

American Health Lawyers Association

Fraud and Abuse, Self-Referrals, and False Claims Practice Group

SUMMARY OF FRAUD AND ABUSE STATUTES & REGULATIONS

MICHIGAN

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MEDICAID FALSE CLAIM ACT, MICHIGAN COMPILED LAWS § 400.604

It is a felony to (a) solicit, offer, or receive a kickback or bribe in connection with the furnishing of goods or services for which payment is or may be made under the Medicaid program, (b) make or receive the payment, or (c) receive a rebate of a fee or charge for referring an individual to another person for the furnishing of the goods and services. Violations are punishable by up to 4 years in prison, a fine of up to \$30,000, or both.

<http://legislature.mi.gov/doc.aspx?mcl-400-604>

HEALTH CARE FALSE CLAIM ACT, MICHIGAN COMPILED LAWS §§ 752.1004-752.1004B

It is a felony to solicit, offer, pay, or receive a kickback or bribe in connection with the furnishing of goods or services for which payment is or may be made by a health care corporation or health care insurer. It is also unlawful to receive a rebate of a fee or charge for referring an individual to

another person for the furnishing of health care benefits. Violations are punishable by up to 4 years in prison, a fine of up to \$50,000, or both.

<http://legislature.mi.gov/doc.aspx?mcl-752-1004>

A rebate or discount from a drug manufacturer or from a company that licenses or distributes the drugs of a drug manufacturer to a consumer for his or her own use does not violate the Michigan Health Care False Claim Act.

<http://legislature.mi.gov/doc.aspx?mcl-752-1004a>

A rebate or discount from a medical supply or device manufacturer or from a company that licenses or distributes medical supplies or devices to a consumer for his or her own use does not violate the Michigan Health Care False Claim Act.

<http://legislature.mi.gov/doc.aspx?mcl-752-1004b>

PUBLIC HEALTH CODE, MICHIGAN COMPILED LAWS § 333.16221(D)(II)

Dividing fees for referral of patients or accepting kickbacks on medical or surgical services, appliances or medications purchased by or in behalf of patients constitute unethical business practices which may result in disciplinary proceedings. This provision applies to physicians and other health professionals.

<http://legislature.mi.gov/doc.aspx?mcl-333-16221>

PENAL CODE, MICHIGAN COMPILED LAWS § 750.428

Any physician or surgeon who divides fees with, or promises to pay part of his or her fee to, or pays a commission to, any other physician or surgeon or person who consults with or sends patients for treatment or operation is guilty of a misdemeanor punishable by up to 6 months in prison or a fine of not more than \$750. The first conviction may result in loss of license. A second conviction will result in loss of license.

<http://legislature.mi.gov/doc.aspx?mcl-750-428>

BILLING FOR CLINICAL LABORATORY SERVICES, MICHIGAN COMPILED LAWS § 445.162

A person licensed to practice medicine shall not receive a fee or other remuneration from a clinical laboratory or intermediary for submitting specimens from a patient to a clinical laboratory.

<http://legislature.mi.gov/doc.aspx?mcl-445-162>

Relevant Decisions

PEOPLE V. MOTOR CITY HOSPITAL AND SURGICAL SUPPLY, INC., 227 MICH. APP. 209; 575 N.W.2D 95 (1998) (interpreting Section 4 of the Medicaid False Claim Act (M.C.L. § 400.604) and Section 4 of the Health Care False Claim Act (M.C.L. § 752.1004): The false claim acts do not contain a specific or corrupt intent element. The statute is intended to “make those who engage in the business of providing goods and services responsible for ensuring that no referral fees are paid.” Therefore, the prosecution does not need to show that the defendant had corrupt intentions in receiving the referral fee, but rather, it is only required to show that the defendant intended to receive a referral fee.

PEOPLE V. VAKILIAN, NO. 208352, 1998 WL 1986994 (MICH. APP. DECEMBER 29, 1998) (UNPUBLISHED); PEOPLE V. RODANSKY, NO. 208351, 1998 WL 1986977 (MICH. APP. DECEMBER 29, 1998) (interpreting Section 4 of the Medicaid False Claim Act (M.C.L. § 400.604) and Section 4 of the Health Care False Claim Act (M.C.L. § 752.1004): A violation of the Michigan anti-kickback

provisions is not a strict liability crime. Therefore, in order to effect a prosecution for a violation of Michigan anti-kickback laws, the prosecution must present some evidence that the defendant intended to receive a kickback.

