No. 57 STATE OF MICHIGAN

JOURNAL OF THE

House of Representatives

90th Legislature REGULAR SESSION OF 2000

House Chamber, Lansing, Wednesday, June 21, 2000.

12:01 a.m.

The House was called to order by the Speaker Pro Tempore.

The roll was called by the Clerk of the House of Representatives, who announced that a quorum was present.

Allen—present	Frank—present
Baird—present	Garcia—present
Basham—present	Garza—present
Birkholz—present	Geiger—present
Bisbee—present	Gieleghem—present
Bishop—present	Gilbert—present
Bogardus—present	Godchaux—present
Bovin—present	Gosselin—present
Bradstreet—present	Green—present
Brater—present	Hager—present
Brewer—present	Hale—present
Brown, Bob—present	Hanley—present
Brown, Cameron—present	Hansen—present
Byl—present	Hardman—e/d/s
Callahan—present	Hart—present
Cassis—present	Howell—present
Caul—present	Jacobs—present
Cherry—present	Jamnick—present
Clark—present	Jansen—present
Clarke—present	Jelinek—present
Daniels—present	Jellema—present
DeHart—present	Johnson, Rick—present
Dennis—present	Johnson, Ruth—present
DeRossett—present	Julian—present
DeVuyst—present	Kelly—present
DeWeese—present	Kilpatrick—present
Ehardt—present	Koetje—present
Faunce—present	Kowall—present

Kuipers—present
Kukuk—present
LaForge—present
LaSata—present
Law—present
Lemmons—excused
Lockwood—present
Mans—present
Martinez—present
Mead—present
Middaugh—present
Minore—present
Mortimer—present
Neumann—present
O'Neil—present
Pappageorge—present
Patterson—present
Perricone—present
Pestka—present
Price—present
Prusi—present
Pumford—present
Quarles—present
Raczkowski—present
Reeves—present
Richardville—present
Richner—present

Disan present
Rison—present
Rivet—present
Rocca—present
Sanborn—present
Schauer—present
Schermesser—present
Scott—present
Scranton—present
Shackleton—present
Sheltrown—present
Shulman—present
Spade—present
Stallworth—present
Stamas—present
Switalski—present
Tabor—present
Tesanovich—present
Thomas—present
Toy—present
Vander Roest—present
Van Woerkom—present
Vaughn—present
Vear—present
Voorhees—present
Wojno—present
Woodward—present
Woronchak—present
morenak present

Rep. Larry DeVuyst, from the 93rd District, offered the following invocation:

"Heavenly Father, as we gather today in what may be the final hours of session before we go our separate ways, let us reflect upon the role of leadership with which each of us has been blessed and Your words to us in the 11th chapter of Corinthians: 'Be shepherds of God's flock that is under your care, serving as overseers not because you must, but because you were willing as God wants you to be; not greedy for money, but eager to serve; not lording it over those entrusted to you, but being examples to the flock.'

Lord, we thank You for entrusting us with our roles of leadership. May we use our authority wisely and justly today as we deliberate the matters of state. In Thy holy name we pray. Amen."

Rep. Scott moved that Rep. Lemmons be excused from today's session. The motion prevailed.

The Speaker Pro Tempore called Associate Speaker Pro Tempore Scranton to the Chair.

Messages from the Senate

Senate Concurrent Resolution No. 41.

A concurrent resolution prescribing the legislative schedule.

Resolved by the Senate (the House of Representatives concurring), That when the Senate adjourns on Wednesday, June 21, 2000, it stands adjourned until Tuesday, September 19, 2000, at 10:00 a.m.; and be it further

Resolved, That when the House of Representatives adjourns on Wednesday, June 21, 2000, it stands adjourned until Tuesday, September 26, 2000, at 2:00 p.m.

The Senate has adopted the concurrent resolution.

Pending the reference of the concurrent resolution to a committee,

Rep. Raczkowski moved that Rule 77 be suspended and the concurrent resolution be considered at this time.

The motion prevailed, 3/5 of the members present voting therefor.

The question being on the adoption of the concurrent resolution,

The concurrent resolution was adopted.

The Speaker laid before the House

House Bill No. 5721, entitled

A bill to amend 1991 PA 179, entitled "Michigan telecommunications act," by amending sections 101, 103, 201, 203, 203a, 213, 302, 303, 304, 310, 312, 502, 503, 506, and 601 (MCL 484.2101, 484.2103, 484.2201, 484.2203, 484.2203a, 484.2213, 484.2302, 484.2303, 484.2304, 484.2310, 484.2312, 484.2502, 484.2503, 484.2506 and 484.2601), sections 101, 203, 213, 303, 304, 310, 312 and 601 as amended and sections 203a, 502, and 503 as added by 1995 PA 216 and section 506 as added by 1998 PA 259 and by adding sections 214, 316a, 507, and 701; and to repeal acts and parts of acts.

(The bill was received from the Senate on June 20, with substitute (S-14), title amendment and immediate effect given by the Senate, consideration of which, under the rules, was postponed until today, see House Journal No. 56, p. 1930.) The question being on concurring in the substitute (S-14) made to the bill by the Senate,

Rep. Clarke moved to amend the Senate substitute (S-14) as follows:

1. Amend page 18, following line 14, following subsection (7), by inserting:

"(8) AFTER NOTICE AND HEARING, THE COMMISSION SHALL DETERMINE WHAT AMOUNT, IF ANY, OF THE PREVIOUSLY ASSESSED INTRASTATE SUBSCRIBER LINE CHARGES OR END-USER LINE CHARGES WERE JUST AND REASONABLE. FIFTY PERCENT OF THE AMOUNT DETERMINED TO BE JUST AND REASONABLE MAY BE RECOVERED BY THE PROVIDER FROM TOLL SERVICE PROVIDERS. ANY PORTION OF THE LINE CHARGES ASSESSED AGAINST THE TOLL PROVIDER SHALL NOT BE PASS ON TO THE END-USER." and renumbering the remaining subsection.

The motion did not prevail and the amendment was not adopted, a majority of the members serving not voting therefor.

Rep. Thomas moved to amend the Senate substitute (S-14) as follows:

1. Amend page 29, following line 18, by inserting:

"Enacting section 1. This amendatory act does not take effect unless House Bill No. 5116 of the 90th Legislature is enacted into law.".

The question being on the adoption of the amendment offered by Rep. Thomas,

Rep. Thomas demanded the yeas and nays.

The demand was supported.

The question being on the adoption of the amendment offered by Rep. Thomas,

The amendment was not adopted, a majority of the members serving not voting therefor, by yeas and nays, as follows:

Roll Call No. 824

Yeas—53

Baird	Dennis	Law	Rivet
Basham	Frank	Lockwood	Schauer
Bisbee	Garza	Mans	Schermesser
Bogardus	Gieleghem	Martinez	Scott
Bovin	Hale	Minore	Sheltrown
Brater	Hanley	Neumann	Spade
Brewer	Hansen	O'Neil	Switalski
Brown, B.	Hardman	Pestka	Tesanovich
Callahan	Jacobs	Price	Thomas
Cherry	Jamnick	Prusi	Vander Roest
Clark, I.	Kelly	Quarles	Vaughn
Clarke, H.	Kilpatrick	Reeves	Wojno
Daniels	LaForge	Rison	Woodward
DeHart	-		

Nays—54

Allen	Geiger	Koetje	Richardville
Birkholz	Gilbert	Kowall	Richner
Bishop	Godchaux	Kuipers	Sanborn
Bradstreet	Gosselin	Kukuk	Scranton
Brown, C.	Green	LaSata	Shackleton
Byl	Hager	Mead	Shulman
Cassis	Hart	Middaugh	Stamas
Caul	Howell	Mortimer	Tabor
DeRossett	Jansen	Pappageorge	Toy
DeVuyst	Jelinek	Patterson	Van Woerkom
DeWeese	Jellema	Perricone	Vear
Ehardt	Johnson, Rick	Pumford	Voorhees
Faunce	Johnson, Ruth	Raczkowski	Woronchak
Garcia	Julian		

In The Chair: Scranton

Rep. Hale moved that Rep. Stallworth be excused from the balance of today's session. The motion prevailed.

Richner

The question being on concurring in the substitute (S-14) made to the bill by the Senate,

Rep. Basham moved that consideration of the bill be postponed for the day.

The question being on the motion made by Rep. Basham,

Rep. Basham demanded the yeas and nays,

The demand was supported.

The question being on the motion made by Rep. Basham,

The motion did not prevail, a majority of the members serving not voting therefor, by yeas and nays, as follows:

Roll Call No. 825 Yeas—51

Geiger

Baird DeHart LaForge Rivet Basham Dennis Lockwood Schauer Bisbee Frank Mans Schermesser **Bogardus** Garza Martinez Scott Bovin Gieleghem Minore Sheltrown Spade Brater Hale Neumann Brewer Hanley O'Neil Switalski Brown, B. Hansen Pestka Tesanovich Callahan Hardman Price Thomas Vaughn Cherry Jacobs Prusi Clark, I. Jamnick Ouarles Woino Clarke, H. Kelly Reeves Woodward Kilpatrick Daniels Rison

Nays-56

Kowall

Birkholz Gilbert Kuipers Rocca Bishop Godchaux Kukuk Sanborn Bradstreet Gosselin LaSata Scranton Brown, C. Hager Law Shackleton Byl Hart Mead Shulman Cassis Howell Middaugh Stamas Caul Jansen Mortimer Tabor DeRossett Jelinek Pappageorge Toy Patterson Van Woerkom DeVuvst Jellema DeWeese Johnson, Rick Perricone Vander Roest Ehardt Johnson, Ruth Pumford Vear Voorhees Faunce Julian Raczkowski Garcia Koetje Richardville Woronchak

In The Chair: Scranton

Allen

The question being on concurring in the substitute (S-14) made to the bill by the Senate,

The substitute (S-14) was concurred in, a majority of the members serving voting therefor, by yeas and nays, as follows:

Roll Call No. 826 Yeas—61

Allen	Geiger	Kowall	Rocca
Birkholz	Gilbert	Kuipers	Sanborn

Garcia

Bishop
Bradstreet
Brown, C.
Byl
Callahan
Cassis
Caul
DeRossett
DeVuyst
DeWeese
Ehardt
Faunce
Frank

Godchaux
Gosselin
Green
Hager
Hart
Howell
Jansen
Jelinek
Jellema
Johnson, Rick
Johnson, Ruth
Julian
Koetje

Kukuk
LaSata
Mead
Middaugh
Mortimer
Neumann
Pappageorge
Patterson
Perricone
Pestka
Pumford
Raczkowski
Richardville

Schauer Scranton Shackleton Sheltrown Shulman Spade Stamas Tabor Van Woerkom Vander Roest

Vear Voorhees Woronchak

Nays—45

Baird
Basham
Bisbee
Bogardus
Bovin
Brater
Brewer
Brown, B.
Cherry
Clark, I.
Clarke, H.
Daniels

DeHart
Dennis
Garza
Gieleghem
Hale
Hanley
Hansen
Hardman
Jacobs
Jamnick
Kelly

Kilpatrick
LaForge
Law
Lockwood
Mans
Martinez
Minore
O'Neil
Price
Prusi
Quarles

Reeves Rison Rivet Schermesser Scott Switalski Tesanovich Thomas Vaughn Wojno Woodward

In The Chair: Scranton

The House agreed to the title as amended.

Rep. Middaugh moved that the bill be given immediate effect.

The motion prevailed, 2/3 of the members serving voting therefor.

The bill was referred to the Clerk for enrollment printing and presentation to the Governor.

Reps. Jamnick, Lockwood, Jacobs, Bogardus, Thomas, Basham, Garza, Gieleghem, Reeves and Hardman, having reserved the right to explain their nay vote, made the following statement:

"Mr. Speaker and members of the House:

I voted no on House Bill 5721 because I believe that it was a rushed, half hearted attempt at enhancing competition and provided no real and lasting benefits to residential and small business customers. I voted no because I supported the House Democratic substitute which would have provided real rate relief, enhanced competition and restored Michigan to the forefront of telecommunications infrastructure. Specifically the House Democratic substitute provided the following:

10 percent rate cut (15 percent for seniors) on all services for a fixed number of years

Elimination of the subscriber line charge

Refunding the money collected from subscriber line charges since 1995 directly to customers

Giving half of the fine money collected from slamming and cramming fines to the victim

Made all calls within a LATA local calls

Because the bill that passed the House did not contain these strong pro-residential and small business provisions I voted no."

Rep. Scott, having reserved the right to explain her nay vote, made the following statement:

"Mr. Speaker and members of the House:

I voted no (H.B. 5721 Senate Sub S-14) because Senate bill weakens the slamming protection in the House passed bill. The House bill placed the burden of proof on the slammer. The Senate Bill puts the burden of proof upon the consumer.

Jobs are in jeopardy. The local telephone companies employ about 18,000 Michigan citizens. The local telephone companies invest more than a half billion every year. The Senate bill gives a 30 million windfall to the long distance companies who provide very few jobs and no investment.

This bill changes area code boundaries. If implemented, this means area code changes for hundreds of thousands of Michigan citizens who will look to the legislature for an explanation.

I didn't vote for the H.B. and like this one even less."

Rep. Clark, having reserved the right to explain her nay vote, made the following statement:

"Mr. Speaker and members of the House:

I voted no on House Bill 5721 because I believe that it was a rushed, half hearted attempt at enhancing competition and provided no real and lasting benefits to residential and small business customers. I voted no because I supported the House Democratic substitute which would have provided real rate relief, enhanced competition and restored Michigan to the forefront of telecommunications infrastructure. Specifically the House Democratic substitute provided the following:

10 percent rate cut (15 percent for seniors) on all services for a fixed number of years

Elimination of the subscriber line charge

Refunding the money collected from subscriber line charges since 1995 directly to customers

Giving half of the fine money collected from slamming and cramming fines to the victim

Made all calls within a LATA local calls

Because the bill that passed the House did not contain these strong pro-residential and small business provisions I voted no. The elimination of the slamming and cramming was especially important and therefore contributed to my decision to vote no."

Rep. Wojno, having reserved the right to explain his nay vote, made the following statement:

"Mr. Speaker and members of the House:

I voted no on House Bill 5721 because I believe that it was a rushed, half hearted attempt at enhancing competition and provided no real and lasting benefits to residential and small business customers. I voted no because I supported the House Democratic substitute which would have provided real rate relief, enhanced competition and restored Michigan to the forefront of telecommunications infrastructure. Specifically the House Democratic substitute would have provided:

10 percent rate cut (15 percent for seniors) on all services for a fixed number of years

Elimination of the subscriber line charge

Refunding the money collected from subscriber line charges since 1995 directly to customers

Giving half of the fine money collected from slamming and cramming fines to the victim

Made all calls within a LATA local calls

HB 5721 failed to provide reductions in charges for local toll calls and trades one phone monopoly for another by providing a \$30 million windfall for long distance companies. HB 5721 fails in providing consumer protection to the citizens of the State of Michigan."

Rep. Minore, having reserved the right to explain his nay vote, made the following statement:

"Mr. Speaker and members of the House:

I voted no on House Bill 5721 because I believe that it was a rushed, half hearted attempt at enhancing competition and provided no real and lasting benefits to residential and small business customers. I voted no because I supported the House Democratic substitute which would have provided real rate relief, enhanced competition and restored Michigan to the forefront of telecommunications infrastructure. Specifically the House Democratic substitute provided the following:

10 percent rate cut (15 percent for seniors) on all services for a fixed number of years

Elimination of the subscriber line charge

Refunding the money collected from subscriber line charges since 1995 directly to customers

Giving half of the fine money collected from slamming and cramming fines to the victim

Made all calls within a LATA local calls

Because the bill that passed the House did not contain these strong pro-residential and small business provisions I voted no.

Furthermore, I believe that a very temporary rate freeze will be lifted in short order and that within 6 months to 1 year the average residential phone customer will be paying more in telephone charges, effectively leaving residential users subsidizing business customers."

Rep. Dennis, having reserved the right to explain her nay vote, made the following statement:

"Mr. Speaker and members of the House:

I voted no on House Bill 5721 because I believe that it was a rushed, half hearted attempt at enhancing competition and provided no real and lasting benefits to residential and small business customers. I voted no because I supported the House Democratic substitute which would have provided real rate relief, enhanced competition and restored Michigan to the forefront of telecommunications infrastructure. Specifically the House Democratic substitute provided the following:

10 percent rate cut (15 percent for seniors) on all services for a fixed number of years

Elimination of the subscriber line charge

Refunding the money collected from subscriber line charges since 1995 directly to customers

Giving half of the fine money collected from slamming and cramming fines to the victim

Made all calls within a LATA local calls

Furthermore, the bill weakened the slamming and cramming provisions that were in place in the earlier House passed version.

Because the bill that passed the House did not contain these strong pro-residential and small business provisions I voted no."

Rep. Woodward, having reserved the right to explain his nay vote, made the following statement:

"Mr. Speaker and members of the House:

I voted no on House Bill 5721 because I believe that it was a rushed, half hearted attempt at enhancing competition and provided no real and lasting benefits to residential and small business customers. I voted no because I supported the House Democratic substitute which would have provided real rate relief, enhanced competition and restored Michigan to the forefront of telecommunications infrastructure. Specifically the House Democratic substitute provided the following:

10 percent rate cut (15 percent for seniors) on all services for a fixed number of years

Elimination of the subscriber line charge

Refunding the money collected from subscriber line charges since 1995 directly to customers

Giving half of the fine money collected from slamming and cramming fines to the victim

Made all calls within a LATA local calls

Furthermore, the slamming and cramming provisions in the bill puts the burden of proof on the consumer instead of the phone company that allegedly was in engaged in slamming or cramming activities. Attempts to add consumer protection language was defeated by the Republican Majority.

We had an opportunity to write and pass a bill that is pro-consumer and pro-small business. The Legislature failed however to meet this objective. Therefore, for all of the above mentioned reasons, I voted No!"

Rep. Hale moved that Rep. Quarles be excused from the balance of today's session.

The motion prevailed.

Rep. Scott moved that Reps. Vaughn and Daniels be excused from the balance of today's session.

The motion prevailed.

Rep. Caul, under Rule 33, made the following statement:

"Mr. Speaker and members of the House:

I was absent from the Chamber when the vote was taken on Roll Call No. 813. Had I been present, I would have voted 'yea' on Roll Call No. 813."

By unanimous consent the House returned to the consideration of

Reports of Select Committees

The Speaker laid before the House the second conference report relative to

House Bill No. 5275, entitled

A bill to make appropriations for the department of consumer and industry services and certain other state purposes for the fiscal year ending September 30, 2001; to provide for the expenditure of those appropriations; to provide for the imposition of certain fees; to provide for the disposition of fees and other income received by the state agencies;

to provide for reports to certain persons; and to prescribe powers and duties of certain state departments and certain state and local agencies and officers.

(The conference report was reported by the second conference committee on June 20, consideration of which, under the rules, was postponed until today.)

(For second conference report, see House Journal No. 56, p. 1971.)

The question being on the adoption of the second conference report,

Point of Order

Rep. Prusi requested a ruling from the Chair regarding whether the second conference report is properly before the House under Joint Rule 8.

The Chair ruled that the second conference report is properly before the House.

The question being on the adoption of the second conference report,

The second conference report was adopted, a majority of the members serving voting therefor, by yeas and nays, as follows:

Roll Call No. 827

Yeas—90

Allen	Faunce	Koetje	Richner
Baird	Frank	Kowall	Rison
Basham	Garcia	Kukuk	Sanborn
Birkholz	Garza	LaForge	Schauer
Bisbee	Geiger	LaSata	Schermesser
Bishop	Gieleghem	Law	Scranton
Bogardus	Gilbert	Lockwood	Shackleton
Brater	Godchaux	Martinez	Sheltrown
Brewer	Green	Mead	Shulman
Brown, B.	Hager	Middaugh	Spade
Brown, C.	Hansen	Minore	Stamas
Byl	Hardman	Mortimer	Switalski
Callahan	Hart	Neumann	Tabor
Cassis	Howell	O'Neil	Tesanovich
Caul	Jacobs	Pappageorge	Thomas
Clark, I.	Jamnick	Patterson	Toy
Clarke, H.	Jansen	Perricone	Van Woerkom
DeHart	Jelinek	Pestka	Vear
Dennis	Jellema	Pumford	Voorhees
DeRossett	Johnson, Rick	Raczkowski	Wojno
DeVuyst	Julian	Reeves	Woodward
DeWeese	Kelly	Richardville	Woronchak
Ehardt	Kilpatrick		

Nays—15

Bovin	Hale	Mans	Rocca
Bradstreet	Hanley	Price	Scott
Cherry	Johnson, Ruth	Prusi	Vander Roest
Gosselin	Kuipers	Rivet	

In The Chair: Scranton

Rep. Raczkowski moved that the bill be given immediate effect. The motion prevailed, 2/3 of the members serving voting therefor.

