PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

PART 91
GENERAL PROVISIONS

333.9101 Plan for health services for pupils in elementary and secondary schools; establishment; contents; cooperation in developing plan; consistency with program of school nursing services; employment of certified school nurses; excusing pupils from health instructions and class attendance.

Sec. 9101. (1) The department shall establish a plan for health services for pupils in the elementary and secondary schools of this state. The plan shall include a definition of school health services and standards for the implementation of the plan. The department shall cooperate with the department of education and the state health planning and development agency in developing the plan to ensure coordination among those agencies.

(2) The plan may include the provision of health services by and through intermediate and local school districts.

(3) The plan shall be consistent with the program of school nursing services adopted pursuant to section 1252 of Act No. 451 of the Public Acts of 1976, being section 380.1252 of the Michigan Compiled Laws, and shall encourage employment of individuals certified by the department of education as school nurses pursuant to that section.

(4) The plan shall not require health instructions for a pupil whose parent or guardian objects in writing and specifically requests that the pupil be excused. The plan shall not require a pupil to attend a class for which the pupil is excused pursuant to Act No. 451 of the Public Acts of 1976, as amended, being sections 380.1 to 380.1853 of the Michigan Compiled Laws.

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

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

Popular name: Act 368

333.9105 Examinations or health services provided on equal basis to school children.

Sec. 9105. Examinations or health services provided to school children in attendance in the elementary and secondary grades shall be provided on an equal basis to school children in attendance in both public and nonpublic schools.

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

Popular name: Act 368

333.9111 Pharmaceutical, biologic, and diagnostic products and by-products for human, veterinary, or agricultural use; developing, producing, purchasing, and receiving by gift; research; distribution; costs.

Sec. 9111. (1) The department may develop, produce, purchase, and receive by gift pharmaceutical, biologic, and diagnostic products and by-products for human, veterinary, or agricultural use. The department, when necessary, may engage in research to improve these products or develop new products. The department may distribute the products and by-products within this state and recover the actual costs associated with the products and by-products. The department shall provide and distribute these products and by-products at no cost upon request of local health departments, hospitals, or physicians for use within this state if considered necessary by the department to protect the public health.

(2) The department may develop and produce pharmaceutical, biologic, and diagnostic products and by-products for human, veterinary, or agricultural use for distribution or sale outside this state for both public and private use, if the distribution or sale will not impair any program in this state. Compensation for these products and by-products distributed or sold under this subsection shall cover the actual costs associated with the products and by-products. Distribution outside this state may be made without cost if approved by the governor in emergency situations and if the products and by-products are available and are not required for immediate needs in this state.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 204, Imd. Eff. July 25, 1986.

Popular name: Act 368

333.9112 Pharmaceutical products fund.

Sec. 9112. (1) The pharmaceutical products fund is created in the state treasury and shall be administered by the department. The fund shall only be expended as provided in this section.

(2) The state treasurer shall credit to the pharmaceutical products fund all revenues received by the department pursuant to section 9111.

(3) The department shall utilize the pharmaceutical products fund to update and improve the facilities used to develop and produce pharmaceutical, biologic, and diagnostic products pursuant to section 9111, or to otherwise improve the biologics products program, pursuant to appropriations.

History: Add. 1986, Act 204, Imd. Eff. July 25, 1986.

Popular name: Act 368

333.9121 Blood, blood plasma, blood products, blood derivatives, and human and artificial tissues; standards regulating procurement, processing, distribution, and use; rendition of service; warranty; liability.

Sec. 9121. (1) The department shall establish standards pursuant to section 9133 to regulate the procurement, processing, distribution, and use of blood, blood plasma, blood products, blood derivatives, and human and artificial tissues.

(2) The procurement, processing, distribution, and use of whole blood, blood plasma, blood products, blood derivatives, and human and artificial tissues including, but not limited to, corneas, bones, organs, or parts of organs for the purpose of injecting, transfusing, or transplanting into a human body, is for all purposes the rendition of a service by a person participating therein and, whether or not remuneration is paid to the person, is not a sale for any purpose.