ALLSTATE INSURANCE COMPANY ET AL V. LEWERENZ, 2006 WL 2986611 (MICH. APP. OCTOBER 19, 2006) (unpublished opinion): Payment of a percentage of gross receipts from one physician to another as rent for shared office space was determined by trial court to not constitute improper fee splitting under M.C.L. § 333.16221(d)(ii) and M.C.L. § 750.428 and court of appeals declined to address the issue because appellants failed to include it in their statement of questions presented.

TOOLE V. MICHIGAN STATE BOARD OF DENTISTRY, 306 MICH. 527 (1943) (interpreting fee splitting rule promulgated by State Board of Dentistry): The splitting of income by a dental practice organized as a partnership does not constitute fee splitting.

PROHIBITIONS ON SELF-REFERRAL

PUBLIC HEALTH CODE, MICHIGAN COMPILED LAWS § 333.16221(E)(IV) AND (V)

A requirement by a non-physician licensee that an individual purchase or secure a drug, device, treatment, procedure or service from another person place, facility or business in which the licensee has a financial interest constitutes unprofessional conduct which may result in disciplinary proceedings.

A referral by a physician for a designated health service that violates the federal Stark law, 42 U.S.C. § 1395nn, or a regulation promulgated under the Stark law, constitutes unprofessional conduct which may result in disciplinary proceedings.¹ This provision incorporates by reference the Stark law and regulations as they existed on June 2, 2002 and they apply regardless of the source of payment. If the Stark law or regulations are revised after June 3, 2002, the Michigan Department of Community Health must issue a rule in order to incorporate the revision by reference into the statute.

It is unprofessional conduct for a physician who makes referrals pursuant to the Stark law or regulations to refuse to accept a reasonable proportion of Medicaid patients and refuse to accept Medicare or Medicaid funds as payment in full for a treatment, procedure, or service for which the physician refers the individual and in which the physician has a financial interest.

<http://legislature.mi.gov/doc.aspx?mcl-333-16221>

Relevant Decisions

Note: There are no decisions interpreting the current version of the statute which became effective on June 3, 2002. The decisions discussed below interpret the prior version of the statute, M.C.L. § 333.16221(e)(iii), which was originally enacted in 1978 and redesignated as M.C.L. § 333.16221(e)(iv) in 1986.

¹ Disciplinary action may include a reprimand, fine, probation, suspension, revocation, limitation, community service, denial, or restitution. M.C.L. § 333.16226.
<http://legislature.mi.gov/doc.aspx?mcl-333-16226>

INDENBAUM V. MICHIGAN BOARD OF MEDICINE, 213 MICH. APP. 263; 539 N.W.2D 574 (MICH. APP. 1995): Physicians violated statute prohibiting them from “directing or requiring” an individual to purchase or secure a drug, device, treatment, procedure, or service from another facility, in which the physicians had a financial interest, by referring patients and specimens to a health care facility in which they had a limited partnership interest, even though the physicians posted a sign in their office disclosing the existence of their interest and stating that patients could choose another facility.

MICHIGAN ATTORNEY GENERAL OPINION NO. 5498, JUNE 8, 1979: A physician has a “financial interest” in a clinical laboratory if he or she is the proprietor, a partner, a limited partner, a shareholder, or has a similar business interest in a clinical laboratory. The statute is violated if a physician collects a specimen from a patient and sends it for analysis to a laboratory in which the physician has a financial interest. Violation of the statute cannot be avoided by disclosure of the financial interest.

FALSE CLAIMS/FRAUD & ABUSE

Relevant Statutory Provisions

MEDICAID FALSE CLAIM ACT, MICHIGAN COMPILED LAWS § 400.606

It is a felony for an individual to enter into an agreement, combination, or conspiracy to defraud the state by obtaining or aiding another to obtain the payment or allowance of a false claim for Medicaid benefits. Violations are punishable by up to 10 years in prison, a fine of up to \$50,000, or both.

