

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Totals the state spending from state resources under Part 1 for Fiscal Year (FY) 2002-03 and state spending from state resources to be paid to local units of government for FY 2002-03.</i></p> <p><b>Sec. 201.</b> Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2002-2003 is \$3,422,715,700.00 and state spending from state resources to be paid to local units of government for fiscal year 2002-2003 is \$1,089,306,700.00. The itemized statement below identifies appropriations from which spending to units of local government will occur:</p> <p><b>DEPARTMENT OF COMMUNITY HEALTH</b></p> <p><b>DEPARTMENTWIDE ADMINISTRATION</b>                      Departmental administration and management.....\$15,656,500                      Rural health services.....35,000</p> <p><b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</b>                      Mental health initiatives for older persons ..... 1,165,800</p> <p><b>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</b></p> <p>State disability assistance program substance                      abuse services .....6,600,000                      Community substance abuse prevention, education,                      and treatment programs ..... 19,133,500                      Medicaid mental health services ..... 660,538,700                      Community mental health non-Medicaid                      services .....276,930,200                      Multicultural services..... 5,663,800                      Medicaid substance abuse services..... 11,647,600                      Respite services .....3,318,600</p>	<p><b>Sec. 201.</b> No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year <del>2002-2003-2003-2004</del> is <del>\$3,422,715,700.00</del> <b>\$3,291,266,000.00</b> and state spending from state resources to be paid to <del>local units of government</del> <b>units of local government</b> for fiscal year <del>2002-2003-2003-2004</del> is <del>\$1,089,306,700.00</del> <b>\$1,187,922,600.00.</b> "</p> <p>.....\$11,657,700                      ..... 35,000</p> <p>..... 1,049,200</p> <p>.....2,509,800                      ..... 19,133,500                      ..... 764,074,800                      .....287,147,600                      .....3,163,800                      ..... 12,179,700                      Delete</p>	<p><b>Sec. 201.</b> No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year <del>2002-2003-2003-2004</del> is <del>\$3,422,715,700.00</del> <b>\$3,299,331,600.00</b> and state spending from state resources to be paid to <del>local units of</del> <b>government units of local</b> government for fiscal year <del>2002-2003-2003-2004</del> is <del>\$1,089,306,700.00</del> <b>\$1,060,415,000.00.</b> "</p> <p>..... \$11,657,700                      ..... 35,000</p> <p>..... 1,049,200</p> <p>.....2,509,800                      ..... 19,133,500                      ..... 595,525,800                      ..... 326,811,700                      ..... 3,663,800                      ..... 12,056,900                      ..... 1,000,000</p>	<p><b>Sec. 201.</b> No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year <del>2002-2003-2003-2004</del> is <del>\$3,422,715,700.00</del> <b>\$3,234,901,200.00</b> and state spending from state resources to be paid to <del>local</del> <b>units of government units of</b> local government for fiscal year <del>2002-2003-2003-2004</del> is <del>\$1,089,306,700.00</del> <b>\$1,060,015,000.00.</b> "</p> <p>..... 11,657,700                      ..... 35,000</p> <p>..... 1,049,200</p> <p>..... 2,509,800                      ..... 19,133,500                      ..... 595,525,800                      ..... 326,811,700                      ..... 3,763,800                      ..... 12,056,900                      ..... 1,100,000</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<b>INFECTIOUS DISEASE CONTROL</b>			
AIDS prevention, testing and care programs..... 1,466,800	..... 1,466,800	..... 1,466,800	..... 1,466,800
Immunization local agreements..... 2,973,900	..... 2,973,900	..... 2,973,900	..... 2,973,900
Sexually transmitted disease control local agreements..... 452,900	..... 406,100	..... 406,100	..... 406,100
<b>LOCAL HEALTH ADMINISTRATION AND GRANTS</b>			
Local public health operations..... 41,070,200	..... 40,618,400	..... 40,618,400	..... 40,618,400
<b>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</b>			
Cancer prevention and control program..... 722,400	Delete	Delete	Delete School..... 100,000
Smoking prevention program ..... 690,400	..... 1,898,400	..... 1,898,400	..... 1,898,400
<b>COMMUNITY LIVING, CHILDREN, AND FAMILIES</b>			
Childhood lead program..... 85,000	..... 85,000	..... 85,000	..... 85,000
Family planning local agreements ..... 1,301,400	..... 1,142,200	..... 1,142,200	..... 1,142,200
Local MCH services ..... 246,100	..... 246,100	..... 246,100	..... 246,100
Omnibus budget reconciliation act implementation ..... 2,152,700	..... 2,030,800	..... 2,030,800	..... 2,030,800
Prenatal care outreach and service delivery support ..... 1,235,000	..... 610,000	..... 610,000	..... 610,000
<b>CHILDREN'S SPECIAL HEALTH CARE SERVICES</b>			
Case management services..... 3,319,900	..... 3,169,900	..... 3,169,900	..... 3,169,900
<b>MEDICAL SERVICES</b>			
Transportation..... 866,200	..... 1,175,300	..... 1,175,300	..... 1,175,300

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
OFFICE OF SERVICES TO THE AGING			
Community services ..... 13,292,900	..... 12,530,300	..... 12,530,300	..... 12,530,300
Nutrition services..... 12,848,500	..... 12,439,500	..... 12,439,500	..... 12,439,500
Senior volunteer services ..... 841,400	..... 517,500	..... 517,500	..... 517,500
CRIME VICTIM SERVICES COMMISSION			
Crime victim rights services grants ..... <u>5,051,300</u>	..... 5,661,300	..... <u>5,661,300</u>	..... <u>5,661,300</u>
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT ..... \$ 1,089,306,700	..... \$1,187,922,600	..... \$1,060,415,000	..... \$1,060,015,000
Conference: Total state spending from state resources is \$3,298,979,000.00 and state resources to be paid to units of local government is \$1,042,260,100.00 for fiscal year 2003-2004. Enacted: Total state spending from state resources is \$3,295,979,000.00 and state resources to be paid to units of local government is \$1,042,260,100.00 for fiscal year 2003-2004.			
<i>Provides that appropriations authorized under this act are subject to provisions of the Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.</i>			
Sec. 202. (1) The appropriations authorized under this act are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.	Sec. 202. No changes from current law.	Sec. 202. (1) No changes from current law.	Sec. 202. (1) No changes from current law.
(2) Funds for which the state is acting as the custodian or agent are not subject to annual appropriation.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
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<p><i>Provides definitions for terms and acronyms used in the appropriations act.</i></p> <p><b>Sec. 203.</b> As used in this act:</p> <p>(a) "ACCESS" means Arab community center for economic and social services.</p> <p>(b) "AIDS" means acquired immunodeficiency syndrome.</p> <p>(c) "CMHSP" means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.</p> <p>(d) "DAG" means the United States department of agriculture.</p> <p>(e) "Disease management" means a comprehensive system that incorporates the patient, physician, and health plan into 1 system with the common goal of achieving desired outcomes for patients.</p> <p>(f) "Department" means the Michigan department of community health.</p> <p>(g) "DSH" means disproportionate share hospital.</p> <p>(h) "EPIC" means elder prescription insurance coverage program.</p> <p>(i) "EPSDT" means early and periodic screening, diagnosis, and treatment.</p> <p>(j) "FTE" means full-time equated.</p> <p>(k) "GME" means graduate medical education.</p> <p>(l) "Health plan" means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department's comprehensive health plan.</p> <p>(m) "HIV" means human immunodeficiency virus.</p>	<p><b>Sec. 203.</b> No changes from current law, except : "As used in this act bill:</p> <p>Delete</p> <p>Renumber subsection (a)</p> <p>Renumber subsection (b)</p> <p>Delete</p> <p>Renumber subsection (c)</p> <p>Renumber subsection (d)</p> <p>Renumber subsection (e)</p> <p>Renumber subsection (f)</p> <p>Renumber subsection (g)</p> <p>Renumber subsection (h)</p> <p>Renumber subsection (i)</p> <p>Renumber subsection (j)</p> <p>Delete</p>	<p><b>Sec. 203.</b> No changes from current law, except :</p> <p>Delete</p> <p>Renumber subsection (a)</p> <p>Renumber subsection (b)</p> <p>Delete</p> <p>Renumber subsection (c)</p> <p>Renumber subsection (d)</p> <p>Renumber subsection (e)</p> <p>Renumber subsection (f)</p> <p>Renumber subsection (g)</p> <p>Renumber subsection (h)</p> <p>Renumber subsection (i)</p> <p>Renumber subsection (j)</p> <p>Delete</p>	<p><b>Sec. 203.</b> No changes from current law, except :</p> <p>Delete</p> <p>Renumber subsection (a)</p> <p>Renumber subsection (b)</p> <p>Delete</p> <p>Renumber subsection (c)</p> <p>Renumber subsection (d)</p> <p>Renumber subsection (e)</p> <p>Renumber subsection (f)</p> <p>Renumber subsection (g)</p> <p>Renumber subsection (h)</p> <p>Renumber subsection (i)</p> <p>Renumber subsection (j)</p> <p>Delete</p>

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(n) "HMO" means health maintenance organization.	Renumber subsection (k)	Renumber subsection (k)	Renumber subsection (k)
(o) "IDEA" means individual disability education act.	Renumber subsection (l)	Renumber subsection (l)	Renumber subsection (l)
(p) "MCH" means maternal and child health.	<b>(m) "IDG" means interdepartmental grant.</b> Renumber subsection (n)	<b>(m) "IDG" means interdepartmental grant.</b> Renumber subsection (n)	<b>(m) "IDG" means interdepartmental grant.</b> Renumber subsection (n)
(q) "MSS/ISS" means maternal and infant support services.	Renumber subsection (p)	Renumber subsection (p) <b>(o) "MICHild" means a program described in section 1670.</b> <b>(q) "Specialty prepaid health plan" means a program described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</b>	Renumber subsection (p) <b>(o) "MICHild" means a program described in section 1670.</b> <b>(q) "Specialty prepaid health plan" means a program described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</b>
(r) "Title XVIII" means title XVIII of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395b-6 to 1395b-7, 1395c to 1395i, 1395i-2 to 1395i-5, 1395j to 1395t, 1395u to 1395w, 1395w-2 to 1395w-4, 1395w-21 to 1395w-28, 1395x to 1395yy, and 1395bbb to 1395ggg.	Renumber subsection (q)	Renumber subsection (r)	Renumber subsection (r)
(s) "Title XIX" means title XIX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396r-6 and 1396r-8 to 1396v.	Renumber subsection (r)	Renumber subsection (s)	Renumber subsection (s)
(t) "Title XX" means title XX of the social security act, chapter 531, 49 U.S.C. 1397 to 1397f.	Renumber subsection (s)	Renumber subsection (t)	Renumber subsection (t)
(u) "WIC" means women, infants, and children supplemental nutrition program.	Renumber subsection (t)	Renumber subsection (u)	Renumber subsection (u)

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<p><i>Requires the Department of Civil Service to bill departments and agencies at the end of the first fiscal quarter for the 1% charge authorized by the State Constitution of 1963. Requires payments for the total billing be made by the end of the second fiscal quarter.</i></p> <p><b>Sec. 204.</b> The department of civil service shall bill departments and agencies at the end of the first fiscal quarter for the 1% charge authorized by section 5 of article XI of the state constitution of 1963. Payments shall be made for the total amount of the billing by the end of the second fiscal quarter.</p>	<p><b>Sec. 204.</b> No changes from current law.</p>	<p><b>Sec. 204.</b> No changes from current law.</p>	<p><b>Sec. 204.</b> No changes from current law.</p>
<p><i>Imposes a hiring freeze on the state classified civil service employees, except for internal transfers of classified employees from one position to another within a department. Exceptions to the hiring freeze are also granted when it results in the department being unable to deliver basic services, cause loss of revenue to the state, and results in the inability of the state to receive federal funds. Requires a quarterly report to the Chairpersons of the House of Representatives and Senate Appropriations Committees on the number of exceptions to the approved hiring freeze.</i></p> <p><b>Sec. 205.</b> (1) A hiring freeze is imposed on the state classified civil service. State departments and agencies are prohibited from hiring any new full-time state classified civil service employees and prohibited from filling any vacant state classified civil service positions. This hiring freeze does not apply to internal transfers of classified employees from 1 position to another within a department.</p>	<p><b>Sec. 205.</b> (1) No changes from current law, except "...prohibited from hiring any new full-time state classified..."</p>	<p><b>Sec. 205.</b> (1) No changes from current law, except "...prohibited from hiring any new full-time state classified..."</p>	<p><b>Sec. 205.</b> (1) No changes from current law, except "...prohibited from hiring any new full-time state classified..."</p>
<p>(2) The state budget director shall grant exceptions to this hiring freeze when the state budget director believes that the hiring freeze will result in rendering a state department or agency unable to deliver basic services, cause loss of revenue to the state, result in the inability of the state to receive federal funds, or would necessitate additional expenditures that exceed any savings from maintaining the vacancy. The state budget director shall report quarterly to the chairpersons of the senate and house of representatives standing committees on appropriations the number of exceptions to the hiring freeze approved during the previous month and the reasons to justify the exception.</p>	<p>(2) No changes from current law, except "...to receive federal funds, or would necessitate...The state budget director... number of exceptions to the hiring freeze approved during the previous <del>month</del> quarter and the reasons to justify the exception."</p>	<p>(2) No changes from current law, except "...to receive federal funds, or would necessitate...The state budget director... number of exceptions to the hiring freeze approved during the previous <del>month</del> quarter and the reasons to justify the exception."</p>	<p>(2) No changes from current law, except "...to receive federal funds, or would necessitate...The state budget director... number of exceptions to the hiring freeze approved during the previous <del>month</del> quarter and the reasons to justify the exception."</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
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<p><i>Appropriates up to \$100.0 million in federal contingency funds, up to \$20.0 million in state restricted contingency funds, up to \$20.0 million in local contingency funds, and up to \$10.0 million in private contingency funds. Provides that the contingency funds are not available for expenditure until transferred according to provisions in Section 393 (2) of the Management and Budget Act.</i></p> <p><b>Sec. 206.</b> (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$100,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. <b>Conference: Concurs with the Senate.</b></p>	<p><b>Sec. 209.</b> (1) No changes from current law, except: "...transferred to another line item in this act bill... under..."</p>	<p><b>Sec. 206.</b> (1) No changes from current law.</p>	<p>Delete current law.</p>
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for state-restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. <b>Conference: Concurs with the Senate.</b></p>	<p>(2) No changes from current law, except: "...not to exceed <del>\$20,000,000.00</del> \$50,000,000.00 for state-restricted contingency funds. These funds are not available...transferred to another line item in this act-bill under ..."</p>	<p>(2) No changes from current law.</p>	<p>Delete current law.</p>
<p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. <b>Conference: Concurs with the Senate.</b></p>	<p>(3) No changes from current law, except: "...not to exceed <del>\$20,000,000.00</del> \$50,000,000.00 for local contingency funds. These funds are not available...transferred to another line item in this act-bill under..."</p>	<p>(3) No changes from current law.</p>	<p>Delete current law.</p>
<p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$10,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. <b>Conference: Concurs with the Senate.</b></p>	<p>(4) No changes from current law, except: "...transferred to another line item in this act bill under..."</p>	<p>(4) No changes from current law.</p>	<p>Delete current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to submit a complete project plan to the appropriate House of Representatives and Senate Appropriations Subcommittees and the House and Senate Fiscal Agencies at least 120 days before beginning any effort to privatize.</i></p> <p><b>Sec. 207.</b> At least 120 days before beginning any effort to privatize, the department shall submit a complete project plan to the appropriate senate and house of representatives appropriations subcommittees and the senate and house fiscal agencies. The plan shall include the criteria under which the privatization initiative will be evaluated. The evaluation shall be completed and submitted to the appropriate senate and house of representatives appropriations subcommittees and the senate and house fiscal agencies within 30 months.</p>	<p>Delete current law.</p>	<p><b>Sec. 207.</b> No changes from current law, except: "At least <del>120</del> Sixty days before beginning any effort to privatize services, the department..."</p>	<p><b>Sec. 207.</b> No changes from current law, except: "At least <del>120</del> Sixty days before beginning any effort to privatize services, the department..."</p>

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<p><i>Requires the Department to use the Internet to fulfill the reporting requirements of this act. Requires the Department to quarterly provide an electronic and paper listing of the reports submitted during the most recent three-month period, along with the Internet or Intranet site of each report, to members of the House of Representatives and Senate Appropriations Subcommittees, the House and Senate Fiscal Agencies, and the State Budget Office.</i></p> <p><b>Sec. 208.</b> Unless otherwise specified, the department shall use the internet to fulfill the reporting requirements of this act. This may include transmission of reports via electronic mail to the recipients identified for each reporting requirement or it may include placement of reports on the internet or intranet site. Quarterly, the department shall provide to the house of representatives and senate appropriations subcommittees' members, the state budget office, and the house and senate fiscal agencies an electronic and paper listing of the reports submitted during the most recent 3-month period along with the internet or intranet site of each report, if any.</p>	<p><b>Sec. 206.</b> No changes from current law, except: “.....shall use the <del>internet</del> <b>Internet</b> ...requirements of this act <del>bill</del>. This requirement may include transmission of reports via electronic mail... reports on <del>the an internet</del> <b>Internet or intranet</b> site. Quarterly, the department shall provide to the house of representatives and senate appropriations subcommittees' members, the state budget office, and the house and senate fiscal agencies an electronic and paper listing of the reports submitted during the most recent 3-month period along with the internet or intranet site of each report, if any.</p>	<p><b>Sec. 208.</b> No changes from current law, except: “...shall use the <del>internet</del> <b>Internet</b> to fulfill the reporting requirements of this act. This requirement may include transmission of reports via electronic mail... reports on the <del>internet</del> <b>Internet</b> or intranet site. Quarterly, the department shall provide to the house of representatives and senate appropriations subcommittees' members, the state budget office, and the house and senate fiscal agencies an electronic and paper listing of the reports submitted during the most recent 3-month period along with the internet or intranet site of each report, if any.</p>	<p><b>Sec. 208.</b> No changes from current law, except: “...shall use the <del>internet</del> <b>Internet</b> to fulfill the reporting requirements of this act. This requirement may include transmission of reports via electronic mail... reports on the <del>internet</del> <b>Internet</b> or intranet site. Quarterly, the department shall provide to the house of representatives and senate appropriations subcommittees' members, the state budget office, and the house and senate fiscal agencies an electronic and paper listing of the reports submitted during the most recent 3-month period along with the internet or intranet site of each report, if any.</p>

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<p><i>Prohibits the use of appropriated funds for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available. Prohibits the use of appropriated funds for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.</i></p> <p><b>Sec. 209.</b> (1) Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available.</p>	Delete current law.	<b>Sec. 209.</b> (1) No changes from current law.	<b>Sec. 209.</b> (1) No changes from current law.
<p>(2) Funds appropriated in part 1 shall not be used for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Requires the Director of the Department to take reasonable steps to ensure that businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. Encourages the Director to subcontract with certified businesses in deprived and depressed communities for services or supplies, or both. Requires the Director to take reasonable steps to ensure equal opportunity for all who compete for and perform contracts to provide services or supplies, or both.</i></p> <p><b>Sec. 210.</b> (1) The director shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in deprived and deprived communities for services, supplies, or both.</p>	Delete current law.	<b>Sec. 210.</b> (1) No changes from current law.	<b>Sec. 210.</b> (1) No changes from current law.
<p>(2) The director shall take all reasonable steps to ensure equal opportunity for all who compete for and perform contracts to provide services or supplies, or both, for the department. The director shall strongly encourage firms with which the department contracts to provide equal opportunity for subcontractors to provide services or supplies, or both.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.

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<p><i>Allows fee revenue to be carried forward, with the approval of the State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year.</i></p> <p><b>Sec. 211.</b> If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.</p>	<p><b>Sec. 211.</b> No changes from current law.</p>	<p><b>Sec. 211.</b> No changes from current law.</p>	<p><b>Sec. 211.</b> No changes from current law.</p>
<p><i>Caps the funds expended from the federal maternal and child health block grant, federal preventive health and health services block grant, federal substance abuse block grant, healthy Michigan fund, and Michigan health initiative fund. Requires a report by February 1, 2003, on the FY 2002-03 appropriations fund sources by line item appropriations. Requires a report on the amount and sources of funds proposed to support the FY 2003-04 Executive Budget Recommendation upon release of the budget. Requires all revenue source detail for consolidated revenue line item detail to be provided upon a request to the Department.</i></p> <p><b>Sec. 212. (1)</b> From the amounts appropriated in part 1, no greater than the following amounts are supported with federal maternal and child health block grant, preventive health and health services block grant, substance abuse block grant, healthy Michigan fund, and Michigan health initiative funds:</p> <p>(a) Maternal and child health block grant ..... \$ 20,627,000</p> <p>(b) Preventive health and health services block grant ..... 6,115,300</p> <p>(c) Substance abuse block grant ..... 61,371,200</p> <p>(d) Healthy Michigan fund ..... 35,200,000</p> <p>(e) Michigan health initiative ..... 9,060,200</p>	<p>Delete current law.</p>	<p><b>Sec. 212. (1)</b> No changes from current law, except:</p> <p>..... \$21,714,000</p> <p>..... 4,982,500</p> <p>..... 60,095,600</p> <p>..... 56,617,100</p> <p>..... 9,060,200</p>	<p><b>Sec. 212. (1)</b> No changes from current law, except:</p> <p>..... \$21,714,000</p> <p>..... 4,982,500</p> <p>..... 60,095,600</p> <p>..... 56,617,100</p> <p>..... 9,060,200</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(2) On or before February 1, 2003, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1 of this act.	Sec. 212. (1) No changes from current law, except: "...February 1, 2003 2004 to the house of representatives..."	(2) No changes from current law, except: "...February 1, 2003 2004 to the house of representatives..."	(2) No changes from current law, except: "...February 1, 2003 2004 to the house of representatives..."
(3) Upon the release of the fiscal year 2003-2004 executive budget recommendation, the department shall report to the same parties in subsection (2) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the fiscal year 2003-2004 executive budget proposal.	(2) No changes from current law, except: "...fiscal year 2003-2004 2004-2005 executive budget recommendation, the department ....the fiscal year 2003-2004-2004-2005 executive budget proposal.	(3) No changes from current law, except: "...fiscal year 2003-2004-2004-2005 executive budget recommendation, the department ....the fiscal year 2003-2004-2004-2005 executive budget proposal	(3) No changes from current law, except: "...fiscal year 2003-2004-2004-2005 executive budget recommendation, the department ....the fiscal year 2003-2004-2004-2005 executive budget proposal
(4) The department shall provide to the same parties in subsection (2) all revenue source detail for consolidated revenue line item detail upon request to the department.	(3) No changes from current law, except: "...in subsection (2) (1) all revenue source detail..."	(4) No changes from current law.	(4) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires state departments, agencies, and commissions receiving tobacco tax funds to report on programs utilizing these funds by January 1, 2003, to the House of Representatives and Senate Appropriations Committees, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p><b>Sec. 213.</b> The state departments, agencies, and commissions receiving tobacco tax funds from part 1 shall report by January 1, 2003, to the senate and house of representatives appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures to be used to evaluate programs.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p> <p><i>Prohibits the use of tobacco tax revenue deposited in the healthy Michigan fund for lobbying as defined in Public Act 472 of 1978.</i></p> <p><b>Sec. 214.</b> The use of state-restricted tobacco tax revenue received for the purpose of tobacco prevention, education, and reduction efforts and deposited in the healthy Michigan fund shall not be used for lobbying as defined in 1978 PA 472, MCL 4.411 to 4.431.</p>	EXECUTIVE	HOUSE	SENATE
	<p><b>Sec. 213.</b> No changes from current law, except: "...shall report by January 1, 2003 2004, to the senate and house of representatives appropriations committees..."</p>	<p><b>Sec. 213.</b> No changes from current law, except: "...shall report by January 1, 2003 2004, to the senate and house of representatives appropriations committees..."</p>	<p><b>Sec. 213.</b> No changes from current law, except: "...shall report by January 1, 2003 2004, to the senate and house of representatives appropriations committees..."</p>
<p><b>Sec. 214.</b> No changes from current law.</p>	<p><b>Sec. 214.</b> No changes from current law.</p>	<p><b>Sec. 214.</b> No changes from current law.</p>	

