

SENATE BILL No. 568

October 1, 2013, Introduced by Senators MARLEAU, KAHN, ROBERTSON, JONES, HUNE, PROOS and BOOHER and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 2701, 2705, 2707, 2803, 2822, 5101, 5119,
5133, 5139, 5431, 5653, 5654, 5655, 5656, 5657, 5658, 7111, 7214,
7303a, 7333a, 9161, 9701, 10102, 10204, 10205, 10301, 16103,
16104, 16105, 16105a, 16106, 16107, 16109, 16125, 16148, 16165,
16166, 16167, 16174, 16182, 16184, 16185, 16204a, 16215, 16216,
16221, 16228, 16276, 16299, 16325, 16337, 16411, 16511, 16521,
16905, 16909, 17210, 17211, 17221, 17401, 17607, 17708, 17745,
17745a, 17745b, 17766d, 17775, 17820, 17901, 17903, 18001, 18008,
18011, 18021, 18049, 18050, 18058, 18301, 18305, 18501, 18506a,
18518, 18701, 20115, 20201, 22211, and 22224 (MCL 333.2701,

333.2705, 333.2707, 333.2803, 333.2822, 333.5101, 333.5119,
 333.5133, 333.5139, 333.5431, 333.5653, 333.5654, 333.5655,
 333.5656, 333.5657, 333.5658, 333.7111, 333.7214, 333.7303a,
 333.7333a, 333.9161, 333.9701, 333.10102, 333.10204, 333.10205,
 333.10301, 333.16103, 333.16104, 333.16105, 333.16105a,
 333.16106, 333.16107, 333.16109, 333.16125, 333.16148, 333.16165,
 333.16166, 333.16167, 333.16174, 333.16182, 333.16184, 333.16185,
 333.16204a, 333.16215, 333.16216, 333.16221, 333.16228,
 333.16276, 333.16299, 333.16325, 333.16337, 333.16411, 333.16511,
 333.16521, 333.16905, 333.16909, 333.17210, 333.17211, 333.17221,
 333.17401, 333.17607, 333.17708, 333.17745, 333.17745a,
 333.17745b, 333.17766d, 333.17775, 333.17820, 333.17901,
 333.17903, 333.18001, 333.18008, 333.18011, 333.18021, 333.18049,
 333.18050, 333.18058, 333.18301, 333.18305, 333.18501,
 333.18506a, 333.18518, 333.18701, 333.20115, 333.20201,
 333.22211, and 333.22224), sections 2701, 2705, and 2707 as added
 by 1990 PA 16, sections 2803, 16299, 20115, and 22224 as amended
 by 2012 PA 499, sections 2822 and 5431 as amended by 2002 PA 691,
 section 5101 as amended by 2010 PA 119, section 5119 as amended
 by 2000 PA 209, section 5133 as amended by 2010 PA 320, section
 5139 as added by 2012 PA 354, sections 5653 and 5654 as amended
 by 2004 PA 551, section 5655 as amended by 2001 PA 239, sections
 5656, 5657, and 5658 as amended by 2001 PA 237, section 7111 as
 amended by 1993 PA 138, section 7214 as amended by 1982 PA 352,
 section 7303a as added by 1993 PA 305, section 7333a as amended
 by 2012 PA 44, section 9161 as added by 1993 PA 133, section 9701
 as added by 2004 PA 250, sections 10102 and 10204 as amended by

2008 PA 39, section 10205 as added by 1999 PA 62, section 10301 as added by 2012 PA 179, sections 16103 and 16182 as amended and sections 16105a, 16165, 16166, 16167, and 16325 as added by 1993 PA 80, sections 16104, 17745, 18049, and 20201 as amended by 2011 PA 210, sections 16105 and 16106 as amended by 2002 PA 643, section 16109 as amended by 1991 PA 58, section 16125 as amended by 1989 PA 202, section 16148 as amended by 1995 PA 115, section 16174 as amended by 2012 PA 49, sections 16184 and 16185 as amended by 2012 PA 4, section 16204a as amended by 2001 PA 234, section 16215 as amended by 2005 PA 211, section 16216 as added by 1993 PA 87, section 16221 as amended by 2012 PA 501, section 16228 as added by 1998 PA 423, section 16276 as added by 2004 PA 144, sections 16337 and 18001 as amended and sections 18008, 18050, and 18058 as added by 2006 PA 161, section 16411 as amended by 2006 PA 396, section 16511 as amended by 2006 PA 397, sections 16521 and 17903 as amended by 2010 PA 79, section 16905 as amended by 2006 PA 388, section 16909 as amended by 1997 PA 188, sections 17211 and 17221 as amended by 2006 PA 409, section 17401 as amended by 2002 PA 599, section 17607 as added by 2008 PA 524, section 17708 as amended by 2012 PA 209, section 17745a as amended by 1999 PA 190, section 17745b as added by 1993 PA 306, section 17766d as added by 2004 PA 329, section 17775 as added by 2012 PA 383, section 17820 as amended by 2009 PA 55, section 17901 as added by 2006 PA 54, sections 18011 and 18021 as amended by 2006 PA 391, sections 18301 and 18305 as amended by 2008 PA 523, section 18501 as amended and sections 18506a and 18518 as added by 2004 PA 61, section 18701 as added by 2004 PA

3, and section 22211 as amended by 2002 PA 619, and by adding sections 16102, 16214, and 16338 and part 171; and to repeal acts and parts of acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 2701. As used in this part:

2 **(A) "ADVANCED PRACTICE REGISTERED NURSE" MEANS THAT TERM AS**
3 **DEFINED IN SECTION 17102.**

4 **(B)** ~~(a)~~—"Board certified" means certified to practice in a
5 particular medical ~~specialty~~ **SPECIALTY** by a national board
6 recognized by the American board of medical specialties or the
7 American osteopathic association.

8 ~~—— (b) "Certified nurse midwife" means an individual licensed~~
9 ~~as a registered professional nurse under part 172 who has been~~
10 ~~issued a specialty certification in the practice of nurse~~
11 ~~midwifery by the board of nursing under section 17210.~~

12 ~~—— (c) "Certified nurse practitioner" means an individual~~
13 ~~licensed as a registered professional nurse under part 172 who~~
14 ~~has been issued a specialty certification as a nurse practitioner~~
15 ~~by the board of nursing under section 17210.~~

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

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

20 **(D)** ~~(f)~~—"Designated professional" means a designated
21 physician, ~~designated~~ **AN ADVANCED PRACTICE REGISTERED** nurse, or
22 ~~physician's~~ **A PHYSICIAN** assistant.

23 **(E)** ~~(g)~~—"Health resource shortage area" means a geographic

1 area, population group, or health facility designated by the
2 department under section 2717.

3 (F) ~~(h)~~-"Medicaid" means benefits under the program of
4 medical assistance established under title XIX of the social
5 security act, ~~42 U.S.C. 1396 to 1396d, 1396f to 1396g, and 1396i~~
6 ~~to 1396s, 42 USC 1396-1 TO 1396W-5,~~ and administered by the
7 department of social services under the social welfare act, ~~Act~~
8 ~~No. 280 of the Public Acts of 1939, being sections 400.1 to~~
9 ~~400.121 of the Michigan Compiled Laws. 1939 PA 280, MCL 400.1 TO~~
10 **400.119B.**

11 (G) ~~(i)~~-"Medical school" means an accredited program for the
12 training of individuals to become physicians.

13 (H) ~~(j)~~-"Medicare" means benefits under the federal medicare
14 program established under title XVIII of the social security act,
15 ~~42 U.S.C. 1395 to 1395b, 1395b-2 to 1395i, 1395i-1a to 1395i-2,~~
16 ~~1395j to 1395dd, 1395ff to 1395mm, and 1395oo to 1395eee. 42 USC~~
17 **1395 TO 1395KKK-1.**

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

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

23 (K) ~~(m)~~-"Nursing program" means an accredited program for
24 the training of individuals to become nurses.

25 (L) ~~(n)~~-"Physician" means ~~an individual licensed as a~~
26 ~~physician under part 170 or an osteopathic physician under part~~
27 **175. THAT TERM AS DEFINED IN SECTION 17106.**

1 (M) ~~(e)~~ "Physician's **PHYSICIAN** assistant" means an
 2 individual licensed as a physician's assistant under part 170 or
 3 part 175. **THAT TERM AS DEFINED IN SECTION 17106.**

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

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

11 Sec. 2705. (1) The department shall administer an essential
 12 health provider repayment program for designated professionals
 13 who have incurred a debt or expenses as a result of a loan taken
 14 to attend a medical school, nursing program for the training of
 15 ~~certified nurse midwives or certified nurse practitioners, or~~
 16 ~~physician's~~ **ADVANCED PRACTICE REGISTERED NURSES, OR PHYSICIAN**
 17 assistant program or as a result of providing services in a
 18 health resource shortage area. The department may each year repay
 19 all or part of a designated professional's debt or expenses in an
 20 amount **THAT DOES** not ~~to~~ exceed the amount set forth in subsection
 21 (3) for each year, up to a maximum of 4 years. The department
 22 shall repay a debt or expenses only for a designated professional
 23 who has entered into a written contract with the department that
 24 requires the designated professional to engage in the full-time
 25 practice of health care services in a health resource shortage
 26 area to which he or she is assigned by the department for a
 27 period equal in years to the number of years for which the

1 department has agreed to make a debt or expense repayment or 2
2 years, whichever is greater.

3 (2) ~~A~~**THE DEPARTMENT SHALL PAY A** debt or expense repayment
4 on behalf of a designated professional under subsection (1) for
5 fulfilling a service obligation for a particular year ~~shall be~~
6 ~~paid~~ in a lump sum at the completion of the service obligation
7 for that year. A designated professional who does not fulfill a
8 service obligation for a particular year forfeits his or her
9 right to the debt or expense repayment or any part of it for that
10 year and the department may treat an agreement for further debt
11 or expense repayment in a subsequent year as void. In its sole
12 discretion, the department may make a debt or expense repayment
13 ~~prior to~~**BEFORE** or during each year of service if there are
14 extenuating circumstances. In its sole discretion, the department
15 may pay a pro rata amount of an agreed debt or expense repayment
16 to a designated professional or his or her estate if 1 of the
17 following occurs ~~prior to~~**BEFORE** the completion of the designated
18 professional's service obligation:

19 (a) The designated professional dies.

20 (b) The designated professional is unable, by reason of
21 permanent disability, to render the service.

22 (c) Other circumstances prevail that are considered by the
23 department to constitute a compelling reason to consider the
24 service obligation fulfilled.

25 (3) For the first year of the debt or expense repayment
26 program, the maximum amount of a debt or expense repayment is
27 \$25,000.00 per year. In each succeeding year after the first

1 year, the maximum amount may be increased by 5%.

2 (4) The department may accept ~~funds~~**MONEY** from any source
3 for the operation of the essential health provider repayment
4 program, and shall distribute ~~these funds~~**THE MONEY** in a manner
5 consistent with this section.

6 (5) The department shall give the essential health provider
7 repayment program created by this section priority over the other
8 programs created under this part.

9 Sec. 2707. (1) The department shall administer a grant
10 program for minority students enrolled in medical schools,
11 nursing programs, or ~~physician's~~**PHYSICIAN** assistant programs.
12 Only minority students who meet the financial resources
13 eligibility standards for federal student loan programs under
14 title IV of the higher education act of 1965, ~~Public Law 89-329,~~
15 **20 USC 1070 TO 1099D**, are eligible to receive a grant under this
16 section.

17 (2) The department may award a grant to a minority student
18 enrolled in a medical school who is training to become a
19 designated physician or to a minority student enrolled in a
20 nursing program or ~~physician's~~**PHYSICIAN** assistant program. As a
21 condition for the award of the grant, the recipient of the grant
22 shall enter into a written contract with the department that
23 requires the recipient to provide, upon completion of training,
24 full-time health care services in a health resource shortage area
25 to which he or she is assigned by the department for a period
26 equal to the number of years for which a grant is accepted or 2
27 years, whichever is greater. In awarding grants, the department

1 shall give priority to students who are residents of this state
2 and enrolled in a medical school, nursing program, or ~~physician's~~
3 **PHYSICIAN** assistant program in this state.

4 (3) The department shall determine an appropriate grant
5 amount for each academic year for each health care profession.

6 (4) An individual who incurs a service obligation under
7 subsection (2) and who completes the training program for which
8 the grant was awarded but fails to fulfill the service obligation
9 shall repay to the department an amount equal to 2 times the
10 amount of all grants the individual accepted under this section
11 plus interest. The interest shall be at a rate determined by the
12 state treasurer to reflect the cumulative annual percentage
13 change in the Detroit consumer price index. An individual who
14 incurs a service obligation under subsection (2) and who fails to
15 complete the training program for which the grant was awarded
16 shall repay to the department an amount equal to the actual
17 amount of all grants the individual accepted under this section.
18 Repayment to the department under this subsection shall be made
19 within 3 years after the repayment obligation is incurred.

20 Amounts repaid under this subsection shall be deposited with the
21 state treasurer and credited to the minority health profession
22 grant fund created in section 2721.

23 (5) An obligated individual shall be considered to have
24 fulfilled the service obligation incurred under subsection (2) if
25 any of the following occur:

26 (a) Service has been rendered for the obligated period.

27 (b) The obligated individual dies.

1 (c) The obligated individual is unable, by reason of
2 permanent disability, to render the service.

3 (d) The obligated individual fails to satisfy the academic
4 requirements for completion of the training program in which he
5 or she is enrolled after having made a good faith effort.

