



SENATE BILL No. 1102

July 3, 1996, Introduced by Senator SHUGARS and referred to the Committee on Families, Mental Health and Human Services.

A bill to amend sections 16221 and 16226 of Act No. 368 of the Public Acts of 1978, entitled as amended "Public health code," as amended by Act No. 273 of the Public Acts of 1996, being sections 333.16221 and 333.16226 of the Michigan Compiled Laws; and to add part 56a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Section 1. Sections 16221 and 16226 of Act No. 368 of the
2 Public Acts of 1978, as amended by Act No. 273 of the Public Acts
3 of 1996, being sections 333.16221 and 333.16226 of the Michigan
4 Compiled Laws, are amended and part 56a is added to read as
5 follows:

PART 56A. TERMINAL ILLNESS

7 SEC. 5651. THIS PART SHALL BE KNOWN AND MAY BE CITED AS THE
8 "MICHIGAN DIGNIFIED DEATH ACT".

1 SEC.5652. (1) THE LEGISLATURE FINDS ALL OF THE FOLLOWING:

2 (A) THAT PATIENTS FACE A UNIQUE SET OF CIRCUMSTANCES AND
3 DECISIONS ONCE THEY HAVE BEEN DIAGNOSED AS HAVING A TERMINAL
4 ILLNESS.

5 (B) THAT TERMINALLY ILL PATIENTS FEAR, AND PUBLISHED STUDIES
6 CONFIRM, THAT IN END-OF-LIFE SITUATIONS THEY COULD RECEIVE
7 AGGRESSIVE MEDICAL TREATMENT WHICH THEY DO NOT DESIRE.

8 (C) THAT TERMINALLY ILL PATIENTS ARE OFTEN UNAWARE OF THEIR
9 LEGAL RIGHTS, PARTICULARLY WITH REGARD TO CONTROLLING END-OF-LIFE
10 DECISIONS.

11 (D) THAT THE FREE FLOW OF INFORMATION AMONG HEALTH CARE PRO-
12 VIDERS, PATIENTS, AND PATIENTS' FAMILIES CAN GIVE PATIENTS AND
13 THEIR FAMILIES A SENSE OF CONTROL OVER THEIR LIVES, EASE THE
14 STRESS INVOLVED IN COPING WITH A TERMINAL ILLNESS, AND PROVIDE
15 NEEDED GUIDANCE TO ALL INVOLVED IN DETERMINING THE APPROPRIATE
16 VARIETY AND DEGREE OF MEDICAL INTERVENTION TO BE USED.

17 (2) IN AFFIRMATION OF THE TRADITION IN THIS STATE RECOGNIZ-
18 ING THE INTEGRITY OF PATIENTS AND THEIR DESIRE FOR A HUMANE AND
19 DIGNIFIED DEATH, THE MICHIGAN LEGISLATURE ENACTS THE "MICHIGAN
20 DIGNIFIED DEATH ACT". IN DOING SO, THE LEGISLATURE RECOGNIZES
21 THAT A WELL-CONSIDERED BODY OF COMMON LAW EXISTS DETAILING THE
22 RELATIONSHIP BETWEEN HEALTH CARE PROVIDERS AND THEIR PATIENTS.
23 THIS ACT IS NOT INTENDED TO ABROGATE ANY PART OF THAT LAW, BUT IS
24 INTENDED TO BE READ IN CONJUNCTION WITH THE COMMON LAW. THIS ACT
25 IS INTENDED TO INCREASE TERMINALLY ILL PATIENTS' AWARENESS OF
26 THEIR RIGHT TO MAKE DECISIONS TO RECEIVE, CONTINUE, DISCONTINUE,
27 OR REFUSE MEDICAL TREATMENT. IT IS HOPED THAT BY DOING SO, THE

1 LEGISLATURE WILL ENCOURAGE BETTER COMMUNICATION BETWEEN
2 TERMINALLY ILL PATIENTS AND HEALTH CARE PROVIDERS TO ENSURE THAT
3 A TERMINALLY ILL PATIENT'S FINAL DAYS ARE MEANINGFUL AND
4 DIGNIFIED.

