

SUBSTITUTE FOR
SENATE BILL NO. 2

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 2701, 5119, 16125, 16161, 16163, 16216,
16231, 16231a, 16327, 17201, 17210, 17211, 17212, 17221, 17607,
17708, 17745, 17820, 17822, 18301, and 20201 (MCL 333.2701,
333.5119, 333.16125, 333.16161, 333.16163, 333.16216, 333.16231,
333.16231a, 333.16327, 333.17201, 333.17210, 333.17211,
333.17212, 333.17221, 333.17607, 333.17708, 333.17745, 333.17820,
333.17822, 333.18301, and 333.20201), section 2701 as added by
1990 PA 16, section 5119 as amended by 2000 PA 209, sections
16125 and 16161 as amended by 1989 PA 202, section 16163 as
amended by 2002 PA 643, section 16216 as added by 1993 PA 87,
section 16231 as amended by 2010 PA 382, section 16231a as added
by 1993 PA 79, section 16327 as amended by 2009 PA 216, sections

17211 and 17221 as amended by 2006 PA 409, section 17212 as added by 1996 PA 355, section 17607 as added by 2008 PA 524, section 17708 as amended by 2012 PA 209, sections 17745 and 20201 as amended by 2011 PA 210, section 17820 as amended by 2009 PA 55, section 17822 as amended by 2005 PA 281, and section 18301 as amended by 2008 PA 523, and by adding sections 17202, 17210a, 17211a, 17214, and 17221a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 2701. As used in this part:

2 (a) "Board certified" means certified to practice in a
3 particular medical ~~speciality~~ **SPECIALTY** by a national board
4 recognized by the American board of medical specialties or the
5 American osteopathic association.

6 (b) "Certified nurse midwife" means ~~an individual licensed~~
7 ~~as a registered professional nurse under part 172 who has been~~
8 ~~issued a specialty certification in the practice of nurse~~
9 ~~midwifery by the board of nursing under section 17210~~ **THAT TERM**
10 **AS DEFINED IN SECTION 17201.**

11 (c) "Certified nurse practitioner" means ~~an individual~~
12 ~~licensed as a registered professional nurse under part 172 who~~
13 ~~has been issued a specialty certification as a nurse practitioner~~
14 ~~by the board of nursing under section 17210~~ **THAT TERM AS DEFINED**
15 **IN SECTION 17201.**

16 (d) "Designated nurse" means a certified nurse midwife or
17 certified nurse practitioner.

18 (e) "Designated physician" means a physician qualified in 1
19 of the physician specialty areas identified in section 2711.

(f) "Designated professional" means a designated physician, designated nurse, or physician's assistant.

(g) "Health resource shortage area" means a geographic area, population group, or health facility designated by the department under section 2717.

(h) "Medicaid" means benefits under the program of medical assistance established under title XIX of the social security act, ~~42 U.S.C. 1396 to 1396d, 1396f to 1396g, and 1396i to 1396s,~~ **42 USC 1396-1 TO 1396W-5**, and administered by the department of ~~social~~ **HUMAN** services under the social welfare act, ~~Act No. 280 of the Public Acts of 1939, being sections 400.1 to 400.121 of the Michigan Compiled Laws.1939 PA 280, MCL 400.1 TO 400.119B.~~

(i) "Medical school" means an accredited program for the training of individuals to become physicians.

(j) "Medicare" means benefits under the federal medicare program established under title XVIII of the social security act, ~~42 U.S.C. 1395 to 1395b, 1395b-2 to 1395i, 1395i-1a to 1395i-2, 1395j to 1395dd, 1395ff to 1395mm, and 1395oo to 1395eee.42 USC 1395 TO 1395KKK-1.~~

(k) "National health service corps" means the agency established under ~~section 331 of title III of the public health service act, 42 U.S.C. 254d.~~ **42 USC 254D.**

(l) "Nurse" means an individual licensed to engage in the practice of nursing under part 172.

(m) "Nursing program" means an accredited program for the training of individuals to become nurses.

(n) "Physician" means an individual licensed as a physician

1 under part 170 or an osteopathic physician under part 175.

2 (o) "Physician's assistant" means an individual licensed as
3 a physician's assistant under part 170 or part 175.

4 (p) "Physician's assistant program" means an accredited
5 program for the training of individuals to become physician's
6 assistants.

7 (q) "Service obligation" means the contractual obligation
8 undertaken by an individual under section 2705 or section 2707 to
9 provide health care services for a determinable time period at a
10 site designated by the department.

11 Sec. 5119. (1) An individual applying for a marriage license
12 shall be advised through the distribution of written educational
13 materials by the county clerk regarding prenatal care and the
14 transmission and prevention of venereal disease and HIV
15 infection. The written educational materials shall describe the
16 availability to the applicant of tests for both venereal disease
17 and HIV infection. The information shall include a list of
18 locations where HIV counseling and testing services funded by the
19 department are available. The written educational materials shall
20 be approved or prepared by the department.

21 (2) A county clerk shall not issue a marriage license to an
22 applicant who fails to sign and file with the county clerk an
23 application for a marriage license that includes a statement with
24 a check-off box indicating that the applicant has received the
25 educational materials regarding the transmission and prevention
26 of both venereal disease and HIV infection and has been advised
27 of testing for both venereal disease and HIV infection, pursuant

1 to subsection (1).

2 (3) If either applicant for a marriage license undergoes a
 3 test for HIV or an antibody to HIV, and if the test results
 4 indicate that an applicant is HIV infected, the physician or a
 5 **HIS OR HER** designee, ~~of the physician,~~ the physician's assistant,
 6 the certified nurse midwife, ~~or the certified nurse practitioner,~~
 7 **OR THE CLINICAL NURSE SPECIALIST-CERTIFIED** or the local health
 8 officer or **HIS OR HER** designee ~~of the local health officer~~
 9 administering the test immediately shall inform both applicants
 10 of the test results, and shall counsel both applicants regarding
 11 the modes of HIV transmission, the potential for HIV transmission
 12 to a fetus, and protective measures.

13 (4) As used in this section:

14 (a) "Certified nurse midwife" means ~~an individual licensed~~
 15 ~~as a registered professional nurse under part 172 who has been~~
 16 ~~issued a specialty certification in the practice of nurse~~
 17 ~~midwifery by the board of nursing under section 17210.~~ **THAT TERM**
 18 **AS DEFINED IN SECTION 17201.**

19 (b) "Certified nurse practitioner" means ~~an individual~~
 20 ~~licensed as a registered professional nurse under part 172 who~~
 21 ~~has been issued a specialty certification as a nurse practitioner~~
 22 ~~by the board of nursing under section 17210.~~ **THAT TERM AS DEFINED**
 23 **IN SECTION 17201.**

24 (c) **"CLINICAL NURSE SPECIALIST-CERTIFIED" MEANS THAT TERM AS**
 25 **DEFINED IN SECTION 17201.**

26 (D) ~~(e)~~ "Physician" means an individual licensed as a
 27 physician under part 170 or an osteopathic physician under part

1 175.

2 (E) ~~(d)~~—"Physician's assistant" means an individual licensed
3 as a physician's assistant under part 170 or part 175.

4 Sec. 16125. (1) ~~A~~**THE MAJORITY OF THE MEMBERS OF A** licensing
5 board shall be ~~composed of a majority of members~~ licensed in the
6 health profession ~~which~~ that **THE** board licenses. The board shall
7 include at least 1 public member. The director ~~shall be~~**IS** an ex
8 officio member without vote, but is not a member for the purposes
9 of section 5 of article ~~5~~**V** of the state constitution of 1963 or
10 for determining a quorum. If a licensed health profession
11 subfield is created ~~by~~**UNDER** this article, the board shall
12 include at least 1 licensee from each subfield.

13 (2) If a health profession subfield task force is created ~~by~~
14 **UNDER** this article, 1 licensee from each subfield ~~so~~ appointed to
15 the board **UNDER SUBSECTION (1)** shall also be appointed as a
16 member of the health profession subfield task force. ~~If~~**EXCEPT AS**
17 **OTHERWISE PROVIDED IN SECTION 17221A, IF** a certified health
18 profession specialty field task force is created ~~by~~**UNDER** this
19 article, 1 member of the board holding a license other than a
20 health profession subfield license shall also be appointed to the
21 specialty field task force.

22 Sec. 16161. (1) If a health profession subfield task force
23 is created for a health profession, that task force shall serve
24 as the task force for all health profession subfields within the
25 scope of practice of the health profession and shall function as
26 set forth in this part.

27 (2) ~~If~~**EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, IF** a

1 health profession specialty field task force is created for a
2 health profession, that task force shall serve as the task force
3 for all health profession specialty fields within the scope of
4 practice of the health profession and shall function as set forth
5 in this part. **THIS SUBSECTION DOES NOT APPLY TO THE ADVANCED**
6 **PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A.**

7 Sec. 16163. ~~A—EXCEPT AS OTHERWISE PROVIDED IN SECTION~~
8 **17221A, A** task force shall recommend to the board as to:

9 (a) Determination of standards of education, training, and
10 experience required for practice in a health profession subfield
11 or for registration in a health profession specialty field, and,
12 where appropriate, guidelines for approval of educational
13 programs for the health profession subfield or health profession
14 specialty field.

15 (b) Qualifications required of applicants for licensure in
16 health profession subfields or for registration in health
17 profession specialty fields.

18 (c) Evaluation of qualifications for initial and continuing
19 licensure of practitioners in health profession subfields or
20 health profession specialty fields. The evaluation may cover
21 assessment of educational credentials, work experience and
22 related training, and administration of tests and examinations.

23 (d) Guidelines for utilization of, and standards of practice
24 for, licensees in health profession subfields or registrants in
25 health profession specialty fields.

26 Sec. 16216. (1) ~~The—EXCEPT AS OTHERWISE PROVIDED IN THIS~~
27 **SUBSECTION, THE** chair of each board or task force shall appoint 1

1 or more disciplinary subcommittees for that board or task force.
 2 A disciplinary subcommittee for a board or task force **UNDER THIS**
 3 **SUBSECTION** shall consist of 2 public members and 3 professional
 4 members from the board or task force. The chair of a board or
 5 task force **UNDER THIS SUBSECTION** shall not serve as a member of a
 6 disciplinary subcommittee. **THIS SUBSECTION DOES NOT APPLY TO THE**
 7 **ADVANCED PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION**
 8 **17221A.**

9 (2) A final decision of ~~the~~**A** disciplinary subcommittee
 10 finding a violation of this article or article 7 ~~shall be by~~
 11 **REQUIRES** a majority vote of the members appointed and serving on
 12 the disciplinary subcommittee.

13 (3) A final decision of ~~the~~**A** disciplinary subcommittee
 14 imposing a sanction under this article or article 7 or a final
 15 decision of the disciplinary subcommittee other than a final
 16 decision described in subsection (2) requires a majority vote of
 17 the members appointed and serving on the disciplinary
 18 subcommittee with an affirmative vote by at least 1 public
 19 member.

20 (4) ~~The~~**EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, THE**
 21 **CHAIR OF A BOARD OR TASK FORCE SHALL APPOINT THE** chairperson of
 22 ~~each~~**A** disciplinary subcommittee, ~~shall~~**WHO MUST** be a public
 23 member. ~~and shall be appointed by the chair of the board or task~~
 24 ~~force.~~**THIS SUBSECTION DOES NOT APPLY TO THE ADVANCED PRACTICE**
 25 **REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A.**

26 Sec. 16231. (1) A person or governmental entity ~~who~~**THAT**
 27 believes that a violation of this article or article 7 or a rule

1 promulgated under this article or article 7 exists may make an
2 allegation of that fact to the department in writing.