(3) An express, implied, or other warranty does not attach to services described in subsection (2). A person involved in the rendition of the service is not liable as a result thereof, except for the person's own negligence or willful misconduct.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1984, Act 390, Eff. Mar. 29, 1985;—Am. 1988, Act 63, Imd. Eff. Mar. 24, 1988.

Popular name: Act 368

333.9122 Donation of blood by individual at least 17 years of age; donation of blood by individual at least 16 but less than 17 years of age; parent's or legal guardian's permission or authorization.

Sec. 9122. (1) An individual who is at least 17 years of age may donate blood in a voluntary and noncompensatory blood program without obtaining his or her parent's or legal guardian's permission or authorization.

(2) An individual who is at least 16 but less than 17 years of age may donate blood in a voluntary and noncompensatory blood program with his or her parent's or legal guardian's permission or authorization.

History: Add. 2010, Act 382, Imd. Eff. Dec. 22, 2010.

Popular name: Act 368

333.9123 Testing of donor, sample, specimen, or organ for presence of HIV or antibody to HIV; applicability of subsection (1); effect of positive test results; inability to perform test; written consent to use blood, tissue, organ, or other human specimen; donation of blood exclusively for own use; use of self-replicating body fluids; informing donor of positive test result; violation; liability; definitions.

Sec. 9123. (1) Except as otherwise provided in subsection (2), a person, including, but not limited to, a licensee under article 15 or article 17 that procures or collects blood or human tissues, organs, or other specimens for purposes of transplantation, transfusion, introduction, or injection into a human body shall test or provide for the testing of each potential donor or each sample or specimen of blood or tissue, or each organ or other human specimen for the presence in the donor, sample, specimen, or organ of HIV or an antibody to HIV.

(2) Subsection (1) does not apply if a test for HIV or an antibody to HIV cannot be performed in the time during which the blood, tissue, organ, or other human specimen is viable for purposes of transplantation, transfusion, introduction, or injection into a human body, due to emergency or other exigent circumstances.

(3) Except as otherwise provided in subsection (4) or (5), if the results of a test performed under subsection (1) are positive, the blood, tissue, organ, or other human specimen must not be used for purposes of transplantation, transfusion, introduction, or injection into a human body. If a test for HIV or an antibody to HIV cannot be performed in the time during which the blood, tissue, organ, or other human specimen is viable for purposes of transplantation, transfusion, introduction, or injection into a human body, due to emergency or

other exigent circumstances, then the blood, tissue, organ, or other human specimen may be used for purposes of transplantation, transfusion, introduction, or injection into a human body if the person responsible for the transplantation, transfusion, introduction, or injection and the individual who intends to receive the blood, tissue, organ, or other human specimen are informed that there was insufficient time to perform a test for HIV or an antibody to HIV, and agree in writing to the use of the blood, tissue, organ, or other human specimen. If the individual who intends to receive the blood, tissue, organ, or other human specimen under this subsection is a minor, then the parent, legal guardian, or person in loco parentis of the minor must be informed that there was insufficient time to perform a test for HIV or an antibody to HIV and must agree in writing to the use of the blood, tissue, organ, or other human specimen. If the individual who intends to receive the blood, tissue, organ, or other human specimen is otherwise unable to give informed consent, then any of the following persons, in order of priority stated, when persons in prior classes are not available at the time the transplantation, transfusion, introduction, or injection is to be performed, must be informed that there was insufficient time to perform a test for HIV or an antibody to HIV and must agree in writing to the use of the blood, tissue, organ, or other human specimen:

(a) The spouse.

(b) An adult son or daughter.

(c) Either parent.

(d) An adult brother or sister.

(e) A guardian of the individual at the time the transplantation, transfusion, introduction, or injection is to be performed.

(4) If an individual donates blood exclusively for the individual's own transfusion needs, and if the results of a test performed under subsection (1) are positive, the individual may use the blood for that purpose if both the person responsible for the transfusion and the individual who intends to receive the blood are informed of the positive test result and consent in writing to the use of the blood.