<http://legislature.mi.gov/doc.aspx?mcl-400-606>

MEDICAID FALSE CLAIM ACT, MICHIGAN COMPILED LAWS § 400.607

It is a felony for an individual to present a false claim for Medicaid benefits to an employee or officer of the state, upon or against the state, knowing the claim to be false. It also is a felony for an individual to knowingly present a claim that falsely represents the medical necessity of the goods or services for which the claim is made. A health facility may not be held liable under this provision unless the facility falsely represents the medical necessity of particular goods or services by means of conspiracy, combination, or collusion with a physician or other provider. Violations are punishable by up to 4 years in prison, a fine of up to \$50,000, or both.

<http://legislature.mi.gov/doc.aspx?mcl-400-607>

The Michigan Medicaid False Claim Act may be enforced by the Attorney General (see M.C.L. § 400.610) or by a private individual through a qui tam action (see M.C.L. §§ 400.610a).

<http://legislature.mi.gov/doc.aspx?mcl-400-610>

<http://legislature.mi.gov/doc.aspx?mcl-400-610a>

MEDICAID FALSE CLAIM ACT, MICHIGAN COMPILED LAWS §§ 400.610A – 610C

Qui Tam Provisions. A private individual may bring a civil action in the name of the state to recover losses that the state suffers as a result of a violation of the Medicaid False Claim Act. A person who files the complaint must disclose, in writing, all material evidence supporting the complaint. Within 90 days after the complaint is served (or within any extended time period approved by the court), the Attorney General will either elect or decline to intervene in the action. If the Attorney General declines to intervene, the person initiating the action will have the right to proceed with the action. If the Attorney General elects to intervene, the Attorney General will have

primary responsibility for the action, and may dismiss the action, settle the action, or request that the court limit the participation of the person initiating the action.

If a person other than the Attorney General prevails on the claim, the individual who initiated the lawsuit will receive reimbursement for necessary costs and fees. The individual will also receive between 15 and 30 percent of any monetary proceeds from the action, depending upon whether the Attorney General intervened and the amount of effort exerted by that individual. If the court finds that the individual who brought the action was not the primary source of the information that formed the basis for the action, that individual may not receive more than 10 percent of any monetary recovery.

If the court finds that the individual who brought the action planned, initiated, or participated in the conduct upon which the action was brought, the court may alter the amount of any monetary recovery that the individual would otherwise be entitled to receive. Also, a person who has been convicted of violating the Medicaid False Claim Act may not initiate or remain a party to an action, brought under this provision or receive any monetary proceeds resulting from the action.

The court will dismiss any action brought by a private individual that is based on allegations that are already the subject of a civil suit, a criminal investigation or prosecution, or an administrative investigation or proceeding to which the state or federal government is already a party.

A private individual may not maintain an action based upon publicly disclosed information unless he or she is the original source of the information. A person is the original source of the information if he or she: (a) has direct and independent knowledge of the information on which the allegations are based, and (b) voluntarily provided the information to the Attorney General before filing an action based on that information.

If the Attorney General declines to intervene in an action brought by a private individual and the finds that the claims were frivolous, the court shall award the prevailing defendant actual and reasonable attorney fees and expenses and impose a civil fine not more than \$10,000.

<http://legislature.mi.gov/doc.aspx?mcl-400-610a>

Recovery of Costs by Attorney General. Attorney General may recover costs incurred in connection with the investigation, litigation and recovery of Medicaid funds.

<http://legislature.mi.gov/doc.aspx?mcl-400-610b>

Whistleblower Protection. It is unlawful for an employer to take adverse action against an employee because the employee participates in an action or cooperates or assists with an investigation under the Medicaid False Claim Act. This section does not apply if the employee planned, initiated, or participated in the conduct upon which the action is brought. An employer who violates this section is liable to the employee for the following:

- Reinstatement of the employee's position without loss of seniority;
- Two times the amount of lost back pay;
- Interest on back pay;
- Compensation for any special damages; and
- Any other relief necessary to make the employee whole.

<http://legislature.mi.gov/doc.aspx?mcl-400-610c>

HEALTH CARE FALSE CLAIM ACT, MICHIGAN COMPILED LAWS § 752.1005

It is a felony to enter into an agreement, combination, or conspiracy to defraud a health care corporation or health care insurer by making a false claim for the payment of health care benefits. Violations are punishable by up to 10 years in prison, a fine of up to \$50,000, or both.