Messages from the Senate

The Speaker laid before the House

House Bill No. 4752, entitled

A bill to amend 1998 PA 58, entitled "Michigan liquor control code of 1998," by amending section 203 (MCL 436.1203).

(The bill was received from the Senate on June 8, with substitute (S-2), full title inserted and immediate effect given by the Senate, consideration of which, under the rules, was postponed until June 20, see House Journal No. 55, p. 1766.) The question being on concurring in the substitute (S-2) made to the bill by the Senate,

The substitute (S-2) was concurred in, a majority of the members serving voting therefor, by yeas and nays, as follows:

Roll Call No. 828

Yeas—103

Allen Faunce **Kilpatrick** Richner Baird Frank Koetje Rison Kowall Basham Garcia Rivet Birkholz Garza **Kuipers** Rocca Kukuk Sanborn Bisbee Geiger LaForge Schauer Bishop Gieleghem **Bogardus** Gilbert LaSata Schermesser Lockwood Bovin Godchaux Scott Bradstreet Gosselin Mans Scranton Martinez Shackleton Brater Green Brewer Hager Mead Sheltrown Brown, B. Hale Middaugh Spade Brown, C. Hanley Minore Stamas Bvl Hansen Mortimer Switalski Callahan Hardman Neumann Tabor Cassis Hart O'Neil Tesanovich Caul Howell Pappageorge Thomas Cherry Jacobs Patterson Toy Van Woerkom Clark, I. Jamnick Perricone Clarke, H. Pestka Vander Roest Jansen Jelinek Price Vear DeHart Dennis Jellema Prusi Voorhees DeRossett Johnson, Rick Pumford Wojno Woodward **DeVuyst** Johnson, Ruth Raczkowski DeWeese Woronchak Julian Reeves Ehardt Kelly Richardville

Nays-0

In The Chair: Scranton

The House agreed to the full title of the bill.

The bill was referred to the Clerk for enrollment printing and presentation to the Governor.

The Speaker laid before the House

House Bill No. 5690, entitled

A bill to amend 1994 PA 451, entitled "Natural resources and environmental protection act," (MCL 324.101 to 324.90106) by adding sections 32610 and 32611.

(The bill was received from the Senate on June 20, with an amendment, full title inserted and immediate effect given by the Senate, consideration of which, under the rules, was postponed until today, see House Journal No. 56, p. 1986.) The question being on concurring in the amendment made to the bill by the Senate,

The amendment was concurred in, a majority of the members serving voting therefor, by yeas and nays, as follows:

Roll Call No. 829

Yeas—101

Allen Faunce Kilpatrick Rison Baird Frank Koetje Rivet Kowall Basham Garcia Rocca Birkholz Garza Kukuk Sanborn Bisbee Geiger LaSata Schauer Bishop Gieleghem Lockwood Schermesser **Bogardus** Gilbert Mans Scott Bovin Godchaux Martinez Scranton Shackleton Bradstreet Gosselin Mead Middaugh Sheltrown Brater Green Brewer Hager Minore Shulman Brown, B. Hale Mortimer Spade Brown, C. Hanley Neumann Stamas Switalski Bvl Hansen O'Neil Callahan Hardman Pappageorge **Tabor** Cassis Patterson Hart Tesanovich Caul Howell Perricone Thomas Cherry Jacobs Pestka Toy Clark, I. Price Van Woerkom Jamnick Clarke, H. Jansen Prusi Vander Roest DeHart Jelinek Pumford Vear Dennis Jellema Raczkowski Voorhees **DeRossett** Johnson, Rick Reeves Wojno Woodward DeVuyst Johnson, Ruth Richardville Woronchak DeWeese Julian Richner Ehardt

Nays—1

Kuipers

In The Chair: Birkholz

The House agreed to the full title of the bill.

The bill was referred to the Clerk for enrollment printing and presentation to the Governor.

The Speaker laid before the House

House Bill No. 5691, entitled

A bill to amend 1994 PA 451, entitled "Natural resources and environmental protection act," by amending sections 32501, 32502, 32503, 32504, 32505, 32510, 32511, 32512, 32513, 32514, and 32515 (MCL 324.32501, 324.32502, 324.32503, 324.32504, 324.32505, 324.32510, 324.32511, 324.32512, 324.32513, 324.32514, and 324.32515),

Richner Rocca Sanborn Scranton Shackleton Shulman Stamas Tabor Toy

Van Woerkom Vander Roest

Vear Voorhees Woronchak

sections 32501, 32502, 32503, 32504, 32505, 32510, 32511, 32512, 32514, and 32515 as added by 1995 PA 59 and section 32513 as amended by 1999 PA 106, and by adding section 32510a and part 326.

(The bill was received from the Senate on June 20, with substitute (S-3), title amendment and immediate effect given by the Senate, consideration of which, under the rules, was postponed until today, see House Journal No. 56, p. 1987.) The question being on concurring in the substitute (S-3) made to the bill by the Senate,

Rep. Dennis moved to amend the Senate substitute (S-3) as follows:

1. Amend page 12, following line 13, by inserting:

"SEC. 32616. THE DEPARTMENT SHALL NOT ENTER INTO A LEASE OR DEED OF UNPATENTED LANDS THAT PERMITS DRILLING OPERATIONS FOR THE TAKING OF OIL OR GAS. THE DEPARTMENT SHALL NOT ENTER INTO A LEASE OR DEED OF UNPATENTED LANDS THAT PERMITS DRILLING FOR EXPLORATION PURPOSES.".

The question being on the adoption of the amendment offered by Rep. Dennis,

Rep. Dennis demanded the yeas and nays.

The demand was supported.

The question being on the adoption of the amendment offered by Rep. Dennis,

Point of Order

Rep. Scranton requested a ruling from the Chair regarding the germaneness of the amendment offered by Rep. Dennis.

The Chair ruled that the amendment is not germane pursuant to House Rule 64. The amendment introduces a new proposition which is not germane to the subject matter of the bill as it was originally introduced and as it is currently before the House.

Rep. Kilpatrick appealed the decision of the Chair.

The question being, "Shall the judgment of the Chair stand as the judgment of the House?"

The judgment of the Chair stood as the judgment of the House, a majority of the members present and voting, voting therefor, by yeas and nays, as follows:

Roll Call No. 830

Yeas-57

Allen Birkholz Bisbee Bishop Bradstreet Brown, C. Byl Cassis Caul DeRossett DeVuyst DeWeese	Geiger Gilbert Godchaux Gosselin Green Hager Hart Howell Jansen Jelinek Jellema Johnson, Rick	Koetje Kowall Kuipers Kukuk LaSata Mead Middaugh Mortimer Pappageorge Patterson Perricone Pumford
•	* *	

Nays-44

Basham	Frank	LaForge	Rivet
Bogardus	Garza	Lockwood	Schauer
Bovin	Gieleghem	Mans	Schermesser

Rivet

Rocca

Sanborn

Schauer

Scranton

Shackleton

Sheltrown

Shulman

Spade

Tabor

Toy

Vear Voorhees

Wojno

Woodward

Woronchak

Stamas

Switalski

Tesanovich

Van Woerkom

Vander Roest

Thomas

Scott

Schermesser

Brater Minore Hale Scott Hanley Neumann Sheltrown Brewer Brown, B. Hansen O'Neil Spade Hardman Switalski Callahan Pestka Clark, I. Jacobs Price Tesanovich Clarke, H. Jamnick Prusi Thomas DeHart Kelly Reeves Wojno Kilpatrick Woodward Dennis Rison

In The Chair: Birkholz

The question being on concurring in the substitute (S-3) made to the bill by the Senate,

The substitute (S-3) was concurred in, a majority of the members serving voting therefor, by yeas and nays, as follows:

Yeas—97

Roll Call No. 831

Allen Garcia Kowall Kukuk Basham Garza Birkholz Gieleghem LaForge Gilbert LaSata Bisbee Bishop Godchaux Lockwood **Bogardus** Gosselin Mans Bovin Mead Green Bradstreet Hager Middaugh Hale Minore Brater Brewer Hanley Mortimer Brown, B. Hansen Neumann Brown, C. Hardman O'Neil Byl Hart Pappageorge Callahan Howell Patterson Cassis Jacobs Perricone Caul Jansen Pestka Clark, I. Jelinek Price Clarke, H. Jellema Prusi Johnson, Rick DeHart Pumford Dennis Johnson, Ruth Raczkowski Julian **DeRossett** Reeves Richardville DeWeese Kelly Ehardt Kilpatrick Richner Faunce Koetje Rison Frank

Nays—1

Kuipers

In The Chair: Birkholz

The House agreed to the title as amended.

Reps. Basham, Caul, DeHart, DeRossett, Kowall, Lockwood, Neumann and Richardville were named co-sponsors of the bill

The bill was referred to the Clerk for enrollment printing and presentation to the Governor.

The Speaker laid before the House

House Bill No. 5766, entitled

A bill to amend 1986 PA 281, entitled "The local development financing act," by amending sections 2, 4, 10, and 12 (MCL 125.2152, 125.2154, 125.2160, and 125.2162), section 2 as amended by 1998 PA 92 and sections 4, 10, and 12 as amended by 1993 PA 333, and by adding section 12a.

(The bill was received from the Senate on June 20, with substitute (S-1), title amendment and immediate effect given by the Senate, consideration of which, under the rules, was postponed until today, see House Journal No. 56, p. 1987.) The question being on concurring in the substitute (S-1) made to the bill by the Senate,

Rep. Bob Brown moved to amend the Senate substitute (S-1) as follows:

- 1. Amend page 34, following line 16, following subsection (10), by inserting:
- "(11) EACH YEAR, THIS STATE SHALL REIMBURSE THE STATE SCHOOL AID FUND ESTABLISHED UNDER SECTION 11 OF ARTICLE IX OF THE STATE CONSTITUTION OF 1963 FOR ALL LOST REVENUE DUE TO THE CREATION AND FINANCING OF A CERTIFIED TECHNOLOGY PARK.".

The question being on the adoption of the amendment offered by Rep. Bob Brown,

Rep. Bob Brown demanded the yeas and nays.

The demand was supported.

The question being on the adoption of the amendment offered by Rep. Bob Brown,

The amendment was not adopted, a majority of the members serving not voting therefor, by yeas and nays, as follows:

Roll Call No. 832

Yeas—53

Basham	Garza	Lockwood	Schauer
Bogardus	Gieleghem	Mans	Schermesser
Bovin	Hager	Martinez	Scott
Brater	Hale	Minore	Shackleton
Brewer	Hanley	Neumann	Sheltrown
Brown, B.	Hansen	O'Neil	Spade
Callahan	Jacobs	Pestka	Switalski
Cherry	Jamnick	Price	Tesanovich
Clark, I.	Julian	Prusi	Thomas
Clarke, H.	Kelly	Reeves	Van Woerkom
DeHart	Kilpatrick	Rison	Wojno
Dennis	Kowall	Rivet	Woodward
Faunce	LaForge	Rocca	Woronchak
Frank	-		

Nays—49

Allen	Garcia	Johnson, Ruth	Raczkowski
Birkholz	Geiger	Koetje	Richardville
Bisbee	Gilbert	Kuipers	Richner
Bishop	Godchaux	Kukuk	Sanborn
Bradstreet	Gosselin	LaSata	Scranton
Brown, C.	Green	Mead	Shulman
Byl	Hart	Middaugh	Stamas
Cassis	Howell	Mortimer	Tabor
Caul	Jansen	Pappageorge	Toy
DeRossett	Jelinek	Patterson	Vander Roest
DeVuyst	Jellema	Perricone	Vear
DeWeese	Johnson, Rick	Pumford	Voorhees
Ehardt			

In The Chair: Birkholz

Rep. Minore moved to amend the Senate substitute (S-1) as follows:

- 1. Amend page 34, line 17, by striking out all of enacting section 1 and inserting:
- "Enacting section 1. This amendatory act does not take effect unless all of the following bills of the 90th Legislature are enacted into law:
 - (a) House Bill No. 4508.
 - (b) House Bill No. 5443.".

The question being on the adoption of the amendment offered by Rep. Minore,

Rep. Minore demanded the yeas and nays.

The demand was supported.

The question being on the adoption of the amendment offered by Rep. Minore,

The amendment was not adopted, a majority of the members serving not voting therefor, by yeas and nays, as follows:

Roll Call No. 833

Yeas-45

Rivet Basham Frank LaForge **Bogardus** Garza Lockwood Schauer Bovin Gieleghem Mans Schermesser Brater Martinez Hale Scott Brewer Hanley Minore Sheltrown Brown, B. Hansen Neumann Spade Callahan Hardman Pestka Switalski Cherry Price Tesanovich Jacobs Clark, I. Jamnick Prusi Thomas Clarke, H. Kellv Reeves Woino DeHart Kilpatrick Woodward Rison Dennis

Nays—58

Allen	Geiger	Kowall	Richner
Birkholz	Gilbert	Kuipers	Rocca
Bisbee	Godchaux	Kukuk	Sanborn
Bishop	Gosselin	LaSata	Scranton
Bradstreet	Green	Mead	Shackleton
Brown, C.	Hager	Middaugh	Shulman
Byl	Hart	Mortimer	Stamas
Cassis	Howell	O'Neil	Tabor
Caul	Jansen	Pappageorge	Toy
DeRossett	Jelinek	Patterson	Van Woerkom
DeVuyst	Jellema	Perricone	Vander Roest
DeWeese	Johnson, Rick	Pumford	Vear
Ehardt	Johnson, Ruth	Raczkowski	Voorhees
Faunce	Julian	Richardville	Woronchak
Garcia	Koetje		

In The Chair: Birkholz

Rep. Vander Roest moved that Rep. Kuipers be excused temporarily from today's session. The motion prevailed.

Rep. Scott moved that Reps. Clark and Rison be excused temporarily from today's session. The motion prevailed.

The question being on concurring in the substitute (S-1) made to the bill by the Senate,

The substitute (S-1) was concurred in, a majority of the members serving voting therefor, by yeas and nays, as follows:

Roll Call No. 834

Yeas—99

Allen Frank Kilpatrick Koetje Basham Garcia Kowall Birkholz Garza Bisbee Geiger Kukuk Bishop Gieleghem LaForge **Bogardus** Gilbert LaSata Bovin Godchaux Lockwood Bradstreet Gosselin Mans Martinez Brater Green Mead Hager Brewer Brown, B. Hale Middaugh Brown, C. Hanley Minore Hansen Mortimer Byl Callahan Hardman Neumann Cassis Hart O'Neil Caul Howell Pappageorge Cherry Jacobs Patterson Clarke, H. Perricone Jamnick DeHart Jansen Pestka Dennis Jelinek Price Jellema Prusi DeRossett Johnson, Rick **DeVuyst** Pumford **DeWeese** Johnson, Ruth Raczkowski Ehardt Julian Reeves Faunce Kelly Richardville

Richner Rivet Rocca Sanborn Schauer Schermesser Scott Scranton Shackleton Sheltrown Shulman Spade Stamas Switalski Tesanovich **Thomas** Toy Van Woerkom

Vander Roest Vear Voorhees Wojno Woodward Woronchak

Nays—0

In The Chair: Birkholz

The House agreed to the title as amended.

Rep. Raczkowski moved that the bill be given immediate effect.

The motion prevailed, 2/3 of the members serving voting therefor.

The bill was referred to the Clerk for enrollment printing and presentation to the Governor.

Rep. Raczkowski moved to suspend that portion of Rule 44 requiring bills to be handed to the Clerk not later than 3:00 p.m. the day prior to calling the House to order.

The motion prevailed, 3/5 of the members present voting therefor.

By unanimous consent the House returned to the order of

Motions and Resolutions

Reps. Martinez, Hansen, Clarke, Rison, Jacobs, Kelly, Clark, Baird, Brater, LaForge, Scott, Dennis, Bovin, Prusi, Godchaux, Price and Kilpatrick offered the following resolution:

House Resolution No. 392.

A resolution calling for true national security in a nuclear free world.

Whereas, The current danger of an accidental nuclear war with its inevitable deaths and injuries presents an unacceptable risk to the existence of this country, its inhabitants, and all mankind. The safety and welfare of our people are at risk as long as both Russia and the U.S. have the capability to target each other's major cities. Many countries besides the United States and Russia have major stockpiles of nuclear weapons as well; and

Whereas, The combination of the massive size of the Russian arsenal, more than 6000 warheads, and the growing problems in their control systems makes that nation the focus of the greatest concern. According to a former Russian defense minister, "Russia might soon reach the threshold beyond which its rockets and nuclear systems cannot be controlled;" and

Whereas, Computer defects may compromise the control of the strategic missiles in Russia or the U.S. Large population areas in both Russia and the U.S. are targets, and therefore are at risk of super fires, toxic smoke and combustion gases, and other dangers all of which would result in a death rate approaching 100%; and

Whereas, Injuries would overwhelm our available medical facilities, transportation, communication, and energy networks would suffer massive destruction. An attack could prompt a response initiating an all out nuclear war resulting in billions of direct and indirect casualties. The current possibility of intercepting a single ballistic missile appears to be very low; and

Whereas, The President is scheduled to make a decision whether to deploy the National Missile Defense plan (i.e. Star Wars) in mid-2000. If deployed, it will violate the ABM Treaty and could renew the nuclear arms race; therefore be it

Resolved, That the members of the House of the Representatives urge the President and Congress of the United States to begin at once to reduce the risk of accidental nuclear attack by:

- 1. Taking a substantial portion of U.S. strategic weapons off hair-trigger alert, and
- 2. Inviting Russia to reciprocate these actions, and
- 3. Placing the warheads of the MX missiles in storage as well as the warheads of the four Trident submarines, and
- 4. Beginning immediately to negotiate the elimination of all nuclear weapons, which is the only way to make certain that an accidental or any other nuclear attack never occurs, and
- 5. Abandoning efforts for the proposed National Missile Defense system that will violate the ABM Treaty; and be it further

Resolved, That this resolution be delivered to the Michigan congressional delegation and to the President and Vice President of the United States.

The resolution was referred to the Committee on House Oversight and Operations.

Reps. Lockwood, Frank, Cherry, Schauer, Gieleghem, Pestka, Bob Brown, Spade, Bogardus, Jamnick, Hansen, Minore, LaForge, Switalski, Jacobs, Hanley, Kilpatrick, Price, Sheltrown, Scott, Bovin, O'Neil, Rison, Tesanovich, Garza, Callahan, Prusi, Rivet, Neumann, Hale, Basham, DeHart, Quarles, Reeves, Dennis, Wojno, Vaughn, Baird, Brewer, Woodward, Richardville, Thomas, Richner, DeRossett, Clarke, Kelly, Clark, Schermesser, Ehardt and Caul offered the following resolution:

House Resolution No. 393.

A resolution urging the President of the United States to release a portion of our nation's strategic oil reserves.

