

**STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2022**

Introduced by Reps. Calley and Albert

ENROLLED HOUSE BILL No. 5523

AN ACT to make, supplement, and adjust appropriations for various state departments and agencies for the fiscal year ending September 30, 2022; to provide for certain conditions on appropriations; and to provide for the expenditure of the appropriations.

The People of the State of Michigan enact:

PART 1

LINE-ITEM APPROPRIATIONS

Sec. 101. There is appropriated for various state departments and agencies to supplement appropriations for the fiscal year ending September 30, 2022, from the following funds:

APPROPRIATION SUMMARY	
GROSS APPROPRIATION	\$ 1,216,425,200
Interdepartmental grant revenues:	
Total interdepartmental grants and intradepartmental transfers	0
ADJUSTED GROSS APPROPRIATION	\$ 1,216,425,200
Federal revenues:	
Total federal revenues	1,216,425,200
Special revenue funds:	
Total local revenues	0
Total private revenues	0
Total other state restricted revenues	0

For Fiscal Year
Ending Sept. 30,
2022

State general fund/general purpose	\$	0
Sec. 102. CAPITAL OUTLAY		
(1) APPROPRIATION SUMMARY		
GROSS APPROPRIATION	\$	10,000,000
Interdepartmental grant revenues:		0
Total interdepartmental grants and intradepartmental transfers		0
ADJUSTED GROSS APPROPRIATION	\$	10,000,000
Federal revenues:		
Total federal revenues		10,000,000
Special revenue funds:		
Total local revenues		0
Total private revenues		0
Total other state restricted revenues		0
State general fund/general purpose	\$	0
(2) STATE AGENCY PLANNING AUTHORIZATION		
New comprehensive state public health and environmental science laboratory (total authorized cost \$10,000,000; coronavirus state fiscal recovery fund \$10,000,000; state general fund general purpose \$0)	\$	10,000,000
GROSS APPROPRIATION	\$	10,000,000
Appropriated from:		
Federal revenues:		
Coronavirus state fiscal recovery fund		10,000,000
State general fund/general purpose	\$	0
Sec. 103. DEPARTMENT OF EDUCATION		
(1) APPROPRIATION SUMMARY		
GROSS APPROPRIATION	\$	250,000
Interdepartmental grant revenues:		0
Total interdepartmental grants and intradepartmental transfers		0
ADJUSTED GROSS APPROPRIATION	\$	250,000
Federal revenues:		
Total federal revenues		250,000
Special revenue funds:		
Total local revenues		0
Total private revenues		0
Total other state restricted revenues		0
State general fund/general purpose	\$	0
(2) ONE-TIME APPROPRIATIONS		
ARP - work-based learning health services academies	\$	250,000
GROSS APPROPRIATION	\$	250,000
Appropriated from:		
Federal revenues:		
Coronavirus state fiscal recovery fund		250,000
State general fund/general purpose	\$	0
Sec. 104. DEPARTMENT OF HEALTH AND HUMAN SERVICES		
(1) APPROPRIATION SUMMARY		
GROSS APPROPRIATION	\$	1,206,175,200
Interdepartmental grant revenues:		
Total interdepartmental grants and intradepartmental transfers		0
ADJUSTED GROSS APPROPRIATION	\$	1,206,175,200
Federal revenues:		
Total federal revenues		1,206,175,200

For Fiscal Year
Ending Sept. 30,
2022

Special revenue funds:		
Total local revenues	\$	0
Total private revenues		0
Total other state restricted revenues		0
State general fund/general purpose	\$	0
(2) ONE-TIME APPROPRIATIONS		
ARP - adult foster care and homes for the aged COVID-19 relief	\$	70,000,000
ARP - child welfare mitigation payments		19,000,000
ARP - cooperative agreement for emergency response		29,704,700
FEMA - COVID-19 early treatment and testing sites		75,000,000
FEMA - COVID-19 early treatments procurements		25,000,000
ARP - epidemiology and lab capacity enhancing detection expansion		367,327,300
ARP - epidemiology and lab capacity school safety		150,799,300
ARP - health care recruitment, retention, and training		300,000,000
ARP - homeless shelter repair grants		10,000,000
ARP - vaccine support		54,143,900
ARP - supplemental payments to private child caring institutions		8,200,000
ARP - health units		4,000,000
ARP - Morris Hood kidney foundation		14,000,000
ARP - nursing facility room conversion pilot project		10,000,000
ARP - nursing home infection control grants		29,000,000
ARP - nursing home respirators		5,000,000
ARP - respite services home and community-based services waiver		20,000,000
ARP - hospital airborne pathogen control program		10,000,000
MI Choice waiver program presumptive eligibility risk pool		5,000,000
GROSS APPROPRIATION	\$	1,206,175,200
Appropriated from:		
Federal revenues:		
Coronavirus state fiscal recovery fund		499,200,000
Total other federal revenue		706,975,200
State general fund/general purpose	\$	0