3 (2) If, ~~upon~~**AFTER** reviewing an application or an allegation
4 or a licensee's file under section 16211(4), the department
5 determines there is a reasonable basis to believe the existence
6 of a violation of this article or article 7 or a rule promulgated
7 under this article or article 7, the department, with the
8 authorization of the chair of the appropriate board or task force
9 or his or her designee, shall investigate. If the chair or his or
10 her designee fails to grant or deny authorization within 7 days
11 after receipt of a request for authorization, the department
12 shall investigate.

13 (3) ~~Upon the receipt of~~**IF THE DEPARTMENT RECEIVES**
14 information reported ~~pursuant to~~**UNDER** section 16243(2) that
15 indicates 3 or more malpractice settlements, awards, or judgments
16 against a licensee in a period of 5 consecutive years or 1 or
17 more malpractice settlements, awards, or judgments against a
18 licensee totaling more than \$200,000.00 in a period of 5
19 consecutive years, whether or not a judgment or award is stayed
20 pending appeal, the department shall investigate.

21 (4) At any time during an investigation or following the
22 issuance of a complaint, the department may schedule a compliance
23 conference pursuant to section 92 of the administrative
24 procedures act of 1969, MCL 24.292. The conference may include
25 the applicant, licensee, registrant, or individual; ~~the~~
26 applicant's, licensee's, registrant's, or individual's attorney;
27 ~~1~~ member of the department's staff; ~~and~~ any other individuals

1 approved by the department. One member of the appropriate board
2 or task force who is not a member of the disciplinary
3 subcommittee with jurisdiction over the matter, **OR A MEMBER OF**
4 **THE TASK FORCE IF THE DISCIPLINARY SUBCOMMITTEE WITH JURISDICTION**
5 **IS THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE CREATED IN**
6 **SECTION 17221A**, may attend the conference and provide ~~such~~ **ANY**
7 assistance ~~as~~ **THAT IS** needed. At the compliance conference, the
8 department shall attempt to reach agreement. If an agreement is
9 reached, the department shall submit a written statement
10 outlining the terms of the agreement, or a stipulation and final
11 order, if applicable, or a request for dismissal to the
12 appropriate disciplinary subcommittee for approval. If the
13 agreement or stipulation and final order or request for dismissal
14 is rejected by the disciplinary subcommittee, or if no agreement
15 is reached, a hearing before a hearings examiner shall be
16 scheduled. A party shall not make a transcript of the compliance
17 conference. All records and documents of a compliance conference
18 held before a complaint is issued are subject to section 16238.

19 (5) Within 90 days after an investigation is initiated under
20 subsection (2) or (3), the department shall do 1 or more of the
21 following:

- 22 (a) Issue a formal complaint.
- 23 (b) Conduct a compliance conference under subsection (4).
- 24 (c) Issue a summary suspension.
- 25 (d) Issue a cease and desist order.
- 26 (e) Dismiss the complaint.
- 27 (f) Place in the complaint file not more than 1 written

1 extension of not more than 30 days to take action under this
2 subsection.

3 (6) Unless the person submitting the allegation under
4 subsection (1) otherwise agrees in writing, the department shall
5 keep the identity of a person submitting the allegation
6 confidential until disciplinary proceedings under this part are
7 initiated against the subject of the allegation and the person
8 making the allegation is required to testify in the proceedings.

9 (7) The department shall serve a complaint ~~pursuant to~~ **UNDER**
10 section 16192. The department shall include in the complaint a
11 notice that the applicant, licensee, registrant, or individual
12 who is the subject of the complaint has 30 days from the date of
13 receipt to respond in writing to the complaint.

14 (8) The department shall treat the failure of the applicant,
15 licensee, registrant, or individual to respond to the complaint
16 within the 30-day period set forth in subsection (7) as an
17 admission of the allegations contained in the complaint. The
18 department shall notify the appropriate disciplinary subcommittee
19 of the individual's failure to respond and shall forward a copy
20 of the complaint to that disciplinary subcommittee. The
21 disciplinary subcommittee may then impose an appropriate sanction
22 under this article or article 7.

23 Sec. 16231a. (1) If an agreement is not reached at a
24 compliance conference held under section 16231(4), or if an
25 agreement is reached but is rejected by a disciplinary
26 subcommittee and the parties do not reach a new agreement, the
27 department shall hold a hearing before a hearings examiner

1 employed by or under contract to the department. If an agreement
2 is reached but is rejected by the disciplinary subcommittee, the
3 department shall not hold another compliance conference, but may
4 continue to try and reach a new agreement. The hearings examiner
5 shall conduct the hearing within 60 days after the compliance
6 conference at which an agreement is not reached or after the
7 agreement is rejected by the disciplinary subcommittee, unless a
8 new agreement is reached and approved by the disciplinary
9 subcommittee. One member of the appropriate board or task force
10 who is not a member of the disciplinary subcommittee with
11 jurisdiction over the matter, **OR A MEMBER OF THE TASK FORCE IF**
12 **THE DISCIPLINARY SUBCOMMITTEE WITH JURISDICTION IS THE ADVANCED**
13 **PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A,**
14 may attend the hearing and provide ~~such~~**ANY** assistance ~~as~~**THAT IS**
15 needed.

16 (2) The hearings examiner shall determine if there are
17 grounds for disciplinary action under section 16221 or if the
18 applicant, licensee, or registrant has violated this article or
19 article 7 or the rules promulgated under this article or article
20 7. The hearings examiner shall prepare recommended findings of
21 fact and conclusions of law for transmittal to the appropriate
22 disciplinary subcommittee. The hearings examiner shall not
23 recommend or impose penalties.

24 (3) The applicant, licensee, or registrant who is the
25 subject of the complaint or the department of attorney general
26 may request and be granted not more than 1 continuance by the
27 hearings examiner for good cause shown.

(4) The applicant, licensee, or registrant may be represented at the hearing by legal counsel. The department shall be represented at the hearing by an assistant attorney general from the department of attorney general. The assistant attorney general shall not be the same individual assigned by the department of attorney general to provide legal counsel to the board or the special assistant attorney general described in section 16237.

(5) Unless a continuance ~~has been~~ **IS** granted under subsection (3), failure of an applicant, licensee, or registrant to appear or be represented at a scheduled hearing shall be treated by the hearings examiner as a default and an admission of the allegations contained in the complaint. The hearings examiner shall notify the appropriate disciplinary subcommittee of the individual's failure to appear and forward a copy of the complaint and any other relevant records to the disciplinary subcommittee. The disciplinary subcommittee may then impose an appropriate sanction under this article or article 7, or both.

Sec. 16327. **(1)** Fees for ~~a person~~ **AN INDIVIDUAL** licensed or seeking licensure to practice nursing as a registered **PROFESSIONAL** nurse, a licensed practical nurse, or a trained attendant under part 172 are as follows:

(a)	Application processing fee.....	\$ 24.00
(b)	License fee, per year.....	30.00
(c)	Temporary license.....	10.00
(d)	Limited license, per year.....	10.00

- 1 (e) Specialty certification
 2 for registered nurse:
 3 (i) Application processing fee..... 24.00
 4 (ii) Specialty certification, per year.... 14.00

5 (2) SUBJECT TO SUBSECTION (3), FEES FOR AN INDIVIDUAL WHO
 6 SEEKS OR HOLDS A LICENSE AS AN ADVANCED PRACTICE REGISTERED NURSE
 7 UNDER PART 172 ARE AS FOLLOWS:

- 8 (A) APPLICATION PROCESSING FEE..... \$ 32.00
 9 (B) LICENSE FEE, PER YEAR..... 55.00

10 (3) THE DEPARTMENT AND THE ADVANCED PRACTICE REGISTERED
 11 NURSE TASK FORCE CREATED IN SECTION 17221A SHALL REVIEW THE FEES
 12 UNDER SUBSECTION (2) EVERY 2 YEARS, AND THE DEPARTMENT MAY, BY
 13 RULE AND WITH THE CONSENT OF THE TASK FORCE, ADJUST THE FEES TO
 14 REFLECT THE ACTUAL COSTS AND EXPENSES OF THE DEPARTMENT IN
 15 ISSUING ADVANCED PRACTICE REGISTERED NURSE LICENSES AND
 16 ADMINISTERING THAT LICENSING PROGRAM.

17 Sec. 17201. (1) As used in this part:

18 (A) "ADVANCED PRACTICE REGISTERED NURSE" OR "A.P.R.N." MEANS
 19 AN INDIVIDUAL WHO IS LICENSED UNDER THIS PART AS A CERTIFIED
 20 NURSE MIDWIFE, CERTIFIED NURSE PRACTITIONER, OR CLINICAL NURSE
 21 SPECIALIST-CERTIFIED.

22 (B) "CERTIFIED NURSE MIDWIFE" OR "C.N.M." MEANS AN
 23 INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING:

- 24 (i) IS A REGISTERED PROFESSIONAL NURSE.
 25 (ii) IS ALSO LICENSED UNDER THIS PART AS A CERTIFIED NURSE

1 MIDWIFE AND MEETS THE REQUIREMENTS OF SECTION 17210A APPLICABLE
2 TO THAT LICENSE.

3 (iii) IN HIS OR HER PRACTICE, WITHIN THE PARAMETERS OF HIS OR
4 HER EDUCATION, TRAINING, AND NATIONAL CERTIFICATION, FOCUSES ON
5 HEALTH CARE SERVICES FOR WOMEN THROUGHOUT THEIR LIFESPAN,
6 INCLUDING COMPREHENSIVE MATERNITY CARE THAT INCLUDES PRENATAL
7 CARE, CHILDBIRTH IN DIVERSE SETTINGS, POSTPARTUM CARE, AND CARE
8 OF NEWBORNS WHO ARE 28 DAYS OLD OR YOUNGER; GYNECOLOGICAL,
9 REPRODUCTIVE, AND CONTRACEPTIVE CARE; PHYSICAL EXAMS; DIAGNOSIS
10 AND TREATMENT OF COMMON HEALTH PROBLEMS WITH CONSULTATION OR
11 REFERRAL AS INDICATED; PRESCRIBING PHARMACOLOGICAL AND
12 NONPHARMACOLOGICAL INTERVENTIONS AND TREATMENTS; AND TREATMENT OF
13 MALE PARTNERS FOR SEXUALLY TRANSMITTED INFECTION AND REPRODUCTIVE
14 HEALTH.

15 (C) "CERTIFIED NURSE PRACTITIONER" OR "C.N.P." MEANS AN
16 INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING:

17 (i) IS A REGISTERED PROFESSIONAL NURSE.

18 (ii) IS ALSO LICENSED UNDER THIS PART AS A CERTIFIED NURSE
19 PRACTITIONER AND MEETS THE REQUIREMENTS OF SECTION 17210A
20 APPLICABLE TO THAT LICENSE.