(5) If the results of a test performed on an organ under subsection (1) are positive, the organ may be used for purposes of transplantation into a human body if the individual who intends to receive the organ has tested positive for HIV, the individual is informed that the test results performed on the organ under subsection (1) are positive, and the individual and the person responsible for the transplantation agree in writing to the use of the organ. If the individual who intends to receive the organ under this subsection is a minor, then the parent, legal guardian, or person in loco parentis of the minor must be informed that the test results performed on the organ under subsection (1) are positive and must agree in writing to the use of the organ.

(6) A person, including, but not limited to, a licensee under article 15 or article 17, who procures or collects self-replicating body fluids for purposes of introduction into a human body shall test each potential donor for the presence in the donor of HIV or an antibody to HIV. If the test results are positive, the self-replicating body fluids of the donor must not be used for introduction into a human body.

(7) A person, including, but not limited to, a licensee under article 15 or article 17 that orders or performs, or both, a test for HIV or an antibody to HIV under this section shall, if the test result is positive, inform the donor of the positive test result. For purposes of this subsection, a positive test result is a double positive enzyme-linked immunosorbent assay test, combined with a positive western blot assay test, or a positive result under an HIV test that is considered reliable by the federal Centers for Disease Control and Prevention and is approved by the department.

(8) A person that violates this section is liable in a civil action for damages for the loss or damage resulting from the violation.

(9) As used in this section:

(a) "Blood" includes whole blood, blood plasma, blood products, and blood derivatives.

(b) "HIV" means human immunodeficiency virus.

(c) "Self-replicating body fluids" means bodily fluids that are reproduced by the body, including, but not limited to, breast milk. Self-replicating body fluids does not include blood or sperm.

History: Add. 1988, Act 487, Eff. July 1, 1989;—Am. 2021, Act 128, Eff. Mar. 30, 2022;—Am. 2024, Act 251, Eff. Apr. 2, 2025.

Popular name: Act 368

333.9129 Registration program for perinatal facilities as maternal care facility; appropriation; incentive payments.

Sec. 9129. (1) Subject to appropriation, the department shall establish and implement a program to register a perinatal facility as a level I, II, III, or IV maternal care facility. The department shall register a perinatal facility as a level I, II, III, or IV maternal care facility under the program if the facility demonstrates to the satisfaction of the department that the facility holds a verification as a level I, II, III, or IV maternal care facility from the Joint Commission or an equivalent organization, as determined by the department. The

department shall establish procedures for a perinatal facility to report a verification described in this subsection to the department.

(2) A perinatal facility seeking to register as a level I, II, III, or IV maternal care facility under the program shall report the verification described in subsection (1) to the department once every 3 years on a form and in a manner required by the department.

(3) The department shall publish and update on its website a list of each perinatal facility for which the department has registered under the program. The department shall update the list within 30 days after registering a perinatal facility under the program. The list must include the name of the perinatal facility and the facility's maternal level of care, as confirmed by the department under the program. The department shall not list a perinatal facility's name or maternal level of care on the department's website if the perinatal facility is not registered under the program.

(4) In developing procedures for reporting a verification described in subsection (1), the department shall consult with recognized entities that are involved in providing services in a perinatal facility, including the Michigan Perinatal Quality Collaborative, the Michigan Health and Hospital Association, the Michigan Council for Maternal Child and Health, the American College of Obstetricians and Gynecologists, and the American College of Nurse Midwives. The department shall enter into a partnership with the maternal levels of care verification program established by the Joint Commission and the maternal care obstetric care consensus established by the American College of Obstetricians and Gynecologists for purposes of the program.

(5) The department may provide on-site technical assistance to a perinatal facility that is seeking a verification described in subsection (1) or to register under the program.

(6) Subject to appropriation, the department may provide an incentive payment to a perinatal facility that registers with the department under the program. The department shall consider all of the following criteria for the award of an incentive payment:

(a) Data collection and reporting at the perinatal facility.

(b) Patient volume at the perinatal facility.

(c) Practice guidelines at the perinatal facility.

(d) The perinatal facility's coordination with and the referral of a patient to and from another facility.

(e) The perinatal facility's implementation of safety bundles.

(7) As used in this section:

(a) "Perinatal facility" means a hospital licensed under article 17 that provides maternal care.

(b) "Program" means the program described in subsection (1).

History: Add. 2024, Act 249, Eff. Apr. 2, 2025.