PART 2

PROVISIONS CONCERNING APPROPRIATIONS

GENERAL SECTIONS

Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state sources under part 1 for the fiscal year ending September 30, 2022 is \$0.00 and total state spending from state sources to be paid to local units of government is \$0.00.

Sec. 202. The appropriations made and expenditures authorized under this part and part 1 and the departments, commissions, boards, offices, and programs for which appropriations are made under this part and part 1 are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.

Sec. 203. If the state administrative board, acting under section 3 of 1921 PA 2, MCL 17.3, transfers funds from an amount appropriated under this act, the legislature may, by a concurrent resolution adopted by a majority of the members elected to and serving in each house, inter-transfer funds within this act for the particular department, board, commission, office, or institution.

Sec. 204. Funds appropriated in part 1 are subject to applicable federal audit and reporting requirements. Prompt action shall be taken if instances of noncompliance are identified, including noncompliance identified in an audit finding. If any instance of noncompliance is identified, including noncompliance identified in an audit

finding, the state budget director shall take necessary and immediate action to rectify it. The state budget director shall notify the senate and house appropriations committees and the senate and house fiscal agencies when an instance of noncompliance is identified.

Sec. 205. Funds appropriated in part 1 from the federal American rescue plan act of 2021, Public Law 117-2, must be allocated and expended in a manner consistent with federal rules and regulations.

Sec. 206. The state budget director shall report on the status of funds appropriated in part 1, and all funds appropriated related to the coronavirus relief effort, to the senate and house appropriations committees and the senate and house fiscal agencies on a monthly basis until all funds are exhausted.

CAPITAL OUTLAY

Sec. 226. (1) The funds appropriated in part 1 for the new comprehensive state public health and environmental science laboratory shall be used for the planning and design of a consolidated, comprehensive, state-of-the-art laboratory to improve laboratory capacity for public health and safety.

(2) The department shall submit all of the following to the house and senate appropriations committees and the joint capital outlay subcommittee:

(a) Program statements and schematic planning documents, including a comparative assessment of building new laboratories, expanding existing laboratories, renovating existing laboratories, or repurposing another state-owned building.

(b) A summary of bid results.

(c) A progress report no later than June 1, 2022 and every 6 months thereafter.

DEPARTMENT OF EDUCATION

Sec. 251. (1) From the funds appropriated in part 1 for ARP – work-based learning health services academies, the department of education shall allocate \$250,000.00 as competitive grants to school districts and intermediate school districts that provide pupils in grades 9 through 12 with expanded opportunities for work-based learning health services academies hosted in partnership with NAF. Programs funded under this subsection are intended to increase the number of pupils who are college- and career-ready after high school graduation.

(2) To be eligible for a competitive grant funded under this section, the school district or intermediate school district must demonstrate that it has established a partnership with NAF, has at least 1 business entity on its advisory council, and has a higher education institution or technical school on its advisory council, and submit a spending plan.

(3) The department of education shall prioritize competitive grant awards under this section that target critical-need occupations.

(4) The department of education may award planning grants not to exceed \$12,000.00 and expense grants for NAF partnerships not to exceed \$3,500.00 a year.

(5) The unexpended funds appropriated in part 1 for ARP – work-based learning health services academies are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to support work-based learning health services academies in partnership with NAF.

(b) The project will be accomplished by utilizing competitive grants.

(c) The total estimated cost of the project is \$250,000.00.

(d) The tentative completion date is September 30, 2023.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Sec. 301. (1) The funds appropriated in part 1 for ARP - cooperative agreement for emergency response must be allocated by the department to local and tribal public health departments, school districts, public school academies, intermediate school districts, and nonpublic schools.