5 SEC. 5653. (1) AS USED IN THIS PART:

6 (A) "HEALTH FACILITY" MEANS A HEALTH FACILITY OR AGENCY
7 LICENSED UNDER ARTICLE 17.

8 (B) "MEDICAL TREATMENT" MEANS A TREATMENT, PROCEDURE, MEDI-
9 CATION, SURGERY, OR DIAGNOSTIC TEST THAT MAY BE ORDERED OR PRO-
10 VIDED BY A HEALTH PROFESSIONAL OR A HEALTH FACILITY UNDER GENER-
11 ALLY ACCEPTED STANDARDS OF MEDICAL PRACTICE AND THAT IS NOT PRO-
12 HIBITED BY LAW.

13 (C) "PATIENT" MEANS AN INDIVIDUAL WHO IS UNDER THE CARE OF A
14 PHYSICIAN.

15 (D) "PATIENT ADVOCATE" MEANS THAT TERM AS DEFINED IN SECTION
16 496 OF THE REVISED PROBATE CODE, ACT NO. 642 OF THE PUBLIC ACTS
17 OF 1978, BEING SECTION 700.496 OF THE MICHIGAN COMPILED LAWS.

18 (E) "PHYSICIAN" MEANS THAT TERM AS DEFINED IN SECTION 17001
19 OR 17501.

20 (F) "SURROGATE" MEANS THE PARENT OR LEGAL GUARDIAN OF A
21 PATIENT WHO IS A MINOR OR THE LEGAL GUARDIAN OF A PATIENT WHO HAS
22 A DISABILITY OTHER THAN MINORITY THAT PREVENTS THE PATIENT FROM
23 GIVING CONSENT TO MEDICAL TREATMENT.

24 (G) "TERMINAL ILLNESS" MEANS A DISEASE OR CONDITION DUE TO
25 WHICH, IN THE OPINION OF A PHYSICIAN, A PATIENT'S DEATH IS ANTIC-
26 IPATED WITHIN 6 MONTHS AFTER THE DATE OF THE PHYSICIAN'S
27 OPINION.

1 (2) ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND PRINCIPLES OF
2 CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS CODE.

3 SEC. 5654. (1) A PHYSICIAN WHO IS ADMINISTERING THE PRIMARY
4 MEDICAL TREATMENT TO A PATIENT WHO HAS BEEN DIAGNOSED AS HAVING A
5 TERMINAL ILLNESS SHALL DO ALL OF THE FOLLOWING:

6 (A) ORALLY INFORM THE PATIENT, THE PATIENT'S SURROGATE, OR,
7 IF THE PATIENT HAS DESIGNATED A PATIENT ADVOCATE AND IS UNABLE TO
8 PARTICIPATE IN MEDICAL TREATMENT DECISIONS, THE PATIENT ADVOCATE
9 ACTING ON BEHALF OF THE PATIENT IN ACCORDANCE WITH SECTION 496 OF
10 ACT NO. 642 OF THE PUBLIC ACTS OF 1978, IN A MANNER THAT THE
11 PATIENT OR PATIENT ADVOCATE CAN UNDERSTAND, ABOUT ALTERNATIVE
12 METHODS OF MEDICAL TREATMENT FOR THE TERMINAL ILLNESS.

13 (B) ORALLY INFORM THE PATIENT, THE PATIENT'S SURROGATE, OR
14 THE PATIENT ADVOCATE ABOUT THE ADVANTAGES, DISADVANTAGES, AND
15 RISKS OF EACH METHOD OF MEDICAL TREATMENT DESCRIBED IN SUBDIVI-
16 SION (A) AND ABOUT THE PROCEDURES INVOLVED IN EACH METHOD OF MED-
17 ICAL TREATMENT.

18 (2) A PHYSICIAN'S DUTY TO INFORM A PATIENT, PATIENT'S SURRO-
19 GATE, OR PATIENT ADVOCATE UNDER THIS SECTION DOES NOT REQUIRE
20 DISCLOSURE OF INFORMATION BEYOND WHAT A REASONABLY WELL-QUALIFIED
21 PHYSICIAN LICENSED UNDER ARTICLE 15 WOULD KNOW.