6 (e) The obligated individual fails to satisfy the
7 requirements for licensure, certification, or other form of
8 authorization to practice the profession for which he or she has
9 been trained.

10 (f) Other circumstances occur that are considered by the
11 department to constitute a compelling reason to consider the
12 service obligation fulfilled.

13 (6) The department may accept ~~funds~~ **MONEY** for the operation
14 of the grant program from any source and distribute ~~those funds~~
15 **THE MONEY** in a manner consistent with this section.

16 (7) As used in this section, "Detroit consumer price index"
17 means the most comprehensive index of consumer prices available
18 for the Detroit area from the bureau of labor statistics of the
19 United States department of labor.

20 Sec. 2803. (1) "Abortion" means that term as defined in
21 section ~~17015-17115~~.

22 (2) "Dead body" means a human body or fetus, or a part of a
23 dead human body or fetus, in a condition from which it may
24 reasonably be concluded that death has occurred.

25 (3) "Fetal death" means the death of a fetus that has
26 completed at least 20 weeks of gestation or weighs at least 400
27 grams. Fetal death includes a stillbirth. The definition ~~shall~~ **OF**

1 **FETAL DEATH IN THIS SUBSECTION MUST** conform in all other respects
2 as closely as possible to the definition recommended by the
3 federal agency responsible for vital statistics.

4 (4) "Fetal remains" means a dead fetus or part of a dead
5 fetus that has completed at least 10 weeks of gestation or has
6 reached the stage of development that, upon visual inspection of
7 the fetus or part of the fetus, the head, torso, or extremities
8 appear to be supported by skeletal or cartilaginous structures.
9 Fetal remains do not include the umbilical cord or placenta.

10 (5) "File" means to present a certificate, report, or other
11 record to the local registrar for registration by the state
12 registrar.

13 (6) "Final disposition" means the burial, cremation,
14 interment, or other legal disposition of a dead body or fetal
15 remains.

16 Sec. 2822. (1) The following individuals shall report a live
17 birth that occurs in this state:

18 (a) If a live birth occurs in an institution or ~~enroute~~**EN**
19 **ROUTE** to an institution, the individual in charge of the
20 institution or his or her designated representative shall obtain
21 the personal data, prepare the certificate of birth, secure the
22 signatures required by the certificate of birth, and file the
23 certificate of birth with the local registrar or as otherwise
24 directed by the state registrar within 5 days after the birth.
25 The physician or other individual in attendance shall provide the
26 medical information required by the certificate of birth and
27 certify to the facts of birth not later than 72 hours after the

1 birth. If the physician or other individual does not certify to
2 the facts of birth within 72 hours, the individual in charge of
3 the institution or his or her authorized representative shall
4 complete and certify the facts of birth.

5 (b) If a live birth occurs outside an institution, the
6 record shall be prepared, certified, and filed with the local
7 registrar by 1 of the following individuals in the following
8 order of priority:

9 (i) The physician in attendance at or immediately after the
10 live birth.

11 (ii) Any other individual in attendance at or immediately
12 after the live birth.

13 (iii) The father, the mother, or, in the absence of the father
14 and the inability of the mother, the individual in charge of the
15 premises where the live birth occurs.

16 (c) If a live birth occurs during an attempted abortion and
17 the mother of the newborn has expressed a desire not to assume
18 custody and responsibility for the newborn by refusing to
19 authorize necessary life-sustaining medical treatment, the live
20 birth shall be reported as follows:

21 (i) If the attempted abortion took place in an institution,
22 the live birth shall be reported in the same manner as provided
23 in subdivision (a), except that the parents shall be listed as
24 "unknown" and the newborn shall be listed as "Baby Doe".

25 (ii) If the attempted abortion took place outside an
26 institution, the live birth shall be reported in the same manner
27 as provided in subdivision (b), except that the parents shall be

1 listed as "unknown" and the newborn shall be listed as "Baby
2 Doe".

3 (2) As used in this section, "abortion" means that term as
4 defined in section ~~17015~~. **17115**.

5 Sec. 5101. (1) As used in this article:

6 **(A) "ADVANCED PRACTICE REGISTERED NURSE" MEANS THAT TERM AS**
7 **DEFINED IN SECTION 17102.**

8 **(B)** ~~(a)~~—"Care" includes treatment, control, transportation,
9 confinement, and isolation in a facility or other location.

10 **(C)** ~~(b)~~—"Communicable disease" means an illness due to a
11 specific infectious agent or its toxic products that results from
12 transmission of that infectious agent or its products from a
13 reservoir to a susceptible host, directly as from an infected
14 individual or animal, or indirectly through the agency of an
15 intermediate plant or animal host, vector, or the inanimate
16 environment.

17 **(D)** ~~(c)~~—"HIV" means human immunodeficiency virus.

18 **(E)** ~~(d)~~—"HIV infection" or "HIV infected" means the status
19 of an individual who has tested positive for HIV, as evidenced by
20 either a double positive enzyme-linked immunosorbent assay test,
21 combined with a positive western blot assay test, or a positive
22 result under an HIV test that is considered reliable by the
23 federal centers for disease control and prevention and is
24 approved by the department.

25 **(F)** ~~(e)~~—"Immunization" means the process of increasing an
26 individual's immunity to a disease by use of a vaccine, antibody
27 preparation, or other substance.

1 (G) ~~(f)~~-"Infection" means the invasion of the body with
 2 microorganisms or parasites, whether or not the invasion results
 3 in detectable pathologic effects.

4 (H) "MICHIGAN PATIENT CARE BOARD" MEANS THE MICHIGAN PATIENT
 5 CARE BOARD CREATED IN SECTION 17121.

6 (I) "PHYSICIAN" MEANS THAT TERM AS DEFINED IN SECTION 17106.

7 (J) "PHYSICIAN ASSISTANT" MEANS THAT TERM AS DEFINED IN
 8 SECTION 17106.

9 (K) ~~(g)~~-"Serious communicable disease or infection" means a
 10 communicable disease or infection that is designated as serious
 11 by the department pursuant to this part. Serious communicable
 12 disease or infection includes, but is not limited to, HIV
 13 infection, acquired immunodeficiency syndrome, venereal disease,
 14 and tuberculosis.

15 (L) ~~(h)~~-"Venereal disease" means syphilis, gonorrhea,
 16 chancroid, lymphogranuloma venereum, granuloma inguinale, and
 17 other sexually transmitted diseases that the department may
 18 designate and require to be reported under section 5111.

19 (2) In addition, article 1 contains general definitions and
 20 principles of construction applicable to all articles in this
 21 code.

22 Sec. 5119. (1) ~~An~~ **THE COUNTY CLERK SHALL ADVISE AN**
 23 individual applying for a marriage license, ~~shall be advised~~
 24 through the distribution of written educational materials, ~~by the~~
 25 ~~county clerk regarding~~ **ABOUT** prenatal care and the transmission
 26 and prevention of venereal disease and HIV infection. The written
 27 educational materials ~~shall~~ **MUST** describe the availability to the

1 applicant of tests for both venereal disease and HIV infection.
 2 The ~~information shall~~ **WRITTEN EDUCATIONAL MATERIALS MUST** include
 3 a list of locations where HIV counseling and testing services
 4 funded by the department are available. The **DEPARTMENT SHALL**
 5 **APPROVE OR PREPARE THE** written educational materials ~~shall be~~
 6 ~~approved or prepared by the department.~~ **DESCRIBED IN THIS**
 7 **SUBSECTION.**

8 (2) A county clerk shall not issue a marriage license to an
 9 applicant who fails to sign and file with the county clerk an
 10 application for a marriage license that includes a statement with
 11 a check-off box indicating that the applicant has received the
 12 **WRITTEN** educational materials regarding the transmission and
 13 prevention of both venereal disease and HIV infection and has
 14 been advised of testing for both venereal disease and HIV
 15 infection, pursuant to subsection (1).

16 (3) If either applicant for a marriage license undergoes a
 17 test for HIV or an antibody to HIV, and if the test results
 18 indicate that an applicant is HIV infected, the physician or a
 19 designee of the physician, the ~~physician's~~ **PHYSICIAN** assistant,
 20 the ~~certified nurse midwife, or the certified nurse practitioner~~
 21 **ADVANCED PRACTICE REGISTERED NURSE**, or the local health officer
 22 or designee of the local health officer ~~administering~~ **WHO**
 23 **ADMINISTERS** the test immediately shall inform both applicants of
 24 the test results, and shall counsel both applicants regarding the
 25 modes of HIV transmission, the potential for HIV transmission to
 26 a fetus, and protective measures.

27 ~~———— (4) As used in this section:~~

~~———— (a) "Certified nurse midwife" means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification in the practice of nurse midwifery by the board of nursing under section 17210.~~

~~———— (b) "Certified nurse practitioner" means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification as a nurse practitioner by the board of nursing under section 17210.~~

~~———— (c) "Physician" means an individual licensed as a physician under part 170 or an osteopathic physician under part 175.~~

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

Sec. 5133. (1) Except as otherwise provided in this section, a physician, **ADVANCED PRACTICE REGISTERED NURSE, OR PHYSICIAN ASSISTANT** who orders an HIV test or a health facility that performs an HIV test shall provide information appropriate to the test subject both before and after the test is administered.

(2) Except as otherwise provided in this part, a physician, **ADVANCED PRACTICE REGISTERED NURSE, OR PHYSICIAN ASSISTANT**, or an individual to whom ~~the physician~~ **AUTHORITY** has **BEEN** delegated ~~authority to perform a selected act, task, or function under~~ section 16215, shall not order an HIV test for the purpose of diagnosing HIV infection without first providing the test subject with pretest information and receiving the informed consent of the test subject. For purposes of this section, informed consent means a written or verbal consent to the test by the test subject or the legally authorized representative of the test subject. The

1 physician, **ADVANCED PRACTICE REGISTERED NURSE, PHYSICIAN**
2 **ASSISTANT**, or health facility shall document the provision of
3 informed consent, including pretest information, and whether the
4 test subject or the legally authorized representative of the test
5 subject declined the offer of HIV testing. Informed consent for
6 HIV testing shall be maintained in the patient's medical records.

7 (3) ~~Beginning January 1, 2011, pretest~~ **PRETEST** information
8 ~~shall include~~ **DESCRIBED IN SUBSECTION (2) INCLUDES** all of the
9 following:

10 (a) An explanation of the test, including, but not limited
11 to, the purpose of the test, the potential uses and limitations
12 of the test, and the meaning of test results.

13 (b) An explanation of how HIV is transmitted and how HIV can
14 be prevented.

15 (c) An explanation of the rights of the test subject,
16 including, but not limited to, all of the following:

17 (i) The right to decline the test at any time before the
18 administration of the test and the circumstances under which the
19 test subject does not have the right to decline the test.

20 (ii) The right to confidentiality of the test results under
21 this part and under the health insurance portability and
22 accountability act of 1996, Public Law 104-191.

23 (iii) The right under this part to consent to and participate
24 in the test on an anonymous basis.

25 (iv) The person or class of persons to whom the test results
26 may be disclosed under this part and under the health insurance
27 portability and accountability act of 1996, Public Law 104-191.

(4) The department ~~, the Michigan board of medicine, and the Michigan board of osteopathic medicine and surgery~~ **AND THE MICHIGAN PATIENT CARE BOARD** shall make the information required under subsection (3) available to physicians, **ADVANCED PRACTICE REGISTERED NURSES, AND PHYSICIAN ASSISTANTS**. ~~The Michigan board of medicine and the Michigan board of osteopathic medicine and surgery shall notify in writing all physicians subject to this section of the requirements of this section and the availability of the information by January 1, 2011.~~ Upon request, the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery **MICHIGAN PATIENT CARE BOARD** shall provide copies of the information, free of charge, to a physician, **ADVANCED PRACTICE REGISTERED NURSE, OR PHYSICIAN ASSISTANT** who is subject to this section.

(5) A test subject who executes a signed writing pursuant to subsection (2) as that subsection read before September 1, 2010 is barred from subsequently bringing a civil action based on failure to obtain informed consent for the HIV test against the physician who ordered the HIV test.

(6) The department shall develop the information required under subsection (3) in clear, nontechnical English and Spanish, and provide the information upon request and free of charge, to a physician, **ADVANCED PRACTICE REGISTERED NURSE, PHYSICIAN ASSISTANT**, or other person or a governmental entity that is subject to this section. ~~Nothing in this~~ **THIS** section ~~prohibits~~ **DOES NOT PROHIBIT** a physician, **ADVANCED PRACTICE REGISTERED NURSE, PHYSICIAN ASSISTANT**, or health facility from combining a

1 form used to obtain informed consent for HIV testing with forms
2 used to obtain consent for general medical care or any other
3 medical tests or procedures if the forms make clear that the
4 subject may consent to general medical care, tests, or medical
5 procedures without being required to consent to HIV testing and,
6 if applicable, that the subject may decline HIV testing at any
7 time before the administration of the test.

8 (7) In addition to complying with the duties imposed under
9 subsection (6), the department shall provide copies of the
10 information required under subsection (3) to the ~~Michigan board~~
11 ~~of medicine and the Michigan board of osteopathic medicine and~~
12 ~~surgery.~~ **MICHIGAN PATIENT CARE BOARD.** The department shall
13 provide copies of the information to other persons upon written
14 request, at cost, and shall also provide copies of the
15 information free of charge, upon request, to public or private
16 schools, colleges, and universities.

