A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 2690, 2803, 2848, 2854, 9141, 10102, 16221,
16226, 16245, 16299, 17015, and 20115 (MCL 333.2690, 333.2803,
333.2848, 333.2854, 333.9141, 333.10102, 333.16221, 333.16226,
333.16245, 333.16299, 333.17015, and 333.20115), section 2690 as
amended by 2016 PA 386, section 2803 as amended by 2020 PA 54,
sections 2848, 17015, and 20115 as amended and section 2854 as
added by 2012 PA 499, section 9141 as added by 2004 PA 501, section
10102 as amended by 2008 PA 39, section 16221 as amended by 2023 PA
47, section 16226 as amended by 2023 PA 48, section 16245 as
amended by 2014 PA 413, and section 16299 as amended by 2020 PA
375; and to repeal acts and parts of acts.
THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

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 elective 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 elective 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 elective 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 or 2836.

(4) As used in this section:

(a) "Elective abortion" "Abortion" means that term as defined in section 2803. the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a
purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman.

Elective abortion does not include any of the following:

(i) The use or prescription of a drug or device intended as a contraceptive.

(ii) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.

(iii) Treatment on a pregnant woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy.

(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 elective 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 elective 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 elective abortion.

Sec. 2803. (1) "Abortion" means that term as defined in section 17015, 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 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
death 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.

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 shall be issued on a form prescribed by the state registrar and signed by the local registrar or the state registrar.

(2) Except as otherwise provided in section 2836, or 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 the amendatory act that added
this sentence—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.

Sec. 2854. A person who violates this part by failing to
dispose of fetal remains resulting from an abortion as prescribed
in section 2836 or 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.

Sec. 9141. (1) The department shall establish and administer a
grant program to provide grants for the purchase of ultrasound
equipment. The department shall use the grant program to make
grants to qualified entities that apply for a grant and that do not have at least 2 ultrasound machines.

(2) The ultrasound equipment fund is created within the state treasury. The state treasurer may receive money or other assets from any source for deposit into the fund including, but not limited to, state revenues, federal money, gifts, bequests, donations, and money from any other source provided by law. The state treasurer shall direct the investment of the fund. The state treasurer shall credit to the fund interest and earnings from fund investments. Money in the fund at the close of the fiscal year shall remain in the fund and does not lapse to the general fund.

(3) The department shall use the fund to make grants as provided under subsection (1) for the purchase of ultrasound equipment and to cover the administrative costs of the department and the department of treasury in implementing and administering this grant program. An application for a grant under the grant program shall be made on a form or format prescribed by the department. The department may require the applicant to provide information reasonably necessary to allow the department to make a determination required under this section. In making its determination, the department shall give priority to those applicants that do not have an ultrasound machine or that have only 1 ultrasound machine that is outdated based on industry standards. The director of the department shall have final approval of grants made under this section and the director shall only approve grants if the money is available in the fund.

(4) A cash match of at least 50% of the grant or other repayment guarantee with a dedicated funding source is required
before a grant can be awarded.

(5) The department shall not make a grant to a qualified entity for the purchase of ultrasound equipment unless the following conditions are met:

(a) The entity provides family planning or reproductive health services to low-income women at no cost or at a reduced cost.

(b) The entity agrees to comply with each of the following:

(i) Shall have at least 1 ultrasound monitor that is fully accessible to the pregnant *woman* *individual* to view during the performance of *her* *the individual's* ultrasound.

(ii) Inform each pregnant *woman* *individual* upon whom the ultrasound equipment is used that *she* *the individual* has the right to view the ultrasound image.

(iii) If the ultrasound equipment is capable, inform each pregnant *woman* *individual* upon whom the ultrasound equipment is used that *she* *the individual* has the right to record the ultrasound image for *her* *the individual's* own records if *she* *the individual* provides the entity with the videocassette, film, or other medium now known or later developed on which images can be recorded or otherwise stored.

(iv) Certify in writing that the *woman* *individual* was offered an opportunity to view the ultrasound image, obtain the *woman's* *individual's* acceptance or rejection to view the image in writing, and maintain a copy of each in the *woman's* *individual's* medical file.

(v) Shall not use the ultrasound equipment to assist in the performance of an elective abortion.

(vi) Shall have a trained medical professional or a qualified medical director on staff to perform the ultrasound.
(6) The department shall annually prepare a report summarizing the grants made under this section, contractual commitments made and achieved, and a preliminary evaluation of the effectiveness of this section and shall provide a copy of this report to the chairs of the house of representatives and senate appropriations subcommittees for the department of community health.

(7) The department may promulgate rules under the administrative procedures act of 1969 to implement this grant program.

(8) As used in this section:

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

(b) "Elective abortion" means the performance of a procedure involving the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Elective abortion does not include either of the following:

(i) The use or prescription of a drug or device intended as a contraceptive.

(ii) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.

(a) (c) "Entity" means a local agency, organization, or corporation or a subdivision, contractee, subcontractee, or grant recipient of a local agency, organization, or corporation.

(b) (d) "Fund" means the ultrasound equipment fund created...
under subsection (2).

(c) "Qualified entity" means an entity reviewed and determined by the department of community health to satisfy all of the conditions required under subsection (5) and to be technically and logistically capable of providing the quality and quantity of services required within a cost range considered appropriate by the department.

Sec. 10102. As used in this part:

(a) "Adult" means an individual who is at least 18 years of age.

(b) "Agent" means an individual who meets 1 or more of the following requirements:

(i) Is authorized to make health care decisions on the principal's behalf by a power of attorney for health care.

(ii) Is expressly authorized to make an anatomical gift on the principal's behalf by any other record signed by the principal.

(c) "Anatomical gift" means a donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation, therapy, research, or education.