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows the use of prior-year revenues for the write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit the Department's ability to satisfy appropriation deductions in Part 1 to collections and accruals provided in FY 2002-03. Requires the Department to report by March 15, 2003, and September 15, 2003, on all reimbursements, refunds, adjustments and settlements from prior years to the House of Representatives and Senate Appropriations Subcommittees on Community Health.</i></p> <p><b>Sec. 216.</b> (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.</p>	<p><b>Sec. 216.</b> (1) No changes from current law.</p>	<p><b>Sec. 216.</b> (1) No changes from current law.</p>	<p><b>Sec. 216.</b> (1) No changes from current law.</p>
<p>(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in fiscal year 2002-2003, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>(2) No changes from current law, except: "...in fiscal year <del>2002-2003</del> <b>2003-2004</b>, ..."</p>	<p>(2) No changes from current law, except: "...in fiscal year <del>2002-2003</del> <b>2003-2004</b>, ..."</p>	<p>(2) No changes from current law, except: "...in fiscal year <del>2002-2003</del> <b>2003-2004</b>, ..."</p>
<p>(3) The department shall report by March 15, 2003 and September 15, 2003 to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law, except: "...report by March 15, 2003 <del>2004</del> and September <del>15, 2003</del> to ..."</p>	<p>(3) No changes from current law, except: "...report by March 15, 2003 <del>2004</del> and September <del>15, 2003</del> to ..."</p>
<p><i>Lists the basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state.</i></p> <p><b>Sec. 218.</b> Basic health services for the purpose of part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are: immunizations, communicable disease control, sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 7 conditions listed in section 5431(1) (a) through (g) of the public health code, 1978 PA 368, MCL 333.5431, community health annex of the Michigan emergency management plan, and prenatal care.</p> <p><b>Conference: Concurs with the Senate.</b></p>	<p><b>Sec. 218.</b> No changes from current law.</p>	<p><b>Sec. 218.</b> No changes from current law.</p>	<p><b>Sec. 218.</b> No changes from current year, except: "...for the <del>7</del> <b>8</b> conditions listed in section 5431 (1) (a) through <del>(g)</del> <b>(h)</b> of the public health code..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows the Department to contract with the Michigan Public Health Institute for the design and implementation of projects and other public health related activities. Requires the Department to report on each funded project by November 1, 2002, and May 1, 2003, to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director. Provides that reports not received by the specified dates will result in the nondisbursement of funds to the Institute until the overdue reports are received. Requires the Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2003.</i></p> <p><b>Sec. 219. (1)</b> The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before November 1, 2002 and May 1, 2003 all of the following:</p> <p>(a) A detailed description of each funded project.</p> <p>(b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project.</p> <p>(c) The expected project duration.</p> <p>(d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p>	<p><b>Sec. 219. (1)</b> No changes from current law, except: "...on or before November 1, 2002 2003 and May 1, 2003 2004 all of ..."</p>	<p><b>Sec. 219. (1)</b> No changes from current law, except: "...on or before November 1, 2002 2003 and May 1, 2003 2004 all of ..."</p>	<p><b>Sec. 219. (1)</b> No changes from current law, except: "...on or before November 1, 2002 2003 and May 1, 2003 2004 all of ..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(2) If a report required under subsection (1) is not received by the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before the date specified for that report, the disbursement of funds to the Michigan public health institute under this section shall stop. The disbursement of those funds shall recommence when the overdue report is received.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) On or before September 30, 2003, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public health institute.	(3) No changes from current law, except: "...before September 30, 2003 2004..."	(3) No changes from current law, except: "...before September 30, 2003 2004..."	(3) No changes from current law, except: "...before September 30, 2003 2004..."
<i>Requires all contracts with the Michigan Public Health Institute that are funded with Part 1 appropriations to include a provision requiring financial and performance audits by the State Auditor General.</i>  Sec. 220. All contracts with the Michigan public health institute funded with appropriations in part 1 shall include a requirement that the Michigan public health institute submit to financial and performance audits by the state auditor general of projects funded with state appropriations.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.
<i>Allows the Department to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and the costs of conferences and workshops.</i>  Sec. 223. The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The costs shall not exceed fees collected.	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
	<p><b>NEW Sec. 224. (1) In addition to the amounts appropriated in part 1, in order to encourage administrative efficiencies, there is appropriated to the department of community health, an amount not to exceed one-half of the unexpended, unreserved general fund portions of fiscal year 2002-2003 appropriations made to the department for salaries and wages expenses, contractual services, supplies and material expenses, information technology expenses and program operations costs.</b></p>		
	<p><b>(2) The appropriations contained in subsection 1 are subject to the approval of the state budget director and shall be spent for the same purposes for which the original appropriation was made in fiscal year 2002-2003.</b></p>		
<p><i>Requires the Department to pay user fees to the Department of Information Technology for technology-related services and projects from the Part 1 appropriated funds for information technology. Subjects the user fees to provisions of an interagency agreement between the Department and Department of Information Technology.</i></p> <p><b>Sec. 259.</b> From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology-related services and projects. The user fees are subject to provisions of any interagency agreement between the department and the department of information technology.</p>	<p><b>Sec. 207.</b> No changes from current law, except: "...<del>The</del> Such user fees <del>are</del> shall be subject to provisions of any an interagency agreement between the departments and agencies and the department of information technology."</p>	<p><b>Sec. 259.</b> No changes from current law, except: "...<del>The</del> Such user fees <del>are</del> shall be subject to provisions of any an interagency agreement between the departments and agencies and the department of information technology."</p>	<p><b>Sec. 259.</b> No changes from current law, except: "...<del>The</del> Such user fees <del>are</del> shall be subject to provisions of any an interagency agreement between the departments and agencies and the department of information technology."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Permits the designation of Part 1 appropriated funds for information technology as work projects. Provides that funds designated for work projects are not available for expenditure until approved as work projects under Section 451a of the Management and Budget Act.</i></p> <p><b>Sec. 260.</b> Amounts appropriated in part 1 for information technology may be designated as work projects and carried forward to support technology projects under the direction of the department of information technology. Funds designated in this manner are not available for expenditure until approved as work projects under section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a.</p>	<p><b>Sec. 208.</b> No changes from current law, except: "...carried forward to support <del>technology</del> department of community health projects under the direction of the department of information technology."</p>	<p><b>Sec. 260.</b> No changes from current law, except: "...carried forward to support <del>technology</del> department of community health projects under the direction of the department of information technology."</p>	<p><b>Sec. 260.</b> No changes from current law, except: "...carried forward to support <del>technology</del> department of community health projects under the direction of the department of information technology."</p>
<p><i>Requires the negative appropriation for early retirement savings in Part 1 to be satisfied by savings realized from not filling all of the positions lost due to the early retirement plan for state employees enacted in Public Act 93 of 2002 amendments to the State Employees Retirement Act. Requires the negative appropriation for budgetary savings in Part 1 to be satisfied by savings achieved from the imposed hiring freeze, efficiencies, and other savings identified by the Director of the Department of Community Health and approved by the State Budget Director. Requires appropriation authorizations for early retirement savings and budgetary savings to be adjusted after the approval of transfers by the Legislature pursuant to Section 393(2) of the Management and Budget Act.</i></p> <p><b>Sec. 261.</b> (1) The negative appropriation for early retirement savings in part 1 shall be satisfied by savings realized from not filling all of the positions lost due to the early retirement plan for state employees enacted in 2002 PA 93 amendments to the state employees' retirement act, 1943 PA 240, MCL 38.1 to 38.69.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(2) The negative appropriation for budgetary savings in part 1 shall be satisfied by savings from the hiring freeze imposed under section 205, efficiencies, and other savings identified by the department director and approved by the state budget director.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(3) Appropriation authorization adjustments required due to negative appropriations for early retirement savings and budgetary savings shall be made only after the approval of transfers by the legislature pursuant to section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires the Department to provide a written explanation of the reasons why it did not fully expend appropriated funds if any of the following occurs: 1) a proposed legislative transfer removes 10% or more of the funding in a line item; 2) a proposed legislative transfer brings the total of the year-to-date transfers out of that line to 10% or more of the originally appropriated amount; 3) a proposed legislative transfer removes funding in a line item that is the subject of boilerplate language expressing legislative intent for program implementation; 4) 10% or more of a line item will lapse to the general fund at the close of the fiscal year; and 5) 10% or more of a line item will be proposed to be included in a work project.</i></p> <p><b>Sec. 262. (1)</b> As a condition of expending funds appropriated in part 1, the department shall provide the members of the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies with a written explanation of the reason or reasons why the department did not fully expend appropriated funds each time any of the following occurs:</p> <p>(a) A legislative transfer is proposed that would remove 10% or more of the funding in a line item.</p> <p>(b) A legislative transfer is proposed that would bring the total of year-to-date transfers out of that line item to 10% or more of the originally appropriated amount.</p> <p>(c) A legislative transfer is proposed that would remove funding in a line item that is the subject of boilerplate language expressing a legislative intent for program implementation.</p> <p>(d) When it appears that 10% or more of a line item will lapse to the general fund at the close of the fiscal year.</p> <p>(e) When it appears that 10% or more of a line item will be proposed to be included in a work project, or when the amount that may be included in a work project plus the sum of legislative transfers out of the line item will total 10% or more of the amount originally appropriated.</p>	EXECUTIVE	HOUSE	SENATE
	<p>Delete current law.</p>	<p><b>Sec. 262. (1)</b> The department shall provide the members of the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies with a written explanation for all legislative transfers upon submission of the request for legislative transfer by the department of management and budget. The explanation should include reasons for not fully expending appropriated funds which shall include references to boilerplate language expressing intent for program implementation, if applicable, and transfers requested for work projects.</p>	<p><b>Sec. 262. (1)</b> The department shall provide the members of the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies with a written explanation for all legislative transfers upon submission of the request for legislative transfer by the department of management and budget. The explanation should include reasons for not fully expending appropriated funds which shall include references to boilerplate language expressing intent for program implementation, if applicable, and transfers requested for work projects.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) A written explanation required by subsection (1)(a), (b), or (c) shall be provided on the same day that the department of management and budget requests approval of the legislative transfer. A written explanation required by subsection (1) (d) or (e) shall be provided by September 15, 2003. <b>Conference: Concurs with the House.</b></p>	Delete current law.	(2) The department shall provide an annual report of lapses by line item for this appropriation act.	(2) The department may provide an annual report of lapses by line item for this appropriation act.
<p>(3) In addition, a written explanation that is provided with regard to an appropriation that is the subject of boilerplate language described in subsection (1)(c), whether or not the explanation is provided to comply with subsection (1)(c) or another subdivision of subsection (1), shall include a copy of the applicable boilerplate language.</p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Appropriates funds for the consumer involvement program, minority health grants and contracts, African-American male health initiatives, cancer prevention and control allocation pursuant to Section 1008, chronic disease prevention for child and adult arthritis, diabetes and kidney program, injury control intervention project for safe kids program, immunization local agreements for the meningitis initiative, Michigan essential health care provider program, obesity program, physical fitness, nutrition, and health pregnancy prevention program, smoking prevention, fetal alcohol syndrome, and local health services for training and evaluation if the tax on cigarettes is increased by \$0.30 or more per pack by September 30, 2002.</i></p> <p><b>Sec. 263.</b> (1) Subject to subsection (2), in addition to the amount appropriated under part 1, the following amounts are appropriated for the fiscal year ending September 30, 2003:</p> <p>(a) \$189,100.00 is appropriated to the consumer involvement program.</p> <p>(b) \$339,100.00 is appropriated to minority health grants and contracts.</p> <p>(c) \$315,000.00 is appropriated to the African-American male health initiative.</p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(d) \$1,500,000.00 is appropriated to cancer prevention and control to be allocated pursuant to section 1008.</p> <p>(e) \$45,000.00 is appropriated to chronic disease prevention for child and adult arthritis.</p> <p>(f) \$2,647,200.00 is appropriated to the diabetes and kidney program.</p> <p>(g) \$495,000.00 is appropriated to the injury control intervention project for safe kids program.</p> <p>(h) \$165,900.00 is appropriated to immunization local agreements for the meningitis initiative.</p> <p>(i) \$495,000.00 is appropriated to the Michigan essential health provider program.</p> <p>(j) \$195,000.00 is appropriated to the obesity program.</p> <p>(k) \$490,000.00 is appropriated to physical fitness, nutrition, and health.</p> <p>(l) \$3,495,000.00 is appropriated to the pregnancy prevention program.</p> <p>(m) \$1,900,000.00 is appropriated for smoking prevention.</p> <p>(n) \$195,000.00 is appropriated for special projects for fetal alcohol syndrome.</p> <p>(o) \$238,500.00 is appropriated for local health services for training and evaluation.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) The appropriation in subsection (1) shall become effective only if the tax on cigarettes under the tobacco products tax act, 1993 PA 327, MCL 205.421 to 205.436, is increased by 30 cents or more per pack of cigarettes on or before September 30, 2002.</p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for General Sections**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
		<p><b>Sec. 264. Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house of representatives and senate appropriations subcommittees on community health, and the house and senate fiscal agencies of the submission.</b></p>	<p><b>Sec. 264. Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house of representatives and senate appropriations subcommittees on community health, and the house and senate fiscal agencies of the submission.</b></p>
		<p><b>Sec. 265. The departments and agencies receiving appropriations in part 1 shall receive and retain copies of all reports funded from appropriations in part 1. Federal and state guidelines for short-term and long-term retention of records shall be followed.</b></p>	<p><b>Sec. 265. The departments and agencies receiving appropriations in part 1 shall receive and retain copies of all reports funded from appropriations in part 1. Federal and state guidelines for short-term and long-term retention of records shall be followed.</b></p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>DEPARTMENTWIDE ADMINISTRATION</u></b></p> <p><i>Allows the Department to make payments from the funds appropriated for worker's compensation for wage and salary and related fringe benefits for employees who return to work under limited duty.</i></p> <p><b>Sec. 301.</b> From funds appropriated for worker's compensation, the department may make payments in lieu of worker's compensation payments for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</p>	<p><b>Sec. 301.</b> No changes from current law.</p>	<p><b>Sec. 301.</b> No changes from current law.</p>	<p><b>Sec. 301.</b> No changes from current law.</p>
<p><i>Allows the funds appropriated for the Community Health Advisory Council to be used for members per diems of \$50 and other council expenditures.</i></p> <p><b>Sec. 302.</b> Funds appropriated in part 1 for the community health advisory council may be used for member per diems of \$50.00 and other council expenditures.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><i>Prohibits the Department from requiring first-party payments from individuals or families with a taxable income of \$10,000 or less for mental health services for determinations made in accordance with Section 818 of the Mental Health Code.</i></p> <p><b>Sec. 303.</b> The department is prohibited from requiring first-party payment from individuals or families with a taxable income of \$10,000.00 or less for mental health services for determinations made in accordance with section 818 of the mental health code, 1974 PA 258, MCL 330.1818.</p>	<p><b>Sec. 303.</b> No changes from current law.</p>	<p><b>Sec. 303.</b> No changes from current law.</p>	<p><b>Sec. 303.</b> No changes from current law.</p>
<p><i>Allows funds appropriated for the Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code.</i></p> <p><b>Sec. 304.</b> The funds appropriated in part 1 for the Michigan essential health care provider program may also provide loan repayment for dentists that fit the criteria established by part 27 of the public health code, 1978 PA 368, MCL 333.2701 to 333.2727.</p>	<p><b>Sec. 304.</b> No changes from current law.</p>	<p><b>Sec. 304.</b> No changes from current law.</p>	<p><b>Sec. 304.</b> No changes from current law.</p>
<p><i>Directs the Department to continue to fund multicultural agencies that provide primary care services.</i></p> <p><b>Sec. 305.</b> The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.</p>	<p>Delete current law.</p>	<p><b>Sec. 305.</b> No changes from current law.</p>	<p><b>Sec. 305.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates up to \$2,890,500 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.</i></p> <p><b>Sec. 307.</b> From the funds appropriated in part 1 for primary care services, an amount not to exceed \$2,890,500.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers which are similar to federally qualified health centers.</p> <p><b>Conference: Concurs with the House.</b></p>	Delete current law.	<b>Sec. 307.</b> No changes from current law, except: "...to exceed <del>\$2,890,500.00</del> \$2,790,100.00 is appropriated ..."	<b>Sec. 307.</b> No changes from current law, except: "...to exceed <del>\$2,890,500.00</del> \$2,790,200.00 is appropriated ..."
<p><i>Designates Breton Center as a state-sponsored health center for the purpose of qualifying health care providers for loan repayments under the Michigan Essential Health Care Provider Program.</i></p> <p><b>Sec. 309.</b> The Breton health center shall be designated as a state-sponsored health center for the purpose of qualifying certified health care providers for loan repayments under the Michigan essential health care provider program.</p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Requires the Department to identify all primary care clinics located in federally designated professional shortage areas. Requires the Department to provide assistance, upon request, to these primary care clinics in attaining designation as a state-sponsored health center for the purpose of qualifying health care providers for loan repayments under the Michigan Essential Health Care Provider Program. Requires the Department to provide bimonthly reports to the House of Representatives and Senate Appropriations Subcommittees on Community Health and the House and Senate Fiscal Agencies on the names and locations of clinics located in federally designated health professional shortage areas and designated as Michigan essential health care provider sites.</i></p> <p><b>Sec. 310.</b> (1) The department shall identify all primary care clinics located in federally designated health professional shortage areas.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) The department shall provide assistance, at the request of any primary care clinic identified in subsection (1), in attaining designation as a state-sponsored health center for the purpose of qualifying certified health care providers for loan repayments under the Michigan essential health care provider program.</p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(3) The department shall provide bimonthly reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the names and locations of all clinics located in federally designated health professional shortage areas and those clinics that have been designated as Michigan essential health care provider sites.	Delete current law.	Delete current law.	Delete current law.
<i>Allocates \$166,200 for education programs on and the promotion of palliative care, hospice, and end-of-life care. Requires the Department to report on the hospice pilot project by October 1, 2002.</i>			
<b>Sec. 311.</b> From the amounts appropriated in part 1 for palliative and end-of-life care, \$166,200.00 shall be allocated for education programs on and promotion of palliative care, hospice, and end-of-life care. The department shall provide a report on the interim results of the hospice pilot project to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies by October 1, 2002.	Delete current law.	Delete current law.	Delete current law.
<i>Allocates \$150,000 to the Michigan Partnership for the Advancement of End-of-Life Care. Expresses the Legislature's Intent that the grant decreases by \$50,000 per year over the next 3 fiscal years.</i>			
<b>Sec. 312.</b> From the funds appropriated in part 1 for palliative and hospice care, the department shall allocate \$150,000.00 to the Michigan partnership for the advancement of end-of-life care. The funds shall be used for the continued development and implementation of the strategic plan to improve end-of-life care in Michigan. It is the intent of the legislature that the amount of this grant shall decrease by \$50,000.00 in each of the next 3 fiscal years.	Delete current law.	Delete current law.	Delete current law.
<i>Requires a November 1, 2002 report to the House of Representatives and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director on activities undertaken by the Department to address compulsive gambling.</i>			
<b>Sec. 313.</b> By November 1, 2002, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on activities undertaken by the department to address compulsive gambling.	Delete current law.	<b>Sec. 313.</b> No changes from current law, except: "By November 1, 2002 2003, ..."	<b>Sec. 313.</b> No changes from current law, except: "By November 1, 2002 2003, ..."

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires ventilator hospital beds to be included in establishing the number of a licensed hospital's acute care beds. (Public Act 746 of 2002)</i></p> <p><b>Sec. 1320.</b> In establishing the total number of acute care beds for any hospital licensed in Michigan, the department shall include in the count all hospital beds that are used for ventilator care due to a contract between the department and a hospital for providing ventilator care services.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b><u>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</u></b></p> <p><i>Allows the Department to enter into a contract with the Michigan Protection and Advocacy Services or a similar organization to provide legal services for the purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the Department or CMHSPs to provide services to persons with mental illness or developmental disability.</i></p> <p><b>Sec. 350.</b> The department may enter into a contract with the protection and advocacy service, authorized under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, or a similar organization to provide legal services for purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the department or a community mental health services program to provide services to persons with mental illness or developmental disability.</p>	Delete current law.	<b>Sec. 350.</b> No changes from current law.	<b>Sec. 350.</b> No changes from current law.
<p><i>Requires the Department to conduct a statewide survey of adolescent suicide and an assessment of available preventative resources.</i></p> <p><b>Sec. 352.</b> From the funds appropriated, the department shall conduct a statewide survey of adolescent suicide and assessment of available preventative resources.</p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><b><u>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</u></b></p> <p><i>Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under the full authority and responsibility of local CMHSPs. Requires the Department to ensure that each CMHSP provides a complete array of mental health services, the coordination of inpatient and outpatient hospital services, individualized plans of services, a case management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code. Requires the Department, in partnership with CMHSPs, to establish a process that ensures the long-term viability of a single entry and exit and locally controlled CMH system. Prohibits a contract between a CMHSP and the Department from being altered or modified without a prior written agreement of the parties to the contract.</i></p> <p><b>Sec. 401.</b> (1) Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs. The department shall ensure that each CMHSP provides all of the following:</p> <p>(a) A system of single entry and single exit.</p> <p>(b) A complete array of mental health services which shall include, but shall not be limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.</p> <p>(c) The coordination of inpatient and outpatient hospital services through agreements with state-operated psychiatric hospitals, units, and centers in facilities owned or leased by the state, and privately-owned hospitals, units, and centers licensed by the state pursuant to sections 134 through 149b of the mental health code, 1974 PA 258, MCL 330.1134 to 330.1149b.</p>	EXECUTIVE	HOUSE	SENATE
	<p><b>Sec. 401.</b> No changes from current law, except: “(1)...local CMHSPs/<b>specialty prepaid health plans</b>. The department shall ensure that each CMHSP/<b>specialty prepaid health plan</b>...”</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p>	<p><b>Sec. 401.</b> No changes from current law, except: “(1)...local CMHSPs or <b>specialty prepaid health plans</b>. The department shall ensure that each CMHSP or <b>specialty prepaid health plan</b>...”</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p>	<p><b>Sec. 401.</b> No changes from current law, except: “(1)...local CMHSPs or <b>specialty prepaid health plans</b>. The department shall ensure that each CMHSP or <b>specialty prepaid health plan</b>...”</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(d) Individualized plans of service that are sufficient to meet the needs of individuals, including those discharged from psychiatric hospitals or centers, and that ensure the full range of recipient needs is addressed through the CMHSP's program or through assistance with locating and obtaining services to meet these needs.	(d) No changes from current law, except: "...through the CMHSP's/specialty prepaid health plan's program..."	(d) No changes from current law, except: "...through the CMHSP's or specialty prepaid health plan's program..."	(d) No changes from current law, except: "...through the CMHSP's or specialty prepaid health plan's program..."
(e) A system of case management to monitor and ensure the provision of services consistent with the individualized plan of services or supports.	(e) No changes from current law.	(e) No changes from current law.	(e) No changes from current law.
(f) A system of continuous quality improvement.	(f) No changes from current law.	(f) No changes from current law.	(f) No changes from current law.
(g) A system to monitor and evaluate the mental health services provided.	(g) No changes from current law.	(g) No changes from current law.	(g) No changes from current law.
(h) A system that serves at-risk and delinquent youth as required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.	(h) No changes from current law.	(h) No changes from current law.	(h) No changes from current law.
(2) In partnership with CMHSPs, the department shall continue the process to ensure the long-term viability of a single entry and exit and locally controlled community mental health system.	Delete current law.	Delete current law.	Delete current law.
(3) A contract between a CMHSP and the department and any other state department or agency shall not be altered or modified without a prior written agreement of the parties to the contract.	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires final authorizations to CMHSPs be made upon the execution of contracts between the Department and CMHSPs. Requires each contract with a CMHSP include a provision that it is not valid unless the total dollar obligation of all contracts entered into between the Department and CMHSPs for FY 2002-03 does not exceed Part 1 appropriations. Requires the Department to report immediately to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director if there are new contracts or amendments to contracts with CMHSPs that would affect enacted rates or expenditures.</i></p> <p><b>Sec. 402. (1)</b> From funds appropriated in part 1, final authorizations to CMHSPs shall be made upon the execution of contracts between the department and CMHSPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs entered into under this subsection for fiscal year 2002-2003 does not exceed the amount of money appropriated in part1 for the contracts authorized under this subsection.</p>	<p><b>Sec. 402. (1)</b> No changes from current law, except: "...final authorizations to CMHSPs/<b>specialty prepaid health plan</b> shall be made upon the execution of contracts between the department and CMHSPs/<b>specialty prepaid health plans</b>. Each contract with a CMHSP/<b>specialty prepaid health plan</b>...for fiscal year <del>2002-2003</del> <b>2003-2004</b> does not exceed..."</p>	<p><b>Sec. 402. (1)</b> No changes from current law, except: "...final authorizations to CMHSPs or <b>specialty prepaid health plans</b> shall be made upon the execution of contracts between the department and CMHSPs or <b>specialty prepaid health plans</b>. Each contract with a CMHSP or <b>specialty prepaid health plan</b> that the department ...between the department and the CMHSPs or <b>specialty prepaid health plans</b>...for fiscal year <del>2002-2003</del> <b>2003-2004</b> does not exceed..."</p>	<p><b>Sec. 402. (1)</b> No changes from current law, except: "...final authorizations to CMHSPs or <b>specialty prepaid health plans</b> shall be made upon the execution of contracts between the department and CMHSPs or <b>specialty prepaid health plans</b>. Each contract with a CMHSP or <b>specialty prepaid health plan</b> that the department ...between the department and the CMHSPs or <b>specialty prepaid health plans</b>...for fiscal year <del>2002-2003</del> <b>2003-2004</b> does not exceed..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The department shall immediately report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:</p> <p>(a) Any new contracts with CMHSPs that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs that would affect rates or expenditures are enacted.</p>	<p>(2) No changes from current law.</p> <p>(a) No changes from current law, except: "...contracts with CMHSPs/specialty prepaid health plans..."</p> <p>(b) No changes from current law, except: "...contracts with CMHSPs/specialty prepaid health plans..."</p>	<p>(2) No changes from current law.</p> <p>(a) No changes from current law, except: "...contracts with CMHSPs or specialty prepaid health plans..."</p> <p>(b) No changes from current law, except: "...contracts with CMHSPs or specialty prepaid health plans..."</p>	<p>(2) No changes from current law.</p> <p>(a) No changes from current law, except: "...contracts with CMHSPs or specialty prepaid health plans..."</p> <p>(b) No changes from current law, except: "...contracts with CMHSPs or specialty prepaid health plans..."</p>
<p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures. <i>Requires the Department to ensure that CMHSPs continue contracts with multicultural service providers.</i></p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><b>Sec. 403.</b> From the funds appropriated in part 1 for multicultural services, the department shall ensure that CMHSPs continue contracts with multicultural services providers.</p>	<p>Delete current law.</p>	<p><b>Sec. 403.</b> No changes from current law, except: "... ensure that CMHSPs or specialty prepaid health plans continue contracts..."</p>	<p><b>Sec. 403.</b> No changes from current law, except: "... ensure that CMHSPs or specialty prepaid health plans continue contracts..."</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires the Department to provide a report by May 31, 2003, on the following for CMHSPs: a demographic description of service recipients which include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis; a breakdown of clients served, by diagnosis as defined in the American Psychiatric Association's Diagnostic and Statistical Manual, when encounter data is available; per capita expenditures by client population group; expenditures by client group and fund source, and cost information by service category; data describing service outcomes; information about access to CMHSPs; an estimate of the number of FTEs employed by CMHSPs, contracted directly with CMHSPs, and contracted with provider organizations as of September 30, 2002; lapses and carry-forwards during FY 2001-02; information on the CMH Medicaid managed care program; and performance indicator information required to be submitted to the Department in contracts with CMHSPs.</i></p> <p><b>Sec. 404.</b> (1) Not later than May 31 of each fiscal year, the department shall provide a report on the community mental health services programs to the members of the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.</p>	EXECUTIVE	HOUSE	SENATE
	<p><b>Sec. 404.</b> (1) No changes from current law.</p>	<p><b>Sec. 404.</b> (1) No changes from current law.</p>	<p><b>Sec. 404.</b> (1) No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The report shall contain information for each CMHSP and a statewide summary, each of which shall include at least the following information:</p> <p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) When the encounter data is available, a breakdown of clients served, by diagnosis. As used in this subdivision, "diagnosis" means a recipient's primary diagnosis, stated as a specifically named mental illness, emotional disorder, or developmental disability corresponding to terminology employed in the latest edition of the American psychiatric association's diagnostic and statistical manual.</p> <p>(c) Per capita expenditures by client population group.</p> <p>(d) Financial information which, minimally, shall include a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category shall include all department approved services.</p> <p>(e) Data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(f) Information about access to community mental health services programs which shall include, but not be limited to, the following:</p> <p>(i) The number of people receiving requested services.</p> <p>(ii) The number of people who requested services but did not receive services.</p> <p>(iii) The number of people requesting services who are on waiting lists for services.</p> <p>(iv) The average length of time that people remained on waiting lists for services.</p>	<p>(2) No changes from current law, except: "...for each CMHSP/specialty prepaid health plan..."</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(e) No changes from current law.</p> <p>(f) No changes from current law.</p> <p>(i) No changes from current law.</p> <p>(ii) No changes from current law.</p> <p>(iii) No changes from current law.</p> <p>(iv) No changes from current law.</p>	<p>(2) No changes from current law, except: "...for each CMHSP or specialty prepaid health plan..."</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(e) No changes from current law.</p> <p>(f) No changes from current law.</p> <p>(i) No changes from current law.</p> <p>(ii) No changes from current law.</p> <p>(iii) No changes from current law.</p> <p>(iv) No changes from current law.</p>	<p>(2) No changes from current law, except: "...for each CMHSP or specialty prepaid health plan..."</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(e) No changes from current law.</p> <p>(f) No changes from current law.</p> <p>(i) No changes from current law.</p> <p>(ii) No changes from current law.</p> <p>(iii) No changes from current law.</p> <p>(iv) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(g) The number of second opinions requested under the code and the determination of any appeals.</p> <p>(h) An analysis of information provided by community mental health service programs in response to the needs assessment requirements of the mental health code, including information about the number of persons in the service delivery system who have requested and are clinically appropriate for different services.</p> <p>(i) An estimate of the number of FTEs employed by the CMHSPs or contracted with directly by the CMHSPs as of September 30, 2002 and an estimate of the number of FTEs employed through contracts with provider organizations as of September 30, 2002.</p> <p>(j) Lapses and carryforwards during fiscal year 2001-2002 for CMHSPs.</p> <p>(k) Contracts for mental health services entered into by CMHSPs with providers, including amount and rates, organized by type of service provided.</p> <p>(l) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following:</p> <p>(i) Expenditures by each CMHSP organized by Medicaid eligibility group, including per eligible individual expenditure averages.</p> <p>(ii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs.</p>	<p>(g) No changes from current law.</p> <p>(h) No changes from current law.</p> <p>(i) No changes from current law, except: "...employed by the CMHSPs/specialty prepaid health plans or contracted with directly by the CMHSPs/specialty prepaid health plans as of September 30, 2002 2003 and an estimate of the number of FTEs employed.... as of September 30, 2002 2003.</p> <p>(j) No changes from current law, except: "...fiscal year 2001-2002 2002-2003 for CMHSPs/specialty prepaid health plans.</p> <p>(k) No changes from current law, except: "...entered into by CMHSPs/specialty prepaid health plans..."</p> <p>(l) No changes from current law.</p> <p>(i) No changes from current law, except: "...by each CMHSP/specialty prepaid health plan organized..."</p> <p>(ii) No changes from current law, except: "...contracts with CMHSPs/specialty prepaid health plans."</p>	<p>(g) No changes from current law.</p> <p>(h) No changes from current law.</p> <p>(i) No changes from current law, except: "...employed by the CMHSPs or specialty prepaid health plans or contracted with directly by the CMHSPs or specialty prepaid health plans as of September 30, 2002 2003 and an estimate of the number of FTEs employed.... as of September 30, 2002 2003.</p> <p>(j) No changes from current law, except: "...fiscal year 2001-2002 2002-2003 for CMHSPs or specialty prepaid health plans.</p> <p>(k) No changes from current law, except: "...entered into by CMHSPs or specialty prepaid health plans..."</p> <p>(l) No changes from current law.</p> <p>(i) No changes from current law, except: "...by each CMHSP or specialty prepaid health plan organized..."</p> <p>(ii) No changes from current law, except: "...contracts with CMHSPs or specialty prepaid health plans."</p>	<p>(g) No changes from current law.</p> <p>(h) No changes from current law.</p> <p>(i) No changes from current law, except: "...employed by the CMHSPs or specialty prepaid health plans or contracted with directly by the CMHSPs or specialty prepaid health plans as of September 30, 2002 2003 and an estimate of the number of FTEs employed.... as of September 30, 2002 2003.</p> <p>(j) No changes from current law, except: "...fiscal year 2001-2002 2002-2003 for CMHSPs or specialty prepaid health plans.</p> <p>(k) No changes from current law, except: "...entered into by CMHSPs or specialty prepaid health plans..."</p> <p>(l) No changes from current law.</p> <p>(i) No changes from current law, except: "...by each CMHSP or specialty prepaid health plan organized..."</p> <p>(ii) No changes from current law, except: "...contracts with CMHSPs or specialty prepaid health plans."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP.	(3) No changes from current law, except: "...each individual CMHSP/specialty prepaid health plan."	(3) No changes from current law, except: "...each individual CMHSP or specialty prepaid health plan."	(3) No changes from current law, except: "...each individual CMHSP or specialty prepaid health plan."
(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs.	(4) No changes from current law, except: "...among all CMHSPs/specialty prepaid health plans."	(4) No changes from current law, except: "...among all CMHSPs or specialty prepaid health plans."	(4) No changes from current law, except: "...among all CMHSPs or specialty prepaid health plans."
<i>Provides that it is the Legislature's intent that the wage increase funded for direct care workers in local residential settings, day programs, supported employment, and other vocational programs continue to be paid.</i>  Sec. 405. It is the intent of the legislature that the employee wage pass-through funded to the community mental health services programs for direct care workers in local residential settings and for paraprofessional and other nonprofessional direct care workers in day programs, supported employment, and other vocational programs shall continue to be paid to direct care workers. <b>Conference: Concurs with the Senate.</b>	Delete current law.	Delete current law.	<b>Sec. 405.</b> No changes from current law.
<i>Requires funds appropriated for the state disability assistance substance abuse services programs to be used to support per diem and board payments in substance abuse residential facilities. Requires the Department to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by the Family Independence Agency to adult foster care providers.</i>  Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance abuse services program shall be used to support per diem room and board payments in substance abuse residential facilities. Eligibility of clients for the state disability assistance substance abuse services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance abuse treatment center.	<b>Sec. 406. (1)</b> No changes from current law.	<b>Sec. 406. (1)</b> No changes from current law.	<b>Sec. 406. (1)</b> No changes from current law.
(2) The department shall reimburse all licensed substance abuse programs eligible to participate in the program at a rate equivalent to that paid by the family independence agency to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires that appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies or designated service providers. Provides that it is the Legislature's intent that coordinating agencies and designated service providers work with CMHSPs to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires the Department to establish a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.</i></p> <p><b>Sec. 407. (1)</b> The amount appropriated in part 1 for substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies or designated service providers. It is the intent of the legislature that the coordinating agencies and designated service providers work with the CMHSPs to coordinate the care and services provided to individuals with both mental illness and substance abuse diagnoses.</p> <p><b>(2)</b> The department shall establish a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.</p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	<p><b>Sec. 407. (1)</b> No changes from current law, except: "...work with the CMHSPs or specialty prepaid health plans to coordinate the care..."</p>	<p><b>Sec. 407. (1)</b> No changes from current law, except: "...work with the CMHSPs or specialty prepaid health plans to coordinate the care..."</p>
Delete current law.	(2) No changes from current law.	(2) No changes from current law.	