(2) Of the funds appropriated in part 1, no less than \$14,900,000.000 shall be appropriated to school districts, public school academies, intermediate school districts, and nonpublic schools to administer and support coronavirus testing of staff and students, including, but not limited to, teachers, counselors, administrators, support staff, aides, bus drivers, coaches, cafeteria staff, custodians, students playing contact sports, and other students as determined by the eligible school district, public school academy, intermediate school district, or nonpublic school.

(3) The department shall not allocate funds in this section to local public health departments for which a county board of commissioners has passed a resolution rejecting these funds, if the rejection of these funds has occurred within 30 days of the effective date of this act.

(4) The unexpended funds appropriated in part 1 for ARP - cooperative agreement for emergency response are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to conduct activities necessary to support the efforts of schools and local and tribal public health officials with respect to coronavirus testing, contact tracing, vaccine distribution efforts, and the administration of COVID-19 mitigation efforts.

(b) The project will be accomplished by utilizing state employees or contracts.

(c) The total estimated cost of the project is \$29,704,700.

(d) The tentative completion date is September 30, 2026.

Sec. 302. (1) From the funds appropriated in part 1 for FEMA – COVID-19 early treatment and testing sites, the department of health and human services shall allocate \$75,000,000.00 to establish not less than 1 COVID-19 early treatment and testing site within each of this state's 8 emergency preparedness regions.

(2) An eligible COVID-19 early treatment and testing site may be a local department of health and human services office, a local public health department office, or a local health care provider.

(3) Not less than \$10,000,000.00 of the funds appropriated pursuant to this section must be allocated to local health care providers.

(4) An eligible COVID-19 early treatment and testing site must do all of the following:

(a) Maximize the number of COVID-19 therapeutic treatments that can be administered and minimize the time period between known infection and actual administering of the treatment.

(b) Utilize eligibility and prioritization criteria for COVID-19 therapeutic treatments that are not more stringent than federal eligibility and prioritization criteria for COVID-19 therapeutic treatments.

(c) Prioritize COVID-19 therapeutic treatments for high-risk individuals.

(d) Not use an individual's vaccination status as a factor for denying eligibility for COVID-19 therapeutic treatments.

(e) Demonstrate the ability to bill public and private insurance for the cost to administer COVID-19 therapeutic treatments.

(f) Provide COVID-19 therapeutic treatments at no cost to the individual.

(g) Follow informed consent requirements prior to administering a COVID-19 therapeutic treatment, as established by the United States Food and Drug Administration, or described by the emergency use authorization, or both, including providing all of the following:

(i) Information on alternatives to receiving a COVID-19 therapeutic treatment.

(ii) Information on whether the COVID-19 therapeutic treatment has received full or emergency use authorization from the United States Food and Drug Administration.

(iii) Information on and in what manner the development of the COVID-19 therapeutic treatment utilized aborted fetal tissue or human embryonic stem cell derivation lines.

(iv) Age-appropriate communications.

(5) An eligible COVID-19 early treatment and testing site may use funds allocated in this section for facility upgrade and conversion costs, lease and rent costs, staffing costs, personal protection equipment costs, and any other costs associated with providing a COVID-19 therapeutic treatment that is not covered by public or private insurance of the individual that receives the COVID-19 therapeutic treatment.

(6) The department of health and human services may set aside not more than 10% of the funds allocated in this section to reimburse eligible COVID-19 treatment sites for the cost of administering COVID-19 therapeutic treatments to individuals without public or private health insurance.

(7) As other early treatments for COVID-19 are authorized by the United States Food and Drug Administration, eligible COVID-19 early treatment and testing sites may also administer those early treatments, provided that the eligible COVID-19 early treatment and testing sites continue to follow the requirements of this section.

(8) As other early treatments for COVID-19 are authorized by the United States Food and Drug Administration, the department of health and human services may utilize the funds set aside in subsection (6) to reimburse eligible COVID-19 early treatment and testing sites for the cost of administering those treatments to individuals without public or private health insurance.

(9) As used in this section:

(a) “Local health care provider” includes, but is not limited to, a hospital, physician’s office, pharmacy, infusion center, blood or plasma donation center, nursing facility, adult day care facility, and program of all-inclusive care for the elderly location.

(b) “High-risk individuals” means individuals at higher risk for progression to severe COVID-19, including, but not limited to, individuals classified as higher risk based on definitions and findings from the federal Centers for Disease Control and Prevention.