21 (iii) IN HIS OR HER PRACTICE, WITHIN THE PARAMETERS OF HIS OR
22 HER EDUCATION, TRAINING, AND NATIONAL CERTIFICATION, FOCUSES ON
23 THE PERFORMANCE OF COMPREHENSIVE ASSESSMENTS; PROVIDING PHYSICAL
24 EXAMINATIONS AND OTHER HEALTH ASSESSMENTS AND SCREENING
25 ACTIVITIES; AND DIAGNOSING, TREATING, AND MANAGING PATIENTS WITH
26 ACUTE AND CHRONIC ILLNESSES AND DISEASES. NURSING CARE PROVIDED
27 BY A C.N.P. INCLUDES ORDERING, PERFORMING, SUPERVISING, AND

1 INTERPRETING LABORATORY AND IMAGING STUDIES; PRESCRIBING
2 PHARMACOLOGICAL AND NONPHARMACOLOGICAL INTERVENTIONS AND
3 TREATMENTS THAT ARE WITHIN THE C.N.P.'S SPECIALTY ROLE AND SCOPE
4 OF PRACTICE; HEALTH PROMOTION; DISEASE PREVENTION; HEALTH
5 EDUCATION; AND COUNSELING OF PATIENTS AND FAMILIES WITH
6 POTENTIAL, ACUTE, AND CHRONIC HEALTH DISORDERS.

7 (D) "CLINICAL NURSE SPECIALIST-CERTIFIED" OR "C.N.S.-C."
8 MEANS AN INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING:

9 (i) IS A REGISTERED PROFESSIONAL NURSE.

10 (ii) IS ALSO LICENSED UNDER THIS PART AS A CLINICAL NURSE
11 SPECIALIST-CERTIFIED AND MEETS THE REQUIREMENTS OF SECTION 17210A
12 APPLICABLE TO THAT LICENSE.

13 (iii) IN HIS OR HER PRACTICE, WITHIN THE PARAMETERS OF HIS OR
14 HER EDUCATION, TRAINING, AND NATIONAL CERTIFICATION, FOCUSES ON
15 CONTINUOUS IMPROVEMENT OF PATIENT OUTCOMES AND NURSING CARE WITH
16 BROAD FOCUS ACROSS THE AREAS OF DIRECT PATIENT CARE, PATIENT
17 EDUCATION, NURSING EDUCATION, NURSING PRACTICE, AND
18 ORGANIZATIONAL SYSTEMS. THE C.N.S.-C. IS RESPONSIBLE AND
19 ACCOUNTABLE FOR DIAGNOSIS, INTERVENTION, AND TREATMENT OF HEALTH
20 OR ILLNESS STATES, AND DISEASE MANAGEMENT, INCLUDING THE USE AND
21 PRESCRIPTION OF PHARMACOLOGICAL AND NONPHARMACOLOGICAL
22 INTERVENTION AND TREATMENT WITHIN HIS OR HER SPECIALTY AND SCOPE
23 OF PRACTICE; HEALTH PROMOTION; AND PREVENTION OF ILLNESS AND RISK
24 BEHAVIOR AMONG INDIVIDUALS, FAMILIES, GROUPS, AND COMMUNITIES.
25 THE C.N.S.-C. EVALUATES PATIENT OUTCOMES; TRANSLATES EVIDENCE
26 INTO PRACTICE; AND DEVELOPS, PLANS, COORDINATES, AND DIRECTS
27 PROGRAMS OF CARE FOR ACUTE AND CHRONICALLY ILL PATIENTS AND THEIR

Senate Bill No. 2 as amended November 13, 2013

1 FAMILIES.

2 (E) "MENTORSHIP AGREEMENT" MEANS A WRITTEN AGREEMENT THAT
3 MEETS ALL OF THE FOLLOWING:

4 (i) IS BETWEEN AN ADVANCED PRACTICE REGISTERED NURSE AND A
5 PHYSICIAN WHO IS LICENSED UNDER PART 170 OR 175 AND<<, IF APPLICABLE,>>
HOLDS A
6 CONTROLLED SUBSTANCES LICENSE UNDER PART 73, OR BETWEEN THE
7 ADVANCED PRACTICE REGISTERED NURSE AND ANOTHER A.P.R.N. WHO HOLDS
8 THE SAME LICENSE UNDER THIS PART, HAS AT LEAST 5 YEARS OF WORK
9 EXPERIENCE IN THAT LICENSED PROFESSION, AND<<, IF APPLICABLE,>> HOLDS
A CONTROLLED
10 SUBSTANCES LICENSE UNDER PART 73, AND CONCERNS <<ENGAGING IN THE
PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING AND, IF APPLICABLE,>>
THE POSSESSION,
11 PRESCRIPTION, AND ADMINISTRATION OF NONSCHEDULED PRESCRIPTION
12 DRUGS AND CONTROLLED SUBSTANCES INCLUDED IN SCHEDULES 2 TO 5 OF
13 PART 72 BY THE ADVANCED PRACTICE REGISTERED NURSE.

14 (ii) INCLUDES THE RESPONSIBILITIES AND DUTIES OF EACH PARTY
15 TO THE AGREEMENT.

16 (iii) IS FOR A TERM OF 1 YEAR AND MAY BE RENEWED BY THE
17 PARTIES FOR 1 OR MORE ADDITIONAL 1-YEAR PERIODS.

18 (iv) IS REVOCABLE BY EITHER PARTY TO THE AGREEMENT, BY
19 PROVIDING WRITTEN NOTICE TO THE OTHER PARTY AT LEAST 30 DAYS
20 BEFORE THE DATE OF THE REVOCATION.

21 (v) IS SIGNED BY EACH OF THE PARTIES TO THE AGREEMENT.

22 (F) "PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING" MEANS
23 ANY OF THE TASKS, FUNCTIONS, OR DUTIES DESCRIBED IN SUBDIVISION
24 (B) (iii), (C) (iii), OR (D) (iii).

25 (G) ~~(a)~~—"Practice of nursing" means the systematic
26 application of substantial specialized knowledge and skill,
27 derived from the biological, physical, and behavioral sciences,

1 to the care, treatment, counsel, and health teaching of
 2 individuals who are experiencing changes in the normal health
 3 processes or who require assistance in the maintenance of health
 4 and the prevention or management of illness, injury, or
 5 disability.

6 (H) ~~(b)~~—"Practice of nursing as a licensed practical nurse"
 7 or "l.p.n." means the practice of nursing based on less
 8 comprehensive knowledge and skill than that required of a
 9 registered professional nurse and performed under the supervision
 10 of a registered professional nurse, physician, or dentist.

11 (I) ~~(c)~~—"Registered professional nurse" or "r.n." means an
 12 individual licensed under this ~~article~~ **PART** to engage in the
 13 practice of nursing, which scope of practice includes the
 14 teaching, direction, and supervision of less skilled personnel in
 15 the performance of delegated nursing activities.

16 (2) In addition to the definitions in this part, article 1
 17 contains general definitions and principles of construction
 18 applicable to all articles in the code and part 161 contains
 19 definitions applicable to this part.

20 **SEC. 17202. <<(1) TO ENGAGE IN THE PRACTICE OF ADVANCED PRACTICE
 REGISTERED NURSING, AN A.P.R.N. SHALL MEET ANY OF THE FOLLOWING:**

**(A) FOR AT LEAST 4 YEARS, HE OR SHE HAS HELD A NATIONAL
 CERTIFICATION AS A NURSE MIDWIFE, NURSE PRACTITIONER, OR CLINICAL
 NURSE SPECIALIST-CERTIFIED; A SPECIALTY CERTIFICATION IN THE
 PRACTICE OF NURSE MIDWIFERY OR NURSE PRACTITIONER UNDER SECTION
 17210 BEFORE THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
 SECTION 17210A; OR AN ADVANCED PRACTICE REGISTERED NURSE LICENSE
 ISSUED UNDER THIS PART AND HE OR SHE PROVIDES WRITTEN DOCUMENTATION
 OF THAT CERTIFICATION OR LICENSURE TO THE BOARD.**

**(B) IF HE OR SHE DOES NOT MEET ANY OF THE 4-YEAR CERTIFICATION
 OR LICENSURE REQUIREMENTS DESCRIBED IN SUBDIVISION (A), HE OR SHE
 HAS ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING
 AND, IF APPLICABLE, POSSESSED, PRESCRIBED, OR ADMINISTERED
 NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES INCLUDED
 IN SCHEDULES 2 TO 5 OF PART 72 WITHIN THE PARAMETERS OF HIS OR HER
 EDUCATION, TRAINING, AND NATIONAL CERTIFICATION UNDER THE TERMS OF
 1 OR MORE MENTORSHIP AGREEMENTS FOR A TOTAL PERIOD OF 4 YEARS.**

**(C) IF HE OR SHE DOES NOT MEET ANY OF THE 4-YEAR CERTIFICATION
 OR LICENSURE REQUIREMENTS DESCRIBED IN SUBDIVISION (A) OR THE**

Senate Bill No. 2 as amended November 13, 2013

4-YEAR MENTORSHIP AGREEMENT REQUIREMENT DESCRIBED IN SUBDIVISION (B), HE OR SHE ONLY ENGAGES IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING AND, IF APPLICABLE, POSSESSES, PRESCRIBES, OR ADMINISTERS NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES INCLUDED IN SCHEDULES 2 TO 5 OF PART 72 WITHIN THE PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL CERTIFICATION UNDER THE TERMS OF A MENTORSHIP AGREEMENT AND IN COLLABORATION WITH A PHYSICIAN OR, IF APPLICABLE, A DISPENSING PRESCRIBER.

(2) >> AN ADVANCED PRACTICE REGISTERED NURSE SHALL DO

21 ALL OF THE FOLLOWING:

22 (A) PROVIDE THOSE FUNCTIONS COMMON TO THE POPULATION FOR
23 WHICH ADVANCED PRACTICE REGISTERED NURSES ARE EDUCATIONALLY AND
24 EXPERIENTIALLY PREPARED.

25 (B) COMPLY WITH THE STANDARDS ESTABLISHED BY THE BOARD OF
26 NURSING AND WITH THE NATIONAL ACCREDITATION STANDARDS OF THE
27 NATIONAL PROFESSIONAL NURSING ASSOCIATIONS APPLICABLE TO HIS OR

1 HER LICENSE.

2 (C) CONSULT WITH OTHER HEALTH PROFESSIONALS, AS APPROPRIATE,
3 OR REFER A PATIENT TO OTHER HEALTH PROFESSIONALS IF THE PATIENT'S
4 CARE IS OUTSIDE OF THE PARAMETERS OF HIS OR HER EDUCATION,
5 TRAINING, OR NATIONAL CERTIFICATION.

6 (D) SUPERVISE REGISTERED PROFESSIONAL NURSES, LICENSED
7 PRACTICAL NURSES, AND OTHER HEALTH PROFESSIONALS AS APPROPRIATE.

<<(3) AS A CONDITION OF LICENSURE UNDER THIS PART, AN A.P.R.N. SHALL NOT ORGANIZE OR BE A SHAREHOLDER OR MEMBER OF A PROFESSIONAL CORPORATION OR A PROFESSIONAL LIMITED LIABILITY COMPANY AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION. AN A.P.R.N. WHO ORGANIZES OR BECOMES A SHAREHOLDER OR MEMBER OF A PROFESSIONAL CORPORATION OR PROFESSIONAL LIMITED LIABILITY COMPANY AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION IS IN VIOLATION OF A GENERAL DUTY OF THIS ARTICLE AS PROVIDED IN SECTION 16221(A).

(4) IN ADDITION TO THE REQUIREMENTS OF SECTIONS 17210A AND 17213, THE DEPARTMENT SHALL INCLUDE ON A FORM USED FOR A NEW OR RENEWAL LICENSE A SPACE FOR AN A.P.R.N. TO CERTIFY THAT HE OR SHE DID NOT ORGANIZE OR BECOME A SHAREHOLDER OR MEMBER OF A PROFESSIONAL CORPORATION OR PROFESSIONAL LIMITED LIABILITY COMPANY AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SUBSECTION.