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to report by April 15, 2003, on the following data on substance abuse prevention, education, and treatment programs for FY 2001-02: expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type; expenditures per state client; number of services provided by central diagnosis and referral agency, by subcontractor, and by service type; and collections from other first/third party payers, private donations, or other state or local programs by coordinating agencies, by subcontractors, by population served, and by service type.</i></p> <p><b>Sec. 408.</b> (1) By April 15, 2003, the department shall report the following data from fiscal year 2001-2002 on substance abuse prevention, education, and treatment programs to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by coordinating agency and by subcontractor shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by coordinating agency, by subcontractor, by population served, and by service type.</p> <p>(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.</p>	<p><b>Sec. 408.</b> (1) No changes from current law, except: "By April 15, 2003 2004 shall report data from fiscal year 2001-2002 2002-2003..."</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p><b>Sec. 408.</b> (1) No changes from current law, except: "By April 15, 2003 2004 shall report data from fiscal year 2001-2002 2002-2003..."</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p><b>Sec. 408.</b> (1) No changes from current law, except: "By April 15, 2003 2004 shall report data from fiscal year 2001-2002 2002-2003..."</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(2) No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.</i></p> <p><b>Sec. 409.</b> The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.</p>	<p><b>Sec. 409.</b> No changes from current law.</p>	<p><b>Sec. 409.</b> No changes from current law.</p>	<p><b>Sec. 409.</b> No changes from current law.</p>
<p><i>Requires the Department to assure that substance abuse treatment is provided to applicants and recipients of public assistance through the Family Independence Agency who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</i></p> <p><b>Sec. 410.</b> The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the family independence agency who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</p>	<p><b>Sec. 410.</b> No changes from current law.</p>	<p><b>Sec. 410.</b> No changes from current law.</p>	<p><b>Sec. 410.</b> No changes from current law.</p>
<p><i>Requires the Department to ensure that each contract with a CMHSP require the CMHSP to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.</i></p> <p><b>Sec. 411. (1)</b> The department shall ensure that each contract with a CMHSP requires the CMHSP to implement programs to encourage diversion of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.</p>	<p><b>Sec. 411. (1)</b> No changes from current law, except: "... each contract with a CMHSP/specialty prepaid health plan requires the CMHSP/specialty prepaid health plan..."</p>	<p><b>Sec. 411. (1)</b> No changes from current law, except: "... each contract with a CMHSP or specialty prepaid health plan requires the CMHSP or specialty prepaid health plan..."</p>	<p><b>Sec. 411. (1)</b> No changes from current law, except: "... each contract with a CMHSP or specialty prepaid health plan requires the CMHSP or specialty prepaid health plan..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Each CMHSP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	<p>(2) No changes from current law, except: "Each CMHSP/specialty prepaid health plan shall have..."</p>	<p>(2) No changes from current law, except: "Each CMHSP or specialty prepaid health plan shall have..."</p>	<p>(2) No changes from current law, except: "Each CMHSP or specialty prepaid health plan shall have..."</p>
<p><i>(VETOED) Requires the Department to contract with the Salvation Army Harbor Light Program and Salvation Army Turning Point of West Michigan for providing non-Medicaid substance abuse services at not less than the amount contracted for in FY 2001-02. Requires the Department to make an administrative allocation from its existing appropriation of not less than 10% of the amount contracted for in FY 2001-02 for these Salvation Army programs.</i></p> <p><b>Sec. 412.</b> The department shall contract directly with the Salvation Army harbor light program and Salvation Army turning point of west Michigan to provide non-Medicaid substance abuse services at not less than the amount contracted for in fiscal year 2001-2002. To fund the contracts described in this section, the department shall make an administrative allocation from its existing appropriation of not less than 10% of the amount contracted for in fiscal year 2001-2002 for these programs of the Salvation Army.</p>	<p>Not included.</p>	<p><b>Sec. 412.</b> The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services at not less than the amount contracted for in fiscal year 2002-2003.</p>	<p><b>Sec. 412.</b> The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services at not less than the amount contracted for in fiscal year 2002-2003.</p>
<p><i>Directs the Department to contract directly with the Salvation Army Harbor Light and Turning Point programs to provide non-Medicaid substance abuse services at the FY 2001-02 contracted amounts without additional administrative funds. (Public Act 746 of 2002)</i></p> <p><b>Sec. 1316.</b> The department shall contract directly with the Salvation Army harbor light program and Salvation Army turning point of west Michigan to provide non-Medicaid substance abuse services at not less than the amount contracted for in fiscal year 2001-2002.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires the Department to report to the House of Representatives and Senate Appropriations Subcommittees on Community Health, and the House and Senate Fiscal Agencies on the methodology utilized and the adjustments made in recalculating the capitation rates payable to CMHSPs and other managing entities by October 10, 2002.</i></p> <p><b>Sec. 413.</b> No later than October 10, 2002, the department shall report to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the methodology utilized and the adjustments made in recalculating the capitation rates payable to CMHSPs and other managing entities under the federal waiver for Michigan managed specialty services and supports program.</p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Medicaid substance abuse services to be managed by selected CMHSPs pursuant to the Centers for Medicare and Medicaid Services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. Authorizes selected CMHSPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected CMHSPs to be responsible for the reimbursement of claims for specialized substance abuse services. Allows CMHSPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from the Department.</i></p> <p><b>Sec. 414.</b> Medicaid substance abuse treatment services shall be managed by selected CMHSPs pursuant to the centers for Medicare and Medicaid services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. The selected CMHSPs shall receive a capitated payment on a per eligible per month basis to assure provision of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.</p>	<p><b>Sec. 414.</b> No changes from current law, except: "...shall be managed by selected CMHSPs/<b>specialty prepaid health plans</b>...for specialized substance abuse services. The selected CMHSPs/<b>specialty prepaid health plans</b> shall receive a capitated payment... beneficiaries who require those services. The selected CMHSPs/<b>specialty prepaid health plans</b>...claims for specialized substance abuse services. The CMHSPs/<b>specialty prepaid health plans</b> that are not coordinating agencies..."</p>	<p><b>Sec. 414.</b> No changes from current law, except: "...shall be managed by selected CMHSPs or <b>specialty prepaid health plans</b>...for specialized substance abuse services. The selected CMHSPs or <b>specialty prepaid health plans</b> shall receive a capitated payment... beneficiaries who require those services. The selected CMHSPs or <b>specialty prepaid health plans</b>...claims for specialized substance abuse services. The CMHSPs or <b>specialty prepaid health plans</b> that are not coordinating agencies..."</p>	<p><b>Sec. 414.</b> No changes from current law, except: "...shall be managed by selected CMHSPs or <b>specialty prepaid health plans</b>...for specialized substance abuse services. The selected CMHSPs or <b>specialty prepaid health plans</b> shall receive a capitated payment... beneficiaries who require those services. The selected CMHSPs or <b>specialty prepaid health plans</b>...claims for specialized substance abuse services. The CMHSPs or <b>specialty prepaid health plans</b> that are not coordinating agencies..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits CMH boards from being held liable for the cost of prescribed psychotropic medications during FY 2002-03. Requires that in calculating the amount of lapses available in offsetting overexpenditures resulting from the implementation of this section, lapses credited to CMH line items will only include lapses in excess of the amount calculated for the 5% carry forward defined in state statute. Requires the Department to provide quarterly reports on psychotropic medications regarding the type, number, cost, and prescribing patterns of Medicaid providers. Requires the Department to request the transfer of appropriation lapses or supplemental funding if expenditures for Medicaid mental health services and Medicaid substance abuse services exceed the Part 1 appropriations due to an increase in the number or mix of Medicaid eligibles.</i></p> <p>Sec. 416. (1) Of the funds appropriated in part 1 for pharmaceutical services, community mental health boards shall not be held liable for the cost of prescribed psychotropic medications during fiscal year 2002-2003.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) In calculating the available amount of lapses for use in offsetting overexpenditures resulting from the implementation of this section, those lapses credited to community mental health line items shall only include appropriation lapses in excess of the amount calculated for the 5% carryforward defined in state statute.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(3) The department shall provide quarterly reports to the senate and house of representatives appropriations subcommittees on community health, their respective fiscal agencies, and community mental health boards that include data on psychotropic medications regarding the type, number, cost and prescribing patterns of Medicaid providers.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(4) Should expenditures for Medicaid mental health services and Medicaid substance abuse services exceed the appropriations contemplated in part 1 due to an increase in the number or mix of Medicaid eligibles, the department shall request the transfer of appropriation lapses or supplemental funding as may be necessary to offset such expenditures.</p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expresses the Legislature's intent that the Department support pilot projects by CMH boards to establish regional partnerships. Allows CMH boards located in counties within a 45-mile radius of each other to collaborate for the purpose of forming regional partnerships. Defines the purpose of regional partnerships to be expanding consumer choice, promoting service integration, and producing system efficiencies through the coordination of efforts. Requires the pilot projects to be completely voluntary and based on projects proposed by CMH boards. Authorizes a regional partnership to retain 100% of any net lapses generated by the regional partnership.</i></p> <p><b>Sec. 417. (1)</b> It is the intent of the legislature that the department support projects by community mental health boards to establish regional partnerships. Community mental health boards located in counties within a 45-mile radius of each other shall be allowed to collaborate for the purpose of forming regional partnerships.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(2)</b> The purpose of the regional partnerships should be to expand consumer choice, promote service integration, and produce system efficiencies through the coordination of efforts, or other outcomes, as may be determined by participating community mental health boards.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(3)</b> The projects described in this section shall be completely voluntary and be based on projects proposed by the community mental health boards. Each proposed project shall be consistent with the scope, duration, risks, and inducements contained in the plan for competitive procurement that the department submits to the centers for Medicare and Medicaid services as part of the renewal request for the section 1915(b) managed specialty services waiver.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(4)</b> As an additional incentive for community mental health boards to engage in the projects described in this section, the department shall allow any regional partnership formed under this section to retain 100% of any net lapses generated by the regional partnership.</p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to report monthly on the amount of funding paid to CMHSPs to support the Medicaid mental health program.</i></p> <p><b>Sec. 418.</b> On or before the tenth of each month, the department shall report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to the CMHSPs to support the Medicaid managed mental health care program in that month. The information shall include the total paid to each CMHSP, per capita rate paid for each eligibility group for each CMHSP, and number of cases in each eligibility group for each CMHSP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	<p><b>Sec. 418.</b> No changes from current law, except: "...amount of funding paid to the CMHSPs/<b>specialty prepaid health plans</b>....program in that month. The information shall include the total paid to each CMHSP/<b>specialty prepaid health plan</b>, per capita rate...for each CMHSP/<b>specialty prepaid health plan</b>, and number of cases in each eligibility group for each CMHSP/<b>specialty prepaid health plan</b>..."</p>	<p><b>Sec. 418.</b> No changes from current law, except: "...amount of funding paid to the CMHSPs or <b>specialty prepaid health plans</b>....program in that month. The information shall include the total paid to each CMHSP or <b>specialty prepaid health plan</b>, per capita rate...for each CMHSP or <b>specialty prepaid health plan</b>, and number of cases in each eligibility group for each CMHSP or <b>specialty prepaid health plan</b>..."</p>	<p><b>Sec. 418.</b> No changes from current law, except: "...amount of funding paid to the CMHSPs or <b>specialty prepaid health plans</b>....program in that month. The information shall include the total paid to each CMHSP or <b>specialty prepaid health plan</b>, per capita rate...for each CMHSP or <b>specialty prepaid health plan</b>, and number of cases in each eligibility group for each CMHSP or <b>specialty prepaid health plan</b>..."</p>
<p><i>(VETOED) Requires the Department and CMHSPs that contract with substance abuse coordinating agencies to include provisions in their contracts that allow the agencies to carry forward up to 5% of its federal block grant revenue from the funds appropriated for community substance abuse prevention, education, and treatment programs.</i></p> <p><b>Sec. 419.</b> From the funds appropriated in part 1 for community substance abuse prevention, education, and treatment programs, the department and a CMHSP that contract with a substance abuse coordinating agency shall include a provision in the contract that allows the agency to carry forward up to 5% of its federal block grant revenue.</p>	<p>Not included.</p>	<p>Not included.</p>	<p>Not included.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expresses the Legislature's intent that the Department support pilot projects by CMHSPs to control and manage psychotropic drug costs associated with the Managed Specialty Services and Supports Program. Requires the pilot projects to be completely voluntary and based on projects proposed by CMHSPs. Requires the Department to provide quarterly reports to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the State Budget Office, and the House and Senate Fiscal Agencies as to any activities by CMHSPs to pilot projects.</i></p> <p><b>Sec. 422. (1)</b> It is the intent of the legislature that the department support pilot projects by CMHSPs to control and manage psychotropic drug costs associated with the managed specialty services and supports program.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(2)</b> The purpose of the pilot projects is to allow CMHSPs to develop the necessary management and financial tools to assume risk for the responsibility of managing psychotropic drug costs.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(3)</b> The pilot projects described in this section shall be completely voluntary and based on projects proposed by the CMHSPs.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(4)</b> The department shall provide quarterly reports to the house of representatives and senate appropriations subcommittees on community health, the state budget office, and the house and senate fiscal agencies as to any activities by CMHSPs to pilot projects under this section.</p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires the Department to work cooperatively with the Family Independence Agency and the Departments of Corrections, Education, State Police, and Military and Veterans Affairs, within existing appropriations, to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs. Requires the outcomes of the cooperative effort to be reported by March 15, 2003, to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p><b>Sec. 423.</b> The department shall work cooperatively with the family independence agency and the departments of corrections, education, state police, and military and veterans affairs to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs within existing appropriations. The department shall report by March 15, 2003 on the outcomes of this cooperative effort to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	<p><b>Sec. 423.</b> No changes from current law, except: "...shall report by March 15, 2003 2004 on the outcomes ..."</p>	<p><b>Sec. 423.</b> No changes from current law, except: "...shall report by March 15, 2003 2004 on the outcomes ..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires CMHSPs that contract with the Department to provide services to the Medicaid population to adhere to the timely claims processing and payments procedure to claims submitted by health professionals and facilities described in Public Act 187 of 2000.</i></p> <p><b>Sec. 424.</b> Each community mental health services program that contracts with the department to provide services to the Medicaid population shall adhere to the following timely claims processing and payment procedure for claims submitted by health professionals and facilities:</p> <p>(a) A "clean claim" as described in section 111i of the social welfare act, 1939 PA 280, MCL 400.111i, must be paid within 45 days after receipt of the claim by the community mental health services program. A clean claim that is not paid within this time frame shall bear simple interest at a rate of 12% per annum.</p> <p>(b) A community mental health services program must state in writing to the health professional or facility any defect in the claim within 30 days after receipt of the claim.</p> <p>(c) A health professional and a health facility have 30 days after receipt of a notice that a claim or a portion of a claim is defective within which to correct the defect. The community mental health services program shall pay the claim within 30 days after the defect is corrected.</p>	<p><b>Sec. 424.</b> No changes from current law, except: "Each community mental health services program/<b>specialty prepaid health plan</b> that contracts..."</p> <p>(a) No changes from current law, except: "...by the community mental health program/<b>specialty prepaid health plan...</b>"</p> <p>(b) No changes from current law, except: "A community mental health services program/<b>specialty prepaid health plan...</b>"</p> <p>(c) No changes from current law.</p>	<p><b>Sec. 424.</b> No changes from current law, except: "Each community mental health services program or <b>specialty prepaid health plan</b> that contracts..."</p> <p>(a) No changes from current law, except: "...by the community mental health program or <b>specialty prepaid health plan...</b>"</p> <p>(b) No changes from current law, except: "A community mental health services program or <b>specialty prepaid health plan...</b>"</p> <p>(c) No changes from current law, except: "...community mental health services program or <b>specialty prepaid health plan</b> shall pay the claim within 30 days..."</p>	<p><b>Sec. 424.</b> No changes from current law, except: "Each community mental health services program or <b>specialty prepaid health plan</b> that contracts..."</p> <p>(a) No changes from current law, except: "...by the community mental health program or <b>specialty prepaid health plan...</b>"</p> <p>(b) No changes from current law, except: "A community mental health services program or <b>specialty prepaid health plan...</b>"</p> <p>(c) No changes from current law, except: "...community mental health services program or <b>specialty prepaid health plan</b> shall pay the claim within 30 days..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires the Department, in conjunction with the Department of Corrections, to report by April 1, 2003, on the following FY 2001-02 data to the House of Representatives and Senate Appropriations Subcommittees on Community Health and Corrections, the House and Senate Fiscal Agencies, and the State Budget Office: the number of prisoners receiving substance abuse services; the number of prisoners receiving mental health services; and data indicating if prisoners receiving mental health services were previously hospitalized in a state psychiatric hospital for persons with mental illness.</i></p> <p><b>Sec. 425.</b> By April 1, 2003, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2001-2002 on mental health and substance abuse services to the house of representatives and senate appropriations subcommittees on community health and corrections, the house and senate fiscal agencies, and the state budget office:</p> <p>(a) The number of prisoners receiving substance abuse services which shall include a description and breakdown on the type of substance abuse services provided to prisoners.</p> <p>(b) The number of prisoners receiving mental health services which shall include a description and breakdown on the type of mental health services provided to prisoners.</p> <p>(c) Data indicating if prisoners receiving mental health services were previously hospitalized in a state psychiatric hospital for persons with mental illness.</p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	<p><b>Sec. 425.</b> No changes from current law, except: "By April 1, 2003 2004, the department...following data from fiscal year 2001-2002-2002-2003 on mental health and substance abuse services..."</p>	<p><b>Sec. 425. (1)</b> No changes from current law, except: "By April 1, 2003 2004, the department...following data from fiscal year 2001-2002 2002-2003 on mental health and substance abuse services..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
			<p>(2) In conjunction with the department of corrections and county governments, the department shall conduct a study and include in the report under subsection (1) the findings of the study that establishes the prevalence of mental illness, by major diagnostic categories, among persons incarcerated in Michigan jails and prisons. This study shall also provide an estimate of cost savings, if any, through the use of a civil outpatient law. Cost savings shall be reported both in terms of the dollar differences between treatment and incarceration, and the decrease in the numbers of persons incarcerated.</p>
<p>Conference: Concurs with the House.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires the Department to assist the Family Independence Agency in providing a report on mental health services to minors assigned or referred by the courts and found to meet CMHSP clinical and financial eligibility determination requirements for FY 2001-02 by May 31, 2003, to the House and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p><b>Sec. 426. (1)</b> By May 31, 2003, the department shall assist the family independence agency in providing the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director with a report on mental health services to minors assigned or referred by the courts and found to meet CMHSP clinical and financial eligibility determination requirements for fiscal year 2001-2002.</p> <p><b>Conference: Concurs with the House.</b></p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	Delete current law.	<p><b>Sec. 426. (1)</b> By May 31, 2004, the department shall provide the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director with a report on mental health services to minors assigned or referred by the courts and assessed by CMHSPs for possible services in fiscal year 2002-2003.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The report described in subsection (1) shall contain information for each CMHSP calculated by the department from fiscal year 2001-2002 data reporting requirements and a statewide summary, each of which shall contain at least the following information:</p> <p>(a) The number of minors meeting the criteria in subsection (1) and evaluated as a result of court assignment or referral.</p> <p>(b) The number of minors meeting the criteria in subsection (1) and receiving treatment after the court assignment or referral.</p> <p>(c) A breakdown of minors meeting the criteria in subsection (1) receiving treatment, by the following categories:</p> <p>(i) Age.</p> <p>(ii) Primary diagnosis, stated as a specifically named condition corresponding to the terminology employed in the latest version of the diagnostic and statistical manual of the American psychiatric association.</p> <p><b>Conference: Concurs with the House.</b></p>	Delete current law.	Delete current law.	<p>(2) No changes from current law, except: "...fiscal year <del>2001-2002</del> 2002-2003 data..."</p> <p>(a) No changes from current law, except: "...evaluated by <b>CMHSPs...</b>"</p> <p>(b) No changes from the current law, except: "...receiving <b>CMHSP</b> treatment..."</p> <p>(c) No changes from current law, except: "... (1) <del>receiving</del> <b>who received</b> treatment..."</p> <p>(i) No changes from current law.</p> <p>(ii) No changes from current law.</p>
<p>(iii) Whether or not the score on the state designated outcome instrument indicated marked or severe functional impairment.</p> <p>(iv) Average length of stay in CMHSP treatment.</p> <p>(v) Unduplicated count of the number receiving residential service and average length of stay in residential service.</p> <p>(vi) Number of recipients served under each categorical children's service heading maintained by the department for standard reporting purposes.</p> <p><b>Conference: Concurs with the House.</b></p>	Delete current law.	Delete current law.	<p>(iii) Whether or not the score on a department designated outcome instrument indicated functional impairment that was either marked or severe.</p> <p>(iv) No changes from the current law.</p> <p>(v) No changes from current law, except: "...service <b>through CMHSPs...</b> in those residential services.</p> <p>(vi) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits the Department from enacting any contract changes concerning capitation payments to CMHSPs for Medicaid eligibles unless required by federal law and agreed to by contract with CMHSPs. Does not permit the Department to alter capitation rates in order to offset any increases in costs due to increases in the Medicaid caseload or case mixture. Requires the Department to submit a copy of any state plan amendment to the federal waiver for the Managed Specialty Services and Supports Program to the Legislature before submitting the state plan amendment to the Centers for Medicare and Medicaid Services.</i></p> <p>Sec. 427. (1) Unless required by federal law, the department shall not enact any contract changes concerning capitation payments to CMHSPs for Medicaid eligibles unless agreed to by contract with CMHSPs.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) In the event that the federal government mandates that the department make any changes in eligibility or payment rates for CMHSP Medicaid capitation payments, the department shall inform the members of the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director within 2 weeks of the estimated change in CMH Medicaid expenditures due to the federally mandated policy change.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(3) The department may not alter CMH Medicaid capitation rates in order to offset any increases in costs due to increases in Medicaid caseload or case mixture.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(4) Before submitting any state plan amendment to the federal waiver for the managed specialty services and supports program to the centers for Medicare and Medicaid services, the department shall submit a copy of the amendment to the legislature.</p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes the Department to establish a separate contingency appropriations account, in an amount not to exceed \$100 million, for the purpose of providing an Increase in Medicaid capitation rates for CMHSPs. Specifies that in order to receive a capitation rate increase, CMHSPs or affiliations of CMHSPs provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program. Requires the distribution of the rate increase to be based on a formula developed by a Committee established by the Department that includes representatives from CMHSPs or affiliations of CMHSPs and Department staff. Specifies the criteria to be used in developing the distribution formula for the Medicaid capitation rate increase. Permits the Committee to recommend changes in the funding formula for CMH Non-Medicaid payments. Requires the Committee to report its findings to the House of Representatives and Senate Appropriations Subcommittees on Community Health by February 1, 2003. Prohibits the enactment of this section resulting in any increase in the local match or county match obligations above the FY 2001-02 level of funding provided for mental health services. Prohibits the implementation of this section if it does not comply with federal laws or regulations.</i></p> <p><b>Sec. 428.</b> (1) The department of community health shall establish a separate contingency appropriations account, in an amount not to exceed \$100,000,000.00. The sole purpose of this account shall be to provide funding for an increase in Medicaid capitation rates, payable to CMHSPs, for Medicaid mental health services.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) Each CMHSP and affiliation of CMHSPs shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for CMHSPs and affiliations of CMHSPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs.</p>	Delete current law.	<b>Sec. 428.</b> (1) No changes from current law.	<b>Sec. 428.</b> (1) No changes from current law.
<p>(3) The distribution of the aforementioned increases in the capitation payment rates, if any, shall be based on a formula developed by a committee established by the department, including representatives from CMHSPs or affiliations of CMHSPs and department staff.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(4) The Medicaid capitation rate increase distribution formula, developed by the committee specified in subsection (3), shall be based upon an analysis of recipient characteristics, comparative needs, actuarial trends, equitable adjustments among funding sources, and other relevant considerations. The committee may also recommend changes in community mental health non-Medicaid (funding formula) payments to CMHSPs in conjunction with establishing the formula noted above in order to maximize funding for all CMHSPs. The committee shall report its findings by February 1, 2003 to the senate and house of representatives appropriations subcommittees on community health.	Delete current law.	Delete current law.	Delete current law.
(5) The enactment of this section shall not result in any increase in the local match or county match obligation above the level of funding provided for mental health services in fiscal year 2001-2002. This section shall further confirm that the Medicaid program for specialty services and supports is part of the county-based community mental health services program system.	Delete current law.	Delete current law.	Delete current law.
(6) This section shall not be implemented if it is found not to be in compliance with federal laws or regulations governing these types of transactions.	Delete current law.	Delete current law.	Delete current law.
<b><i>(VETOED) Permits CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities under a capitated reimbursement system to include provisions in their contracts to allow the providers to carry forward up to 5% of their unobligated capitation payments from the funds appropriated for CMH Non-Medicaid services.</i></b>  Sec. 430. From the funds appropriated in part 1 for community mental health non-Medicaid services, CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities, under a capitated reimbursement system, may include a provision in the contract that allows the providers to carry forward up to 5% of unobligated capitation payments.	Not included.	Not included.	Not included.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>(VETOED) Permits CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities under a capitated reimbursement system to include provisions in their contracts to allow the providers to carry forward up to 5% of their unobligated capitation payments from the funds appropriated for Medicaid mental health services.</i></p> <p><b>Sec. 431.</b> From the funds appropriated in part 1 for Medicaid mental health services, CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities, under a capitated reimbursement system, may include a provision in the contract that allows the providers to carry forward up to 5% of unobligated capitation payments.</p>	Not included.	Not included.	Not included.
<p><i>Expresses the Legislature's intent that all CMHSPs establish ongoing discussions with local providers of mental health services, substance abuse services, and services to persons with developmental disabilities in preparation of the competitive procurement of these services as described in the plan approved by the Centers for Medicare and Medicaid Services.</i></p> <p><b>Sec. 432.</b> It is the intent of the legislature that all community mental health services programs establish regular ongoing discussions with local providers of mental health services, substance abuse services, and services to persons with developmental disabilities in preparation for competitive procurement of these services as described in the plan approved by the centers for Medicare and Medicaid services. These discussions shall include representatives of the county or counties included in the service area of the community mental health services program and should take into account maintaining continuity of care for patients and service recipients in the transition to competitive procurement of services.</p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to apply for a "System of Change" grant from the Centers for Medicare and Medicaid Services to support self-determination initiatives for persons with developmental disabilities and mental illness.</i></p> <p><b>Sec. 433.</b> The department shall apply for a "system of change" grant from the centers for Medicare and Medicaid services. This grant is intended to support self-determination initiatives, including a consumer cooperative proposal, for persons with developmental disabilities and persons with mental illness.</p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Directs counties required under provisions of the Mental Health Code to provide matching funds to CMHSPs for mental health services rendered to residents in its jurisdiction to pay these funds in equal installments on a quarterly basis throughout the fiscal year.</i></p> <p><b>Sec. 435.</b> A county required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in its jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1, 2002.</p>	<b>Sec. 435.</b> No changes from current law, except: "..., with the first payment being made by October 1, 2002 2003."	<b>Sec. 435.</b> No changes from current law, except: "..., with the first payment being made by October 1, 2002 2003."	<b>Sec. 435.</b> No changes from current law, except: "..., with the first payment being made by October 1, 2002 2003."
<p><i>Requires CMHSPs, regional partnerships, and other entities that are chosen to provide public mental health services through the 1915(b) specialty services and support waiver bidding process to endeavor to minimize disruptions in services to their clientele due to potential changes in their contracts with providers.</i></p> <p><b>Sec. 436.</b> CMHSPs, regional partnerships, and other entities who are chosen to provide public mental health services through the 1915(b) specialty services and support waiver bidding process shall endeavor to minimize disruptions in services to their clientele due to potential changes in their contracts with providers.</p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expresses the Legislature's intent that the Department, in conjunction with CMHSPs, supports pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings. Provides that the purpose of the voluntary pilot projects are to encourage the placement of persons with mental illness in community residential settings who, among other things, require a secured and supervised living environment and assistance in taking prescribed medications. Requires quarterly reports to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Office on activities undertaken by the Department and CMHSPs to pilot projects.</i></p> <p><b>Sec. 439.</b> (1) It is the intent of the legislature that the department, in conjunction with CMHSPs, support pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings.</p>	<p><b>Sec. 439.</b> (1) No changes from current law.</p>	<p><b>Sec. 439.</b> (1) No changes from current law.</p>	<p><b>Sec. 439.</b> (1) No changes from current law.</p>
<p>(2) The purpose of the pilot projects is to encourage the placement of persons with mental illness in community residential settings who may require any of the following:</p> <p>(a) A secured and supervised living environment.</p> <p>(b) Assistance in taking prescribed medications.</p> <p>(c) Intensive case management services.</p> <p>(d) Assertive community treatment team services.</p> <p>(e) Alcohol or substance abuse treatment and counseling.</p> <p>(f) Individual or group therapy.</p> <p>(g) Day or partial day programming activities.</p> <p>(h) Vocational, educational, or self-help training or activities.</p> <p>(i) Other services prescribed to treat a person's mental illness to prevent the need for hospitalization.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The pilot projects described in this section shall be completely voluntary.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p>(4) The department shall provide quarterly reports to the house of representatives and senate appropriations subcommittees on community health, the state budget office, and the house and senate fiscal agencies as to any activities undertaken by the department and CMHSPs to pilot projects under this section. <b>Conference: Concurs with the Senate.</b></p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	(4) No changes from current law, except: "The department shall provide <del>quarterly</del> semi-annual reports ..."	(4) No changes from current law, except: "The department shall provide <del>quarterly</del> semi-annual reports ...CMHSPs for pilot projects <b>implemented</b> under this section."