22 (3) THE INFORMATION REQUIRED UNDER SUBSECTION (1) IS IN
23 ADDITION TO, AND DOES NOT MODIFY, THE INFORMATION REQUIRED UNDER
24 SECTIONS 5133(2) AND 17013(1).

25 SEC. 5655. IN ADDITION TO THE REQUIREMENTS OF SECTION 5654,
26 BEGINNING 120 DAYS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT
27 THAT ADDED THIS PART, A PHYSICIAN WHO IS ADMINISTERING THE

1 PRIMARY MEDICAL TREATMENT TO A PATIENT WHO HAS BEEN DIAGNOSED AS
2 HAVING A TERMINAL ILLNESS SHALL, BOTH ORALLY AND IN WRITING,
3 INFORM THE PATIENT, THE PATIENT'S SURROGATE, OR, IF THE PATIENT
4 HAS DESIGNATED A PATIENT ADVOCATE AND IS UNABLE TO PARTICIPATE IN
5 MEDICAL TREATMENT DECISIONS, THE PATIENT ADVOCATE, OF ALL OF THE
6 FOLLOWING:

7 (A) IF THE PATIENT HAS NOT DESIGNATED A PATIENT ADVOCATE,
8 THAT THE PATIENT HAS A RIGHT TO DESIGNATE A PATIENT ADVOCATE TO
9 MAKE MEDICAL TREATMENT DECISIONS FOR THE PATIENT IN THE EVENT THE
10 PATIENT IS NOT ABLE TO PARTICIPATE IN HIS OR HER MEDICAL TREAT-
11 MENT DECISIONS BECAUSE OF HIS OR HER MEDICAL CONDITION.

12 (B) IF THE PATIENT IS UNABLE TO GIVE CONSENT TO MEDICAL
13 TREATMENT, THAT THE PATIENT HAS A RIGHT TO A COURT APPOINTED
14 GUARDIAN.

15 (C) THAT THE PATIENT, THE PATIENT'S SURROGATE, OR THE
16 PATIENT ADVOCATE HAS THE RIGHT TO MAKE AN INFORMED DECISION
17 REGARDING RECEIVING, CONTINUING, DISCONTINUING, AND REFUSING MED-
18 ICAL TREATMENT FOR THE TERMINAL ILLNESS.

19 (D) THAT UNDER MICHIGAN LAW, THE PHYSICIAN, ANOTHER HEALTH
20 PROFESSIONAL, OR ANY OTHER INDIVIDUAL CANNOT ASSIST THE PATIENT
21 IN COMMITTING SUICIDE.

22 (E) THAT THE PATIENT, THE PATIENT'S SURROGATE, OR THE
23 PATIENT ADVOCATE MAY CHOOSE PALLIATIVE CARE SERVICES INCLUDING,
24 BUT NOT LIMITED TO, PAIN MANAGEMENT AND HOSPICE CARE.

25 SEC. 5656. (1) WITHIN 60 DAYS AFTER THE EFFECTIVE DATE OF
26 THE AMENDATORY ACT THAT ADDED THIS PART, THE DEPARTMENT OF
27 COMMUNITY HEALTH SHALL DEVELOP AND PUBLISH A STANDARDIZED,

1 WRITTEN SUMMARY THAT CONTAINS ALL OF THE INFORMATION REQUIRED
2 UNDER SECTION 5655.

3 (2) THE DEPARTMENT SHALL DEVELOP THE STANDARDIZED, WRITTEN
4 SUMMARY IN CONSULTATION WITH APPROPRIATE PROFESSIONAL AND OTHER
5 ORGANIZATIONS. THE DEPARTMENT SHALL DRAFT THE SUMMARY IN NON-
6 TECHNICAL TERMS THAT A PATIENT OR PATIENT ADVOCATE CAN
7 UNDERSTAND.