Popular name: Act 368

333.9130 Perinatal quality collaboratives.

Sec. 9130. (1) The department shall maintain a perinatal quality collaborative to support and improve maternal and infant health outcomes in this state by doing all of the following:

(a) Promoting quality improvement efforts.

(b) Identifying processes and mobilizing resources.

(c) Advancing equity.

(d) Implementing and expanding care for families affected by perinatal substance use disorder.

(e) Expanding and improving access to quality and respectful care and support throughout the pregnancy and postpartum period.

(2) The perinatal quality collaborative shall establish regional perinatal quality collaboratives for prosperity regions in this state. Each regional perinatal quality collaborative shall designate a lead agency within its region to invite qualified persons within the region to participate in the regional perinatal quality collaborative. Subject to appropriation, the department shall provide resources to each regional perinatal quality collaborative and require each regional perinatal quality collaborative to do all of the following:

(a) Convene qualified persons and other interested persons within the region for regular meetings to review qualitative and quantitative data within the region on maternal and infant health outcomes.

(b) Develop plans of action to improve birth outcomes for pregnant individuals, infants, and families using strategies proven to address the prosperity region's primary perinatal challenges.

(c) Engage families and communities in developing the plans of action described in subdivision (b).

(3) As used in this section:

(a) "Prosperity region" means each of the 10 prosperity regions identified by the department on the effective date of the amendatory act that added this section.

(b) "Qualified person" means a person or governmental entity that provides services and supports to

individuals during the perinatal period, including, but not limited to, health facilities or agencies, health professionals, local health departments, home visitation programs, insurers, families, community-based organizations, and federally recognized tribes.

History: Add. 2024, Act 243, Eff. Apr. 2, 2025.

Popular name: Act 368

333.9131 Family planning services; publicity; request by medically indigent individual; clinical abortions.

Sec. 9131. (1) The department, and under its supervision a local health department, shall publicize the places where family planning services are available. The publicity shall state that receipt of public health services is not dependent on a request or nonrequest for family planning services.

(2) An effort shall not be made to coerce a medically indigent individual to request or not request family planning services. The department, and under its supervision a local health department, shall provide family planning services to a medically indigent individual upon the individual's request in accordance with standards established under section 9133. Clinical abortions shall not be considered a method of family planning.

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

Popular name: Act 368

333.9132 Consent of minor to provision of health care; notice; permission to contact parents for additional medical information; giving or withholding information without consent of minor; "health care" defined.

Sec. 9132. (1) If a minor consents to the provision of prenatal and pregnancy related health care or to the provision of health care for a child of the minor by a health facility or agency licensed under article 17 or a health professional licensed under article 15, the consent shall be valid and binding as if the minor had achieved the age of majority. The consent is not subject to later disaffirmance by reason of minority. The consent of any other person, including the putative father of the child or a spouse, parent, guardian, or person in loco parentis, is not necessary to authorize the provision of health care to a minor or to a child of a minor.

(2) Before providing health care to a minor pursuant to this section, a health facility or agency or a health professional shall inform the minor that the putative father of the child or the minor's spouse, parent, guardian, or person in loco parentis may be notified pursuant to subsection (4).

(3) At the initial visit to the health facility or health professional, permission shall be requested of the minor to contact the minor's parents for any additional medical information which may be necessary or helpful to the provision of proper health care.

(4) For medical reasons, the treating physician, and on the advice and direction of the treating physician, a member of the medical staff of a health facility or agency or other health professional may, but is not obligated to, inform the putative father of the child or the spouse, parent, guardian, or person in loco parentis as to the health care given or needed. The information may be given to or withheld from these persons without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.

(5) As used in this section, "health care" means only treatment or services intended to maintain the life and improve the health of both the minor and the minor's child or fetus.

History: Add. 1984, Act 153, Imd. Eff. June 25, 1984.

Popular name: Act 368

333.9133 Rules.

Sec. 9133. The department may promulgate rules to implement this part which shall include rules to establish the plan developed under section 9101 and to implement sections 9121 and 9131.

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

Popular name: Act 368

Administrative rules: R 325.2941 et seq. of the Michigan Administrative Code.