<http://legislature.mi.gov/doc.aspx?mcl-752-1005>

INSURANCE CODE, MICHIGAN COMPILED LAWS § 500.4503(C) AND (D)

A fraudulent insurance act includes, act or omissions committed by any person who knowingly, with an intent to injure, defraud or deceive: (a) presents or causes to be presented, to or by an insurer, any oral or written statement as part of a claim for payment or other benefit pursuant to an insurance policy knowing that the statement contains false information concerning any fact or thing material to the claims, or (b) Prepares or assists, abets, solicits, or conspires with another to prepare or make and oral or written statement knowing that the statement contains false information concerning any fact or thing material to the claim.

<http://legislature.mi.gov/doc.aspx?mcl-500-4503>

INSURANCE CODE, MICHIGAN COMPILED LAWS § 500.4511

A person who commits a fraudulent insurance act under M.C.L. § 500.4511 is guilty of a felony punishable by imprisonment for not more than 4 year, a fine of not more than \$50,000, or both, and shall be ordered to pay restitution. A person who enters into an agreement or conspiracy to commit a fraudulent insurance act under M.C.L. § 500.4511 is guilty of a felony, punishable by imprisonment for not more than 10 years, a fine of not more than \$50,000, or both and shall be ordered to pay restitution.

<http://legislature.mi.gov/doc.aspx?mcl-500-4511>

INSURANCE CODE, MICHIGAN COMPILED LAWS § 500.4509

Provides protection from civil liability for persons who report insurance fraud, and who cooperate with or furnish evidence or testify regarding suspected insurance fraud.

<http://legislature.mi.gov/doc.aspx?mcl-500-4509>

PUBLIC HEALTH CODE, MICHIGAN COMPILED LAWS § 333.16221(D)(III)

Fraud or deceit in obtaining or attempting to obtain third party reimbursement constitutes an unethical business practice which may result in disciplinary proceedings. This provision applies to physicians and other health professionals.

<http://legislature.mi.gov/doc.aspx?mcl-333-16221>

SOCIAL WELFARE ACT, MICHIGAN COMPILED LAWS § 400.111B(16)

As a condition of participation in the Medicaid program, a provider must promptly notify the director of any payment to which a provider is not entitled to or that exceeds the amount to which the provider is entitled. A provider must repay overpayments, either directly or through adjustment of payments, as required by the director. Failure to repay an overpayment or a consistent pattern of failure to notify the director constitutes conversion of the money by the provider.

<http://legislature.mi.gov/doc.aspx?mcl-400-111b>

SOCIAL WELFARE ACT, MICHIGAN COMPILED LAWS § 400.111B(17)

As a condition of payment for services rendered, a provider must certify that a claim for payment is true, accurate, prepared with knowledge and consent of the provider, and does not contain untrue, misleading, or deceptive information. A provider is responsible for the supervision of an agent, officer, or employee who prepares or submits the claims. A provider's certification is prima facie evidence that the provider knows that the claim is true, accurate, prepared with his or her knowledge and consent, does not contain misleading or deceptive information, and is filed in compliance with applicable policies, procedures and instructions.

<http://legislature.mi.gov/doc.aspx?mcl-400-111b>

SOCIAL WELFARE ACT, MICHIGAN COMPILED LAWS § 400.111E(3)

A provider's participation in the program may be terminated or otherwise sanctioned for submission of: (a) duplicate claims, (b) claims for services, supplies or equipment that were not provided, (c) claims that include costs or charges not related to the services, supplies or equipment provided, (d) claims for services, supplies or equipment that are medically inappropriate or medically unnecessary, (e) claims that misrepresent information related to the services, supplies or equipment provided, the identity of the recipient or the identify of the provider, (f) claims that are not supported by information in the patient's medical record, (g) claims that are not completed properly, (h) claims that contain a fee or charge that is higher than the provider's usual and customary charge to the general public, or (i) claims for services, supplies or equipment that were not rendered by the provider.

<http://legislature.mi.gov/doc.aspx?mcl-400-111e>

Relevant Decisions

PEOPLE V. KANAAN,, ___ MICH. APP. ___, ___ N.W.2D ___, Nos. 275264 & 275266, 2008 WL 1757562 (MICH. APP. APRIL 17, 2008): The Medicaid False Claims Act (MFCA) is not preempted by federal law (42 USC §1320a-7) because there is no evidence of a congressional intent, under either express or implied theories, to preempt the MFCA; rather, express language in Title XIX (the Medicaid provisions of the Social Security Act) indicate an intent by Congress to allow state law prosecutions for Medicaid fraud. The trier of fact is entitled to consider expert testimony that the Medicaid claims filed by defendants were false. Minimal circumstantial evidence will suffice to establish that the defendants had actual or constructive knowledge that the claims were false.