8 (3) THE DEPARTMENT SHALL MAKE THE STANDARDIZED, WRITTEN SUM-
9 MARY DESCRIBED IN SUBSECTION (1) AVAILABLE TO PHYSICIANS THROUGH
10 THE MICHIGAN BOARD OF MEDICINE AND THE MICHIGAN BOARD OF OSTEO-
11 PATHIC MEDICINE AND SURGERY CREATED IN ARTICLE 15. THE MICHIGAN
12 BOARD OF MEDICINE AND THE MICHIGAN BOARD OF OSTEOPATHIC MEDICINE
13 AND SURGERY SHALL NOTIFY IN WRITING EACH PHYSICIAN SUBJECT TO
14 THIS PART OF THE REQUIREMENTS OF THIS PART AND THE AVAILABILITY
15 OF THE STANDARDIZED, WRITTEN SUMMARY WITHIN 10 DAYS AFTER THE
16 SUMMARY IS PUBLISHED.

17 SEC. 5657. (1) IF A PHYSICIAN GIVES A COPY OF THE STANDARD-
18 IZED, WRITTEN SUMMARY DISTRIBUTED UNDER SECTION 5656 TO A TERMI-
19 NALLY ILL PATIENT, THE PATIENT'S SURROGATE, OR, IF THE TERMINALLY
20 ILL PATIENT HAS DESIGNATED A PATIENT ADVOCATE AND IS UNABLE TO
21 PARTICIPATE IN MEDICAL TREATMENT DECISIONS, TO THE PATIENT ADVO-
22 CATE, THE PHYSICIAN IS IN FULL COMPLIANCE WITH THE REQUIREMENTS
23 OF SECTION 5655.

24 (2) A PHYSICIAN MAY MAKE AVAILABLE TO A TERMINALLY ILL
25 PATIENT, TO THE PATIENT'S SURROGATE, OR TO A PATIENT ADVOCATE A
26 FORM INDICATING THAT THE PATIENT, PATIENT SURROGATE, OR PATIENT
27 ADVOCATE HAS BEEN GIVEN A COPY OF THE STANDARDIZED, WRITTEN

1 SUMMARY DISTRIBUTED UNDER SECTION 5656. IF A PHYSICIAN MAKES
2 SUCH A FORM AVAILABLE TO A TERMINALLY ILL PATIENT, TO THE
3 PATIENT'S SURROGATE, OR TO THE PATIENT'S PATIENT ADVOCATE, THE
4 PHYSICIAN SHALL REQUEST THE PATIENT, PATIENT'S SURROGATE, OR
5 PATIENT ADVOCATE SIGN THE FORM AND SHALL PLACE A COPY OF THE FORM
6 IN THE PATIENT'S MEDICAL RECORD.

7 (3) A PATIENT, A PATIENT'S SURROGATE, OR A PATIENT ADVOCATE
8 WHO SIGNS A FORM UNDER SUBSECTION (2) IS BARRED FROM SUBSEQUENTLY
9 BRINGING A CIVIL ACTION AGAINST THE PHYSICIAN PROVIDING THE
10 INFORMATION CONTAINED IN THE STANDARDIZED, WRITTEN SUMMARY PUB-
11 LISHED UNDER SECTION 5656 BASED ON FAILURE TO OBTAIN INFORMED
12 CONSENT, BUT ONLY IN REGARD TO THE INFORMATION CONTAINED IN THE
13 STANDARDIZED, WRITTEN SUMMARY.

14 SEC. 5658. A PHYSICIAN WHO, AS PART OF A MEDICAL TREATMENT
15 PLAN FOR A TERMINALLY ILL PATIENT, PRESCRIBES A CONTROLLED SUB-
16 STANCE THAT IS INCLUDED IN SCHEDULES 2 TO 5 UNDER PART 72 AND
17 THAT IS A NARCOTIC DRUG IS IMMUNE FROM ADMINISTRATIVE, CIVIL, AND
18 CRIMINAL LIABILITY BASED ON THE PRESCRIPTION IF THE PRESCRIPTION
19 IS FOR A LEGITIMATE AND PROFESSIONALLY RECOGNIZED THERAPEUTIC
20 PURPOSE, CONFORMS TO THE APPLICABLE GENERALLY RECOGNIZED STANDARD
21 OF PRACTICE, AND IS WITHIN THE SCOPE OF PRACTICE OF THE
22 PHYSICIAN.