333.9137 Mental health screenings.

Sec. 9137. (1) Beginning January 1, 2026, all of the following apply:

(a) A health professional shall offer the mental health screening described in subsection (2) to an individual who has given birth at a follow-up appointment or well child visit during the individual's postpartum period if the health professional is seeing the individual in a pediatric or obstetric and gynecological setting and the health professional determines at the follow-up appointment or well child visit that a mental health screening

is appropriate for the individual.

(b) A health professional other than a health professional described in subdivision (a) may offer the mental health screening described in subsection (2) to an individual who has given birth at a follow-up appointment or well child visit during the individual's postpartum period or until the child reaches the age of 12 months.

(2) The department may develop a tool to be used by health professionals offering a mental health screening under subsection (1). A health professional may also conduct the mental health screening by using an evidenced-based screening tool to assess an individual's maternal mental health or other postpartum risk factors.

(3) If a health professional determines that an individual who has given birth may be in need of mental health resources in addition to a mental health screening under subsection (1), the health professional may provide the individual with any of the following mental health resources:

(a) Mental health resources that are developed by the department.

(b) Information on postpartum mental health conditions and their symptoms.

(c) Treatment options for postpartum mental health conditions.

(d) Referrals considered appropriate by the health professional for the individual.

(e) If the health professional determines that the individual may be in need of additional support or services, any other information considered appropriate by the health professional to support the individual.

(4) As used in this section, "health professional" means an individual who is licensed, registered, or otherwise authorized to engage in a health profession under article 15.

History: Add. 2024, Act 246, Eff. Apr. 2, 2025.

Popular name: Act 368

333.9141 Ultrasound equipment; purchase; grant program; fund; application; conditions; report; rules; definitions.

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

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

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

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

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

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

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

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

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

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

(*iv*) Certify in writing that the individual was offered an opportunity to view the ultrasound image, obtain

the individual's acceptance or rejection to view the image in writing, and maintain a copy of each in the individual's medical file.

(*v*) Shall have a trained medical professional or a qualified medical director on staff to perform the ultrasound.

(6) The department shall annually prepare a report summarizing the grants made under this section, contractual commitments made and achieved, and a preliminary evaluation of the effectiveness of this section and shall provide a copy of this report to the chairs of the house of representatives and senate appropriations subcommittees for the department.

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

(8) As used in this section:

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

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

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

History: Add. 2004, Act 501, Imd. Eff. Dec. 29, 2004;—Am. 2023, Act 209, Eff. Feb. 13, 2024.

Popular name: Act 368

333.9145 Nonopioid directive; form; revocation; exception for emergency; liability; definitions.

Sec. 9145. (1) The department shall develop a nonopioid directive form indicating to health professionals and emergency medical services personnel that, except as otherwise provided in subsection (3) or in rules promulgated by the department under subsection (5), an individual who has executed the form or who has had a form executed on the individual's behalf must not be administered an opioid or offered a prescription for an opioid. The department shall include on the nonopioid directive form instructions on how the form may be revoked and any other information that the department considers relevant. The department shall make the form available to the public on the department's internet website.

(2) An individual may execute a nonopioid directive form on his or her own behalf. A guardian or patient advocate of an individual may execute a nonopioid directive form on behalf of the individual. If a nonopioid directive form is executed by or on behalf of an individual and is presented to a health professional, the health professional shall obtain a copy of the form and include the copy in the individual's medical record. An individual may revoke a nonopioid directive form executed by himself or herself at any time and in any manner by which he or she is able to communicate his or her intent to revoke the form. A patient advocate or guardian may revoke a nonopioid directive form on behalf of an individual at any time by issuing the revocation in writing and providing notice of the revocation to the individual's health professional or his or her delegatee.

(3) A prescriber who holds a controlled substances license under article 7 or a health professional who is a practical nurse or registered professional nurse and is acting on the order of the prescriber may administer an opioid to an individual who has executed a nonopioid directive form or who has had a nonopioid directive form executed on his or her behalf if any of the following apply:

(a) The individual is being treated at a hospital or in a setting outside of a hospital in the case of an emergency and, in the prescriber's professional opinion, the administration of the opioid is medically necessary to treat the individual. If an opioid is administered under this subdivision, the prescriber shall ensure that the individual is provided with information on substance use disorder services as that term is defined in section 6230.