(10) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$75,000,000.00 in American Rescue Plan Act – Coronavirus State Fiscal Recovery Funds for COVID-19 early treatment and testing sites to be used for projects under this section, subject to both of the following:

(a) The amount appropriated under this subsection must not be spent or otherwise distributed after the Federal Emergency Management Agency approves a project for COVID-19 early treatment and testing sites.

(b) Money appropriated under this subsection that is spent or otherwise distributed before the Federal Emergency Management Agency approves a project for COVID-19 early treatment and testing sites must be offset with Federal Emergency Management Agency funds if received during the fiscal year ending September 30, 2022.

Sec. 303. (1) From the funds appropriated in part 1 for FEMA – COVID-19 early treatments procurements, the department of health and human services shall allocate \$25,000,000.00 to purchase additional COVID-19 therapeutic treatments in addition to the supply of federally allocated COVID-19 therapeutic treatments. The department of health and human services shall distribute the additional COVID-19 therapeutic treatments to eligible COVID-19 early treatment and testing sites funded in this part and part 1 based on need and utilization.

(2) In addition to the funds appropriated under part 1, there is appropriated an amount not to exceed \$25,000,000.00 in American Rescue Plan Act – Coronavirus State Fiscal Recovery Funds for COVID-19 early treatments procurements for projects under this section, subject to both of the following:

(a) The amount appropriated under this subsection must not be spent or otherwise distributed after the Federal Emergency Management Agency approves a project for COVID-19 early treatments procurements.

(b) Money appropriated under this subsection that is spent or otherwise distributed before the Federal Emergency Management Agency approves a project for COVID-19 early treatments procurements must be offset with Federal Emergency Management Agency funds if received during the fiscal year ending September 30, 2022.

Sec. 304. (1) Funds appropriated in part 1 for ARP – epidemiology and lab capacity enhancing detection expansion must be allocated and expended in a manner consistent with federal rules and regulations.

(2) From the funds appropriated in part 1 for ARP – epidemiology and lab capacity enhancing detection expansion, there is allocated an amount not to exceed \$75,000,000.00 for COVID-19 early treatment and testing sites for unreimbursed costs from the Federal Emergency Management Agency subject to both of the following:

(a) The amount allocated under this subsection must not be spent or otherwise distributed after the Federal Emergency Management Agency approves a project for COVID-19 early treatment and testing sites.

(b) Money allocated under this subsection that is spent or otherwise distributed before the Federal Emergency Management Agency approves a project for COVID-19 early treatment and testing sites must be offset with Federal Emergency Management Agency funds if received during the fiscal year ending September 30, 2022.

(3) The unexpended funds appropriated in part 1 for ARP - epidemiology and lab capacity enhancing detection expansion are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to continue to monitor, respond to, and prevent COVID-19 by expanding testing, contact tracing, disease investigations and surveillance activities.

(b) The project will be accomplished by utilizing state employees or contracts.

(c) The total estimated cost of the project is \$367,327,300.00.

(d) The tentative completion date is September 30, 2026.

Sec. 305. (1) From the funds appropriated in part 1 for ARP - epidemiology and lab capacity school safety, the department of health and human services shall purchase and maintain an inventory of coronavirus testing and contact tracing supplies and equipment, including home test kits, to distribute to school districts, public school academies, intermediate school districts, and nonpublic schools. The coronavirus testing and contact tracing supplies and equipment, including home test kits, shall be used for coronavirus testing and contact tracing staff

and students including, but not limited to, teachers, counselors, administrators, support staff, aides, bus drivers, coaches, cafeteria staff, custodians, students playing contact sports, and other students as determined by the eligible school district, public school academy, intermediate school district, or nonpublic school, regardless of the individual's vaccination status.

