrar; removal of tag.

Sec. 2889. (1) Upon notification pursuant to section 8 of Act No. 319 of the Public Acts of 1968, being section 28.258 of the Michigan Compiled Laws, that a person less than 17 years of age who was born in this state is missing, the state registrar shall immediately tag the birth certificate of that person in a manner that will alert the registrar to the fact that the birth certificate is that of a missing child. The state registrar shall immediately notify the appropriate local registrars to similarly tag the birth certificate or appropriate document of the missing child. The state registrar shall check to see if a request for a copy of the missing child's birth certificate was received within 14 days preceding the tagging of the birth certificate. If a request had been received, the state registrar shall immediately notify the state police of the request.

(2) The state registrar may access the law enforcement information network to obtain from the law enforcement agency reporting the missing person information necessary to provide a positive match between the missing person's LEIN entry and the missing person's birth certificate.

(3) Upon notification by the state registrar pursuant to subsection (1), the local registrar shall immediately tag the birth certificate or appropriate document of a missing child in a manner that will alert the registrar to the fact that the birth certificate is that of a missing child.

(4) Upon notification pursuant to section 8 of Act No. 319 of the Public Acts of 1968 that the information entered into the law enforcement information network regarding a missing child has been canceled, the state registrar shall remove the tag from the child's birth certificate not later than 7 days after receiving the notice.

(5) Upon removal of a tag by the state registrar pursuant to subsection (4), the state registrar shall immediately notify the local registrar who shall remove the tag from the missing child's birth certificate or appropriate document not later than 7 days after receiving the notice from the state registrar.

History: Add. 1987, Act 83, Imd. Eff. June 29, 1987.

Popular name: Act 368

333.2890 Issuing birth certificate, certificate of registration, or information by mail; marking phrase "missing person" on face of document; telephoning state registrar upon receipt of request for tagged record; providing state registrar with certain information; telephoning state police; notice to law enforcement agency.

Sec. 2890. (1) If a missing child's birth certificate is tagged pursuant to section 2889, the state registrar and local registrar shall only issue a copy of the missing child's birth certificate, certificate of registration, or otherwise verify, certify, or provide information concerning the items indicated in section 2881(2) by mail. The document mailed shall have the phrase "missing person" marked on the face of the document and shall not be mailed until at least 72 hours have passed from the time the registrar notified the department of state police pursuant to subsection (2).

(2) A local registrar shall immediately telephone the state registrar upon receipt of a request for a record tagged pursuant to section 2889 and shall provide as soon as possible a copy of the written request and any pertinent information such as the requester's name, address, and if requested in person, the requester's driver's license number, to the state registrar. If the state registrar receives a request for a record tagged pursuant to section 2889 or the local registrar notifies the state registrar of the receipt of a request for a tagged record, the state registrar shall immediately telephone the state police and shall provide as soon as possible a copy of the written request and any pertinent information such as the requester's name, address, and if requested in person, the requester's driver's license number, to the department of state police. The department of state police shall immediately notify the appropriate law enforcement agency of a request for a tagged record and shall forward to that agency the information received from the registrar.

History: Add. 1987, Act 83, Imd. Eff. June 29, 1987.

Popular name: Act 368

333.2891 Search for vital record; request; fee; official statement if record not located; verification of identity; fees for search, establishment, or registration; furnishing copies without charge; fees for creation of new vital records and corrections of vital records; additional fees; disposition of fees; system of fees for local registrars; vital records fund; "central issuance system" defined.

Sec. 2891. (1) The state registrar or a local registrar shall, on receipt of a written request and payment of the prescribed fee, conduct a search for a vital record for an individual who purports to be eligible under section 2882 or for an agency under section 2883(2) to receive a certified copy, administrative use copy, or a statistical use copy of the requested vital record. However, if a local registrar receives a written request and payment of the fee charged by the local registrar under this section from an individual who purports to be eligible under section 2882 to receive a certified copy of an allowable individual's birth record, the local registrar shall notify the state registrar. On receipt of the notification, the state registrar shall conduct a search for the allowable individual's birth record within 24 hours and shall do 1 of the following, as applicable:

(a) If the local registrar has access to the central issuance system, electronically transmit the allowable individual's birth record to the local registrar. If the local registrar does not have access to the central issuance system, mail a copy of the allowable individual's birth record to the local registrar. This subdivision does not apply to a request for a birth record described in section 2882(2) or (3). As used in this subdivision, "central issuance system" means the database maintained by the state registrar from which a state certified copy of a birth record may be issued.