Whereas, Oil is the lifeblood of our nation. This is particularly true in the State of Michigan, with manufacturing, agriculture, transportation, and tourism, among other key sectors of our economy, highly dependent on petroleum; and

Whereas, The recent explosion in the price of gasoline and diesel fuel has many causes, but chief among these factors is the supply of crude oil. New wells are being discovered at a lower rate, many known sources of oil have high extraction costs, marginal producers have left the market due to the boom and bust cycle of oil prices, and, above all, OPEC nations have restricted production in order to raise prices; and

Whereas, Many long-term solutions are available to increase the supply of oil and to reduce demand. A number of short-term solutions are also available to help our nation weather the storm of spiraling fuel prices; and

Whereas, The most direct method of expanding the supply of oil in our nation is to partially release some of our emergency oil reserves. The strategic petroleum reserve has nearly 600 million barrels of oil. Tapping into this source of petroleum in a timely manner will mitigate the negative effect of the oil price shock—both on economic and psychological levels. Using some of our reserves makes sound economic and strategic sense. Disruptions in oil supply seldom last more than six months. The benefits of using our reserves far outweigh the limited effect on our reserve stocks; now, therefore, be it

Resolved by the House of Representatives, That we hereby urge the President of the United States to release a portion of our nation's strategic petroleum reserve; and be it further

Resolved, That a copy of this resolution be transmitted to the President of the United States.

The resolution was referred to the Committee on House Oversight and Operations.

Reps. Brewer, Woodward, Schermesser, Kelly, DeHart, Rison, Frank, Cherry, Neumann, DeRossett, Bovin, Vaughn, Quarles, Daniels, Stallworth, Hale, Prusi, Dennis, Callahan, Hansen, O'Neil, Sheltrown, Spade, Hanley, Kilpatrick, Price, Scott, Pestka, Rivet, LaForge, Basham, Garza, Clark, Jamnick, Switalski, Mans, Reeves, Bogardus, Hardman, Gieleghem, Tesanovich, Clarke, Jacobs, Baird, Richardville, Ehardt, Thomas, Wojno and Caul offered the following resolution:

House Resolution No. 394.

A resolution to memorialize the President and Congress of the United States and the Midwestern Governors' Conference to take certain actions to address the dramatic increase in gasoline prices.

Whereas, The recent rise in gasoline pump prices presents a significant challenge to the economy of our state and nation. With per-gallon costs fully a third higher than a few weeks ago and more dramatic increases in certain specific locations of the Midwest, including Michigan, this issue demands immediate attention; and

Whereas, While there are numerous factors behind the price of gasoline, including some that governmental policies can address, the most important component is the supply of crude oil. This level is determined largely through agreements among the oil-producing nations of the world. In light of what is now occurring, it is fitting to note an agreement made by the OPEC ministers to increase production levels when the per-barrel price of crude oil averages more than \$28 over a period of 20 consecutive days. This promise included a commitment to a target price range of between \$24 and \$28 per barrel. At more than \$31 per barrel, the price of oil is well beyond the threshold determined by OPEC; and

Whereas, The United States currently has well over 500 million barrels of oil in the strategic petroleum reserve. This stockpile should be examined as a possible tool for restoring stability to a critical element of our national economy; and

Whereas, The situation in the Midwest is even more acute than other parts of the nation. Reports indicate a pergallon differential between the prices in Michigan, Chicago, and Milwaukee and other parts of the country that is extraordinary compared to usual regional fluctuations; now, therefore, be it

Resolved by the House of Representatives, That we memorialize the President and Congress of the United States to investigate the use of the strategic petroleum reserve to increase supply and to urge OPEC ministers to keep their promise to raise production levels of crude oil in response to certain per-barrel prices. We also call on the President and the Congress to investigate all aspects of the gas price situation and take actions to bring gas prices down immediately; and be it further

Resolved, That we ask the Midwestern Governors' Conference, including Governor Engler, to meet and investigate why gas prices in the Midwest, specifically Michigan, are so much higher than other regions of the country; and be it further

Resolved, That Governor John Engler immediately initiate legislation that would add an excess profits tax on all gasoline producers doing business in the State of Michigan and that that revenue be used to reduce Michigan sales taxes and the cost of gasoline in the State of Michigan, while holding the School Aid Fund harmless; and be it further

Resolved, That copies of this resolution be transmitted to the President of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, the members of the Michigan congressional delegation, and the Chair of the Midwestern Governors' Conference.

The resolution was referred to the Committee on House Oversight and Operations.

Introduction of Bills

Rep. Allen introduced

House Bill No. 5912, entitled

A bill to amend 1994 PA 451, entitled "Natural resources and environmental protection act," by amending sections 81129 and 81130 (MCL 324.81129 and 324.81130), as added by 1995 PA 58.

The bill was read a first time by its title and referred to the Committee on Conservation and Outdoor Recreation.

Rep. Allen introduced

House Bill No. 5913, entitled

A bill to amend 1976 PA 451, entitled "The revised school code," by amending sections 1535a, 1539a, and 1539b (MCL 380.1535a, 380.1539a, and 380.1539b), as amended by 1995 PA 289.

The bill was read a first time by its title and referred to the Committee on Education.

Reps. Kuipers, Pappageorge, Raczkowski, LaSata, Voorhees, Kukuk, Gosselin and Rick Johnson introduced House Bill No. 5914, entitled

A bill to amend 1969 PA 317, entitled "Worker's disability compensation act of 1969," by amending section 301 (MCL 418.301), as amended by 1987 PA 28.

The bill was read a first time by its title and referred to the Committee on Employment Relations, Training and Safety.

Reps. Kuipers, Pappageorge, DeHart, Raczkowski, Stamas, Richardville, Bishop, DeRossett, Voorhees, Kukuk, Gosselin, Rick Johnson, Bradstreet and Scranton introduced

House Bill No. 5915, entitled

A bill to amend 1994 PA 451, entitled "Natural resources and environmental protection act," by amending section 43509 (MCL 324.43509), as amended by 1996 PA 585.

The bill was read a first time by its title and referred to the Committee on Conservation and Outdoor Recreation.

Rep. Shulman introduced

House Bill No. 5916, entitled

A bill to amend 1969 PA 317, entitled "Worker's disability compensation act of 1969," by amending section 301 (MCL 418.301), as amended by 1987 PA 28.

The bill was read a first time by its title and referred to the Committee on Employment Relations, Training and Safety.

Rep. Sanborn introduced

House Bill No. 5917, entitled

A bill to amend 1968 PA 330, entitled "Private security guard act of 1968," by amending the title and sections 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 14, 17, 18, 19, 22, 25, 29, 30, 31, 32, and 33 (MCL 338.1051, 338.1052, 338.1053, 338.1054, 338.1056, 338.1057, 338.1058, 338.1059, 338.1060, 338.1061, 338.1064, 338.1067, 338.1068, 338.1069, 338.1072, 338.1075, 338.1079, 338.1080, 338.1081, 338.1082, and 338.1083), sections 6, 10, 17, and 18 as amended by 1994 PA 326; and to repeal acts and parts of acts.

The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. Basham, O'Neil, Hale, Clarke, DeHart, Rison, Minore, Bovin, Pestka, LaForge, Switalski, Julian, DeVuyst, Tabor, Patterson, Rocca, Neumann, Reeves, Callahan, Woodward, Vaughn, Daniels, Kowall, Faunce, Van Woerkom, Voorhees, Gosselin, Sanborn, Schauer, Brewer, Kelly, Mans, Spade, DeWeese, Law and Green introduced

House Bill No. 5918, entitled

A bill to amend 1927 PA 372, entitled "An act to regulate and license the selling, purchasing, possessing, and carrying of certain firearms and gas ejecting devices; to prohibit the buying, selling, or carrying of certain firearms and gas ejecting devices without a license; to provide for the forfeiture of firearms possessed in violation of this act; to provide immunity from civil liability under certain circumstances; to prescribe the powers and duties of certain state and local agencies; and to repeal all acts and parts of acts inconsistent with the provisions of this act," by amending section 12a (MCL 28.432a).

The bill was read a first time by its title and referred to the Committee on Conservation and Outdoor Recreation.

Reps. Richner, Woronchak, Hart, Shulman and Julian introduced

House Bill No. 5919, entitled

A bill to amend 1998 PA 386, entitled "Estates and protected individuals code," by amending sections 5306, 5313, 5314, and 5417 (MCL 700.5306, 700.5313, 700.5314, and 700.5417), sections 5313 and 5314 as amended by 2000 PA 54.

The bill was read a first time by its title and referred to the Committee on Family and Civil Law.

Reps. Bishop, Rocca, Vander Roest, Mortimer, Kowall, Hart, Garcia, Sanborn, Ruth Johnson, LaSata, Shackleton, Vear and DeHart introduced

House Bill No. 5920, entitled

A bill to establish standards of ethical conduct for public officials and public employees of this state and its political subdivisions; to impose certain conditions on public officials, public employees, and other persons and enhance accountability; to require public disclosure by public officials and public employees of certain transactions and to require the filing of a transactional disclosure statement; to establish an ethics board and prescribe its powers and duties; to establish a legislative ethics committee and prescribe its powers and duties; to permit political subdivisions to enact ordinances similar to matters covered in this act; to prescribe penalties and provide remedies; and to repeal acts and parts of acts.

The bill was read a first time by its title and referred to the Committee on Constitutional Law and Ethics.

Rep. Woronchak introduced

House Bill No. 5921, entitled

A bill to amend 1998 PA 386, entitled "Estates and protected individuals code," by amending section 5314 (MCL 700.5314), as amended by 2000 PA 54.

The bill was read a first time by its title and referred to the Committee on Family and Civil Law.

Reps. Woodward, Daniels, Schauer, Spade, Bob Brown, Dennis, Mans, Switalski, Callahan, Basham, Cherry, Hale, Bogardus, Garza, Reeves, Rison, Neumann, Frank, Pestka, Kelly, Brewer, Lockwood, Clarke, Bovin, Hanley, Gieleghem, Wojno, Hansen, Rivet, Minore, Vaughn, Clark, LaForge, DeHart, Schermesser, Brater, Price, O'Neil, Jacobs, Prusi, Jamnick, Ouarles, Scott, Martinez, Thomas, Stallworth, Sheltrown and Kilpatrick introduced

House Bill No. 5922, entitled

A bill to require certain prescription drug manufacturers and labelers to enter into rebate agreements with the department of community health; to establish a discount prescription drug program for certain individuals; to require retail pharmacies to offer certain discounts; to prescribe the powers and duties of certain state agencies and departments; to provide for the promulgation of rules; and to prescribe penalties and remedies.

The bill was read a first time by its title and referred to the Committee on Health Policy.

Reps. Frank, Cherry, Lockwood, Schauer, Gieleghem, Pestka, Clarke, Basham, Bob Brown, Rivet, Spade, Bovin, Bogardus, Jamnick, Minore, Sheltrown, Callahan, Wojno, Jacobs, Quarles, Kelly, O'Neil, LaForge, Hale, Tesanovich, Neumann, Woodward, Brewer, Dennis, Garza and Thomas introduced

House Bill No. 5923, entitled

A bill to amend 1990 PA 134, entitled "Motor fuel distribution act," by amending the title and section 2 (MCL 445.1802) and by adding section 4a.

The bill was read a first time by its title and referred to the Committee on Transportation.

Reps. Kuipers, Gosselin, Kowall, DeRossett, Gilbert, Shackleton and Jellema introduced

House Bill No. 5924, entitled

A bill to amend 1980 PA 299, entitled "Occupational code," by amending sections 2012 and 2014 (MCL 339.2012 and 339.2014), as amended by 1992 PA 103.

The bill was read a first time by its title and referred to the Committee on Regulatory Reform.

Reps. Kowall, Bradstreet, Van Woerkom, Shulman, LaSata, Shackleton, Gilbert, Julian, Patterson, Kuipers, Hart, Howell and Faunce introduced

House Bill No. 5925, entitled

A bill to amend 1931 PA 328, entitled "The Michigan penal code," by amending section 120a (MCL 750.120a). The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. Caul, Howell, Bradstreet and Faunce introduced

House Bill No. 5926, entitled

A bill to amend 1927 PA 175, entitled "The code of criminal procedure," by amending section 16f of chapter XVII (MCL 777.16f), as amended by 1999 PA 45.

The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. DeHart, Schermesser, Gieleghem and Woodward introduced

House Bill No. 5927, entitled

A bill to amend 1978 PA 368, entitled "Public health code," (MCL 333.1101 to 333.25211) by adding article 16. The bill was read a first time by its title and referred to the Committee on Senior Health, Security and Retirement.

Reps. Howell, Patterson, Julian, Richardville, Woronchak, Bisbee, Kowall, Faunce, Cameron Brown, Rocca, Green, Mortimer, Caul and Richner introduced

House Bill No. 5928, entitled

A bill to amend 1931 PA 328, entitled "The Michigan penal code," (MCL 750.1 to 750.568) by adding section 483a. The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. Patterson, Richardville, Julian, Gilbert, Tabor, Koetje, O'Neil, Shulman, Kowall, Kuipers, Van Woerkom, Faunce, Ehardt, Bishop, Vear, Mortimer, Richner, Cameron Brown, Bisbee, Law, LaSata, Toy, DeVuyst, Howell, Bovin, Pappageorge, DeRossett and Jansen introduced

House Bill No. 5929, entitled

A bill to amend 1927 PA 175, entitled "The code of criminal procedure," by amending section 16x of chapter XVII (MCL 777.16x), as added by 1998 PA 317.

The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. Bradstreet, Bishop, Vander Roest, Van Woerkom, Faunce, Kowall, Gosselin, Rick Johnson, Shulman, Shackleton, Gilbert, Hager, Raczkowski, Julian, Hart, Ehardt, Richardville, Cameron Brown, LaSata, Kukuk, O'Neil, Woodward, Bob Brown, DeRossett, Sheltrown and Bovin introduced

House Bill No. 5930, entitled

A bill to amend 1931 PA 328, entitled "The Michigan penal code," (MCL 750.1 to 750.568) by adding section 122. The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. Van Woerkom, Bradstreet, Faunce, Bishop, Vander Roest, Cameron Brown, Shulman, Kowall, Richardville, Julian, Garcia, LaSata, Shackleton, Gilbert, Woronchak, Gosselin, Pappageorge, Hager, Hart and Patterson introduced **House Bill No. 5931, entitled**

A bill to amend 1927 PA 175, entitled "The code of criminal procedure," by amending section 16f of chapter XVII (MCL 777.16f), as amended by 1999 PA 45.

The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. O'Neil, Mans, Lockwood, Patterson, Tabor, Kowall, Bradstreet, Van Woerkom and Faunce introduced House Bill No. 5932, entitled

A bill to amend 1931 PA 328, entitled "The Michigan penal code," by amending section 119 (MCL 750.119). The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Reps. Daniels, Stallworth, Rison, Reeves, Hardman, Basham, Brewer, Neumann and Pestka introduced **House Bill No. 5933, entitled**

A bill to amend 1927 PA 175, entitled "The code of criminal procedure," by amending section 16f of chapter XVII (MCL 777.16f), as amended by 1999 PA 45.

The bill was read a first time by its title and referred to the Committee on Criminal Law and Corrections.

Rep. Jansen introduced

House Bill No. 5934, entitled

A bill to revise the priority of allocation of funds for certain programs and services administered by the department of community health; and to prescribe the powers and duties of certain state agencies and departments.

The bill was read a first time by its title and referred to the Committee on Family and Children Services.

Rep. Switalski introduced

House Bill No. 5935, entitled

A bill to amend 1979 PA 94, entitled "The state school aid act of 1979," (MCL 388.1601 to 388.1772) by adding section 22.

The bill was read a first time by its title and referred to the Committee on Appropriations.

By unanimous consent the House returned to the order of

Motions and Resolutions

Rep. Middaugh moved that the Committee on Energy and Technology be discharged from further consideration of **House Bill No. 5116**.

(For first notice see House Journal No. 56, p. 1964.)

The question being on the motion made by Rep. Middaugh,

The motion prevailed.

Second Reading of Bills

House Bill No. 5116, entitled

A bill to amend 1991 PA 179, entitled "Michigan telecommunications act," by amending section 201 (MCL 484.2201) and by adding section 214.

The bill was read a second time.

Rep. Kowall moved to substitute (H-2) the bill.

The motion prevailed and the substitute (H-2) was adopted, a majority of the members serving voting therefor.

Rep. Middaugh moved that the bill be placed on the order of Third Reading of Bills.

The motion prevailed, a majority of the members voting therefor.

Rep. Raczkowski moved that the bill be placed on its immediate passage.

The motion prevailed, a majority of the members serving voting therefor.

Rep. Spade moved that Rep. Mans be excused temporarily from today's session. The motion prevailed.

By unanimous consent the House returned to the order of

Third Reading of Bills

House Bill No. 5116, entitled

A bill to amend 1991 PA 179, entitled "Michigan telecommunications act," by amending section 201 (MCL 484.2201) and by adding section 214.

Was read a third time and passed, a majority of the members serving voting therefor, by yeas and nays, as follows:

Roll Call No. 835 Yeas—98

Allen Frank Basham Garcia Birkholz Garza Bisbee Geiger Bishop Gieleghem **Bogardus** Gilbert Bovin Godchaux Bradstreet Gosselin Green Brater Brewer Hager Brown, B. Hale Brown, C. Hanley Byl Hansen Callahan Hardman Cassis Hart Caul Howell Cherry Jacobs Jamnick Clarke, H. DeHart Jansen Dennis Jelinek DeRossett Jellema **DeVuvst** Johnson, Rick DeWeese Johnson, Ruth Ehardt Julian Faunce Kelly

Kilpatrick Koetje Kowall **Kuipers** Kukuk LaForge LaSata Lockwood Martinez Mead Middaugh Mortimer Neumann O'Neil Pappageorge Patterson Perricone Pestka Price Prusi Pumford Raczkowski Reeves Richardville

Richner Rocca Sanborn Schauer Schermesser Scott Scranton Shackleton Sheltrown Shulman Spade Stamas Switalski **Tabor** Tesanovich Thomas Tov Van Woerkom Vander Roest Vear Voorhees

Woino

Woodward

Woronchak

Nays—0

In The Chair: Birkholz

The question being on agreeing to the title of the bill,

Rep. Raczkowski moved to amend the title to read as follows:

A bill to amend 1991 PA 179, entitled "Michigan telecommunications act," by amending section 506 (MCL 484.2506), as added by 1998 PA 259.

The motion prevailed.

The House agreed to the title as amended.

Rep. Raczkowski moved that the bill be given immediate effect.

The motion prevailed, 2/3 of the members serving voting therefor.

Reps. Allen, Basham, Birkholz, Bisbee, Bishop, Bogardus, Bovin, Brater, Bob Brown, Cameron Brown, Byl, Callahan, Cassis, Caul, Cherry, Clarke, DeHart, Dennis, DeRossett, DeVuyst, DeWeese, Faunce, Frank, Garcia, Gieleghem, Green, Hager, Hale, Hansen, Hardman, Hart, Jacobs, Jansen, Jelinek, Jellema, Rick Johnson, Ruth Johnson, Kelly, Kowall, Kukuk, LaSata, Lockwood, Martinez, Mortimer, Neumann, O'Neil, Pappageorge, Patterson, Pestka, Price, Prusi, Pumford, Raczkowski, Reeves, Richardville, Richner, Rivet, Rocca, Sanborn, Schauer, Schermesser, Scott, Scranton, Shackleton, Sheltrown, Shulman, Spade, Stamas, Switalski, Tabor, Tesanovich, Thomas, Toy, Van Woerkom, Vander Roest, Vear, Voorhees, Wojno and Woodward were named co-sponsors of the bill.

Rep. Raczkowski moved that House Committees be given leave to meet during the balance of today's session. The motion prevailed.

Associate Speaker Pro Tempore Scranton resumed the Chair.

Rep. Rocca moved that Rep. Ruth Johnson be excused from the balance of today's session. The motion prevailed.

Rep. DeWeese moved that Rep. Law be excused from the balance of today's session. The motion prevailed.

Rep. Scott moved that Reps. Clark and Gieleghem be excused temporarily from today's session. The motion prevailed.

Quorum Call

Rep. Raczkowski questioned the presence of a quorum and moved that the roll be called and printed in the Journal. The motion prevailed.

The roll was called and the Clerk announced that a quorum was present.