23 SEC. 5659. A LIFE INSURER, A HEALTH INSURER, OR A HEALTH
24 CARE PAYMENT OR BENEFITS PLAN SHALL NOT DO 1 OR MORE OF THE FOL-
25 LOWING BECAUSE A TERMINALLY ILL PATIENT, THE PATIENT'S SURROGATE,
26 OR THE PATIENT'S PATIENT ADVOCATE HAS MADE A DECISION TO REFUSE

1 OR DISCONTINUE A MEDICAL TREATMENT AS A RESULT OF INFORMATION
2 RECEIVED AS REQUIRED UNDER THIS PART:

3 (A) REFUSE TO PROVIDE OR CONTINUE COVERAGE OR BENEFITS TO
4 THE TERMINALLY ILL PATIENT.

5 (B) LIMIT THE AMOUNT OF COVERAGE OR BENEFITS AVAILABLE TO A
6 TERMINALLY ILL PATIENT.

7 (C) CHARGE THE TERMINALLY ILL PATIENT A DIFFERENT RATE.

8 (D) CONSIDER THE TERMS OF AN EXISTING POLICY, CERTIFICATE,
9 OR CONTRACT TO HAVE BEEN BREACHED OR MODIFIED.

10 (E) INVOKE A SUICIDE OR INTENTIONAL DEATH EXEMPTION OF
11 EXCLUSION IN A POLICY, CERTIFICATE, OR CONTRACT COVERING THE TER-
12 MINALLY ILL PATIENT.

13 SEC. 5660. THIS PART DOES NOT DO THE FOLLOWING:

14 (A) IMPAIR OR SUPERSEDE A LEGAL RIGHT A PARENT, PATIENT,
15 ADVOCATE, LEGAL GUARDIAN, OR OTHER INDIVIDUAL MAY HAVE TO CONSENT
16 TO OR REFUSE MEDICAL TREATMENT ON BEHALF OF ANOTHER.

17 (B) CREATE A PRESUMPTION ABOUT A TERMINALLY ILL PATIENT'S
18 DESIRE TO RECEIVE OR REFUSE MEDICAL TREATMENT, REGARDLESS OF THE
19 ABILITY OF THE PATIENT TO PARTICIPATE IN MEDICAL TREATMENT
20 DECISIONS.

21 (C) LIMIT THE ABILITY OF A COURT MAKING A DETERMINATION
22 ABOUT A TERMINALLY ILL PATIENT'S MEDICAL TREATMENT DECISIONS TO
23 TAKE INTO CONSIDERATION ALL OF THE FOLLOWING STATE INTERESTS:

24 (i) THE PRESERVATION OF LIFE.

25 (ii) THE PREVENTION OF SUICIDE.

26 (iii) THE PROTECTION OF INNOCENT THIRD PARTIES.

1 (*iv*) THE PRESERVATION OF THE INTEGRITY OF THE MEDICAL
2 PROFESSION.

3 (D) CONDONE, ALLOW, PERMIT, AUTHORIZE, OR APPROVE SUICIDE,
4 ASSISTED SUICIDE, MERCY KILLING, OR EUTHANASIA.

5 Sec. 16221. The department may investigate activities
6 related to the practice of a health profession by a licensee, a
7 registrant, or an applicant for licensure or registration. The
8 department may hold hearings, administer oaths, and order rele-
9 vant testimony to be taken and shall report its findings to the
10 appropriate disciplinary subcommittee. The disciplinary subcom-
11 mittee shall proceed under section 16226 if it finds that 1 or
12 more of the following grounds exist:

13 (a) A violation of general duty, consisting of negligence or
14 failure to exercise due care, including negligent delegation to
15 or supervision of employees or other individuals, whether or not
16 injury results, or any conduct, practice, or condition which
17 impairs, or may impair, the ability to safely and skillfully
18 practice the health profession.

19 (b) Personal disqualifications, consisting of 1 or more of
20 the following:

21 (*i*) Incompetence.