(d) "Body part" means an organ, eye, or tissue of a human being. The term does not include the whole body.

(e) "Decedent" means a deceased individual whose body or body part is or may be the source of an anatomical gift. The term includes a stillborn infant and, subject to this subdivision and restrictions imposed by law other than this part, a fetus. The term does not include a blastocyst, embryo, or fetus that is the subject of an abortion. As used in this subdivision, "abortion" means that term as defined in section 17015.2803.

(f) "Disinterested witness" means a witness who is not a
spouse, child, parent, sibling, grandchild, grandparent, or
guardian of or other adult who exhibited special care and concern
for the individual who makes, amends, revokes, or refuses to make
an anatomical gift. The term does not include a person to which an
anatomical gift could pass under section 10111.

(g) "Document of gift" means a donor card or other record used
to make an anatomical gift. The term includes a statement or symbol
on a driver license, identification card, or donor registry.

(h) "Donor" means an individual whose body or body part is the
subject of an anatomical gift.

(i) "Donor registry" means a database that contains records of
anatomical gifts and amendments to or revocations of anatomical
gifts as provided for in section 10120.

(j) "Driver license" means an operator's or chauffeur's
license or permit issued to an individual by the secretary of state
under chapter III of the Michigan vehicle code, 1949 PA 300, MCL
257.301 to 257.329, for that individual to operate a vehicle,
whether or not conditions are attached to the license or permit.

(k) "Eye" means a human eye or any portion of a human eye.

(l) "Eye bank" means a person that is licensed, accredited, or
regulated under federal or state law to engage in the recovery,
screening, testing, processing, storage, or distribution of human
eyes or portions of human eyes.

(m) "Guardian" means a person appointed by a court to make
decisions regarding the support, care, education, health, or
welfare of an individual. The term does not include a guardian ad
litem.

(n) "Hospital" means a facility licensed as a hospital under
the law of any state or a facility operated as a hospital by the
United States, a state, or a subdivision of a state.

(o) "Identification card" means an official state personal identification card issued by the secretary of state under 1972 PA 222, MCL 28.291 to 28.300.

(p) "Know" means to have actual knowledge.

(q) "Minor" means an individual who is under 18 years of age.

(r) "Organ" means a human kidney, liver, heart, lung, pancreas, or intestine or multivisceral organs when transplanted at the same time as an intestine.

(s) "Organ procurement organization" means a person certified or recertified by the Secretary of the United States Department of Health and Human Services as a qualified organ procurement organization under 42 USC 273(b).

(t) "Parent" means a parent whose parental rights have not been terminated.

(u) "Person" means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality or any other legal or commercial entity.

(v) "Physician" means an individual authorized to practice medicine or osteopathic medicine and surgery under the law of any state.

(w) "Procurement organization" means an eye bank, organ procurement organization, or tissue bank.

(x) "Prospective donor" means an individual who is dead or near death and has been determined by a procurement organization to have a body part that could be medically suitable for
transplantation, therapy, research, or education. The term does not include an individual who has made a refusal.

(y) "Reasonably available" means able to be contacted by a procurement organization without undue effort and willing and able to act in a timely manner consistent with existing medical criteria necessary for the making of an anatomical gift.

(z) "Recipient" means an individual into whose body a decedent's body part has been or is intended to be transplanted.

(aa) "Record" means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

(bb) "Refusal" means a record created under section 10107 that expressly refuses to make an anatomical gift of an individual's body or body part.

(cc) "Sign" means that, with the present intent to authenticate or adopt a record, an individual does either of the following:

(i) Executes or adopts a tangible symbol.

(ii) Attaches to or logically associates with the record an electronic symbol, sound, or process.

(dd) "State" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States.

(ee) "Technician" means an individual determined to be qualified to remove or process body parts by an appropriate organization that is licensed, accredited, or regulated under federal or state law. The term includes an enucleator.

(ff) "Tissue" means a portion of the human body other than an
organ or an eye. The term does not include blood unless the blood is donated for the purpose of research or education.

(gg) "Tissue bank" means a person that is licensed, accredited, or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage, or distribution of tissue.

(hh) "Transplant hospital" means a hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients.

Sec. 16221. Subject to section 16221b, the department shall investigate any allegation that 1 or more of the grounds for disciplinary subcommittee action under this section exist, and may investigate activities related to the practice of a health profession by a licensee, a registrant, or an applicant for licensure or registration. The department may hold hearings, administer oaths, and order the taking of relevant testimony. After its investigation, the department shall provide a copy of the administrative complaint to the appropriate disciplinary subcommittee. The disciplinary subcommittee shall proceed under section 16226 if it finds that 1 or more of the following grounds exist:

(a) Except as otherwise specifically provided in this section, a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully engage in the practice of the health profession.

(b) Personal disqualifications, consisting of 1 or more of the
following:

(i) Incompetence.

(ii) Subject to sections 16165 to 16170a, substance use disorder as that term is defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.

(iii) Mental or physical inability reasonably related to and adversely affecting the licensee's or registrant's ability to practice in a safe and competent manner.

(iv) Declaration of mental incompetence by a court of competent jurisdiction.

(v) Conviction of a misdemeanor punishable by imprisonment for a maximum term of 2 years; conviction of a misdemeanor involving the illegal delivery, possession, or use of a controlled substance; or conviction of any felony other than a felony listed or described in another subparagraph of this subdivision. A certified copy of the court record is conclusive evidence of the conviction.

(vi) Lack of good moral character.

(vii) Conviction of a criminal offense under section 520e or 520g of the Michigan penal code, 1931 PA 328, MCL 750.520e and 750.520g. A certified copy of the court record is conclusive evidence of the conviction.

(viii) Conviction of a violation of section 492a of the Michigan penal code, 1931 PA 328, MCL 750.492a. A certified copy of the court record is conclusive evidence of the conviction.