The following is the roll call:

Roll Call No. 836 Yeas—95

Allen	Frank	Kowall	Rocca
Basham	Garcia	Kuipers	Sanborn
Birkholz	Garza	Kukuk	Schauer
Bisbee	Geiger	LaForge	Schermesser
Bishop	Gilbert	LaSata	Scott

Bogardus Godchaux Bovin Gosselin Bradstreet Green Brater Hager Hale Brewer Brown, B. Hanley Brown, C. Hansen Callahan Hart Cassis Howell Caul Jacobs Jamnick Cherry Clarke, H. Jansen DeHart Jelinek Dennis Jellema **DeRossett** Johnson, Rick **DeVuvst** Julian DeWeese Kelly Ehardt Kilpatrick Faunce Koetje

Lockwood Martinez Mead Middaugh Minore Mortimer Neumann O'Neil Pappageorge Patterson Perricone Pestka Prusi Pumford Raczkowski Reeves Richardville Richner Rivet

Sheltrown Shulman Spade Stamas Switalski Tabor Tesanovich Thomas Toy Van Woerkom

Scranton

Shackleton

Vander Roest Vear Voorhees Wojno Woodward Woronchak

In The Chair: Scranton

By unanimous consent the House returned to the order of

Reports of Select Committees

First Conference Report

The Committee of Conference on the matters of difference between the two Houses concerning Senate Bill No. 964, entitled

A bill to make appropriations for the department of community health and certain state purposes related to mental health, public health, and medical services for the fiscal years ending September 30, 2000 and September 30, 2001; to provide for the expenditure of those appropriations; to create funds; to require and provide for reports; to prescribe the powers and duties of certain local and state agencies and departments; to provide for disposition of fees and other income received by the various state agencies; and to repeal acts and parts of acts.

Recommends:

First: That the Senate and House agree to the Substitute of the House as passed by the House, amended to read as follows:

A bill to make appropriations for the department of community health and certain state purposes related to mental health, public health, and medical services for the fiscal year ending September 30, 2001; to provide for the expenditure of those appropriations; to create funds; to require and provide for reports; to prescribe the powers and duties of certain local and state agencies and departments; to provide for disposition of fees and other income received by the various state agencies; and to repeal acts and parts of acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

PART 1

LINE-ITEM APPROPRIATIONS - FISCAL YEAR 2000-2001

Sec. 101. Subject to the conditions set forth in this act, the amounts listed in this part are appropriated for the department of community health for the fiscal year ending September 30, 2001, from the funds indicated in this part. The following is a summary of the appropriations in this part:

DEPARTMENT OF COMMUNITY HEALTH

Full-time equated unclassified positions	
Full-time equated classified positions	
Average population	
GROSS APPROPRIATION	\$ 8,564,377,900
Interdepartmental grant revenues:	
Total interdepartmental grants and intradepartmental transfers	\$ 72,087,300
ADJUSTED GROSS APPROPRIATION	\$ 8,492,290,600

		For Fiscal Year Ending Sept. 30, 2001
Federal revenues:		4 4 6 4 4 5 0 6 0 0
Total federal revenues		4,461,470,600
Special revenue funds:		010 060 100
Total local revenues		910,969,100
Total private revenues		49,649,300
Tobacco settlement revenue		86,021,400
Total other state restricted revenues	Φ.	297,189,000
State general fund/general purpose Sec. 102. DEPARTMENTWIDE ADMINISTRATION	\$	2,686,991,200
Full-time equated unclassified positions6.0		
Full-time equated classified positions		
Director and other unclassified—6.0 FTE positions	\$	570,100
Community health advisory council		28,900
Departmental administration and management—491.7 FTE positions		55,428,000
Certificate of need program administration—13.0 FTE positions		918,400
Worker's compensation program—1.0 FTE position		11,512,500
Rent and building occupancy		8,715,200
Developmental disabilities council and projects—9.0 FTE positions		2,734,200
GROSS APPROPRIATION	\$	79,907,300
Appropriated from:		
Interdepartmental grant revenues:		
Interdepartmental grant from the department of treasury, Michigan state hospital finance		
authority		98,800
Federal revenues:		
Total federal revenues		24,409,600
Special revenue funds:		
Private funds		35,900
Total other state restricted revenues		3,559,900
State general fund/general purpose	\$	51,803,100
Sec. 103. MENTAL HEALTH/SUBSTANCE ABUSE SERVICES		
ADMINISTRATION AND SPECIAL PROJECTS		
Full-time equated classified positions		
Mental health/substance abuse program administration—112.0 FTE positions	\$	10,510,500
Consumer involvement program		314,100
Gambling addiction		3,500,000
Protection and advocacy services support		818,300
Mental health initiatives for older persons		1,615,800
Community residential and support services		5,646,800
Highway safety projects		2,337,200
Federal and other special projects		6,977,200
GROSS APPROPRIATION	\$	31,719,900
Federal revenues:		
Total federal revenues		11,548,100
Special revenue funds:		
Total private revenues		125,000
Total other state restricted revenues		3,682,300
State general fund/general purpose	\$	16,364,500
Sec. 104. COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES		
PROGRAMS		
Full-time equated classified positions4.0		
Medicaid mental health services	\$	1,182,449,100
Community mental health non-Medicaid services		311,801,500
Multicultural services		3,848,000
Medicaid substance abuse services		24,851,000
Respite services		3,318,600
CMHSP-purchase of state services contracts		166,918,500
Civil service charges		2,606,400
-		

		For Fiscal Year Ending Sept. 30,
		2001
Federal mental health block grant—2.0 FTE positions		10,849,900
Pilot projects in prevention for adults and children—2.0 FTE positions		994,700
State disability assistance program substance abuse services		6,600,000
Community substance abuse prevention, education and treatment programs		83,740,400
GROSS APPROPRIATION	\$	1,797,978,100
Appropriated from:		, , ,
Federal revenues:		
Total federal revenues		752,995,800
Special revenue funds:		
Total other state restricted revenues		6,342,400
State general fund/general purpose	\$	1,038,639,900
Sec. 105. STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS		
WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON		
MENTAL HEALTH SERVICES		
Total average population		
Full-time equated classified positions4,699.0		
Caro regional mental health center-psychiatric hospital-adult—518.0 FTE positions	\$	35,643,500
Average population		
Kalamazoo psychiatric hospital-adult—376.0 FTE positions		27,080,300
Average population		
Northville psychiatric hospital-adult—862.0 FTE positions		63,889,500
Average population		
Walter P. Reuther psychiatric hospital-adult—440.0 FTE positions		34,794,800
Average population215.0		
Hawthorn center-psychiatric hospital-children and adolescents—330.0 FTE positions		23,098,800
Average population118.0		
Mount Pleasant center-developmental disabilities—472.0 FTE positions		29,878,000
Average population195.0		
Southgate center-developmental disabilities—228.0 FTE positions		15,589,900
Average population80.0		
Center for forensic psychiatry—522.0 FTE positions		39,151,000
Average population		
Forensic mental health services provided to the department of corrections—		
938.0 FTE positions		71,380,700
Revenue recapture		750,000
IDEA, federal special education		92,000
Special maintenance and equipment		879,000
Purchase of medical services for residents of hospitals and centers		1,700,000
Closed site, transition, and related costs—13.0 FTE positions		510,300
Severance pay		896,000
Grass Appropriation	φ -	2,000,000
GROSS APPROPRIATION	\$	347,333,800
Appropriated from:		
Interdepartmental grant revenues:		71 200 700
Interdepartmental grant from the department of corrections		71,380,700
Federal revenues:		22.024.200
Total federal revenues		32,934,200
Special revenue funds:		166 019 500
CMHSP-purchase of state services contracts		166,918,500
		16,596,400
Private funds Total other state restricted revenues		2,000,000
Total other state restricted revenues	¢	16,473,100 41,030,900
State general fund/general purpose	\$	41,030,900
Full-time equated classified positions		
Executive administration—15.5 FTE positions	\$	1,367,100
DACCULATE ACHILIPAGE ACTION 1 1 TO POSITIONS	Ψ	1,307,100

		For Fiscal Year
		Ending Sept. 30, 2001
Minority health grants and contracts		650,000
Vital records and health statistics—72.8 FTE positions		6,167,700
GROSS APPROPRIATION	\$	8,184,800
Appropriated from:	Ψ	0,101,000
Interdepartmental grant revenues:		
Interdepartmental grant from family independence agency		137,800
Federal revenues:		137,000
Total federal revenues		2,809,800
Special revenue funds:		,,
Total other state restricted revenues		2,036,600
State general fund/general purpose	\$	3,200,600
Sec. 107. INFECTIOUS DISEASE CONTROL	·	, ,
Full-time equated classified positions		
AIDS prevention, testing and care programs—9.8 FTE positions	\$	22,218,400
Immunization local agreements		14,190,300
Immunization program management and field support—7.7 FTE positions		1,698,900
Sexually transmitted disease control local agreements		2,460,700
Sexually transmitted disease control management and field support—26.8 FTE positions		2,825,800
GROSS APPROPRIATION	\$ -	43,394,100
Appropriated from:		, ,
Federal revenues:		
Total federal revenues		29,300,600
Special revenue funds:		
Private funds		1,155,000
Total other state restricted revenues		6,937,700
State general fund/general purpose	\$	6,000,800
Sec. 108. LABORATORY SERVICES		
Full-time equated classified positions		
Laboratory services—118.2 FTE positions	\$	12,566,100
Lyme disease grant	_	75,000
GROSS APPROPRIATION	\$	12,641,100
Appropriated from:		
Interdepartmental grant revenues:		
Interdepartmental grant from environmental quality		389,400
Federal revenues:		
Total federal revenues		2,028,000
Special revenue funds:		
Total other state restricted revenues		3,607,400
State general fund/general purpose	\$	6,616,300
Sec. 109. EPIDEMIOLOGY		
Full-time equated classified positions	Φ.	4 550 000
AIDS surveillance and prevention program—7.0 FTE positions	\$	1,772,800
Epidemiology administration—24.5 FTE positions		5,080,900
Tuberculosis control and recalcitrant AIDS program	φ -	498,300
GROSS APPROPRIATION	\$	7,352,000
Appropriated from:		
Interdepartmental grant revenues:		00.600
Interdepartmental grant from the department of environmental quality		80,600
Federal revenues:		4 670 100
Total federal revenues		4,679,100
Special revenue funds:		221 000
Total other state restricted revenues	Φ	231,000
State general fund/general purpose	\$	2,361,300
Full-time equated classified positions		
Implementation of 1993 PA 133, MCL 333.17015	\$	100,000
1	-	,

		For Fiscal Year Ending Sept. 30,
		2001
Lead abatement program—3.0 FTE positions		2,835,500
Local health services		512,300
Local public health operations		41,070,200
Medical services cost reimbursement to local health departments		1,800,000
Special populations health care	_	620,600
GROSS APPROPRIATION	\$	46,938,600
Appropriated from:		
Federal revenues:		
Total federal funds		3,791,000
Special revenue funds:		
Total other state restricted revenues		1,243,500
State general fund/general purpose	\$	41,904,100
Sec. 111. CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH		
PROMOTION		
Full-time equated classified positions		
AIDS and risk reduction clearinghouse and media campaign	\$	1,982,200
Alzheimer's information network		440,000
Cancer prevention and control program—13.6 FTE positions		12,505,100
Chronic disease prevention		3,103,400
Diabetes program—9.0 FTE positions		4,197,200
Early childhood collaborative secondary prevention		1,750,000
Employee wellness program grants (includes \$50.00 per diem and expenses for the risk		
reduction and AIDS policy commission)		6,259,300
Health education, promotion, and research programs—2.9 FTE positions		1,318,100
Injury control intervention project		1,052,800
Michigan Parkinson's foundation		200,000
Morris J. Hood Wayne State University diabetes outreach		500,000
Physical fitness, nutrition, and health		1,250,000
Public health traffic safety coordination		415,000
School health and education programs		2,182,800
Smoking prevention program—6.2 FTE positions		7,263,800
Tobacco tax collection and enforcement		810,000
Violence prevention—2.0 FTE positions	φ -	3,235,500
GROSS APPROPRIATION	\$	48,465,200
Appropriated from:		
Federal revenues:		12 227 200
Total federal funds		12,237,300
Special revenue funds:		22 245 100
Total other state restricted revenues	Φ	32,245,100
State general fund/general purpose	\$	3,982,800
Full-time equated classified positions		
Adolescent health care services	\$	3,742,300
Childhood lead program—5.0 FTE positions	φ	1,397,800
Children's waiver home care program		22,365,100
Community living, children, and families administration—73.3 FTE positions		7,658,600
Dental programs		510,400
Dental program for persons with developmental disabilities		151,000
Family planning local agreements		8,100,000
Family support subsidy		14,276,700
Housing and support services—1.0 FTE position.		4,830,900
Local MCH services		9,050,200
Medicaid outreach and service delivery support		8,488,600
Migrant health care		166,100
Newborn screening follow-up and treatment services		2,123,400
Omnibus reconciliation act implementation—9.0 FTE positions		12,757,000
		12,.57,000

		For Fiscal Year Ending Sept. 30,
Padiatria AIDS prayantian and control		2001 985,300
Pediatric AIDS prevention and control		7,196,100
Prenatal care outreach and service delivery support		4,299,300
Southwest community partnership		2,247,300
Special projects—0.5 FTE position		4,726,600
Sudden infant death syndrome program		321,300
GROSS APPROPRIATION	\$	115,394,000
Appropriated from:	Ψ	113,374,000
Federal revenues:		
Total federal revenue		71,588,500
Special revenue funds:		71,200,200
Private funds		261,100
Total other state restricted revenues		8,574,200
State general fund/general purpose	\$	34,970,200
Sec. 113. WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PROGRAMS		
Full-time equated classified positions		
Women, infants, and children program administration and special projects—		
42.0 FTE positions	\$	5,017,100
Women, infants, and children program local agreements and food costs		156,882,400
GROSS APPROPRIATION	\$ _	161,899,500
Appropriated from:		
Federal revenues:		
Total federal revenue		117,452,200
Special revenue funds:		
Total private revenue		44,447,300
State general fund/general purpose	\$	0
Sec. 114. CHILDREN'S SPECIAL HEALTH CARE SERVICES		
Full-time equated classified positions		
Children's special health care services administration—66.6 FTE positions	\$	5,434,400
Amputee program		184,600
Bequests for care and services		1,329,600
Case management services		3,923,500
Conveyor contract		559,100
Medical care and treatment		130,005,400
GROSS APPROPRIATION	\$	141,436,600
Appropriated from:		
Federal revenues:		66 177 100
Total federal revenue		66,177,100
Special revenue funds:		000 000
Private-bequests		900,000
Total other state restricted revenues	¢.	4,048,500
State general fund/general purpose	\$	70,311,000
Full-time equated classified positions	\$	1 022 700
Anti-drug abuse grants	Ф	1,933,700 25,841,700
GROSS APPROPRIATION	\$ -	27,775,400
Appropriated from:	Ψ	21,113,400
Federal revenues:		
Total federal revenue		27,395,800
State general fund/general purpose	\$	379,600
Sec. 116. CRIME VICTIM SERVICES COMMISSION	Ψ	377,000
Full-time equated classified positions		
Grants administration services—9.0 FTE positions	\$	1,033,800
Justice assistance grants	4	15,000,000
0		,,

		For Fiscal Year
		Ending Sept. 30,
Crima viatim rights corviage grants		2001 7,955,300
Crime victim rights services grants GROSS APPROPRIATION GROSS APPROPRIATION	\$	23,989,100
Appropriated from:	Ψ	23,707,100
Federal revenues:		
Total federal revenue		15,840,200
Special revenue funds:		,-:-,
Total other state restricted revenues		7,641,200
State general fund/general purpose	\$	507,700
Sec. 117. OFFICE OF SERVICES TO THE AGING		
Full-time equated classified positions		
Commission (per diem \$50.00)	\$	10,500
Long-term care advisor—3.0 FTE positions		3,021,400
Office of services to aging administration—37.5 FTE positions		4,070,300
Community services		28,907,900
Nutrition services		28,248,000
Senior volunteer services		6,000,000
Senior citizen centers staffing and equipment		2,140,700
Employment assistance		2,748,000
DAG commodity supplement		7,200,000
Michigan pharmaceutical program		1,500,000
Respite care program		7,100,000
Senior olympics		100,000
GROSS APPROPRIATION	\$	91,046,800
Appropriated from:		
Federal revenues:		
Total federal revenue		40,954,200
Special revenue funds:		
Total private revenue		125,000
Tobacco settlement revenue		8,021,400
Total other state restricted revenue		5,200,000
State general fund/general purpose	\$	36,746,200
Sec. 118. MEDICAL SERVICES ADMINISTRATION		
Full-time equated classified positions		
Medical services administration—343.7 FTE positions	\$	49,718,200
Data processing contractual services		100
Facility inspection contract - state police		132,800
MIChild administration		3,327,800
Michigan essential health care provider		1,229,100
Palliative and hospice care		525,000
Primary care services—1.8 FTE positions		3,700,000
GROSS APPROPRIATION	\$	58,633,000
Appropriated from:		
Federal revenues:		
Total federal revenues		36,730,800
Special revenue funds:		
Private funds		100,000
Total other state restricted revenues		1,172,100
State general fund/general purpose	\$	20,630,100
Sec. 119. MEDICAL SERVICES	ø	712 200 700
Hospital services and therapy	\$	713,289,700
Hospital disproportionate share payments		45,000,000
Physician services		152,533,000
Medicare premium payments		129,574,000
Pharmaceutical services		387,680,300
Home health services		28,184,000
Transportation		6,571,100

41,070,200

397,000

	For Fiscal Year
	Ending Sept. 30,
	2001
Auxiliary medical services	78,217,700
Long-term care services	1,212,792,000
Elder prescription insurance coverage	37,500,700
Health plan services	1,333,561,300
MIChild outreach	3,327,800
MIChild program	57,567,100
Personal care services	30,329,400
Maternal and child health	9,234,500
Adult home help	158,781,400
Social services to the physically disabled	1,344,900
Subtotal basic medical services program	4,385,488,900
Wayne County medical program	44,012,800
School based services	142,782,300
State and local medical programs	56,724,200
Special adjustor payments	891,280,400
Subtotal special medical services payments	1,134,799,700
GROSS APPROPRIATION	\$ 5,520,288,600
Appropriated from:	
Federal revenues:	
Total federal revenues	3,208,598,300
Special revenue funds:	
Local revenues	727,454,200
Private funds	500,000
Tobacco settlement revenue	78,000,000
Total other state restricted revenues	194,194,000
State general fund/general purpose	\$ 1,311,542,100
PART 2	

PAR

PROVISIONS CONCERNING APPROPRIATIONS FOR FISCAL YEAR 2000-2001

GENERAL SECTIONS

Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2000-2001 is \$3,070,201,600.00 and state spending from state resources to be paid to local units of government for fiscal year 2000-2001 is \$1,027,454,000.00. The itemized statement below identifies appropriations from which spending to units of local government will occur:

DEPARTMENT OF COMMUNITY HEALTH

DEPARTMENTWIDE ADMINISTRATION

Departmental administration and management	\$ 2,000,000
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND	
SPECIAL PROJECTS	
Mental health initiatives for older persons	1,165,800
COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS	
Pilot projects in prevention for adults and children	913,200
State disability assistance program substance abuse services	6,600,000
Community substance abuse prevention, education, and treatment programs	18,673,500
Medicaid mental health services	517,871,100
Community mental health non-Medicaid services	311,801,500
Multicultural services	3,848,000
Medicaid substance abuse services.	10,890,000
Respite services	3,318,600
INFECTIOUS DISEASE CONTROL	
AIDS prevention, testing, and care programs	1,466,800
Sexually transmitted disease local agreements	452,900
LOCAL HEALTH ADMINISTRATION AND GRANTS	
Special population health care	29,600

Local public health operations

Cancer prevention and control program

CHRONIC DISEASE, INJURY, AND HEALTH PROMOTION

	For Fiscal Year
	Ending Sept. 30,
	2001
Diabetes program	1,275,000
Employee wellness programs	1,545,100
School health and education programs	2,000,000
Smoking prevention program	2,880,000
COMMUNITY LIVING, CHILDREN, AND FAMILIES	
Adolescent health care services	1,908,000
Family planning local agreements	1,230,300
Homelessness formula grant program - state match	708,800
Local MCH services	246,100
OBRA implementation	2,459,100
Pregnancy prevention program	2,511,800
Prenatal care outreach and service delivery support	1,250,000
CHILDREN'S SPECIAL HEALTH CARE SERVICES	
Case management services	1,433,200
MEDICAL SERVICES	
Special adjustor payments	1,383,800
Hospital disproportionate share payments	18,000,000
Hospital services and therapy	17,559,300
Physician services	5,305,100
Pharmaceutical services	7,265,000
Home health services	1,195,200
Transportation	184,500
OFFICE OF SERVICES TO THE AGING	
Community services	13,681,400
Nutrition services	12,363,000
Senior volunteer services	3,845,400
Michigan pharmaceutical program	140,000
Respite care program	2,000,000
CRIME VICTIM SERVICES COMMISSION	
Crime victim rights services grants	4,585,700
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT	
Sec. 202 (1) The appropriations authorized under this act are subject to the management	and budget act 1984

Sec. 202. (1) The appropriations authorized under this act are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.