(2) Within 15 calendar days of the effective date of this act, the department of health and human services shall notify school districts, public school academies, intermediate school districts, and nonpublic schools of the option to not participate in the direct distribution of coronavirus testing and contact tracing supplies and equipment, including home test kits, the method by which the school district, public school academy, intermediate school district, or nonpublic school can opt out, and the maximum amount of direct financial reimbursement that each school district, public school academy, intermediate school district, or nonpublic school could receive based on an equitable head count distribution. If a school district, public school academy, intermediate school district, or nonpublic school notifies the department of health and human services and the Michigan Association of Intermediate School Administrators not more than 10 business days after receiving the required notification in this subsection from the department of health and human services that it does not wish to participate in the direct distribution of coronavirus testing and contact tracing supplies and equipment, including home test kits, that school district, public school academy, intermediate school district, or nonpublic school may request to receive direct financial reimbursement from the department of health and human services for coronavirus testing and contact tracing supplies and equipment, including home test kits, purchased directly by that school district, public school academy, intermediate school district, or nonpublic school. A school district, public school academy, intermediate school district, or nonpublic school that opts out as described in this subsection may purchase coronavirus testing and contact tracing supplies and equipment, including home test kits, either directly from the department of health and human services or from another source. The department of health and human services must provide direct financial reimbursement within 30 days of receipt of the request.

(3) The department of health and human services must maintain a publicly accessible online list of acceptable coronavirus testing and contact tracing supplies and equipment, including home test kits, that could be purchased with the funds appropriated in this section.

(4) No state or local government entity shall confiscate or redistribute coronavirus testing and contact tracing supplies and equipment, including home test kits, from an eligible school district, public school academy, intermediate school district, or nonpublic school without first receiving the consent of that eligible school district, public school academy, intermediate school district, or nonpublic school.

(5) The department of health and human services shall collaborate with the Michigan Association of Intermediate School Administrators to establish procedures for the as-needed redistribution of coronavirus testing and contract tracing supplies and equipment, including home kits, from school districts, public school academies, intermediate school districts, and nonpublic schools. The Michigan Association of Intermediate School Administrators shall coordinate the redistribution of coronavirus testing and contact tracing supplies and equipment, including home kits, based on need and after receiving the consent of that school district, public school academy, intermediate school district, or nonpublic school. Not more than 1% of the funds appropriated in part 1 for ARP - epidemiology and lab capacity school safety, or an amount equal to actual costs incurred, whichever is less, may be used by the Michigan Association of Intermediate School Administrators for administrative and logistical costs related to this subsection.

(6) Subsections (4) and (5) do not prohibit an eligible school district, public school academy, intermediate school district, or nonpublic school from voluntarily sending coronavirus testing and contact tracing supplies and equipment, including home test kits, in its possession to another eligible school district, public school academy, intermediate school district, or nonpublic school that is in need of additional coronavirus testing and contact tracing supplies and equipment, including home test kits.

(7) The department of health and human services shall collaborate with the department of education to effectuate this section.

(8) The unexpended funds appropriated in part 1 for ARP - epidemiology and lab capacity school safety are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to support screening and testing activities to facilitate the safe operations of in-person school instruction at eligible school districts, public school academies, intermediate school districts, and nonpublic schools.

(b) The project will be accomplished by utilizing state employees or contracts.

- (c) The total estimated cost of the project is \$150,799,300.00.
- (d) The tentative completion date is September 30, 2026.

Sec. 306. (1) From the funds appropriated in part 1 for ARP – health care recruitment, retention, and training, the department of health and human services shall allocate \$300,000,000.00 for health care recruitment, retention, and training programming to health care employers that can demonstrate an eligible qualifying need under the rules and regulations of the federal coronavirus state fiscal recovery funding. Additionally, health care employers must not request funds under this section for any investments related to recruitment or retention announced before December 1, 2021.

(2) The department of health and human services must allocate 75% of the funds appropriated pursuant to this section to the Michigan Health and Hospital Association for administration to acute care and behavioral health care providers, of which not less than 10% appropriated pursuant to this subsection must be allocated to critical access hospitals and small and rural providers that are awarded rural access payments under section 1802(2) of article 6 of 2021 PA 87.

(3) The department of health and human services must allocate 25% of the funds appropriated pursuant to this section to post-acute care providers and federally qualified health centers (FQHCs).

(4) If a health care employer receives funds appropriated pursuant to this section and has established a COVID-19 vaccine policy, the policy must allow for an employee exemption for both of the following:

(a) Any employee for whom a physician certifies and properly documents that a COVID-19 vaccine is clinically contraindicated for the employee.

(b) Any employee who provides a written statement and can document in a manner consistent with the health care employer's policies and procedures that the requirements of the COVID-19 vaccine policy cannot be met because of the employee's religious convictions.