(ix) Conviction of a misdemeanor or felony involving fraud in obtaining or attempting to obtain fees related to the practice of a health profession. A certified copy of the court record is conclusive evidence of the conviction.

(x) Final adverse administrative action by a licensure,
registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration regulated by another state or a territory of the United States, by the United States military, by the federal government, or by another country. A certified copy of the record of the board is conclusive evidence of the final action.

(xii) Conviction of a misdemeanor that is reasonably related to or that adversely affects the licensee's or registrant's ability to practice in a safe and competent manner. A certified copy of the court record is conclusive evidence of the conviction.

(xiii) Conviction of a violation of section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430. A certified copy of the court record is conclusive evidence of the conviction.

(xiv) Conviction of a criminal offense under section 83, 84, 316, 317, 321, 520b, 520c, 520d, or 520f of the Michigan penal code, 1931 PA 328, MCL 750.83, 750.84, 750.316, 750.317, 750.321, 750.520b, 750.520c, 750.520d, and 750.520f. A certified copy of the court record is conclusive evidence of the conviction.

(xv) Conviction of a violation of section 90 of the Michigan penal code, 1931 PA 328, MCL 750.90, or a violation of a state or federal crime that is substantially similar to the violation described in this subparagraph. A certified copy of the court record is conclusive evidence of the conviction.

(c) Prohibited acts, consisting of 1 or more of the following:

(i) Fraud or deceit in obtaining or renewing a license or
registration.

(ii) Permitting a license or registration to be used by an unauthorized person.

(iii) Practice outside the scope of a license.

(iv) Obtaining, possessing, or attempting to obtain or possess a controlled substance or a drug as that term is defined in section 7105 without lawful authority; or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes.

(d) Except as otherwise specifically provided in this section, unethical business practices, consisting of 1 or more of the following:

(i) False or misleading advertising.

(ii) Dividing fees for referral of patients or accepting kickbacks on medical or surgical services, appliances, or medications purchased by or in behalf of patients.

(iii) Fraud or deceit in obtaining or attempting to obtain third party reimbursement.

(e) Except as otherwise specifically provided in this section, unprofessional conduct, consisting of 1 or more of the following:

(i) Misrepresentation to a consumer or patient or in obtaining or attempting to obtain third party reimbursement in the course of professional practice.

(ii) Betrayal of a professional confidence.

(iii) Promotion for personal gain of an unnecessary drug, device, treatment, procedure, or service.

(iv) Either of the following:

(A) A requirement by a licensee other than a physician or a registrant that an individual purchase or secure a drug, device,
treatment, procedure, or service from another person, place, facility, or business in which the licensee or registrant has a financial interest.

(B) A referral by a physician for a designated health service that violates 42 USC 1395nn or a regulation promulgated under that section. For purposes of this subdivision, 42 USC 1395nn and the regulations promulgated under that section as they exist on June 3, 2002 are incorporated by reference. A disciplinary subcommittee shall apply 42 USC 1395nn and the regulations promulgated under that section regardless of the source of payment for the designated health service referred and rendered. If 42 USC 1395nn or a regulation promulgated under that section is revised after June 3, 2002, the department shall officially take notice of the revision. Within 30 days after taking notice of the revision, the department shall decide whether or not the revision pertains to referral by physicians for designated health services and continues to protect the public from inappropriate referrals by physicians. If the department decides that the revision does both of those things, the department may promulgate rules to incorporate the revision by reference. If the department does promulgate rules to incorporate the revision by reference, the department shall not make any changes to the revision. As used in this sub-subparagraph, "designated health service" means that term as defined in 42 USC 1395nn and the regulations promulgated under that section and "physician" means that term as defined in sections 17001 and 17501.

(v) For a physician who makes referrals under 42 USC 1395nn or a regulation promulgated under that section, refusing to accept a reasonable proportion of patients eligible for Medicaid and refusing to accept payment from Medicaid or Medicare as payment in
full for a treatment, procedure, or service for which the physician
refers the individual and in which the physician has a financial
interest. A physician who owns all or part of a facility in which
the physician provides surgical services is not subject to this
subparagraph if a referred surgical procedure the physician
performs in the facility is not reimbursed at a minimum of the
appropriate Medicaid or Medicare outpatient fee schedule, including
the combined technical and professional components.

(vi) Any conduct by a health professional licensee or
registrant with a patient while the health professional licensee or
registrant is acting within the health profession for which the
health professional licensee or registrant is licensed or
registered, including conduct initiated by a patient or to which
the patient consents, that is sexual or may reasonably be
interpreted as sexual, including, but not limited to, sexual
intercourse, kissing in a sexual manner, or touching of a body part
for any purpose other than appropriate examination, treatment, or
comfort.

(vii) Offering to provide practice-related services, such as
drugs, in exchange for sexual favors.

(viii) A violation of section 16655(4) by a dental therapist.

(f) Failure to notify under section 16222(3) or (4).

(g) Failure to report a change of name or mailing address as
required in section 16192.

(h) A violation, or aiding or abetting in a violation, of this
article or of a rule promulgated under this article.

(i) Failure to comply with a subpoena issued pursuant to this
part, failure to respond to a complaint issued under this article,
article 7, or article 8, failure to appear at a compliance
conference or an administrative hearing, or failure to report under section 16222(1) or 16223.

(j) Failure to pay an installment of an assessment levied under the insurance code of 1956, 1956 PA 218, MCL 500.100 to 500.8302, within 60 days after notice by the appropriate board.

(k) A violation of section 17013 or 17513.

(l) Failure to meet 1 or more of the requirements for licensure or registration under section 16174.

(m) A violation of section 17015, 17015a, 17017, or 17515. 

(n) A violation of section 17016 or 17516.