(5) AS USED IN THIS SECTION:

(A) "PROFESSIONAL CORPORATION" MEANS A PROFESSIONAL CORPORATION ORGANIZED AS ALLOWED UNDER SECTION 284 OF THE BUSINESS CORPORATION ACT, 1972 PA 284, MCL 450.1284.

(B) "PROFESSIONAL LIMITED LIABILITY COMPANY" MEANS A PROFESSIONAL LIMITED LIABILITY COMPANY ORGANIZED AS ALLOWED UNDER SECTION 904 OF THE MICHIGAN LIMITED LIABILITY COMPANY ACT, 1993 PA 23, MCL 450.4904.>>

8 Sec. 17210. The board of nursing may issue a specialty
9 certification to a registered professional nurse who has advanced
10 training beyond that required for initial licensure and who has
11 demonstrated competency through examination or other evaluative
12 processes and who practices in ~~1 of the following~~ A health
13 profession specialty ~~fields~~: FIELD AS FOLLOWS:

14 (A) BEFORE THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT
15 ADDED SECTION 17210A, nurse midwifery, nurse anesthetist, or
16 nurse practitioner.

17 (B) ON AND AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT
18 THAT ADDED SECTION 17210A, NURSE ANESTHETIST.

19 SEC. 17210A. (1) THE BOARD SHALL ISSUE A CERTIFIED NURSE

Senate Bill No. 2 as amended November 13, 2013

20 MIDWIFE LICENSE UNDER THIS ARTICLE TO A REGISTERED PROFESSIONAL
21 NURSE WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

22 (A) HAS COMPLETED AN ACCREDITED GRADUATE, POSTGRADUATE, OR
23 DOCTORAL LEVEL NURSING EDUCATION PROGRAM THAT PREPARES THE R.N.
24 FOR THE ROLE OF CERTIFIED NURSE MIDWIFE.

25 (B) IS CERTIFIED BY A NATIONALLY ACCREDITED CERTIFICATION
26 BODY AS DEMONSTRATING ROLE AND POPULATION-FOCUSED COMPETENCIES
27 FOR CERTIFIED NURSE MIDWIVES, OR THE BOARD DETERMINES THAT HE OR

1 SHE MEETS THE STANDARDS FOR THAT CERTIFICATION.

2 (C) MAINTAINS CONTINUED COMPETENCE BY OBTAINING
3 RECERTIFICATION IN THE ROLE AND POPULATION-FOCUSED COMPETENCIES
4 DESCRIBED IN SUBDIVISION (B) THROUGH THE NATIONAL CERTIFICATION
5 PROGRAM, OR THE BOARD DETERMINES THAT HE OR SHE MEETS THE
6 STANDARDS FOR THAT RECERTIFICATION.

7 (D) DEMONSTRATES TO THE SATISFACTION OF THE BOARD THAT HE OR
8 SHE MEETS ALL OF THE FOLLOWING:

9 (i) HAS ACQUIRED ADVANCED CLINICAL KNOWLEDGE AND SKILLS THAT
10 PRIMARILY PREPARE HIM OR HER TO PROVIDE DIRECT CARE TO PATIENTS,
11 AND ALSO TO PROVIDE INDIRECT CARE.

12 (ii) HIS OR HER PRACTICE BUILDS ON THE COMPETENCIES OF
13 REGISTERED PROFESSIONAL NURSES BY DEMONSTRATING A GREATER DEPTH
14 AND BREADTH OF KNOWLEDGE, A GREATER SYNTHESIS OF DATA, INCREASED
15 COMPLEXITY OF SKILLS AND INTERVENTIONS, AND GREATER ROLE
16 AUTONOMY.

17 (iii) IS EDUCATIONALLY PREPARED TO ASSUME RESPONSIBILITY AND
18 ACCOUNTABILITY FOR HEALTH PROMOTION OR MAINTENANCE AND THE
19 ASSESSMENT, DIAGNOSIS, AND MANAGEMENT OF PATIENT PROBLEMS,
20 INCLUDING, BUT NOT LIMITED TO, THE USE AND PRESCRIPTION OF
21 PHARMACOLOGIC AND NONPHARMACOLOGIC INTERVENTIONS WITHIN THE
22 PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL
23 CERTIFICATION.

24 (iv) HAS CLINICAL EXPERIENCE OF SUFFICIENT DEPTH AND BREADTH
25 TO PERFORM AS A LICENSEE.

26 (2) THE BOARD SHALL ISSUE A CERTIFIED NURSE PRACTITIONER
27 LICENSE UNDER THIS ARTICLE TO A REGISTERED PROFESSIONAL NURSE WHO

1 MEETS ALL OF THE FOLLOWING REQUIREMENTS:

2 (A) HAS COMPLETED AN ACCREDITED GRADUATE, POSTGRADUATE, OR
3 DOCTORAL LEVEL NURSING EDUCATION PROGRAM THAT PREPARES THE R.N.
4 FOR THE ROLE OF CERTIFIED NURSE PRACTITIONER.

5 (B) IS CERTIFIED BY A NATIONALLY ACCREDITED CERTIFICATION
6 BODY AS DEMONSTRATING ROLE AND POPULATION-FOCUSED COMPETENCIES
7 FOR CERTIFIED NURSE PRACTITIONERS, OR THE BOARD DETERMINES THAT
8 HE OR SHE MEETS THE STANDARDS FOR THAT CERTIFICATION.

9 (C) MAINTAINS CONTINUED COMPETENCE BY OBTAINING
10 RECERTIFICATION IN THE ROLE AND POPULATION-FOCUSED COMPETENCIES
11 DESCRIBED IN SUBDIVISION (B) THROUGH THE NATIONAL CERTIFICATION
12 PROGRAM, OR THE BOARD DETERMINES THAT HE OR SHE MEETS THE
13 STANDARDS FOR THAT RECERTIFICATION.

14 (D) DEMONSTRATES TO THE SATISFACTION OF THE BOARD THAT HE OR
15 SHE MEETS ALL OF THE FOLLOWING:

16 (i) HAS ACQUIRED ADVANCED CLINICAL KNOWLEDGE AND SKILLS THAT
17 PRIMARILY PREPARE HIM OR HER TO PROVIDE DIRECT CARE TO PATIENTS,
18 AND ALSO TO PROVIDE INDIRECT CARE.

19 (ii) HIS OR HER PRACTICE BUILDS ON THE COMPETENCIES OF
20 REGISTERED PROFESSIONAL NURSES BY DEMONSTRATING A GREATER DEPTH
21 AND BREADTH OF KNOWLEDGE, A GREATER SYNTHESIS OF DATA, INCREASED
22 COMPLEXITY OF SKILLS AND INTERVENTIONS, AND GREATER ROLE
23 AUTONOMY.

24 (iii) IS EDUCATIONALLY PREPARED TO ASSUME RESPONSIBILITY AND
25 ACCOUNTABILITY FOR HEALTH PROMOTION OR MAINTENANCE AND THE
26 ASSESSMENT, DIAGNOSIS, AND MANAGEMENT OF PATIENT PROBLEMS,
27 INCLUDING, BUT NOT LIMITED TO, THE USE AND PRESCRIPTION OF

1 PHARMACOLOGIC AND NONPHARMACOLOGIC INTERVENTIONS WITHIN THE
2 PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL
3 CERTIFICATION.

4 (iv) HAS CLINICAL EXPERIENCE OF SUFFICIENT DEPTH AND BREADTH
5 TO PERFORM AS A LICENSEE.

6 (3) THE BOARD SHALL ISSUE A CLINICAL NURSE SPECIALIST-
7 CERTIFIED LICENSE UNDER THIS ARTICLE TO A REGISTERED PROFESSIONAL
8 NURSE WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

9 (A) HAS COMPLETED AN ACCREDITED GRADUATE, POSTGRADUATE, OR
10 DOCTORAL LEVEL NURSING EDUCATION PROGRAM THAT PREPARES THE R.N.
11 FOR THE ROLE OF CLINICAL NURSE SPECIALIST-CERTIFIED.

12 (B) IS CERTIFIED BY A NATIONALLY ACCREDITED CERTIFICATION
13 BODY AS DEMONSTRATING ROLE AND POPULATION-FOCUSED COMPETENCIES
14 FOR CLINICAL NURSE SPECIALIST-CERTIFIEDS, OR THE BOARD DETERMINES
15 THAT HE OR SHE MEETS THE STANDARDS FOR THAT CERTIFICATION.

16 (C) MAINTAINS CONTINUED COMPETENCE BY OBTAINING
17 RECERTIFICATION IN THE ROLE AND POPULATION-FOCUSED COMPETENCIES
18 DESCRIBED IN SUBDIVISION (B) THROUGH THE NATIONAL CERTIFICATION
19 PROGRAM, OR THE BOARD DETERMINES THAT HE OR SHE MEETS THE
20 STANDARDS FOR THAT RECERTIFICATION.

21 (D) DEMONSTRATES TO THE SATISFACTION OF THE BOARD THAT HE OR
22 SHE MEETS ALL OF THE FOLLOWING:

23 (i) HAS ACQUIRED ADVANCED CLINICAL KNOWLEDGE AND SKILLS THAT
24 PRIMARILY PREPARE HIM OR HER TO PROVIDE DIRECT CARE TO PATIENTS,
25 AND ALSO TO PROVIDE INDIRECT CARE.

26 (ii) HIS OR HER PRACTICE BUILDS ON THE COMPETENCIES OF
27 REGISTERED PROFESSIONAL NURSES BY DEMONSTRATING A GREATER DEPTH

1 AND BREADTH OF KNOWLEDGE, A GREATER SYNTHESIS OF DATA, INCREASED
2 COMPLEXITY OF SKILLS AND INTERVENTIONS, AND GREATER ROLE
3 AUTONOMY.

4 (iii) IS EDUCATIONALLY PREPARED TO ASSUME RESPONSIBILITY AND
5 ACCOUNTABILITY FOR HEALTH PROMOTION OR MAINTENANCE AND THE
6 ASSESSMENT, DIAGNOSIS, AND MANAGEMENT OF PATIENT PROBLEMS,
7 INCLUDING, BUT NOT LIMITED TO, THE USE AND PRESCRIPTION OF
8 PHARMACOLOGIC AND NONPHARMACOLOGIC INTERVENTIONS WITHIN THE
9 PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL
10 CERTIFICATION.

11 (iv) HAS CLINICAL EXPERIENCE OF SUFFICIENT DEPTH AND BREADTH
12 TO PERFORM AS A LICENSEE.

13 (4) THE BOARD SHALL ISSUE AN A.P.R.N. LICENSE TO A
14 REGISTERED PROFESSIONAL NURSE WHO HOLDS A SPECIALTY CERTIFICATION
15 ISSUED BY THE BOARD UNDER SECTION 17210(A) AS A NURSE MIDWIFE OR
16 NURSE PRACTITIONER, WHO SUBMITS A LICENSE APPLICATION, AND WHO
17 MEETS ALL OF THE FOLLOWING:

18 (A) HIS OR HER REGISTERED PROFESSIONAL NURSE LICENSE AND
19 SPECIALTY CERTIFICATION ISSUED BY THE BOARD UNDER SECTION
20 17210(A) IS CURRENT ON THE EFFECTIVE DATE OF THE AMENDATORY ACT
21 THAT ADDED THIS SECTION.

22 (B) HE OR SHE SUBMITS THE LICENSE APPLICATION IN THE 2-YEAR
23 PERIOD BEGINNING ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT
24 ADDED THIS SECTION.

25 (C) HIS OR HER LICENSE AND SPECIALTY CERTIFICATION ISSUED BY
26 THE BOARD UNDER SECTION 17210(A) IS CURRENT ON THE DATE HE OR SHE
27 SUBMITS THE LICENSE APPLICATION.