(b) If the allowable individual's birth record cannot be located after conducting the search for the record, notify the local registrar of that fact.

(2) Except as otherwise provided in subsection (1)(b), if a search for a vital record is conducted by the state registrar and the vital record cannot be located, the state registrar shall issue an official statement that the vital record could not be located instead of a certified copy or an administrative use copy of the vital record. If a search for a vital record is conducted by a local registrar and the vital record cannot be located, the local registrar may issue an official statement as described in this subsection, and the local registrar may waive the prescribed fee.

(3) The state registrar or a local registrar may require an applicant who requests a certified copy, an administrative use copy, or a statistical use copy of a vital record to provide verification of the applicant's identity before releasing the vital record if eligibility for the vital record is restricted under section 2882.

(4) Subject to subsection (8), (19), or (20), the fees for a search for a vital record are as follows:

| | |
|---|------------------|
| (a) A search including 1 certified copy, 1 administrative use copy, or 1 statistical use copy of a vital record or an official statement issued by the state registrar that a vital record could not be located | \$34.00 |
| (b) Additional identical copies ordered at the same time | \$16.00 per copy |
| (c) Additional years searched | \$12.00 per year |
| (d) An authenticated copy | \$42.00 |
| (e) Additional authenticated copies ordered at the same time | \$26.00 per copy |
| (f) Verification of facts delineated in section 2881(2) | \$18.00 |
| (g) Except as otherwise provided in subdivision (h), a request for an expedited search for a vital record under this subsection | \$12.00 |

(h) A request for an expedited search for an authenticated copy of a vital record under subdivision (d) \$25.00

(5) The fees for establishment or registration of a vital record are as follows:

(a) Application for establishment of a delayed certificate of birth or death that includes 1 certified copy or an official denial of the application \$50.00

(b) Registration of a delayed certificate of birth for a foreign born adopted child that includes 1 certified copy \$50.00

(6) On receipt of a formal application of a soldier; sailor; marine; member of the United States Coast Guard; nurse; member of a women's auxiliary; or other individual who is entitled to a bonus, a pension, or other compensation under a law of this state, the United States, or another state or territory of the United States or a service auxiliary for a vital record for the purpose of obtaining the bonus, pension, or compensation, the state registrar shall furnish 1 certified copy of the vital record requested without charge. If the individual who is entitled to the vital record is deceased or mentally incompetent, the state registrar may furnish the copy to an heir, guardian, or legal representative of the individual. The state registrar shall label a certified copy furnished under this subsection with the following statement: "for veteran's benefits only, not for personal use".

(7) On receipt of a formal application, the state registrar or a local registrar shall furnish a certified copy of a vital record without charge to a licensed child placing agency representing a child for adoption purposes. The state registrar or local registrar shall label a certified copy provided under this subsection with the following statement: "for adoption purposes only, not for personal use".

(8) The state registrar shall comply with all of the following:

(a) Subject to subdivision (b), on formal application, charge an individual who is 65 years of age or older a fee of \$14.00 for a search for and 1 certified copy of the individual's birth record.

(b) If the state registrar receives notice from a local registrar under subsection (1), conduct the search and provide the birth record or notification as provided in that subsection without charge to the local registrar or the individual requesting the record.

(9) The state registrar shall charge the following fees for the creation of new vital records and corrections of vital records:

(a) Application to create a new certificate of birth following an adoption; legal change of name for minors; acknowledgement of parentage; sex change; legitimation; order of filiation; a judgment or parentage judgment under the assisted reproduction and surrogacy parentage act; or a request to replace a court filed certificate of adoption \$50.00

(b) Subject to subsection (10), application received within 1 year of the date of the event to create a new certificate of birth or death to correct obvious minor errors and omissions \$50.00

(c) An application with a request for an expedited creation of a new certificate under this subsection \$25.00

(10) The errors and omissions that may be corrected under subsection (9)(b) are limited to the following:

(a) The addition of a given first or middle name if a name was not recorded at the time of filing.

(b) A change to a Social Security number.

(c) The addition of information originally specified as unknown or that was omitted by error.