PEOPLE V. PLYMOUTH ROAD DENTAL, P.C., Nos. 270039 & 270040, 2007 WL 3357737 (MICH. APP. NOVEMBER 13, 2007) (unpublished opinion): In determining whether a defendant should be bound over for trial on Medicaid fraud charges, the actual number of errors alleged, and the relatively small dollar figure they represent, is irrelevant and does not automatically convert or allow for the assumption that the errors must have comprised only inadvertent mistakes. Evidence of only nine erroneous billings for four or five patients, totaling just over \$300, was sufficient to support a finding of probable cause because a reasonable trier of fact could determine that there were nine instances of purposeful or knowing deceit by defendants in their billing practices. **See also, PEOPLE V. JABRO-MARROGHI, Nos. 265413 & 265414, 2007 WL 283681 (MICH. APP. FEBRUARY 1, 2007).**

PEOPLE V. KANAAN,, ___ MICH. APP. ___, ___ N.W.2D ___, Nos. 275264 & 275266, 2008 WL 1757562 (MICH. APP. APRIL 17, 2008); PEOPLE V. BAIG, 2001 WL 738403 (MICH. APP. JUNE 29, 2001) (unpublished opinion); **PEOPLE V. ORZAME, 224 MICH. APP. 551, 570 N.W.2D 118 (1997); PEOPLE V. AMERICAN MEDICAL CENTERS, 118 MICH. APP. 135, 324 N.W.2D 782 (1982):** The elements of the crime of submitting a Medicaid false claim are: (a) there must be a claim; (b) which the accused makes, presents, or causes to be made or presented to the state or its agent; (c) the

claim must be made under the Michigan Social Welfare Act; (d) the claim is false, fictitious, or fraudulent; and (e) the accused knows the claim is false, fictitious, or fraudulent. It is a violation of the statute to submit bills for Medicaid payment with the representation that the tests performed were necessary for diagnosis when, in fact, they were not. Section 7 of the Medicaid False Claim Act (M.C.L.A. § 400.607) is a specific intent crime.

PEOPLE V. PEREZ-DELEON, 224 MICH. APP. 43; 568 N.W.2D 324 (1997): Under the Medicaid False Claim Act and Health Care False Claim Act, a defendant may be charged with constructive knowledge of the falsity of a claim if he or she persistently presents an extremely high number of similar inaccurate claims. A claimant has the affirmative duty to check the accuracy of claims to avoid mistakes.

PEOPLE V. WILLIAMSON, 205 MICH. APP. 592; 592 N.W.2D 846 (1994): Court rejects claim that Section 7 of the Medicaid False Claim Act (M.C.L. § 400.607) is unconstitutionally vague because the definition of what constitutes a false Medicaid claim is found in the Medicaid provider manual. An identifiable pattern or routine billing method, such as a dentist billing for a full x-ray series but only filming a partial series, may qualify as evidence of a “course of conduct” sufficient to overcome the allowance for mistakes or errors.

PEOPLE V. PAYNE, 177 MICH. APP. 464; 442 N.W.2D 675 (1989): Under the Medicaid False Claim Act and Health Care False Claim Act, each submission of a false claim constitutes a separate offense, and must be tried as such. The mere fact that a defendant commits multiple violations of the statute does not permit a charge under a “common plan or scheme” theory. Because each submission of a false claim constitutes a single criminal act, the prosecution must prosecute each claim separately, as opposed to prosecuting one charge of ongoing criminal activity for all violations of the false claims acts.

PEOPLE V. ORZAME, 224 MICH. APP. 551, 570 N.W.2D 118 (1997); WAYNE COUNTY PROSECUTOR V. RUCKER, 121 MICH. APP. 798; 329 N.W.2D 510 (1982): If a defendant contractually agrees to abide by billing procedures and has access to the applicable manuals and documentation controlling those procedures, deviations from the established procedures are presumed to be intentional or provide evidence that the defendant knew the submitted claims were false.

UNFAIR BUSINESS PRACTICES

Michigan Consumer Protection Act, Michigan Compiled Laws § 445.901, et. seq.