1 (D) ON THE DATE HE OR SHE SUBMITS THE LICENSE APPLICATION,
2 HE OR SHE MEETS ANY REQUIREMENTS FOR PROFESSIONAL CERTIFICATION
3 ESTABLISHED BY THE DEPARTMENT IN CONSULTATION WITH THE BOARD.

4 (5) THE BOARD SHALL ISSUE A LICENSE AS A CLINICAL NURSE
5 SPECIALIST-CERTIFIED TO A REGISTERED PROFESSIONAL NURSE WHO
6 SUBMITS A LICENSE APPLICATION AND MEETS ALL OF THE FOLLOWING:

7 (A) HIS OR HER REGISTERED PROFESSIONAL NURSE LICENSE IS
8 CURRENT ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
9 THIS SECTION AND ON THE DATE HE OR SHE SUBMITS THE LICENSE
10 APPLICATION.

11 (B) HE OR SHE SUBMITS THE LICENSE APPLICATION IN THE 2-YEAR
12 PERIOD BEGINNING ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT
13 ADDED THIS SECTION.

14 (C) ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
15 THIS SECTION AND ON THE DATE HE OR SHE SUBMITS THE LICENSE
16 APPLICATION, HE OR SHE HOLDS A CURRENT CERTIFICATION BY A
17 NATIONALLY ACCREDITED CERTIFICATION BODY.

18 (D) ON THE DATE HE OR SHE SUBMITS THE LICENSE APPLICATION,
19 HE OR SHE MEETS ANY REQUIREMENTS FOR PROFESSIONAL CERTIFICATION
20 ESTABLISHED BY THE DEPARTMENT IN CONSULTATION WITH THE BOARD.

21 (6) THE DEPARTMENT SHALL RENEW AN A.P.R.N. LICENSE UNDER
22 THIS PART CONCURRENTLY WITH THE REGISTERED PROFESSIONAL NURSE
23 LICENSE.

24 Sec. 17211. (1) A person shall not engage in the practice of
25 nursing, ~~or~~ the practice of nursing as a licensed practical
26 nurse, OR THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING
27 unless licensed or otherwise authorized by this article.

Senate Bill No. 2 as amended November 13, 2013

(2) The following words, titles, or letters or a combination thereof ~~OF THEM~~, with or without qualifying words or phrases, are restricted in use only to those persons authorized under this part to use the terms and in a way prescribed in this part:

"registered professional nurse", "registered nurse", "r.n.", "licensed practical nurse", "l.p.n.", "nurse midwife", "CERTIFIED NURSE MIDWIFE", "C.N.M.", "nurse anesthetist", "nurse practitioner", "CERTIFIED NURSE PRACTITIONER", "C.N.P.", "CLINICAL NURSE SPECIALIST-CERTIFIED", "C.N.S.-C.", "trained attendant", and "t.a.".

<<(3) IN AN ACTION FOR MALPRACTICE OR LICENSURE REMOVAL, IF AN A.P.R.N. PRACTICES AS AN A.P.R.N. WITHOUT THE SUPERVISION OF A PHYSICIAN, THE A.P.R.N. WILL BE HELD TO THE HIGHER STANDARD OF ACCEPTABLE PROFESSIONAL PRACTICE OR CARE IN THE COMMUNITY FOR A PHYSICIAN AS IF A PHYSICIAN HAD ACTED OR FAILED TO TAKE THE ACTION THAT THE A.P.R.N. WAS ALLEGED TO HAVE ACTED OR FAILED TO ACT.>>

SEC. 17211A. (1) SUBJECT TO SECTION 17202, AN ADVANCED PRACTICE REGISTERED NURSE WHO MEETS ALL OF THE FOLLOWING MAY POSSESS, PRESCRIBE, AND ADMINISTER NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES INCLUDED IN SCHEDULES 2 TO 5 OF PART 72 WITHIN THE PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL CERTIFICATION:

(A) HE OR SHE HAS COMPLETED GRADUATE LEVEL PHARMACOLOGY, PATHOPHYSIOLOGY, AND PHYSICAL ASSESSMENT COURSES AND CLINICAL PRACTICUM IN THE ROLE OF A CERTIFIED NURSE MIDWIFE, CERTIFIED NURSE PRACTITIONER, OR CLINICAL NURSE SPECIALIST-CERTIFIED, AS APPLICABLE TO HIS OR HER A.P.R.N. LICENSE.

(B) HE OR SHE HAS COMPLETED THE NUMBER OF CONTACT HOURS IN PHARMACOLOGY AS PART OF THE REQUISITE CONTINUING EDUCATION FOR A CONTROLLED SUBSTANCES LICENSE UNDER PART 73, AND FOR RENEWAL OF HIS OR HER LICENSE UNDER THIS PART AS DETERMINED BY THE BOARD.

(C) HE OR SHE HOLDS A CONTROLLED SUBSTANCES LICENSE UNDER PART 73.

<< (D) HE OR SHE MEETS THE MENTORSHIP AGREEMENT REQUIREMENTS OF SECTION 17202(1)(B) OR (C) TO POSSESS, PRESCRIBE, OR ADMINISTER THOSE DRUGS OR SUBSTANCES.

>>

(E) HE OR SHE POSSESSES, PRESCRIBES, OR ADMINISTERS THE DRUG OR CONTROLLED SUBSTANCE ONLY WHILE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING WITHIN THE PARAMETERS OF HIS

Senate Bill No. 2 as amended November 13, 2013

1 OR HER EDUCATION, TRAINING, AND NATIONAL CERTIFICATION.

2 (F) HE OR SHE MEETS ALL OF THE FOLLOWING WITH REGARD TO
3 PRESCRIBING A CONTROLLED SUBSTANCE INCLUDED IN SCHEDULES 2 TO 5
4 OF PART 72:

5 (i) BEFORE PRESCRIBING THE CONTROLLED SUBSTANCE, HE OR SHE
6 SHALL UNDER SECTION 7333A(2) (F) REQUEST THAT THE DEPARTMENT OF
7 COMMUNITY HEALTH PROVIDE ANY DATA INCLUDED IN THE ELECTRONIC
8 MONITORING SYSTEM ESTABLISHED UNDER SECTION 7333A(1) CONCERNING
9 THAT CONTROLLED SUBSTANCE. HE OR SHE SHALL CONSIDER THAT DATA TO
10 DETERMINE IF PRESCRIBING OR ADMINISTERING THE CONTROLLED
11 SUBSTANCE TO THE INTENDED INDIVIDUAL IS CONSISTENT WITH PATIENT
12 SAFETY AND THAT THE CONTROLLED SUBSTANCE WOULD NOT LIKELY BE
13 SUBJECT TO ABUSE BY THE INDIVIDUAL.

14 (ii) AFTER PRESCRIBING THE CONTROLLED SUBSTANCE, HE OR SHE
15 SHALL PROVIDE ANY INFORMATION ABOUT THAT PRESCRIPTION TO THE
16 DEPARTMENT OF COMMUNITY HEALTH THAT A DISPENSING PRESCRIBER IS
17 REQUIRED TO REPORT UNDER SECTION 7333A(1).

18 (2) FOR PURPOSES OF SUBSECTION (1), AN ADVANCED PRACTICE
19 REGISTERED NURSE WHO HAS HELD AN A.P.R.N. LICENSE ISSUED UNDER
20 THIS PART FOR A PERIOD OF LESS THAN <<4>> YEARS MAY BE A PARTY TO
21 MORE THAN 1 MENTORSHIP AGREEMENT DESCRIBED IN SUBSECTION (1) (D).

22 (3) THE DEPARTMENT SHALL ISSUE A CONTROLLED SUBSTANCES
23 LICENSE UNDER PART 73 TO AN A.P.R.N. WHO APPLIES AND IS QUALIFIED
24 UNDER SUBSECTION (1) TO POSSESS, PRESCRIBE, AND ADMINISTER
25 NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES
26 INCLUDED IN SCHEDULES 2 TO 5 OF PART 72. THE DEPARTMENT MAY PLACE
27 A LIMITATION ON A CONTROLLED SUBSTANCES LICENSE ISSUED TO AN

1 INDIVIDUAL DESCRIBED IN SUBSECTION (1) (D) TO REFLECT THE TERMS OF
2 ANY MENTORSHIP AGREEMENT TO WHICH HE OR SHE IS A PARTY.

3 (4) THE AMENDATORY ACT THAT ADDED THIS SECTION DOES NOT
4 REQUIRE NEW OR ADDITIONAL THIRD-PARTY REIMBURSEMENT OR MANDATED
5 WORKER'S COMPENSATION BENEFITS FOR SERVICES RENDERED BY AN
6 ADVANCED PRACTICE REGISTERED NURSE AUTHORIZED TO PRESCRIBE
7 NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES
8 INCLUDED IN SCHEDULES 2 TO 5 OF PART 72 UNDER THIS SECTION.

9 Sec. 17212. (1) ~~In~~**SUBJECT TO SUBSECTION (2),** IN addition to
10 acts, tasks, and functions delegated under section 16215, 17745,
11 17745a, or 17745b, a supervising physician may delegate in
12 writing to a registered professional nurse the ordering, receipt,
13 and dispensing of complimentary starter dose drugs other than
14 controlled substances as defined ~~by~~**IN** article 7 or federal law.
15 ~~When the~~**IF A** delegated ordering, receipt, or dispensing of
16 complimentary starter dose drugs **DESCRIBED IN THIS SUBSECTION**
17 occurs, both the registered professional nurse's name and the
18 supervising physician's name shall be used, recorded, or
19 otherwise indicated in connection with each order, receipt, or
20 dispensing. ~~As used in this subsection, "complimentary starter~~
21 ~~dose" means that term as defined in section 17745.~~

22 (2) AN ADVANCED PRACTICE REGISTERED NURSE ENGAGED IN THE
23 PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING WITHIN THE
24 PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL
25 CERTIFICATION MAY ORDER, RECEIVE, AND DISPENSE A COMPLIMENTARY
26 STARTER DOSE OF A PRESCRIPTION DRUG OR CONTROLLED SUBSTANCE
27 DESCRIBED IN SECTION 17211A WITHOUT DELEGATION FROM A SUPERVISING

1 PHYSICIAN. ONLY THE NAME OF THE ADVANCED PRACTICE REGISTERED
 2 NURSE SHALL BE USED, RECORDED, OR OTHERWISE INDICATED IN
 3 CONNECTION WITH AN ORDER, RECEIPT, OR DISPENSING OF A
 4 COMPLIMENTARY STARTER DOSE OF A PRESCRIPTION DRUG OR CONTROLLED
 5 SUBSTANCE UNDER THIS SUBSECTION.

6 (3) ~~(2)~~—It is the intent of the legislature in enacting this
 7 section to allow a pharmaceutical manufacturer or wholesale
 8 distributor, as those terms are defined in part 177, to
 9 distribute complimentary starter dose drugs to a ~~an~~ **ADVANCED**
 10 **PRACTICE REGISTERED NURSE DESCRIBED IN SUBSECTION (2), OR TO A**
 11 registered professional nurse ~~as~~ described in subsection (1),
 12 in compliance with section 503(d) of the federal food, drug, and
 13 cosmetic act, ~~chapter 675, 52 Stat. 1051, 21 U.S.C. USC~~ 353.