(d) A minor spelling change.

(11) The state registrar shall charge a fee of \$50.00 for an application to amend birth and death records more than 1 year after the date of the event for the purpose of adding information or correcting an error in information recorded on the document. The state registrar shall charge a fee of \$25.00 for an application with a request for an expedited amendment to a birth or death record under this subsection.

(12) The state registrar shall not charge a fee for any of the following:

(a) Changing a vital record to correct an error made within the office of a local registrar or the state registrar.

(b) Correcting an error if the correction is initiated by the state registrar.

(c) Correcting a vital record if the correction is requested by a county medical examiner for a case within the county medical examiner's jurisdiction.

(d) Correcting a record if the correction is ordered by a court of competent jurisdiction following denial by the department of an application to make the correction.

(e) Correcting a vital record if the correction is requested by a public agency that is the guardian of the individual to whom the vital record pertains.

(13) The state registrar shall charge a fee of \$50.00 for an application to amend a birth record regarding a documented legal change of name for an adult. The state registrar shall charge a fee of \$25.00 for an application with a request for an expedited amendment to a birth record under this subsection.

(14) The state registrar or a local registrar with approval of the state registrar may charge a reasonable fee to cover the costs of special services performed under section 2883, 2884, or 2888.

(15) A local registrar shall deposit fees collected under this section as the governing body of the city or county directs. The state registrar shall transmit fees collected under this section to the state treasurer for deposit into the vital records fund created in section 2892.

(16) The state registrar shall charge a fee of \$12.00 for an application for a copy or a certified copy of a vital records-related document, including, but not limited to, a completed application submitted under this section or a document submitted under this section to support a requested change to a vital record.

(17) The state registrar or a local registrar shall not charge a fee other than a fee prescribed in this section. However, a local governmental unit may adopt a system of fees for local registrars under the jurisdiction of the local governmental unit for a search that provides for fees less than those set forth in this section, and a charter county with a population of more than 1,500,000 may adopt a system of fees for a local registrar under the jurisdiction of that charter county that provides for fees more than those set forth in this section. However, a charter county shall not impose a fee that is greater than the cost of the service for which the fee is charged.

(18) For searches under subsection (4), a local registrar shall charge fees according to the following:

(a) The governing body of a local governmental unit that has jurisdiction over a local registrar may adopt a system of fees for the local registrar that provides for fees less than or equal to the fees set forth in subsection (4). These fees must only be used for the maintenance and sustenance of the vital records fees program, to alleviate any burden to the taxpayers to provide this worthwhile program. A charter county with a population of more than 1,500,000 may adopt a system of fees for a local registrar under the jurisdiction of that charter county that provides for fees that are more than the fees set forth in subsection (4). A charter county shall not impose a fee that is greater than the cost of the service for which the fee is charged. A system of fees adopted under this subdivision must be used by all local registrars under the jurisdiction of the local governmental unit and must be reasonably related to the cost incurred by the local registrar in making the search.

(b) If a system of fees is not adopted by a local registrar's local governmental unit under subdivision (a), the local registrar shall not charge a fee other than a fee prescribed in subsection (4).

(19) On receipt of a formal application, the state registrar shall conduct a search for and furnish to an individual 1 certified copy of the individual's vital record, without charge, if the individual presents all of the following to the state registrar:

(a) A homeless verification letter that states that the individual meets the definition of category 1 homeless as that term is defined by the United States Department of Housing and Urban Development. A verification letter provided under this subdivision must be submitted on the official letterhead of a public service agency. The department may verify the information contained in the letter with the agency of issuance before issuing a certified copy of the vital record.

(b) A photo identification card for the individual that is generated from the United States Department of Housing and Urban Development homeless management information system.

(c) Any information required by the state registrar under subsection (3).

(20) The state registrar shall not charge a fee under subsection (4) for a search and not more than 2 certified copies or authenticated copies of a certificate or other record of stillbirth described in section 2882(1)(a).