(5) Health care recruitment, retention, and training programming may include, but is not limited to, cash recruitment bonuses, student loan payment assistance, cash retention bonuses, tuition assistance, and other forms of training programming. The maximum amount any health care employer, except for critical access hospitals and small and rural providers that are awarded rural access payments under section 1802(2) of article 6 of 2021 PA 87, can use for cash recruitment bonuses is 25%, and the maximum amount any health care employer, except for critical access hospitals and small and rural providers that are awarded rural access payments under section 1802(2) of article 6 of 2021 PA 87, can use for cash retention bonuses is 20%.

(6) Nothing in this section requires a health care employer that receives funds appropriated in this section to violate any federal rule or regulation on a COVID-19 vaccine policy.

(7) If a health care employer receives funds appropriated in this section and has established a COVID-19 vaccine policy, the policy must require the employer to respond in a written statement of an employee's COVID-19 vaccine exemption approval or disapproval.

(8) As a condition of receiving funds appropriated in this section, a health care employer must agree to not use an employee's vaccination status as a factor for distributing recruitment, retention, and training program funds under this section.

(9) By September 30, 2022, the department of health and human services must provide a report to the house and senate appropriations committees, the house and senate fiscal agencies, and the state budget office on the overall efficacy of the funds appropriated in this section, including, but not limited to, the statewide outcomes of recruitment efforts, retention efforts, and training efforts to reduce statewide health care staffing vacancies. The Michigan Health and Hospital Association and other recipients shall provide data and metrics, in a manner approved by the department, to fulfill the reporting requirements of this section.

Sec. 307. From the funds appropriated in part 1 for ARP – nursing facility room conversion pilot project, the department of health and human services shall allocate \$10,000,000.00 as a competitive grant program to reimburse nursing facilities that are awarded these grants for 50% of the cost for nursing facilities to convert multi-resident rooms into single resident rooms. The department of health and human services shall prioritize awarding competitive grants for the conversion of rooms that have more than 2 residents into single resident rooms.

Sec. 308. From the funds appropriated in part 1 for ARP – nursing home respirators, the department of health and human services shall allocate \$5,000,000.00 to assist nursing facilities, assisted living facilities, and other long-term care facilities in complying with Occupational Safety and Health Administration respiratory protection standards.

Sec. 310. (1) The department shall allocate funds appropriated in part 1 for ARP - vaccine support to local public health departments for education, outreach, and other community engagement strategies.

(2) To the greatest extent allowed under federal rules and regulations, any vaccine education, outreach, and other community engagement strategies must be inclusive of other broader COVID-19 education, outreach, and other community engagement strategies, including early treatment options, testing, and other mitigation strategies.

(3) The department shall not allocate funds in this section to local public health departments for which a county board of commissioners has passed a resolution rejecting these funds, if the rejection of these funds has occurred within 30 days of the effective date of this act.

(4) A recipient of a COVID-19 vaccine administered from the funds appropriated in part 1 for ARP - vaccine support shall be provided with information regarding or informed if and in what manner the development of the vaccine utilized aborted fetal tissue or human embryonic stem cell derivation lines.

(5) The unexpended funds appropriated in part 1 for ARP - vaccine support are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to increase vaccine education, outreach, and other community engagement strategies and must be inclusive of other broader COVID-19 education, outreach, and other community engagement strategies, including early treatment options, testing, and other mitigation strategies.

(b) The project will be accomplished by utilizing local public health departments.

(c) The total estimated cost of the project is \$54,143,900.00.

(d) The tentative completion date is September 30, 2026.

Sec. 311. (1) From the funds appropriated in part 1 for MI Choice waiver program presumptive eligibility risk pool, and to the greatest extent allowable under E-FMAP, the department of health and human services shall allocate \$5,000,000.00 to develop and implement a pilot risk pool in no fewer than 2 service areas to cover 90% of MI Choice waiver agents' exposure to financial losses in those service areas for up to 6 weeks of services costs associated with incorrect presumptive eligibility determinations.

(2) Any MI Choice waiver agent in the pilot service areas that, at any point in time, incorrectly presumes eligibility for not less than 20% of its enrollees is not eligible for funding from this project for the balance of this project's term.

Sec. 312. (1) From the funds appropriated in part 1 for ARP - Morris Hood kidney foundation, the department of health and human services shall provide \$14,000,000.00 in support to the National Kidney Foundation of Michigan for a multiyear initiative to implement the chronic kidney disease prevention initiative that was adopted by the department of health and human services and the National Kidney Foundation of Michigan in March 2021. This initiative, administered by the National Kidney Foundation of Michigan and its partners, shall be known as the Morris Hood III chronic kidney disease prevention initiative.