(o) Failure to comply with section 9206(3).

(p) A violation of section 5654 or 5655.

(q) A violation of section 16274.

(r) A violation of section 17020 or 17520.

(s) A violation of the medical records access act, 2004 PA 47, MCL 333.26261 to 333.26271.

(t) A violation of section 17764(2).

(u) Failure to comply with the terms of a practice agreement described in section 17047(2)(a) or (b), 17547(2)(a) or (b), or 18047(2)(a) or (b).

(v) A violation of section 7303a(2).

(w) A violation of section 7303a(4) or (5).

(x) A violation of section 7303b.

(y) A violation of section 17754a.

(z) Beginning January 1, 2021, a violation of section 24507 or 24509.

Sec. 16226. (1) After finding the existence of 1 or more of the grounds for disciplinary subcommittee action listed in section...
Violations of Section 16221

<table>
<thead>
<tr>
<th>Subdivision (a), (b)(i), (b)(ii), (b)(iii), (b)(iv), (b)(v), (b)(vi), (b)(vii), (b)(ix), (b)(x), (b)(xi), or (b)(xii)</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation, limitation, denial, suspension, revocation, permanent revocation, or restitution, or fine.</td>
<td>Probation, limitation, denial, suspension, revocation, permanent revocation, or restitution, or fine.</td>
</tr>
</tbody>
</table>

Subdivision (b)(vii)

Revocation, permanent revocation, or denial.

Subdivision (b)(xii)

Permanent revocation for a violation described in subsection (5); otherwise, probation, limitation, denial, suspension, revocation, restitution, or fine.

Subdivision (b)(xiv)

Permanent revocation.

Subdivision (c)(i)

Denial, revocation, suspension, probation, limitation, or fine.

Subdivision (c)(ii)

Denial, suspension, revocation, restitution, or fine.

Subdivision (c)(iii)

Probation, denial, suspension, revocation, restitution, or fine.

Subdivision (c)(iv)

Fine, probation, denial, suspension, revocation, permanent revocation, or restitution.

Subdivision (d)(i)

Reprimand, fine, probation,
Subdivision (e)(ii)
Reprimand, fine, probation, suspension, revocation, permanent revocation, denial, or restitution.

Subdivision (e)(iii), (e)(iv), (e)(v), (h), or (e)(r)
Reprimand, probation, suspension, revocation, permanent revocation, denial, or restitution.

Subdivision (e)(vi), (e)(vii), or (e)(viii)
Probation, suspension, revocation, limitation, denial, restitution, or fine.

Subdivision (f)
Reprimand, denial, limitation, probation, or fine.

Subdivision (g)
Reprimand or fine.

Subdivision (j)
Suspension or fine.
Subdivision (k), (o), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z).

Reprimand, probation, suspension, revocation, permanent revocation, or fine.

Subdivision (l)

Reprimand, denial, or limitation.

Subdivision (m) or (n)

Denial, revocation, restitution, probation, suspension, limitation, reprimand, or fine.

Subdivision (n)

Revocation or denial.

Subdivision (o)

Revocation.

Subdivision (p)

Revocation, permanent revocation, fine, or restitution.
this section must be made by a disciplinary subcommittee. If, during judicial review, the court of appeals determines that a final decision or order of a disciplinary subcommittee prejudices substantial rights of the petitioner for 1 or more of the grounds listed in section 106 of the administrative procedures act of 1969, MCL 24.306, and holds that the final decision or order is unlawful and is to be set aside, the court shall state on the record the

reasons for the holding and may remand the case to the disciplinary subcommittee for further consideration.

(3) A disciplinary subcommittee may impose a fine in an amount that does not exceed $250,000.00 for a violation of section 16221(a) or (b). A disciplinary subcommittee shall impose a fine of at least $25,000.00 if the violation of section 16221(a) or (b) results in the death of 1 or more patients.

Subdivision (x) Subject to subsection (7), fine.

Subdivision (y) Fine.

(2) Determination of sanctions for violations under
(4) A disciplinary subcommittee may require a licensee or registrant or an applicant for licensure or registration who has violated this article, article 7, or article 8 or a rule promulgated under this article, article 7, or article 8 to satisfactorily complete an educational program, a training program, or a treatment program, a mental, physical, or professional competence examination, or a combination of those programs and examinations.

(5) A disciplinary subcommittee shall impose the sanction of permanent revocation for a violation of section 16221(b)(xiii) if the violation occurred while the licensee or registrant was acting within the health profession for which the licensee or registrant was licensed or registered.

(6) Except as otherwise provided in subsection (5) and this subsection, a disciplinary subcommittee shall not impose the sanction of permanent revocation under this section without a finding that the licensee or registrant engaged in a pattern of intentional acts of fraud or deceit resulting in personal financial gain to the licensee or registrant and harm to the health of patients under the licensee's or registrant's care. This subsection does not apply if a disciplinary subcommittee finds that a licensee or registrant has violated section 16221(b)(xiv) or (b)(xv).

(7) A disciplinary subcommittee shall impose a fine of not more than $250.00 for each violation of section 16221(y) or 16221(x).

Sec. 16245. (1) Except as otherwise provided in this section or section 16245a, an individual whose license is limited, suspended, or revoked under this part may apply to his or her the individual's board or task force for a reinstatement of a revoked or suspended license or reclassification of a limited license
pursuant to section 16247 or 16249.

(2) Except as otherwise provided in this section or section 16245a, an individual whose registration is suspended or revoked under this part may apply to his or her the individual's board for a reinstatement of a suspended or revoked registration pursuant to section 16248.

(3) A board or task force shall reinstate a license or registration suspended for grounds stated in section 16221(j) upon payment of the installment.