(b) The opioid is for intraoperative use.

(4) Except as otherwise provided by law, the following are not subject to civil or criminal liability or professional disciplinary action for failing to administer, prescribe, or dispense an opioid, or for the inadvertent administration of an opioid, to an individual who has executed a nonopioid directive form or who has had a nonopioid directive form executed on his or her behalf, if the failure to act or act was done reasonably and in good faith:

(a) A health professional whose scope of practice includes the prescribing, administering, or dispensing of a controlled substance.

(b) A health facility or agency licensed under article 17.

(c) An employee of a health professional.

(d) An employee of a health facility or agency licensed under article 17.

(e) Emergency medical services personnel.

(5) Subject to subsection (6), the department shall promulgate rules to implement this section. The rules must include, but not be limited to, all of the following:

(a) Procedures to record a nonopioid directive form in a medical record, including an electronic medical record.

(b) Procedures to revoke a nonopioid directive form.

(c) Procedures to ensure that the recording, disclosure, or distribution of data relating to a nonopioid directive form or the transmission of a nonopioid directive form complies with state and federal confidentiality and consent laws, rules, and regulations.

(d) Exemptions for administering or prescribing an opioid to an individual who has executed a nonopioid directive form or who has had a nonopioid directive form executed on his or her behalf if the opioid is administered or prescribed to treat the individual for a substance use disorder.

(e) Exemptions for administering or prescribing an opioid to an individual who has executed a nonopioid directive form or who has had a nonopioid directive form executed on his or her behalf if the individual is a hospice patient.

(6) The rules promulgated under this section must allow a health professional or health facility or agency licensed under article 17 to incorporate a nonopioid directive form into an existing patient form or into other documentation used by the health professional or health facility or agency.

(7) As used in this section:

(a) "Emergency medical services personnel" means that term as defined in section 20904.

(b) "Guardian" means a person with the powers and duties to make medical treatment decisions on behalf of a patient to the extent granted by court order under section 5314 of the estates and protected individuals code, 1998 PA 386, MCL 700.5314.

(c) "Health professional" means an individual who is licensed under article 15.

(d) "Nonopioid directive form" or "form" means the nonopioid directive form developed by the department under subsection (1).

(e) "Patient advocate" means an individual designated to make medical treatment decisions for a patient under sections 5506 to 5515 of the estates and protected individuals code, 1998 PA 386, MCL 700.5506 to 700.5515.

(f) "Prescriber" means that term as defined in section 17708.

History: Add. 2018, Act 554, Eff. Mar. 28, 2019;—Am. 2022, Act 41, Imd. Eff. Mar. 23, 2022.

Popular name: Act 368

333.9152 Screening pupils for scoliosis and other spinal disorders; guidelines; participation; written statement; short title of section.

Sec. 9152. (1) The department, in cooperation with the department of education, shall develop guidelines for the screening of pupils in the schools of this state for scoliosis and other spinal disorders, including grades to be screened annually, reporting forms to be used, procedures for rescreening, and procedures for referral of children who fail the rescreening, and shall provide technical, educational, and other assistance to local public health departments for the implementation of scoliosis and other spinal disorder detection programs. In developing the guidelines, the department shall consult with public and private agencies and organizations involved in similar screening programs. The guidelines shall be distributed to all local health departments and school districts within this state.

(2) A pupil shall not be required to participate in a scoliosis or other spinal disorder screening program if a parent, guardian, or person in loco parentis of the pupil presents a written statement to the administrator of the pupil's school stating that participation in a spinal disorder screening program violates the personal religious beliefs of the pupil, parent, guardian, or person in loco parentis.

(3) This section shall be known and may be cited as "the Ogonowski scoliosis screening act".

History: Add. 1981, Act 105, Eff. Mar. 31, 1982.

Popular name: Act 368

333.9155 Concussions; educational materials on nature and risk; concussion awareness training program; availability of materials and program on website; review; definitions.

Sec. 9155. (1) Before June 27, 2013, the department shall develop, adopt, or approve educational materials on the nature and risk of concussions.