17 (8) An individual who undergoes an HIV test at a department
18 approved testing site may request that the HIV test be performed
19 on an anonymous basis. If an individual requests that the HIV
20 test be performed on an anonymous basis, the staff of the
21 department approved testing site shall administer the HIV test
22 anonymously or under the condition that the test subject not be
23 identified, and shall obtain consent to the test using a coded
24 system that does not link the individual's identity with the
25 request for the HIV test or the HIV test results. If the test
26 results of an HIV test performed under this subsection indicate
27 that the test subject is HIV infected, the staff of the

1 department approved testing site shall proceed with partner
2 notification in the same manner in which a local health
3 department would proceed as described in section 5114a(3) to (5).

4 (9) This section does not apply to an HIV test performed for
5 the purpose of research, if the test is performed in such a
6 manner that the identity of the test subject is not revealed to
7 the researcher and the test results are not made known to the
8 test subject.

9 (10) Except as otherwise provided in subsection (12), this
10 section does not apply to an HIV test performed upon a patient in
11 a health facility if the conditions in subdivisions (a) and (b)
12 or the conditions in subdivisions (a) and (c) are met:

13 (a) The patient is informed in writing upon admission to the
14 health facility that an HIV test may be performed upon the
15 patient without his or her right to decline under circumstances
16 described in subdivision (b) or (c). As used in this subdivision,
17 "admission" means the provision of an inpatient or outpatient
18 health care service in a health facility.

19 (b) The HIV test is performed after a health professional,
20 health facility employee, police officer, or fire fighter, or a
21 medical first responder, emergency medical technician, emergency
22 medical technician specialist, or paramedic licensed under
23 section 20950 or 20952 sustains in the health facility, while
24 treating the patient before transport to the health facility, or
25 while transporting the patient to the health facility, a
26 percutaneous, mucous membrane, or open wound exposure to the
27 blood or other body fluids of the patient.

(c) The HIV test is performed pursuant to a request made under section 20191(2).

(11) Except as otherwise provided in subsection (12), this section does not apply if the test subject is unable to receive or understand the information described in subsections (1) to (3) or to decline the test as described in subsection (2), and the legally authorized representative of the test subject is not readily available to receive the information or decline for the test subject.

(12) If the results of an HIV test performed under this section indicate that the patient is HIV infected, the health facility shall inform the patient of the positive test results and provide the patient with appropriate counseling regarding HIV infection and acquired immunodeficiency syndrome. If the results of an HIV test performed under this section indicate that the patient is not HIV infected, that information shall be provided to the patient through normal health care provider procedures, including, but not limited to, a patient visit, mail, or telephone communication.

Sec. 5139. (1) A physician, ~~or an optometrist~~, **ADVANCED PRACTICE REGISTERED NURSE, OR PHYSICIAN ASSISTANT** has no affirmative obligation to but may voluntarily report to the secretary of state or warn third parties regarding a patient's mental and physical qualifications to operate a motor vehicle in a manner ~~as~~ **THAT DOES** not ~~to~~ jeopardize the safety of persons and property ~~due to~~ **AS THE RESULT OF** an episode. A physician, ~~or an optometrist~~, **ADVANCED PRACTICE REGISTERED NURSE, OR PHYSICIAN**

1 **ASSISTANT** who chooses not to make a report to the secretary of
 2 state or warn third parties as provided for under this subsection
 3 is immune from any criminal or civil liability to the patient or
 4 **A** third party that ~~may have been~~ **IS** injured by the patient's
 5 actions.

6 (2) A physician, ~~or an optometrist~~, **ADVANCED PRACTICE**
 7 **REGISTERED NURSE, OR PHYSICIAN ASSISTANT** may make a report under
 8 this section and submit that report to the secretary of state for
 9 the purpose of initiating or contributing to an examination of an
 10 applicant's physical and mental qualifications to operate a motor
 11 vehicle in a manner ~~as THAT DOES~~ not ~~to~~ jeopardize the safety of
 12 persons and property ~~pursuant to UNDER~~ section 309 of the
 13 Michigan vehicle code, 1949 PA 300, MCL 257.309. In making that
 14 report, the physician, ~~or optometrist~~, **ADVANCED PRACTICE**
 15 **REGISTERED NURSE, OR PHYSICIAN ASSISTANT** shall recommend a period
 16 of suspension as determined appropriate by the physician, ~~or~~
 17 optometrist, **ADVANCED PRACTICE REGISTERED NURSE, OR PHYSICIAN**
 18 **ASSISTANT** as follows:

19 (a) In the case of a patient holding an operator's license,
 20 that the suspension be for at least 6 months or longer.

21 (b) In the case of a patient holding a commercial license,
 22 that the suspension be for at least 12 months or longer.

23 (3) A physician, ~~or an optometrist~~, **ADVANCED PRACTICE**
 24 **REGISTERED NURSE, OR PHYSICIAN ASSISTANT** making a report under
 25 subsection (2), acting in good faith and exercising due care as
 26 evidenced by documenting his or her file or medical record
 27 regarding an episode, is immune from any civil or criminal

1 liability resulting from the report to the patient or a third
 2 party that ~~may have been~~ **IS** injured by the patient's actions.

3 (4) As used in this section:

4 (a) "Episode" means any of the following:

5 (i) An experience derived from a condition that causes or
 6 contributes to loss of consciousness, blackout, seizure, a
 7 fainting spell, syncope, or any other impairment of the level of
 8 consciousness.

9 (ii) An experience derived from a condition that causes an
 10 impairment of an individual's driving judgment.

11 (iii) An experience derived from an impairment of an
 12 individual's vision.

13 (b) "Optometrist" means that term as defined ~~under part~~
 14 ~~174.~~ **IN SECTION 17401.**

15 ~~— (c) "Physician" means that term as defined under part 170 or~~
 16 ~~175.~~

17 Sec. 5431. (1) A health professional in charge of the care
 18 of a newborn infant or, if none, the health professional in
 19 charge at the birth of an infant shall administer or cause to be
 20 administered to the infant a test for each of the following:

21 (a) Phenylketonuria.

22 (b) Galactosemia.

23 (c) Hypothyroidism.

24 (d) Maple syrup urine disease.

25 (e) Biotinidase deficiency.

26 (f) Sickle cell anemia.

27 (g) Congenital adrenal hyperplasia.

1 (h) Medium-chain acyl-coenzyme A dehydrogenase deficiency.

2 (i) Other treatable but otherwise disabling conditions as
3 designated by the department.

4 (2) The informed consent requirements of ~~sections 17020 and~~
5 ~~17520~~ **SECTION 17120** do not apply to the tests required under
6 subsection (1). The **HEALTH PROFESSIONAL SHALL ADMINISTER AND**
7 **REPORT ON THE** tests required under subsection (1) ~~shall be~~
8 ~~administered and reported~~ within a time and under conditions
9 prescribed by the department. The department may require that the
10 tests be performed by the department.

11 (3) If the results of a test administered under subsection
12 (1) are positive, the results ~~shall~~ **MUST** be reported to the
13 infant's parents, guardian, or person in loco parentis. A person
14 is in compliance with this subsection if the person makes a good
15 faith effort to report the positive test results to the infant's
16 parents, guardian, or person in loco parentis.

17 (4) Subject to the annual adjustment required under this
18 subsection and subject to subsection (6), if the department
19 performs 1 or more of the tests required under subsection (1),
20 the department may charge a fee for the tests of not more than
21 ~~\$53.71. The \$98.08 IN 2013. BEGINNING IN 2014, THE~~ department
22 shall adjust the amount prescribed by this subsection annually by
23 an amount determined by the state treasurer to reflect the
24 cumulative annual percentage change in the Detroit consumer price
25 index. As used in this subsection, "Detroit consumer price index"
26 means the most comprehensive index of consumer prices available
27 for the Detroit area from the bureau of labor statistics of the

1 United States department of labor.

2 ~~—— (5) A person who violates this section or a rule promulgated~~
3 ~~under this part is guilty of a misdemeanor.~~

4 (5) ~~(6)~~ The department shall provide for a hardship waiver
5 of the fee authorized under subsection (4) under circumstances
6 found appropriate by the department.

7 (6) ~~(7)~~ The department shall do all of the following in
8 regard to the blood specimens taken for purposes of conducting
9 the tests required under subsection (1):

10 (a) By April 1, 2000, develop a schedule for the retention
11 and disposal of the blood specimens used for the tests after the
12 tests are completed. The schedule shall meet at least all of the
13 following requirements:

14 (i) Be consistent with nationally recognized standards for
15 laboratory accreditation and federal law.

16 (ii) Require that the disposal be conducted in compliance
17 with section 13811.

18 (iii) Require that the disposal be conducted in the presence
19 of a witness. For purposes of this subparagraph, the witness may
20 be an individual involved in the disposal or any other
21 individual.

22 (iv) Require that a written record of the disposal be made
23 and kept, and that the witness required under subparagraph (iii)
24 signs the record.

25 (b) Allow the blood specimens to be used for medical
26 research during the retention period established under
27 subdivision (a), ~~as long as~~ ~~IF~~ the medical research is conducted

1 in a manner that preserves the confidentiality of the test
 2 subjects and is consistent to protect human subjects from
 3 research risks under ~~subpart A of part 46 of subchapter A of~~
 4 ~~title 45 of the code of federal regulations.~~ **45 CFR 46.101 TO**
 5 **46.124.**

6 (7) ~~(8)~~—The department shall rewrite its pamphlet explaining
 7 the requirements of this section when the **CURRENT** supply of
 8 pamphlets ~~in existence on March 15, 2000~~ is exhausted. When the
 9 department rewrites the explanatory pamphlet, it shall include at
 10 least all of the following information in the pamphlet:

11 (a) The nature and purpose of the testing program required
 12 under this section, including, but not limited to, a brief
 13 description of each condition or disorder listed in subsection
 14 (1).

15 (b) The purpose and value of the infant's parent, guardian,
 16 or person in loco parentis retaining a blood specimen obtained
 17 under subsection ~~(9)~~ ~~(8)~~ in a safe place.

18 (c) The department's schedule for retaining and disposing of
 19 blood specimens developed under subsection ~~(7)(a)~~ ~~(6)(A)~~.

20 (d) That the blood specimens taken for purposes of
 21 conducting the tests required under subsection (1) may be used
 22 for medical research pursuant to subsection ~~(7)(b)~~ ~~(6)(B)~~.

23 (8) ~~(9)~~—In addition to the requirements of subsection (1),
 24 the health professional described in subsection (1) or the
 25 hospital or other facility in which the birth of an infant takes
 26 place, or both, may offer to draw an additional blood specimen
 27 from the infant. If such an offer is made, it ~~shall~~ **MUST** be made

1 to the infant's parent, guardian, or person in loco parentis at
2 the time the blood specimens are drawn for purposes of subsection
3 (1). If the infant's parent, guardian, or person in loco parentis
4 accepts the offer of an additional blood specimen, the blood
5 specimen ~~shall~~**MUST** be preserved in a manner that does not
6 require special storage conditions or techniques, including, but
7 not limited to, lamination. The health professional or hospital
8 or other facility employee making the offer shall explain to the
9 parent, guardian, or person in loco parentis at the time the
10 offer is made that the additional blood specimen can be used for
11 future identification purposes and should be kept in a safe
12 place. The health professional or hospital or other facility
13 making the offer may charge a fee that is not more than the
14 actual cost of obtaining and preserving the additional blood
15 specimen.

16 Sec. 5653. (1) As used in this part:

17 (a) "Advanced illness", except as otherwise provided in this
18 subdivision, means a medical or surgical condition with
19 significant functional impairment that is not reversible by
20 curative therapies and that is anticipated to progress toward
21 death despite attempts at curative therapies or modulation, the
22 time course of which may or may not be determinable through
23 reasonable medical prognostication. For purposes of section
24 5655(b) only, "advanced illness" has the same general meaning as
25 "terminal illness" has in the medical community.

26 (b) "Health facility" means a health facility or agency
27 licensed under article 17.

(c) "Hospice" means that term as defined in section 20106.

(d) "Medical treatment" means a treatment, including, but not limited to, **A** palliative care treatment; ~~—or—~~a procedure, medication, **OR** surgery; ~~—a~~ diagnostic test; ~~—or~~ a hospice plan of care that ~~may be~~ **IS** ordered, provided, or withheld or withdrawn by a health professional or a health facility under generally accepted standards of medical practice and that is not prohibited by law.

(e) "Patient" means an individual who is under the care of a physician **OR A PATIENT CARE TEAM**.

(f) "Patient advocate" means that term as described and used in sections 5506 to 5515 of the estates and protected individuals code, 1998 PA 386, MCL 700.5506 to 700.5515.

(G) "PATIENT CARE TEAM" MEANS THAT TERM AS DEFINED IN SECTION 17106.

(H) ~~(g)~~—"Patient surrogate" means the parent or legal guardian of a patient who is a minor or a member of the immediate family, the next of kin, or the legal guardian of a patient who has a condition other than minority that prevents the patient from giving consent to medical treatment.

~~—(h) "Physician" means that term as defined in section 17001 or 17501.~~

(2) Article 1 contains general definitions and principles of construction applicable to all articles in this code.

