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Senate Bill 2 (Substitute S-1 as reported)  
Sponsor: Senator Mark C. Jansen  
Committee: Reforms, Restructuring and Reinventing

### **CONTENT**

The bill would amend the Public Health Code to provide for the licensure of advanced practice registered nurses (A.P.R.N.s), who would include certified nurse midwives, certified nurse practitioners, and clinical nurse specialist-certifieds; and eliminate provisions regarding the specialty certification of nurse midwives and nurse practitioners. The bill would do the following:

- Define "A.P.R.N." as an individual who is licensed under Part 172 (Nursing) as a certified nurse midwife (C.N.M.), certified nurse practitioner (C.N.P.), or clinical nurse specialist-certified (C.N.S.-C.), and define each of those as an individual who is a licensed and registered professional nurse (R.N.), is also licensed as an A.P.R.N., and has a particular focus in his or her practice, within the parameters of his or her education, training, and national certification.
- Require A.P.R.N.s to 1) provide functions common to the population for which A.P.R.N.s are educationally and experientially prepared; 2) comply with standards set by the Board of Nursing and the applicable national professional nursing associations; 3) consult with other health professionals, or refer a patient to another professional if the patient's care were outside the A.P.R.N.'s education, training, or national certification; and 4) supervise R.N.s, licensed practical nurses, and other health professionals.
- Require the Board to issue an A.P.R.N. license to an R.N. who held a specialty certification as a nurse midwife, nurse practitioner, or clinical nurse specialist, and both 1) applied for an A.P.R.N. license within two years of the bill's effective date, and 2) had a license that was current on both the bill's effective date and the date he or she submitted the license application.
- Require the Board to issue a C.N.M., C.N.P., or C.N.S.-C. license to an R.N. who 1) completed an applicable accredited graduate, postgraduate, or doctoral level nursing education program; 2) was certified by a nationally accredited body as demonstrating applicable competencies, or determined by the Board to meet certification standards; 3) maintained continued competence through recertification through the national certification program, or was determined by the Board to meet certification standards; 4) demonstrated that he or she had acquired clinical knowledge and skills that prepared him or her to provide direct and indirect care; 5) demonstrated core R.N. competencies; 6) demonstrated that he or she was educationally prepared to assume applicable responsibilities; and 7) demonstrated clinical experience of sufficient depth and breadth to perform as an A.P.R.N.
- Revise the membership of the Michigan Board of Nursing to: nine R.N.s; two C.N.M.s, two C.N.P.s, two C.N.S.-C.s, two nurse anesthetists, three licensed practical nurses, and nine public members.
- Create the A.P.R.N. Task Force, which would consist of one R.N., two C.N.M.s, two C.N.P.s, two C.N.S.-Cs, two certified nurse anesthetists, and two public members.

- Require the Task Force, in consultation with the Department of Licensing and Regulatory Affairs, to develop advisory guidelines on the appropriate scope of practice for an A.P.R.N. according to education, training, and experience, and act as the disciplinary subcommittee for A.P.R.N.s and certified nurse anesthetists.
- Prescribe A.P.R.N. license fees, subject to the Board's review and adjustment, and the A.P.R.N. Task Force's consent.
- Allow the Board of Nursing to require a licensee under Part 172 to provide evidence of the completion of continuing education or competency courses, for license renewal.
- Authorize a licensed A.P.R.N. to prescribe and administer nonscheduled prescription drugs and Schedule 2 through 5 controlled substances, within the parameters of his or her education, training, and national certification, if he or she met specific criteria (described below).
- Require an A.P.R.N. to enter into a mentorship agreement if he or she had been licensed for less than two years, in order to prescribe and administer drugs; and establish requirements for mentorship agreements.
- Allow an A.P.R.N. to issue a complementary starter dose of a prescription drug or Schedule 2 to 5 controlled substance.
- Include a licensed A.P.R.N. among the individuals who may refer a patient for speech-language pathology services or occupational therapy.
- Include an individual licensed under Part 172 among the people who may prescribe physical therapy.

In order to prescribe and administer nonprescription drugs and Schedule 2 to 5 controlled substances, an A.P.R.N. would have to 1) have completed graduate level pharmacology, pathophysiology, and physical assessment courses and clinical practicum, as applicable to his or her A.P.R.N. license; 2) have completed the requirements for issuance and renewal of the license; 3) hold a controlled substances license under the Code; 4) possess, prescribe, or administer the drug or substance only while practicing as an A.P.R.N.; and 5) have possessed, for two years, national certification as a C.N.M., C.N.P., or C.N.S.-C, specialty certification as a C.N.M. or C.N.P. before the bill's effective date, or an A.P.R.N. license; have possessed, prescribed, or administered, those drugs or substances under one or more mentorship agreements for two years; or only possess, prescribe, or administer those drugs or substances under a mentorship agreement.

MCL 333.2701 et al.

Legislative Analyst: Glenn Steffens

## **FISCAL IMPACT**

The bill would have an indeterminate effect on State finances, and no impact on the finances of local governments. Under the bill, an individual seeking licensure as an advanced practice registered nurse would have to pay an application processing fee of \$32 and an annual license fee of \$55. It is unknown how many individuals would apply and seek licensure, but revenue from the fees would be credited to the Health Professions Regulatory Fund and used for costs associated with issuing the licenses.

The Department of Licensing and Regulatory Affairs would be responsible for some increased costs related to processing applications and issuing licenses as prescribed by the bill. It is unknown whether the fees in the bill would be sufficient to cover the Department's expenses, so the fiscal impact is indeterminate.

Date Completed: 4-23-13

Fiscal Analyst: Josh Sefton

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.