14 **SEC. 17214. (1) IN ADDITION TO THE REQUIREMENTS OF ANY RULES**
 15 **PROMULGATED UNDER SECTION 16205, THE BOARD BY RULE MAY REQUIRE A**
 16 **LICENSEE SEEKING RENEWAL OF A LICENSE UNDER THIS PART TO FURNISH**
 17 **THE BOARD WITH SATISFACTORY EVIDENCE THAT, DURING THE 2 YEARS**
 18 **IMMEDIATELY PRECEDING THE DATE OF HIS OR HER APPLICATION FOR**
 19 **RENEWAL, THE LICENSEE COMPLETED CONTINUING EDUCATION OR**
 20 **COMPETENCY COURSES OR ACTIVITIES APPROVED BY THE BOARD.**

21 (2) IF THE BOARD PROMULGATES RULES UNDER SUBSECTION (1) OR
 22 SECTION 16205 THAT REQUIRE CONTINUING EDUCATION OR COMPETENCY
 23 COURSES OR ACTIVITIES, THE BOARD SHALL PROMULGATE RULES UNDER
 24 SECTION 16204 THAT REQUIRE EACH APPLICANT FOR LICENSE RENEWAL TO
 25 COMPLETE AS PART OF THOSE CONTINUING EDUCATION OR COMPETENCY
 26 COURSES OR ACTIVITIES AN APPROPRIATE NUMBER OF HOURS OR COURSES
 27 IN PAIN AND SYMPTOM MANAGEMENT.

1 Sec. 17221. (1) The Michigan board of nursing is created in
 2 the department and, **BEGINNING 60 DAYS AFTER THE EFFECTIVE DATE OF**
 3 **THE AMENDATORY ACT THAT ADDED SECTION 17221A**, shall consist of
 4 the following ~~23-29~~ voting members who shall meet the
 5 requirements of part 161: 9 registered professional nurses, ~~1-2~~
 6 **CERTIFIED** nurse midwife, ~~1~~ **MIDWIVES**, 2 nurse anesthetist
 7 **ANESTHETISTS**, ~~1-2~~ **CERTIFIED** nurse practitioner, **PRACTITIONERS**, 2
 8 **CLINICAL NURSE SPECIALISTS-CERTIFIED**, 3 licensed practical
 9 nurses, and ~~8-9~~ public members. Three of the registered
 10 professional nurse members shall be engaged in nursing education,
 11 1 of whom shall be in less than a baccalaureate program, 1 in a
 12 baccalaureate or higher program, and 1 in a licensed practical
 13 nurse program, and each of whom shall have a master's degree from
 14 an accredited college with a major in nursing. Three of the
 15 registered professional nurse members shall be engaged in nursing
 16 practice or nursing administration, each of whom shall have a
 17 baccalaureate degree in nursing from an accredited college. Three
 18 of the registered professional nurse members shall be engaged in
 19 nursing practice or nursing administration, each of whom shall be
 20 a nonbaccalaureate registered nurse. The 3 licensed practical
 21 nurse members shall have graduated from a state approved program
 22 for the preparation of individuals to practice as licensed
 23 practical nurses. ~~The nurse midwife, the nurse anesthetist, and~~
 24 ~~the nurse practitioner~~ **EACH OF THE CERTIFIED NURSE MIDWIVES,**
 25 **CERTIFIED NURSE PRACTITIONERS, AND CLINICAL NURSE SPECIALISTS-**
 26 **CERTIFIED APPOINTED TO THE BOARD** shall each have a ~~specialty~~
 27 ~~certification~~ **AN A.P.R.N. LICENSE** issued by the department in his

Senate Bill No. 2 as amended November 13, 2013

1 or her respective ~~specialty field~~ ROLE AND EACH OF THE NURSE
2 ANESTHETISTS SHALL HAVE A SPECIALTY CERTIFICATE ISSUED BY THE
3 DEPARTMENT IN THAT SPECIALTY FIELD UNDER SECTION 17210.

4 (2) The terms of office of individual members of the board
5 created under this part, except those appointed to fill
6 vacancies, expire 4 years after appointment on June 30 of the
7 year in which the term expires.

8 SEC. 17221A. (1) THE ADVANCED PRACTICE REGISTERED NURSE TASK
9 FORCE IS CREATED. THE TASK FORCE SHALL CONSIST OF THE FOLLOWING
10 <<13>> MEMBERS, WHO SHALL BE MEMBERS OF THE BOARD AND SHALL MEET THE
11 REQUIREMENTS OF PART 161:

12 (A) ONE REGISTERED PROFESSIONAL NURSE.

13 (B) TWO CERTIFIED NURSE MIDWIVES.

14 (C) TWO CERTIFIED NURSE PRACTITIONERS.

15 (D) TWO CLINICAL NURSE SPECIALISTS-CERTIFIED.

16 (E) TWO NURSE ANESTHETISTS CERTIFIED UNDER SECTION 17210.

17 (F) TWO PUBLIC MEMBERS.

<<(G) TWO PHYSICIAN MEMBERS.>>

18 (2) THE TASK FORCE CREATED IN SUBSECTION (1) SHALL DO ALL OF
19 THE FOLLOWING:

20 (A) IN CONSULTATION WITH THE DEPARTMENT, DEVELOP AND MAKE
21 PUBLIC GUIDELINES ON THE APPROPRIATE SCOPE OF PRACTICE OF AN
22 A.P.R.N. ACCORDING TO HIS OR HER EDUCATION, TRAINING, AND
23 EXPERIENCE. GUIDELINES DEVELOPED UNDER THIS SUBDIVISION ARE
24 NONBINDING AND ADVISORY AND SHALL ONLY EXPRESS THE TASK FORCE'S
25 CRITERIA FOR DETERMINING WHETHER AN A.P.R.N. IS PRACTICING WITHIN
26 HIS OR HER SCOPE OF PRACTICE.

27 (B) IN CONSULTATION WITH THE DEPARTMENT, SERVE AS THE

1 DISCIPLINARY SUBCOMMITTEE, IN LIEU OF A DISCIPLINARY SUBCOMMITTEE
2 APPOINTED UNDER SECTION 16216(1), FOR ADVANCED PRACTICE
3 REGISTERED NURSES AND NURSE ANESTHETISTS CERTIFIED UNDER SECTION
4 17210.

5 (C) MAKE WRITTEN RECOMMENDATIONS TO THE BOARD ON
6 REINSTATEMENT OF A.P.R.N. LICENSES AND NOTICES OF INTENT TO DENY
7 A.P.R.N. LICENSES.

8 (D) IN ADDITION TO OR AS PART OF THE REPORT REQUIRED UNDER
9 SECTION 16143(2), FILE AN ANNUAL REPORT WITH THE BOARD AND THE
10 DEPARTMENT CONCERNING ANY MATTERS PRESCRIBED BY THE TASK FORCE
11 AND BOARD.

12 Sec. 17607. (1) An individual shall not engage in the
13 practice of speech-language pathology unless licensed under this
14 part.

15 (2) A licensee shall not perform an act, task, or function
16 within the practice of speech-language pathology unless he or she
17 is trained to perform the act, task, or function and the
18 performance of that act, task, or function is consistent with the
19 rules promulgated under section 17610(3). A speech-language
20 pathologist shall refer a patient to a person licensed in the
21 practice of medicine or osteopathic medicine and surgery if signs
22 or symptoms identified during the practice of speech-language
23 pathology cause the speech-language pathologist to suspect that
24 the patient has an underlying medical condition.

25 (3) A licensee shall perform assessment, treatment or
26 therapy, and procedures related to swallowing disorders and
27 medically related communication disorders only on patients who

1 have been referred to him or her by a person licensed in the
2 practice of medicine or osteopathic medicine and surgery **OR BY AN**
3 **ADVANCED PRACTICE REGISTERED NURSE WHO IS LICENSED UNDER PART 172**
4 **AND ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED**
5 **NURSING.**

6 (4) Limited diagnostic testing, such as endoscopic
7 videolaryngostroboscopy, shall only be performed by a licensee in
8 collaboration with or under the supervision of a person licensed
9 in the practice of medicine or osteopathic medicine and surgery.

10 (5) A licensee shall follow procedures in which
11 collaboration among the licensee and a person licensed in the
12 practice of medicine or osteopathic medicine and surgery and
13 other licensed health care professionals is regarded to be in the
14 best interests of the patient.

15 (6) Subsection (1) does not prevent any of the following:

16 (a) An individual licensed or registered under any other
17 part or act from performing activities that are considered
18 speech-language pathology services if those activities are within
19 the individual's scope of practice and if the individual does not
20 use the titles protected under section 17603.

21 (b) The practice of speech-language pathology that is an
22 integral part of a program of study by students enrolled in an
23 accredited speech-language pathology educational program approved
24 by the board, provided that those individuals are identified as
25 students and provide speech-language pathology services only
26 while under the supervision of a licensed speech-language
27 pathologist.

1 (c) Self-care by a patient or uncompensated care by a friend
2 or family member who does not represent or hold himself or
3 herself out to be a licensed speech-language pathologist.

4 Sec. 17708. (1) "Preceptor" means a pharmacist approved by
5 the board to direct the training of an intern in an approved
6 pharmacy.

7 (2) "Prescriber" means a licensed dentist, a licensed doctor
8 of medicine, a licensed doctor of osteopathic medicine and
9 surgery, a licensed doctor of podiatric medicine and surgery, a
10 licensed optometrist certified under part 174 to administer and
11 prescribe therapeutic pharmaceutical agents, **A LICENSED ADVANCED**
12 **PRACTICE REGISTERED NURSE WHO MEETS THE REQUIREMENTS OF SECTION**
13 **17211A AND IS ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE**
14 **REGISTERED NURSING**, a licensed veterinarian, or another licensed
15 health professional acting under the delegation and using,
16 recording, or otherwise indicating the name of the delegating
17 licensed doctor of medicine or licensed doctor of osteopathic
18 medicine and surgery.

19 (3) "Prescription" means an order by a prescriber to fill,
20 compound, or dispense a drug or device written and signed;
21 written or created in an electronic format, signed, and
22 transmitted by facsimile; or transmitted electronically or by
23 other means of communication. An order transmitted in other than
24 written or hard-copy form shall be electronically recorded,
25 printed, or written and immediately dated by the pharmacist, and
26 that record constitutes the original prescription. In a health
27 facility or agency licensed under article 17 or other medical

1 institution, an order for a drug or device in the patient's chart
2 constitutes for the purposes of this definition the original
3 prescription. Subject to section 17751(2) and (5), prescription
4 includes, but is not limited to, an order for a drug, not
5 including a controlled substance as defined in section 7104
6 except under circumstances described in section 17763(e), written
7 and signed; written or created in an electronic format, signed,
8 and transmitted by facsimile; or transmitted electronically or by
9 other means of communication by a physician prescriber or dentist
10 prescriber licensed to practice dentistry, medicine, or
11 osteopathic medicine and surgery in a state other than Michigan.

12 (4) "Prescription drug" means 1 or more of the following:

13 (a) A drug dispensed pursuant to a prescription.

14 (b) A drug bearing the federal legend "CAUTION: federal law
15 prohibits dispensing without prescription" or "Rx only".

16 (c) A drug designated by the board as a drug that may only
17 be dispensed pursuant to a prescription.

18 Sec. 17745. (1) Except as otherwise provided in this
19 subsection, a prescriber, **EXCEPT AN ADVANCED PRACTICE REGISTERED**
20 **NURSE**, who wishes to dispense prescription drugs shall obtain
21 from the board a drug control license for each location in which
22 the storage and dispensing of prescription drugs occur. A drug
23 control license is not necessary if the dispensing occurs in the
24 emergency department, emergency room, or trauma center of a
25 hospital licensed under article 17 or if the dispensing involves
26 only the issuance of complimentary starter dose drugs.