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Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expresses the Legislature's intent that the \$40 million transferred from CMH Non-Medicaid Services to Medicaid Mental Health Services be used to provide state match for increases in Medicaid funding for mental health services provided to MIFamily enrollees and economic increases for the Medicaid Specialty Services and Supports Program. Requires the general fund match for unused federal dollars to be transferred back to CMH Non-Medicaid Services if payments made to CMHSPs for MIFamily services are less than the revenue included in the Medicaid Mental Health Services line item. Authorizes the Department to transfer up to \$18 million from the CMH Non-Medicaid Services to provide state match for increases in Medicaid funding for MIFamily services to the extent that persons are enrolled in the program. Requires the Department to report quarterly to the House of Representatives and Senate Appropriations Subcommittees on Community Health on the number of persons enrolled in the MIFamily program, the amount of funding transferred from CMH Non-Medicaid Services for the MIFamily program, the amount of Medicaid funds drawn down as a result of each transfer, and the services provided to MIFamily enrollees with these funds. Requires a Committee comprised of representatives of the Department and CMHSPs to report by February 1, 2003 to the House of Representatives and Senate Appropriations Subcommittees on Community Health on its findings on a distribution formula for payments for economic increases for the Medicaid Specialty Services and Support Program and funding formula for CMH Non-Medicaid payments.</i></p> <p>Sec. 442. (1) It is the intent of the legislature that the \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to the Medicaid mental health services line be used to provide state match for increases in Medicaid funding for mental health services provided to MI-Family enrollees and for economic increases for the Medicaid specialty services and supports program. Such redirection may only occur for these 2 purposes.</p>	<p>Delete current law.</p>	<p>Sec. 442. (1) It is the intent of the legislature that the \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to support the Medicaid adult benefits waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid adult benefits waiver enrollees and for economic increases for the Medicaid services and supports program.</p>	<p>Sec. 442. (1) It is the intent of the legislature that the \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to support the Medicaid adult benefits waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid adult benefits waiver enrollees and for economic increases for the Medicaid services and supports program.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(2) The department shall assure that persons eligible for mental health services under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, will receive mandated services under this plan.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Capitation payments to CMHSPs for persons that become enrolled in Medicaid under the MI-Family program shall be made at the same rates as payments for current Medicaid beneficiaries.	Delete current law.	(3) Capitation payments to CMHSPs or specialty prepaid health plans for persons that become enrolled in the Medicaid adult benefits waiver program shall be made using the same rates as payments for the current Medicaid beneficiaries.	(3) Capitation payments to CMHSPs or specialty prepaid health plans for persons that become enrolled in the Medicaid adult benefits waiver program shall be made using the same rates as payments for the current Medicaid beneficiaries.
(4) If payments made to CMHSPs for MI-Family services are less than the revenue included in the Medicaid mental health services line for services to MI-Family enrollees, the general fund match for those unused federal dollars shall be transferred back to the community mental health non-Medicaid services line. The department is authorized to transfer up to \$18,000,000.00 from the community mental health non-Medicaid services line to provide state match for increases in Medicaid funding for MI-Family services to the extent that persons are enrolled in the program. The department shall report quarterly to the senate and house of representatives appropriations subcommittees on community health the number of persons enrolled in the MI-Family program, the amount of funding transferred from the community mental health non-Medicaid services line per this subsection, the amount of Medicaid federal funds drawn down as a result of each transfer, and the services provided to MI-Family enrollees with these funds.	Delete current law.	(4) If enrollment in the Medicaid adults benefits waiver program does not achieve expectations and the funding appropriated for the Medicaid adult benefits waiver program for specialty services is not expended, the general fund balance shall be transferred back to the community mental health non-Medicaid services line. The department shall report quarterly to the senate and house of representatives appropriations subcommittees on community health a summary of eligible and expenditures for the Medicaid adult benefits waiver program by CMHSPs or specialty prepaid health plans.	(4) If enrollment in the Medicaid adults benefits waiver program does not achieve expectations and the funding appropriated for the Medicaid adult benefits waiver program for specialty services is not expended, the general fund balance shall be transferred back to the community mental health non-Medicaid services line. The department shall report quarterly to the senate and house of representatives appropriations subcommittees on community health a summary of eligible and expenditures for the Medicaid adult benefits waiver program by CMHSPs or specialty prepaid health plans.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(5) The department shall establish a committee comprised of representatives of the department and the CMHSPs to establish a formula for distribution of payments for economic increases for the Medicaid specialty services and supports program referenced under subsection (1). The committee may recommend changes in community mental health non-Medicaid (funding formula) payments to CMHSPs in conjunction with establishing the formula noted above in order to maximize funding for all CMHSPs. The committee shall determine the level and cost of mental health services provided as a result of the MI-Family program and determine the amount of general fund dollars available to serve priority populations required by the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106. The committee shall report its findings by February 1, 2003 to the senate and house of representatives appropriations subcommittees on community health.</p> <p><b>Conference: Sec. 442 (5). In the waiver renewal application the department submits to the centers for Medicare and Medicaid services for continuation of the state's 1915 (b) specialty services waiver, the department will request that the amount of savings that may be retained by a specialty prepaid health plan be changed from 5% to 7.5% of aggregate capitation payments. If the department is unable to secure centers for Medicare and Medicaid services approval for this change, the department shall allow specialty prepaid health plans and their affiliate CMHSP members to retain 50% of the unspent general fund/general purpose portion of the funds allocated to the specialty prepaid health plan for services to be provided under the Medicaid specialty services waiver. Any such general fund/general purpose portion retained by the specialty prepaid health plan and its CMHSP affiliates under this section shall be considered as state revenues for purposes of determining the amount of state funds that the CMHSP may carry forward under section 226 (2) (c) of the mental health code, 1974 PA 258, MCL 330.1226.</b></p>	<p>Delete current law.</p>	<p>(5) The department shall allow each CMHSP or specialty prepaid health plan to retain 50% of the unspent general fund/general purpose portion of funds allocated to the CMHSP or specialty prepaid health plan for services to be provided under the Medicaid specialty services and support program.</p>	<p>(5) The department may allow each CMHSP or specialty prepaid health plan to retain 50% of the unspent general fund/general purpose portion of funds allocated to the CMHSP or specialty prepaid health plan for services to be provided under the Medicaid specialty services and support program.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to ensure that appropriate continuum of mental and behavioral health services are available to meet children needs which include inpatient services, outpatient services, in-home visits, and family respite care. Requires the Department to promote mental health preventive measures for children.</i></p> <p><b>Sec. 444.</b> The department shall ensure that appropriate continuum of mental and behavioral health services are available to meet the needs of children which include inpatient services, outpatient services, in-home visits, and family respite care. The department shall also promote mental health preventive measures for children which include school-based risk assessments of children and collaborative efforts between the state, communities, schools, and families.</p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(VETOED)</b> <i>Requires the Department to provide to CMHSPs a fixed net cost rate for services provided by the state. Requires the net cost rate to equal the operating cost of providing services minus the operating costs paid by federal and private funds, less the amount received by the state as reimbursement from persons and insurers who are financially liable for the cost of service. Requires the rates to be developed by October 1, 2002 and included in the contract between the Department and the CMHSPs. Requires the Department to use these rates for CMHSPs authorizations and rates in which the Department bills CMHSPs for state services.</i></p> <p><b>Sec. 447.</b> The department shall provide to the CMHSPs a fixed net cost rate for services provided by the state. This rate shall be equal to the operating cost of providing services minus that part of operating cost paid by federal and private funds, less the amount received by the state as reimbursement from those persons and insurers who are financially liable for the cost of such service. These rates shall be developed by October 1, 2002, and shall be included in the contract between the department and the CMHSPs. The department shall use these rates for CMHSP authorizations as well as for the rates which the department bills CMHSPs for state services.</p>	Not included.	Not included.	Not included.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>(VETOED) Requires a CMHSP or affiliate of a CMHSP that receive funds under this act for participating in the Medicaid Managed Specialty Mental Health and Substance Abuse Program administered by the Department to comply with Section 224b of the Insurance Code of 1956 as if it were a HMO. Limits the quality assurance assessment fee charged to the CMHSP or affiliate to 6%.</i></p> <p><b>Sec. 448.</b> As required under section 1903(w) (7) (A) (viii) of title XIX, 42 U.S.C. 1396b, a CMHSP or affiliate of a CMHSP that receives funds under this act for participating in the Medicaid managed specialty mental health and substance abuse program administered by the department shall comply with the provisions of section 224b of the insurance code of 1956, 1956 PA 218, MCL 500.224b, as if it were a health maintenance organization. The quality assurance assessment fee charged to the CMHSP or affiliate shall not exceed 6%.</p>	Not included.	Not included.	Not included.
<p><i>(VETOED) Allocates \$2.5 million for persons with severe mental, developmental, physical, or emotional disabilities who are not currently served under the Multicultural Services program.</i></p> <p><b>Sec. 449.</b> From the funds appropriated in part 1 for multicultural services, \$2,500,000.00 shall be allocated for persons with severe mental, developmental, physical, or emotional disabilities who are not currently served under this program.</p>	Not included.	Not included.	Not included.

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	EXECUTIVE	HOUSE	SENATE
<p>Conference: Concur with the House, except Insert “and reporting” before “requirements”.</p>		<p><b>Sec. 450.</b> The department shall establish a work group comprised of CMHSPs or specialty prepaid health plans and departmental staff to recommend strategies to streamline audit requirements for CMHSPs or specialty prepaid health plans. The department shall report on the recommendations of the work group by March 31, 2004 to the house of representatives and senate appropriations subcommittees on community health, the house fiscal agency, the senate fiscal agency, and the state budget director.</p>	<p><b>Sec. 450.</b> The department shall establish a work group comprised of CMHSPs or specialty prepaid health plans and department staff to recommend strategies to streamline <i>reporting</i> requirements for CMHSPs or specialty prepaid health plans. The department shall report on recommendations of the work group by March 31, 2004 to the house of representatives and senate appropriations subcommittees on community health, the house fiscal agency, the senate fiscal agency, and the state budget director.</p>
<p><b><u>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</u></b></p> <p><i>Requires that priority be given to obtaining third-party payments for services in the funding of staff in the financial support division, reimbursement, billing, and collection services. Requires the collections from individual recipients of services to be handled in a sensitive and nonharassing manner. Requires the Department to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.</i></p> <p><b>Sec. 601.</b> (1) In funding of staff in the financial support division, reimbursement, and billing and collection sections, priority shall be given to obtaining third-party payments for services. Collection from individual recipients of services and their families shall be handled in a sensitive and nonharassing manner.</p>	<p><b>Sec. 601.</b> (1) No changes from current law.</p>	<p><b>Sec. 601.</b> (1) No changes from current law.</p>	<p><b>Sec. 601.</b> (1) No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. Revenues collected through project efforts are appropriated to the department for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions so that the need for retroactive collections will be reduced or eliminated.</p>	<p>(2) No changes from current law, except: "...ongoing departmental reimbursement management functions <del>so that the need for retroactive collections will be reduced or eliminated.</del>"</p>	<p>(2) No changes from current law, except: "...ongoing departmental reimbursement management functions <del>so that the need for retroactive collections will be reduced or eliminated.</del>"</p>	<p>(2) No changes from current law, except: "...ongoing departmental reimbursement management functions <del>so that the need for retroactive collections will be reduced or eliminated.</del>"</p>
<p><i>Authorizes the carry forward of unexpended and unencumbered funds up to \$500,000 from pay telephone revenues and gifts and bequests for patient living and treatment environments for one fiscal year.</i></p> <p><b>Sec. 602.</b> Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$500,000.00 remaining on September 30, 2003 from pay telephone revenues and the amounts appropriated in part 1 for gifts and bequests for patient living and treatment environments shall be carried forward for 1 fiscal year. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.</p>	<p><b>Sec. 602.</b> No changes from current law, except: "...up to \$500,000.00 remaining on September 30, 2003 2004 from pay telephone revenues..."</p>	<p><b>Sec. 602.</b> No changes from current law, except: "...up to \$500,000.00 remaining on September 30, 2003 2004 from pay telephone revenues..."</p>	<p><b>Sec. 602.</b> No changes from current law, except: "...up to \$500,000.00 remaining on September 30, 2003 2004 from pay telephone revenues..."</p>
<p><i>Specifies that the funds appropriated in Part 1 for Forensic Mental Health Services provided to the Department of Corrections are in accordance with the interdepartmental plan developed in cooperation with the Department of Corrections. Authorizes the Department to receive and expend funds from the Department of Corrections to fulfill the obligations outlined in the Interdepartmental agreement.</i></p> <p><b>Sec. 603.</b> The funds appropriated in part 1 for forensic mental health services provided to the department of corrections are in accordance with the interdepartmental plan developed in cooperation with the department of corrections. The department is authorized to receive and expend funds from the department of corrections in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreements.</p>	<p><b>Sec. 603.</b> No changes from current law.</p>	<p><b>Sec. 603.</b> No changes from current law.</p>	<p><b>Sec. 603.</b> No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Requires CMHSPs to provide semiannual reports to the Department on the following information: The number of days of care purchased from state hospitals and centers; the number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers; the number and type of alternative placements to state hospitals and centers other than private hospitals; and waiting lists for placements in state hospitals and centers. Requires the Department to semiannually report the information to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p><b>Sec. 604.</b> (1) The CMHSPs shall provide semiannual reports to the department on the following information:</p> <p>(a) The number of days of care purchased from state hospitals and centers.</p> <p>(b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers.</p> <p>(c) The number and type of alternative placements to state hospitals and centers other than private hospitals.</p> <p>(d) Waiting lists for placements in state hospitals and centers.</p> <p>(2) The department shall semiannually report the information in subsection (1) to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>	EXECUTIVE	HOUSE	SENATE
	<p><b>Sec. 604.</b> (1) No changes from current law, except: "The CMHSPs/specialty prepaid health plans shall provide..."</p>	<p><b>Sec. 604.</b> (1) No changes from current law, except: "The CMHSPs or specialty prepaid health plans shall provide..."</p>	<p><b>Sec. 604.</b> (1) No changes from current law, except: "The CMHSPs or specialty prepaid health plans shall provide..."</p>
<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits the Department from implementing the closures or consolidations of state hospitals, centers, and agencies until CMHSPs have programs and services in place for those persons currently in the facilities. Requires the Department to provide a closure plan four months after the closure certification to the House of Representatives and Senate Appropriations Subcommittees on Community Health. Requires the transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs responsible for providing services to these clients.</i></p> <p><b>Sec. 605. (1)</b> The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities.</p>	<p><b>Sec. 605. (1)</b> No changes from current law, except: "...agencies until CMHSPs/specialty prepaid health plans have programs..."</p>	<p><b>Sec. 605. (1)</b> No changes from current law, except: "...agencies until CMHSPs or specialty prepaid health plans have programs..."</p>	<p><b>Sec. 605. (1)</b> No changes from current law, except: "...agencies until CMHSPs or specialty prepaid health plans have programs..."</p>
<p>(2) All closures or consolidations are dependent upon adequate department-approved CMHSP plans that include a discharge and aftercare plan for each person currently in the facility. A discharge and aftercare plan shall address the person's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the person's housing needs.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house of representatives and senate appropriations subcommittees on community health.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs responsible for providing services for persons previously served by the operations.</p>	<p>(4) No changes from current law, except: "...shall be transferred to CMHSPs/specialty prepaid health plans responsible..."</p>	<p>(4) No changes from current law, except: "...shall be transferred to CMHSPs or specialty prepaid health plans responsible..."</p>	<p>(4) No changes from current law, except: "...shall be transferred to CMHSPs or specialty prepaid health plans responsible..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Mental Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
<p><i>Allows the Department to collect revenue for patient reimbursement from first/third party payers, including Medicaid, to cover the cost of placement in state hospitals and centers. Authorizes the Department to adjust financing sources for patient reimbursement based on actual revenues earned. Permits the carry forward of revenue collected that exceeds current year expenditures if approved by the State Budget Director.</i></p> <p><b>Sec. 606.</b> The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.</p>	EXECUTIVE	HOUSE	SENATE
	<p><b>Sec. 606.</b> No changes from current law.</p>	<p><b>Sec. 606.</b> No changes from current law.</p>	<p><b>Sec. 606.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>INFECTIOUS DISEASE CONTROL</u></b></p> <p><i>Requires the Department and its subcontractors to ensure that adolescents receive priority for AIDS prevention, education, and outreach services.</i></p> <p><b>Sec. 801.</b> In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that adolescents receive priority for prevention, education, and outreach services. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 801.</b> No changes from current law.</p>	<p><b>Sec. 801.</b> No changes from current law.</p>	<p><b>Sec. 801.</b> No changes from current law.</p>
<p><i>Allows the Department to provide funding to the Michigan State Medical Society as the lead agency for continuing the development and implementation of AIDS provider education activities.</i></p> <p><b>Sec. 802.</b> In developing and implementing AIDS provider education activities, the department may provide funding to the Michigan state medical society to serve as lead agency to convene a consortium of health care providers, to design needed educational efforts, to fund other statewide provider groups, and to assure implementation of these efforts, in accordance with a plan approved by the department. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 802.</b> No changes from current law.</p>	<p><b>Sec. 802.</b> No changes from current law.</p>	<p><b>Sec. 802.</b> No changes from current law.</p>
<p><i>Directs the Department to continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary, without prohibiting the Department from providing assistance for improved AIDS treatment medications.</i></p> <p><b>Sec. 803.</b> The department shall continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary. This section is not intended to prohibit the department from providing assistance for improved AIDS treatment medications. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 803.</b> No changes from current law.</p>	<p><b>Sec. 803.</b> No changes from current law.</p>	<p><b>Sec. 803.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b>(THIS FY 2002-03 SECTION WAS VETOED BY THE GOVERNOR)</b> <i>Adds new Senate language to direct the Department to establish a Meningitis Prevention Initiative Fund in the amount of \$334,100. The fund can accept private and local contributions.</i></p> <p><b>Sec. 805. (1)</b> From the funds appropriated in part 1 for immunization local agreements, the department shall establish a Natalia Horak and Matthew Knueppel meningitis prevention initiative fund in the amount of \$334,100.00, unless otherwise adjusted pursuant to section 263. The department shall ensure that the fund may accept private and local contributions. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><b>(2)</b> The purpose of this fund shall be to provide grants to qualified organizations that will develop education modules targeted towards groups at increased risk of becoming infected with meningitis. The education modules shall provide information on the benefits and risks of vaccination as well as on early detection and treatment for all forms of the disease. Education pertaining to early detection, isolation, and treatment may also be developed for primary medical care providers and local health officers. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><b>(3)</b> The department shall establish the qualification criteria for organizations and shall provide quarterly reports on this initiative to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>EPIDEMIOLOGY</u></b></p> <p><i>Allocates \$300,000 for an asthma intervention program, including surveillance, community-based programs, and awareness and education. Directs the Department to seek federal funds available for asthma programs.</i></p> <p><b>Sec. 851.</b> From the funds appropriated in part 1 for asthma prevention and control, \$300,000.00 shall be allocated for an asthma intervention program, including surveillance, community-based programs, and awareness and education. The department shall seek federal funds as they are made available for asthma programs. <b>Conference: Concurs with the Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 851.</b> No changes from current law, except:  “... \$300,000 \$190,800 OF STATE FUNDS ...”</p>	<p>Delete current law.</p>
<p><b>(THIS FY 2002-03 SECTION WAS VETOED BY THE GOVERNOR)</b> <i>Modifies House version of new Senate language to allocate \$3.4 million of federal bioterrorism hospital preparedness funding to hospitals in six regions.</i></p> <p><b>Sec. 852.</b> From the funds appropriated in part 1 for bioterrorism preparedness from federal bioterrorism hospital preparedness funding and consistent with federal requirements, the department shall make the following allocations: \$300,000.00 to Sault Ste. Marie War Memorial Hospital, \$300,000.00 to Traverse City Munson Healthcare, \$300,000.00 to Battle Creek Health System, \$500,000.00 to Grand Rapids Metropolitan Medical Response System, \$1,000,000.00 to Sparrow Health System, and \$1,000,000.00 to Detroit Medical Center. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Not included.</p>	<p>Not included.</p>	<p>Not included.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b>(THIS FY 2002-03 SECTION WAS VETOED BY THE GOVERNOR)</b> <i>Includes new House section to allocate \$100 for a proactive research initiative regarding transmission of traditionally animal-borne diseases to humans.</i></p> <p><b>Sec. 853.</b> From the funds appropriated in part 1 for epidemiology administration, \$100.00 shall be allocated to allow and support a collaborative and ongoing research initiative between the department, Michigan State University, and the Michigan farm bureau to be proactive in human health concerns regarding the mutation and transmission of traditionally animal-borne diseases to the human population. <b>Conference: Concurr with the Senate.</b> <b>ENACTED: Vetoed by the Governor.</b></p>	<p>Not included.</p>	<p><b>SEC. 853. FROM THE FUNDS APPROPRIATED IN PART 1 FOR BIOTERRORISM PREPAREDNESS, \$1,000,000.00 SHALL BE ALLOCATED FOR BIOTERRORISM PREPAREDNESS AND RESPONSE SERVICES TO A MULTI-SPECIES LABORATORY AND NECROPSY FACILITY LOCATED IN THIS STATE THAT IS CERTIFIED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL, PLANT, HEALTH INSPECTION SERVICE, WITH A BIOSAFETY LEVEL 2/3 CERTIFICATION.</b></p>	<p><b>SEC. 853. FROM THE FUNDS APPROPRIATED IN PART 1 FOR BIOTERRORISM PREPAREDNESS, UP TO \$1,000,000.00, AS ALLOWED BY FEDERAL LAW AND REGULATIONS, SHALL BE ALLOCATED FOR BIOTERRORISM PREPAREDNESS AND RESPONSE SERVICES TO A MULTI-SPECIES LABORATORY AND NECROPSY FACILITY LOCATED IN THIS STATE THAT IS CERTIFIED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL, PLANT, HEALTH INSPECTION SERVICE, WITH A BIOSAFETY LEVEL 2/3 CERTIFICATION.</b></p>
<p><b>Conference: Concurr with the House, does not include.</b></p>			<p><b>SEC. 854. FROM THE FUNDS APPROPRIATED FOR BIOTERRORISM PREPAREDNESS, IT IS THE INTENT OF THE LEGISLATURE THAT PRIORITY CONSIDERATION FOR THE ALLOCATION OF THE BIOTERRORISM HOSPITAL PREPAREDNESS PORTION OF THE FUNDS BE GIVEN TO THE STATE'S LEVEL ONE TRAUMA CENTERS.</b></p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
Conference: Concurs with the House, does not include.			SEC. 855. (1) THE DEPARTMENT SHALL CONVENE A TOXIC MOLD PREVENTION SUMMIT TO FOCUS ON THE REDUCTION OF THE OCCURRENCE OF INDOOR TOXIC MOLD GROWTH AND RISK TO HUMAN HEALTH.
Conference: Concurs with the House, does not include.			(2) THE SUMMIT SHALL DO ALL OF THE FOLLOWING: (A) INVITE EXPERT ADVICE FROM RESEARCH UNIVERSITIES, UNIVERSITY SCHOOLS OF PUBLIC HEALTH, FEDERAL AGENCIES, AND OTHER ENTITIES OR PERSONS RECOGNIZED IN THIS SCIENCE AND APPLICATION. (B) FOCUS ON MODELS THAT HAVE PROVEN TO BE EFFECTIVE AT ACCOMPLISHING REDUCTION OF TOXIC MOLD GROWTH. (C) CONSIDER EXISTING BUILDING CODES, INSPECTION REQUIREMENTS, AND OTHER GUIDELINES AND STANDARDS FOR WAYS TO MINIMIZE BUILDING CONDITIONS THAT FACILITATE TOXIC MOLD GROWTH, AND FOR REMEDIATION OF OCCURRENCES OF TOXIC MOLD GROWTH. (D) ADVISE THE DEPARTMENT IN ITS EFFORTS WITH OTHER STATE DEPARTMENTS AND LOCAL ENTITIES HOW TO IMPROVE COOPERATION AMONG THE ORGANIZATIONS TO MAKE PUBLIC EFFORTS TO REDUCE TOXIC MOLD OCCURRENCE MORE EFFECTIVE.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
Conference: Concurs with the House, does not include.			(3) THE DEPARTMENT SHALL REPORT THE SUMMIT FINDINGS TO THE HOUSE AND SENATE COMMITTEES ON APPROPRIATIONS, THE HOUSE AND SENATE STANDING COMMITTEES ON HEALTH POLICY, AND THE HOUSE AND SENATE FISCAL AGENCIES NO LATER THAN MARCH 1, 2004.
<p><b><u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u></b></p> <p><i>Directs the Department to reimburse local health departments for costs incurred for services under the Informed consent law.</i></p> <p><b>Sec. 901.</b> The amount appropriated in part 1 for implementation of the 1993 amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall reimburse local health departments for costs incurred related to implementation of section 17015(15) of the public health code, 1978 PA 368, MCL 333.17015. Conference: Concurs with the Senate.</p>	<p><b>Sec. 901.</b> No changes from current law.</p>	<p><b>Sec. 901.</b> No changes from current law.</p>	<p><b>Sec. 901.</b> No changes from current law, except : “... implementation of section 17015 <del>(15)</del> (18) ...”</p>
<p><i>Provides authority for the Department to assess a penalty on a county of up to 5% of the local health department's local public health operations funding if that county ceases to be part of a district health department or an associated arrangement with other local health departments.</i></p> <p><b>Sec. 902.</b> If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1, 2002, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 5% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department. Conference: Concurs with the House and Senate.</p>	<p><b>Sec. 902.</b> No changes from current law, except: “... October 1, 2002 2003, ...”</p>	<p><b>Sec. 902.</b> No changes from current law, except: “... October 1, 2002 2003, ...”</p>	<p><b>Sec. 902.</b> No changes from current law, except: “... October 1, 2002 2003, ...”</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs the Department to report annually on the expenditures and activities of the lead abatement program.</i></p> <p><b>Sec. 903.</b> The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the expenditures and activities undertaken by the lead abatement program. The report shall include, but is not limited to, a funding allocation schedule, expenditures by category of expenditure and by subcontractor, revenues received, description of program elements, and description of program accomplishments and progress. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 903.</b> No changes from current law.</p>	<p><b>Sec. 903.</b> No changes from current law.</p>	<p><b>Sec. 903.</b> No changes from current law.</p>
<p><i>Establishes that local public health operations funds shall be prospectively allocated to local public health departments to support costs for nine state/local cost-shared services. Local public health departments will be held to contractual standards for these services. Certain of these services shall be provided in consultation with the Michigan Departments of Agriculture, and Environmental Quality. Local eligibility for distributions is contingent upon local spending of at least the amount expended locally in FY 1992-93 for these services. Requires that a report on planned allocations be made available upon request by April 1, 2003.</i></p> <p><b>Sec. 904.</b> (1) Funds appropriated in part 1 for local public health operations shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. Food protection shall be provided in consultation with the Michigan department of agriculture. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the Michigan department of environmental quality. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 904.</b> (1) No changes from current law.</p>	<p><b>Sec. 904.</b> (1) No changes from current law.</p>	<p><b>Sec. 904.</b> (1) No changes from current law.</p>
<p>(2) Local public health departments will be held to contractual standards for the services in subsection (1). <b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2002-2003 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1). <b>Conference: Concurs with the House and Senate.</b></p>	<p>(3) No changes from current law, except: “... 2002-2003 2003-2004 ...”</p>	<p>(3) No changes from current law, except: “... 2002-2003 2003-2004 ...”</p>	<p>(3) No changes from current law, except: “... 2002-2003 2003-2004 ...”</p>
<p>(4) By April 1, 2003, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health, the senate or house fiscal agency, or the state budget director on the planned allocation of the funds appropriated for local public health operations. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(4) No changes from current law, except: “By April 1, 2003 2004, ...”</p>	<p>(4) No changes from current law, except: “By April 1, 2003 2004, ...”</p>	<p>(4) No changes from current law, except: “By April 1, 2003 2004, ...”</p>
<p><b>Adds new Senate section to require the Department to provide no less than 100% of FY 2001-02 allocations to local public health departments in FY 2002-03 in implementing the new funding distribution methodology for local public health operations funds.</b></p> <p><b>Sec. 905.</b> In implementing the new funding distribution methodology developed by the local public health operations funding formula workgroup, the department shall allocate to local health departments in fiscal year 2002-2003 no less than 100% of their fiscal year 2001-2002 allocation. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><b><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></b></p> <p><b>Requires the Department to allocate funds to promote awareness, education and early detection of breast, cervical, prostate, and colorectal cancer and provide for other health promotion media activities.</b></p> <p><b>Sec. 1001.</b> From the state funds appropriated in part 1, the department shall allocate funds to promote awareness, education, and early detection of breast, cervical, prostate, and colorectal cancer, and provide for other health promotion media activities. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1001.</b> No changes from current law.</p>	<p><b>Sec. 1001.</b> No changes from current law.</p>	<p><b>Sec. 1001.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires that funding be allocated to certain school districts to provide a school health education curriculum that is in accordance with the health education goals established by the Michigan Model for the Comprehensive School Health Education State Steering Committee. Establishes steering committee membership and requires that curriculum materials be made available upon request.</i></p> <p><b>Sec. 1002. (1)</b> Provision of the school health education curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model for the comprehensive school health education state steering committee. The state steering committee shall be comprised of a representative from each of the following offices and departments:                      (a) The department of education.                      (b) The department of community health.                      (c) The health administration in the department of community health.                      (d) The bureau of mental health and substance abuse services in the department of community health.                      (e) The family independence agency.                      (f) The department of state police.  <b>Conference: Concurs with the House.</b></p>	<p><b>Sec. 1002. (1)</b> No changes from current law.</p>	<p><b>Sec. 1002. (1)</b> No changes from current law.</p>	<p><b>Sec. 1002. (1)</b> No changes from current law, except:                       "Provision of the school health education curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall <b>MAY</b> be in accordance..."</p>
<p>(2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.  <b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates funds to provide Alzheimer's disease information and referral services through regional networks.</i></p> <p><b>Sec. 1003.</b> Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1003.</b> No changes from current law.</p>	<p><b>Sec. 1003.</b> No changes from current law.</p>	<p><b>Sec. 1003.</b> No changes from current law.</p>
<p><i>Allows the Department to allocate up to \$755,000, unless adjusted pursuant to Sec. 263, to the Michigan Physical Fitness and Sports Foundation contingent upon a 20% minimum cash match from the Foundation.</i></p> <p><b>Sec. 1005.</b> From the funds appropriated in part 1 for physical fitness, nutrition, and health, up to \$755,000.00, unless otherwise adjusted pursuant to section 263, may be allocated to the Michigan physical fitness and sports foundation. The allocation to the Michigan physical fitness and sports foundation is contingent upon the foundation providing at least a 20% cash match. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><i>Requires the Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents, in spending funds allocated to smoking prevention programs.</i></p> <p><b>Sec. 1006.</b> In spending the funds appropriated in part 1 for the smoking prevention program, priority shall be given to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1006.</b> No changes from current law.</p>	<p><b>Sec. 1006.</b> No changes from current law.</p>	<p><b>Sec. 1006.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs that violence prevention funds be used for, but not limited to, programs aimed at the prevention of spouse, partner or child abuse and rape, and programs aimed at the prevention of workplace violence. Directs that the Department give equal consideration to public and private nonprofit grant applicants. The Department may provide funds to local school districts.</i></p> <p><b>Sec. 1007.</b> (1) The funds appropriated in part 1 for violence prevention shall be used for, but not be limited to, the following: (a) Programs aimed at the prevention of spouse, partner, or child abuse and rape. (b) Programs aimed at the prevention of workplace violence. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1007.</b> (1) No changes from current law.</p>	<p><b>Sec. 1007.</b> (1) No changes from current law.</p>	<p><b>Sec. 1007.</b> (1) No changes from current law.</p>
<p>(2) In awarding grants from the amounts appropriated in part 1 for violence prevention, the department shall give equal consideration to public and private nonprofit applicants. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) From the funds appropriated in part 1 for violence prevention, the department may include local school districts as recipients of the funds for family violence prevention programs. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><i>Contingent on the availability of certain funds, allocates \$1,500,000 from cancer prevention and control program funds to the Karmanos Cancer Institute/Wayne State University, the University of Michigan Comprehensive Cancer Center, and Michigan State University for cancer prevention activities consistent with the current priorities of the Michigan Cancer Consortium.</i></p> <p><b>Sec. 1008.</b> Contingent on the availability of additional funds appropriated for the cancer prevention and control program, including funds appropriated pursuant to section 263, \$1,500,000.00 shall be allocated to the Karmanos Cancer Institute/Wayne State University, to the University of Michigan comprehensive cancer center, and to Michigan State University for cancer and cancer prevention services and activities, consistent with the current priorities of the Michigan cancer consortium. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Permits the allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs.</i></p> <p><b>Sec. 1009.</b> From the funds appropriated in part 1 for the diabetes and kidney program, a portion of the funds may be allocated to the National Kidney Foundation of Michigan for kidney disease prevention programming including early identification and education programs and kidney disease prevention demonstration projects. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1009.</b> No changes from current law.</p>	<p><b>Sec. 1009.</b> No changes from current law.</p>	<p><b>Sec. 1009.</b> No changes from current law.</p>
<p><i>Allocates \$400,000 to implement the osteoporosis prevention and treatment education program targeting women and school health education.</i></p> <p><b>Sec. 1010.</b> Of the funds appropriated in part 1 for the health education, promotion, and research programs, the department shall allocate not less than \$400,000.00 to implement the osteoporosis prevention and treatment education program targeting women and school health education. As part of the program, the department shall design and implement strategies for raising public awareness on the causes and nature of osteoporosis, personal risk factors, value of prevention and early detection, and options for diagnosing and treating osteoporosis. <b>Conference:</b> <b>Sec. 1010. CONTINGENT ON THE AVAILABILITY OF STATE RESTRICTED HEALTHY MICHIGAN FUND MONEY OR FEDERAL PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT FUND MONEY, FUNDS SHALL BE APPROPRIATED FOR OSTEOPOROSIS PREVENTION AND TREATMENT EDUCATION.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p><b>Sec. 1010.</b> No changes from current law, except: “... <del>\$400,000.00</del> \$100,000.00 ...”</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Contingent on the availability of additional funds appropriated, allows the Department to fund a pilot project for cancer prevention and early detection for high-risk African-American low-income men.</i></p> <p><b>Sec. 1011.</b> Contingent on the availability of additional funds appropriated for the African-American male health initiative, the department may provide funding to support a pilot project for cancer prevention and early detection for high-risk African-American low-income men. The pilot project may be conducted by a group composed of the department, the Barbara Ann Karmanos Cancer Institute, and federally qualified health centers. Services that the pilot project may make available to uninsured or underinsured high-risk men, subject to informed consent, include screening for prostate cancer and colorectal cancer. Funds may be used for diagnostic services if screening results are abnormal and for treatment services if cancer is diagnosed. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Contingent on the availability of additional funds appropriated, allows the Department to provide funds for the implementation of the Michigan Parkinson's Initiative.</i></p> <p><b>Sec. 1013.</b> Contingent on the availability of additional funds appropriated for the Michigan Parkinson's Foundation, funds may be used for implementation of the Michigan Parkinson's Initiative which supports and educates persons with Parkinson's disease and their families. Members of the Michigan Parkinson's Initiative include the University of Michigan, Michigan State University, Wayne State University, Beaumont Hospital, St. John Hospital and Health Center, Henry Ford Health System, and other organizations as appropriate. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Allocates \$50,000 for stroke prevention, education, and outreach.</i></p> <p><b>Sec. 1019.</b> From the funds appropriated in part 1 for chronic disease prevention, \$50,000.00 shall be allocated for stroke prevention, education, and outreach. The objectives of the program shall include education to assist persons in identifying risk factors, and education to assist persons in the early identification of the occurrence of a stroke in order to minimize stroke damage. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1019.</b> No changes from current law.	<b>Sec. 1019.</b> No changes from current law.	<b>Sec. 1019.</b> No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates \$55,000 for a childhood and adult arthritis program, unless otherwise adjusted pursuant to Sec. 263.</i></p> <p><b>Sec. 1020.</b> From the funds appropriated in part 1 for chronic disease prevention, \$55,000.00, unless otherwise adjusted pursuant to section 263, shall be allocated for a childhood and adult arthritis program. <b>Conference: Concurs with the House and Senate and also makes the following change to recognize a Part 1 Increase in the appropriation: “... \$55,000.00 \$105,000.00 ...”</b></p>	<p><b>Sec. 1020.</b> No changes from current law, except:  “... <del>unless otherwise adjusted pursuant to section 263, ...</del>”</p>	<p><b>Sec. 1020.</b> No changes from current law, except:  “... <del>unless otherwise adjusted pursuant to section 263, ...</del>”</p>	<p><b>Sec. 1020.</b> No changes from current law, except:  “... <del>unless otherwise adjusted pursuant to section 263, ...</del>”</p>
<p><i>Allows the Department to allocate funds for spinal cord injury programs if federal funding becomes available.</i></p> <p><b>Sec. 1024.</b> Funds may be allocated for spinal cord injury programs if federal funding becomes available. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(THIS FY 2002-03 SECTION WAS VETOED BY THE GOVERNOR)</b> <i>Allocates up to \$50,000 for a Battle Creek diabetes and kidney prevention program.</i></p> <p><b>Sec. 1025.</b> From the funds appropriated in part 1 for the diabetes and kidney program, up to \$50,000.00 shall be allocated to a Battle Creek diabetes and kidney prevention program. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><i>Contingent on the availability of funds appropriated for chronic disease prevention, the Department may provide funds for a sickle cell anemia program for allocation to specific entities.</i></p> <p><b>Sec. 1026.</b> Contingent on the availability of funds appropriated in part 1 for chronic disease prevention, funds may be provided for the David S. Holmes sickle cell anemia program and allocated to the Barbara Ann Karmanos Cancer Institute/Wayne State University and the Children's Hospital of Michigan. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Contingent on the availability of funds appropriated for the African-American male health initiative, the Department may provide funds for a sickle cell anemia program for allocation to specific entities.</i></p> <p><b>Sec. 1027.</b> Contingent on the availability of funds appropriated in part 1 for the African-American male health initiative, funds may be provided for the David S. Holmes sickle cell anemia program and allocated to the Barbara Ann Karmanos Cancer Institute/Wayne State University and the Children's Hospital of Michigan. <b>Conference: Concur with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Contingent on the availability of funds appropriated for the African-American male health initiative, the Department may allocate funds to the African-American male health initiative at Henry Ford Health System.</i></p> <p><b>Sec. 1028.</b> Contingent on the availability of funds appropriated in part 1 for the African-American male health initiative, funds may be allocated to the African-American male health initiative program at Henry Ford health system. <b>Conference: Concur with the House.</b></p>	Delete current law.	<b>SEC. 1028. CONTINGENT ON THE AVAILABILITY OF STATE RESTRICTED HEALTHY MICHIGAN FUND MONEY OR FEDERAL PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT FUND MONEY, FUNDS SHALL BE APPROPRIATED FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE.</b>	<b>SEC. 1028. CONTINGENT ON THE AVAILABILITY OF STATE RESTRICTED HEALTHY MICHIGAN FUND MONEY OR FEDERAL PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT FUND MONEY, FUNDS MAY BE APPROPRIATED FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE.</b>
<p><b>Conference: Concur with the Senate, does not include.</b></p>		<b>SEC. 1029. CONTINGENT ON THE AVAILABILITY OF STATE RESTRICTED HEALTHY MICHIGAN FUND MONEY OR FEDERAL PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT FUND MONEY, FUNDS SHALL BE APPROPRIATED FOR THE MORRIS HOOD WAYNE STATE UNIVERSITY DIABETES OUTREACH PROGRAM.</b>	Not included.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>COMMUNITY LIVING, CHILDREN, AND FAMILIES</u></b></p> <p><i>Requires the Department to review the basis for the distribution of funds to local health departments and other agencies from various programs in the Community Living, Children, and Families appropriation unit and the WIC program and indicate the basis on which any projected underexpenditures are to be reallocated to other local agencies that demonstrate need.</i></p> <p><b>Sec. 1101.</b> The department shall review the basis for the distribution of funds to local health departments and other public and private agencies for the women, infants, and children food supplement program; family planning; early and periodic screening, diagnosis, and treatment program; and prenatal care outreach and service delivery support program and indicate the basis upon which any projected underexpenditures by local public and private agencies shall be reallocated to other local agencies that demonstrate need. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1101.</b> No changes from current law, except:</p> <p><del>“... early and periodic screening, diagnosis, and treatment program; ...”</del></p>	<p><b>Sec. 1101.</b> No changes from current law, except:</p> <p><del>“... early and periodic screening, diagnosis, and treatment program; ...”</del></p>	<p><b>Sec. 1101.</b> No changes from current law, except:</p> <p><del>“... early and periodic screening, diagnosis, and treatment program; ...”</del></p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Establishes criteria for agencies that receive funds for adolescent health care services, including annual reporting, creation of a local advisory committee, abortion and parental consent policies, a process for billing third-party payers, coordination with local school board for services rendered in a public school building; and requires a report by the Department.</i></p> <p><b>Sec. 1102. (1)</b> Agencies receiving funds for adolescent health care services shall do all of the following:                      (a) Require each adolescent health clinic funded by the agency to report to the department on an annual basis all of the following information:                      (i) Funding sources of the adolescent health clinic.                      (ii) Demographic information of populations served including sex, age, and race. Reporting and presentation of demographic data by age shall include the range of ages of 0-17 years and the range of ages of 18-23 years.                      (iii) Utilization data that reflects the number of visits and repeat visits and types of services provided per visit.                      (iv) Types and number of referrals to other health care agencies.                      (v) Total number of claims submitted by payer type, cost and number of services represented by the claims, and the payment rate by payer type.  <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p>(b) As a condition of the contract, a contract shall include the establishment of a local advisory committee before the planning phase of an adolescent health clinic intended to provide services within that school district. The advisory committee shall be comprised of not less than 50% residents of the local school district, and shall not be comprised of more than 50% health care providers. A person who is employed by the sponsoring agency shall not have voting privileges as a member of the advisory committee.  <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p>(c) Not allow an adolescent health clinic funded by the agency, as part of the services offered, to provide abortion counseling or services or make referrals for abortion services.  <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(d) Require each adolescent health clinic funded by the agency to have a written policy on parental consent, developed by the local advisory committee and submitted to the local school board for approval if the services are provided in a public school building where instruction is provided in grades kindergarten through 12. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	Delete current law.	Delete current law.
(e) Establish and implement a process for billing Medicaid, Medicaid HMOs, and other third-party payers. The billing and fee collection processes shall not breach the confidentiality of the client. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	Delete current law.	Delete current law.
(2) A local advisory committee established under subsection (1)(b), in cooperation with the sponsoring agency, shall submit written recommendations regarding the implementation and types of services rendered by an adolescent health clinic to the local school board for approval of adolescent health services rendered in a public school building where instruction is provided in grades kindergarten through 12. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	Delete current law.	Delete current law.
(3) The department shall submit a report to the members of the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director based on the information provided under subsection (1)(a). The report is due 90 days after the end of the calendar year. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to report by April 1, 2003, on planned allocations and additional actual service and expenditure data for local maternal and child health services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs.</i></p> <p><b>Sec. 1104.</b> Before April 1, 2003, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:                      (a) Funding allocations.                      (b) Actual number of women, children, and/or adolescents served and amounts expended for each group for the fiscal year 2001-2002.  <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1104.</b> No changes from current law, except:                      "... April 1, 2003 2004, ..."                      and                      "... fiscal year 2001-2002 2002-2003."</p>	<p><b>Sec. 1104.</b> No changes from current law, except:                      "... April 1, 2003 2004, ..."                      and                      "... fiscal year 2001-2002 2002-2003."</p>	<p><b>Sec. 1104.</b> No changes from current law, except:                      "... April 1, 2003 2004, ..."                      and                      "... fiscal year 2001-2002 2002-2003."</p>
<p><i>Requires the Department to contract for services to be provided through the Community Living, Children, and Families appropriation unit with local agencies best able to serve clients. Factors upon which to evaluate an agency's ability to serve clients are described.</i></p> <p><b>Sec. 1105.</b> For all programs for which an appropriation is made in part 1, the department shall contract with those local agencies best able to serve clients. Factors to be used by the department in evaluating agencies under this section shall include ability to serve high-risk population groups; ability to serve low-income clients, where applicable; availability of, and access to, service sites; management efficiency; and ability to meet federal standards, when applicable.  <b>Conference: Concurs with the House.</b></p>	<p><b>Sec. 1105.</b> No changes from current law.</p>	<p><b>Sec. 1105.</b> No changes from current law.</p>	<p>Delete current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators, and that those agencies not in compliance shall not receive supplemental or reallocated funds.</i></p> <p><b>Sec. 1106.</b> Each family planning program receiving federal title X family planning funds shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1106.</b> No changes from current law.</p>	<p><b>Sec. 1106.</b> No changes from current law.</p>	<p><b>Sec. 1106.</b> No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Establishes specific items of instruction as requirements for abstinence education programs expending federal abstinence education funds. Directs that funded programs target teenagers most likely to engage in high-risk behavior. Gives priority in allocation of funds to programs that do not provide contraceptives to minors and that strive to include parental involvement. Qualifying programs may receive such funds directly from the Department.</i></p> <p><b>Sec. 1106a. (1)</b> Federal abstinence money expended in part 1 for the purpose of promoting abstinence education shall provide abstinence education to teenagers most likely to engage in high-risk behavior as their primary focus, and may include programs that include 9- to 17-year-olds. Programs funded must meet all of the following guidelines:            (a) Teaches the gains to be realized by abstaining from sexual activity.            (b) Teaches abstinence from sexual activity outside of marriage as the expected standard for all school-age children.            (c) Teaches that abstinence is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other health problems.            (d) Teaches that a monogamous relationship in the context of marriage is the expected standard of human sexual activity.            (e) Teaches that sexual activity outside of marriage is likely to have harmful effects.            (f) Teaches that bearing children out of wedlock is likely to have harmful consequences.            (g) Teaches young people how to avoid sexual advances and how alcohol and drug use increases vulnerability to sexual advances.            (h) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.  <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1106a. (1)</b> No changes from current law.</p>	<p><b>Sec. 1106a. (1)</b> No changes from current law.</p>	<p><b>Sec. 1106a. (1)</b> No changes from current law.</p>
<p><b>(2)</b> Coalitions, organizations, and programs that do not provide contraceptives to minors and demonstrate efforts to include parental involvement as a means of reducing the risk of teens becoming pregnant shall be given priority in the allocations of funds.  <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>(2)</b> No changes from current law.</p>	<p><b>(2)</b> No changes from current law.</p>	<p><b>(2)</b> No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(3) Programs and organizations that meet the guidelines of subsection (1) and criteria of subsection (2) shall have the option of receiving all or part of their funds directly from the department of community health. Conference: <b>Concurs with the House and Senate.</b></p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><i>Restricts local administrative, data processing, and evaluation costs to 10% of the amount appropriated for prenatal care outreach and service delivery support.</i></p> <p>Sec. 1107. Of the amount appropriated in part 1 for prenatal care outreach and service delivery support, not more than 10% shall be expended for local administration, data processing, and evaluation. Conference: <b>Concurs with the House and Senate.</b></p>	<p>Sec. 1107. No changes from current law.</p>	<p>Sec. 1107. No changes from current law.</p>	<p>Sec. 1107. No changes from current law.</p>
<p><i>Prohibits pregnancy prevention appropriation line item funds from being used for abortion counseling, referrals, or services.</i></p> <p>Sec. 1108. The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services. Conference: <b>Concurs with the House and Senate.</b></p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>
<p><i>Allocates funds from the dental program to the Michigan Dental Association to administer a volunteer dental program to provide dental services to the uninsured; requires a report by the Department to be made available upon request not later than November 1, 2002.</i></p> <p>Sec. 1109. (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that would provide dental services to the uninsured in an amount that is no less than the amount allocated to that program in fiscal year 1996-1997. Conference: <b>Concurs with the Senate.</b></p>	<p>Sec. 1109. (1) No changes from current law.</p>	<p>Sec. 1109. (1) No changes from current law.</p>	<p>Sec. 1109. (1) No changes from current law, except: “(1) <b>SUBJECT TO SUBSECTION (3)</b>, from the amounts appropriated...”</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Not later than November 1, 2002, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health or the senate or house of representatives standing committee on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures through September 30, 2002. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law, except: "Not later than <del>November 1,</del> <b>2002 DECEMBER 1 OF THE CURRENT FISCAL YEAR...</b>"  and "... <del>September 30, 2002</del> <b>2003.</b>"</p>	<p>(2) No changes from current law, except: "Not later than <del>November 1,</del> <b>2002 DECEMBER 1 OF THE CURRENT FISCAL YEAR...</b>"  and "... <del>September 30, 2002</del> <b>2003.</b>"</p>	<p>(2) No changes from current law, except: "Not later than <del>November 1,</del> <b>2002 DECEMBER 1 OF THE CURRENT FISCAL YEAR...</b>"  and "... <del>September 30, 2002</del> <b>2003.</b>"</p>
<p><b>Conference: Concurs with the Senate.</b></p>			<p><b>(3) AS A CONDITION TO RECEIVING THE ALLOCATION OF THE FUNDS DESCRIBED IN SUBSECTION (1), THE MICHIGAN DENTAL ASSOCIATION SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES DOCUMENTING THE MICHIGAN DENTAL ASSOCIATION'S EFFORTS TO INCREASE ITS MEMBERSHIP'S PARTICIPATION AS MEDICAID PROVIDERS. THIS REPORT SHALL BE PROVIDED NO LATER THAN DECEMBER 1, 2003.</b></p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Agencies currently receiving pregnancy prevention and family planning funds shall have the option of receiving those funds directly from the Department and be designated as delegate agencies.</i></p> <p><b>Sec. 1110.</b> Agencies that currently receive pregnancy prevention funds and either receive or are eligible for other family planning funds shall have the option of receiving all of their family planning funds directly from the department of community health and be designated as delegate agencies. <b>Conference: Concur with the House and Senate.</b></p>	<p><b>Sec. 1110.</b> No changes from current law.</p>	<p><b>Sec. 1110.</b> No changes from current law.</p>	<p><b>Sec. 1110.</b> No changes from current law.</p>
<p><i>Directs the Department to allocate no less than 87% of family planning and pregnancy prevention funds for the direct provision of services.</i></p> <p><b>Sec. 1111.</b> The department shall allocate no less than 87% of the funds appropriated in part 1 for family planning local agreements and the pregnancy prevention program for the direct provision of family planning/pregnancy prevention services. <b>Conference: Concur with the House and Senate.</b></p>	<p><b>Sec. 1111.</b> No changes from current law.</p>	<p><b>Sec. 1111.</b> No changes from current law.</p>	<p><b>Sec. 1111.</b> No changes from current law.</p>
<p><i>Allocates at least \$1,000,000 to communities with high infant mortality rates.</i></p> <p><b>Sec. 1112.</b> From the funds appropriated for prenatal care outreach and service delivery support, the department shall allocate at least \$1,000,000.00 to communities with high infant mortality rates. <b>Conference: Concur with the House and Senate.</b></p>	<p><b>Sec. 1112.</b> No changes from current law.</p>	<p><b>Sec. 1112.</b> No changes from current law.</p>	<p><b>Sec. 1112.</b> No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Contingent on the availability of additional funds appropriated, including funds pursuant to Sec. 263, requires the Department to allocate \$200,000 for education and outreach on fetal alcohol syndrome, the dangers of drug use during pregnancy, and neonatal addiction, and for further development of infant support services to affected families.</i></p> <p><b>Sec. 1113.</b> Contingent on the availability of additional funds appropriated for special projects, including funds appropriated pursuant to section 263, the department shall allocate no less than \$200,000.00 to provide education and outreach to targeted populations on the dangers of drug use during pregnancy, neonatal addiction, and fetal alcohol syndrome and further develop its infant support services to target families with infants with fetal alcohol syndrome or suffering from drug addiction. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Allows the Department to allocate \$200,000 for pilot grants to institutions of higher education for services for enrolled students in need of pregnancy and parenting resources and support services, which may be established as a three-year work project.</i></p> <p><b>Sec. 1115.</b> From the funds appropriated in part 1 for special projects, the department may allocate \$200,000.00 for pilot grants to institutions of higher education to make available a network of resources and support services for students enrolled in the participating institution of higher education who are in need of pregnancy and parenting services. The funds may also be utilized for administration of the grants and assessment of need. This appropriation may be established as a 3-year work project. For purposes of this section, "institution of higher education" means a university, college, or community college located in the state of Michigan. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates appropriate funds to local public health departments for the purpose of providing EPSDT, maternal and infant support services outreach, and other Medicaid outreach and support services.</i></p> <p><b>Sec. 1120.</b> The department shall allocate appropriate funds to local public health departments for the purpose of providing EPSDT, maternal and infant support services outreach, and other Medicaid outreach and support services. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Contingent on the availability of funds appropriated, allows the Department to allocate \$150,000 for continuation of children's respite services that were funded in FY 2000-01.</i></p> <p><b>Sec. 1121.</b> Contingent on the availability of funds appropriated in part 1 for special projects, \$150,000.00 may be allocated for the continuation of children's respite services that were funded in fiscal year 2000-2001. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><b>(SUBSECTION (1) WAS VETOED BY THE GOVERNOR)</b> <i>Subsection (1) requires the Department to allocate \$450,000 from federal maternal and child health block grant funds for the statewide fetal infant mortality review network, if additional block grant funds are available. Subsection (2) directs that the network be funded with a like amount in FY 2003-04 if federal funds become available. Veto eliminated subsection (1).</i></p> <p><b>Sec. 1124. (1)</b> From the funds appropriated in part 1 from the federal maternal and child health block grant, \$450,000.00 shall be allocated if additional block grant funds are available for the statewide fetal infant mortality review network. <b>Conference: Concurs with the Senate.</b></p>	(1) Not included.	(1) Not included.	<b>Sec. 1124. (1)</b> Same as enrolled current year.
<p><b>(2)</b> It is the intent of the legislature that this project shall be funded with a like amount in fiscal year 2003-2004 should federal funds become available. <b>Conference: Concurs with the Senate.</b></p>	Delete current law.	Delete current law.	<b>(2)</b> No changes from current law, except:  "... 2003-2004 2004-2005 ..."