(2) The Morris Hood III chronic kidney disease prevention initiative shall do all of the following:

(a) Create a collaborative and comprehensive kidney disease prevention and awareness system, including a focus on communities at the greatest risk of kidney disease and those facing health disparities.

(b) Increase knowledge, awareness, and understanding of preventable kidney disease, increase adoption of evidence-based strategies to reduce chronic kidney disease, and identify financial sustainability strategies for chronic kidney disease detection, management, and prevention.

(c) Identify patients at risk of developing chronic kidney disease through collaboration with the department of health and human services making use of Michigan Medicaid data, kidney disease data, lab data, and shared metrics from partner organizations.

(d) Develop a cost-benefit analysis on the strategies identified to reduce preventable kidney disease or mitigate the effect of kidney disease.

(3) Under the Morris Hood III chronic kidney disease prevention initiative, the department of health and human services shall work with the National Kidney Foundation of Michigan to do all of the following:

(a) Establish a statewide advisory committee to assist in the implementation of the initiative, drawing from consumers, providers, and advocates.

(b) Cooperate in sharing appropriate and timely data to enable the initiative to target resources effectively.

(c) Produce an annual status report to be shared with the legislature and interested parties.

(d) Convene periodic meetings with providers to assure awareness of the initiative and its targeted population.

(e) Cooperate with Michigan's Medicaid health plans to identify populations most at risk for kidney disease.

Sec. 313. From the funds appropriated in part 1 for ARP - hospital airborne pathogen control program, \$10,000,000.00 shall be allocated to hospitals for in-room ceiling installations and internet of things-connected Michigan-based ultraviolet control technology filtration and cleaning systems or other devices that reduce surface pathogens and airborne contaminants for control of harmful pathogens in the air and on settled surfaces. The program shall be designed to meet all of the following parameters:

- (a) The program shall be a pilot program.
- (b) Hospitals and health systems that were in the top 10 hospitals/health systems in the number of COVID patients treated in the state in calendar year 2021 and that have submitted letters of intent to utilize this technology to the Michigan department of health and human services by April 1, 2022 shall be given priority for allocations.
- (c) Allocation of these funds should be made through 2 equal grants to qualified applicants.
- (d) Hospitals participating in the pilot program shall track the outcome metrics as defined during grant submission.

Sec. 314. (1) From the funds appropriated in part 1 for ARP - adult foster care and homes for the aged COVID-19 relief, the department of health and human services shall establish a process to provide a \$700.00 per bed grant to eligible facilities as defined in subsection (4) to cover COVID-19 pandemic costs.

- (2) The department of health and human services shall develop an application form for the funding.
- (3) Eligible facilities must fill out and submit the application form referenced in subsection (2) to the department of health and human services within 90 days of the effective date of this act.
- (4) Eligible facilities shall include adult foster care facilities licensed by the department of licensing and regulatory affairs, homes for the aged licensed by the department of licensing and regulatory affairs, facilities with approved status from the department of licensing and regulatory affairs for exemption from the home for the aged licensure, and self-directed and other nonlicensed residential settings for older adults and individuals with disabilities that are not subject to licensure by the department of licensing and regulatory affairs.

Sec. 315. (1) From the funds appropriated in part 1 for ARP - health units, the department of health and human services shall allocate \$4,000,000.00 to a public university located in a city with a population greater than 500,000 according to the most recent federal decennial census to help create a Michigan mobile health corps program.

- (2) The Michigan mobile health corps shall be a collaborative to help address health disparities among populations with limited access to medical care and social services resources in Southeast Michigan.

Sec. 316. (1) From the funds appropriated in part 1 for ARP - supplemental payments to private child caring institutions, \$6,200,000.00 shall be awarded as a supplemental payment adjustment to contracted child caring institutions for abuse, neglect, and juvenile justice services to address the economic impact of the COVID-19 public health emergency.

- (2) From the funds appropriated in part 1 for ARP - supplemental payments to private child caring institutions, \$2,000,000.00 shall be awarded to a qualified residential treatment program that has been in existence for at least 75 years and is located in a city with a population of between 57,000 and 58,000 located in a county with a population of greater than 1,500,000 according to the 2010 federal decennial census. Funding in this subsection shall be paid to the qualifying entities within 30 days of the effective date of this act.