(2) Funds for which the state is acting as the custodian or agent are not subject to annual appropriation.

Sec. 203. As used in this act:

- (a) "ACCESS" means Arab community center for economic and social services.
- (b) "AIDS" means acquired immunodeficiency syndrome.
- (c) "CMHSP" means a community mental health service program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.
 - (d) "DAG" means the United States department of agriculture.
- (e) "Disease management" means a comprehensive system that incorporates the patient, physician, and health plan into 1 system with the common goal of achieving desired outcomes for patients.
 - (f) "Department" means the Michigan department of community health.
 - (g) "DSH" means disproportionate share hospital.
 - (h) "EPIC" means elder prescription insurance coverage program.
 - (i) "EPSDT" means early and periodic screening, diagnosis, and treatment.
 - (j) "FTE" means full-time equated.
 - (k) "GME" means graduate medical education.
 - (l) "HIV" means human immunodeficiency virus.
 - (m) "HMO" means health maintenance organization.
 - (n) "IDEA" means individual disability education act.
 - (o) "MCH" means maternal and child health.
 - (p) "MSS/ISS" means maternal and infant support services.
 - (q) "OBRA" means the omnibus budget reconciliation act of 1987, Public Law 100-203, 101 Stat. 1330.
- (r) "Qualified health plan" means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department's comprehensive health plan.

- (s) "Title XVIII" means title XVIII of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395b-6 to 1395b-7, 1395c to 1395i, 1395i-2 to 1395i-5, 1395j to 1395t, 1395u to 1395w, 1395w-2 to 1395w-4, 1395w-21 to 1395w-28, 1395x to 1395yy, and 1395bbb to 1395ggg.
- (t) "Title XIX" means title XIX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396f, 1396g-1 to 1396r-6, and 1396r-8 to 1396v.
 - (u) "WIC" means women, infants, and children supplemental nutrition program.
- Sec. 204. The department of civil service shall bill departments and agencies at the end of the first fiscal quarter for the 1% charge authorized by section 5 of article XI of the state constitution of 1963. Payments shall be made for the total amount of the billing by the end of the second fiscal quarter.
- Sec. 205. (1) Beginning October 1, a hiring freeze is imposed on the state classified civil service. State departments and agencies are prohibited from hiring any new full-time state classified civil service employees and prohibited from filling any vacant state classified civil service positions. This hiring freeze does not apply to internal transfers of classified employees from 1 position to another within a department or to positions that are funded with 80% or more federal or restricted funds.
- (2) The state budget director shall grant exceptions to this hiring freeze when the state budget director believes that the hiring freeze will result in rendering a state department or agency unable to deliver basic services. The state budget director shall report by the fifteenth of each month to the chairpersons of the senate and house of representatives standing committees on appropriations the number of exceptions to the hiring freeze approved during the previous month and the justification for the exception.
- Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$100,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.
- (2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.
- (3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.
- (4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$10,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.
- Sec. 207. At least 60 days before beginning any effort to privatize, the department shall submit a complete project plan to the appropriate senate and house of representatives appropriations subcommittees and the senate and house fiscal agencies. The plan shall include the criteria under which the privatization initiative will be evaluated. The evaluation shall be completed and submitted to the appropriate senate and house of representatives appropriations subcommittees and the senate and house fiscal agencies within 30 months.
- Sec. 208. The department shall continue to pilot the use of the Internet to fulfill the reporting requirements of this act. This may include transmission of reports via electronic mail to the recipients identified for each reporting requirement or it may include placement of reports on the Internet or legislative Intranet site. The senate and house of representatives appropriations subcommittees and senate and house fiscal agencies shall be notified in writing of the Internet or Intranet site of any such report. Quarterly, the department shall provide a cumulative listing of the reports submitted during the most recent 3-month period along with the Internet or Intranet site of each report, and a list of those reports expected to be transmitted in the following quarter.
- Sec. 209. Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available.
- Sec. 210. (1) The director shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.
- (2) The director shall take all reasonable steps to ensure equal opportunity for all who compete for and perform contracts to provide services or supplies, or both, for the department. The director shall strongly encourage firms with which the department contracts to provide equal opportunity for subcontractors to provide services or supplies, or both.
- Sec. 211. If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.
- Sec. 212. (1) From the amounts appropriated in part 1, no greater than the following amounts are supported with federal maternal and child health block grant, preventive health and health services block grant, substance abuse block grant, healthy Michigan fund, and Michigan health initiative funds:

- (a) Maternal and child health block grant\$ 20,977,000.(b) Preventive health and health services block grant\$ 6,347,100.(c) Substance abuse block grant\$ 61,371,200.(d) Healthy Michigan fund\$ 45,417,500.(e) Michigan health initiative\$ 9,900,800.
- (2) On or before February 1, 2001, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1 of this act.
- (3) Upon the release of the fiscal year 2001-02 executive budget recommendation, the department shall report to the same parties in subsection (2) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the fiscal year 2001-02 executive budget proposal.
- (4) The department shall provide to the same parties in subsection (2) all revenue source detail for consolidated revenue line item detail upon request to the department.
- Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds from part 1 shall report by November 1, 2000, to the senate and house of representatives appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:
 - (a) Detailed spending plan by appropriation line item including description of programs.
 - (b) Allocations from funds appropriated under these sections.
 - (c) Description of allocations or bid processes including need or demand indicators used to determine allocations.
 - (d) Eligibility criteria for program participation and maximum benefit levels where applicable.
 - (e) Outcome measures to be used to evaluate programs.
- (f) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.
- Sec. 214. The use of state restricted tobacco tax revenue received for the purpose of tobacco prevention, education, and reduction efforts and deposited in the healthy Michigan fund shall not be used for lobbying as defined in 1978 PA 472, MCL 4.411 to 4.431.
- Sec. 216. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.
- (2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in fiscal year 2000-2001, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.
- (3) The department shall report promptly to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.
- Sec. 217. On or before the tenth of each month, the department shall report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to the CMHSPs to support the Medicaid managed mental health care program in that month. The information shall include the total paid to each CMHSP, per capita rate paid for each eligibility group for each CMHSP, and number of cases in each eligibility group for each CMHSP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.
- Sec. 218. Basic health services for the purpose of part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are: immunizations, communicable disease control, sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 7 conditions listed in section 5431(1)(a) through (g) of the public health code, 1978 PA 368, MCL 333.5431, community health annex of the Michigan emergency management plan, and prenatal care.
- Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before November 1, 2000 and May 1, 2001 all of the following:
 - (a) A detailed description of each funded project.
- (b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project.
 - (c) The expected project duration.

- (d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.
- (2) If a report required under subsection (1) is not received by the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before the date specified for that report, the disbursement of funds to the Michigan public health institute under this section shall stop. The disbursement of those funds shall recommence when the overdue report is received.
- (3) On or before September 30, 2001, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public health institute.
- Sec. 220. All contracts with the Michigan public health institute funded with appropriations in part 1 shall include a requirement that the Michigan public health institute submit to financial and performance audits by the state auditor general of projects funded with state appropriations.
- Sec. 223. The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The costs shall not exceed fees collected.

DEPARTMENTWIDE ADMINISTRATION

- Sec. 301. From funds appropriated for worker's compensation, the department may make payments in lieu of worker's compensation payments for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.
- Sec. 302. Funds appropriated in part 1 for the community health advisory council may be used for member per diems of \$50.00 and other council expenditures.
- Sec. 303. The department is prohibited from requiring first-party payment from individuals or families with a taxable income of \$10,000.00 or less for mental health services for determinations made in accordance with section 818 of the mental health code, 1974 PA 258, MCL 330.1818.

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

- Sec. 350. The department may enter into a contract with the protection and advocacy service, authorized under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, or a similar organization to provide legal services for purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the department or a community mental health services program board to provide services to persons with mental illness or developmental disability.
- Sec. 352. From the funds appropriated, the department shall conduct a statewide survey of adolescent suicide and assessment of available preventative resources.

COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

- Sec. 401. (1) Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs. The department shall ensure that each board provides all of the following:
 - (a) A system of single entry and single exit.
- (b) A complete array of mental health services which shall include, but shall not be limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.
- (c) The coordination of inpatient and outpatient hospital services through agreements with state-operated psychiatric hospitals, units, and centers in facilities owned or leased by the state, and privately-owned hospitals, units, and centers licensed by the state pursuant to sections 134 through 149b of the mental health code, 1974 PA 258, MCL 330.1134 to 330.1149b.
- (d) Individualized plans of service that are sufficient to meet the needs of individuals, including those discharged from psychiatric hospitals or centers, and that ensure the full range of recipient needs is addressed through the CMHSP's program or through assistance with locating and obtaining services to meet these needs.
- (e) A system of case management to monitor and ensure the provision of services consistent with the individualized plan of services or supports.
 - (f) A system of continuous quality improvement.
 - (g) A system to monitor and evaluate the mental health services provided.
- (2) In partnership with CMHSPs, the department shall establish a process to ensure the long-term viability of a single entry and exit and locally controlled community mental health system.
- (3) A contract between a CMHSP and the department shall not be altered or modified without a prior written agreement of the parties to the contract.
- Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs shall be made upon the execution of contracts between the department and CMHSPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract

with a CMHSP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs entered into under this subsection for fiscal year 2000-2001 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.

- (2) The department shall immediately report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:
 - (a) Any new contracts with CMHSPs that would affect rates or expenditures are enacted.
 - (b) Any amendments to contracts with CMHSPs that would affect rates or expenditures are enacted.
- (3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.
- Sec. 403. From the funds appropriated in part 1 for multicultural services, the department shall ensure that CMHSPs continue contracts with multicultural services providers.
- Sec. 404. (1) Not later than May 31 of each fiscal year, the department shall provide a report on the community mental health services programs to the members of the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director which shall include information required by this section.
- (2) The report shall contain information for each community mental health services board and a statewide summary, each of which shall include at least the following information:
- (a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.
 - (b) Per capita expenditures by client population group.
- (c) Financial information which, minimally, shall include a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category shall include all department approved services.
- (d) Data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.
- (e) Information about access to community mental health services programs which shall include but not be limited to both of the following:
 - (i) The number of people receiving requested services.
 - (ii) The number of people who requested services but did not receive services.
 - (iii) The number of people requesting services who are on waiting lists for services.
 - (iv) The average length of time that people remained on waiting lists for services.
 - (f) The number of second opinions requested under the code and the determination of any appeals.
- (g) An analysis of information provided by community mental health service programs in response to the needs assessment requirements of the mental health code, including information about the number of persons in the service delivery system who have requested and are clinically appropriate for different services.
- (h) An estimate of the number of FTEs employed by the CMHSPs or contracted with directly by the CMHSPs as of September 30, 2000 and an estimate of the number of FTEs employed through contracts with provider organizations as of September 30, 2000.
 - (i) Lapses and carryforwards during fiscal year 1999-2000 for CMHSPs.
- (j) Contracts for mental health services entered into by CMHSPs with providers, including amounts and rates, organized by type of service provided.
- (k) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following:
- (i) Expenditures by each CMHSP organized by Medicaid eligibility group, including per eligible individual expenditure averages.
 - (ii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs.
- (3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP.
- (4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs.
- Sec. 405. It is the intent of the legislature that the employee wage pass-through funded to the community mental health services programs for direct care workers in local residential settings and for paraprofessional and other nonprofessional direct care workers in day programs, supported employment, and other vocational programs that was funded beginning April 1, 1999 shall continue to be paid to direct care workers in fiscal year 2000-2001.
- Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance abuse services program shall be used to support per diem room and board payments in substance abuse residential facilities. Eligibility of clients for the state disability assistance substance abuse services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance abuse treatment center.

- (2) The department shall reimburse all licensed substance abuse programs eligible to participate in the program at a rate equivalent to that paid by the family independence agency to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.
- Sec. 407. (1) The amount appropriated in part 1 for substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies or designated service providers. It is the intent of the legislature that the coordinating agencies and designated service providers work with the CMHSPs to coordinate the care and services provided to individuals with both mental illness and substance abuse diagnoses.
- (2) The department shall establish a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.
- Sec. 408. (1) By April 15, 2001, the department shall report the following data from fiscal year 1999-2000 on substance abuse prevention, education, and treatment programs to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:
- (a) Expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by coordinating agency and by subcontractor shall be reported.
 - (b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.
- (c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.
- (d) Collections from other first- or third-party payers, private donations, or other state or local programs, by coordinating agency, by subcontractor, by population served, and by service type.
- (2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.
- Sec. 409. The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.
- Sec. 410. The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the family independence agency who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.
- Sec. 411. (1) The department shall ensure that each contract with a CMHSP requires the CMHSP to implement programs to encourage diversion of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.
- (2) Each CMHSP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies. Such agencies include the county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.
- Sec. 412. The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services.
- Sec. 413. In fiscal year 2000-2001, the department shall develop a plan that conforms to the requirements of the health care finance administration for competitive procurement of contracts to manage Medicaid mental health, developmental disabilities, and substance abuse services. The department shall submit the plan to the appropriations subcommittees for community health of both the house of representatives and senate and to the health care financing administration. The plan shall continue a carve-out for specialty services for persons with developmental disabilities and mental illness and requiring substance abuse services. If the health care financing administration approves the plan, the department may implement a competitive bid pilot program that complies with the approved plan. In fiscal year 2000-2001, the department shall not implement a statewide competitive bid process.
- Sec. 414. Medicaid substance abuse treatment services shall be managed by selected CMHSPs pursuant to the health care financing administration's approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. The selected CMHSPs shall receive a capitated payment on a per eligible per month basis to assure provision of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.
- Sec. 416. (1) Of the funds appropriated in part 1 for pharmaceutical services, community mental health boards shall not be held liable for the cost of prescribed psychotropic medications during fiscal year 2000-2001.
- (2) In calculating the available amount of lapses for use in offsetting overexpenditures resulting from the implementation of this section, those lapses credited to community mental health line items shall only include appropriation lapses in excess of the amount calculated for the 5% carryforward defined in state statute.

- (3) The department shall provide quarterly reports to the senate and house of representatives appropriations subcommittees on community health, their respective fiscal agencies, and community mental health boards that include data on psychotropic medications regarding the type, number, cost and prescribing patterns of Medicaid providers.
- (4) Should expenditures for Medicaid mental health services exceed the appropriations contemplated in part 1 due to an increase in the number or mix of Medicaid eligibles, the department shall recommend the transfer of appropriation lapses as may be necessary to offset such expenditures.
- Sec. 417. (1) It is the intent of the legislature that the department support pilot projects by community mental health boards to establish regional partnerships.
- (2) The purpose of the regional partnerships should be to expand consumer choice, promote service integration, and produce system efficiencies through the coordination of efforts, or other outcomes, as may be determined by participating community mental health boards.
- (3) The pilot projects described in this section shall be completely voluntary and be based on projects proposed by the community mental health boards. Each proposed pilot project shall be consistent with the scope, duration, risks, and inducements contained in the plan for competitive procurement that the department submits to the health care financing administration as part of the renewal request for the section 1915(b) managed specialty services waiver.
- (4) As an additional incentive for community mental health boards to engage in the pilot projects described in this section, any regional partnership so formed shall be able to retain 100% of any net lapses generated by the regional partnership.
- (5) The department shall provide quarterly reports to the senate and house of representatives appropriations subcommittees and their respective fiscal agencies, as to any activities by community mental health boards to form regional partnerships under this section.

STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES

- Sec. 601. (1) In funding of staff in the financial support division, reimbursement, and billing and collection sections, priority shall be given to obtaining third-party payments for services. Collection from individual recipients of services and their families shall be handled in a sensitive and nonharassing manner.
- (2) The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. Revenues collected through project efforts are appropriated to the department for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions so that the need for retroactive collections will be reduced or eliminated.
- Sec. 602. Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$2,000,000.00 remaining on September 30, 2001 from pay telephone revenues and the amounts appropriated in part 1 for gifts and bequests for patient living and treatment environments shall be carried forward for 1 fiscal year. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.
- Sec. 603. The funds appropriated in part 1 for forensic mental health services provided to the department of corrections are in accordance with the interdepartmental plan developed in cooperation with the department of corrections. The department is authorized to receive and expend funds from the department of corrections in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreements.
 - Sec. 604. (1) The CMHSPs shall provide semiannual reports to the department on the following information:
 - (a) The number of days of care purchased from state hospitals and centers.
- (b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers.
 - (c) The number and type of alternative placements to state hospitals and centers other than private hospitals.
 - (d) Waiting lists for placements in state hospitals and centers.
- (2) The department shall semiannually report the information in subsection (1) to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.
- Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities.
- (2) All closures or consolidations are dependent upon adequate department-approved CMHSP plans that include a discharge and aftercare plan for each person currently in the facility. A discharge and aftercare plan shall address the person's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the person's housing needs.
- (3) Four months after the certification of closure required in section 19(6) of 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house of representatives and senate appropriations subcommittees.

(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs responsible for providing services for persons previously served by the operations.

PUBLIC HEALTH ADMINISTRATION

Sec. 703. The availability of \$200,000.00 for vital records and health systems is contingent upon the enactment of legislation that amends section 2891 of the public health code, 1978 PA 368, MCL 333.2891, to increase fees for vital records services in an amount sufficient to produce \$200,000.00 in fee revenue anticipated to be received annually, and that fee increase taking effect.

INFECTIOUS DISEASE CONTROL

Sec. 801. In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that adolescents receive priority for prevention, education, and outreach services.

Sec. 802. In developing and implementing AIDS provider education activities, the department may provide funding to the Michigan state medical society to serve as lead agency to convene a consortium of health care providers, to design needed educational efforts, to fund other statewide provider groups, and to assure implementation of these efforts, in accordance with a plan approved by the department.

Sec. 803. The department shall continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary. This section is not intended to prohibit the department from providing assistance for improved AIDS treatment medications.

EPIDEMIOLOGY

Sec. 850. From the funds appropriated in part 1 for epidemiology administration, no less than \$150,000.00 shall be allocated for the behavioral risk factor survey project.

LOCAL HEALTH ADMINISTRATION AND GRANTS

Sec. 901. The amount appropriated in part 1 for implementation of the 1993 amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall reimburse local health departments for costs incurred related to implementation of section 17015(15) of the public health code, 1978 PA 368, MCL 333.17015.

Sec. 902. If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1, 2000, the department shall have the authority to assess a penalty from the local health department's administrative accounts in an amount equal to no more than 3% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.

Sec. 903. The department shall provide a report semiannually to the house of representatives and senate appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the expenditures and activities undertaken by the lead abatement program. The report shall include, but is not limited to, a funding allocation schedule, expenditures by category of expenditure and by subcontractor, revenues received, description of program elements, and description of program accomplishments and progress.

Sec. 904. (1) Funds appropriated in part 1 for local public health operations shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. Food protection shall be provided in consultation with the Michigan department of agriculture. Public water supply, private groundwater supply, and on-site sewage management shall be provided under contract with the Michigan department of environmental quality.