(4) Except as otherwise provided in this section or section 16245a, an applicant shall not apply for reinstatement before the expiration of 3 years after the effective date of the revocation. Except as otherwise provided in this section or section 16245a, in the case of a license or registration that was revoked for a violation of section 16221(b)(vii) or (xiii), a violation of section 16221(c)(iv) consisting of a felony conviction, any other felony conviction involving a controlled substance, or a violation of section 16221(q), 16221(p), an applicant shall not apply for reinstatement before the expiration of 5 years after the effective date of the revocation. The department shall return an application for reinstatement received before the expiration of the applicable time period under this subsection.

(5) The department shall provide an opportunity for a hearing before final rejection of an application for reinstatement unless the application is returned because the applicant is ineligible for reinstatement under subsection (4) or (9).

(6) Based upon the recommendation of the disciplinary subcommittee for each health profession, the department shall adopt
guidelines to establish specific criteria to be met by an applicant for reinstatement under this article, article 7, or article 8. The criteria may include corrective measures or remedial education as a condition of reinstatement. If a board or task force, in reinstating a license or registration, deviates from the guidelines adopted under this subsection, the board or task force shall state the reason for the deviation on the record.

(7) An individual who seeks reinstatement or reclassification of a license or registration under this section shall pay the application processing fee as a reinstatement or reclassification fee. If approved for reinstatement or reclassification, the individual shall pay the per year license or registration fee for the applicable license or registration period.

(8) An individual who seeks reinstatement of a revoked or suspended license or reclassification of a limited license under this section shall have a criminal history check conducted in accordance with section 16174 and submit a copy of the results of the criminal history check to the board with his or her application for reinstatement or reclassification.

(9) An individual whose license is permanently revoked under section 16221 is ineligible for reinstatement. The department shall return an application for reinstatement received if the applicant is ineligible for reinstatement under this subsection.

Sec. 16299. (1) Except as otherwise provided in subsection (2), a person who violates or aids or abets another in a violation of this article, other than those matters described in sections 16294 and 16296, is guilty of a misdemeanor punishable as follows:

(a) For the first offense, by imprisonment for not more than 90 days or a fine of not more than $100.00, or both.
(b) For the second or subsequent offense, by imprisonment for not more than 6 months or a fine of not less than $200.00 nor more than $500.00, or both.

(2) Subsection (1) does not apply to a violation of section 17015, 17015a, 17017, or 17515 or 17517 or to a violation of this article for which another criminal penalty is specifically prescribed.

Sec. 17015. (1) Subject to subsection (10), a physician shall not perform an abortion otherwise permitted by law without the patient's informed written consent, given freely and without coercion to abort.

(2) For purposes of this section and section 17015a:
   (a) "Abortion" means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Abortion does not include the use or prescription of a drug or device intended as a contraceptive.

   (b) "Coercion to abort" means an act committed with the intent to coerce an individual to have an abortion, which act is prohibited by section 213a of the Michigan penal code, 1931 PA 328, MCL 750.213a.

   (c) "Domestic violence" means that term as defined in section 1 of 1978 PA 389, MCL 400.1501.

   (d) "Fetus" means an individual organism of the species Homo sapiens in utero.

   (e) "Local health department representative" means a person an...
individual who meets 1 or more of the licensing requirements listed in subdivision (h) and who is employed by, or under contract to provide services on behalf of, a local health department.

(f) "Medical emergency" means that a condition which, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman-individual as to necessitate the immediate abortion of her-the individual's pregnancy to avert her-the individual's death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.

(g) "Medical service" means the provision of a treatment, procedure, medication, examination, diagnostic test, assessment, or counseling, including, but not limited to, a pregnancy test, ultrasound, pelvic examination, or an abortion.

(h) "Qualified person assisting the physician" means another physician or a physician's assistant licensed under this part or part 175, a fully licensed or limited licensed psychologist licensed under part 182, a professional counselor licensed under part 181, a registered professional nurse or a licensed practical nurse licensed under part 172, or a social worker licensed under part 185.

(i) "Probable gestational age of the fetus" means the gestational age of the fetus at the time an abortion is planned to be performed.

(j) "Provide the patient with a physical copy" means confirming that the patient accessed the internet website described in subsection (5) and received a printed valid confirmation form from the website and including that form in the patient's medical record or giving a patient a copy of a required document by 1 or
more of the following means:

(i) In person.

(ii) By registered mail, return receipt requested.

(iii) By parcel delivery service that requires the recipient to provide a signature in order to receive delivery of a parcel.

(iv) By facsimile transmission.

(3) Subject to subsection (10), a physician or a qualified person assisting the physician shall do all of the following not less than 24 hours before that physician performs an abortion upon a patient who is a pregnant woman:

(a) Confirm that, according to the best medical judgment of a physician, the patient is pregnant, and determine the probable gestational age of the fetus.

(b) Orally describe, in language designed to be understood by the patient, taking into account her age, level of maturity, and intellectual capability, each of the following:

(i) The probable gestational age of the fetus she is carrying.

(ii) Information about what to do and whom to contact should medical complications arise from the abortion.

(iii) Information about how to obtain pregnancy prevention information through the department of community health and human services.

(c) Provide the patient with a physical copy of the written standardized summary described in subsection (11)(b) that corresponds to the procedure the patient will undergo and is provided by the department of community health and human services.

If the procedure has not been recognized by the department of health and human services, but is otherwise allowed under Michigan
law, and the department of health and human services has not
provided a written standardized summary for that procedure, the
physician shall develop and provide a written summary that
describes the procedure, any known risks or complications of the
procedure, and risks associated with live birth and meets the
requirements of subsection (11)(b)(iii) through (vii).

(d) Provide the patient with a physical copy of a medically
accurate depiction, illustration, or photograph and description of
a fetus supplied by the department of community health and human
services pursuant to subsection (11)(a) at the gestational age
nearest the probable gestational age of the patient's fetus.