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b>(THIS FY 2002-03 SUPPLEMENTAL SECTION WAS VETOED BY THE GOVERNOR)</b> <i>Supplemental allocates additional federal maternal and child health block grant funds for the statewide fetal infant mortality review network, if the funds are available.</i></p> <p><b>PUBLIC ACT 746 OF 2002. Sec. 1307.</b> From the funds appropriated from the federal maternal and child health block grant, \$450,000.00 shall be allocated if additional block grant funds are available for the statewide fetal infant mortality review network. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><i>Requires the Department to make every effort to maximize the receipt of federal Medicaid funds to support the activities of the migrant health care program, as funded by the migrant health services appropriation line item.</i></p> <p><b>Sec. 1128.</b> The department shall make every effort to maximize the receipt of federal Medicaid funds to support the activities of the migrant health care line item. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1128.</b> No changes from current law.	<b>Sec. 1128.</b> No changes from current law.	<b>Sec. 1128.</b> No changes from current law.
<p><i>Requires the Department to annually report to the Legislature on the number of children with elevated blood lead levels, by county, and indicating the blood lead level.</i></p> <p><b>Sec. 1129.</b> The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the number of children with elevated blood lead levels. The report shall provide the information by county and shall include the level of blood lead reported. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<p><b>Sec. 1129.</b> No changes from current law, except:</p> <p>“...on the number of children with elevated blood lead levels <b>FROM INFORMATION AVAILABLE TO THE DEPARTMENT.</b> The report shall provide the information by county and, shall include the level of blood lead reported, <b>AND SHALL INDICATE THE SOURCES OF THE INFORMATION.</b></p>	<p><b>Sec. 1129.</b> (Same as the House) No changes from current law, except:</p> <p>“...on the number of children with elevated blood lead levels <b>FROM INFORMATION AVAILABLE TO THE DEPARTMENT.</b> The report shall provide the information by county and, shall include the level of blood lead reported, <b>AND SHALL INDICATE THE SOURCES OF THE INFORMATION.</b></p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public.</i></p> <p><b>Sec. 1133.</b> The department shall release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1133.</b> No changes from current law.</p>	<p><b>Sec. 1133.</b> No changes from current law.</p>	<p><b>Sec. 1133.</b> No changes from current law.</p>
<p><i>Allows the department to provide \$100,000 to the yellow ribbon suicide prevention program for a pilot project, on the condition that unallocated funds are available in the special projects line item following allotment of funds to existing programs that are required to be funded under this act.</i></p> <p><b>Sec. 1134.</b> On the condition that there are unallocated funds remaining in the special projects line item, following the allotment of funds from this line item to existing programs that are required to be funded under this act, the department may provide \$100,000.00 to the yellow ribbon suicide prevention program for an adolescent suicide and assessment pilot project. <b>Conference: Concurs with the Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p><b>Sec. 1134.</b> No changes from current law.</p>
<p><i>Requires the Department to implement a sponsor-to-alien deeming policy for aliens seeking services under any means-tested state-funded program; and to seek reimbursement from sponsors for nonqualified aliens who have received services.</i></p> <p><b>Sec. 1135.</b> (1) Pursuant to applicable federal law, the department shall implement a sponsor-to-alien deeming policy for all nonqualified or qualified aliens seeking services under any means-tested state-funded program. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(2) Prior to the effective date of the specified policy in subsection (1) but no sooner than October 1, 2002, the department shall seek reimbursement from the sponsors of record of any nonqualified or qualified alien who has received services under any means-tested state-funded program, unless the reimbursement is prohibited by federal law. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b>(THIS FY 2002-03 SECTION WAS VETOED BY THE GOVERNOR)</b> <i>Allocates \$1.1 million to child advocacy centers in Michigan, with \$100,000 being allocated to each of 11 centers.</i></p> <p><b>Sec. 1136.</b> From the funds appropriated in part 1 for special projects, the department shall allocate a total of \$1,100,000.00 to the child advocacy centers in this state, with \$100,000.00 being allocated to each child advocacy center. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><b><u>WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM</u></b></p> <p><i>Requires that the Department, in administering the federal summer food service program for children, effectively utilize resources and infrastructure in place for existing food programs administered by the Department and other state agencies when possible.</i></p> <p><b>Sec. 1150.</b> In administering the federal summer food service program for children, the department shall work to effectively utilize when possible resources and infrastructure that are in place for existing food programs administered by the department and other state agencies including the department of education. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Allows the Department to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, Project FRESH, to enable the Department to request federal matching funds by April 1, 2003, based on local commitment of funds.</i></p> <p><b>Sec. 1151.</b> The department may work with local participating agencies to define local annual contributions for the farmer's market nutrition program, project FRESH, to enable the department to request federal matching funds by April 1, 2003 based on local commitment of funds. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1151.</b> No changes from current law, except: "... by April 1, 2003 2004 ..."</p>	<p><b>Sec. 1151.</b> No changes from current law, except: "... by April 1, 2003 2004 ..."</p>	<p><b>Sec. 1151.</b> No changes from current law, except: "... by April 1, 2003 2004 ..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Public Health Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>CHILDREN'S SPECIAL HEALTH CARE SERVICES</u></b></p> <p><i>Requires that payments for medical care and treatment be made consistent with the reimbursement policies of the Michigan medical services program.</i></p> <p><b>Sec. 1201.</b> Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined by the Michigan medical services program. Exceptions to these policies may be taken with the prior approval of the state budget director. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1201.</b> No changes to current law.</p>	<p><b>Sec. 1201.</b> No changes to current law.</p>	<p><b>Sec. 1201.</b> No changes to current law.</p>
<p><i>Allows the Children's Special Health Care Services program to provide (a) special formula for persons with certain metabolic and allergic disorders; (b) treatment to persons age 21 or older with cystic fibrosis; (c) genetic diagnostic and counseling services; and (d) services to persons age 21 or older with hemophilia.</i></p> <p><b>Sec. 1202.</b> The department may do 1 or more of the following:</p> <p>(a) Provide special formula for eligible clients with specified metabolic and allergic disorders.</p> <p>(b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.</p> <p>(c) Provide genetic diagnostic and counseling services for eligible families.</p> <p>(d) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1202.</b> No changes to current law.</p>	<p><b>Sec. 1202.</b> No changes to current law.</p>	<p><b>Sec. 1202.</b> No changes to current law.</p>
<p><i>Requires that the Department refer clients of the program to the locally-based services program in their community.</i></p> <p><b>Sec. 1203.</b> All children who are determined medically eligible for the children's special health care services program shall be referred to the appropriate locally-based services program in their community. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1203.</b> No changes to current law.</p>	<p><b>Sec. 1203.</b> No changes to current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Drug Control Policy Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><u>OFFICE OF DRUG CONTROL POLICY</u></p> <p>Conference: Concurs with the House.</p>	<p><b>SEC. 1300. IN ADDITION TO THE \$1.8 MILLION IN BYRNE FORMULA GRANT PROGRAM FUNDING THE DEPARTMENT PROVIDES TO LOCAL DRUG TREATMENT COURTS, THE DEPARTMENT SHALL PROVIDE \$1.8 MILLION IN BYRNE FORMULA GRANT PROGRAM FUNDING TO THE JUDICIARY BY INTERDEPARTMENTAL GRANT.</b></p>	<p><b>SEC. 1250. IN ADDITION TO THE \$1.8 MILLION IN BYRNE FORMULA GRANT PROGRAM FUNDING THE DEPARTMENT PROVIDES TO LOCAL DRUG TREATMENT COURTS, THE DEPARTMENT SHALL PROVIDE \$1.8 MILLION IN BYRNE FORMULA GRANT PROGRAM FUNDING TO THE JUDICIARY BY INTERDEPARTMENTAL GRANT.</b></p>	<p>Not included.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Crime Victim Services Commission Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>CRIME VICTIM SERVICES COMMISSION</u></b></p> <p><i>Authorizes crime victim services commission per diem amount of \$50.</i></p> <p><b>Sec. 1301.</b> The per diem amount authorized for the crime victim services commission is \$50.00. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Allocates up to \$50,000 for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Unexpended funds shall be carried forward.</i></p> <p><b>Sec. 1302.</b> From the funds appropriated in part 1 for justice assistance grants, up to \$50,000.00 shall be allocated for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination, training, and counseling. Unexpended funds shall be carried forward. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<b>Sec. 1302.</b> No changes from current law.	<b>Sec. 1302.</b> No changes from current law.
<p><i>If Senate Bill 552 of the 91<sup>st</sup> Legislature is enacted into law with an effective date in FY 2002-03 and it authorizes such reimbursement, victims of criminal sexual assault shall be eligible to obtain reimbursement for the costs of any medically necessary services that may be needed for evidence to prosecute an offender, and that would otherwise be the financial responsibility of the victim.</i></p> <p><b>Sec. 1303.</b> (1) From the funds appropriated in part 1 for crime victim rights services grants, victims of criminal sexual assault shall be eligible to obtain reimbursement for the costs of any medically necessary services that may be needed for the collection of evidence used to identify, apprehend, and prosecute the offender or offenders, and that would otherwise be the financial responsibility of the victim. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.

DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Crime Victim Services Commission Component

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) This section does not take effect unless Senate Bill No. 552 of the 91st Legislature is enacted into law, its effective date is a date in fiscal year 2002-2003, and it authorizes the reimbursements described in subsection (1). Conference: Concurs with the House and Senate.</p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Requires the Department to work with other named entities to ensure that certain recommended procedures are followed in the collection of evidence in cases of sexual assault.</i></p> <p><b>Sec. 1304.</b> The department shall work with the department of state police, the Michigan hospital association, the Michigan state medical society, and the Michigan nurses association to ensure that the recommendations included in the "Standard Recommended Procedures for the Emergency Treatment of Sexual Assault Victims" are followed in the collection of evidence. Conference: Concurs with the House and Senate.</p>	Delete current law.	<b>Sec. 1304.</b> No changes from current law.	<b>Sec. 1304.</b> No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Offices of Services to the Aging Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>OFFICE OF SERVICES TO THE AGING</u></b></p> <p><i>Funding for community, nutrition, and home services is restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under certain federal provisions.</i></p> <p><b>Sec. 1401.</b> The appropriation in part 1 to the office of services to the aging, for community and nutrition services and home services, shall be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under title XVIII, XIX, or XX. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1401.</b> No changes from current law.</p>	<p><b>Sec. 1401.</b> No changes from current law.</p>	<p><b>Sec. 1401.</b> No changes from current law.</p>
<p><i>Requires regions to report home-delivered meals waiting lists to the Office of Services to the Aging; criteria for being on the waiting list are stated.</i></p> <p><b>Sec. 1403.</b> The office of services to the aging shall require each region to report to the office of services to the aging home delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following: (a) The recipient's degree of frailty. (b) The recipient's inability to prepare his or her own meals safely. (c) Whether the recipient has another care provider available. (d) Any other qualifications normally necessary for the recipient to receive home delivered meals. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1403.</b> No changes from current law.</p>	<p><b>Sec. 1403.</b> No changes from current law.</p>	<p><b>Sec. 1403.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Offices of Services to the Aging Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows area agencies on aging and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services. Fees shall be based on a sliding scale, taking client income into consideration, and shall be used to expand services.</i></p> <p><b>Sec. 1404.</b> The area agencies and local providers may receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services. The fees shall be based on a sliding scale, taking client income into consideration. The fees shall be used to expand services. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1404.</b> No changes from current law.</p>	<p><b>Sec. 1404.</b> No changes from current law.</p>	<p><b>Sec. 1404.</b> No changes from current law.</p>
<p><i>Requires that the \$5,000,000 respite care appropriation of tobacco settlement funds shall be used only for direct respite care or adult respite care center services, and shall be allocated according to a long-term care plan. Not more than 10% of the allocation shall be expended for administrative purposes.</i></p> <p><b>Sec. 1406.</b> The appropriation of \$5,000,000.00 of tobacco settlement funds to the office of services to the aging for the respite care program shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1657 of 1998 PA 336 upon implementation of the plan. The use of the funds shall be for direct respite care or adult respite care center services. Not more than 10% of the amount allocated under this section shall be expended for administration and administrative purposes. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1406.</b> No changes from current law.</p>	<p><b>Sec. 1406.</b> No changes from current law.</p>	<p><b>Sec. 1406.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Offices of Services to the Aging Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires that the \$761,000 long-term care advisor appropriation of tobacco settlement funds shall be allocated according to a long-term care plan, and that the activities of the long-term care advisor shall support awareness for a continuum of care for older adults and shall promote and support family involvement.</i></p> <p><b>Sec. 1407.</b> (1) The appropriation of \$761,000.00 of tobacco settlement funds to the office of services to the aging for the long-term care advisor shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1657 of 1998 PA 336 upon implementation of the plan. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) Activities of the long-term care advisor shall support awareness for a continuum of care for older adults including assisted living arrangements, and shall promote and support family involvement. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Requires the Office of Services to the Aging to award local funds in accordance with locally-determined needs.</i></p> <p><b>Sec. 1408.</b> The office of services to the aging shall provide that funds appropriated under this act shall be awarded on a local level in accordance with locally determined needs. <b>Conference: Concurs with the Senate.</b></p>	<p><b>Sec. 1408.</b> No changes from current law, except: “... under this act <b>BILL</b> ...”</p>	<p><b>Sec. 1408.</b> No changes from current law.</p>	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Offices of Services to the Aging Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Establishes the Legislature's support of locally-based services, support of local counties in their approval of area agency on aging plans and in changing membership of area agencies on aging in their region, and the Legislature's intent to prohibit area agencies on aging from providing direct services unless a waiver has been received from the Department.</i></p> <p><b>Sec. 1413.</b> The legislature affirms the commitment to locally-based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local counties to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county. The legislature supports the office of services to the aging working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home and community-based waiver services, unless they receive a waiver from the department. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1413.</b> No changes from current law.</p>	<p><b>Sec. 1413.</b> No changes from current law.</p>
<p><i>Establishes the Legislature's commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home and community-based services waiver program.</i></p> <p><b>Sec. 1416.</b> The legislature affirms the commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home and community services waiver program. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1416.</b> No changes from current law.</p>	<p><b>Sec. 1416.</b> No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –**  
**Boilerplate for Medical Services Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>MEDICAL SERVICES ADMINISTRATION</u></b></p> <p><i>Directs the Department of Community Health, in conjunction with the Department of Consumer and Industry Services, to explore options for extending health coverage to the working disabled through the federal "Ticket to Work" legislation, and requires a report by October 1, 2002.</i></p> <p><b>Sec. 1505.</b> The department shall work with the department of career development to explore options available under the ticket to work and work incentives improvement act of 1999, Public Law 106-170, 113 Stat. 1860. The department shall provide a report on the options to extend health care coverage for working disabled persons under federal law by October 1, 2002. <b>Conference: Concurs with the Senate.</b></p>	Delete current law.	<b>Sec. 1505.</b> No changes to current law except report date change to October 1, 2003.	Delete current law.
<p><i>Establishes \$50,000 for the "Ticket to Work" program as a work project to be carried forward in FY 2002-03.</i></p> <p><b>Sec. 1507.</b> Of the amount appropriated to medical services administration for the "Ticket to Work" initiative in 2000 PA 296, \$50,000.00 shall be considered a work project. Those funds shall not lapse on September 30, 2002 and shall be carried forward for the purpose of supporting expenditures for the "Ticket to Work" initiative in fiscal year 2002-2003. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Allocates \$200,000 for School district health center training and assistance in MICHild enrollment, delivery system coordination, and service reimbursement procedures.</i></p> <p><b>VETOED</b></p> <p><b>Sec. 1508.</b> From funds appropriated in part 1 for MICHild administration, up to \$200,000.00 shall be allocated to school district health center training and assistance in MICHild enrollment, delivery system coordination, and service reimbursement procedures. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Medical Services Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b>MEDICAL SERVICES</b> <i>Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.</i></p> <p><b>Sec. 1601.</b> The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1601.</b> No changes from current law.</p>	<p><b>Sec. 1601.</b> No changes from current law.</p>	<p><b>Sec. 1601.</b> No changes from current law.</p>
<p><i>Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.</i></p> <p><b>Sec. 1602.</b> Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty line, pursuant to the state's option to elect such coverage set out at section 1902(a)(10)(A)(ii) and (m) of title XIX, 42 U.S.C. 1396a. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1602.</b> No changes from current law.</p>	<p><b>Sec. 1602.</b> No changes from current law.</p>	<p><b>Sec. 1602.</b> No changes from current law.</p>
<p><i>Allows the Department to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.</i></p> <p><b>Sec. 1603.</b> (1) The department may establish a program for persons to purchase medical coverage at a rate determined by the department</p> <p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p> <p>(3) The premiums described in this section shall be classified as private funds. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1603.</b> No changes from current law.</p>	<p><b>Sec. 1603.</b> No changes from current law.</p>	<p><b>Sec. 1603.</b> No changes from current law.</p>
<p><i>Directs the department to report by November 1, 2002 on the steps required to increase the Medicaid protected income level to the Social Security substantial gainful activity level for persons receiving social security disability.</i></p> <p><b>Sec. 1604.</b> (1) The department shall ascertain the steps required for federal approval to utilize the social security substantial gainful activity level as the state's Medicaid spend-down protected income level for non elderly individuals receiving social security disability income. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Medical Services Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(2) The department, after appropriate consultation with the federal government, shall project an annual cost to the department's budget if federal approval for the protected income level change referenced in subsection (1) were granted.	Delete current law.	Delete current law.	Delete current law.
(3) Not later than March 1, 2003, the department shall report its findings regarding subsections (1) and (2) to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	Delete current law.	Delete current law.
<b><i>Establishes the Medicaid protected income level at 100% of the public assistance standard and requires 90-day notice prior to implementation of changes in the protected income level.</i></b>  <b>Sec. 1605.</b> (1) The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.  (2) The department shall notify the senate and house of representatives appropriations subcommittees on community health and the state budget director of any proposed revisions to the protected income level for Medicaid coverage related to the public assistance standard 90 days prior to implementation. <b>Conference: Concurs with the House and Senate.</b>	<b>Sec. 1605.</b> (1) No changes from current law.  (2) No changes from current law.	<b>Sec. 1605.</b> (1) No changes from current law.  (2) No changes from current law.	<b>Sec. 1605.</b> (1) No changes from current law.  (2) No changes from current law.
<b><i>Limits the deduction for guardian and conservator charges to \$60 per month for Medicaid eligibility and patient pay amounts.</i></b>  <b>Sec. 1606.</b> For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts. <b>Conference: Concurs with the House and Senate.</b>	<b>Sec. 1606.</b> No changes from current law.	<b>Sec. 1606.</b> No changes from current law.	<b>Sec. 1606.</b> No changes from current law.
<b><i>Medicaid applicants who are pregnant shall be presumed eligible unless the preponderance of the evidence indicates otherwise. Sets procedures to facilitate access to care for pregnant women and exempts them from mandatory managed care enrollment.</i></b> <b>REPEALED</b> <b>Sec. 1607.</b> (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. <b>Conference: Concurs with the House and Senate.</b>	<b>Sec. 1607.</b> (1) Restores repealed language.	<b>Sec. 1607.</b> (1) No changes from current law in Sec. 1319 in PA 746.	<b>Sec. 1607.</b> (1) No changes from current law in Sec. 1319 in PA 746.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Medical Services Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. In addition, the applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence. <b>Conference: Concurs with the House and Senate.</b></p>	(2) Restores repealed language.	(2) No changes from current law in Sec. 1319 in PA 746.	(2) No changes from current law in Sec. 1319 in PA 746.
<p>(3) An applicant that selects a Medicaid provider, other than a managed care plan, from which to receive pregnancy services, shall not be required to enroll in a managed care plan until the end of the second month postpartum. <b>Conference: Concurs with the House and Senate.</b></p>	(3) Restores repealed language.	(3) No changes from current law in Sec. 1319 in PA 746.	(3) No changes from current law in Sec. 1319 in PA 746.
<p>4) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the department that the applicant was found to be ineligible for Medicaid. <b>Conference: Concurs with the House.</b></p>	(4) Restores repealed language.	(4) No changes from current law in Sec. 1319 in PA 746.	(4) No changes from current law in Sec. 1319 in PA 746 except to change "shall" to "may".
<p>(5) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services. <b>Conference: Concurs with the House and Senate.</b></p> <p><i>Sec. 1607 repealed by Public Act 746 of 2002 and replaced with new Sec. 1319 that allows a pregnant woman who qualifies for Medicaid to obtain care from the obstetrician of her choice without prior authorization and requires Medicaid payment rates if there is no contract between the hospital and health plan</i></p>	(5) Restores repealed language.	(5) Not included.	(5) THE DEPARTMENT SHALL DEVELOP AN ENROLLMENT PROCESS FOR PREGNANT WOMEN COVERED UNDER THIS SECTION THAT FACILITATES THE SELECTION OF A MANAGED CARE PLAN
<p><i>Provides for a pamphlet on patient rights and responsibilities to be updated and distributed to providers.</i></p> <p><b>Sec. 1608.</b> The department shall update by October 1, 2002 and distribute by November 1, 2002 to health care providers the pamphlet identifying patient rights and responsibilities described in section 20201 of the public health code, 1978 PA 368, MCL 333.20201. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<b>Sec. 1608.</b> No changes from current law except for date changes to October 1 and November 1, 2003.	<b>Sec. 1608.</b> No changes from current law except for date changes to October 1 and November 1, 2003.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to provide a cost report grievance process for medical providers and payment within nine months following submission of cost reports.</i></p> <p><b>Sec. 1610.</b> The department of community health shall provide an administrative procedure for the review of cost report grievances by medical services providers with regard to reimbursement under the medical services program. Settlements of properly submitted cost reports shall be paid not later than 9 months from receipt of the final report. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<b>Sec. 1610.</b> No changes from current law.	<b>Sec. 1610.</b> No changes from current law.
<p><i>Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. The Hospital Services payments for persons who are dually eligible for Medicare and Medicaid are to include capital payments in determining the Medicaid reimbursement amount.</i></p> <p><b>Sec. 1611. (1)</b> For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare, those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services copayment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1611. (1)</b> No changes from current law.	<b>Sec. 1611. (1)</b> No changes from current law.	<b>Sec. 1611. (1)</b> No changes from current law.
<p>(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare Part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments. <b>Conference: Concurs with the House and Senate.</b></p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expresses legislative intent that a uniform Medicaid and school-based services billing form be developed and requires bimonthly reports on the progress of the initiative. Veto eliminated the requirement that HMOs adhere to the time frames for payment to providers provided in state law (subsection 2).</i></p> <p><b>Sec. 1612.</b> (1) It is the intent of the legislature that a uniform Medicaid and school-based services billing form be developed by the department in consultation with affected Medicaid providers. Every 2 months, the department shall provide reports to members of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies on the progress of this initiative. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><b>VETOED</b> (2) HMOs that contract with the department to provide services to the Medicaid population shall adhere to the time frames for payment of clean claims as defined in section 111i(2)(a) of the social welfare act, 1939 PA 280, MCL 400.111i, submitted by health professionals and facilities and provide notice of any defect in claims submitted as specified in section 111i of the social welfare act, 1939 PA 280, MCL 400.111i. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><i>Allows the Department to require enrolled Medicaid providers to submit their billings electronically and requires the implementation of a program for Medicaid providers to submit their bills over the internet by April 1, 2003.</i></p> <p><b>Sec. 1615.</b> Unless prohibited by federal or state law or regulation, the department may require enrolled Medicaid providers to submit their billings for services electronically. The department shall also develop and implement a program that provides a mechanism for Medicaid providers to submit their billings for services over the internet by April 1, 2003. <b>Conference: Concurs with the House.</b></p>	<p><b>Sec. 1615.</b> Unless prohibited by federal or state law or regulation, the department may require enrolled Medicaid providers to submit their billings for services electronically <b>AND HAVE</b> <del>The department shall also develop and implement</del> a program that provides a mechanism for Medicaid providers to submit their billings for services over the internet by April 1, 2003.</p>	<p><b>Sec. 1615.</b> Unless prohibited by federal or state law or regulation, the department may <b>SHALL</b> require enrolled Medicaid providers to submit their billings for services electronically <b>BY APRIL 1, 2004 AND HAVE</b> <del>The department shall also develop and implement</del> a program that provides a mechanism for Medicaid providers to submit their billings for services over the internet by April 1, 2003 .</p>	<p><b>Sec. 1615.</b> Unless prohibited by federal or state law or regulation, the department may <b>SHALL</b> require enrolled Medicaid providers to submit their billings for services electronically <b>BY MARCH 1, 2004 AND HAVE</b> <del>The department shall also develop and implement</del> a program that provides a mechanism for Medicaid providers to submit their billings for services over the internet by April 1, 2003 .</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Maintains the pharmacy dispensing fee at \$3.77 or the pharmacy's usual and customary charge, whichever is less. Sets the dispensing fee for managed care recipients at the usual charge allowed by the patient's HMO if it is less than \$3.77 and the pharmacy's usual and customary charge. Requires prescription copayments for Medicaid recipients except as prohibited by federal or state law or regulation.</i></p> <p><b>Sec. 1620. (1)</b> For fee-for-service recipients, the pharmaceutical dispensing fee shall be \$3.77 or the pharmacy's usual or customary cash charge, whichever is less. <b>Conference: Concurs with the House.</b></p>	<p><b>Sec. 1620. (1)</b> No changes from current law.</p>	<p><b>Sec. 1620. (1)</b> No changes from current law.</p>	<p><b>Sec. 1620. (1)</b> No changes from current law except to change "shall" to "may".</p>
<p>(2) When carved-out of the capitation rate for managed care recipients, the pharmaceutical dispensing fee shall be \$3.77 or the pharmacy's usual or customary cash charge or the usual charge allowed by the recipient's Medicaid HMO, whichever is less. <b>Conference: Concurs with the House.</b></p>	<p>Delete current law.</p>	<p>(2) No changes from current law except to change first word from "When" to "If".</p>	<p>(2) No changes from current law except to change first word from "When" to "If" and to change "shall" to "may".</p>
<p>(3) The department shall require a prescription copayment for Medicaid recipients except as prohibited by federal or state law or regulation. <b>Conference: Concurs with the House.</b></p>	<p>(2) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law except to change "shall" to "may".</p>
<p><i>Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups. Prohibits therapeutic substitution.</i></p> <p><b>Sec. 1621. (1)</b> The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review and disease management systems authorized by this subsection shall have physician oversight, shall focus on patient, physician, and pharmacist education, and shall be developed in consultation with the national pharmaceutical council, Michigan state medical society, Michigan association of osteopathic physicians, Michigan pharmacists' association, Michigan health and hospital association, and Michigan nurses' association. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1621. (1)</b> No changes from current law.</p>	<p><b>Sec. 1621. (1)</b> No changes from current law.</p>
<p>(2) This section does not authorize or allow therapeutic substitution. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>



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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(d) Meetings of the department's pharmacy and therapeutics committee shall be open to the public with advance notice of the meeting date, time, place, and agenda posted on the department's website 14 days in advance of each meeting date. By January 31 of each year, the department shall publish the committee's regular meeting schedule for the year on the department's website. The pharmacy and therapeutics committee meetings shall be subject to the requirements of the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. The committee shall provide an opportunity for interested parties to comment at each meeting following written notice to the committee's chairperson of the intent to provide comment.	Delete current law.	(d) No changes from current law.	d) No changes from current law.
(e) The pharmacy and therapeutics committee shall make recommendations for the inclusion of medications on the preferred drug list based on sound clinical evidence found in labeling, drug compendia, and peer-reviewed literature pertaining to use of the drug in the relevant population. The committee shall develop a method to receive notification and clinical information about new drugs. The department shall post this process and the necessary forms on the department's website.	Delete current law.	(e) No changes from current law.	(e) No changes from current law.
(f) The department shall assure compliance with the published Medicaid bulletin implementing the Michigan pharmaceutical best practices initiative program. The department shall also include this information on its website.	Delete current law.	(f) No changes from current law.	(f) No changes from current law.
(g) The department shall by March 15, 2003 provide to the members of the house and senate subcommittees on community health a report on the impact of the pharmaceutical best practice initiative on the Medicaid community. The report shall include, but not be limited to, the number of appeals used in the prior authorization process and any reports of patients who are hospitalized because of authorization denial.	Delete current law.	(g) No changes from current law except for date change to March 15, 2004.	(g) No changes from current law except for date change to March 15, 2004.
(h) By May 15, 2003, the department shall provide a report to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies identifying the prescribed drugs that are grandfathered in as preferred drugs and available without prior authorization and the population groups to which they apply. The report shall assess strategies to improve the drug prior authorization process.	Delete current law.	(h) No changes from current law except for date change to May 15, 2004.	(h) No changes from current law except for date change to May 15, 2004.

**Conference: Concurs with the House and Senate.**

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
Conference: Concurs with the Senate.			<p><b>NEW (SENATE)</b>  <b>Sec. 1622a.</b> (1) It is the intent of the legislature that the pharmacy and therapeutics committee shall consist of the following 11 members:                      (a) Five members of the committee shall be Michigan licensed retail pharmacists who are in active clinical practice residing in the state. All member pharmacists shall have a representative portion of fee-for-service Medicaid clients in their practice. (b) Six members of the committee shall be Michigan licensed physicians who are in active clinical practice residing in the state. All member physicians shall have a representative portion of fee-for-service Medicaid clients in their practice.                      (2) It is also the intent of the legislature that the membership on the committee shall be developed by appointing:                      (a) Physicians, recommended by the Michigan medical society and the Michigan osteopathic association, and may include at least one physician with expertise in mental health.                      (b) Retail pharmacists, recommended by the Michigan pharmacists association and the Michigan retailers association and may include at least one pharmacist with expertise with mental health drugs.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Continues the current Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs and notice to medical providers regarding this policy. Requires dispensing medication in the quantity prescribed unless subsequent consultation with the physician indicates otherwise.</i></p> <p><b>Sec. 1623. (1)</b> The department shall continue the Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<b>Sec. 1623. (1)</b> No changes from current law.	<b>Sec. 1623. (1)</b> No changes from current law.
<p>(2) The department shall notify all HMOs, physicians, pharmacies, and other medical providers that are enrolled in the Medicaid program that Medicaid policy allows for the dispensing of a 100-day supply for maintenance drugs. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The notice in subsection (2) shall also clarify that a pharmacy shall fill a prescription written for maintenance drugs in the quantity specified by the physician, but not more than the maximum allowed under Medicaid, unless subsequent consultation with the prescribing physician indicates otherwise. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(3) No changes from current law.	(3) No changes from current law.
<p><i>Appropriates an additional \$20 million in tobacco settlement funds for the EPIC program if the federal funds appropriated are not available and there is sufficient tobacco settlement revenue.</i></p> <p><b>Sec. 1624. (1)</b> An additional \$20,000,000.00 from the tobacco settlement trust fund is appropriated to the elder prescription insurance coverage program for fiscal year 2002-2003 if the state budget director certifies that the federal funds appropriated to that program are unavailable and that sufficient tobacco settlement revenue is available to finance this appropriation. As used in this section, "tobacco settlement revenue" and "tobacco settlement trust fund" mean those terms as defined in section 2 of the Michigan trust fund act, 2000 PA 489, MCL 12.252. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) None of the tobacco settlement or other state-restricted revenue appropriated by the department to the EPIC program in fiscal year 2001-2002 shall lapse. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.

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	EXECUTIVE	HOUSE	SENATE
(3) The department shall place any funds that would have lapsed in a reserve account for the sole purpose of providing revenue to fund the EPIC program during fiscal year 2002-2003, in the event the proposed federal revenue to enhance EPIC program funding is not available. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	Delete current law.	Delete current law.
(4) If the proposed federal funds become available, the reserved tobacco settlement funds may either be lapsed to the tobacco settlement trust fund or the Medicaid trust fund. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	Delete current law.	Delete current law.
<b>Conference: Concurs with the Senate.</b>			<b>NEW</b> <b>Sec.1624.</b> The department may continue all rebate and supplemental rebate contracts with a pharmaceutical manufacturer until a multistate drug purchasing compact is fully established.
<b>Conference: Concurs with the Senate.</b>			<b>NEW</b> <b>Sec. 1625.</b> The department shall continue its practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list.
<b>Conference: Concurs with the Senate.</b>			<b>NEW</b> <b>Sec. 1626.</b> Prior to implementing a multistate drug purchasing compact, the department shall provide the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies with a benefit-cost analysis to document that the savings from the compact exceed the savings from the current preferred drug list (PDL) supplemental rebate drug programs.