Sec. 5654. (1) A physician **OR A MEMBER OF A PATIENT CARE TEAM** who has diagnosed a patient as having a reduced life expectancy due to an advanced illness and is recommending medical

1 treatment for the patient shall do all of the following:

2 (a) Orally inform the patient **OR, IF APPROPRIATE,** the
 3 ~~patient's~~ patient surrogate ~~, or , if the patient has designated~~
 4 ~~a patient advocate and is unable to participate in medical~~
 5 ~~treatment decisions, the patient advocate acting on behalf of the~~
 6 ~~patient in accordance with sections 5506 to 5515 of the estates~~
 7 ~~and protected individuals code, 1998 PA 386, MCL 700.5506 to~~
 8 ~~700.5515,~~ about the recommended medical treatment and about
 9 alternatives to the recommended medical treatment.

10 (b) Orally inform the patient **OR, IF APPROPRIATE, THE**
 11 patient surrogate ~~, or~~ patient advocate about the advantages,
 12 disadvantages, and risks of the recommended medical treatment and
 13 of each alternative medical treatment described in subdivision
 14 (a) and about the procedures involved.

15 (2) ~~A physician's~~ **THE** duty **OF A PHYSICIAN OR A MEMBER OF A**
 16 **PATIENT CARE TEAM** to inform a patient, patient surrogate, or
 17 patient advocate under subsection (1) does not require the
 18 disclosure of information beyond that required by the applicable
 19 standard of practice.

20 (3) Subsection (1) does not limit or modify the information
 21 required to be disclosed under sections 5133(2) and
 22 ~~17013(1)-17113(1)~~.

23 Sec. 5655. In addition to the requirements of section 5654,
 24 a physician **OR A MEMBER OF A PATIENT CARE TEAM** who has diagnosed
 25 a patient as having a reduced life expectancy due to an advanced
 26 illness and is recommending medical treatment for the patient
 27 shall, both orally and in writing, inform the patient **OR, IF**

1 **APPROPRIATE**, the ~~patient's~~ patient surrogate ~~, or , if the~~
 2 ~~patient has designated a patient advocate and is unable to~~
 3 ~~participate in medical treatment decisions, the patient advocate,~~
 4 of all of the following:

5 (a) If the patient has not designated a patient advocate,
 6 that the patient has the option of designating a patient advocate
 7 to make medical treatment decisions for the patient ~~in the event~~
 8 **IF** the patient is not able to participate in his or her medical
 9 treatment decisions because of his or her medical condition.

10 (b) That the patient **OR, ~~or~~ IF APPROPRIATE**, the ~~patient's~~
 11 patient surrogate or patient advocate ~~, acting on behalf of the~~
 12 patient ~~, has~~ the right to make an informed decision regarding
 13 receiving, continuing, discontinuing, and refusing medical
 14 treatment for the patient's reduced life expectancy due to
 15 advanced illness.

16 (c) That the patient **OR, ~~or~~ IF APPROPRIATE**, the ~~patient's~~
 17 patient surrogate or patient advocate ~~, acting on behalf of the~~
 18 patient ~~, may~~ choose palliative care treatment, including, but
 19 not limited to, hospice care and pain management.

20 (d) That the patient or, **IF APPROPRIATE**, the ~~patient's~~
 21 **PATIENT** surrogate or patient advocate acting on behalf of the
 22 patient may choose adequate and appropriate pain and symptom
 23 management as a basic and essential element of medical treatment.

24 Sec. 5656. (1) By July 1, 2002, the department ~~of community~~
 25 ~~health~~ shall develop and publish an updated standardized, written
 26 summary that contains all of the information required under
 27 section 5655.

(2) The department shall develop the updated standardized, written summary in consultation with appropriate professional and other organizations. The department shall draft the summary in nontechnical terms that a patient, patient surrogate, or patient advocate can easily understand.

(3) The department shall **CONTINUE TO** make the updated standardized, written summary described in subsection (1) available to physicians **AND PATIENT CARE TEAMS** through the ~~Michigan board of medicine and the Michigan board of osteopathic medicine and surgery created in article 15.~~ **MICHIGAN PATIENT CARE BOARD.** ~~The Michigan board of medicine and the Michigan board of osteopathic medicine and surgery~~ **MICHIGAN PATIENT CARE BOARD** shall notify in writing each physician **AND MEMBER OF A PATIENT CARE TEAM WHO IS** subject to this part of the requirements of this part and the availability of the updated standardized, written summary within 10 days after the updated standardized, written summary is published.

Sec. 5657. (1) If a physician **OR MEMBER OF A PATIENT CARE TEAM** gives a copy of the ~~standardized, written summary developed and published before July 1, 2002 or a copy of the updated~~ standardized, written summary made available under section 5656 to a patient with reduced life expectancy due to advanced illness **OR, IF APPROPRIATE,** to the ~~patient's~~ patient surrogate ~~, or to~~ the patient advocate, the physician **OR MEMBER OF THE PATIENT CARE TEAM** is in full compliance with the requirements of section 5655.

(2) A physician **OR MEMBER OF A PATIENT CARE TEAM** may make available to a patient with reduced life expectancy due to

1 advanced illness **OR, IF APPROPRIATE,** to the ~~patient's~~ patient
 2 surrogate ~~, or to the~~ patient advocate a form indicating that the
 3 patient, patient surrogate, or patient advocate has been given a
 4 copy of ~~the standardized, written summary developed and published~~
 5 ~~under section 5656 before July 1, 2002 or a copy of the updated~~
 6 standardized, written summary developed and published under
 7 section 5656 ~~on or after July 1, 2002~~ and received the oral
 8 information required under section 5654. If a physician **OR MEMBER**
 9 **OF A PATIENT CARE TEAM** makes ~~such a~~ **THE** form **DESCRIBED IN THIS**
 10 **SUBSECTION** available to a patient **OR, IF APPROPRIATE,** to the
 11 ~~patient's~~ patient surrogate ~~, or to the~~ patient advocate, the
 12 physician **OR MEMBER OF A PATIENT CARE TEAM** shall request that the
 13 patient, ~~patient's~~ patient surrogate, or patient advocate, **AS**
 14 **APPROPRIATE,** sign the form and shall place a copy of the signed
 15 form in the patient's medical record.

16 (3) A patient, ~~a patient's~~ patient surrogate, or ~~a patient~~
 17 advocate who signs a form under subsection (2) is barred from
 18 subsequently bringing a civil or administrative action against
 19 the physician **OR MEMBER OF A PATIENT CARE TEAM** for providing the
 20 information orally and in writing under section 5655 based on
 21 failure to obtain informed consent.

22 Sec. 5658. A physician **OR A MEMBER OF A PATIENT CARE TEAM**
 23 who, as part of a medical treatment plan for a patient with
 24 reduced life expectancy due to advanced illness, prescribes for
 25 that patient a controlled substance that is included in schedules
 26 2 to 5 under part 72 and that is a narcotic drug is immune from
 27 administrative and civil liability based on prescribing the

1 controlled substance if the prescription is given in good faith
 2 and with the intention to treat a patient with reduced life
 3 expectancy due to advanced illness or alleviate the patient's
 4 pain, or both, and all of the following are met:

5 (a) The prescription is for a legitimate legal and
 6 professionally recognized therapeutic purpose.

7 (b) Prescribing the controlled substance is within the scope
 8 of practice of the physician **OR MEMBER OF A PATIENT CARE TEAM.**

9 (c) The physician **OR MEMBER OF A PATIENT CARE TEAM** holds a
 10 valid license under article 7 to prescribe controlled substances.

11 Sec. 7111. (1) The controlled substances advisory commission
 12 **IS CREATED** in the department of ~~commerce shall consist~~ **LICENSING**
 13 **AND REGULATORY AFFAIRS AND CONSISTS** of the following ~~13-15~~ voting
 14 members appointed by the governor with the advice and consent of
 15 the senate:

16 (A) **SUBJECT TO SUBSECTION (3), 4 HEALTH CARE PROFESSIONALS**
 17 **FROM THE MICHIGAN PATIENT CARE BOARD CREATED IN ARTICLE 15, 1 OF**
 18 **WHOM IS AN ALLOPATHIC PHYSICIAN, 1 OF WHOM IS AN OSTEOPATHIC**
 19 **PHYSICIAN, 1 OF WHOM IS A PHYSICIAN ASSISTANT, AND 1 OF WHOM IS**
 20 **AN ADVANCED PRACTICE REGISTERED NURSE.**

21 (B) ~~(a)~~ One health care professional from each of the
 22 following boards created in article 15:

23 ~~—— (i) The Michigan board of medicine.~~

24 ~~—— (ii) The Michigan board of osteopathic medicine and surgery.~~

25 (i) ~~(iii)~~ The Michigan board of pharmacy.

26 (ii) ~~(iv)~~ The Michigan board of podiatric medicine and
 27 surgery.

(iii) ~~(v)~~—The Michigan board of dentistry.

(iv) ~~(vi)~~—The Michigan board of veterinary medicine.

(v) ~~(vii)~~—The Michigan board of nursing.

(C) ~~(b)~~—One licensed health care professional from the field of psychiatry.

(D) ~~(e)~~—One licensed health care professional from the field of pharmacology.

(E) ~~(d)~~—Three public members, 1 of whom shall serve as chairperson.

(F) ~~(e)~~—One member representing pharmaceutical manufacturers.

(2) The director of the department of state police, director of ~~commerce~~, **THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**, director of ~~public~~ **THE DEPARTMENT OF COMMUNITY** health, director of ~~social~~ **THE DEPARTMENT OF HUMAN** services, superintendent of public instruction, and the attorney general, or their official designees, and the drug control administrator ~~from within the department of commerce, who shall serve as secretary to the controlled substances advisory commission,~~ are ex officio members **OF THE COMMISSION** without votes, ~~but~~ **AND** are not members for determining a quorum. The department of ~~commerce~~, **LICENSING AND REGULATORY AFFAIRS**, in consultation with the Michigan board of pharmacy, shall appoint an individual **FROM WITHIN THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS** who is a licensed pharmacist to serve as the drug control administrator for purposes of this section. **THE DRUG CONTROL ADMINISTRATOR SHALL SERVE AS SECRETARY TO THE CONTROLLED SUBSTANCES ADVISORY COMMISSION.**

1 (3) THE MEMBERS OF THE COMMISSION FROM THE FORMER MICHIGAN
 2 BOARD OF MEDICINE AND THE FORMER MICHIGAN BOARD OF OSTEOPATHIC
 3 MEDICINE AND SURGERY WHO WERE SERVING UNDER SUBSECTION (1) ON THE
 4 DAY BEFORE THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
 5 THIS SUBSECTION MAY CONTINUE TO SERVE AS MEMBERS FOR THE BALANCE
 6 OF THE TERM OF OFFICE UNDER WHICH THEY WERE SERVING ON THE DAY
 7 BEFORE THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS
 8 SUBSECTION. WITHIN 30 DAYS AFTER THE EFFECTIVE DATE OF THE
 9 AMENDATORY ACT THAT ADDED THIS SUBSECTION, THE GOVERNOR SHALL
 10 APPOINT THE INITIAL PHYSICIAN ASSISTANT AND ADVANCED PRACTICE
 11 REGISTERED NURSE MEMBERS OF THE COMMISSION UNDER SUBSECTION
 12 (1) (A) .

13 Sec. 7214. The following controlled substances are included
 14 in schedule 2:

15 (a) Any of the following substances, except those narcotic
 16 drugs listed in other schedules, whether produced directly or
 17 indirectly by extraction from substances of vegetable origin, or
 18 independently by means of chemical synthesis, or by combination
 19 of extraction and chemical synthesis:

20 (i) Opium and opiate, and any salt, compound, derivative, or
 21 preparation of opium or opiate excluding nalaxone and its salts,
 22 and excluding naltrexone and its salts, but including the
 23 following:

24	Raw opium	Etorphine hydrochloride
25	Opium extracts	Hydrocodone
26	Opium Fluid-extracts	Hydromorphone

1	Powdered opium	Metopon
2	Granulated opium	Morphine
3	Tincture of opium	Oxycodone
4	Codeine	Oxymorphone
5	Ethylmorphine	Thebaine

6 (ii) A salt, compound, derivative, or preparation thereof
7 which is chemically equivalent to or identical with a substance
8 referred to in **THIS** subdivision, ~~(a),~~—except that these
9 substances do not include the isoquinoline alkaloids of opium.

10 (iii) Opium poppy, poppy straw, and concentrate of poppy
11 straw, the crude extract of poppy straw in either liquid, solid,
12 or powder form, which contains the phenanthrene alkaloids of the
13 opium poppy.

14 (iv) Coca leaves and any salt, compound, derivative, or
15 preparation thereof which is chemically equivalent to or
16 identical with any of these substances, except that the
17 substances do not include decocainized coca leaves or extraction
18 of coca leaves which extractions do not contain cocaine or
19 ecgonine. The substances include cocaine, its salts,
20 stereoisomers, and salts of stereoisomers when the existence of
21 the salts, stereoisomers, and salts of stereoisomers is possible
22 within the specific chemical designation.

23 (b) Any of the following opiates, including their isomers,
24 esters, ethers, salts, and salts of isomers, when the existence
25 of these isomers, esters, ethers, and salts is possible within
26 the specific chemical designation:

1	Alphaprodine	Fentanyl
2	Anileridine	Isomethadone
3	Bezitramide	Levomethorphan
4	Dihydrocodeine	Levorphanol
5	Diphenoxylate	Metazocine
6		
7	Methadone	
8	Methadone-Intermediate, 4-cyano-2dimethylamino-4, 4-diphenyl butane	
9	Moramide-Intermediate, 2-methyl-3-morpholino-1,	
10	1-diphenylpropane-carboxylic acid	
11		
12	Pethidine	
13	Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine	
14	Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate	
15	Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-	
16	carboxylic acid	
17		
18	Phenazocine	Racemethorphan
19	Piminodine	Racemorphan

20 (c) Unless listed in another schedule, any material,
 21 compound, mixture, or preparation which contains any quantity of
 22 the following substances having potential for abuse associated
 23 with a stimulant effect on the nervous system:

24 (i) Amphetamine, its salts, optical isomers, and salts of its
 25 optical isomers.