(e) Provide the patient with a physical copy of the prenatal
care and parenting information pamphlet distributed by the
department of community health and human services under section
9161.

(f) Provide the patient with a physical copy of the
prescreening summary on prevention of coercion to abort described
in subsection (11)(i).

(4) The requirements of subsection (3) may be fulfilled by the
physician or a qualified person assisting the physician at a
location other than the health facility where the abortion is to be
performed. The requirement of subsection (3)(a) that a patient's
pregnancy be confirmed may be fulfilled by a local health
department under subsection (18). The requirements of subsection
(3) cannot be fulfilled by the patient accessing an internet
website other than the internet website that is maintained and
operated by the department of health and human services under
subsection (11)(g).

(5) The requirements of subsection (3)(c) through (f) may be
fulfilled by a patient accessing the internet website that is
maintained and operated by the department of health and human
services under subsection (11)(g) and receiving a printed, valid
confirmation form from the website that the patient has reviewed
the information required in subsection (3)(c) through (f) at least
24 hours before an abortion being performed on the patient. The
website shall not require any information be supplied by the
patient. The department of health and human services shall not
track, compile, or otherwise keep a record of information that
would identify a patient who accesses this website. The patient
shall supply the valid confirmation form to the physician or
qualified person assisting the physician to be included in the
patient's medical record to comply with this subsection.

(6) Subject to subsection (10), before obtaining the patient's
signature on the acknowledgment and consent form, a physician
personally and in the presence of the patient shall do all of the
following:

(a) Provide the patient with the physician's name, confirm
with the patient that the coercion to abort screening required
under section 17015a was performed, and inform the patient of her
the right to withhold or withdraw her consent to the abortion at
any time before performance of the abortion.

(b) Orally describe, in language designed to be understood by
the patient, taking into account her the patient's age, level of
maturity, and intellectual capability, each of the following:

(i) The specific risk, if any, to the patient of the
complications that have been associated with the procedure the
patient will undergo, based on the patient's particular medical
condition and history as determined by the physician.
(ii) The specific risk of complications, if any, to the patient if she chooses to continue the pregnancy based on the patient's particular medical condition and history as determined by a physician.

(7) To protect a patient's privacy, the information set forth in subsection (3) and subsection (6) must not be disclosed to the patient in the presence of another patient.

(8) If at any time before the performance of an abortion, a patient undergoes an ultrasound examination, or a physician determines that ultrasound imaging will be used during the course of a patient's abortion, the physician or qualified person assisting the physician shall provide the patient with the opportunity to view or decline to view an active ultrasound image of the fetus, and offer to provide the patient with a physical picture of the ultrasound image of the fetus before the performance of the abortion. After the expiration of the 24-hour period prescribed under subsection (3) but before performing an abortion on a patient who is a pregnant woman, a physician or a qualified person assisting the physician shall do all of the following:

(a) Obtain the patient's signature on the acknowledgment and consent form described in subsection (11)(c) confirming that she has received the information required under subsection (3).

(b) Provide the patient with a physical copy of the signed acknowledgment and consent form described in subsection (11)(c).

(c) Retain a copy of the signed acknowledgment and consent form described in subsection (11)(c) and, if applicable, a copy of the pregnancy certification form completed under subsection (18)(b), in the patient's medical record.
(9) This subsection does not prohibit notifying the patient that payment for medical services will be required or that collection of payment in full for all medical services provided or planned may be demanded after the 24-hour period described in this subsection has expired. A physician or an agent of the physician shall not collect payment, in whole or in part, for a medical service provided to or planned for a patient before the expiration of 24 hours from the time the patient has done either or both of the following, except in the case of a physician or an agent of a physician receiving capitated payments or under a salary arrangement for providing those medical services:

(a) Inquired about obtaining an abortion after the patient's pregnancy is confirmed and has received from that physician or a qualified person assisting the physician the information required under subsection (3)(c) and (d).

(b) Scheduled an abortion to be performed by that physician.

(10) If the attending physician, utilizing his or her experience, judgment, and professional competence, determines that a medical emergency exists and necessitates performance of an abortion before the requirements of subsections (1), (3), and (6) can be met, the physician is exempt from the requirements of subsections (1), (3), and (6), may perform the abortion, and shall maintain a written record identifying with specificity the medical factors upon which the determination of the medical emergency is based.

(11) The department of community health and human services shall do each of the following:

(a) Produce medically accurate depictions, illustrations, or photographs of the development of a human fetus that indicate by
scale the actual size of the fetus at 2-week intervals from the fourth week through the twenty-eighth week of gestation. Each depiction, illustration, or photograph must be accompanied by a printed description, in nontechnical English, Arabic, and Spanish, of the probable anatomical and physiological characteristics of the fetus at that particular state of gestational development.

(b) Subject to subdivision (e), develop, draft, and print, in nontechnical English, Arabic, and Spanish, written standardized summaries, based upon the various medical procedures used to abort pregnancies, that do each of the following:

(i) Describe, individually and on separate documents, those medical procedures used to perform abortions in this state that are recognized by the department of health and human services.

(ii) Identify the physical complications that have been associated with each procedure described in subparagraph (i) and with live birth, as determined by the department. In identifying these complications, the department shall consider the annual statistical report required under section 2835, and shall consider studies concerning complications that have been published in a peer review medical journal, with particular attention paid to the design of the study, and shall consult with the federal Centers for disease control–Disease Control and prevention, the American congress–Congress of obstetricians–Obstetricians and gynecologists, Gynecologists, the Michigan state medical society–State Medical Society, or any other source that the department of health and human services determines appropriate for the purpose.

(iii) State that as the result of an abortion, some women
individuals may experience depression, feelings of guilt, sleep
disturbance, loss of interest in work or sex, or anger, and that if
these symptoms occur and are intense or persistent, professional
help is recommended.