22 (*ii*) Subject to sections 16165 to 16170a, substance abuse as
23 defined in section 6107.

24 (*iii*) Mental or physical inability reasonably related to and
25 adversely affecting the licensee's ability to practice in a safe
26 and competent manner.

1 (iv) Declaration of mental incompetence by a court of
2 competent jurisdiction.

3 (v) Conviction of a misdemeanor punishable by imprisonment
4 for a maximum term of 2 years; a misdemeanor involving the ille-
5 gal delivery, possession, or use of a controlled substance; or a
6 felony. A certified copy of the court record is conclusive evi-
7 dence of the conviction.

8 (vi) Lack of good moral character.

9 (vii) Conviction of a criminal offense under sections 520a
10 to 520l of the Michigan penal code, Act No. 328 of the Public
11 Acts of 1931, being sections 750.520a to 750.520l of the Michigan
12 Compiled Laws. A certified copy of the court record is conclu-
13 sive evidence of the conviction.

14 (viii) Conviction of a violation of section 492a of the
15 Michigan penal code, Act No. 328 of the Public Acts of 1931,
16 being section 750.492a of the Michigan Compiled Laws. A certi-
17 fied copy of the court record is conclusive evidence of the
18 conviction.

19 (ix) Conviction of a misdemeanor or felony involving fraud
20 in obtaining or attempting to obtain fees related to the practice
21 of a health profession. A certified copy of the court record is
22 conclusive evidence of the conviction.

23 (x) Final adverse administrative action by a licensure, reg-
24 istration, disciplinary, or certification board involving the
25 holder of, or an applicant for, a license or registration regu-
26 lated by another state or a territory of the United States. A

1 certified copy of the record of the board is conclusive evidence
2 of the final action.

3 (xi) Conviction of a misdemeanor that is reasonably related
4 to or that adversely affects the licensee's ability to practice
5 in a safe and competent manner. A certified copy of the court
6 record is conclusive evidence of the conviction.

7 (c) Prohibited acts, consisting of 1 or more of the
8 following:

9 (i) Fraud or deceit in obtaining or renewing a license or
10 registration.

11 (ii) Permitting the license or registration to be used by an
12 unauthorized person.

13 (iii) Practice outside the scope of a license.

14 (iv) Obtaining, possessing, or attempting to obtain or pos-
15 sess a controlled substance as defined in section 7104 or a drug
16 as defined in section 7105 without lawful authority; or selling,
17 prescribing, giving away, or administering drugs for other than
18 lawful diagnostic or therapeutic purposes.

19 (d) Unethical business practices, consisting of 1 or more of
20 the following:

21 (i) False or misleading advertising.

22 (ii) Dividing fees for referral of patients or accepting
23 kickbacks on medical or surgical services, appliances, or medica-
24 tions purchased by or in behalf of patients.

25 (iii) Fraud or deceit in obtaining or attempting to obtain
26 third party reimbursement.

1 (e) Unprofessional conduct, consisting of 1 or more of the
2 following:

3 (i) Misrepresentation to a consumer or patient or in obtain-
4 ing or attempting to obtain third party reimbursement in the
5 course of professional practice.

6 (ii) Betrayal of a professional confidence.

7 (iii) Promotion for personal gain of an unnecessary drug,
8 device, treatment, procedure, or service.

9 (iv) Directing or requiring an individual to purchase or
10 secure a drug, device, treatment, procedure, or service from
11 another person, place, facility, or business in which the
12 licensee has a financial interest.

13 (f) Failure to report a change of name or mailing address
14 within 30 days after the change occurs.

15 (g) A violation, or aiding or abetting in a violation, of
16 this article or of ~~rules~~ A RULE promulgated under this
17 article.

18 (h) Failure to comply with a subpoena issued pursuant to
19 this part, failure to respond to a complaint issued under this
20 article or article 7, failure to appear at a compliance confer-
21 ence or an administrative hearing, or failure to report under
22 section 16222 or 16223.

23 (i) Failure to pay an installment of an assessment levied
24 pursuant to section 2504 of the insurance code of 1956, Act
25 No. 218 of the Public Acts of 1956, being section 500.2504 of the
26 Michigan Compiled Laws, within 60 days after notice by the
27 appropriate board.