26 (ii) Any substance which contains any quantity of
 27 methamphetamine, including its salts, stereoisomers, and salts of
 28 stereoisomers.

29 (iii) Phenmetrazine and its salts.

1 (iv) Methylphenidate and its salts.

2 (d) Any material, compound, mixture, or preparation,
3 including its salts, isomers, and salts of isomers when the
4 existence of the salts, isomers, and salts of isomers is possible
5 within the specific chemical designation as listed in schedule 2,
6 which contains any quantity of the following substances having a
7 potential for abuse associated with the depressant effect on the
8 central nervous system: methaqualone, amobarbital, pentobarbital,
9 or secobarbital; or, any compound, mixture, or preparation
10 containing amobarbital, secobarbital, pentobarbital, or any salt
11 thereof in combination with itself, with another, or with 1 or
12 more other controlled substances.

13 ~~—— (e) Marihuana, but only for use as provided in sections 7335~~
14 ~~and 7336.~~

15 Sec. 7303a. (1) A prescriber who holds a controlled
16 substances license may administer or dispense a controlled
17 substance listed in schedules 2 to 5 without a separate
18 controlled substances license for those activities.

19 (2) Before prescribing or dispensing a controlled substance
20 to a patient, a licensed prescriber shall ask the patient about
21 other controlled substances the patient may be using. The
22 prescriber shall record the patient's response in the patient's
23 medical or clinical record.

24 (3) A licensed prescriber who dispenses controlled
25 substances shall maintain all of the following records separately
26 from other prescription records:

27 (a) All invoices and other acquisition records for each

1 controlled substance acquired by the prescriber for not less than
2 5 years after the date the prescriber acquires the controlled
3 substance.

4 (b) A log of all controlled substances dispensed by the
5 prescriber for not less than 5 years after the date the
6 controlled substance is dispensed.

7 (c) Records of all other dispositions of controlled
8 substances under the licensee's control for not less than 5 years
9 after the date of the disposition.

10 (4) The requirement under section 7303 for a license is
11 waived in the following circumstances:

12 (a) When a controlled substance listed in schedules 2 to 5
13 is administered on the order of a licensed prescriber by an
14 individual who is licensed under article 15 as a **LICENSED**
15 practical nurse ~~, OR a registered professional nurse. , or a~~
16 ~~physician's assistant.~~

17 (b) When methadone or a methadone congener is dispensed on
18 the order of a licensed prescriber in a methadone treatment
19 program licensed under article 6 or when a controlled substance
20 listed in schedules 2 to 5 is dispensed on the order of a
21 licensed prescriber in a hospice rendering emergency care
22 services in a patient's home as described in section 17746 by a
23 registered professional nurse ~~or a physician's assistant~~ licensed
24 under article 15.

25 Sec. 7333a. (1) The department shall establish, by rule, an
26 electronic system for monitoring schedule 2, 3, 4, and 5
27 controlled substances dispensed in this state by veterinarians,

1 and by pharmacists and dispensing prescribers licensed under part
2 177 or dispensed to an address in this state by a pharmacy
3 licensed in this state. The rules shall provide an appropriate
4 electronic format for the reporting of data including, but not
5 limited to, patient identifiers, the name of the controlled
6 substance dispensed, date of dispensing, quantity dispensed,
7 prescriber, and dispenser. The department shall require a
8 veterinarian, pharmacist, or dispensing prescriber to utilize the
9 electronic data transmittal process developed by the department
10 or the department's contractor. A veterinarian, pharmacist, or
11 dispensing prescriber shall not be required to pay a new fee
12 dedicated to the operation of the electronic monitoring system
13 and shall not incur any additional costs solely related to the
14 transmission of data to the department. The rules promulgated
15 under this subsection shall exempt both of the following
16 circumstances from the reporting requirements:

17 (a) The administration of a controlled substance directly to
18 a patient.

19 (b) The dispensing from a health facility or agency licensed
20 under article 17 of a controlled substance by a dispensing
21 prescriber in a quantity adequate to treat a patient for not more
22 than 48 hours.

23 (2) Notwithstanding any practitioner-patient privilege, the
24 director of the department may provide data obtained under this
25 section to all of the following:

26 (a) A designated representative of a board responsible for
27 the licensure, regulation, or discipline of a practitioner,

1 pharmacist, or other person who is authorized to prescribe,
2 administer, or dispense controlled substances.

3 (b) An employee or agent of the department.

4 (c) A state, federal, or municipal employee or agent whose
5 duty is to enforce the laws of this state or the United States
6 relating to drugs.

7 (d) A state-operated medicaid program.

8 (e) A state, federal, or municipal employee who is the
9 holder of a search warrant or subpoena properly issued for the
10 records.

11 (f) A practitioner or pharmacist who requests information
12 and certifies that the requested information is for the purpose
13 of providing medical or pharmaceutical treatment to a bona fide
14 current patient.

15 (g) An individual with whom the department has contracted
16 under subsection (8).

17 (h) A practitioner or other person who is authorized to
18 prescribe controlled substances for the purpose of determining if
19 prescriptions written by that practitioner or other person have
20 been dispensed.

21 (i) Until December 31, 2016, the health care payment or
22 benefit provider for the purposes of ensuring patient safety and
23 investigating fraud and abuse.

24 (3) Except as otherwise provided in this part, information
25 submitted under this section shall be used only for bona fide
26 drug-related criminal investigatory or evidentiary purposes or
27 for the investigatory or evidentiary purposes in connection with

1 the functions of a disciplinary subcommittee or 1 or more of the
2 licensing or registration boards created in article 15.

3 (4) A person who receives data or any report under
4 subsection (2) containing any patient identifiers of the system
5 from the department shall not provide it to any other person or
6 entity except by order of a court of competent jurisdiction.

7 (5) Except as otherwise provided in this subsection,
8 reporting under subsection (1) is mandatory for a veterinarian,
9 pharmacist, and OR dispensing prescriber. However, the department
10 may issue a written waiver of the electronic reporting
11 requirement to a veterinarian, pharmacist, or dispensing
12 prescriber who establishes grounds that he or she is unable to
13 use the electronic monitoring system. The department shall
14 require the applicant for the waiver to report the required
15 information in a manner approved by the department.

16 (6) In addition to the information required to be reported
17 annually under section 7112(3), the controlled substances
18 advisory commission shall include in the report information on
19 the implementation and effectiveness of the electronic monitoring
20 system.

21 (7) The department, in consultation with the controlled
22 substances advisory commission, the Michigan board of pharmacy,
23 ~~the Michigan board of medicine, the Michigan board of osteopathic~~
24 ~~medicine and surgery,~~ **THE MICHIGAN PATIENT CARE BOARD**, the
25 ~~Michigan~~ **DEPARTMENT OF** state police, and appropriate medical
26 professional associations, shall examine the need for and may
27 promulgate rules for the production of a prescription form on

1 paper that minimizes the potential for forgery. The rules shall
2 not include any requirement that sequential numbers, bar codes,
3 or symbols be affixed, printed, or written on a prescription form
4 or that the prescription form be a state produced prescription
5 form. In examining the need for rules for the production of a
6 prescription form on paper that minimizes the potential for
7 forgery, the department shall consider and identify the
8 following:

9 (a) Cost, benefits, and barriers.

10 (b) Overall cost-benefit analysis.

11 (c) Compatibility with the electronic monitoring system
12 required under this section.

13 (8) The department may enter into 1 or more contractual
14 agreements for the administration of this section.

15 (9) The department, all law enforcement officers, all
16 officers of the court, and all regulatory agencies and officers,
17 in using the data for investigative or prosecution purposes,
18 shall consider the nature of the prescriber's and dispenser's
19 practice and the condition for which the patient is being
20 treated.

21 (10) The data and any report containing any patient
22 identifiers obtained from the data are not public records and are
23 not subject to the freedom of information act, 1976 PA 442, MCL
24 15.231 to 15.246.

25 (11) Beginning February 1, 2013 and through February 1,
26 2016, the department may issue a written request to a health care
27 payment or benefit provider to determine if the provider has

1 accessed the electronic system as provided in subsection (2)(i)
2 in the previous calendar year and, if so, to determine the number
3 of inquiries the provider made in the previous calendar year and
4 any other information the department requests in relation to the
5 provider's access to the electronic system. A health care payment
6 or benefit provider shall respond to the written request on or
7 before the March 31 following the request. The department shall
8 collaborate with health care payment or benefit providers to
9 develop a reasonable request and reporting form for use under
10 this subsection.

11 (12) As used in this section:

12 (a) "Department" means the department of licensing and
13 regulatory affairs.

14 (b) "Health care payment or benefit provider" means a person
15 that provides health benefits, coverage, or insurance in this
16 state, including a health insurance company, a nonprofit health
17 care corporation, a health maintenance organization, a multiple
18 employer welfare arrangement, a medicaid contracted health plan,
19 or any other person providing a plan of health benefits,
20 coverage, or insurance subject to state insurance regulation.

21 Sec. 9161. (1) The department, in consultation with
22 appropriate professional organizations and other appropriate
23 state departments and agencies, shall distribute a pamphlet that
24 contains information regarding prenatal care and parenting. The
25 department may use an existing pamphlet or pamphlets containing
26 information regarding prenatal care or parenting, or both, to
27 comply with the requirements of this subsection. Whether the

department develops its own pamphlet or uses an existing pamphlet or pamphlets to comply with this subsection, the department shall print copies of the pamphlet in English, Spanish, and in other languages, as determined appropriate by the department, and shall assure that the pamphlet is written in easily understood, nontechnical terms.

(2) The department shall distribute copies of the pamphlet required under subsection (1) to the ~~Michigan board of medicine and the Michigan board of osteopathic medicine and surgery.~~

MICHIGAN PATIENT CARE BOARD CREATED IN SECTION 17121. The department shall distribute copies of the pamphlet required under subsection (1) to other persons upon written request, at cost, and shall also distribute copies of the pamphlet upon request, free of charge, to physicians and to local health departments.

Sec. 9701. As used in this part:

(a) "Committee" means the Michigan pharmacy and therapeutics committee established by Executive Order No. 2001-8 and by section 9705.

(b) "Controlled substance" means that term as defined in section 7104.

~~(c) "Department" means the department of community health.~~

(C) ~~(d)~~ "Drug" means that term as defined in section 17703.

(D) ~~(e)~~ "Initiative" means the pharmaceutical best practices initiative established by this part.

(E) ~~(f)~~ "Medicaid" means the program of medical assistance established under title XIX of the social security act, 42 USC 1396 to ~~1396v~~. **1396W-5, AND ADMINISTERED BY THE DEPARTMENT UNDER**

1 THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.1 TO 400.119B.

2 (F) ~~(g)~~ "Pharmacist" means ~~an individual licensed by this~~
3 ~~state to engage in the practice of pharmacy under article 15.~~ **THAT**
4 **TERM AS DEFINED IN SECTION 17707.**

5 (G) ~~(h)~~ "Physician" means ~~an individual licensed by this~~
6 ~~state to engage in the practice of medicine or osteopathic~~
7 ~~medicine and surgery under article 15.~~ **THAT TERM AS DEFINED IN**
8 **SECTION 17106.**

9 (H) ~~(i)~~ "Prescriber" means ~~a licensed dentist, a licensed~~
10 ~~doctor of medicine, a licensed doctor of osteopathic medicine and~~
11 ~~surgery, a licensed doctor of podiatric medicine and surgery, a~~
12 ~~licensed optometrist certified under part 174 to administer and~~
13 ~~prescribe therapeutic pharmaceutical agents, or another licensed~~
14 ~~health professional acting under the delegation and using,~~
15 ~~recording, or otherwise indicating the name of the delegating~~
16 ~~licensed doctor of medicine or licensed doctor of osteopathic~~
17 ~~medicine and surgery.~~ **THAT TERM AS DEFINED IN SECTION 17708.**

18 (I) ~~(j)~~ "Prescription" means that term as defined in section
19 17708.

20 (J) ~~(k)~~ "Prescription drug" means that term as defined in
21 section 17708.

22 (K) ~~(l)~~ "Type II transfer" means that term as defined in
23 section 3 of the executive organization act of 1965, 1965 PA 380,
24 MCL 16.103.

25 Sec. 10102. As used in this part:

26 (a) "Adult" means an individual who is at least 18 years of
27 age.

1 (b) "Agent" means an individual who meets 1 or more of the
2 following requirements:

3 (i) Is authorized to make health care decisions on the
4 principal's behalf by a power of attorney for health care.

5 (ii) Is expressly authorized to make an anatomical gift on
6 the principal's behalf by any other record signed by the
7 principal.

8 (c) "Anatomical gift" means a donation of all or part of a
9 human body to take effect after the donor's death for the purpose
10 of transplantation, therapy, research, or education.

11 (d) "Body part" means an organ, eye, or tissue of a human
12 being. The term does not include the whole body.

13 (e) "Decedent" means a deceased individual whose body or
14 body part is or may be the source of an anatomical gift. The term
15 includes a stillborn infant and, subject to this subdivision and
16 restrictions imposed by law other than this part, a fetus. The
17 term does not include a blastocyst, embryo, or fetus that is the
18 subject of an abortion. As used in this subdivision, "abortion"
19 means that term as defined in section ~~17015-17115~~.

