

A proposal to amend Art 4 Section 51 of the State Constitution by adding new language shown in capital letters below:

The public health and general welfare of the people of the state are hereby declared to be matters of primary public concern. The legislature shall pass suitable laws for the promotion and protection of the public health. THE STATE LEGISLATURE SHALL PASS LAWS TO MAKE SURE THAT EVERY MICHIGAN RESIDENT HAS AFFORDABLE AND COMPREHENSIVE HEALTH CARE COVERAGE THROUGH A FAIR AND COST-EFFECTIVE FINANCING SYSTEM. THE LEGISLATURE IS REQUIRED TO PASS A PLAN THAT, THROUGH PUBLIC OR PRIVATE MEASURES, CONTROLS HEALTH CARE COSTS AND PROVIDES FOR MEDICALLY NECESSARY PREVENTIVE, PRIMARY, ACUTE AND CHRONIC HEALTH CARE NEEDS.

Provisions of existing Constitution altered or abrogated by this proposal if adopted:

Art 4 Section 51: The public health and general welfare of the people of the state are hereby declared to be matters of primary public concern. The legislature shall pass suitable laws for the protection and promotion of the public health.

We, the undersigned qualified and registered electors, residents in the county of \_\_\_\_\_, State of Michigan, respectively petition for the amendment to the Constitution.

**WARNING — A person who knowingly signs this petition more than once, signs a name other than his or her own, signs when not a qualified and registered elector, or sets opposite his or her signature on a petition, a date other than the actual date the signature was affixed, is violating the provisions of the Michigan election law.**

INDICATE CITY OR TOWNSHIP IN WHICH REGISTERED TO VOTE	SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
					MO	DAY	YEAR
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	1.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	2.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	3.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	4.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	5.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	6.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	7.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	8.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	9.						
CITY OF <input type="checkbox"/> TOWNSHIP OF <input type="checkbox"/>	10.						

CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is qualified to circulate this petition and that each signature on the petition was signed in his or her presence; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a qualified registered elector of the city or township indicated preceding the signature, and the elector was qualified to sign the petition.

**WARNING — A circulator knowingly making a false statement in the above certificate, a person not a circulator who signs as a circulator, or a person who signs a name other than his or her own as circulator is guilty of a misdemeanor.**

**CIRCULATOR — Do not sign or date certificate until after circulating petition.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Circulator Date

\_\_\_\_\_  
Printed Name of Circulator

\_\_\_\_\_  
City or Township Where Qualified to be Registered

\_\_\_\_\_  
Complete Residence Address (Street and Number or Rural Route) Zip Code