- (2) Local public health departments will be held to contractual standards for the services in subsection (1).
- (3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2000-2001 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).
- (4) By April 1, 2001, the department shall report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the planned allocation of the funds appropriated for local public health operations.
 - (5) It is the intent of the legislature that this appropriation be fully expended in fiscal year 2000-2001.

Sec. 906. From the funds appropriated in part 1 for local health services, the department shall allocate \$50,000.00 for a study to identify the sources of pollution and those responsible for polluting, in the Clinton river watershed.

- Sec. 907. (1) It is the intent of the legislature that the department establish a lead hazard remediation revolving loan fund program. From the funds appropriated in part 1, \$1,000,000.00 shall be allocated to the lead hazard remediation revolving loan fund. It is the intent of the legislature that annual appropriations be made to the lead hazard remediation revolving loan fund until cumulative appropriations to the loan fund total a minimum of \$5,000,000.00.
- (2) The lead hazard remediation revolving loan fund program shall make loans available to qualified low-income families who live in owner-occupied houses in Michigan for the purpose of financing lead hazard remediation and abatement to the homes in which they reside. Families who meet qualifications for federal housing and urban development lead abatement funds are not eligible for this loan program. A home that houses a child with elevated

blood lead levels, as defined in section 5456 of the public health code, 1978 PA 368, MCL 333.5456, or that may in the future be occupied by a family with small children, may be eligible for the loan fund program. The loans shall be offered at an interest rate of 2%. The program may be jointly administered by the department and the Michigan state housing development authority.

CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

Sec. 1001. (1) From the state funds appropriated in part 1, the department shall allocate funds to promote awareness, education, and early detection of breast, cervical, prostate, and colorectal cancer, and provide for other health promotion media activities.

(2) The department shall increase funds allocated to promote awareness, education, and early detection of breast, cervical, and prostate cancer by \$750,000.00 above the amount allocated for this purpose in fiscal year 1996-1997, and by \$150,000.00 for colorectal cancer.

Sec. 1002. (1) The amount appropriated in part 1 for school health and education programs shall be allocated in fiscal year 2000-2001 to provide grants to or contract with certain districts and intermediate districts for the provision of a school health education curriculum. Provision of the curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model for the comprehensive school health education state steering committee. The state steering committee shall be comprised of a representative from each of the following offices and departments:

- (a) The department of education.
- (b) The department of community health.
- (c) The public health agency in the department of community health.
- (d) The office of substance abuse services in the department of community health.
- (e) The family independence agency.
- (f) The department of state police.
- (2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.

Sec. 1003. Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers.

Sec. 1004. From the amounts appropriated in part 1 for the cancer prevention and control program, the department may allocate funds to the Hurley and Harper hospitals' prostate cancer demonstration projects in fiscal year 2000-2001.

Sec. 1005. From the funds appropriated in part 1 for physical fitness, nutrition, and health, up to \$1,000,000.00 may be allocated to the Michigan physical fitness and sports foundation. The allocation to the Michigan physical fitness and sports foundation is contingent upon the foundation providing at least a 20% cash match.

Sec. 1006. In spending the funds appropriated in part 1 for the smoking prevention program, priority shall be given to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents.

Sec. 1007. (1) The funds appropriated in part 1 for violence prevention shall be used for, but not be limited to, the following:

- (a) Programs aimed at the prevention of spouse, partner, or child abuse and rape.
- (b) Programs aimed at the prevention of workplace violence.
- (2) In awarding grants from the amounts appropriated in part 1 for violence prevention, the department shall give equal consideration to public and private nonprofit applicants.
- (3) From the funds appropriated in part 1 for violence prevention, the department may include local school districts as recipients of the funds for family violence prevention programs.

Sec. 1008. From the amount appropriated in part 1 for the cancer prevention and control program, funds shall be allocated to the Karmanos cancer institute/Wayne State University, to the University of Michigan comprehensive cancer center, and to Michigan State University for cancer prevention activities, consistent with the current priorities of the Michigan cancer consortium.

Sec. 1009. From the funds appropriated in part 1 for the diabetes program, a portion of the funds may be allocated to the national kidney foundation of Michigan for kidney disease prevention programming including early identification and education programs and kidney disease prevention demonstration projects.

Sec. 1010. Of the funds appropriated in part 1 for the health education, promotion, and research programs, the department shall allocate \$400,000.00 to implement the osteoporosis prevention and treatment education program targeting women and school health education. As part of the program, the department shall design and implement strategies for raising public awareness on the causes and nature of osteoporosis, personal risk factors, value of prevention and early detection, and options for diagnosing and treating osteoporosis.

- Sec. 1011. (1) From the funds appropriated in part 1 for the diabetes program, \$320,000.00 shall be allocated for improving the health of African-American men in Michigan. The funds shall be used for screening and patient self-care activities for diabetes, hypertension, stroke, and glaucoma and other eye diseases.
- (2) By March 1, 2001, the department shall provide a report on the program under this section to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director.
- Sec. 1012. In implementing the early childhood collaborative secondary prevention program, the department shall work cooperatively with the department of education and the family independence agency to address issues and coordinate activities for community-based collaborative prevention services. The department shall report annually on the outcomes of this collaborative effort to the senate and house of representatives appropriation subcommittees on community health and the senate and house fiscal agencies.
- Sec. 1013. The funds appropriated in part 1 for the Michigan Parkinson's Foundation shall be used for implementation of the Michigan Parkinson's Initiative which supports and educates persons with Parkinson's disease and their families. Members of the Michigan Parkinson's Initiative include the University of Michigan, Michigan State University, Wayne State University, Beaumont Hospital, St. John's Hospital and Health Center, Henry Ford Health System, and other organizations as appropriate.
- Sec. 1018. From the funds appropriated in part 1 for chronic disease prevention, \$500,000.00 shall be allocated for obesity prevention and education services. The department shall use these funds for prevention and education services only, and not for administrative purposes.
- Sec. 1019. From the funds appropriated in part 1 for chronic disease prevention, \$50,000.00 shall be allocated for stroke prevention, education, and outreach. The objectives of the program shall include education to assist persons in identifying risk factors, and education to assist persons in the early identification of the occurrence of a stroke in order to minimize stroke damage.
- Sec. 1020. From the funds appropriated in part 1 for chronic disease prevention, \$50,000.00 shall be allocated for a children's arthritis program.
- Sec. 1021. From the funds appropriated in part 1 for chronic disease prevention, \$1,086,000.00 shall be allocated as 1-time funding for a women's cardiovascular health program. The availability of the funds is contingent upon final settlement and receipt of the funds as the result of a final court judgment.
- Sec. 1022. From the funds appropriated in part 1 for the smoking prevention program, \$1,500,000.00 shall be allocated as 1-time funding to enable eligible state and local municipalities to apply for American legacy foundation grants which are intended to decrease and prevent tobacco consumption among all ages and populations.

COMMUNITY LIVING, CHILDREN, AND FAMILIES

- Sec. 1101. The department shall review the basis for the distribution of funds to local health departments and other public and private agencies for the women, infants, and children food supplement program; family planning; early and periodic screening, diagnosis, and treatment program; and prenatal care outreach and service delivery support program and indicate the basis upon which any projected underexpenditures by local public and private agencies shall be reallocated to other local agencies that demonstrate need.
- Sec. 1102. (1) Agencies receiving funds appropriated from part 1 for adolescent health care services shall do all of the following:
- (a) Require each adolescent health clinic funded by the agency to report to the department on an annual basis all of the following information:
 - (i) Funding sources of the adolescent health clinic.
- (ii) Demographic information of populations served including sex, age, and race. Reporting and presentation of demographic data by age shall include the range of ages of 0-17 years and the range of ages of 18-23 years.
 - (iii) Utilization data that reflects the number of visits and repeat visits and types of services provided per visit.
 - (iv) Types and number of referrals to other health care agencies.
- (b) As a condition of the contract, a contract shall include the establishment of a local advisory committee before the planning phase of an adolescent health clinic intended to provide services within that school district. The advisory committee shall be comprised of not less than 50% residents of the local school district, and shall not be comprised of more than 50% health care providers. A person who is employed by the sponsoring agency shall not have voting privileges as a member of the advisory committee.
- (c) Not allow an adolescent health clinic funded by the agency, as part of the services offered, to provide abortion counseling or services or make referrals for abortion services.
- (d) Require each adolescent health clinic funded by the agency to have a written policy on parental consent, developed by the local advisory committee and submitted to the local school board for approval if the services are provided in a public school building where instruction is provided in grades kindergarten through 12.
- (2) A local advisory committee established under subsection (1)(b), in cooperation with the sponsoring agency, shall submit written recommendations regarding the implementation and types of services rendered by an adolescent health clinic to the local school board for approval of adolescent health services rendered in a public school building where instruction is provided in grades kindergarten through 12.

- (3) The department shall submit a report to the members of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies based on the information provided under subsection (1)(a). The report is due 90 days after the end of the calendar year.
- Sec. 1103. Of the funds appropriated in part 1 for adolescent health care services, each teen center, including alternative models, shall receive as minimum funding no less than 115% of what was allocated in fiscal year 1999-2000. The remainder of the appropriated funds under this section, which shall not apply to alternative models, shall be distributed as follows:
 - (a) Twenty-five percent shall be distributed based on the number of users.
 - (b) Fifty percent shall be distributed based on the number of visits.
 - (c) Twenty-five percent shall be distributed based on the number of services provided.
- Sec. 1104. Before April 1, 2001, the department shall submit a report to the house and senate fiscal agencies on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:
 - (a) Funding allocations.
 - (b) Number of women, children, and/or adolescents expected to be served.
- (c) Actual numbers served and amounts expended in the categories described in subdivisions (a) and (b) for the fiscal year 1999-2000.
- Sec. 1105. For all programs for which an appropriation is made in part 1, the department shall contract with those local agencies best able to serve clients. Factors to be used by the department in evaluating agencies under this section shall include ability to serve high-risk population groups; ability to serve low-income clients, where applicable; availability of, and access to, service sites; management efficiency; and ability to meet federal standards, when applicable.
- Sec. 1106. Each family planning program receiving federal title X family planning funds shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.
- Sec. 1106a. (1) Federal abstinence money expended in part 1 for the purpose of promoting abstinence education shall provide abstinence education to teenagers most likely to engage in high risk behavior as their primary focus, and may include programs that include 9- to 17-year-olds. Programs funded must meet all of the following guidelines:
 - (a) Teaches the gains to be realized by abstaining from sexual activity.
 - (b) Teaches abstinence from sexual activity outside of marriage as the expected standard for all school age children.
- (c) Teaches that abstinence is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other health problems.
- (d) Teaches that a monogamous relationship in the context of marriage is the expected standard of human sexual activity.
 - (e) Teaches that sexual activity outside of marriage is likely to have harmful effects.
 - (f) Teaches that bearing children out of wedlock is likely to have harmful consequences.
- (g) Teaches young people how to avoid sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
 - (h) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.
- (2) Coalitions, organizations, and programs that do not provide contraceptives to minors and demonstrate efforts to include parental involvement as a means of reducing the risk of teens becoming pregnant shall be given priority in the allocations of funds.
- (3) Programs and organizations that meet the guidelines of subsection (1) and criteria of subsection (2) shall have the option of receiving all or part of their funds directly from the department of community health.
- Sec. 1107. Of the amount appropriated in part 1 for prenatal care outreach and service delivery support, not more than 10% shall be expended for local administration, data processing, and evaluation.
- Sec. 1108. The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.
- Sec. 1109. (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that would provide dental services to the uninsured in an amount that is no less than the amount allocated to that program in fiscal year 1996-1997.
- (2) Not later than November 1, 2000, the department shall report to the senate and house of representatives appropriations subcommittees on community health and the senate and house of representatives standing committees on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures through September 30, 2000.
- Sec. 1110. Agencies that currently receive pregnancy prevention funds and either receive or are eligible for other family planning funds shall have the option of receiving all of their family planning funds directly from the department of community health and be designated as delegate agencies.

Sec. 1111. The department shall allocate no less than 86% of the funds appropriated in part 1 for family planning local agreements and the pregnancy prevention program for the direct provision of family planning/pregnancy prevention services.

Sec. 1112. From the funds appropriated for prenatal care outreach and service delivery support, the department shall allocate at least \$1,000,000.00 to communities with high infant mortality rates.

Sec. 1113. From the funds appropriated in part 1 for special projects, the department shall allocate no less than \$200,000.00 to provide education and outreach to targeted populations on the dangers of drug use during pregnancy, neonatal addiction, and fetal alcohol syndrome and further develop its infant support services to target families with infants with fetal alcohol syndrome or suffering from drug addiction.

Sec. 1114. From the funds appropriated in part 1 for special projects, the department shall allocate \$250,000.00 to the Nathan Weidner children's advocacy center. These funds shall be considered a work project and any unexpended authorization shall be carried forward to fiscal year 2001-2002.

Sec. 1120. The department shall allocate \$8,488,600.00 to local public health departments for the purpose of providing EPSDT, maternal and infant support services outreach, and other Medicaid outreach and support services.

Sec. 1121. From the funds appropriated in part 1 for special projects, \$300,000.00 shall be allocated for children's respite services.

CHILDREN'S SPECIAL HEALTH CARE SERVICES

Sec. 1201. Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined by the Michigan medical services program. Exceptions to these policies may be taken with the prior approval of the state budget director.

Sec. 1202. The department may do 1 or more of the following:

- (a) Provide special formula for eligible clients with specified metabolic and allergic disorders.
- (b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.
- (c) Provide genetic diagnostic and counseling services for eligible families.
- (d) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older.

Sec. 1203. All children who are determined medically eligible for the children's special health care services program shall be referred to the appropriate locally based services program in their community.

OFFICE OF DRUG CONTROL POLICY

Sec. 1250. From the amount appropriated in part 1 to the office of drug control policy, \$200,000.00 shall be transferred to the department of education to fund the office for safe schools.

CRIME VICTIM SERVICES COMMISSION

Sec. 1301. The per diem amount authorized for the crime victim services commission is \$100.00.

OFFICE OF SERVICES TO THE AGING

Sec. 1401. The appropriation in part 1 to the office of services to the aging, for community and nutrition services and home services, shall be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under title XVIII, XIX, or XX of the social security act, chapter 531, 49 Stat. 620.

Sec. 1402. (1) The office of services to the aging may receive and expend funds in addition to those authorized in part 1 for the additional purposes described in this section.

(2) Money appropriated in part 1 for the Michigan pharmaceutical program shall be used to purchase generic medicine when available and medically practicable.

Sec. 1403. The office of services to the aging shall require each region to report to the office of services to the aging home delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:

- (a) The recipient's degree of frailty.
- (b) The recipient's inability to prepare his or her own meals safely.
- (c) Whether the recipient has another care provider available.
- (d) Any other qualifications normally necessary for the recipient to receive home delivered meals.

Sec. 1404. The office of services to the aging may receive and expend fees for the provision of day care, care management, and respite care. The office of services to the aging shall base the fees on a sliding scale taking into consideration the client income. The office of services to the aging shall use the fees to expand services.

Sec. 1405. The office of services to the aging may receive and expend Medicaid funds for care management services.

Sec. 1406. The appropriation of \$5,000,000.00 of tobacco settlement funds to the office of services to the aging for the respite care program shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1637 of 1998 PA 336 upon implementation of the plan. The plan shall be implemented upon meeting the requirements of section 1657 of this act. The use of the funds shall be for direct respite care. Not more than 10% of the amount allocated under this section shall be expended for administration and administrative purposes.

Sec. 1407. The appropriation of \$3,021,400.00 of tobacco settlement funds to the office of services to the aging for the long-term care advisor shall be allocated in accordance with a long-term care plan developed by the long-term care

working group established in section 1637 of 1998 PA 336 upon implementation of the plan. The plan shall be implemented upon meeting the requirements of section 1657 of this act.

Sec. 1408. The office of services to the aging shall provide that funds appropriated under this act shall be awarded on a local level in accordance with locally determined needs.

Sec. 1413. The legislature affirms the commitment to locally based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local counties to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county. The legislature supports the office of services to the aging working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home and community based waiver services, unless they receive a waiver from the department. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies.

Sec. 1414. The office of services to the aging shall award contracts and distribute funds only to those projects that are cost effective, meet minimum operational standards, and serve the greatest number of eligible people.

Sec. 1415. The office of services to the aging shall establish uniform reporting formats for reports submitted by area agencies on aging. Area agencies on aging shall submit reports to the department using the established reporting formats.

Sec. 1416. The legislature affirms the commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home and community services waiver program.

MEDICAL SERVICES ADMINISTRATION

Sec. 1501. The funds appropriated in part 1 for the Michigan essential health care provider program may also provide loan repayment for dentists that fit the criteria established by part 27 of the public health code, 1978 PA 368, MCL 333.2701 to 333.2727.

Sec. 1502. The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.

Sec. 1503. From the amounts appropriated in part 1 for palliative and hospice care, \$325,000.00 shall be allocated for education programs on and promotion of palliative care, hospice, and end of life care, and \$200,000.00 shall be allocated for a pilot project to assess long-term feasibility of paying the cost of room and board in hospice residences for low income individuals.

Sec. 1504. From the funds appropriated in part 1 for primary care services, the department shall appropriate the same level of financing for the Arab American and Chaldean council, and ACCESS that was appropriated in fiscal year 1999-2000.

Sec. 1505. The department shall work with the department of career development to explore options available under the federal "Ticket to Work and Work Incentives Improvement Act of 1999".

Sec. 1506. From the funds appropriated in part 1 for primary care services, an amount not to exceed \$3,200,000.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers which are similar to federally qualified health centers.

MEDICAL SERVICES

Sec. 1601. The department of community health shall provide an administrative procedure for the review of cost report grievances by medical services providers with regard to reimbursement under the medical services program. Settlements of properly submitted cost reports shall be paid not later than 9 months from receipt of the final report.

Sec. 1602. (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare, those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services copayment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.

(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare Part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.

Sec. 1603. (1) Effective October 1, 2000, the pharmaceutical dispensing fee shall be \$3.77 or the usual or customary cash charge, whichever is less. If a Medicaid recipient is 21 years of age or older, the department shall require a \$1.00 per prescription copayment, except as prohibited by federal or state law or regulation.

(2) Subsequent to the implementation of an automated pharmacy claims adjudication system, the department shall conduct a study to determine what savings may be accruing to Medicaid pharmacy providers as a result of the establishment of this system. Based on the findings from that study, the department may make a recommendation to the legislature for an adjustment to the pharmacy dispensing fee.

Sec. 1605. The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.

Sec. 1606. Medicaid adult dental services, podiatric services, and chiropractic services shall continue at not less than the level in effect on October 1, 1996, except that reasonable utilization limitations may be adopted in order to prevent excess utilization. The department shall not impose utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year.

Sec. 1607. The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.

Sec. 1609. (1) From the funds appropriated in part 1 for the indigent medical care program, the department shall establish a program that provides for the basic health care needs of indigent persons as delineated in the following subsections.