27 (2) A dispensing prescriber, **EXCEPT AN ADVANCED PRACTICE**

1 **REGISTERED NURSE**, shall dispense prescription drugs only to his
2 or her own patients.

3 (3) A dispensing prescriber shall include in a patient's
4 chart or clinical record a complete record, including
5 prescription drug names, dosages, and quantities, of all
6 prescription drugs dispensed directly by the dispensing
7 prescriber or indirectly under his or her delegatory authority.
8 If prescription drugs are dispensed under the prescriber's
9 delegatory authority, the delegatee who dispenses the
10 prescription drugs shall initial the patient's chart, clinical
11 record, or log of prescription drugs dispensed. In a patient's
12 chart or clinical record, a dispensing prescriber shall
13 distinguish between prescription drugs dispensed to the patient
14 and prescription drugs prescribed for the patient. A dispensing
15 prescriber shall retain information required under this
16 subsection for not less than 5 years after the information is
17 entered in the patient's chart or clinical record.

18 (4) A dispensing prescriber shall store prescription drugs
19 under conditions that will maintain their stability, integrity,
20 and effectiveness and will assure that the prescription drugs are
21 free of contamination, deterioration, and adulteration.

22 (5) A dispensing prescriber shall store prescription drugs
23 in a substantially constructed, securely lockable cabinet. Access
24 to the cabinet shall be limited to individuals authorized to
25 dispense prescription drugs in compliance with this part and
26 article 7.

27 (6) Unless otherwise requested by a patient, a dispensing

1 prescriber shall dispense a prescription drug in a safety closure
2 container that complies with the poison prevention packaging act
3 of 1970, 15 USC 1471 to 1477.

4 (7) A dispensing prescriber shall dispense a drug in a
5 container that bears a label containing all of the following
6 information:

7 (a) The name and address of the location from which the
8 prescription drug is dispensed.

9 (b) The patient's name and record number.

10 (c) The date the prescription drug was dispensed.

11 (d) The prescriber's name or, if dispensed under the
12 prescriber's delegatory authority, shall list the name of the
13 delegatee.

14 (e) The directions for use.

15 (f) The name and strength of the prescription drug.

16 (g) The quantity dispensed.

17 (h) The expiration date of the prescription drug or the
18 statement required under section 17756.

19 (8) A dispensing prescriber who dispenses, **OR AN ADVANCED**
20 **PRACTICE REGISTERED NURSE, WHILE ENGAGED IN THE PRACTICE OF**
21 **ADVANCED PRACTICE REGISTERED NURSING, WHO MEETS THE REQUIREMENTS**
22 **OF SECTION 17212 AND WHO POSSESSES, PRESCRIBES, OR ADMINISTERS,** a
23 complimentary starter dose drug to a patient shall give the
24 patient at least all of the following information, either by
25 dispensing the complimentary starter dose drug to the patient in
26 a container that bears a label containing the information or by
27 giving the patient a written document which may include, but is

1 not limited to, a preprinted insert that comes with the
2 complimentary starter dose drug, that contains the information:

3 (a) The name and strength of the complimentary starter dose
4 drug.

5 (b) Directions for the patient's use of the complimentary
6 starter dose drug.

7 (c) The expiration date of the complimentary starter dose
8 drug or the statement required under section 17756.

9 (9) The information required under subsection (8) is in
10 addition to, and does not supersede or modify, other state or
11 federal law regulating the labeling of prescription drugs.

12 (10) In addition to meeting the requirements of this part, a
13 dispensing prescriber who dispenses controlled substances shall
14 comply with section 7303a.

15 (11) The board may periodically inspect locations from which
16 prescription drugs are dispensed.

17 (12) The act, task, or function of dispensing prescription
18 drugs shall be delegated only as provided in this part and
19 sections 16215, 17048, 17076, 17212, and 17548.

20 (13) A supervising physician may delegate in writing to a
21 pharmacist practicing in a hospital pharmacy within a hospital
22 licensed under article 17 the receipt of complimentary starter
23 dose drugs other than controlled substances as defined by article
24 7 or federal law. When the delegated receipt of complimentary
25 starter dose drugs occurs, both the pharmacist's name and the
26 supervising physician's name shall be used, recorded, or
27 otherwise indicated in connection with each receipt. A pharmacist

1 described in this subsection may dispense a prescription for
2 complimentary starter dose drugs written or transmitted by
3 facsimile, electronic transmission, or other means of
4 communication by a prescriber.

5 (14) As used in this section, "complimentary starter dose"
6 means a prescription drug packaged, dispensed, and distributed in
7 accordance with state and federal law that is provided to a
8 dispensing prescriber free of charge by a manufacturer or
9 distributor and dispensed free of charge by the dispensing
10 prescriber to his or her patients.

11 Sec. 17820. (1) A person shall not engage in the practice of
12 physical therapy or practice as a physical therapist assistant
13 unless licensed or otherwise authorized under this part. A person
14 shall engage in the actual treatment of an individual only ~~upon~~
15 ~~the prescription of an individual holding~~ **IF THAT TREATMENT IS**
16 **PRESCRIBED BY AN INDIVIDUAL WHO HOLDS** a license issued under part
17 166, 170, 175, or 180, ~~or the~~ **AN A.P.R.N. LICENSE ISSUED UNDER**
18 **PART 172, WHILE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE**
19 **REGISTERED NURSING, OR AN** equivalent license issued by another
20 state.

21 (2) The following words, titles, or letters or a combination
22 thereof, with or without qualifying words or phrases, are
23 restricted in use only to those persons authorized under this
24 part to use the terms and in a way prescribed in this part:
25 "physical therapy", "physical therapist", "physiotherapist",
26 "physiotherapy", "registered physical therapist", "licensed
27 physical therapist", "physical therapy technician", "physical

therapist assistant", "physical therapy assistant",
 "physiotherapist assistant", "physiotherapy assistant", "p.t.
 assistant", "p.t.", "r.p.t.", "l.p.t.", "c.p.t.", "d.p.t.",
 "m.p.t.", "p.t.a.", "registered p.t.a.", "licensed p.t.a.",
 "certified p.t.a.", "c.p.t.a.", "l.p.t.a.", "r.p.t.a.", and
 "p.t.t.."

Sec. 17822. This part does not prohibit a hospital, as a
 condition of employment or the granting of staff privileges, from
 requiring **THAT** a physical therapist ~~to~~ **PERFORM ACTIVITIES WITHIN**
HIS OR HER SCOPE OF practice in the hospital only ~~upon the~~
~~prescription of an individual holding~~ **IF THAT TREATMENT IS**
PRESCRIBED BY AN INDIVIDUAL WHO HOLDS a license issued under part
 166, 170, 175, or 180; ~~or the~~ **AN A.P.R.N. LICENSE ISSUED UNDER**
PART 172, WHILE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE
REGISTERED NURSING; OR AN equivalent license issued by another
 state.

Sec. 18301. (1) As used in this part:

(a) "Occupational therapy assistant" means an individual **WHO**
IS licensed under this article to engage in practice as an
 occupational therapy assistant.

(b) "Occupational therapist" means an individual **WHO IS**
 licensed under this article to engage in the practice of
 occupational therapy.

(c) "Occupational therapy services" means those services
 provided to promote health and wellness, prevent disability,
 preserve functional capabilities, prevent barriers, and enable or
 improve performance in everyday activities, including, but not

1 limited to, the following:

2 (i) Establishment, remediation, or restoration of a skill or
3 ability that is impaired or not yet developed.

4 (ii) Compensation, modification, or adaptation of a person,
5 activity, or environment.

6 (iii) Evaluation of factors that affect activities of daily
7 living, instrumental activities of daily living, and other
8 activities relating to education, work, play, leisure, and social
9 participation. Those factors include, but are not limited to,
10 body functions, body structure, habits, routines, role
11 performance, behavior patterns, sensory motor skills, cognitive
12 skills, communication and interaction skills, and cultural,
13 physical, psychosocial, spiritual, developmental, environmental,
14 and socioeconomic contexts and activities that affect
15 performance.

16 (iv) Interventions and procedures, including, but not limited
17 to, any of the following:

18 (A) Task analysis and therapeutic use of occupations,
19 exercises, and activities.

20 (B) Training in self-care, self-management, home management,
21 and community or work reintegration.

22 (C) Development remediation, or compensation of client
23 factors such as body functions and body structure.

24 (D) Education and training.

25 (E) Care coordination, case management, transition, and
26 consultative services.

27 (F) Modification of environments and adaptation processes

1 such as the application of ergonomic and safety principles.

2 (G) Assessment, design, fabrication, application, fitting,
3 and training in rehabilitative and assistive technology, adaptive
4 devices, and low temperature orthotic devices, and training in
5 the use of prosthetic devices. For the purposes of this sub-
6 subparagraph, the design and fabrication of low temperature
7 orthotic devices does not include permanent orthotics.

8 (H) Assessment, recommendation, and training in techniques
9 to enhance safety, functional mobility, and community mobility
10 such as wheelchair management and mobility.

11 (I) Management of feeding, eating, and swallowing.

12 (J) Application of physical agent modalities and use of a
13 range of specific therapeutic procedures, including, but not
14 limited to, techniques to enhance sensory-motor, perceptual, and
15 cognitive processing, manual therapy techniques, and adjunctive
16 and preparatory activities.

17 (K) Providing vision therapy services or low vision
18 rehabilitation services, if those services are provided pursuant
19 to a referral or prescription from, or under the supervision or
20 comanagement of, a physician licensed under part 170 or 175 or an
21 optometrist licensed under part 174 **OR PURSUANT TO A REFERRAL OR**
22 **PRESCRIPTION FROM AN ADVANCED PRACTICE REGISTERED NURSE, LICENSED**
23 **UNDER PART 172, WHILE ENGAGED IN THE PRACTICE OF ADVANCED**
24 **PRACTICE REGISTERED NURSING.**

25 (d) "Practice as an occupational therapy assistant" means
26 the practice of occupational therapy under the supervision of an
27 occupational therapist licensed under this article.

(e) "Practice of occupational therapy" means the therapeutic use of everyday life occupations and occupational therapy services to aid individuals or groups to participate in meaningful roles and situations in the home, school, workplace, community, and other settings, to promote health and wellness through research and practice, and to serve those individuals or groups who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout his or her life span. The practice of occupational therapy does not include any of the following:

(i) The practice of medicine or osteopathic medicine and surgery or medical diagnosis or treatment.

(ii) The practice of physical therapy.

(iii) The practice of optometry.

(2) In addition to the definitions in this part, article 1 contains general definitions and principles of construction applicable to all articles in this code and part 161 contains definitions applicable to this part.

Sec. 20201. (1) A health facility or agency that provides services directly to patients or residents and is licensed under this article shall adopt a policy describing the rights and responsibilities of patients or residents admitted to the health

1 facility or agency. Except for a licensed health maintenance
2 organization, which shall comply with chapter 35 of the insurance
3 code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy
4 shall be posted at a public place in the health facility or
5 agency and shall be provided to each member of the health
6 facility or agency staff. Patients or residents shall be treated
7 in accordance with the policy.

8 (2) The policy describing the rights and responsibilities of
9 patients or residents required under subsection (1) shall
10 include, as a minimum, all of the following:

11 (a) A patient or resident shall not be denied appropriate
12 care on the basis of race, religion, color, national origin, sex,
13 age, disability, marital status, sexual preference, or source of
14 payment.