20 (f) "Disinterested witness" means a witness who is not a
21 spouse, child, parent, sibling, grandchild, grandparent, or
22 guardian of or other adult who exhibited special care and concern
23 for the individual who makes, amends, revokes, or refuses to make
24 an anatomical gift. The term does not include a person to which
25 an anatomical gift could pass under section 10111.

26 (g) "Document of gift" means a donor card or other record
27 used to make an anatomical gift. The term includes a statement or

1 symbol on a driver license, identification card, or donor
2 registry.

3 (h) "Donor" means an individual whose body or body part is
4 the subject of an anatomical gift.

5 (i) "Donor registry" means a database that contains records
6 of anatomical gifts and amendments to or revocations of
7 anatomical gifts as provided for in section 10120.

8 (j) "Driver license" means an operator's or chauffeur's
9 license or permit issued to an individual by the secretary of
10 state under chapter III of the Michigan vehicle code, 1949 PA
11 300, MCL 257.301 to 257.329, for that individual to operate a
12 vehicle, whether or not conditions are attached to the license or
13 permit.

14 (k) "Eye" means a human eye or any portion of a human eye.

15 (l) "Eye bank" means a person that is licensed, accredited,
16 or regulated under federal or state law to engage in the
17 recovery, screening, testing, processing, storage, or
18 distribution of human eyes or portions of human eyes.

19 (m) "Guardian" means a person appointed by a court to make
20 decisions regarding the support, care, education, health, or
21 welfare of an individual. The term does not include a guardian ad
22 litem.

23 (n) "Hospital" means a facility licensed as a hospital under
24 the law of any state or a facility operated as a hospital by the
25 United States, a state, or a subdivision of a state.

26 (o) "Identification card" means an official state personal
27 identification card issued by the secretary of state under 1972

1 PA 222, MCL 28.291 to 28.300.

2 (p) "Know" means to have actual knowledge.

3 (q) "Minor" means an individual who is under 18 years of
4 age.

5 (r) "Organ" means a human kidney, liver, heart, lung,
6 pancreas, or intestine or multivisceral organs when transplanted
7 at the same time as an intestine.

8 (s) "Organ procurement organization" means a person
9 certified or recertified by the secretary of the United States
10 department of health and human services as a qualified organ
11 procurement organization under 42 USC 273(b).

12 (t) "Parent" means a parent whose parental rights have not
13 been terminated.

14 (u) "Person" means an individual, corporation, business
15 trust, estate, trust, partnership, limited liability company,
16 association, joint venture, public corporation, government or
17 governmental subdivision, agency, or instrumentality or any other
18 legal or commercial entity.

19 (v) "Physician" means an individual authorized to practice
20 **ALLOPATHIC** medicine or osteopathic medicine ~~and surgery~~ under the
21 law of any state.

22 (w) "Procurement organization" means an eye bank, organ
23 procurement organization, or tissue bank.

24 (x) "Prospective donor" means an individual who is dead or
25 near death and has been determined by a procurement organization
26 to have a body part that could be medically suitable for
27 transplantation, therapy, research, or education. The term does

1 not include an individual who has made a refusal.

2 (y) "Reasonably available" means able to be contacted by a
3 procurement organization without undue effort and willing and
4 able to act in a timely manner consistent with existing medical
5 criteria necessary for the making of an anatomical gift.

6 (z) "Recipient" means an individual into whose body a
7 decedent's body part has been or is intended to be transplanted.

8 (aa) "Record" means information that is inscribed on a
9 tangible medium or that is stored in an electronic or other
10 medium and is retrievable in perceivable form.

11 (bb) "Refusal" means a record created under section 10107
12 that expressly refuses to make an anatomical gift of an
13 individual's body or body part.

14 (cc) "Sign" means that, with the present intent to
15 authenticate or adopt a record, an individual does either of the
16 following:

17 (i) Executes or adopts a tangible symbol.

18 (ii) Attaches to or logically associates with the record an
19 electronic symbol, sound, or process.

20 (dd) "State" means a state of the United States, the
21 District of Columbia, Puerto Rico, the United States Virgin
22 Islands, or any territory or insular possession subject to the
23 jurisdiction of the United States.

24 (ee) "Technician" means an individual determined to be
25 qualified to remove or process body parts by an appropriate
26 organization that is licensed, accredited, or regulated under
27 federal or state law. The term includes an enucleator.

1 (ff) "Tissue" means a portion of the human body other than
2 an organ or an eye. The term does not include blood unless the
3 blood is donated for the purpose of research or education.

4 (gg) "Tissue bank" means a person that is licensed,
5 accredited, or regulated under federal or state law to engage in
6 the recovery, screening, testing, processing, storage, or
7 distribution of tissue.

8 (hh) "Transplant hospital" means a hospital that furnishes
9 organ transplants and other medical and surgical specialty
10 services required for the care of transplant patients.

11 Sec. 10204. (1) Except as otherwise provided in subsection
12 (2), a person shall not knowingly acquire, receive, or otherwise
13 transfer a human organ or part of a human organ for valuable
14 consideration for any purpose, including but not limited to
15 transplantation, implantation, infusion, injection, or other
16 medical or scientific purpose. A person who violates this
17 subsection is guilty of a felony.

18 (2) Subsection (1) does not prohibit 1 or more of the
19 following practices:

20 (a) The removal and use of a human cornea pursuant to
21 section 10202, or the removal and use of a human pituitary gland
22 pursuant to section 2855.

23 (b) An anatomical gift pursuant to part 101, or the
24 acquisition or distribution of bodies or parts by the department
25 pursuant to sections 2652 to 2663.

26 (c) Financial assistance payments provided under a plan of
27 insurance or other health care coverage.

(3) Except as otherwise provided in part 101, only an individual who is 1 of the following may surgically remove a human organ for transplantation, implantation, infusion, injection, or any other medical or scientific purpose:

(a) A ~~physician licensed~~ **LICENSEE** under ~~article 15~~ **PART 171**.

(b) An individual acting under the delegatory authority and supervision of a physician ~~pursuant to~~ **UNDER** section 16215(2), but not including an individual whose license has been suspended under article 15. This subdivision includes, but is not limited to, an individual described in section 16215(3).

(c) An individual residing in another state and authorized to practice allopathic medicine or osteopathic medicine ~~and surgery~~ in that state who is called into this state by a physician licensed under ~~article 15~~ **PART 171** and is authorized by a hospital licensed under article 17 to surgically remove 1 or more of the following organs for transport back to the other state:

(i) A heart.

(ii) A liver.

(iii) A lung.

(iv) A pancreas.

(v) A kidney.

(vi) All or part of an intestine.

(vii) Any other human organ specified by rule promulgated by the department under subsection (6).

(4) An individual who violates subsection (3) is guilty of a felony.

(5) As used in this section:

(a) "Human organ" means the human kidney, liver, heart, lung, pancreas, intestine, bone marrow, cornea, eye, bone, skin, cartilage, dura mater, ligaments, tendons, fascia, pituitary gland, and middle ear structures and any other human organ specified by rule promulgated by the department under subsection (6). Human organ does not include whole blood, blood plasma, blood products, blood derivatives, other self-replicating body fluids, or human hair.

(b) "Valuable consideration" does not include the reasonable payments associated with the removal, transportation, implantation, processing, preservation, quality control, and storage of a human organ or the medical expenses and expenses of travel, housing, and lost wages incurred by the donor of a human organ in connection with the donation of the human organ.

(6) The department may promulgate rules to specify human organs in addition to the human organs listed in subsection (3)(c) or (5)(a).

Sec. 10205. (1) Except as otherwise provided in subsections (2) and (3), an individual who surgically removes a human organ for transplantation, implantation, infusion, injection, or any other medical or scientific purpose shall perform the surgery only in 1 of the following facilities:

(a) A hospital licensed under article 17.

(b) A facility approved by the director of the department of ~~consumer and industry services~~ **LICENSING AND REGULATORY AFFAIRS** under subsection (4).

(2) An individual who surgically removes a human organ consisting of tissue, a cornea, or a whole eye for transplantation, implantation, infusion, injection, or any other medical or scientific purpose shall perform the removal surgery only in 1 of the following facilities or in a hospital or other facility described in subsection ~~(1)(a) or (b)~~: **(1):**

(a) A mortuary that is part of a funeral establishment owned or operated by the holder of a license for the practice of mortuary science issued under article 18 of the occupational code, 1980 PA 299, MCL 339.1801 to 339.1812.

(b) A morgue or a facility operated by a county medical examiner appointed under 1953 PA 181, MCL 52.201 to 52.216.

(3) Subsections (1) and (2) do not apply to a ~~licensed~~ **LICENSEE UNDER PART** ~~allopathic physician or osteopathic physician~~ **171** who performs a biopsy or the routine removal of human tissue from a patient in the ~~physician's~~ **LICENSEE'S** private practice office or other health facility licensed under article 17 for the diagnosis or treatment of that patient and not for purposes of transplantation, implantation, infusion, or injection.

(4) The director of the department of ~~consumer and industry~~ **LICENSING AND REGULATORY AFFAIRS** may promulgate rules to designate 1 or more approved facilities for purposes of subsection (1)(b).

(5) An individual who violates subsection (1) or (2) is guilty of a felony.

Sec. 10301. (1) The department may create, operate, and maintain the peace of mind registry, which shall contain the

1 directives of voluntary registrants who are residents of this
2 state. The peace of mind registry shall be created, operated, and
3 maintained as provided in this ~~act~~. **SECTION.**

4 (2) The department may by contract delegate the creation,
5 operation, and maintenance of a peace of mind registry to a peace
6 of mind registry organization ~~contingent upon the peace of mind~~
7 ~~registry organization incurring~~ **THAT AGREES TO INCUR** all of the
8 cost related to **THE** design, ~~maintain,~~ **MAINTENANCE**, and ~~operate~~
9 **OPERATION OF** the registry.

10 (3) Both of the following conditions apply to a directive:

11 (a) A directive may be submittable through the United States
12 mail, or through uploaded portable document format (PDF) or
13 another secure electronic format as determined by the department.

14 (b) A directive shall contain a signature line for the
15 registrant.

16 (4) The peace of mind registry shall meet all of the
17 following requirements:

18 (a) Be accessible to registrants, health care providers, and
19 the department by way of a designated user identification and
20 password.

21 (b) Store all **OF** an individual's ~~directive~~. **DIRECTIVES.**
22 However, the most recently signed directive supersedes any
23 earlier directive.

24 (c) Provide electronic access to stored directives on a
25 continuous basis at no cost to the health care providers and
26 allow health care providers to transmit directives into their
27 respective electronic medical records.

1 (d) Provide electronic storage and access to directives
2 submitted at no cost to the registrant.

3 (e) Include a unique identifier-searchable database,
4 including, but not limited to, the last 4 digits of an
5 individual's social security number and the individual's date of
6 birth and address.

7 (5) The department, the secretary of state, and the
8 department of human services shall each provide on its public
9 website information on directives and the peace of mind registry.
10 The department, the secretary of state, and the department of
11 human services shall promote public awareness of the advantages
12 of creating directives and the availability of the registry.

13 (6) The peace of mind registry shall satisfy all of the
14 following conditions to the satisfaction of the department:

15 (a) Maintain a record of each individual who files a
16 directive to be stored in the peace of mind registry and make the
17 record available to the department.

18 (b) Create and provide forms for the registration of a
19 directive.

20 (c) Create and provide forms for the revocation of a
21 directive.

22 (7) The department and the peace of mind registry
23 organization shall ensure the privacy and security of all
24 documents and information submitted to, transmitted from, or
25 stored in the peace of mind registry. The department and any
26 person who accesses the peace of mind registry shall comply with
27 all other provisions of this act and any other law of this state

1 or federal law establishing privacy and security standards
 2 applicable to health or other personal identifying information.

3 (8) ~~Information~~ **A PERSON SHALL NOT ACCESS OR USE INFORMATION**
 4 in the peace of mind registry ~~shall not be accessed or used for~~
 5 any purpose unrelated to decision making for health care or
 6 disposition of human remains, except that the information may be
 7 used solely by the department or its designee for statistical or
 8 analytical purposes if the individual's identity is not revealed
 9 and all personal identifying information remains confidential.

10 (9) The department or its designee shall provide both of the
 11 following to an individual who files a directive with the peace
 12 of mind registry to be stored in the registry:

13 (a) A wallet-sized card indicating that the holder has a
 14 directive in the registry.

15 (b) An electronic mail message or postcard indicating
 16 confirmation of the registration of a directive.

17 (10) By January 31 of each year, the department or peace of
 18 mind **REGISTRY** organization, as applicable, shall report to the
 19 standing committees of the house of representatives and senate on
 20 health policy stating the total number of current and new
 21 registrants who have submitted directives during the preceding
 22 calendar year.

23 (11) The department may promulgate rules under the
 24 administrative procedures act of 1969 , ~~1969 PA 306, MCL 24.201~~
 25 ~~to 24.328,~~ to provide for the implementation and administration
 26 of this section.

27 (12) A peace of mind registry organization, with which the

department has contracted under subsection (2), and its employees are immune from civil liability arising from the accuracy or content of the registry, except in the case of willful negligence or gross negligence.

(13) A directive that ~~was~~**IS** filed with and stored in the peace of mind registry ~~shall~~**IS** not ~~be considered to be of~~ greater legal weight or validity solely by virtue of that filing and storage.