- (2) Eligibility for this program is limited to the following:
- (a) Persons currently receiving cash grants under either the family independence program or state disability assistance programs who are not eligible for any other public or private health care coverage.
- (b) Any other resident of this state who currently meets the income and asset requirements for the state disability assistance program and is not eligible for any other public or private health care coverage.
- (3) All potentially eligible persons, except those defined in subsection (2)(a), who shall be automatically enrolled, may apply for enrollment in this program at local family independence agency offices or other designated sites.
 - (4) The program shall provide for the following minimum level of services for enrolled individuals:
 - (a) Physician services provided in private, clinic, or outpatient office settings.
 - (b) Diagnostic laboratory and x-ray services.
 - (c) Pharmaceutical services.
- (5) Notwithstanding subsection (2)(b), the state may continue to provide nursing facility coverage, including medically necessary ancillary services, to individuals categorized as permanently residing under color of law and who meet either of the following requirements:
- (a) The individuals were medically eligible and residing in such a facility as of August 22, 1996 and qualify for emergency medical services.
- (b) The individuals were Medicaid eligible as of August 22, 1996, and admitted to a nursing facility before a new eligibility determination was conducted by the family independence agency.
- Sec. 1611. (1) The department may require medical services recipients residing in counties offering managed care options to choose the particular managed care plan in which they wish to be enrolled. Persons not expressing a preference may be assigned to a managed care provider.
- (2) Persons to be assigned a managed care provider shall be informed in writing of the criteria for exceptions to capitated managed care enrollment, their right to change health plans for any reason within the initial 90 days of enrollment, the toll-free telephone number for problems and complaints, and information regarding grievance and appeals rights.
- (3) The criteria for medical exceptions to qualified health plans shall be based on submitted documentation that indicates a recipient has a serious medical condition, and is undergoing active treatment for that condition with a physician who does not participate in 1 of the qualified health plans. If the person meets the criteria established by this subsection, the department shall grant an exception to mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility.
- Sec. 1612. (1) The department shall not preauthorize single-source pharmaceutical products except in the following circumstances:
- (a) Those single-source pharmaceutical products that have been subject to prior authorization by the department prior to January 1, 1992.
- (b) Those single-source pharmaceuticals within the categories specified in section 1927(d)(2) of title XIX, 42 U.S.C. 1396r-8, or for the reasons delineated in section 1927(d)(3) of title XIX, 42 U.S.C. 1396r-8.
 - (c) Those pharmaceutical products related to the treatment of sexual dysfunction.
- (d) Those pharmaceutical products that do not have a medically accepted indication. As used in this subdivision, "medically accepted indication" means any use of a covered outpatient drug that is approved under the federal food, drug, and cosmetic act, that appears in peer reviewed medical literature, or that is accepted by 1 or more of the following compendia: the American hospital formulary service-drug information, the American medical association drug evaluations, the United States pharmacopeia-drug information, or the drugdex information system.
- (2) The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review and disease management systems authorized by this subsection shall have physician oversight, shall focus on patient, physician, and pharmacist education, and shall be developed in consultation with the national pharmaceutical council, Michigan state medical society, Michigan association of osteopathic physicians, Michigan pharmacists' association, Michigan partner for patient advocacy, and Michigan nurses' association.

- (3) The department shall continue the process of developing and implementing the automated pharmacy claims adjudication and prospective drug utilization review system and disease management system. The department shall provide bimonthly reports to the members of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies on the progress of the development and implementation of this system.
- Sec. 1613. The department may implement a mail-order pharmacy program for the noncapitated portion of the Medicaid program after a study by the department is submitted to the house of representatives and senate appropriations subcommittees on community health and after the repeal of section 17763(a) of the public health code, 1978 PA 368, MCL 333.17763.
- Sec. 1614. (1) The department shall assure that all Medicaid children have timely access to early and periodic screening, diagnosis, and treatment (EPSDT) services as required by federal law. Medicaid managed care plans will provide EPSDT services in accordance with EPSDT policy. Requirements for objective hearing and vision screening may be met by referral to local health departments.
- (2) The primary responsibility of assuring a child's hearing and vision screening is with the child's primary care provider. The primary care provider will provide age appropriate screening or arrange for these tests through referrals to local health departments. Local health departments shall provide preschool hearing and vision screening services and accept referrals for these tests from physicians or from Head Start programs in order to assure all preschool children have appropriate access to hearing and vision screening. Local health departments will be reimbursed for the cost of providing these tests for Medicaid eligible children by the Medicaid program.
- Sec. 1615. (1) The department of community health is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.
- (2) From the funds appropriated in part 1 for medical services school services payments, the department is authorized to do all of the following:
 - (a) Finance activities within the medical services administration related to this project.
- (b) Reimburse participating school districts pursuant to the fund sharing ratios negotiated in the state-local agreements authorized in subsection (1).
 - (c) Offset general fund costs associated with the medical services program.
- Sec. 1616. The special medical services payments appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.
- Sec. 1617. The department of community health shall obtain patient-based utilization data from those qualified health plans with which the department contracts. The data shall include immunizations, early and periodic screenings, diagnoses, and treatments, blood lead level testing, and maternal and infant support services. The department shall submit annual reports on patient-based utilization data to the members of the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, the state budget director, and the director of each local health department.
- Sec. 1618. (1) It is the intent of the legislature that payment increases for enhanced wages and new or enhanced employee benefits shall be provided to those facilities that make application for it to fund the Medicaid program share of wage and employee benefit increases up to the equivalent of 50 cents per employee hour. Employee benefits shall include, but are not limited to, health benefits, retirement benefits, and quality of life benefits such as day care services. Nursing facilities shall be required to document that these wage and benefit increases were actually provided.
- (2) The cost of the wage and benefit increases shall be paid from the 5.4% increase appropriated in part 1 for long-term care services.
- (3) Funding for the wage and benefit increases authorized in this section shall only be provided to those facilities which offer base pay to competency evaluated nurse aides of not less than \$8.50 per employee hour for postprobationary employment not exceeding 120 days after initial hiring. The wage pass-through shall not be used for previously agreed-to wage or benefit increases as a result of collective bargaining or standard step increases.
- Sec. 1619. Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty line, pursuant to the state's option to elect such coverage set out at section 1902(a)(10)(A)(ii) and (m) of title XIX, chapter 531, 49 Stat. 620, 42 U.S.C. 1396a.
- Sec. 1620. The department may fund home and community-based services in lieu of nursing home services, for individuals seeking long-term care services, from the nursing home or personal care in-home services line items.
- Sec. 1621. The department of community health shall distribute \$695,000.00 to children's hospitals that have a high indigent care volume. The amount to be distributed to any given hospital shall be based on a formula determined by the department of community health.

- Sec. 1622. (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, chapter 531, 49 Stat. 620, 42 U.S.C. 1396r.
- (2) The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.
 - (3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.
- Sec. 1624. (1) Medical services patients who are enrolled in qualified health plans or capitated clinic plans have the choice to elect hospice services or other services for the terminally ill that are offered by the qualified health plan or clinic plan. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420.
- (2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 C.F.R. part 418.
- Sec. 1626. (1) From the funds appropriated in part 1, the department, subject to the requirements and limitations in this section, shall establish a funding pool of up to \$44,012,800.00 for the purpose of enhancing the aggregate payment for medical services hospital services.
- (2) For a county with a population of more than 2,000,000 people, the department shall distribute \$44,012,800.00 to hospitals if \$15,026,700.00 is received by the state from such a county, which meets the criteria of an allowable state matching share as determined by applicable federal laws and regulations. If the state receives a lesser sum of an allowable state matching share from such a county, the amount distributed shall be reduced accordingly.
- (3) The department may establish county-based, indigent health care programs that are at least equal in eligibility and coverage to the fiscal year 1996 state medical program.
- (4) The department is authorized to establish programs in additional counties which include rural, underserved areas if the expenditures for the programs do not increase state general fund/general purpose costs and local funds are provided.
- (5) If a locally administered indigent health care program replaces the state medical program authorized by section 1609 for a given county on or before October 1, 1998, the state general fund/general purpose dollars allocated for that county under this section shall not be less than the general fund/general purpose expenditures for the state medical program in that county in the previous fiscal year.
- Sec. 1627. An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.
- Sec. 1634. (1) The department may establish a program for persons to purchase medical coverage at a rate determined by the department.
- (2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.
 - (3) The premiums described in this section shall be classified as private funds.
- Sec. 1635. Implementation and contracting for managed care by Medicaid plans to the department are subject to the following conditions:
- (a) Continuity of care is assured by allowing enrollees to continue receiving required medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.
- (b) The department shall require contracted health plans to submit data determined necessary for evaluation on a timely basis.
- (c) A health plans advisory council is functioning that meets all applicable federal and state requirements for a medical care advisory committee. The council shall review at least quarterly the implementation of the department's managed care plans.
- (d) Mandatory enrollment is prohibited until there are at least 2 qualified health plans with the capacity to adequately serve each geographic area affected. Exceptions may be considered in areas where at least 85% of all area providers are in 1 plan.
- (e) Enrollment of recipients of children's special health care services in qualified health plans shall be voluntary during fiscal year 2000-2001.
- (f) The department shall develop a case adjustment to its rate methodology that considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, epilepsy, and other high-cost diseases or conditions and shall implement the case adjustment when it is proven to be actuarially and fiscally sound. Implementation of the case adjustment must be budget neutral.
- Sec. 1637. (1) Medicaid qualified health plans shall establish an ongoing internal quality assurance program for health care services provided to Medicaid recipients which includes all of the following:
 - (a) An emphasis on health outcomes.
 - (b) Establishment of written protocols for utilization review based on current standards of medical practice.
- (c) Review by physicians and other health care professionals of the process followed in the provision of the health care services.

- (d) Evaluation of the continuity and coordination of care that enrollees receive.
- (e) Mechanisms to detect overutilization and underutilization of services.
- (f) Actions to improve quality and assess the effectiveness of the action through systematic follow-up.
- (g) Provision of information on quality and outcome measures to facilitate enrollee comparison and choice of health coverage options.
 - (h) Ongoing evaluation of the plans' effectiveness.
- (i) Consumer involvement in the development of the quality assurance program and consideration of enrollee complaints and satisfaction survey results.
- (2) Medicaid qualified health plans shall apply for accreditation by an appropriate external independent accrediting organization requiring standards recognized by the department once those plans have met the application requirements. The state shall accept accreditation of a plan by an approved accrediting organization as proof that the plan meets some or all of the state's requirements, if the state determines that the accrediting organization's standards meet or exceed the state's requirements.
- (3) Medicaid qualified health plans shall report encounter data, including data on inpatient and outpatient hospital care, physician visits, pharmaceutical services, and other services specified by the department.
- (4) Medicaid qualified health plans shall assure that all covered services are available and accessible to enrollees with reasonable promptness and in a manner that assures continuity. Medically necessary services shall be available and accessible 24 hours a day and 7 days a week. Health plans shall continue to develop procedures for determining medical necessity which may include a prior authorization process.
- (5) Medicaid qualified health plans shall provide for reimbursement of plan covered services delivered other than through the plan's providers if medically necessary and approved by the plan, immediately required, and that could not be reasonably obtained through the plan's providers on a timely basis. Such services shall be considered approved if the plan does not respond to a request for authorization within 24 hours of the request. Reimbursement shall not exceed the Medicaid fee-for-service payment for those services.
- (6) Medicaid qualified health plans shall provide access to appropriate providers, including qualified specialists for all medically necessary services.
- (7) Medicaid qualified health plans shall provide the department with a demonstration of the plan's capacity to adequately serve the plan's expected enrollment of Medicaid enrollees.
- (8) Medicaid qualified health plans shall provide assurances to the department that it will not deny enrollment to, expel, or refuse to reenroll any individual because of the individual's health status or need for services, and that it will notify all eligible persons of those assurances at the time of enrollment.
- (9) Medicaid qualified health plans shall provide procedures for hearing and resolving grievances between the plan and members enrolled in the plan on a timely basis.
- (10) Medicaid qualified health plans shall meet other standards and requirements contained in state laws, administrative rules, and policies promulgated by the department.
- (11) Medicaid qualified health plans shall develop written plans for providing nonemergency medical transportation services funded through supplemental payments made to the plans by the department, and shall include information about transportation in their member handbook.
- Sec. 1640. (1) The department may require a 12-month lock-in to the qualified health plan selected by the recipient during the initial and subsequent open enrollment periods, but allow for good cause exceptions during the lock-in period.
- (2) Medicaid recipients shall be allowed to change health plans for any reason within the initial 90 days of enrollment.
- Sec. 1641. (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in qualified health plans for situations in which failure to receive any health care service would result in significant harm to the enrollee.
- (2) The department shall provide for a toll-free telephone number for Medicaid recipients enrolled in managed care to assist with resolving problems and complaints. If warranted, the department shall immediately disenroll persons from managed care and approve fee-for-service coverage.
- (3) Semiannual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the department's health plans advisory council.
- Sec. 1642. The department shall require the enrollment contractor to provide beneficiary services. These services shall include all of the following:
 - (a) Contacting eligible Medicaid beneficiaries.
 - (b) Providing education on managed care.
- (c) Providing information through a toll-free number regarding available health plans and their primary care providers available in the Medicaid beneficiaries area.

- (d) Entering the beneficiaries health plan choice in the information system for communication to the state and the health plan, written notification to the beneficiary regarding their health plan choice, and notice of their right to change plans consistent with federal guidelines.
- (e) Guiding beneficiaries through both health plan and state complaint and fair hearing processes, including helping the beneficiary fill out required forms.
- (f) Being available to attend a hearing with a beneficiary if requested by the beneficiary to provide objective information regarding events that have occurred pertinent to the beneficiary.
- Sec. 1643. The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients, and to hospitals providing graduate medical education training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals will not include GME costs or DSH payments in their contracts with HMOs.
- Sec. 1644. The mother of an unborn child shall be eligible for medical services benefits for herself and her child if all other eligibility factors are met. To be eligible for these benefits, the applicant shall provide medical evidence of her pregnancy. If she is unable to provide the documentation, payment for the examination may be at state expense. The department of community health shall undertake measures necessary to ensure that necessary prenatal care is provided to medical services eligible recipients.
- Sec. 1645. (1) The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(*iii*) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.
- (2) The department shall notify the senate and house of representatives appropriations subcommittees on community health of any proposed revisions to the protected income level for Medicaid coverage related to the public assistance standard 90 days prior to implementation.
- Sec. 1646. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.
- Sec. 1656. The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention.
- Sec. 1657. The long-term care working group established in section 1637 of 1998 PA 336 shall continue to exist until the long-term care working group has completed its work on a written long-term care plan. The department shall not implement a long-term care plan until the expiration of 24 days during which at least 1 house of the legislature convenes after the long-term care working group has submitted the written long-term care plan to the senate majority leader, the speaker of the house, the senate and house appropriations subcommittees on community health, and the state budget director.
- Sec. 1658. Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, \$3,635,100.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University.
- Sec. 1659. From the amounts appropriated in part 1 for hospital services, the department shall allocate for graduate medical education no less than was allocated for graduate medical education in fiscal year 1999-2000.
- Sec. 1660. The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MI Choice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 217, 402, 404, 413, 414, 1611, 1614, 1617, 1624, 1635, 1637, 1640, 1641, 1642, 1643, 1662, 1663, 1690, 1691, 1692, 1705, and 1706.
- Sec. 1662. (1) The department shall include provision in the contracts with health plans for full responsibility for well child visits and maternal and infant support services as described in Medicaid policy. This responsibility will also be included in the information distributed by the health plans to the members.
- (2) The department shall develop and implement a budget neutral enrollment based incentive program to encourage qualified health plans to improve infant and children's health outcomes by improving access to maternal and infant support services (MSS/ISS) and to well child examinations. Qualified health plans with the most improved performance will be eligible for automatic beneficiary enrollment and those plans who fail to improve will be ineligible for new enrollment. Qualified health plans will refund to the department any unexpended MSS/ISS capitation below the fee for service equivalent MSS/ISS capitation in fiscal year 1996-97.
 - (3) Maternal and infant support services shall continue to be provided through state certified providers.
- Sec. 1663. The department shall continue a work group on EPSDT and maternal and infant support services. The work group shall be made up of consumers, advocates, health care providers, and health plan representatives. The work group shall, at a minimum, establish an outreach program to educate providers on the requirements of EPSDT

screening, and advise the department on providing targeted assistance to health plans that are screening less than 60% of the child members that are eligible for EPSDT services and recommend strategies to improve access to maternal and infant support services.

Sec. 1670. (1) The appropriation in part 1 for the MIChild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MIChild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.

- (2) The department shall enter into a contract to obtain MIChild services from any health maintenance organization, dental care corporation, or any other entity that offers to provide the managed health care benefits for MIChild services at the MIChild capitated rate. As used in this subsection:
- (a) "Dental care corporation", "health care corporation", "insurer", and "prudent purchaser agreement" mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52.
 - (b) "Entity" means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.
- (3) The department may enter into contracts to obtain certain MIChild services from community mental health service programs.
- (4) The department may make payments on behalf of children enrolled in the MIChild program from the line-item appropriation associated with the program as described in the MIChild state plan approved by the United States department of health and human services, or from other medical services line-item appropriations providing for specific health care services.
- Sec. 1673. From the funds appropriated in part 1, the department shall continue a comprehensive approach to the marketing and outreach of the MIChild program. The marketing and outreach required under this section shall be coordinated with current outreach, information dissemination, and marketing efforts and activities conducted by the department.
- Sec. 1674. The department may provide up to 1 year of continuous eligibility to a family made eligible for the MIChild program unless the family's status changes and its members no longer meet the eligibility criteria as specified in the federally approved MIChild state plan.
- Sec. 1676. The department may establish premiums for MIChild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not exceed \$5.00 for a family.
 - Sec. 1677. The department shall not require copayments under the MIChild program.
- Sec. 1678. Families whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.
- Sec. 1681. To be eligible for the MIChild program, a child must be residing in a family with an adjusted gross income of less than or equal to 200% of the federal poverty level. The department's verification policy shall be used to determine eligibility.
- Sec. 1682. The MIChild program shall provide all benefits available under the state employee insurance plan that are delivered through the qualified health plans and consistent with federal law, including, but not limited to, the following medically necessary services:
- (a) Inpatient mental health services, other than substance abuse treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.
- (b) Outpatient mental health services, other than substance abuse services, including services furnished in a state-operated mental hospital and community-based services.
 - (c) Durable medical equipment and prosthetic and orthotic devices.
 - (d) Dental services as outlined in the approved MIChild state plan.
- (e) Substance abuse treatment services that may include inpatient, outpatient, and residential substance abuse treatment services.
 - (f) Care management services for mental health diagnoses.
- (g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.
 - (h) Emergency ambulance services.
- Sec. 1686. The department shall make available to health care providers a pamphlet identifying patient rights and responsibilities described in section 20201 of the public health code, 1978 PA 368, MCL 333.20201.
- Sec. 1687. All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by

the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.

- Sec. 1690. (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient's qualified health plan. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's qualified health plan within 24 hours of the diagnosis and treatment received.
- (2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital must receive authorization from the recipient's qualified health plan prior to admitting the recipient.
- (3) Subsections (1) and (2) shall not be construed as a requirement to alter an existing agreement between a qualified health plan and their contracting hospitals nor as a requirement that a qualified health plan must reimburse for services that are not considered to be medically necessary.
- (4) Effective October 1, 2000, the department shall implement a 2-tier case rate, not to exceed the corresponding Medicare rates, for all emergency physician professional charges as recommended by the emergency services workgroup authorized in section 1690 of 1999 PA 114. The case rate shall be determined based upon the final disposition of the patient. Those patients who are treated and sent back to their residence shall form 1 group (treat and release). The second group shall be comprised of those patients who are treated and either transferred to another health facility or kept in the hospital as admitted or observed patients (treat and admit/transfer).
- Sec. 1691. (1) It is the intent of the legislature that a uniform Medicaid billing form be developed by the department in consultation with affected Medicaid providers. Every 2 months, the department shall provide reports to members of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies on the progress of this initiative.
- (2) Until such time as a uniform billing form is developed and implemented, or unless otherwise provided in state law, the following shall apply to Medicaid qualified health plans:
- (a) If a billing form is received by a qualified health plan with a noncorrectable error, the qualified health plan shall return the form within 10 business days to the billing provider with plain language instructions as to what items need to be corrected.
- (b) If a qualified health plan fails to provide reimbursement for at least 90% of its clean claims within 30 days of receipt, the qualified health plans shall be subject to an interest charge based on the value of the unpaid claims. Interest shall be paid at the rate specified in section 3902(a) of title 31 of the United States Code, 31 U.S.C. 3902. As used in this subdivision, "clean claim" means a claim that has no defect or impropriety, including lack of required substantiating documentation for noncontracting providers and suppliers, or particular circumstances requiring special treatment that prevents timely payment from being made on the claim.
- (c) If a qualified health plan has followed the procedure specified in subdivision (a), the required time for reimbursement does not begin until a corrected billing form has been received.
- (d) A Medicaid provider that submits a duplicate of a claim that has been denied or returned with notice that it is incomplete or incorrect shall be subject to a service charge for each duplicate claim, in an amount determined by the department, if the duplicate claim is submitted without completion, correction, or further information that addresses the denial or return.
- (3) The department shall hold regular Medicaid billing seminars targeted to both qualified health plans and Medicaid providers. The number and locations of these seminars should be sufficient to provide reasonable access to qualified health plans and Medicaid providers throughout the state. The department shall provide quarterly reports to the members of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies on the number of seminars, their content and location, and the number of persons attending these seminars.
- Sec. 1692. (1) The department shall do or demonstrate that it has accomplished all of the following concerning the provision of early and periodic screening, diagnosis, and treatment (EPSDT) and maternal and infant support services (MSS/ISS):
- (a) Explore the feasibility of developing a uniform encounter form for EPSDT services, MSS/ISS referral, and MSS/ISS screening and services.
- (b) Require each qualified health plan to evaluate 100% of pregnant Medicaid enrollees for possible MSS/ISS screening referral during the initial pregnancy services visit, using uniform screening and referral criteria.
- (c) Require each qualified health plan to notify the department and the appropriate local health department of all MSS/ISS screening referrals, and require all MSS/ISS screening and service providers to notify the department and the appropriate local health department of Medicaid clients who fail to keep MSS/ISS appointments.
- (d) Prohibit qualified health plans from requiring prior authorization for their contracted providers for any EPSDT screening and diagnostic service, for MSS/ISS screening referral, or for up to 3 MSS/ISS service visits.