(2) Before June 27, 2013, the department shall develop, adopt, or approve a concussion awareness training program in an electronic format that includes all of the following:

(a) The nature and risk of concussions.

(b) The criteria for the removal of an athlete from physical participation in an athletic activity due to a suspected concussion and his or her return to that athletic activity.

(c) The risks to an athlete of not reporting a suspected concussion and continuing to physically participate in the athletic activity.

(3) As soon as they are available, the department shall make the educational materials and training program required under this section available to the public on the department's internet website. The department shall make the training program available to all individuals required to participate in the program under section 9156 and to any interested individual including school personnel, coaches, parents, students, and athletes. The department shall periodically review the training program required under this section and, for purposes of section 9156, make recommendations regarding the frequency of the training program based on changes to the training program that are developed, adopted, or approved by the department.

(4) As used in this section and section 9156:

(a) "Appropriate health professional" means a health professional who is licensed or otherwise authorized to engage in a health profession under article 15 and whose scope of practice within that health profession includes the recognition, treatment, and management of concussions.

(b) "Athletic activity" means a program or event, including practice and competition, during which youth athletes participate or practice to participate in an organized athletic game or competition against another team, club, entity, or individual. Athletic activity includes participation in physical education classes that are part of a school curriculum.

(c) "Concussion" means a type of traumatic brain injury as recognized by the Centers for Disease Control and Prevention. A concussion may cause a change in an individual's mental status at the time of the injury, including, but not limited to, feeling dazed, disoriented, or confused, and may or may not involve a loss of consciousness. A concussion may be caused by any type of accident or injury including, but not limited to, the following:

(*i*) A fall.

(*ii*) A blow, bump, or jolt to the head or body.

(*iii*) The shaking or spinning of the head or body.

(*iv*) The acceleration and deceleration of the head.

(d) "Institution of higher education" means a degree or certificate granting public or private college or university, junior college, or community college.

(e) "Organizing entity" means any of the following:

(*i*) A school.

(*ii*) A state or local parks and recreation department or commission or other state or local entity.

(*iii*) A nonprofit or for-profit entity.

(*iv*) A public or private entity.

(f) "School" means a nonpublic school, public school, or public school academy as those terms are defined in section 5 of the revised school code, 1976 PA 451, MCL 380.5.

(g) "Youth athlete" means an individual who participates in an athletic activity and who is under 18 years of age. Youth athlete does not include an individual who is 17 years of age and enrolled solely in an institution of higher education.

History: Add. 2012, Act 342, Eff. Mar. 28, 2013;—Am. 2017, Act 137, Eff. Jan. 24, 2018.

Popular name: Act 368

333.9156 Sponsor or operation of athletic activity; compliance with section by organizing entity; duties of coach or other adult; removal of youth athlete; written clearance; exceptions.

Sec. 9156. (1) An organizing entity that is subject to this section shall ensure that it is in compliance with this section before it sponsors or operates an athletic activity in which youth athletes will participate, if that athletic activity is subject to this section.

(2) Before a youth athlete may participate in an athletic activity sponsored by or operated under the auspices of an organizing entity, the organizing entity shall do all of the following:

(a) Comply with all the requirements of this section with regard to its coaches, employees, volunteers, and other adults who are involved with the participation of youth athletes in athletic activity sponsored by or operated under the auspices of that organizing entity and who are required to participate in the concussion awareness training program developed under section 9155.

(b) Ensure that each coach, employee, volunteer, and other adult who is required to participate in the concussion awareness training program developed under section 9155 completes the training program once

every 3 years, unless the department recommends more frequent training.

(c) Provide the educational materials developed under section 9155 to each youth athlete who participates in an athletic activity sponsored by or operated under the auspices of the organizing entity and a parent or guardian of the youth athlete.

(d) Obtain a statement signed by each youth athlete and a parent or guardian of the youth athlete acknowledging receipt of the educational material developed under section 9155. The organizing entity shall maintain the statement obtained under this subdivision in a permanent file for the duration of that youth athlete's participation in athletic activity sponsored by or operated under the auspices of that organizing entity or until the youth athlete is 18 years of age. Upon request, the organizing entity shall make the statements obtained under this subdivision available to the department.