(14) As used in this section:

~~—— (a) "Department" means the department of community health.~~

(A) ~~(b)~~ "Directive" means a document that is registered or filed with the peace of mind registry as provided in this ~~act~~ **SECTION** and that is either of the following:

(i) A durable power of attorney and designation of patient advocate under part 5 of article V of the estates and protected individuals code, 1998 PA 386, MCL 700.5501 to 700.5520.

(ii) A signed or authorized record concerning an anatomical gift containing a donor's direction concerning a health care decision for the donor under the revised uniform anatomical gift law, sections 10101 to 10123.

(B) ~~(c)~~ "Health care provider" means any of the following:

(i) A health professional licensed, registered, or otherwise authorized to engage in a health profession under part ~~170, 172,~~ **171** or ~~175, 172,~~ or a law of another state substantially similar to part ~~170, 172, 171~~ or ~~175, 172.~~

(ii) A health facility or agency licensed or certified under article 17 or a law of another state substantially similar to

1 article 17.

2 (C) ~~(d)~~—"Peace of mind registry" or "registry" means an
3 internet website containing access to directives as provided
4 under this ~~act~~. **SECTION.**

5 (D) ~~(e)~~—"Peace of mind registry organization" means an
6 ~~organization certified or recertified by the secretary of the~~
7 ~~United States department of health and human services as a~~
8 ~~qualified organ procurement organization under 42 USC 273(b), or~~
9 ~~its successor organization.~~ **AS THAT TERM IS DEFINED IN SECTION**
10 **10102.**

11 (E) ~~(f)~~—"Sign" means that, with the present intent to
12 authenticate or adopt a record, an individual does either of the
13 following:

14 (i) Executes or adopts a tangible symbol.

15 (ii) Attaches to or logically associates with the record an
16 electronic symbol, sound, or process.

17 **SEC. 16102. (1) "ADVANCED PRACTICE REGISTERED NURSE TASK**
18 **FORCE" MEANS THE ADVANCED PRACTICE REGISTERED NURSE REGULATORY**
19 **AND DISCIPLINARY TASK FORCE CREATED IN SECTION 17125.**

20 (2) **"ALLOPATHIC PHYSICIAN TASK FORCE" MEANS THE ALLOPATHIC**
21 **PHYSICIAN REGULATORY AND DISCIPLINARY TASK FORCE CREATED IN**
22 **SECTION 17122.**

23 Sec. 16103. (1) "Board" as used in this part means each
24 board created in this article and as used in any other part
25 covering a specific health profession **OR PROFESSIONS** means the
26 board created in that part.

27 (2) "Certificate of licensure" means a document issued as

1 evidence of authorization to practice and use a designated title.

2 (3) "Certificate of registration" means a document issued as
3 evidence of authorization to use a designated title.

4 (4) **"COMMITTEE" MEANS THE HEALTH PROFESSIONAL RECOVERY**
5 **COMMITTEE CREATED IN SECTION 16165.**

6 (5) ~~(4)~~—"Controlled substance" means that term as defined in
7 section 7104.

8 (6) ~~(5)~~—"Conviction" means a judgment entered by a court
9 upon a plea of guilty, guilty but mentally ill, or nolo
10 contendere or upon a jury verdict or court finding that a
11 defendant is guilty or guilty but mentally ill.

12 Sec. 16104. (1) "DEA registration number" means the number
13 associated with a certificate of registration issued to a
14 practitioner to prescribe, dispense, or administer controlled
15 substances by the United States department of justice drug
16 enforcement administration.

17 (2) "Delegation" means an authorization granted by a
18 licensee to a licensed or unlicensed individual to perform
19 selected acts, tasks, or functions that fall within the scope of
20 practice of the delegator and that are not within the scope of
21 practice of the delegatee and that, in the absence of the
22 authorization, would constitute illegal practice of a licensed
23 profession.

24 (3) "Department" means the department of licensing and
25 regulatory affairs.

26 (4) "Director" means the director of the department or the
27 director's designee.

1 (5) "Disciplinary subcommittee" means a disciplinary
2 subcommittee appointed under section 16216 **OR A PATIENT CARE TASK**
3 **FORCE OPERATING AS A DISCIPLINARY SUBCOMMITTEE UNDER SECTION**
4 **16216.**

5 (6) "Good moral character" means ~~good moral character~~ **THAT**
6 **TERM** as defined **IN** and determined under 1974 PA 381, MCL 338.41
7 to 338.47.

8 Sec. 16105. (1) "Health occupation" means a health related
9 vocation, calling, occupation, or employment performed by an
10 individual whether or not the individual is licensed or
11 registered under this article.

12 (2) "Health profession" means a vocation, calling,
13 occupation, or employment performed by an individual acting
14 pursuant to a license or registration issued under this article.

15 (3) "Health profession specialty field" means an area of
16 practice established under this article that is within the scope
17 of activities, functions, and duties of a ~~licensed~~ health
18 profession and that requires advanced education and training
19 beyond that required for initial licensure **OR REGISTRATION.**

20 (4) "Health profession specialty field license" means an
21 authorization to use a title issued to a licensee who has met
22 qualifications established by the Michigan board of dentistry for
23 registration in a health profession specialty field. An
24 individual who holds a dental specialty certification on ~~the~~
25 ~~effective date of the amendatory act that added this subsection~~
26 **DECEMBER 23, 2002** is considered to hold a health profession
27 specialty field license in that ~~speciality~~ **SPECIALTY** and may

1 obtain renewal of the health profession specialty field license
2 in that ~~speciality~~ **SPECIALTY** on the expiration date of the
3 specialty certification. The health profession specialty field
4 license is not a license as that term is defined in section
5 ~~16106(2)~~. **16106.**

6 (5) "Health profession subfield" means an area of practice
7 established under this article ~~which~~ **THAT** is within the scope of
8 the activities, functions, and duties of a ~~licensed~~ health
9 profession, and requires less comprehensive knowledge and skill
10 than is required to practice the full scope of the health
11 profession.

12 Sec. 16105a. (1) "Health professional recovery program" or
13 "program" means a nondisciplinary, treatment-oriented program for
14 impaired health professionals established under section 16167.

15 (2) **"IMPAIRED" OR "IMPAIRMENT" MEANS THE INABILITY OR**
16 **IMMEDIATELY IMPENDING INABILITY OF A HEALTH PROFESSIONAL TO**
17 **PRACTICE HIS OR HER HEALTH PROFESSION IN A MANNER THAT CONFORMS**
18 **TO THE MINIMUM STANDARDS OF ACCEPTABLE AND PREVAILING PRACTICE**
19 **FOR THAT HEALTH PROFESSION DUE TO THE HEALTH PROFESSIONAL'S**
20 **SUBSTANCE USE DISORDER, CHEMICAL DEPENDENCY, OR MENTAL ILLNESS OR**
21 **THE HEALTH PROFESSIONAL'S USE OF DRUGS OR ALCOHOL THAT DOES NOT**
22 **CONSTITUTE A SUBSTANCE USE DISORDER OR CHEMICAL DEPENDENCY. AS**
23 **USED IN THIS SUBSECTION:**

24 (A) **"CHEMICAL DEPENDENCY" MEANS A GROUP OF COGNITIVE,**
25 **BEHAVIORAL, AND PHYSIOLOGICAL SYMPTOMS THAT INDICATE THAT AN**
26 **INDIVIDUAL HAS A SUBSTANTIAL LACK OF OR NO CONTROL OVER THE**
27 **INDIVIDUAL'S USE OF 1 OR MORE PSYCHOACTIVE SUBSTANCES.**

(B) "MENTAL ILLNESS" MEANS THAT TERM AS DEFINED IN SECTION 400 OF THE MENTAL HEALTH CODE, 1974 PA 258, MCL 330.1400.

(C) "SUBSTANCE USE DISORDER" MEANS THAT TERM AS DEFINED IN SECTION 100D OF THE MENTAL HEALTH CODE, 1974 PA 258, MCL 330.1100D.

(3) "INCOMPETENCE" MEANS A DEPARTURE FROM, OR FAILURE TO CONFORM TO, MINIMAL STANDARDS OF ACCEPTABLE AND PREVAILING PRACTICE FOR A HEALTH PROFESSION, WHETHER OR NOT ACTUAL INJURY TO AN INDIVIDUAL OCCURS.

~~Sec. 16106. (1) "Incompetence" means a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for a health profession, whether or not actual injury to an individual occurs.~~

(1) ~~(2)~~ "License", except as otherwise provided in this subsection, means an authorization issued under this article to **ENGAGE IN THE** practice ~~where~~ **OF A HEALTH PROFESSION IF ENGAGING IN THAT** practice ~~would otherwise be~~ **WITHOUT A LICENSE IS** unlawful. License includes an authorization to use a designated title ~~which use would~~ **THAT IS** otherwise ~~be~~ prohibited under this article and ~~may be used to refer to~~ **INCLUDES** a health profession subfield license, limited license, or a temporary license. For purposes of the definition of ~~"prescriber" contained~~ **THE TERM PRESCRIBER** in section 17708(2) only, license includes an authorization issued under the laws of another state ~~,~~ or the country of Canada to practice in that state or in the country of Canada, ~~where~~ **IF** practice **IN THAT STATE OR CANADA** would otherwise be unlawful, and is limited to a licensed ~~doctor of medicine,~~

~~1 ALLOPATHIC PHYSICIAN, a licensed doctor of osteopathic medicine~~
~~2 and surgery, PHYSICIAN, LICENSED PHYSICIAN ASSISTANT, LICENSED~~
~~3 ADVANCED PRACTICE REGISTERED NURSE, or another licensed health~~
~~4 professional acting under the delegation and using, recording, or~~
~~5 otherwise indicating the name of the delegating licensed doctor~~
~~6 of medicine or ALLOPATHIC PHYSICIAN, licensed doctor of~~
~~7 osteopathic medicine and surgery. PHYSICIAN, LICENSED PHYSICIAN~~
~~8 ASSISTANT, OR LICENSED ADVANCED PRACTICE REGISTERED NURSE.~~

9 License does not include a health profession specialty field
 10 license.

11 (2) ~~(3)~~ "Licensee", as used in a part that regulates a
 12 specific health profession, **OR PATIENT CARE TASK FORCE** means an
 13 individual to whom a license is issued under that part, and as
 14 used in this part means each licensee regulated by this article.

15 (3) ~~(4)~~ "Limitation" means an action by which a board **OR**
 16 **PATIENT CARE TASK FORCE** imposes restrictions or conditions, or
 17 both, on a license.

18 (4) ~~(5)~~ "Limited license" means a license to which
 19 restrictions or conditions, or both, as to scope of practice,
 20 place of practice, supervision of practice, duration of licensed
 21 status, or type or condition of patient or client served are
 22 imposed by a board **OR PATIENT CARE TASK FORCE**.

23 Sec. 16107. (1) **"OSTEOPATHIC PHYSICIAN TASK FORCE" MEANS THE**
 24 **OSTEOPATHIC PHYSICIAN REGULATORY AND DISCIPLINARY TASK FORCE**
 25 **CREATED IN SECTION 17123.**

26 (2) **"PATIENT CARE TASK FORCE" MEANS ANY OF THE FOLLOWING:**

27 (A) **THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE.**

1 (B) THE ALLOPATHIC PHYSICIAN TASK FORCE.

2 (C) THE OSTEOPATHIC PHYSICIAN TASK FORCE.

3 (D) THE PHYSICIAN ASSISTANT TASK FORCE.

4 (3) "PHYSICIAN ASSISTANT TASK FORCE" MEANS THE PHYSICIAN
5 ASSISTANT REGULATORY AND DISCIPLINARY TASK FORCE CREATED IN
6 SECTION 17124.

7 (4) ~~(1)~~—"Probation" means a sanction ~~which~~ **THAT** permits a
8 board to evaluate over a period of time a licensee's fitness to
9 continue to practice under a license.

10 (5) ~~(2)~~—"Public member" means a member of the general public
11 who is not a licensee or registrant under this article, is a
12 resident of this state, is not less than 18 years of age, and
13 does not have a material financial interest in the provision of
14 health services and has not had such an interest within the 12
15 months before appointment.

16 Sec. 16109. (1) "Specialty certification" means an
17 authorization to use a title by a licensee who has met
18 qualifications established by a board for registration in a
19 health profession specialty field.

20 (2) "Supervision", except as otherwise provided in this
21 article, means the overseeing of or participation in the work of
22 another individual by a health professional licensed under this
23 article in circumstances where at least all of the following
24 conditions exist:

25 (a) The continuous availability of direct communication in
26 person or by radio, telephone, or telecommunication between the
27 supervised individual and a licensed health professional.

(b) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.

(c) The provision by the licensed supervising health professional of predetermined procedures and drug protocol.

(3) "Task force" means a task force created by this article.

UNLESS SPECIFICALLY PROVIDED OTHERWISE, TASK FORCE INCLUDES A PATIENT CARE TASK FORCE.

(4) "Temporary license" means a license of limited duration granted to an applicant who has completed all requirements for licensure except an examination or other required evaluation procedure.

(5) "TREATMENT" OR "TREATMENT PLAN" MEANS A PLAN OF CARE AND REHABILITATION SERVICES PROVIDED TO IMPAIRED LICENSEES, REGISTRANTS, AND APPLICANTS.