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1980, Act 522, Imd. Eff. Jan. 26, 1981;—Am. 1981, Act 63, Imd. Eff. June 8, 1981;—Am. 1984, Act 296, Imd. Eff. Dec. 20, 1984;—Am. 1992, Act 78, Imd. Eff. June 2, 1992;—Am. 2001, Act 31, Imd. Eff. June 29, 2001;—Am. 2004, Act 467, Imd. Eff. Dec. 28, 2004;—Am. 2013, Act 136, Imd. Eff. Oct. 15, 2013;—Am. 2019, Act 89, Imd. Eff. Oct. 7, 2019;—Am. 2020, Act 53, Eff. June 1, 2020;—Am. 2020, Act 209, Imd. Eff. Oct. 15, 2020;—Am. 2024, Act 25, Eff. Apr. 2, 2025.

Compiler's note: Enacting section 1 of Act 136 of 2013 provides:
"Enacting section 1. This amendatory act takes effect October 1, 2013."

Popular name: Act 368

333.2892 Vital records fund creation; duties of state treasurer; disposition of fund; administrator of fund; expenditures; limitation.

Sec. 2892. (1) The vital records fund is created within the state treasury. The state treasurer may receive money or other assets from any source for deposit into the vital records fund. The state treasurer shall direct the investment of money or other assets in the vital records fund. The state treasurer shall credit to the vital records fund interest and earnings from the investment of money or other assets in the vital records fund. Money in the vital records fund at the close of the fiscal year shall remain in the vital records fund and shall not lapse to the general fund.

(2) The department of technology, management, and budget is the administrator of the fund for auditing purposes. The department of technology, management, and budget shall expend money from the fund, upon

appropriation, only for the maintenance and sustainability of the system of vital statistics in this state.

History: Add. 2013, Act 136, Imd. Eff. Oct. 15, 2013.

Compiler's note: Enacting section 1 of Act 136 of 2013 provides:
"Enacting section 1. This amendatory act takes effect October 1, 2013."

Popular name: Act 368

333.2894 Prohibited conduct.

Sec. 2894. (1) A person shall not:

(a) Wilfully and knowingly refuse to provide vital records information required by this part or the rules promulgated pursuant to this part.

(b) Wilfully and knowingly make a false statement in a vital record or report required to be filed under this code, or in an application for an amendment or for a certified copy of a vital record.

(c) Wilfully and knowingly supply false information intending that the information be used in the preparation of a vital record or amendment thereof.

(d) Wilfully and knowingly obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another person, for any purpose of deception, a counterfeited, altered, amended, or mutilated vital record or certified copy thereof.

(e) Wilfully and knowingly furnish or process a vital record or a certified copy of a vital record with the knowledge or intention that it be used for the purposes of deception.

(2) A person shall not make, counterfeit, alter, amend, or mutilate a vital record or report required to be filed under this part with the intent to deceive.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2895 Inspection or copying of information contained in system of vital statistics.

Sec. 2895. The state registrar or a local registrar or an agent or employee of the state or local registrar shall not disclose or permit the inspection or copying of information contained in the system of vital statistics except as authorized by this part or the procedures adopted under section 2896.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2896 Rules; minimum requirements.

Sec. 2896. The department may promulgate rules necessary or appropriate to implement this part. The rules shall include, at a minimum, procedures relating to filings; form and content of vital records; minimum documentation required for the issuance or amendment of certificates or permits; inspection or disclosure of records and sealed files; fees; and the disposition of reports and applications not actively pursued.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.1141 et seq.; R 325.3201 et seq.; R 325.3231 et seq.; and R 325.3251 et seq. of the Michigan Administrative Code.

333.2898 Violation; penalty.

Sec. 2898. A person who violates section 2894 or 2895 is guilty of a misdemeanor punishable by imprisonment for not more than 1 year, or a fine of not more than \$1,000.00, or both.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2899 Reporting violation; statement; initiation of proceedings.

Sec. 2899. The state registrar may report a violation of this part or the rules promulgated pursuant to this part to the attorney general. A statement of the facts and circumstances of the violation shall be submitted with the report. Upon receipt of the report, the attorney general, either directly or through the prosecuting attorney of the county in which the violation occurred, may initiate appropriate proceedings against the person committing and responsible for the alleged violation.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

PART 32 EMERGENCY MEDICAL SERVICES SYSTEM

333.3201-333.3249 Repealed. 1981, Act 79, Imd. Eff. June 30, 1981.

Popular name: Act 368

PART 36
NUTRITION SERVICES SYSTEM

333.3601-333.3625 Expired. 1978, Act 368, Eff. Oct. 1, 1980.

Popular name: Act 368