(iv) State that not all of the complications listed in
subparagraph (ii) may pertain to that particular patient and refer
the patient to her the patient's physician for more personalized
information.

(v) Identify services available through public agencies to
assist the patient during her the patient's pregnancy and after the
birth of her the child, should she the patient choose to give birth
and maintain custody of her the child.

(vi) Identify services available through public agencies to
assist the patient in placing her the child in an adoptive or
foster home, should she the patient choose to give birth but not
maintain custody of her the child.

(vii) Identify services available through public agencies to
assist the patient and provide counseling should she the patient
experience subsequent adverse psychological effects from the
abortion.

(c) Develop, draft, and print, in nontechnical English,
Arabic, and Spanish, an acknowledgment and consent form that
includes only the following language above a signature line for the
patient:

"I, _____________________________ , voluntarily and willfully
hereby authorize Dr. __________________ ("the physician") and any
assistant designated by the physician to perform upon me the
following operation(s) or procedure(s):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
(Name of operation(s) or procedure(s))

A. I understand that I am approximately ____ weeks pregnant. I consent to an abortion procedure to terminate my pregnancy. I understand that I have the right to withdraw my consent to the abortion procedure at any time before performance of that procedure.

B. I understand that it is illegal for anyone to coerce me into seeking an abortion.

C. I acknowledge that at least 24 hours before the scheduled abortion I have received a physical copy of each of the following:
   1. A medically accurate depiction, illustration, or photograph of a fetus at the probable gestational age of the fetus I am carrying.
   2. A written description of the medical procedure that will be used to perform the abortion.
   3. A prenatal care and parenting information pamphlet.

D. If any of the documents listed in paragraph C were transmitted by facsimile, I certify that the documents were clear and legible.

E. I acknowledge that the physician who will perform the abortion has orally described all of the following to me:
   1. The specific risk to me, if any, of the complications that have been associated with the procedure I am scheduled to undergo.
   2. The specific risk to me, if any, of the complications if I choose to continue the pregnancy.

F. I acknowledge that I have received all of the following information:
   1. Information about what to do and whom to contact in the
event that complications arise from the abortion.

2. Information pertaining to available pregnancy related services.

G. I have been given an opportunity to ask questions about the operation(s) or procedure(s).

H. I certify that I have not been required to make any payments for an abortion or any medical service before the expiration of 24 hours after I received the written materials listed in paragraph C, or 24 hours after the time and date listed on the confirmation form if the information described in paragraph C was viewed from the state of Michigan internet website.”.

(d) Make available to physicians through the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery, and to any person upon request, the copies of medically accurate depictions, illustrations, or photographs described in subdivision (a), the written standardized summaries described in subdivision (b), the acknowledgment and consent form described in subdivision (c), the prenatal care and parenting information pamphlet described in section 9161, the pregnancy certification form described in subdivision (f), and the materials regarding coercion to abort described in subdivision (i).

(e) The department shall not develop the written standardized summaries for abortion procedures under subdivision (b), that utilize medication that has not been approved by the United States Food and Drug Administration for use in performing an abortion.

(f) Develop, draft, and print a certification form to be signed by a local health department representative at the time and place a patient has a pregnancy confirmed, as requested by the
patient, verifying the date and time the pregnancy is confirmed.

(g) Develop, operate, and maintain an internet website that allows a patient considering an abortion to review the information required in subsection (3)(c) through (f). After the patient reviews the required information, the department of health and human services shall ensure that a confirmation form can be printed by the patient from the internet website that will verify the time and date the information was reviewed. A confirmation form printed under this subdivision becomes invalid 14 days after the date and time printed on the confirmation form.

(h) Include on the informed consent internet website operated under subdivision (g) a list of health care providers, facilities, and clinics that offer to perform ultrasounds free of charge. The list shall be organized geographically and shall include the name, address, and telephone number of each health care provider, facility, and clinic.

(i) After considering the standards and recommendations of the Joint Commission on Accreditation of Healthcare Organizations, the Michigan domestic and sexual violence prevention and treatment board, the Michigan coalition to end domestic and sexual violence, Coalition to End Domestic and Sexual Violence or successor organization, and the American Medical Association, do all of the following:

   (i) Develop, draft, and print or make available in printable format, in nontechnical English, Arabic, and Spanish, a notice that is required to be posted in facilities and clinics under section 17015a. The notice shall be at least 8-1/2 inches by 14
inches, shall be printed in at least 44-point type, and shall contain at a minimum all of the following:

(A) A statement that it is illegal under Michigan law to coerce a woman an individual to have an abortion.

(B) A statement that help is available if a woman an individual is being threatened or intimidated; is being physically, emotionally, or sexually harmed; or feels afraid for any reason.

(C) The telephone number of at least 1 domestic violence hotline and 1 sexual assault hotline.

(ii) Develop, draft, and print or make available in printable format, in nontechnical English, Arabic, and Spanish, a prescreening summary on prevention of coercion to abort that, at a minimum, contains the information required under subparagraph (i) and notifies the patient that an oral screening for coercion to abort will be conducted before her giving written consent to obtain an abortion.

(iii) Develop, draft, and print screening and training tools and accompanying training materials to be utilized by a physician or qualified person assisting the physician while performing the coercion to abort screening required under section 17015a. The screening tools shall instruct the physician or qualified person assisting the physician to orally communicate information to the patient regarding coercion to abort and to document the findings from the coercion to abort screening in the patient's medical record.