Sec. 317. (1) From the funds appropriated in part 1 for ARP - homeless shelter repair grants, the department of health and human services shall establish a grant program targeted to homeless shelter service providers. In making grants under this section, the department shall maximize to the greatest extent possible broad geographic distribution. Grants are intended to fund necessary physical improvements to homeless shelter facilities, including, but not limited to:

- (a) Repairs to plumbing, electrical, and heating, ventilation, and air-conditioning systems.
- (b) Structural improvements to accommodate persons with disabilities.
- (c) Creation of noncongregate housing spaces for individuals and families.
- (d) Creation of separate noncongregate spaces for those who are medically recuperating.
- (e) Installation of necessary safety and security enhancements, including, but not limited to, smoke alarms and fire abatement systems.
- (2) The unexpended funds appropriated in part 1 for ARP - homeless shelter repair grants are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year

and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to fund physical improvements to facilities operated by homeless shelter service providers.

(b) The project will be accomplished by utilizing state employees or contracts.

(c) The total estimated cost of the project is \$10,000,000.00.

(d) The tentative completion date is September 30, 2026.

Sec. 318. (1) From the funds appropriated in part 1 for ARP - nursing home infection control grants, the department of health and human services shall allocate \$29,000,000.00 in grants to skilled nursing facilities. Grants shall fund structural and operational improvements to skilled nursing facilities that would help reduce the spread of infectious disease. Eligible projects include, but are not limited to, the following:

(a) Efforts to improve indoor air quality, including maintenance and improvements to indoor heating, ventilation, and air-conditioning systems.

(b) The creation of negative air pressure rooms.

(c) The creation of isolation areas in nursing homes for sick residents.

(d) The purchase and installation of technologies to reduce the spread of infectious disease.

(2) Individual nursing facilities are limited to no more than \$500,000.00 in funds allocated in subsection (1).

(3) The unexpended funds appropriated in part 1 for ARP - nursing home infection control grants are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to support improvements to skilled nursing facilities to reduce the spread of infectious disease.

(b) The project will be accomplished by utilizing state employees or contracts.

(c) The total estimated cost of the project is \$29,000,000.00.

(d) The tentative completion date is September 30, 2026.

Sec. 319. (1) From the funds appropriated in part 1 for ARP - child welfare mitigation payments, the department of health and human services shall provide a supplemental payment to licensed foster family homes or foster family group homes and unlicensed relative caregivers who are currently caring for a child placed in foster care and youth currently supported in independent living foster care arrangements.

(2) Payment of funds will be set at \$1,500.00 per child in a foster family home, foster family group home, or independent living arrangements.

(3) The unexpended funds appropriated in part 1 for ARP - child welfare mitigation payments are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the project is to offset the costs to caregivers for children in foster care and those in independent living arrangements associated with the COVID-19 public health emergency.

(b) The project will be accomplished by utilizing state employees or contracts.

(c) The total estimated cost of the project is \$19,000,000.00.

(d) The tentative completion date is September 30, 2026.

Sec. 321. (1) From the funds appropriated in part 1 for ARP - respite services home and community-based services waiver, the department of health and human services shall allocate \$20,000,000.00 for respite supports to in-home providers of department of health and human services-funded services to provide respite relief for families providing continuous direct care support to a family member.

(2) The unexpended funds appropriated in part 1 for ARP - respite services home and community-based services waiver are designated as a work project appropriation, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

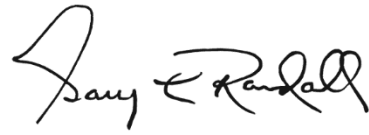
(a) The purpose of the project is to fund respite services for in-home providers of department of health and human services supports and services.

(b) The project will be accomplished by utilizing state employees or contracts.

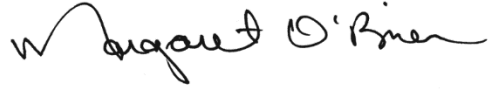
(c) The total estimated cost of the project is \$20,000,000.00.

(d) The tentative completion date is September 30, 2026.

This act is ordered to take immediate effect.



Clerk of the House of Representatives



Secretary of the Senate

Approved _____

Governor