Broadly prohibits unfair, unconscionable or deceptive methods, acts or practices in the conduct of trade or commerce. “Trade or commerce” means the conduct of a business providing goods, property or service primarily for personal, family or household purposes and includes the advertising, solicitation, offering for sale or rent, sale, lease, or distribution of a service or property, tangible or intangible, real, personal, or mixed, or any other article, or a business opportunity.

<http://legislature.mi.gov/doc.aspx?mcl-445-901>

GENERAL WHISTLE-BLOWER PROTECTIONS

THE WHISTLEBLOWERS’ PROTECTION ACT, MICHIGAN COMPILED LAWS § 15.361, et. seq.

It is unlawful for an employer to take adverse action against an employee because that employee reports a suspected violation of law to a public body, unless the employee knows that the report is false. It is also unlawful for an employer to take adverse action against an employee because that

employee is requested by a public body to participate in an investigation, hearing, inquiry, or court action. A person who alleges a violation of this act may bring a civil action for injunctive relief and actual damages within 90 days after the occurrence of the alleged violation of the act. If a court finds that an employer violated this act, it may order reinstatement of the employee, the payment of back wages, full reinstatement of fringe benefits and seniority rights, and actual damages. A person who violates this act is also subject to a \$500 fine.

<http://legislature.mi.gov/doc.aspx?mcl-15-361>

Relevant Decisions

WEST V. GENERAL MOTORS CORPORATION, 469 MICH. 177; 665 N.W.2D 468 (2003): To establish a prima facie case under the Michigan Whistleblowers' Protection Act, a plaintiff must show that (a) the plaintiff was engaged in protected activity as defined by the Act; (b) the plaintiff was discharged or discriminated against; and (c) a causal connection exists between the protected activity and the discharge or adverse employment action.

TERZANO V. WAYNE COUNTY, 216 MICH. APP. 522; 549 N.W.2D 606 (1996): The Michigan Whistleblower's Protection Act is to be construed liberally in favor of the employee. Therefore, the act protects employees who, while acting in the scope of employment, report third-party violations or suspected violations of law that directly affect their employer's business.

BROWN V. MAYOR OF DETROIT, 478 MICH. 589; 734 N.W.2D 514 (2007): The Michigan Whistleblowers' Protection Act does not require that an employee report the employer's suspected legal violations to an outside agency or higher authority. Rather, a report by the employee to the employer may trigger statutory whistleblower protection, if the employer is a "public body" within the meaning of the statute. Also, whistleblower protection is available to all employees, even if it is within the employee's job duties to report the violation.

PHINNEY V. PERLMUTTER, 222 MICH. APP. 513; 564 N.W.2D 532 (1997): An employee who has already reported a suspected violation of the law must establish a claim under the Michigan Whistleblowers' Protection Act by a preponderance of the evidence. However, if the employee's claim is based on an allegation that he or she was "about to report" a violation, the employee must show by clear and convincing evidence that he or she was on the verge of reporting the violation.

SHIMKUS V. HICKNER, 417 F. SUPP.2D 884 (E.D. MICH. 2006): A plaintiff is not afforded protection under the Michigan Whistleblowers' Protection Act unless he or she reasonably believed that his or her employer violated the law.

SUCHODOLSKI V. MICHIGAN CONSOL. GAS CO, 412 MICH. 692; 316 N.W.2D 710 (1982): Although it is the general rule that either party to an employment contract for an indefinite term may terminate the relationship at any time for any reason, an implied action for wrongful discharge may exist where the reason for the discharge was the failure or refusal of the employee to violate a law in the course of employment or the employee's exercise of a statutory right.

HELPFUL LINKS

Michigan Attorney General
<http://www.michigan.gov/ag>

Michigan Attorney General – Health Care Fraud Division
http://www.michigan.gov/ag/0,1607,7-164-17334_18152-47188--,00.html

Michigan Department of Community Health

<http://www.michigan.gov/mdch>

Michigan Department of Community Health – Board of Medicine

http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27541---,00.html

Michigan Department of Community Health – Information for Medicaid Providers

http://www.michigan.gov/mdch/0,1607,7-132-2945_5100---,00.html

Michigan Legislature (to access Michigan laws)

[http://www.legislature.mi.gov/\(S\(yklocivjyti1sbepqonk0hql\)\)/mileg.aspx?page=home](http://www.legislature.mi.gov/(S(yklocivjyti1sbepqonk0hql))/mileg.aspx?page=home)

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