15 (b) An individual who is or has been a patient or resident
16 is entitled to inspect, or receive for a reasonable fee, a copy
17 of his or her medical record upon request in accordance with the
18 medical records access act, 2004 PA 47, MCL 333.26261 to
19 333.26271. Except as otherwise permitted or required under the
20 health insurance portability and accountability act of 1996,
21 Public Law 104-191, or regulations promulgated under that act, 45
22 CFR parts 160 and 164, a third party shall not be given a copy of
23 the patient's or resident's medical record without prior
24 authorization of the patient or resident.

25 (c) A patient or resident is entitled to confidential
26 treatment of personal and medical records, and may refuse their
27 release to a person outside the health facility or agency except

1 as required because of a transfer to another health care
2 facility, as required by law or third party payment contract, or
3 as permitted or required under the health insurance portability
4 and accountability act of 1996, Public Law 104-191, or
5 regulations promulgated under that act, 45 CFR parts 160 and 164.

6 (d) A patient or resident is entitled to privacy, to the
7 extent feasible, in treatment and in caring for personal needs
8 with consideration, respect, and full recognition of his or her
9 dignity and individuality.

10 (e) A patient or resident is entitled to receive adequate
11 and appropriate care, and to receive, from the appropriate
12 individual within the health facility or agency, information
13 about his or her medical condition, proposed course of treatment,
14 and prospects for recovery, in terms that the patient or resident
15 can understand, unless medically contraindicated as documented in
16 the medical record by the attending physician or a physician's
17 assistant to whom the physician has delegated the performance of
18 medical care services.

19 (f) A patient or resident is entitled to refuse treatment to
20 the extent provided by law and to be informed of the consequences
21 of that refusal. If a refusal of treatment prevents a health
22 facility or agency or its staff from providing appropriate care
23 according to ethical and professional standards, the relationship
24 with the patient or resident may be terminated upon reasonable
25 notice.

26 (g) A patient or resident is entitled to exercise his or her
27 rights as a patient or resident and as a citizen, and to this end

1 may present grievances or recommend changes in policies and
2 services on behalf of himself or herself or others to the health
3 facility or agency staff, to governmental officials, or to
4 another person of his or her choice within or outside the health
5 facility or agency, free from restraint, interference, coercion,
6 discrimination, or reprisal. A patient or resident is entitled to
7 information about the health facility's or agency's policies and
8 procedures for initiation, review, and resolution of patient or
9 resident complaints.

10 (h) A patient or resident is entitled to information
11 concerning an experimental procedure proposed as a part of his or
12 her care and has the right to refuse to participate in the
13 experimental procedure without jeopardizing his or her continuing
14 care.

15 (i) A patient or resident is entitled to receive and examine
16 an explanation of his or her bill regardless of the source of
17 payment and to receive, upon request, information relating to
18 financial assistance available through the health facility or
19 agency.

20 (j) A patient or resident is entitled to know who is
21 responsible for and who is providing his or her direct care, is
22 entitled to receive information concerning his or her continuing
23 health needs and alternatives for meeting those needs, and to be
24 involved in his or her discharge planning, if appropriate.

25 (k) A patient or resident is entitled to associate and have
26 private communications and consultations with his or her
27 physician or a physician's assistant to whom the physician has

1 delegated the performance of medical care services, attorney, or
2 any other person of his or her choice and to send and receive
3 personal mail unopened on the same day it is received at the
4 health facility or agency, unless medically contraindicated as
5 documented in the medical record by the attending physician or a
6 physician's assistant to whom the physician has delegated the
7 performance of medical care services. A patient's or resident's
8 civil and religious liberties, including the right to independent
9 personal decisions and the right to knowledge of available
10 choices, shall not be infringed and the health facility or agency
11 shall encourage and assist in the fullest possible exercise of
12 these rights. A patient or resident may meet with, and
13 participate in, the activities of social, religious, and
14 community groups at his or her discretion, unless medically
15 contraindicated as documented in the medical record by the
16 attending physician or a physician's assistant to whom the
17 physician has delegated the performance of medical care services.

18 (l) A patient or resident is entitled to be free from mental
19 and physical abuse and from physical and chemical restraints,
20 except those restraints authorized in writing by the attending
21 physician, **BY AN ADVANCED PRACTICE REGISTERED NURSE ENGAGED IN**
22 **THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING,** or **BY** a
23 physician's assistant to whom the physician has delegated the
24 performance of medical care services, for a specified and limited
25 time or as are necessitated by an emergency to protect the
26 patient or resident from injury to self or others, in which case
27 the restraint may only be applied by a qualified professional who

1 shall set forth in writing the circumstances requiring the use of
2 restraints and who shall promptly report the action to the
3 attending physician, ~~or~~ physician's assistant, **OR ADVANCED**
4 **PRACTICE REGISTERED NURSE WHO AUTHORIZED THE RESTRAINT.** In case
5 of a chemical restraint, a physician shall be consulted within 24
6 hours after the commencement of the chemical restraint.

7 (m) A patient or resident is entitled to be free from
8 performing services for the health facility or agency that are
9 not included for therapeutic purposes in the plan of care.

10 (n) A patient or resident is entitled to information about
11 the health facility or agency rules and regulations affecting
12 patient or resident care and conduct.

13 (o) A patient or resident is entitled to adequate and
14 appropriate pain and symptom management as a basic and essential
15 element of his or her medical treatment.

16 (3) The following additional requirements for the policy
17 described in subsection (2) apply to licensees under parts 213
18 and 217:

19 (a) The policy shall be provided to each nursing home
20 patient or home for the aged resident upon admission, and the
21 staff of the facility shall be trained and involved in the
22 implementation of the policy.

23 (b) Each nursing home patient may associate and communicate
24 privately with persons of his or her choice. Reasonable, regular
25 visiting hours, which shall be not less than 8 hours per day, and
26 which shall take into consideration the special circumstances of
27 each visitor, shall be established for patients to receive

1 visitors. A patient may be visited by the patient's attorney or
2 by representatives of the departments named in section 20156,
3 during other than established visiting hours. Reasonable privacy
4 shall be afforded for visitation of a patient who shares a room
5 with another patient. Each patient shall have reasonable access
6 to a telephone. A married nursing home patient or home for the
7 aged resident is entitled to meet privately with his or her
8 spouse in a room that assures privacy. If both spouses are
9 residents in the same facility, they are entitled to share a room
10 unless medically contraindicated and documented in the medical
11 record by the attending physician or a physician's assistant to
12 whom the physician has delegated the performance of medical care
13 services.

14 (c) A nursing home patient or home for the aged resident is
15 entitled to retain and use personal clothing and possessions as
16 space permits, unless to do so would infringe upon the rights of
17 other patients or residents, or unless medically contraindicated
18 as documented in the medical record by the attending physician or
19 a physician's assistant to whom the physician has delegated the
20 performance of medical care services. Each nursing home patient
21 or home for the aged resident shall be provided with reasonable
22 space. At the request of a patient, a nursing home shall provide
23 for the safekeeping of personal effects, funds, and other
24 property of a patient in accordance with section 21767, except
25 that a nursing home is not required to provide for the
26 safekeeping of a property that would impose an unreasonable
27 burden on the nursing home.

1 (d) A nursing home patient or home for the aged resident is
2 entitled to the opportunity to participate in the planning of his
3 or her medical treatment. The attending physician or a
4 physician's assistant to whom the physician has delegated the
5 performance of medical care services shall fully inform the
6 nursing home patient of the patient's medical condition unless
7 medically contraindicated as documented in the medical record by
8 a physician or a physician's assistant to whom the physician has
9 delegated the performance of medical care services. Each nursing
10 home patient shall be afforded the opportunity to discharge
11 himself or herself from the nursing home.

12 (e) A home for the aged resident may be transferred or
13 discharged only for medical reasons, for his or her welfare or
14 that of other residents, or for nonpayment of his or her stay,
15 except as provided by title XVIII or title XIX. A nursing home
16 patient may be transferred or discharged only as provided in
17 sections 21773 to 21777. A nursing home patient or home for the
18 aged resident is entitled to be given reasonable advance notice
19 to ensure orderly transfer or discharge. Those actions shall be
20 documented in the medical record.

21 (f) A nursing home patient or home for the aged resident is
22 entitled to be fully informed before or at the time of admission
23 and during stay of services available in the facility, and of the
24 related charges including any charges for services not covered
25 under title XVIII, or not covered by the facility's basic per
26 diem rate. The statement of services provided by the facility
27 shall be in writing and shall include those required to be

1 offered on an as-needed basis.

2 (g) A nursing home patient or home for the aged resident is
3 entitled to manage his or her own financial affairs, or to have
4 at least a quarterly accounting of personal financial
5 transactions undertaken in his or her behalf by the facility
6 during a period of time the patient or resident has delegated
7 those responsibilities to the facility. In addition, a patient or
8 resident is entitled to receive each month from the facility an
9 itemized statement setting forth the services paid for by or on
10 behalf of the patient and the services rendered by the facility.
11 The admission of a patient to a nursing home does not confer on
12 the nursing home or its owner, administrator, employees, or
13 representatives the authority to manage, use, or dispose of a
14 patient's property.

15 (h) A nursing home patient or a person authorized by the
16 patient in writing may inspect and copy the patient's personal
17 and medical records. The records shall be made available for
18 inspection and copying by the nursing home within a reasonable
19 time, not exceeding 1 week, after the receipt of a written
20 request.

21 (i) If a nursing home patient desires treatment by a
22 licensed member of the healing arts, the treatment shall be made
23 available unless it is medically contraindicated, and the medical
24 contraindication is justified in the patient's medical record by
25 the attending physician or a physician's assistant to whom the
26 physician has delegated the performance of medical care services.

27 (j) A nursing home patient has the right to have his or her

1 parents, if a minor, or his or her spouse, next of kin, or
2 patient's representative, if an adult, stay at the facility 24
3 hours a day if the patient is considered terminally ill by the
4 physician responsible for the patient's care or a physician's
5 assistant to whom the physician has delegated the performance of
6 medical care services.

7 (k) Each nursing home patient shall be provided with meals
8 that meet the recommended dietary allowances for that patient's
9 age and sex and that may be modified according to special dietary
10 needs or ability to chew.

11 (l) Each nursing home patient has the right to receive
12 representatives of approved organizations as provided in section
13 21763.

14 (4) A nursing home, its owner, administrator, employee, or
15 representative shall not discharge, harass, or retaliate or
16 discriminate against a patient because the patient has exercised
17 a right protected under this section.

18 (5) In the case of a nursing home patient, the rights
19 enumerated in subsection (2)(c), (g), and (k) and subsection
20 (3)(d), (g), and (h) may be exercised by the patient's
21 representative.

22 (6) A nursing home patient or home for the aged resident is
23 entitled to be fully informed, as evidenced by the patient's or
24 resident's written acknowledgment, before or at the time of
25 admission and during stay, of the policy required by this
26 section. The policy shall provide that if a patient or resident
27 is adjudicated incompetent and not restored to legal capacity,

1 the rights and responsibilities set forth in this section shall
2 be exercised by a person designated by the patient or resident.
3 The health facility or agency shall provide proper forms for the
4 patient or resident to provide for the designation of this person
5 at the time of admission.

6 (7) This section does not prohibit a health facility or
7 agency from establishing and recognizing additional patients'
8 rights.

9 (8) As used in this section:

10 (a) "Patient's representative" means that term as defined in
11 section 21703.

12 (b) "Title XVIII" means title XVIII of the social security
13 act, 42 USC 1395 to 1395kkk-1.

14 (c) "Title XIX" means title XIX of the social security act,
15 42 USC 1396 to 1396w-5.