(iv) Develop, draft, and print protocols and accompanying training materials to be utilized by a physician or a qualified person assisting the physician if a patient discloses coercion to abort or that domestic violence is occurring, or both, during the
coercion to abort screening. The protocols **shall** instruct the physician or qualified person assisting the physician to do, at a minimum, all of the following:

(A) Follow the requirements of section 17015a as applicable.
(B) Assess the patient's current level of danger.
(C) Explore safety options with the patient.
(D) Provide referral information to the patient regarding law enforcement and domestic violence and sexual assault support organizations.
(E) Document any referrals in the patient's medical record.

(12) A physician's duty to inform the patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would possess.

(13) A written consent form meeting the requirements set forth in this section and signed by the patient is presumed valid. The presumption created by this subsection may be rebutted by evidence that establishes, by a preponderance of the evidence, that consent was obtained through fraud, negligence, deception, misrepresentation, coercion, or duress.

(14) A completed certification form described in subsection (11)(f) that is signed by a local health department representative is presumed valid. The presumption created by this subsection may be rebutted by evidence that establishes, by a preponderance of the evidence, that the physician who relied upon the certification had actual knowledge that the certificate contained a false or misleading statement or signature.

(15) This section does not create a right to abortion.

(16) Notwithstanding any other provision of this section, a
person shall not perform an abortion that is prohibited by law.

(17) If any portion of this act or the application of this act to any person or circumstances is found invalid by a court, that invalidity does not affect the remaining portions or applications of the act that can be given effect without the invalid portion or application, if those remaining portions are not determined by the court to be inoperable.

(18) Upon a patient's request, each local health department shall comply with the following:

(a) Provide a pregnancy test for that patient to confirm the pregnancy as required under subsection (3)(a) and determine the probable gestational stage of the fetus. The local health department need not comply with this subdivision if the requirements of subsection (3)(a) have already been met.

(b) If a pregnancy is confirmed, ensure that the patient is provided with a completed pregnancy certification form described in subsection (11)(f) at the time the information is provided.

(19) The identity and address of a patient who is provided information or who consents to an abortion pursuant to this section is confidential and is subject to disclosure only with the consent of the patient or by judicial process.

(20) A local health department with a file containing the identity and address of a patient described in subsection (19) who has been assisted by the local health department under this section shall do both of the following:

(a) Only release the identity and address of the patient to a physician or qualified person assisting the physician in order to verify the receipt of the information required under this section.

(b) Destroy the information containing the identity and
address of the patient within 30 days after assisting the patient under this section.

Sec. 20115. (1) The department may promulgate rules to further define the term "health facility or agency" and the definition of a health facility or agency listed in section 20106 as required to implement this article. The department may define a specific organization as a health facility or agency for the sole purpose of certification authorized under this article. For purpose of certification only, an organization defined in section 20106(5), 20108(1), or 20109(4) is considered a health facility or agency. The term "health facility or agency" does not mean a visiting nurse service or home aide service conducted by and for the adherents of a church or religious denomination for the purpose of providing service for those who depend upon spiritual means through prayer alone for healing.

(2) The department shall promulgate rules to differentiate a freestanding surgical outpatient facility from a private office of a physician, dentist, podiatrist, or other health professional. The department shall specify in the rules that a facility including, but not limited to, a private practice office described in this subsection must be licensed under this article as a freestanding surgical outpatient facility if that facility performs 120 or more surgical abortions per year and publicly advertises outpatient abortion services.

(3) The department shall promulgate rules that in effect republish R 325.3826, R 325.3832, R 325.3835, R 325.3857, R 325.3866, R 325.3867, and R 325.3868 of the Michigan administrative code, but shall include in the rules standards for a freestanding surgical outpatient facility or private practice office that
performs 120 or more surgical abortions per year and that publicly advertises outpatient abortion services. The department shall assure that the standards are consistent with the most recent United States supreme court decisions regarding state regulation of abortions.

(4) Subject to section 20145 and part 222, the department may modify or waive 1 or more of the rules contained in R 325.3801 to R 325.3877 of the Michigan administrative code regarding construction or equipment standards, or both, for a freestanding surgical outpatient facility that performs 120 or more surgical abortions per year and that publicly advertises outpatient abortion services, if both of the following conditions are met:

(a) The freestanding surgical outpatient facility was in existence and operating on December 31, 2012.

(b) The department makes a determination that the existing construction or equipment conditions, or both, within the freestanding surgical outpatient facility are adequate to preserve the health and safety of the patients and employees of the freestanding surgical outpatient facility or that the construction or equipment conditions, or both, can be modified to adequately preserve the health and safety of the patients and employees of the freestanding surgical outpatient facility without meeting the specific requirements of the rules.

(5) By January 15 each year, the department of community health shall provide the following information to the department of licensing and regulatory affairs:

(a) From data received by the department of community health through the abortion reporting requirements of section 2835, all of the following:
(i) The name and location of each facility at which abortions were performed during the immediately preceding calendar year.

(ii) The total number of abortions performed at that facility location during the immediately preceding calendar year.

(iii) The total number of surgical abortions performed at that facility location during the immediately preceding calendar year.

(b) Whether a facility at which surgical abortions were performed in the immediately preceding calendar year publicly advertises abortion services.

(6) As used in this section:

(a) "Abortion" means that term as defined in section 17015.

(b) "Publicly advertises" means to advertise using directory or internet advertising including yellow pages, white pages, banner advertising, or electronic publishing.

(c) "Surgical abortion" means an abortion that is not a medical abortion as that term is defined in section 17017.

Enacting section 1. Sections 2835, 2836, 2837, 17014, 17016, 17017, 17516, 17517, and 22224 of the public health code, 1978 PA 368, MCL 333.2835, 333.2836, 333.2837, 333.17014, 333.17016, 333.17017, 333.17516, 333.17517, and 333.22224, are repealed.

Enacting section 2. This amendatory act does not take effect unless all of the following bills of the 102nd Legislature are enacted into law:

(a) House Bill No. 4949.

(b) House Bill No. 4955.