1 (j) A violation of section 17013 or 17513.

2 (k) Failure to meet 1 or more of the requirements for licen-
3 sure or registration under section 16174.

4 (l) A violation of section 17015 or 17515.

5 (m) A violation of section 17016 or 17516.

6 (N) A VIOLATION OF SECTION 5654 OR 5655.

7 Sec. 16226. (1) After finding the existence of 1 or more of
8 the grounds for disciplinary subcommittee action listed in sec-
9 tion 16221, a disciplinary subcommittee shall impose 1 or more of
10 the following sanctions for each violation:

11 12 <u>Violations of Section 16221</u>	<u>Sanctions</u>
13 Subdivision (a), (b)(ii), 14 (b)(iv), (b)(vi), or 15 (b)(vii)	Probation, limitation, denial, suspension, revocation, restitution, community service, or fine.
16 17 Subdivision (b)(viii)	Revocation or denial.
18 Subdivision (b)(i), 19 (b)(iii), (b)(v), 20 (b)(ix), 21 (b)(x), or (b)(xi)	Limitation, suspension, revocation, denial, probation, restitution, community service, or fine.
22 Subdivision (c)(i)	Denial, revocation, suspension, probation, limitation, commu- nity service, or fine.
23 24 25 Subdivision (c)(ii)	Denial, suspension, revocation, restitution, community service, or fine.

1	Subdivision (c)(iii)	Probation, denial, suspension,
2		revocation, restitution, commu-
3		nity service, or fine.
4	Subdivision (c)(iv)	Fine, probation, denial,
5	or (d)(iii)	suspension, revocation, commu-
6		nity service,
7		or restitution.
8	Subdivision (d)(i)	Reprimand, fine, probation,
9	or (d)(ii)	community service, denial,
10		or restitution.
11	Subdivision (e)(i)	Reprimand, fine, probation,
12		limitation, suspension, commu-
13		nity service, denial, or
14		restitution.
15	Subdivision (e)(ii)	Reprimand, probation,
16	or (h)	suspension, restitution, commu-
17		nity service, denial, or fine.
18	Subdivision (e)(iii)	Reprimand, fine, probation,
19	or (e)(iv)	suspension, revocation, limita-
20		tion, community service,
21		denial, or restitution.
22	Subdivision (f)	Reprimand or fine.
23	Subdivision (g)	Reprimand, probation, denial,
24		suspension, revocation, limita-
25		tion, restitution, community
26		service, or fine.

- 1 Subdivision (i) Suspension or fine.
 2 Subdivision (j) OR (N) Reprimand or fine.
 3 Subdivision (k) Reprimand, denial, or
 4 limitation.
 5 Subdivision (l) Denial, revocation, restitution,
 6 probation, suspension, limita-
 7 tion, reprimand, or fine.
 8 Subdivision (m) Revocation or denial.

9 (2) Determination of sanctions for violations under this
 10 section shall be made by a disciplinary subcommittee. If, during
 11 judicial review, the court of appeals determines that a final
 12 decision or order of a disciplinary subcommittee prejudices sub-
 13 stantial rights of the petitioner for 1 or more of the grounds
 14 listed in section 106 of the administrative procedures act of
 15 1969, being section 24.306 of Michigan Compiled Laws, and holds
 16 that the final decision or order is unlawful and is to be set
 17 aside, the court shall state on the record the reasons for the
 18 holding and may remand the case to the disciplinary subcommittee
 19 for further consideration.

20 (3) A disciplinary subcommittee may impose a fine of up to,
 21 but not exceeding, \$250,000.00 for a violation of
 22 section 16221(a) or (b).

23 (4) A disciplinary subcommittee may require a licensee or
 24 registrant or an applicant for licensure or registration who has
 25 violated this article or article 7 or a rule promulgated under
 26 this article or article 7 to satisfactorily complete an
 27 educational program, a training program, or a treatment program,

1 a mental, physical, or professional competence examination, or a
2 combination of those programs and examinations.