

MICHIGAN HEALTH PLANNING AND HEALTH POLICY DEVELOPMENT ACT (EXCERPT)
Act 323 of 1978

325.2010 State health planning council; duties.

Sec. 10. (1) The council shall carry out the following activities relating to state health planning and health policy development:

(a) Subject to subsection (2), prepare and approve the state health plan not less frequently than once every 3 years. The council may revise individual components of the plan as considered necessary by the council.

(b) Submit the proposed state health plan to the governor and the standing committee of each house of the legislature having jurisdiction over public health matters. The governor or legislature may disapprove the plan within 60 legislative session days after submission. If the legislature is not in session at the time of submission, the 60 legislative session days shall commence the first day on which the legislature reconvenes. Legislative disapproval shall be expressed by concurrent resolution which shall be adopted by a record roll call vote of each house of the legislature. The concurrent resolution shall state specific objections to the plan. If the proposed state health plan is disapproved by concurrent resolution, the council shall revise the plan based on the stated objections. If the plan is not disapproved within the 60 legislative session days, the plan shall be considered approved. As used in this subdivision, "legislative session day" means each day in which a quorum of either the house of representatives or senate, following a call to order, officially convenes in Lansing to conduct legislative business.

(c) Annually review program activities and budgets of state departments which are related to health and medical care to determine consistency of these activities and budgets with the state health plan. The council shall report its conclusions to appropriate legislative committees, to the governor, and to other affected agencies.

(d) Actively pursue implementation of the recommendations contained in the state health plan. An annual implementation plan shall be prepared and submitted to the legislature, the governor, and other interested parties.

(e) Provide a public forum for the discussion and identification of priority health issues.

(f) Make recommendations to the governor, the legislature, and other affected agencies regarding current or proposed changes in federal and state health statutes, policies, and budgets, taking into account the state health plan.

(g) Cooperate with legislative committees having jurisdiction over health matters and advise in the development of a consistent and coordinated policy for health affairs in this state.

(h) Assess the policies and rules of state departments and agencies concerning the collection and application of statistics relating to health, health planning, and health policy development, and periodically make recommendations to the governor, the legislature, and other affected agencies for improvement and coordination of the statistics. The council shall report its conclusions under this subdivision to appropriate legislative committees, the governor, and other affected agencies. The report shall recommend, at a minimum, policies concerning accessibility of data, uniformity and reliability of data, independent and shared use of data, and coordination of health data systems.

(i) Perform other duties as specified in part 222 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.22201 to 333.22259 of the Michigan Compiled Laws.

(2) The state health plan shall do all of the following:

(a) Address mechanisms to promote adequate access to health care for all segments of the state's population.

(b) Outline initiatives designed to contain the costs of health care and improve the efficiency with which services are delivered.

(c) Address the ways in which changes in individual behavior and responsibility can assist in reducing the costs of health care.

(d) Promote innovative and cost effective strategies for projecting and addressing the future needs of the population.

(e) Encourage the rational development and distribution of health care services.

(f) Suggest means by which the quality of health care services can be improved through changes in the delivery system.

(g) Promote cooperation between the public and private sectors in achieving subdivisions (a) to (f).

History: 1978, Act 323, Imd. Eff. July 10, 1978;—Am. 1979, Act 61, Imd. Eff. July 24, 1979;—Am. 1988, Act 309, Eff. Oct. 1, 1988.