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	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes the Department to secure manufacturer drug rebates for participants in the State Medical, Children's Special Health Care Services, and EPIC programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.</i></p> <p><b>REPEALED</b> by Public Act 746 and replaced with new Sec. 1318 that excludes Children's Special Health Care Services from the pharmaceutical rebate program.</p> <p><b>Sec. 1627.</b> (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in state medical program, children's special health care services, and EPIC.</p> <p><b>Conference: Concurs with the Senate.</b></p>	<p><b>Sec. 1627.</b> (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in <b>MICHILD PROGRAMS, MATERNAL OUTPATIENT MEDICAL SERVICES PROGRAM</b>, state medical program, children's special health care services, and EPIC.</p>	<p>Delete current law.</p>	<p><b>Sec. 1627.</b> (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in <b>MICHILD PROGRAMS, MATERNAL OUTPATIENT MEDICAL SERVICES PROGRAM</b>, state medical program, children's special health care services, and EPIC.</p>
<p>(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.</p> <p><b>Conference: Concurs with the Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Expresses legislative intent that Medicaid pharmacy rebate savings over the budgeted amount should first be used to offset pharmacy costs above the appropriated level and then to expand coverage under the EPIC program.</i></p> <p><b>Sec. 1628.</b> It is the intent of the legislature that if the savings for Medicaid pharmacy rebates exceed the amount budgeted in this act, the savings shall first be used to offset any increase in pharmacy costs above that budgeted in this act and then to support and expand coverage under the EPIC program.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Exempts Children's Special Health Care Services recipients from needing prior authorization for prescribed drugs through the Pharmaceutical Best Practice Initiative.</i></p> <p><b>Sec. 1317.</b> Recipients of children's special health care services shall be exempt from the prior authorization requirements for prescription drugs in the department of community health's pharmaceutical best practice initiative.</p> <p><b>Conference: Concurs with the Senate. Enacted: Vetoed by the Governor.</b></p>	Not included.	Not included.	<p><b>Sec. 1628.</b> Recipients of children's special health care services shall be exempt from the prior authorization requirements for prescription drugs related to their qualifying condition in the department of community health's pharmaceutical best practice initiative.</p>
<p><b>Conference: Concurs with the Senate.</b></p>		<p><b>NEW</b> <b>Sec. 1629.</b> The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan with their own fleet of vehicles.</p>	<p><b>Sec. 1629.</b> The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan with their own fleet of vehicles.</p>
<p><b>Conference: Concurs with the House.</b></p>		Not included.	<p><b>NEW</b> <b>Sec. 1629a.</b> If an individual who is currently under medical treatment and whose condition has been stabilized under a given medication regime should become Medicaid eligible, that individual shall be allowed to continue on that medication, exempt from prior authorization, for the duration of the current course of treatment.</p>
<p><b>Conference: Concurs with the House.</b></p>		Not included.	<p><b>NEW</b> <b>Sec. 1629b.</b> If a patient is under court order for a particular medication, the patient shall be allowed to continue on that medication, exempt from prior authorization.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Continues adult dental, podiatric, and chiropractic services at not less than the level provided on October 1, 1996. Prohibits restrictions on chiropractic services unless the recipient exceeds 18 visits within a year.</i></p> <p><b>Sec. 1630.</b> Medicaid adult dental services, podiatric services, and chiropractic services shall continue at not less than the level in effect on October 1, 1996, except that reasonable utilization limitations may be adopted in order to prevent excess utilization. The department shall not impose utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year.</p> <p><b>Conference: Concurs with the House.</b> <b>Enacted: Vetoed by the Governor.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1630.</b> Medicaid adult dental HEARING AID services, podiatric services, and chiropractic services shall continue at not less than the level in effect on October 1, 1996 2002, except that reasonable utilization limitations may be adopted in order to prevent excess utilization. The department shall not impose utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year.</p>	<p><b>Sec. 1630.</b> Medicaid adult dental HEARING AID services, podiatric services, ADULT DENTAL SERVICES, and chiropractic services shall continue at not less than the level in effect on October 1, 1996 2002, except that reasonable utilization limitations may be adopted in order to prevent excess utilization. The department shall not impose utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year.</p>
<p><i>Requires copayments on dental, podiatric, chiropractic, vision and hearing aid services unless prohibited by law or regulation.</i></p> <p><b>Sec. 1631.</b> The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1631.</b> No changes from current law.</p>	<p><b>Sec. 1631.</b> No changes from current law.</p>
<p><i>Requires the Department to expand the Healthy Kids Dental program statewide if the funds become available specifically for this purpose.</i></p> <p><b>Sec. 1633.</b> From the funds appropriated in part 1 for auxiliary medical services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1633.</b> No changes from current law.</p>	<p><b>Sec. 1633.</b> No changes from current law.</p>
<p><i>Requires continuation of the FY 2000-01 5% increase in ambulance service payment rates.</i></p> <p><b>Sec. 1634.</b> From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1634.</b> No changes from current law.</p>	<p><b>Sec. 1634.</b> No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.</i></p> <p><b>Sec. 1641.</b> An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1641.</b> No changes from current law.</p>	<p><b>Sec. 1641.</b> No changes from current law.</p>	<p><b>Sec. 1641.</b> No changes from current law.</p>
<p><i>Allocates \$3,635,100 from Graduate Medical Education funds for a psychiatric residency training program if the universities involved provide the necessary Medicaid matching funds.</i></p> <p><b>Sec. 1643.</b> Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, \$3,635,100.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary Medicaid matching funds are provided by the universities as allowable state match. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1643.</b> No changes from current law except for dollar amount to "\$7,270,200.00."</p>	<p><b>Sec. 1643.</b> No changes from current law except for dollar amount to "\$7,270,200.00."</p>
<p><i>Directs the Department to implement a hospital adjustor to be paid as a 27% Medicaid rate increase, not to exceed \$6.0 million, contingent upon passage of an increase in the cigarette tax. The payments would go to small hospitals in counties with few than 250,000 people and municipalities with under 10,000.</i></p> <p><b>VETOED</b></p> <p><b>Sec. 1645.</b> (1) No later than October 31, 2002, the department shall implement a hospital adjustor formula. The adjustor shall be paid to eligible hospitals as a 27% increase in Medicaid inpatient, outpatient, and rehabilitation hospital rates. The adjustor shall be paid to nonaffiliated hospitals that meet any of the following conditions:</p> <p>(a) The hospital is located in a county with a population under 250,000.</p> <p>(b) The hospital is located in a municipality with a population under 10,000.</p> <p>(c) As of July 1, 2002, the hospital had fewer than 75 beds. It is the intent of the legislature that disbursement of funds to hospitals affected by this adjustor commence on November 1, 2002 subject to the conditions set forth in subsection (2). <b>Conference: Concurs with the House and Senate.</b></p>	<p>Not included.</p>	<p>Not included.</p>	<p>Not included.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Funding for this adjutor is contingent upon the passage of an amendment to the tobacco products tax act, 1993 PA 327, MCL 205.421 to 205.436, that increases the tax by at least 30 cents per pack and that the net revenue from this increase exceeds the amount currently allocated to balance the fiscal year 2001-2002 and fiscal year 2002-2003 state budgets. In no event shall the funding for the adjutor specified in subsection (1) exceed \$6,000,000.00. <b>Conference: Concurs with the House.</b></p>	Not included.	Not included.	Not included.
<p><b>Allocates \$ 1.0 million to hospitals to offset facility closure costs, and transition costs for hospitals converting to an urgent care center or federally qualified health center.</b></p> <p><b>VETOED</b> <b>Sec. 1646.</b> From the funds appropriated in part 1 for hospital services and therapy, the department shall allocate \$1,000,000.00 to establish a hospital transitional services fund and make payments from the fund to hospitals to offset costs associated with closure of the facility, transition of the facility to an urgent care center, or transition of the facility to a federally qualified health center. Up to \$250,000.00 from the hospital transitional services fund shall be allocated to the regional consortium that includes the Battle Creek Health System, Oaklawn Hospital, and the Albion Health Alliance. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><b>Requires graduate medical education payments to hospitals at no less than the level of rates and payments in effect on April 1, 2002.</b></p> <p><b>Sec. 1647.</b> From the funds appropriated in part 1 for hospital services, the department shall allocate for graduate medical education not less than the level of rates and payments in effect on April 1, 2002. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<b>Sec. 1647.</b> No changes from current law except for date change to April 1, 2004.	<b>Sec. 1647.</b> No changes from current law except for date change to April 1, 2004.
<p><b>Requires the Department to maintain an automated toll-free phone line for medical providers to verify Medicaid eligibility.</b></p> <p><b>Sec. 1648.</b> The department shall maintain an automated toll-free phone line to enable medical providers to verify the eligibility status of Medicaid recipients. There shall be no charge to providers for the use of the toll-free phone line. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1648.</b> No changes from current law.	<b>Sec. 1648.</b> No changes from current law.	<b>Sec. 1648.</b> No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Medical Services Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs the Department to establish breast and cervical cancer treatment coverage for uninsured women under age 65 and with incomes below 250% of the poverty level, pursuant to new federal legislation.</i></p> <p><b>Sec. 1649.</b> From the funds appropriated in part 1 for medical services, the department shall continue breast and cervical cancer treatment coverage for women up to 250% of the federal poverty level, who are under age 65, and who are not otherwise covered by insurance. This coverage shall be provided to women who have been screened through the centers for disease control breast and cervical cancer early detection program, and are found to have breast or cervical cancer, pursuant to the breast and cervical cancer prevention and treatment act of 2000, Public Law 106-354, 114 Stat.1381. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1649.</b> No changes from current law.</p>	<p><b>Sec. 1649.</b> No changes from current law.</p>	<p><b>Sec. 1649.</b> No changes from current law.</p>
<p><i>Authorizes continuation of Medicaid managed care and assignment of recipients who do not select a provider. Requires notice of exception criteria to enrollment, the right to change plans, and complaint/grievance procedures. Specifies the criteria for medical exceptions to mandatory managed care enrollment.</i></p> <p><b>Sec. 1650.</b> (1) The department may require medical services recipients residing in counties offering managed care options to choose the particular managed care plan in which they wish to be enrolled. Persons not expressing a preference may be assigned to a managed care provider. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1650.</b> (1) No changes from current law.</p>	<p><b>Sec. 1650.</b> (1) No changes from current law.</p>	<p><b>Sec. 1650.</b> (1) No changes from current law.</p>
<p>(2) Persons to be assigned a managed care provider shall be informed in writing of the criteria for exceptions to capitated managed care enrollment, their right to change HMOs for any reason within the initial 90 days of enrollment, the toll-free telephone number for problems and complaints, and information regarding grievance and appeals rights. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The criteria for medical exceptions to HMO enrollment shall be based on submitted documentation that indicates a recipient has a serious medical condition, and is undergoing active treatment for that condition with a physician who does not participate in 1 of the HMOs. If the person meets the criteria established by this subsection, the department shall grant an exception to mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.</i></p> <p><b>Sec. 1651. (1)</b> Medical services patients who are enrolled in HMOs have the choice to elect hospice services or other services for the terminally ill that are offered by the HMOs. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<b>Sec. 1651. (1)</b> No changes from current law.	<b>Sec. 1651. (1)</b> No changes from current law.
<p>(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 C.F.R. part 418. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Establishes conditions for implementation of Medicaid managed care plans related to continuity of care, submission of HMO data for evaluation, health plan advisory council, and choice of plans and prohibits mandatory enrollment in non-metropolitan areas with only one HMO unless there is a choice of two or more physicians. Maintains voluntary enrollment in the Children's Special Health Care Plan, and requires a budget neutral case rate adjustment for persons with AIDS and other high cost conditions.</i></p> <p><b>VETOED</b> Sec. 1653. Implementation and contracting for managed care by the department through HMOs are subject to the following conditions:</p> <p>(a) Continuity of care is assured by allowing enrollees to continue receiving required medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.</p> <p>(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.</p> <p>(c) A health plans advisory council is functioning that meets all applicable federal and state requirements for a medical care advisory committee. The council shall review at least quarterly the implementation of the department's managed care plans.</p> <p>(d) Mandatory enrollment of Medicaid beneficiaries living in counties defined as rural by the federal government, which is any nonurban standard metropolitan statistical area, is allowed if there is only 1 HMO serving the Medicaid population, as long as each Medicaid beneficiary is assured of having a choice of at least 2 physicians by the HMO.</p> <p>(e) Enrollment of recipients of children's special health care services in HMOs shall be voluntary during fiscal year 2002-2003.</p> <p>(f) The department shall develop a case adjustment to its rate methodology that considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, epilepsy, and other high-cost diseases or conditions and shall implement the case adjustment when it is proven to be actuarially and fiscally sound. Implementation of the case adjustment must be budget neutral.</p> <p><b>Conference: Concurs with the Senate.</b></p>	<p>Not included.</p>	<p><b>Sec. 1653.</b> No changes from current law.</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(e) No changes from current law except for fiscal year change to 2003-2004.</p> <p>(f) No changes from current law.</p>	<p><b>Sec. 1653.</b> No changes from current law except to change "are" to "shall be".</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(e) No changes from current law except for fiscal year change to 2003-2004.</p> <p>(f) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Medical Services Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires HMOs to have an internal quality assurance program and specifies various standards for such plans.</i></p> <p><b>VETOED</b></p> <p><b>Sec. 1654.</b> (1) Medicaid HMOs shall establish an ongoing internal quality assurance program for health care services provided to Medicaid recipients which includes all of the following:</p> <p>(a) An emphasis on health outcomes.</p> <p>(b) Establishment of written protocols for utilization review based on current standards of medical practice.</p> <p>(c) Review by physicians and other health care professionals of the process followed in the provision of the health care services.</p> <p>(d) Evaluation of the continuity and coordination of care that enrollees receive.</p> <p>(e) Mechanisms to detect overutilization and underutilization of services.</p> <p>(f) Actions to improve quality and assess the effectiveness of the action through systematic follow-up.</p> <p>(g) Provision of information on quality and outcome measures to facilitate enrollee comparison and choice of health coverage options.</p> <p>(h) Ongoing evaluation of the plans' effectiveness.</p> <p>(i) Consumer involvement in the development of the quality assurance program and consideration of enrollee complaints and satisfaction survey results.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p>(2) Medicaid HMOs shall apply for accreditation by an appropriate external independent accrediting organization requiring standards recognized by the department once those HMOs have met the application requirements. The state shall accept accreditation of an HMO by an approved accrediting organization as proof that the HMO meets some or all of the state's requirements, if the state determines that the accrediting organization's standards meet or exceed the state's requirements.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(3) Medicaid HMOs shall report encounter data, including data on inpatient and outpatient hospital care, physician visits, pharmaceutical services, and other services specified by the department. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.
(4) Medicaid HMOs shall assure that all covered services are available and accessible to enrollees with reasonable promptness and in a manner that assures continuity. Medically necessary services shall be available and accessible 24hours a day and 7 days a week. HMOs shall continue to develop procedures for determining medical necessity which may include a prior authorization process. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.
(5) Medicaid HMOs shall provide for reimbursement of HMO covered services delivered other than through the HMO's providers if medically necessary and approved by the HMO, immediately required, and that could not be reasonably obtained through the HMO's providers on a timely basis. Such services shall be considered approved if the HMO does not respond to a request for authorization within 24 hours of the request. Reimbursement shall not exceed the Medicaid fee-for-service payment for those services. <b>Conference: Concurs with the Senate.</b>	Not included.	Not included.	<b>Sec. 1654. No changes from vetoed language.</b>
(6) Medicaid HMOs shall provide access to appropriate providers, including qualified specialists for all medically necessary services. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.
(7) Medicaid HMOs shall provide the department with a demonstration of the plan's capacity to adequately serve the HMO's expected enrollment of Medicaid enrollees. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.
(8) Medicaid HMOs shall provide assurances to the department that it will not deny enrollment to, expel, or refuse to reenroll any individual because of the individual's health status or need for services, and that it will notify all eligible persons of those assurances at the time of enrollment. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.
(9) Medicaid HMOs shall provide procedures for hearing and resolving grievances between the HMO and members enrolled in the HMO on a timely basis. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.
(10) Medicaid HMOs shall meet other standards and requirements contained in state laws, administrative rules, and policies promulgated by the department. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
(11) Medicaid HMOs shall develop written plans for providing nonemergency medical transportation services funded through supplemental payments made to the plans by the department, and shall include information about transportation in their member handbook. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	Not included.
<i>Allows for a 12-month lock-in to HMOs with good cause exceptions and allows recipients to change plans for any reason within the first 90 days.</i>  Sec. 1655. (1) The department may require a 12-month lock-in to the HMO selected by the recipient during the initial and subsequent open enrollment periods, but allow for good cause exceptions during the lock-in period. <b>Conference: Concurs with the House and Senate.</b>	Sec. 1655. (1) No changes from current law.	Sec. 1655. (1) No changes from current law.	Sec. 1655. (1) No changes from current law.
(2) Medicaid recipients shall be allowed to change HMOs for any reason within the initial 90 days of enrollment. <b>Conference: Concurs with the House and Senate.</b>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<i>Requires an expedited grievance procedure for Medicaid recipients enrolled in qualified health plans, and a toll free phone number to assist with resolving problems and complaints. Annual reports on the complaints received and their resolution are required.</i>  Sec. 1656. (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in HMOs for situations in which failure to receive any health care service would result in significant harm to the enrollee. <b>Conference: Concurs with the House and Senate.</b>	Sec. 1656. (1) No changes from current law.	Sec. 1656. (1) No changes from current law.	Sec. 1656. (1) No changes from current law.
(2) The department shall provide for a toll-free telephone number for Medicaid recipients enrolled in managed care to assist with resolving problems and complaints. If warranted, the department shall immediately disenroll persons from managed care and approve fee-for-service coverage. <b>Conference: Concurs with the House and Senate.</b>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, the state budget office, and the department's health plans advisory council. <b>Conference: Concurs with the House and Senate.</b>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires reimbursement for emergency room services to screen and stabilize the patient without prior authorization by an HMO, and notice to the HMO regarding the patient's diagnosis and treatment within 24 hours of discharge. Prior authorization by the HMO is required for further services beyond stabilization. Veto eliminated requirement that DCH receive assurances from Office of Financial and Insurance Services that new Medicaid HMOS meet net worth and solvency standards (subsection 4).</i></p> <p><b>Sec. 1657. (1)</b> Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient's HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's HMO within 24 hours of the diagnosis and treatment received. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1657. (1)</b> No changes from current law.</p>	<p><b>Sec. 1657. (1)</b> No changes from current law.</p>	<p><b>Sec. 1657. (1)</b> No changes from current law.</p>
<p>(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital must receive authorization from the recipient's HMO prior to admitting the recipient. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) Subsections (1) and (2) shall not be construed as a requirement to alter an existing agreement between an HMO and their contracting hospitals nor as a requirement that an HMO must reimburse for services that are not considered to be medically necessary. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><b>VETOED and restored in Sec. 1309 of PA 746 of 2002</b> (4) Prior to contracting with an HMO for managed care services that did not have a contract with the department before October 1, 2002, the department shall receive assurances from the office of financial and insurance services that the HMO meets the net worth and financial solvency requirements contained in chapter 35 of the insurance code, 1956 PA 218, MCL 500.3501 to 500.3580. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expresses legislative intent that HMOs shall have contracts with local hospitals, and requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates. Also requires hospitals that do not contract with HMOs in their service area to enter into a hospital access agreement as specified in a MSA policy bulletin.</i></p> <p><b>VETOED and restored in Sec. 1322 of Public Act 746 of 2002</b>  <b>Sec. 1658.</b> (1) It is the intent of the legislature that HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO, in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA bulletin Hospital 01-19.  <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<b>Sec. 1658.</b> (1) No changes from current law.	<b>Sec. 1658.</b> (1) No changes from current law.
<p>(2) A hospital access agreement specified in subsection (1) shall be considered an affiliated provider contract pursuant to the requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.  <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.</i></p> <p><b>Sec. 1659.</b> The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MI Choice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 402, 404, 414, 418, 424, 427, 428, 431, 436, 442, 448, 1612, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1699, 1704, and 1712.  <b>Conference: Concurs with the House and Senate and adds 1654 as a technical correction.</b></p>	<b>Sec. 1659.</b> Deletes 427 -1612, 1651 – 1654, 1658, and 1712	<b>Sec. 1659.</b> Includes 402, 404, 414, 418, 424, 428, 442, 1650, 1651, 1653, 1655, 1656, 1657, 1658, 1660, 1661, 1662, and 1699.	<b>Sec. 1659.</b> Includes 402, 404, 414, 418, 424, 428, 442, 1650, 1651, 1653, 1655, 1656, 1657, 1658, 1660, 1661, 1662, and 1699.

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs. Specifies primary care provider's responsibility for assuring child's vision and hearing screening. Requires local health departments to provide preschool vision and hearing screenings and accept referrals. Veto eliminated requirement that HMOs provide EPSDT utilization data, well child visits, and maternal and infant support services as described in Medicaid policy, and that DCH provide for budget neutral incentives to improve performance related to the care of children and pregnant women (subsections 3-5).</i></p> <p><b>Sec. 1660.</b> (1) The department shall assure that all Medicaid children have timely access to EPSDT services as required by federal law. Medicaid HMOs shall provide EPSDT services to their child members in accordance with Medicaid EPSDT policy. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1660.</b> (1) No changes from current law.</p>	<p><b>Sec. 1660.</b> (1) No changes from current law.</p>	<p><b>Sec. 1660.</b> (1) No changes from current</p>
<p>(2) The primary responsibility of assuring a child's hearing and vision screening is with the child's primary care provider. The primary care provider shall provide age appropriate screening or arrange for these tests through referrals to local health departments. Local health departments shall provide preschool hearing and vision screening services and accept referrals for these tests from physicians or from Head Start programs in order to assure all preschool children have appropriate access to hearing and vision screening. Local health departments shall be reimbursed for the cost of providing these tests for Medicaid eligible children by the Medicaid program. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p><b>VETOED</b> (3) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and health employer data and information set well child health measures in accordance with the National Committee on Quality Assurance prescribed methodology. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(3) Restores vetoed subsection.</p>	<p>(3) Restores vetoed subsection.</p>	<p>(3) Restores vetoed subsection.</p>
<p><b>VETOED</b> (4) The department shall require HMOs to be responsible for well child visits and maternal and infant support services as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members. <b>Conference: Concurs with the House and Senate.</b></p>	<p>(4) Restores vetoed subsection.</p>	<p>(4) Restores vetoed subsection.</p>	<p>(4) Restores vetoed subsection.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b>VETOED</b> (5) The department shall provide, on an annual basis, budget neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of children and pregnant women. <b>Conference: Concurs with the House and Senate.</b></p>	(5) Restores vetoed subsection.	(5) Restores vetoed subsection.	(5) Restores vetoed subsection.
<p><b>Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs. Veto eliminated the prohibition on prior authorization for EPSDT and MSS/ISS screening referrals and up to three MSS/ISS service visits (subsection 2).</b></p> <p><b>Sec. 1661.</b> (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS services. Medicaid HMOs shall assure that maternal support service screening is available to their pregnant members and that those women found to meet the maternal support service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service high-risk criteria are offered maternal support services or are referred to a certified maternal support service provider. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1661.</b> (1) No changes from current law.	<b>Sec. 1661.</b> (1) No changes from current law.	<b>Sec. 1661.</b> (1) No changes from current law
<p><b>Vetoed by the Governor but restored in Sec. 1310 of PA 746 of 2002</b> (2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the family independence agency, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect. <b>Conference: Concurs with the House and Senate.</b></p>	(2) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the external quality review contractor to conduct a review of all EPSDT components and directs the Department to submit the analysis of HMO HEDIS reports and the external quality review report within 30 days. Also requires the Department to provide training and work with the associations representing health plans and the local public health to improve EPSDT and MSS/ISS.</i></p> <p><b>Sec. 1662.</b> (1) The department shall require the external quality review contractor to conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan medical records. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1662.</b> (1) No changes from current law.	<b>Sec. 1662.</b> (1) No changes from current law.	<b>Sec. 1662.</b> (1) No changes from current law.
<p>(2) The department shall provide a copy of the analysis of the Medicaid HMO annual audited health employer data and information set reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors. <b>Conference: Concurs with the House and Senate.</b></p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the MSS/ISS and EPSDT programs. <b>Conference: Concurs with the House and Senate.</b></p>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<p>(4) The department shall provide training and technical assistance workshops on EPSDT and MSS/ISS for Medicaid health plans, local health departments, and MSS/ISS contractors. <b>Conference: Concurs with the House and Senate.</b></p>	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<p><i>Requires local coordination related to MSS/ISS referrals, completion of MICHild and Healthy Kids application forms.</i></p> <p><b>Sec. 1663.</b> (1) Local health departments and HMOs shall work with interested hospitals in their area on training and coordination to identify and make MSS/ISS referrals. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) Local health departments shall work with interested hospitals, school-based health centers, clinics, other community organizations, and local family independence agency offices in their area on training and coordination to distribute and facilitate the completion of MICHild and Healthy Kids application forms for persons who are potentially eligible for the program. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
Conference: Concurs with the Senate.			<p><b>NEW</b> <b>Sec. 1664.</b> The department shall develop and implement incentives for providers to increase early entry of Medicaid recipients into prenatal care. The department shall provide documentation to the Senate and House Appropriations Subcommittees on community health and the Senate and House fiscal agencies on their progress in carrying out this section by June 1, 2004.</p>
Conference: Concurs with the Senate.			<p><b>NEW</b> <b>Sec. 1665.</b> The department shall develop and implement a plan to improve access to health screening services under the EPSDT program for all Medicaid-eligible persons under the age of 21. The department shall provide documentation to the Senate and House Appropriations Subcommittees on community health and the Senate and House fiscal agencies on their progress in carrying out this section by June 1, 2004.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
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<p><i>Specifies that MICHild Program funds are to be used to provide health care to children under age 19 in families with income below 200 % of the federal poverty level who have not had health insurance within six months of making application for MICHild benefits. Health care coverage is to be provided through expanded Medicaid eligibility for children in families up to 150% of poverty, and through a state-based private health care program for children in families between 150% and 200% of poverty. Requires the Department to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide the MICHild health care benefit at the capitated rate.</i></p> <p><b>Sec. 1670.</b> (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1670.</b> (1) No changes from current law.</p>	<p><b>Sec. 1670.</b> (1) No changes from current law.</p>	<p><b>Sec. 1670.</b> (1) No changes from current law.</p>
<p>(2) The department shall enter into a contract to obtain MICHild services from any HMO, dental care corporation, or any other entity that offers to provide the managed health care benefits for MICHild services at the MICHild capitated rate. As used in this subsection:</p> <p>(a) "Dental care corporation", "health care corporation", "insurer", and "prudent purchaser agreement" mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52.</p> <p>(b) "Entity" means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The department may enter into contracts to obtain certain MICHild services from community mental health service programs.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

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<p>(4) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States department of health and human services, or from other medical services line-item appropriations providing for specific health care services. <b>Conference: Concurs with the House and Senate.</b></p>	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<p><i>Requires the Department to continue a comprehensive approach to the marketing and outreach of the MICHild program, and to coordinate such efforts with the Department's existing outreach and marketing activities.</i></p> <p><b>Sec. 1671.</b> From the funds appropriated in part 1, the department shall continue a comprehensive approach to the marketing and outreach of the MICHild program. The marketing and outreach required under this section shall be coordinated with current outreach, information dissemination, and marketing efforts and activities conducted by the department. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1671.</b> No changes from current law.	<b>Sec. 1671.</b> No changes from current law.	<b>Sec. 1671.</b> No changes from current law.
<p><i>Allows the Department to provide up to one year of continuous eligibility for the MICHild Program unless the family members no longer meet the eligibility criteria or fails to pay the monthly premium.</i></p> <p><b>Sec. 1672.</b> The department may provide up to 1 year of continuous eligibility to children eligible for the MICHild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MICHild state plan. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1672.</b> No changes from current law.	<b>Sec. 1672.</b> No changes from current law.	<b>Sec. 1672.</b> No changes from current law.
<p><i>Allows the Department to establish premiums for eligible persons above 150% of the poverty level not to exceed \$5 per month for a family.</i></p> <p><b>Sec. 1673.</b> The department may establish premiums for MICHild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not exceed \$5.00 for a family. <b>Conference: Concurs with the House.</b></p>	<b>Sec. 1673.</b> No changes from current law.	<b>Sec. 1673.</b> No changes from current law.	<b>Sec. 1673.</b> No changes from current law except to change "shall" to "may".

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><i>Prohibits copayments under the MIChild Program.</i></b></p> <p><b>Sec. 1674.</b> The department shall not require copayments under the MIChild program. <b>Conference: Concurs with the House.</b></p>	<p><b>Sec. 1674.</b> No changes from current law.</p>	<p><b>Sec. 1674.</b> No changes from current law.</p>	<p><b>Sec. 1674.</b> No changes from current law except to change "shall" to "may".</p>
<p><b><i>Assures continuity of care for persons whose category of MIChild eligibility changes due to family income.</i></b></p> <p><b>Sec. 1675.</b> Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1675.</b> No changes from current law.</p>	<p><b>Sec. 1675.</b> No changes from current law.</p>	<p><b>Sec. 1675.</b> No changes from current law.</p>
<p><b><i>Specifies the income level and verification requirements to be used in determining eligibility for the MIChild program.</i></b></p> <p><b>Sec. 1676.</b> To be eligible for the MIChild program, a child must be residing in a family with an adjusted gross income of less than or equal to 200% of the federal poverty level. The department's verification policy shall be used to determine eligibility. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1676.</b> No changes from current law.</p>	<p><b>Sec. 1676.</b> No changes from current law.</p>	<p><b>Sec. 1676.</b> No changes from current law.</p>
<p><b><i>Specifies the benefits to be covered by the MIChild program based on the state employee insurance plan.</i></b></p> <p><b>Sec. 1677.</b> The MIChild program shall provide all benefits available under the state employee insurance plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance abuse treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health services, other than substance abuse services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p> <p>Delete current law.</p> <p>Delete current law.</p> <p>Delete current law.</p>	<p><b>Sec. 1677.</b> No changes from current law.</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p>	<p><b>Sec. 1677.</b> No changes from current law except to change "shall" to "may".</p> <p>(a) No changes from current law.</p> <p>(b) No changes from current law.</p> <p>(c) No changes from current law.</p>

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(d) Dental services as outlined in the approved MICHild state plan.	Delete current law.	(d) No changes from current law.	(d) No changes from current law.
(e) Substance abuse treatment services that may include inpatient, outpatient, and residential substance abuse treatment services.	Delete current law.	(e) No changes from current law.	(e) No changes from current law.
(f) Care management services for mental health diagnoses.	Delete current law.	(f) No changes from current law.	(f) No changes from current law.
(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.	Delete current law.	(g) No changes from current law.	(g) No changes from current law.
(h) Emergency ambulance services. <b>Conference: Concurs with the House and Senate.</b>	Delete current law.	(h) No changes from current law.	(h) No changes from current law.
<i>Expresses legislative intent that previous nursing home wage pass through payments be continued, and requires a report on nursing home wage and benefit increases provided in FY 2001-02.</i>  <b>VETOED</b> <b>Sec. 1680.</b> (1) It is the intent of the legislature that payment increases for enhanced wages and new or enhanced employee benefits provided through the Medicaid nursing home wage pass-through program in previous years be continued in fiscal year 2002-2003. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	<b>Sec. 1680.</b> (1) Restore vetoed language and update to "2003-2004"
(2) The department shall provide a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies regarding the amount of nursing home employee wage and benefit increases provided through the nursing home wage pass-through program in fiscal year 2001-2002. <b>Conference: Concurs with the House and Senate.</b>	Not included.	Not included.	(2) Restore vetoed language and update to "2002-2003"

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department and local waiver agents to encourage the use of family members, friends, and neighbors to provide non-medical home and community based services, where appropriate.</i></p> <p><b>VETOED</b></p> <p><b>Sec. 1681.</b> From the funds appropriated in part 1 for home and community-based services, the department and local waiver agents shall encourage the use of family members, friends, and neighbors of home and community-based services participants, where appropriate, to provide homemaker services, meal preparation, transportation, chore services, and other nonmedical covered services to participants in the Medicaid home and community-based services program. This section shall not be construed as allowing for the payment of family members, friends, or neighbors for these services unless explicitly provided for in federal or state law.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	Not included.	<b>Sec. 1681.</b> Restore vetoed language.	<b>Sec. 1681.</b> Restore vetoed language.
<p><i>Authorizes the Department to implement federal nursing home enforcement provisions and to receive/expend penalty money for noncompliance.</i></p> <p><b>Sec. 1682.</b> (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 U.S.C. 1396r.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1682.</b> (1) No changes from current law.	<b>Sec. 1682.</b> (1) No changes from current law.	<b>Sec. 1682.</b> (1) No changes from current law.
<p>(2) The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.</p> <p><b>Conference: Concurs with the House and Senate.</b></p>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention.</i></p> <p><b>Sec. 1683.</b> The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1683.</b> No changes from current law.</p>	<p><b>Sec. 1683.</b> No changes from current law.</p>	<p><b>Sec. 1683.</b> No changes from current law.</p>
<p><i>Directs the department to make available up to ½ of the economic increase for a wage pass-through to nursing home employees, up to a maximum of \$0.50 per employee hour.</i> <b>VETOED</b></p> <p><b>Sec. 1684.</b> From the funds appropriated in part 1 for long-term care services, the department shall make available up to 1/2 of the economic increase for a wage pass-through for nursing facilities solely for payment increases for enhanced wages and new or enhanced employee benefits. This funding shall be provided to those facilities that make application for it to fund the Medicaid program share of wage and employee benefit increases of up to the equivalent of 50 cents per employee hour. Employee benefits shall include, but are not limited to, health benefits, retirement benefits, and quality of life benefits such as day care services. Nursing facilities shall be required to document that these wage and benefit increases were actually provided. If a nursing home that makes application for and receives the additional funding for the wage pass-through cannot document that these wage and benefit increases were actually provided, its reimbursement rate shall be reduced by 2.5%. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Not included.</p>	<p>Not included.</p>	<p>Not included.</p>
<p><i>Prohibits nursing home wage pass-through funding from going to pay union fees or other fees.</i> <b>VETOED</b></p> <p><b>Sec. 1684a.</b> The wage pass-through in section 1684 shall only be effective if all the funding goes to worker wages and benefits, with none of the funding going to union fees or other fees. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Not included.</p>	<p>Not included.</p>	<p>Not included.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal year, and to be based on the most recent cost report submitted.</i></p> <p><b>VETOED, and restored in Sec. 1311 of PA 746 of 2002</b>  <b>Sec. 1685.</b> All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.  <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1685.</b> No changes from current law.</p>	<p><b>Sec. 1685.</b> No changes from current law.</p>	<p><b>Sec. 1685.</b> No changes from current law.</p>
<p><i>Authorizes continuation of the Long-Term Care Working Group to review the allocation of the Long-Term Care Innovation grants funding and to monitor the demonstration grants being funded. Prohibits implementation of the long-term care plan until at least 24 days after the plan is developed and while at least one chamber of the Legislature is in session.</i></p> <p><b>VETOED and restored in Sec. 1312 of PA 746 of 2002</b>  <b>Sec. 1687.</b> The long-term care working group established in section 1657 of 1998 PA 336 shall continue to exist to review the allocation of the long-term care innovations grant funding and to monitor the implementation of the demonstration projects being funded. The department shall not implement a long-term care plan until the expiration of 24 days during which at least 1 house of the legislature convenes after the long-term care working group has submitted the written long-term care plan to the senate majority leader, the speaker of the house, the senate and house appropriations subcommittees on community health, and the state budget director.  <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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Conference: Concurs with the Senate.			<p><b>NEW</b>  <b>Sec. 1687.</b> (1) The department shall undertake an assessment and inventory of all facilities capable of providing the appropriate level of residential care to persons afflicted with Alzheimer's disease or dementia.                      (2) As part of this assessment, the department may establish pilot projects with freestanding psychiatric or other qualifying facilities that have developed specific units to provide specialized residential care for patients with Alzheimer's disease or dementia, or both. The purpose of these pilots shall be to ascertain whether such treatment modalities are cost effective at negotiated rates and can increase access to this level of care needed by affected patients and their families.</p>
<p><i>Prohibits a limit on personal care services reimbursement under the Home and Community-Based Services program, but allows the Department to maintain the per day client reimbursement cap.</i></p> <p><b>VETOED</b>  <b>Sec. 1688.</b> The department shall not impose a limit on per unit reimbursements to service providers that provide personal care or other services under the Medicaid home and community-based waiver program for the elderly and disabled. The department's per day per client reimbursement cap calculated in the aggregate for all services provided under the Medicaid home and community-based waiver is not a violation of this section.                      Conference: Concurs with the House and Senate.</p>	Not included.	<b>Sec. 1688.</b> Restores vetoed language.	<b>Sec. 1688.</b> Restores vetoed language.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Provides for coverage of not less than 15,000 persons through the Home and Community Based Services program (unless a smaller number is required under federal law). Gives priority to enrolling persons currently residing in nursing homes or who are eligible to be admitted to a nursing home. Also requires quarterly reports on actual usage and expenditures and allocations by region.</i></p> <p><b>VETOED</b> Sec. 1689. (1) From the funds appropriated in part 1 for the home and community-based services program, the department shall develop an allocation formula that will allow for coverage of no fewer than 15,000 individuals, or a smaller number of individuals if required under federal law. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p>(2) At the end of each fiscal quarter, the department shall compare actual usage to that predicted by the allocation formula. Based on that evaluation, the department may redistribute home and community-based waiver program resources among the regional service providers. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p>(3) Priority in enrolling additional persons in the Medicaid home and community-based services program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home and community-based services. The department shall implement screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home and community-based services program. In each case where the program is successful in removing an individual from a nursing home, or prevents an individual from entering a nursing home who currently meets explicit medical criteria for admission to a nursing home, the department shall transfer the estimated amount of cost savings from the long-term care services line item to the home and community-based waiver program line item. The department shall make these transfers on a quarterly basis. <b>Conference: Concurs with the Senate and also directs the transfer of funds to HCBS if there is a net cost savings for patients moved out of nursing homes and a reduction in the number of Medicaid nursing home days of care during the previous quarter.</b></p>	Not included.	Sec. 1689. (1) No changes from current law.	Sec. 1689. (1) No changes from current law except to delete "or prevents an individual from entering a nursing home who currently meets explicit medical criteria for admission to a nursing home" and to delete "line item" after "long-term care services" and after "waiver program".