(3) A coach or other adult employed by, volunteering for, or otherwise acting on behalf of an organizing entity during an athletic event sponsored by or operated under the auspices of the organizing entity shall immediately remove from physical participation in an athletic activity a youth athlete who is suspected of sustaining a concussion during the athletic activity. A youth athlete who has been removed from physical participation in an athletic activity under this subsection shall not return to physical activity until he or she has been evaluated by an appropriate health professional and receives written clearance from that health professional authorizing the youth athlete's return to physical participation in the athletic activity. The organizing entity shall maintain a written clearance obtained under this subsection in a permanent file for the duration of that youth athlete's participation in athletic activity sponsored by or operated under the auspices of that organizing entity or until the youth athlete is 18 years of age. Upon request, the organizing entity shall make the written clearance obtained under this subsection available to the department.

(4) This section does not apply to an athletic activity sponsored by or operated under the auspices of an organizing entity if all of the following requirements are met:

(a) The entity is a member of a private nonprofit multisport statewide interscholastic athletic association.

(b) The athletic activity is governed by a rule established by the interscholastic athletic association described in subdivision (a), which rule establishes concussion protocols that are substantially similar to or more stringent than the concussion protocols in the training program developed, adopted, or approved under section 9155 and the removal from and return to physical activity requirements of this section, and includes an enforcement mechanism on its members.

(5) This section does not apply to an entity that would otherwise be considered an organizing entity under this section if the primary focus of the program or event sponsored by or operated under the auspices of that entity is not the participation in an organized athletic game or competition but that participation is only incidental to the primary focus of the program or event.

History: Add. 2012, Act 343, Eff. Mar. 28, 2013;—Am. 2017, Act 137, Eff. Jan. 24, 2018.

Popular name: Act 368

333.9159 Development of educational program and dissemination of information on female genital mutilation; duties of department; definitions.

Sec. 9159. (1) The department shall do both of the following:

(a) Develop and administer an educational and outreach program that, at a minimum, informs the public, including members of new immigrant populations to this state that commonly practice female genital mutilation and health care providers, of the health risks and emotional trauma inflicted by the practice of female genital mutilation and the criminal penalties for female genital mutilation. In developing the program described in this subdivision, the department shall seek input from all of the following:

(*i*) The general public, including individuals from communities that, as a matter of custom or ritual, traditionally practice female genital mutilation.

(*ii*) Women's health organizations.

(*iii*) Teachers.

(*iv*) Local health departments.

(*v*) Health care providers.

(*vi*) State agencies that the department considers relevant.

(b) Develop and disseminate information on female genital mutilation and the criminal penalties for female genital mutilation to teachers and law enforcement personnel.

(2) As used in this section:

(a) "Female genital mutilation" means the circumcision, excision, or infibulation, in whole or in part, of the labia majora, labia minora, or clitoris of a female who is under 18 years of age.

(b) "Health care provider" means both of the following:

(*i*) A health professional who is licensed, registered, or otherwise authorized to engage in a health

profession under article 15.

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

History: Add. 2017, Act 77, Eff. Oct. 9, 2017.

Popular name: Act 368

333.9161 Pamphlet; contents; printing; distribution.

Sec. 9161. (1) The department, in consultation with appropriate professional organizations and other appropriate state departments and agencies, shall distribute a pamphlet that contains information regarding prenatal care and parenting. The department may use an existing pamphlet or pamphlets containing information regarding prenatal care or parenting, or both, to comply with the requirements of this subsection. Whether the department develops its own pamphlet or uses an existing pamphlet or pamphlets to comply with this subsection, the department shall print copies of the pamphlet in English, Spanish, and in other languages, as determined appropriate by the department, and shall assure that the pamphlet is written in easily understood, nontechnical terms.

(2) The department shall distribute copies of the pamphlet required under subsection (1) to the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery. The department shall distribute copies of the pamphlet required under subsection (1) to other persons upon written request, at cost, and shall also distribute copies of the pamphlet upon request, free of charge, to physicians and to local health departments.

History: Add. 1993, Act 133, Eff. Apr. 1, 1994.

Popular name: Act 368