- (e) Coordinate the provision of MSS/ISS services with the women, infants, and children supplemental nutrition (WIC) program, state supported substance abuse, smoking prevention, and violence prevention programs, the family independence agency, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.
- (2) The department shall require the external quality review contractor to conduct a statistically significant sampling of the health records of Medicaid eligible clients of all qualified health plans for all of the following information:
 - (a) The number of Medicaid enrollees under age 19.
 - (b) The number of Medicaid enrollees receiving at least 1 EPSDT service.
 - (c) The number and type of EPSDT services rendered.
 - (d) The immunization status of each EPSDT eligible enrollee who is seen by a plan provider.
 - (e) The number of enrollees receiving blood lead screening.
- (f) The number of referrals to local health departments for blood lead screening, immunization, or objective hearing and vision screening services.
 - (g) The number of pregnant Medicaid enrollees.
 - (h) The number of referrals for MSS/ISS assessment.
 - (i) The number of MSS/ISS assessments performed.
 - (j) The number and description of MSS/ISS visits or services delivered.
 - (k) The number of prenatal visits per pregnant enrollee.
 - (1) Fetal or infant death, birth weight, and infant morbidity data for Medicaid enrollees.
- (3) The department shall compile and report the information required in subsection (2) and a report on the distribution of MSS/ISS providers across the state to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director no later than February 1, 2001.
- Sec. 1693. The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the MSS/ISS and EPSDT programs and report on those activities in conjunction with the report required in section 1692(3).
- Sec. 1694. (1) By October 1, 2000, the department shall implement procedures for claims processing that use or accept a standard scannable form for dental claims.
- (2) By October 1, 2000, the department shall implement procedures for claims processing that allow participating dental providers to submit claims for reimbursement for covered dental services using the American dental association's "code on dental procedures and nomenclature" as contained in the latest edition of the American dental association's publication "current dental terminology".
- (3) By October 1, 2001, the department shall implement procedures for claims processing that allow participating dental providers to submit claims electronically.
- Sec. 1695. (1) Effective January 1, 2001, it is the intent of the legislature that an elder prescription insurance coverage program will be established, referred to in this section as the EPIC program. The guiding principles of this program are all of the following:
 - (a) To enhance access to prescription medications for low income elderly residents of this state.
 - (b) To make that access meaningful by reducing the cost to senior citizens to obtain prescription medications.
- (c) To assist the elderly in understanding how prescription medications can be beneficial in treating diseases, illnesses, and conditions that are more prevalent in the aged.
- (d) To provide the means by which those persons who prescribe and dispense prescription medications for the elderly are better able to recognize those prescription situations in which combinations of new and/or existing drugs, or other factors, could result in an adverse drug interaction in an elderly person.
- (e) The program developed pursuant to this section is not an entitlement and benefits are limited to the level supported by the funding explicitly appropriated in this or subsequent acts.
 - (f) Emergency prescription assistance shall continue to be available through the program.
- (2) In furthering these guiding principles, the operational parameters of the EPIC program shall include at least all of the following:
- (a) Limiting eligibility to Michigan residents who are over the age of 64, who have household incomes at or below 200% of poverty, and who are not eligible for Medicaid.
- (b) Establishing variable premium rates based on a percentage of household income, which rate shall be not more than 5% of household income if household income is 200% of poverty and shall be zero if household income is 100% or less of poverty.
- (c) A mechanism, such as limiting the number of policies sold, to ensure that expenditures do not exceed available revenue.
- (3) The EPIC program shall not be implemented until after an automated pharmacy claims adjudication and prospective drug utilization review system is operational.
- (4) The EPIC program shall not be implemented until section 273 of the income tax act of 1967, 1967 PA 281, MCL 206.273, is repealed.

- (5) The Michigan emergency pharmaceutical program for seniors shall be continued until the EPIC program is fully implemented.
- Sec. 1696. From the funds appropriated in part 1 for auxiliary medical services, dental fees, including fees for adult dental services, shall be increased 5% and the healthy kids dental project shall be expanded.
- Sec. 1697. (1) The department shall continue the rural health initiative started in fiscal year 1999-2000 with emphasis on rural emergency medical services system, medical equipment, and technology. From the funds appropriated in part 1 for the rural health initiative, \$4,000,000.00 shall be allocated as matching grants for the purpose of defraying the costs associated with training and retaining rural emergency medical service technicians, \$1,000,000.00 for the purchase of defibrillators, and the remainder for other medical equipment and technology.
 - (2) The department shall maximize the use of federal matching funds for these projects whenever possible.
- Sec. 1698. (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise.
- (2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. In addition, the applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.
- (3) An applicant that selects a Medicaid provider, other than a managed care plan, from which to receive pregnancy services, shall not be required to enroll in a managed care plan until the end of the second month postpartum.
- (4) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the department that the applicant was found to be ineligible for Medicaid.
- (5) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy related services.
 - Sec. 1700. The personal care services rate shall be increased by 4%.
- Sec. 1701. The department shall distribute the 7% economic increase for outpatient services in the hospital services and therapy line as an adjustor payment to hospitals based on the percentage of total outpatient hospital billings for Medicaid fee-for-service and managed care services by each hospital. The department shall target the funds to hospitals under contract with qualified health plans subject to the provisions of section 1706. In addition, effective October 1, 2000, the department shall convert the fiscal year 1999-2000 outpatient adjustor payment to a hospital outpatient service fee increase as part of an update of the resource-based relative value fee methodology pursuant to section 1703.
- Sec. 1702. (1) Effective October 1, 2000, the department shall convert \$2,760,000.00 of the fiscal year 1999-2000 4% increase for physician services that was distributed as a physician disproportionate payment during fiscal year 1999-2000 and the \$12,420,000.00 appropriated in part 1 for a 9% economic increase for physician services to an 11% surcharge that shall be applied to all physician payments.
- (2) No later than April 1, 2001, the department shall utilize the funds specified in subsection (1) and the remaining funds appropriated in part 1 for an increase in physician services rates to update the resource based relative value fee methodology as delineated in section 1703. It is the intent of the legislature that the remaining portion of the fiscal year 1999-2000 physician services increase be used as a fee adjustor for primary care services targeted to physicians under contract with a qualified health plan.
- (3) These increases shall also apply to the maternal and infant support services procedure code revision specified in the medical services administration bulletin 00-02 issued July 1, 2000, with an effective date of September 1, 2000.
- Sec. 1703. (1) It is the intent of the legislature that on, or before, April 1, 2001 the Medicaid payment fee schedule used to reimburse physicians and hospitals for outpatient services shall be rebased. This process shall use the latest available Medicare relative value weights used in the Medicare physician reimbursement methodology and the funds available for this rebasing shall include those funds that were being paid as an 11% surcharge to each physician services. The funds available for the rebasing of hospital outpatient fee screens shall include the fee screen increase that was granted hospitals for outpatient services on October 1, 2000.
- (2) To further this end, the department shall establish a workgroup consisting of, at a minimum, department staff, and 1 representative each from Michigan state medical society, Michigan association of osteopathic physicians, and Michigan health and hospital association, and 1 designee each of the respective chairs of the senate and house of representatives appropriations subcommittees on community health.
- (3) The purpose of this workgroup is to ensure that the model used establishes that payment rates are reflective of the proper weights being assigned to each procedure code, that procedure codes without Medicare equivalents are assigned reasonable proxies, and that any anomalous results are analyzed and adjusted to reflect the intent of this section. In addition, this workgroup shall ensure that no element of the rebased fee schedule exceeds the Medicare payment rate for that procedure, except as may be allowed by federal law or regulation.
- (4) This workgroup shall provide a bimonthly report to the chairs of the senate and house of representatives appropriations subcommittees on community health and senate and house fiscal agencies, as to the activities of the workgroup and the expected date for the completion of this rebasing.

Sec. 1704. By September 30, 2001, the department shall report on the results of the long-term care innovations grants allocated as 1-time funding in fiscal year 1999-2000.

Sec. 1705. The department may contract with multiple vendors to provide automated Medicaid eligibility verification services to providers. For providers with contracts with qualified health plans who elect to utilize the services of 1 of these vendors, the department shall pay all of the transaction fee associated with this eligibility verification service. The department shall maintain a toll-free voice eligibility verification service at no cost to providers. The provisions in this section shall apply to providers treating Medicaid patients under the fee for service system as long as they have a contract with a qualified health plan to provide services to qualified health plan enrollees.

Sec. 1706. Qualified health plans are required to have contracts with hospitals within a reasonable distance from their enrollees. The department may waive this requirement if it certifies that after good faith negotiations, no reasonable agreement could be reached among the parties. In the absence of a contract with qualified health plans, the qualified health plan must reimburse the hospital for medically necessary, appropriately authorized services arranged by a physician with admitting privileges at the hospital at Medicaid fee-for-service rates.

Sec. 1707. It is the intent of the legislature that the department shall update the payment methodology for Medicaid reimbursement of physician services and move toward the resource-based relative value system used by the health care financing administration.

Sec. 1708. The department, in conjunction with community mental health services programs, shall establish a Medicaid psychotropic drug utilization advisory committee which shall consist of 1 representative from the mental health and substance abuse services administration, 1 representative from the medical services administration, 1 representative from the Michigan association of community mental health boards, 1 representative from the Michigan pharmacists association, 1 representative from the Michigan state medical society, 1 representative from the Michigan association of osteopathic physicians, 1 representative from the Michigan psychiatric society, 2 representatives from the pharmaceutical industry that have either research or manufacturing facilities located within the state, and 2 representatives appointed by the Michigan partners for patient advocacy to represent the concerns of consumer, family, advocacy, and children's groups. The committee shall maintain a liaison with the Medicaid drug utilization review board and shall report to the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies not later than September 30, 2001.

Sec. 1709. A school district eligible for school based health service funds may use a portion of those funds for school based health clinics that serve children in kindergarten through seventh grade.

Sec. 1710. It is the sense of the legislature that disproportionate share hospital payments and other similar adjustor payments should be equitably distributed on a statewide basis. As such, no later than May 1, 2001, the department shall provide a report to the chairs of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies on the methodology used to distribute disproportionate share hospital payments and other similar adjustor payments. This report shall include the existing distribution of these funds by geographic location.

Enacting section 1. Part 1b, section 130 of 1999 PA 114, and part 2b, sections 2201 to 2203 of 1999 PA 114, are repealed.

Second: That the Senate and House agree to the title of the bill to read as follows:

A bill to make appropriations for the department of community health and certain state purposes related to mental health, public health, and medical services for the fiscal year ending September 30, 2001; to provide for the expenditure of those appropriations; to create funds; to require and provide for reports; to prescribe the powers and duties of certain local and state agencies and departments; to provide for disposition of fees and other income received by the various state agencies; and to repeal acts and parts of acts.

Joel Gougeon John J.H. Schwarz, M.D. Conferees for the Senate

Terry Geiger Judith Scranton Conferees for the House

The Speaker announced that under Joint Rule 9 the conference report would lie over one day.

Rep. Raczkowski moved pursuant to Joint Rule 9, that the Journal printing requirement be suspended, printed copies of the conference report having been placed on the members' desks.

The motion prevailed.

The question being on the adoption of the conference report,

The conference report was then adopted, a majority of the members serving voting therefor, by yeas and nays, as follows:

Sanborn

Allen

Roll Call No. 837

Yeas—64

Kukuk

Geiger LaSata Scranton Birkholz Bisbee Gilbert Mead Shackleton Bishop Gosselin Middaugh Sheltrown Bovin Shulman Green Mortimer Bradstreet Hager Neumann Spade Brown, B. Hart O'Neil Stamas Brown, C. Howell Pappageorge Tabor Byl Jansen Patterson Toy Van Woerkom Cassis Jelinek Perricone Pestka Vander Roest Caul Jellema Johnson, Rick **DeRossett** Pumford Vear DeVuyst Julian Raczkowski Voorhees DeWeese Koetje Richardville Wojno Ehardt Kowall Richner Woodward Woronchak Faunce Kuipers Rocca

Nays—32

Baird DeHart Prusi Kelly Basham Kilpatrick Reeves Garza **Bogardus** Gieleghem LaForge Rivet Brater Hale Lockwood Schermesser Brewer Hanley Mans Scott Switalski Callahan Hansen Martinez Cherry Jacobs Minore Tesanovich Clarke, H. Jamnick Price Thomas

In The Chair: Scranton

Rep. Raczkowski moved that the bill be given immediate effect.

The motion prevailed, 2/3 of the members serving voting therefor.

Frank

Messages from the Senate

House Bill No. 5391, entitled

A bill to amend 1967 PA 281, entitled "Income tax act of 1967," by amending section 30 (MCL 206.30), as amended by 1999 PA 181.

The Senate has concurred in the House substitute (H-3) to the Senate substitute (S-1) and pursuant to Joint Rule 20, inserted the full title.

Rep. Raczkowski moved that the bill be given immediate effect.

The question being on the motion made by Rep. Raczkowski,

Rep. Raczkowski moved that consideration of the motion be postponed for the day.

The motion prevailed.

By unanimous consent the House returned to the order of

Motions and Resolutions

Rep. Raczkowski moved that pursuant to House Rule 20, the Clerk of the House be authorized to enroll House bills while the House is not in session.

The motion prevailed.

Rep. Raczkowski moved that when the House adjourns today it stand adjourned until Tuesday, September 26, at 2:00 p.m.

The motion prevailed.

Rep. Rick Johnson offered the following resolution:

House Resolution No. 395.

A resolution memorializing the federal Environmental Protection Agency, Department of Energy, and the Federal Trade Commission to quickly and thoroughly investigate the issue of rising gasoline prices.

Whereas, America's enviable record of innovation and economic growth in no small part relies on reasonably priced energy. While higher energy prices overall will eventually have a negative impact on our economy, higher gasoline prices immediately hit consumers. Michigan in particular, the state that put America on wheels for unrivaled personal and economic freedom, will suffer from higher gasoline prices; and

Whereas, Gasoline prices across the nation have risen dramatically. Michigan and other areas of the Midwest have been particularly burdened with skyrocketing gasoline prices. Costs exceeding \$2.00 per gallon for the least expensive grade of gasoline and spot shortages have hit Michigan consumers hard. Unfortunately, there seems to be no sign that prices will moderate any time soon and no clear vision of how policymakers can promote stable and reasonable energy prices; and

Whereas, A number of factors both close to home and global in nature have combined to create our current predicament. Although Michigan has repaired a temporary break in a gasoline pipeline near Jackson, much of the problem is beyond the scope of state action. Increased global demand, decreases in oil production decreed by producing nations, new federal mandates on cleaner-burning gasoline for certain areas, problems with some refineries, and poor decisions by the oil industry have been the primary causes; and

Whereas, The federal Department of Energy and the Environmental Protection Agency and the Federal Trade Commission must take the lead in investigating the issues subject to their oversight. Failure to take action will slow economic growth as the effects of higher gasoline prices ripple throughout the economy. More than a mere inconvenience, unreasonably high gasoline prices threaten our economic well being; now, therefore, be it

Resolved by the House of Representatives, That we memorialize the federal Environmental Protection Agency and Department of Energy and the Federal Trade Commission to quickly and thoroughly investigate the issue of rising gasoline prices; and be it further

Resolved, That copies of this resolution be transmitted to the Environmental Protection Agency, Department of Energy, and the Federal Trade Commission as expressions of our concern.

Pending the reference of the resolution to a committee,

Rep. Raczkowski moved that Rule 77 be suspended and the resolution be considered at this time.

The motion prevailed, 3/5 of the members present voting therefor.

The question being on the adoption of the resolution,

The resolution was adopted.

Reports of Select Committees

House Bill No. 5275, entitled

A bill to make appropriations for the department of consumer and industry services and certain other state purposes for the fiscal year ending September 30, 2001; to provide for the expenditure of those appropriations; to provide for the imposition of certain fees; to provide for the disposition of fees and other income received by the state agencies; to provide for reports to certain persons; and to prescribe powers and duties of certain state departments and certain state and local agencies and officers.

(For text of conference report, see House Journal No. 56, p. 1971.)

The Senate has adopted the report of the Committee of Conference.

The bill was referred to the Clerk for enrollment printing and presentation to the Governor.

House Bill No. 5277, entitled

A bill to make appropriations for the family independence agency and certain state purposes related to public welfare services for the fiscal year ending September 30, 2001; to provide for the expenditure of the appropriations; to create funds; to provide for the imposition of fees; to provide for reports; to provide for the disposition of fees and other income received by the state agency; and to provide for the powers and duties of certain individuals, local governments, and state departments, agencies, and officers.

(For text of conference report, see House Journal No. 56, p. 1931.)

The Senate has adopted the report of the Committee of Conference.

The bill was referred to the Clerk for enrollment printing and presentation to the Governor.

Messages from the Senate

Senate Concurrent Resolution No. 40.

A concurrent resolution memorializing the Congress of the United States to investigate the factors responsible for reduced gasoline supplies and the recent increases in retail gasoline prices.

Whereas, The recent surge in gasoline prices nationwide has shocked consumers. The federal government has struggled to find remedies for this new and unexpected burden. Matters relating to the federal role in regulating commerce, new foreign demand for oil as overseas economies recover from economic crises, and the decision by oil producing nations to reduce output have contributed to this situation. Even the federal government will face limits on what it can do to influence global circumstances; and

Whereas, Although the rise in gasoline prices is a national problem, gasoline prices in Michigan are amongst the highest in the nation. As families here and around the country plan their vacations, the cost of gasoline may well harm Michigan's tourism industry as people seek locales closer to home. The state's automobile industry is bound to suffer if unreasonably high gasoline prices persist as will the agricultural sector. Michigan consumers have been economically overwhelmed by the near-doubling of the retail price of a gallon of gasoline within the last year. For those living paycheck to paycheck, purchasing fuel just to make it to work is difficult; and

Whereas, Despite the global factors that have contributed to the tremendous increase in gasoline prices, a number of measures at the national level may provide some relief until global circumstances become more favorable. Identifying why gasoline stockpiles were allowed to fall so low, examining the impact of new regulations requiring cleaner-burning fuel, and exploring ways of using the Strategic Petroleum Reserve are issues that Congress should explore; now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That we memorialize the Congress of the United States to investigate the factors responsible for reduced gasoline supplies and the recent increases in retail gasoline prices; and be it further

Resolved, That a copy of this resolution be transmitted to the President of the United States Senate, the Speaker of the United States House of Representatives, and the members of the Michigan congressional delegation.

The Senate has adopted the concurrent resolution.

The concurrent resolution was referred to the Committee on Transportation.

Rep. Jellema moved that the House adjourn.

The motion prevailed, the time being 11:30 a.m.

Associate Speaker Pro Tempore Scranton declared the House adjourned until Tuesday, September 26, at 2:00 p.m.

GARY L. RANDALL Clerk of the House of Representatives