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	EXECUTIVE	HOUSE	SENATE
<p>(4) Within 30 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home and community-based waiver program by regions as well as the associated expenditures. <b>Conference: Concurs with the House and Senate, and includes information on the net cost savings and the amount of funds transferred in the reporting requirement.</b></p>	Not included.	(2) No changes from current law.	(2) No changes from current law.
<p><b>Conference: Adds new subsection (3) requiring a competitive bid process for the new screening process for home and community based services and nursing home services.</b></p>			
<p><i>Requires the Department to allocate \$1.0 million for a pilot project to assess whether a managed care approach to the full spectrum of long-term care services can provide an appropriate level of care at a lower cost than achieved through purchasing those services on an individual basis</i></p>			
<p><b>VETOED</b> <b>Sec. 1690.</b> (1) From the funds appropriated in part 1 for long-term care services, the department shall allocate \$1,000,000.00 to a provider engaged in the continuum of care for long-term care services. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p>(2) The provider shall use the funds described in subsection (1) to establish a pilot project to assess whether a managed care approach to the full spectrum of long-term care services can provide an appropriate level of care at a lower cost than achieved through purchasing those services on an individual basis. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p>(3) The department in conjunction with service providers shall develop criteria to assess the ability of this provider to maintain the individuals at the most appropriate level of care, to improve the total quality of care, to increase compliance with <u>Olmstead v L.C.</u>, 527 U.S. 581 (1999), and to reduce costs for the state's Medicaid program. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p>(4) The department shall provide bimonthly reports that detail the progress of this pilot project to the senate and house appropriations subcommittees on community health and to the senate and house fiscal agencies. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.

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**FY 2003-2004**

**FY 2002-2003  
CURRENT LAW**

**EXECUTIVE**

**HOUSE**

**SENATE**

**Conference: Concurs with the Senate.**

**NEW**  
**Sec. 1690.** (1) Contingent on the availability of funds and the approval of the Centers for Medicaid and Medicare services, the department shall encourage and assist in the establishment of a program of All Inclusive Care for the Elderly (PACE), in at least parts of three west Michigan counties, being Kent, Barry, and Ionia.  
(2) This program shall provide a capitated, managed care benefit for the frail elderly, provided by a not-for-profit agency, that will feature a comprehensive medical and social service delivery system. In addition, the program shall use a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs. The PACE program may be funded by a combination of Medicaid, Medicare, or other fund sources.

**Establishes a funding pool of \$44,012,800 for the Wayne County Pluscare program. Allows the Department to establish county indigent health care programs that, at a minimum, are equivalent to the State Medical Program, do not increase GF/GP expenditures, and provide local funds.**

Delete current law.

Delete current law.

Delete current law.

**Sec. 1691.** (1) From the funds appropriated in part 1, the department, subject to the requirements and limitations in this section, shall establish a funding pool of up to \$44,012,800.00 for the purpose of enhancing the aggregate payment for medical services hospital services.

**Conference: Concurs with the House and Senate.**

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	EXECUTIVE	HOUSE	SENATE
<p>(2) For a county with a population of more than 2,000,000 people, the department shall distribute \$44,012,800.00 to hospitals if \$15,026,700.00 is received by the state from such a county, which meets the criteria of an allowable state matching share as determined by applicable federal laws and regulations. If the state receives a lesser sum of an allowable state matching share from such a county, the amount distributed shall be reduced accordingly. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p>(3) The department may establish county-based, indigent health care programs that are at least equal in eligibility and coverage to the fiscal year 1996 state medical program. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p>(4) The department is authorized to establish and expand programs in counties that include rural, underserved areas if the expenditures for the programs do not increase state general fund/general purpose costs and local funds are provided. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><b>Provides authorization for Medicaid reimbursement of school-based services.</b></p> <p><b>Sec. 1692.</b> (1) The department of community health is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1692.</b> (1) No changes from current law.	<b>Sec. 1692.</b> (1) No changes from current law.	<b>Sec. 1692.</b> (1) No changes from current law.
<p>(2) From the funds appropriated in part 1 for medical services school services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project. (b) Reimburse participating school districts pursuant to the fund sharing ratios negotiated in the state-local agreements authorized in subsection (1). (c) Offset general fund costs associated with the medical services program. <b>Conference: Concurs with the House and Senate.</b></p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b><i>Allows for an increase in Medicaid special adjustor payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></b></p> <p><b>Sec. 1693.</b> The special adjustor payments appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1693.</b> No changes from current law.</p>	<p><b>Sec. 1693.</b> No changes from current law.</p>	<p><b>Sec. 1693.</b> No changes from current law.</p>
<p><b><i>Authorizes distribution of funds to children's hospitals with a high indigent care volume for poison control services</i></b></p> <p><b>Sec. 1694.</b> The department of community health shall distribute \$695,000.00 to children's hospitals that have a high indigent care volume. The amount to be distributed to any given hospital shall be based on a formula determined by the department of community health. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p><b>Sec. 1694.</b> No changes from current law.</p>	<p><b>Sec. 1694.</b> No changes from current law.</p>
<p><b><i>Requires the Department to complete a study by October 1, 2002 on the benefits of a magnetic card identification system to interface with various state benefit programs and to assist with the eligibility verification process.</i></b></p> <p><b>Sec. 1696.</b> The department shall by October 1, 2002 complete a study calculating the benefits of a single magnetic card identification system that has the capability to interface with various state benefit programs, including, but not limited to, food stamps, WIC, cash assistance, and Medicaid, and to assist in the eligibility verification process. <b>Conference: Concurs with the House and Senate.</b></p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><b><i>Allows the Department to utilize school district funds received from a health system as the state match for federal Medicaid or children's health insurance program funds to be used for new school-based or school-linked services.</i></b></p> <p><b>Sec. 1697.</b> (1) As may be allowed by federal law or regulation, the department may use funds provided by a local or intermediate school district, which have been obtained from a qualifying health system, as the state match required for receiving federal Medicaid or children health insurance program funds. Any such funds received shall be used only to support new school-based or school-linked health services. <b>Conference: Concurs with the House and Senate.</b></p>	<p><b>Sec. 1697.</b> (1) No changes from current law.</p>	<p><b>Sec. 1697.</b> (1) No changes from current law.</p>	<p><b>Sec. 1697.</b> (1) No changes from current law.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p>(2) A qualifying health system is defined as any health care entity licensed to provide health care services in the state of Michigan, that has entered into a contractual relationship with a local or intermediate school district to provide or manage school-based or school-linked health services. <b>Conference: Concurs with the House and Senate.</b></p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><b>Authorizes separate payments for hospitals serving a disproportionate share of indigent payments and those hospitals providing graduate medical education.</b></p> <p><b>Sec. 1699.</b> The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients, and to hospitals providing graduate medical education training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals will not include GME costs or DSH payments in their contracts with HMOs. <b>Conference: Concurs with the House and Senate.</b></p>	<b>Sec. 1699.</b> No changes from current law.	<b>Sec. 1699.</b> No changes from current law.	<b>Sec. 1699.</b> No changes from current law.
<p><b>Prohibits the submission of a Medicaid waiver to the federal government unless it is submitted to the House and Senate Appropriations Subcommittees on Community Health 30 days in advance.</b></p> <p><b>Sec. 1700.</b> The department shall not submit a Medicaid waiver or similar proposal to the federal centers for Medicare and Medicaid unless the proposal has been submitted to the house of representatives and senate appropriations subcommittees on community health at least 30 days before the submission to the federal government. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><b>Conference: Concurs with the House and Senate.</b></p>	<b>NEW</b> <b>Sec. 1700.</b> The department is authorized to increase the Long-term care services, Hospital services and therapy, Pharmaceutical services, and Health plan services appropriations to the extent that Quality Assurance Assessment Program revenues are available to finance provider rate increases.	Not included.	Not included.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Re-establishes a nursing home quality care incentive program that provides incentives for nursing homes to develop high quality services, but specifies that funding is contingent upon an increase in the federal Medicaid match rate.</i></p> <p><b>VETOED</b> Sec. 1701. In addition to the funds appropriated in part 1, there is appropriated up to \$6,600,000.00 to reestablish a nursing home quality care incentive program to provide financial incentives for nursing homes to develop high-quality care services. Grants under this section shall be awarded by the department to nursing homes that demonstrate an existing commitment to providing high-quality care. This appropriation is contingent upon the receipt of additional funds as a result of an increase in the federal Medicaid match rate above the fiscal year 2002-2003 rate of 55.42% and upon certification from the state budget director that the funds are available for expenditure. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><i>Requires the Department to work with local waiver agents to implement a pilot project coordinating Section 8 rental assistance subsidies with Medicaid home and community based services for 100 persons in assisted living housing who otherwise would be eligible to receive Medicaid nursing home services.</i></p> <p><b>VETOED</b> Sec. 1702. From the funds appropriated in part 1 for long-term care services, the department shall work with local waiver agents to implement a pilot project that coordinates Medicaid home and community-based services with section 8 rental assistance subsidies available through the Michigan state housing development authority. The purpose of the pilot project shall be to provide rent and supportive services to 100 persons in assisted living housing arrangements who otherwise would be eligible to receive nursing home care through the Medicaid program. The home and community-based services days of care utilized for the pilot project shall be allocated from the existing allocation to local waiver agents for the current fiscal year. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.

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	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates up to \$200,000 to the Michigan Association of Centers for Independent Living to facilitate the transition of disabled persons from nursing homes if additional funds become available.</i></p> <p><b>VETOED</b> Sec. 1703. From the funds appropriated in part 1 for long-term care services, the department shall allocate up to \$200,000.00 to the Michigan association of centers for independent living for the accessing community-based support project, if additional funds become available for this purpose. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.
<p><i>Deletes all references to hospital per diem payments from MSA hospital bulletin 01-03.</i></p> <p>Sec. 1704. MSA bulletin Hospital 01-03 shall have all references to per diem payment deleted. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Requires the Department to implement a public information campaign on the pharmaceutical best practice initiative.</i></p> <p>Sec. 1706. The department shall develop and implement a public information campaign regarding the pharmaceutical best practice initiative program. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Reimburses Wayne County for any reduction in its distribution for indigent health care directly resulting from changes to the airport parking tax act.</i></p> <p>Sec. 1709. From the funds appropriated in part 1 for medical services, the department shall allocate sufficient funds to each qualified county, as that term is defined in section 2 of the airport parking tax act, 1987 PA 248, MCL 207.372, to reimburse that county for the entire reduction in the amount of its distribution for indigent health care in fiscal year 2002-2003 from the amount of its distribution for indigent health care in fiscal year 2000-2001 resulting directly from any amendments to section 7 of the airport parking tax act, 1987 PA 248, MCL 207.377, in calendar year 2002 if House Bill No. 4454 of the 91st Legislature is enacted into law in fiscal year 2001-2002. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
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<p><i>Requires the department to report proposed changes in the MIChoice home and community based services waiver program screening process to the House and Senate Appropriations Subcommittees on Community Health at least 30 days prior to implementation.</i></p> <p><b>VETOED and restored in Sec. 1315 of PA 746 of 2002</b></p> <p><b>Sec. 1710.</b> Any proposed changes by the department to the MIChoice home and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health at least 30 days prior to implementation of the proposed changes. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	<p><b>Sec. 1710.</b> Any proposed changes by the department to the MIChoice home and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health <del>at least 30 days</del> prior to implementation of the proposed changes.</p>	<p><b>Sec. 1710.</b> Any proposed changes by the department to the MIChoice home and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health <del>at least 30 days</del> prior to implementation of the proposed changes.</p>
<p><i>Requires the Department to provide an annual report on the hospitalization utilization of Medicaid recipients by diagnostic-related groups.</i></p> <p><b>Sec. 1711.</b> The department shall provide an annual program report to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the hospitalization utilization of Medicaid recipients by diagnostic-related group. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Requires continuation of a 2-tier Medicaid case rate for emergency physician charges. Implementation is to be budget neutral so that reimbursement does not exceed the payment rates in FY 2001-02.</i></p> <p><b>Sec. 1323.</b> (1) The department shall maintain the 2-tier reimbursement methodology for Medicaid emergency physicians professional services that was in effect on September 30, 2002, subject to the following conditions:</p> <p>(a) Payments by case and in the aggregate shall not exceed 80 percent of Medicare payment rates.</p> <p>(b) Total expenditures for these services shall not exceed the level of total payments made during fiscal year 2001-02, after adjusting for Medicare copayments and deductibles and for changes in utilization. <b>Conference: Concurs with the House.</b></p>	Delete current law.	<b>Sec. 1711.</b> (1) No changes from current law.	Delete current law.

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<p>(2) To ensure that total expenditures stay within the spending constraints of subsection (1)(b), the department shall develop a utilization adjustor for the basic 2-tier payment methodology. The adjustor shall be based on a good faith estimate by the department as to what the expected utilization of emergency room services will be during fiscal year 2002-03, given changes in the number and category of Medicaid recipients. If expenditure and utilization data indicate that the amount and/or type of emergency physician professional services are exceeding the department's estimate, the utilization adjustor shall be applied to the 2-tier reimbursement methodology in such a manner as to reduce aggregate expenditures to the fiscal year 2001-02 adjusted expenditure target. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(2) No changes from current law except fro fiscal year change to 2003-04.	Delete current law.
<p>(3) If federal law, regulation, or judicial ruling finds that this 2-tier reimbursement methodology is not Health Insurance Portability and Accountability Act (HIPAA) compliant prior to the end of fiscal year 2002-03, the department shall immediately provide the chairpersons of the senate and house appropriations subcommittees on community health and their respective fiscal agencies, with the proposed modifications necessary to bring this methodology into compliance. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(3) No changes from current law except fro fiscal year change to 2003-04.	Delete current law.
<p>(4) The proposal specified in subsection (3) should be as consistent as possible with the intent of the methodology specified in this section and must be provided to the subcommittee chairpersons and respective fiscal agencies, no less than 30 days before the effective date of the proposal. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	(4) No changes from current law.	Delete current law.
<p><i>Clarifies that appropriations for Long-Term Care, HMOs, Hospital Services, and Medicaid Managed Care are specified in this act, notwithstanding the provisions in Public Acts 303.</i></p> <p><b>VETOED</b> Sec. 1712. Notwithstanding section 20161(13)(l) of the public health code, 1978 PA 368, MCL 333.20161, as added by 2002 PA 303, section 224b(2)(j) of the insurance code of 1956, 1956 PA 218, as added by 2002 PA 304, and section 20161(14)(i) of the public health code, 1978 PA 368, MCL 333.20161, if added by enactment of House Bill No. 5103 of the 91st Legislature, the fiscal year 2002-2003 appropriations for long-term care services, health maintenance organizations, hospital services and therapy, and Medicaid mental health services are as specified in this act. <b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.

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**FY 2003-2004**

**FY 2002-2003  
CURRENT LAW**

**EXECUTIVE**

**HOUSE**

**SENATE**

Conference: Concurs with the Senate.

**NEW**  
**Sec. 1712. (1)** Subject to the availability of funds, the department shall implement a rural health initiative. Available funds shall first be allocated as an outpatient adjustor payment to be paid directly to hospitals in rural counties in proportion to each hospital's Medicaid and indigent patient population. Additional funds, if available, shall be allocated for defibrillator grants, EMT training and support, or other similar programs.

(2) Except as otherwise specified in this section, "rural" means a city, village, or township with a population of not more than 15,000, including those entities if located within a metropolitan statistical area.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies that reimbursement for school based services shall only be made to school districts that are not in default on contracts with vendors providing billing services for Medicaid school based services.</i></p> <p><b>Repealed and replaced by Sec. 1321 of PA 746 that limits payments for school based administrative services to school districts certifying that any disbursed funds shall go to vendors that provided Medicaid billing services between 1998 and 2002. Sec. 1713. A school, local school district, intermediate school district, or group or consortium of school districts that is entitled to receive any payments for any Medicaid school-based services, either administrative services or fees for service, shall receive reimbursement from the department if it certifies to the department that it has paid in full the amounts billed by any vendor that provided Medicaid billing services on that district's behalf during the period 1998 to 2002, inclusive, that would have been paid had the school district been reimbursed in full, irrespective of the settlement agreement in Michigan Department of Community Health v Centers for Medicare and Medicaid Services, departmental appeals board, United States department of health and human services, docket no. A-01-01 and A-02-01. A vendor may object to and challenge a district's certification of payment if the vendor believes that it has not received payment in full for all amounts it has billed to the district. In that event, the department shall withhold all reimbursements to the district until the vendor's objection is resolved to the satisfaction of the department.</b></p> <p><b>Conference: Concurs with the House and Senate.</b></p>	Not included.	Not included.	Not included.

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FY 2003-2004

**FY 2002-2003  
CURRENT LAW**

**EXECUTIVE**

**HOUSE**

**SENATE**

Conference: Concurs with the House and Senate.

**NEW**  
**Sec. 1713.** (1) The department, in conjunction with the Michigan dental association, shall undertake a study to determine the level of participation by Michigan licensed dentists in the state's Medicaid program. The study shall identify the distribution of dentists throughout the state, the volume of Medicaid recipients served by each participating dentist, and areas in the state underserved for dental services.  
(2) The study described in subsection (1) shall also include an assessment of what factors may be related to the apparent low participation by dentists in the Medicaid program, and the study shall make recommendations as to how these barriers to participation may be reduced or eliminated.  
(3) This study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies no later than April 1, 2004.

**Reduces the Hospital Services appropriation by \$149.2 million if HB 5103, the hospital provider assessment bill, is not enacted.**

**Sec. 1714.** The funding for hospital services and therapy in part 1 is predicated on the enactment into law of House Bill No. 5103 of the 91st Legislature. If House Bill No. 5103 is not enacted into law, gross appropriations for the Medicaid hospital services and therapy line item are reduced by \$149,200,300.00.

Conference: Concurs with the House and Senate.

Delete current law.

Delete current law.

Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
Conference: Not Included.			<p><b>NEW</b>  <b>Sec. 1714.</b> (1) The department shall undertake a study to determine the effect of having Blue Cross/Blue shield establish a statewide Medicaid health maintenance organization. This study should include assessments of: (a) the potential increase of access to care for Medicaid recipients in all areas of the state. (b) Whether or not such increased access to care could produce direct, or indirect, cost savings over the intermediate and long run. (c) If administrative savings may occur from the effect of such an HMO having a significantly greater number of covered lives. (d) Whether competition would be increased or decreased relative to existing managed care plans. (e) Any other factors that could be deemed relevant to the stated issues.            (2) The department shall provide the findings of this study, along with recommendations, to the senate and house subcommittees on community health and the senate and house fiscal agencies no later than April 1, 2004.</p>

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs any additional funds that are available from an increase in the federal Medicaid match rate above 55.42% that are not appropriated in sections 449 and 1701 to be deposited in the Medicaid Benefits Trust Fund.</i></p> <p><b>Sec. 1715.</b> Any additional funds that are available as a result of an increase in the federal Medicaid match rate above the fiscal year 2002-2003 rate of 55.42% that are not appropriated in section 449 or section 1701 shall be deposited in the Medicaid benefits trust fund established in the Michigan trust fund act, 2000 PA 489, MCL 12.251 to 12.256. <b>Conference: Concurs with the House and Senate.</b></p>	Delete current law.	Delete current law.	Delete current law.
<p><b>Conference: NEW LANGUAGE</b></p> <p><b>Sec. 1716.</b> In implementing the hospital case rate under the Medicaid adult benefits waiver, the department shall set the hospital case rate at a level that ensures that the gross savings from the hospital case rate does not exceed \$108,592,200.00.</p> <p><b>Enacted: Vetoed by the Governor.</b></p>			
<p><b>PUBLIC ACT 746 OF 2002</b></p> <p><i>Continues the current policy that enrollment of Children's Special Health Care recipients in Medicaid HMOs shall be voluntary.</i></p> <p><b>Sec. 1303.</b> Implementation and contracting for managed care by the department of community health through HMOs are subject to the condition that enrollment of recipients of children's special health care services in HMOs shall be voluntary during fiscal year 2002-03. <b>Same as Sec. 1653(e)</b></p>	Delete current law.	Delete current law - See Sec 1653 (e).	Delete current law - See Sec 1653 (e)..
<p><i>Requires any new HMOs that contract with the Medicaid program after October 1, 2002 to meet the net worth and solvency requirements in the Insurance Code.</i></p> <p><b>Sec. 1309.</b> Prior to contracting with an HMO for managed care services that did not have a contract with the department of community health before October 1, 2002, the department of community health shall receive assurances from the office of financial and insurance services that the HMO meets the net worth and financial solvency requirements contained in chapter 35 of the Insurance code, 1956 PA 218, MCL 500.3501 to 500.3580. <b>Same as Sec. 1657(4)</b></p>	Delete current law.	<b>Sec. 1657. (4)</b> No changes from current law.	<b>Sec. 1657. (4)</b> No changes from current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits HMOs from requiring prior authorization for EPSDT services, maternal and infant support screening referrals, or up to 3 MSS/ISS visits.</i></p> <p><b>Sec. 1310.</b> The department of community health shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits. <b>Same as Sec. 1661(2)</b></p>	Delete current law..	<b>Sec.1661. (2)</b> No changes from current law.	<b>Sec.1661. (2)</b> No changes from current law.
<p><i>Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal and be based on the most recent cost report submitted.</i></p> <p><b>Sec. 1311.</b> All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report. <b>Same as Sec. 1685</b></p>	<b>Sec. 1685.</b> No changes from current law.	<b>Sec. 1685.</b> No changes from current law.	<b>Sec. 1685.</b> No changes from current law.
<p><i>Continues the Long-Term Care Working Group and prohibits implementation of the long-term care plan until at least 24 days after the plan is developed.</i></p> <p><b>Sec. 1312.</b> The long-term care working group established in section 1657 of 1998 PA 336 shall continue to exist to review the allocation of the long-term care innovations grant funding and to monitor the implementation of the demonstration projects being funded. The department of community health shall not implement a long-term care plan until the expiration of 24 days during which at least 1 house of the legislature convenes after the long-term care working group has submitted the written long-term care plan to the senate majority leader, the speaker of the house, the senate and house appropriations subcommittees on community health, and the state budget director. <b>Same as Sec. 1687</b></p>	Delete current law.	Delete current law.	Delete current law.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><b>Allocates up to \$200,000 to the Michigan Association of Centers for Independent Living to transition disabled persons from nursing homes if funds are available.</b></p> <p><b>Sec. 1314.</b> The department shall allocate up to \$200,000.00 to the Michigan association of centers for independent living for the accessing community-based support project, if additional funds become available for this purpose. <b>Same as Sec. 1703 and vetoed by the Governor.</b></p>	Not included.	Not included.	Not included.
<p><b>Requires changes to the Home and Community Based Services screening process to be submitted to the Legislature at least 30 days prior implementation.</b></p> <p><b>Sec. 1315.</b> Any proposed changes by the department to the MiChoice home and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health at least 30 days prior to implementation of the proposed changes. <b>Same as Sec. 1710</b></p>	Delete current law.	<b>Sec. 1710.</b> Any proposed changes by the department to the MiChoice home and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health <del>at least 30 days</del> prior to implementation of the proposed changes.	<b>Sec. 1710.</b> Any proposed changes by the department to the MiChoice home and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health <del>at least 30 days</del> prior to implementation of the proposed changes.
<p><b>Exempts Children's Special Health Care Services recipients from needing prior authorization for prescribed drugs through the Pharmaceutical Best Practice Initiative.</b></p> <p><b>Sec. 1317.</b> Recipients of children's special health care services shall be exempt from the prior authorization requirements for prescription drugs in the department of community health's pharmaceutical best practice initiative.</p>	Not included.	Not included.	<b>Sec. 1628.</b> No changes from current law except to insert after "drugs" "related to their qualifying condition"
<p><b>Excludes prescribed drugs provided through the Children's Special Health Care program from the pharmaceutical rebate program.</b></p> <p><b>Sec. 1318.</b> (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the state medical program and EPIC.</p>	Not included.	Not included.	Not included.
<p>(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.</p>	Not included.	Not included.	Not included.

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FY 2002-2003 CURRENT LAW	FY 2003-2004		
	EXECUTIVE	HOUSE	SENATE
<p><i>Revises current boilerplate to allow a pregnant woman who qualifies for Medicaid to obtain care from the obstetrician of her choice, without prior authorization from the health plan. It also requires payment for obstetric and prenatal care at Medicaid fee-for-service rates if there is no contract between the medical provider and the managed care plan.</i></p> <p><b>Sec. 1319.</b> (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.</p>	Delete current law.	<b>Sec. 1607.</b> (1) No changes from current law.	<b>Sec. 1607.</b> (1) No changes from current law.
<p>(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participation obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until the time that they are notified by the department that the applicant was found to be ineligible for Medicaid.</p>	Delete current law.	(3) No changes from current law.	(3) No changes from current law.
<p>(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.</p>	Delete current law.	(4) No changes from current law.	(4) No changes from current law except to change "shall" to "may".
<p>(5) This section shall apply to Medicaid managed care. Similar to Sec. 1607</p>	Delete current law.	(5) Delete current law.	(5) THE DEPARTMENT SHALL DEVELOP AN ENROLLMENT PROCESS FOR PREGNANT WOMEN COVERED UNDER THIS SECTION THAT FACILITATES THE SELECTION OF A MANAGED CARE PLAN

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FY 2003-2004

FY 2002-2003 CURRENT LAW	EXECUTIVE	HOUSE	SENATE
<p><i>Limits payments for school based administrative services to school districts certifying that any disbursed funds shall go to vendors that provided Medicaid billing services between 1998 and 2002.</i></p> <p><b>Sec. 1321.</b> (1) A first class school district that:</p> <p>(a) May be eligible to receive payments for administrative services related to Medicaid school-based health service pursuant to section 1692 of 2002 PA 519, and;</p> <p>(b) Is required to have a portion of those payments placed in escrow, incidental to the settlement agreement in <u>Michigan Department of Community Health v. Centers for Medicare and Medicaid Services</u>, departmental appeals board, United States department of health and human services, docket no. A-01-01 and A-02-01, and;</p> <p>(c) Meets the conditions of subsection (2); shall be eligible to receive a disbursement from those escrowed funds in an amount not to exceed \$780,000.00.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(2) The department shall only make the disbursement specified in subsection (1) if the first class school district receiving the disbursement:</p> <p>(a) Certifies that the disbursed funds shall only be used to reimburse vendors that provided Medicaid billing services on the first class school districts' behalf during the period 1998 to 2002, inclusive and;</p> <p>(b) Agrees that the payments to the vendors described in subsection (2)(a) shall be made no later than December 31, 2002.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(3) The department shall inform the chairpersons of the senate and house appropriations committees as soon as these transactions occur.</p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Requires hospitals that do not contract with HMOs to enter into hospital access agreements.</i></p> <p><b>Sec. 1322.</b> (1) It is the intent of the legislature that HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO, in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA bulletin Hospital 01-19. <b>Same as Sec. 1658</b></p>	Delete current law.	<b>Sec. 1658.</b> (1) No changes from current law.	<b>Sec. 1658.</b> (1) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
Boilerplate for Medical Services Component**

FY 2002-2003 CURRENT LAW	FY 2003-2004		
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(2) A hospital access agreement specified in subsection (1) shall be considered an affiliated provider contract pursuant to the requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<i>Requires continuation of a 2-tier Medicaid case rate for emergency physician charges. Implementation is to be budget neutral so that reimbursement does not exceed the payment rates in FY 2001-02.</i>  Sec. 1323. (1) The department shall maintain the 2-tier reimbursement methodology for Medicaid emergency physicians professional services that was in effect on September 30, 2002, subject to the following conditions:  (a) Payments by case and in the aggregate shall not exceed 80 percent of Medicare payment rates.  (b) Total expenditures for these services shall not exceed the level of total payments made during fiscal year 2001-02, after adjusting for Medicare copayments and deductibles and for changes in utilization.	Delete current law.	Sec. 1711. (1) No changes from current law.	Delete current law.
(2) To ensure that total expenditures stay within the spending constraints of subsection (1)(b), the department shall develop a utilization adjustor for the basic 2-tier payment methodology. The adjustor shall be based on a good faith estimate by the department as to what the expected utilization of emergency room services will be during fiscal year 2002-03, given changes in the number and category of Medicaid recipients. If expenditure and utilization data indicate that the amount and/or type of emergency physician professional services are exceeding the department's estimate, the utilization adjustor shall be applied to the 2-tier reimbursement methodology in such a manner as to reduce aggregate expenditures to the fiscal year 2001-02 adjusted expenditure target.	Delete current law.	(2) No changes from current law except fro fiscal year change to 2003-04.	Delete current law.
(3) If federal law, regulation, or judicial ruling finds that this 2-tier reimbursement methodology is not Health Insurance Portability and Accountability Act (HIPAA) compliant prior to the end of fiscal year 2002-03, the department shall immediately provide the chairpersons of the senate and house appropriations subcommittees on community health and their respective fiscal agencies, with the proposed modifications necessary to bring this methodology into compliance.	Delete current law.	(3) No changes from current law except fro fiscal year change to 2003-04.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –  
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FY 2002-2003 CURRENT LAW	FY 2003-2004		
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(4) The proposal specified in subsection (3) should be as consistent as possible with the intent of the methodology specified in this section and must be provided to the subcommittee chairpersons and respective fiscal agencies, no less than 30 days before the effective date of the proposal.	Delete current law.	(4) No changes from current law.	Delete current law.