Sec. 16125. (1) A licensing board ~~shall~~ **MUST** be composed of a majority of members **WHO ARE** licensed in the health profession ~~which~~ **OR PROFESSIONS** that **THE** board licenses. The board ~~shall~~ **MUST** include at least 1 public member. The director ~~shall be~~ **IS** an ex officio member without vote ~~, but~~ **AND** is not a member for the purposes of section 5 of article ~~5-V~~ of the state constitution of 1963 or for determining a quorum.

(2) If a licensed health profession subfield is created ~~by~~ **UNDER** this article, the board ~~shall~~ **MUST** include at least 1

1 licensee from each subfield.

2 (3) If a health profession subfield task force is created by
 3 **UNDER** this article, 1 licensee from each subfield ~~so~~ appointed to
 4 the board ~~shall~~ **UNDER SUBSECTION (2) MUST** also be appointed as a
 5 member of the health profession subfield task force.

6 (4) If a certified health profession specialty field task
 7 force is created by **UNDER** this article, 1 member of the board
 8 ~~holding~~ **WHO HOLDS** a license other than a health profession
 9 subfield license ~~shall~~ **MUST** also be appointed to the specialty
 10 field task force.

11 Sec. 16148. (1) Except as **OTHERWISE** provided in section
 12 ~~17060, 17122, 17123, 17124, OR 17125~~, only a board may promulgate
 13 rules to establish standards for the education and training of
 14 individuals to be licensed or registered, or whose licenses or
 15 registrations are to be renewed, for the purposes of determining
 16 whether graduates of a training program have the knowledge and
 17 skills requisite ~~for~~ **TO ENGAGE IN THE** practice of a health
 18 profession or **FOR** use of a title.

19 (2) Except as provided in section ~~17060 17122, 17123, 17124,~~
 20 **OR 17125**, and subject to subsection (6), only a board may
 21 accredit training programs in hospitals, schools, colleges,
 22 universities, and institutions offering training programs meeting
 23 educational standards and may deny or withdraw accreditation of
 24 training programs for failure to meet established standards. A
 25 hospital, school, college, university, or institution that has
 26 its program accreditation withdrawn ~~shall~~ **MUST** have an
 27 opportunity for a hearing.

(3) An action or decision of a board ~~pursuant to~~ **UNDER** subsection (1) or (2) relating to a specific health profession subfield ~~shall~~ **MUST** be made only after consultation with the task force in the affected health profession subfield and with at least 1 of the affected health profession subfield board members present.

(4) A member of a licensing board from the health profession subfield shall vote as an equal member in all matters except those issues designated in subsections (1) and (2) that are outside the health profession subfield.

(5) A decision of a board on standards for the education and training of individuals or the accreditation of a training program under subsection (1) or (2) ~~shall~~ **MUST** be concurred in by a majority of the board members who are not health profession subfield licensees if the decision relates solely to licenses that are not health profession subfield licenses.

(6) The requirement of ~~rule 305(2)(b)(iii), being R 338.10305~~ **R 338.10305(2)(B)(iii)** of the Michigan administrative code, that each member of the nursing faculty in a program of nursing education for registered nurses who provides instruction in the clinical laboratory or cooperating agencies hold a baccalaureate degree in nursing science does not apply to a member of the nursing faculty described in this subsection who meets both of the following requirements:

(a) Was employed by or under contract to a program of nursing education on or before September 1, 1989.

(b) ~~Is~~ **WAS** employed by or under contract to a program of

1 nursing education on ~~the effective date of the amendatory act~~
 2 ~~that added this subsection.~~ **JUNE 29, 1995.**

3 (7) The requirement of ~~rule 305(2)(c)(ii), being R 338.10305~~
 4 **R 338.10305(2)(B)(iii)** of the Michigan administrative code, that
 5 each member of the nursing faculty in a program of nursing
 6 education for licensed practical nurses hold a baccalaureate
 7 degree in nursing science does not apply to a member of the
 8 nursing faculty described in this subsection who meets both of
 9 the following requirements:

10 (a) Was employed by or under contract to a program of
 11 nursing education on or before September 1, 1989.

12 (b) ~~Is~~ **WAS** employed by or under contract to a program of
 13 nursing education on ~~the effective date of the amendatory act~~
 14 ~~that added this subsection.~~ **JUNE 29, 1995.**

15 Sec. 16165. (1) The health professional recovery committee
 16 is created in the department and shall consist of the following
 17 voting members, appointed as follows:

18 (a) Subject to ~~subsection~~ **SUBSECTIONS (3) AND (4)**, each
 19 board created under this article and ~~the physician's assistants~~
 20 **EACH PATIENT CARE** task force, in consultation with the
 21 appropriate professional associations, shall appoint 1 health
 22 professional member.

23 (b) ~~The~~ **SUBJECT TO SUBSECTION (3), THE** director shall
 24 appoint 2 public members, 1 of whom has specialized training or
 25 experience, or both, in treatment of individuals with addictive
 26 behavior.

27 (2) The director shall serve as an ex officio member of the

1 committee without vote.

2 (3) The director, ~~and the boards, and the physician's~~
3 ~~assistants~~ **PATIENT CARE** task force ~~FORCES~~ shall not appoint as a
4 member of the committee an individual who is at the time of
5 appointment a member of a board or task force.

6 (4) The members appointed by the boards and the ~~physician's~~
7 ~~assistants~~ **PATIENT CARE** task force ~~FORCES~~ under subsection (1)(a)
8 ~~shall~~ **MUST** have education, training, and clinical expertise in
9 the treatment of individuals with addictive behavior or mental
10 illness, or both.

11 Sec. 16166. The term of office of an appointed member of the
12 committee is 2 years, commencing on January 1 and terminating on
13 December 31. An appointed member shall not serve more than 2
14 terms and 1 partial term, consecutive or otherwise. A board, ~~or~~
15 ~~the physician's assistants~~ **A PATIENT CARE** task force, or the
16 director shall fill a vacancy for the balance of the unexpired
17 term in the same manner as the original appointment.

18 Sec. 16167. The committee shall do all of the following:

19 (a) Establish the general components of the health
20 professional recovery program and a mechanism for monitoring
21 health professionals who may be impaired.

22 (b) Subject to sections 16169 and 16170 and in conjunction
23 with the health professional recovery program consultants
24 described in section 16168, develop and implement criteria for
25 the identification, assessment, and treatment of health
26 professionals who may be impaired.

27 (c) In conjunction with the health professional recovery

1 program consultants described in section 16168, develop and
 2 implement mechanisms for the evaluation of continuing care or
 3 aftercare plans for health professionals who may be impaired.

4 (d) Develop a mechanism and criteria for the referral of a
 5 health professional who may be impaired to a professional
 6 association when appropriate for the purpose of providing
 7 assistance to the health professional. In developing criteria
 8 under this subdivision, the committee shall require that a
 9 referral be made only with the consent of the health
 10 professional.

11 (e) Annually report to each board and ~~the physician's~~
 12 ~~assistants~~ **EACH PATIENT CARE** task force created under this
 13 article on the status of the health professional recovery
 14 program. The committee shall include in the report, at a minimum,
 15 statistical information on the level of participation in the
 16 program of each health profession. The committee may include in
 17 the report recommendations for changes in the health professional
 18 recovery program and for participation by the boards and the
 19 ~~physician's assistants~~ **PATIENT CARE** task force, **FORCES**,
 20 professional associations, substance ~~abuse treatment and~~
 21 ~~prevention~~ **USE DISORDER SERVICES** programs, and other appropriate
 22 agencies.

23 Sec. 16174. (1) An individual who is licensed or registered
 24 under this article shall meet all of the following requirements:

25 (a) Be 18 or more years of age.

26 (b) Be of good moral character.

27 (c) Have a specific education or experience in the health

1 profession or in a health profession subfield or health
2 profession specialty field of the health profession, or training
3 equivalent, or both, as prescribed by this article or rules of a
4 board **OR PATIENT CARE TASK FORCE** necessary to promote safe and
5 competent practice and informed consumer choice.

6 (d) Have a working knowledge of the English language as
7 determined in accordance with minimum standards established for
8 that purpose by the department.

9 (e) Pay the appropriate fees as prescribed in this article.

10 (2) In addition to the requirements of subsection (1), an
11 applicant for licensure, registration, specialty certification,
12 or a health profession specialty subfield license under this
13 article shall meet all of the following requirements:

14 (a) Establish that disciplinary proceedings before a similar
15 licensure, registration, or specialty licensure or specialty
16 certification board of this or any other state, of the United
17 States military, of the federal government, or of another country
18 are not pending against the applicant.

19 (b) Establish that if sanctions have been imposed against
20 the applicant by a similar licensure, registration, or specialty
21 licensure or specialty certification board of this or any other
22 state, of the United States military, of the federal government,
23 or of another country based upon grounds that are substantially
24 similar to those set forth in this article or article 7 or the
25 rules promulgated under this article or article 7, as determined
26 by the board or task force to which the applicant applies, the
27 sanctions are not in force at the time of application. This

1 subdivision does not apply to an application for licensure that
2 the board may grant under section ~~17011(4) or 17511(2)~~. **17111(4)**.

3 (c) File with the board or task force a written, signed
4 consent to the release of information regarding a disciplinary
5 investigation involving the applicant conducted by a similar
6 licensure, registration, or specialty licensure or specialty
7 certification board of this or any other state, of the United
8 States military, of the federal government, or of another
9 country.

10 (3) Beginning October 1, 2008, an applicant for initial
11 licensure or registration shall submit his or her fingerprints to
12 the department of state police to have a criminal history check
13 conducted and request that the department of state police forward
14 his or her fingerprints to the federal bureau of investigation
15 for a national criminal history check. The department of state
16 police shall conduct a criminal history check and request the
17 federal bureau of investigation to make a determination of the
18 existence of any national criminal history pertaining to the
19 applicant. The department of state police shall provide the
20 department with a written report of the criminal history check if
21 the criminal history check contains any criminal history record
22 information. The department of state police shall forward the
23 results of the federal bureau of investigation determination to
24 the department within 30 days after the request is made. The
25 department shall notify the board and the applicant in writing of
26 the type of crime disclosed on the federal bureau of
27 investigation determination without disclosing the details of the

1 crime. The department of state police may charge a reasonable fee
2 to cover the cost of conducting the criminal history check. The
3 criminal history record information obtained under this
4 subsection ~~shall~~**MUST** be used only for the purpose of evaluating
5 an applicant's qualifications for licensure or registration for
6 which he or she has applied. A member of the board shall not
7 disclose the report or its contents to any person who is not
8 directly involved in evaluating the applicant's qualifications
9 for licensure or registration. Information obtained under this
10 subsection is confidential, is not subject to disclosure under
11 the freedom of information act, 1976 PA 442, MCL 15.231 to
12 15.246, and ~~shall~~**MUST** not be disclosed to any person except for
13 purposes of this section or for law enforcement purposes.

14 (4) Before granting a license, registration, specialty
15 certification, or a health profession specialty field license to
16 an applicant, the board or task force to which the applicant
17 applies may do 1 of the following:

18 (a) Make an independent inquiry into the applicant's
19 compliance with the requirements described in subsection (2). If
20 subsection (2)(b) applies to an application for licensure and a
21 licensure or registration board or task force determines under
22 subsection (2)(b) that sanctions have been imposed and are in
23 force at the time of application, the board or task force shall
24 not grant a license or registration or specialty certification or
25 health profession specialty field license to the applicant.

26 (b) Require the applicant to secure from a national
27 association or federation of state professional licensing boards

1 certification of compliance with the requirements described in
2 subsection (2). If an application is for licensure that the board
3 may grant under section ~~17011(4) or 17511(2)~~, **17111(4)**, the
4 applicant is not required to secure the certification of
5 compliance with respect to the requirements described in
6 subsection (2)(b).

7 (5) If, after issuing a license, registration, specialty
8 certification, or health profession specialty field license, a
9 board or task force or the department determines that sanctions
10 have been imposed against the licensee or registrant by a similar
11 licensure or registration or specialty licensure or specialty
12 certification board as described in subsection (2)(b), the
13 disciplinary subcommittee may impose appropriate sanctions upon
14 the licensee or registrant. The licensee or registrant may
15 request a show cause hearing before a hearing examiner to
16 demonstrate why the sanctions should not be imposed.

17 (6) An applicant for licensure, registration, specialty
18 certification, or a health profession specialty field license who
19 is or has been licensed, registered, or certified in a health
20 profession or specialty by another state or country shall
21 disclose that fact on the application form.

22 Sec. 16182. (1) A board **OR PATIENT CARE TASK FORCE** may grant
23 a limited license to an individual if the board **OR PATIENT CARE**
24 **TASK FORCE** determines that the limitation is consistent with the
25 ability of the individual to practice the health profession in a
26 safe and competent manner, is necessary to protect the health and
27 safety of patients or clients, or is appropriate to promote the

1 efficient and effective delivery of health care services.

2 (2) In addition to the licenses issued under subsection (1),
3 a board **OR PATIENT CARE TASK FORCE** may grant the following types
4 of limited licenses upon application by an individual or upon its
5 own determination:

6 (a) Educational, to an individual engaged in postgraduate
7 education.

8 (b) Nonclinical, to an individual who functions only in a
9 nonclinical academic, research, or administrative setting and who
10 does not hold himself or herself out to the public as being
11 actively engaged in the practice of the health profession, or
12 otherwise directly solicit patients or clients.

13 (c) Clinical academic, to an individual who practices the
14 health profession only as part of an academic institution and
15 only in connection with his or her employment or other
16 contractual relationship with that academic institution. For an
17 individual applying for a limited license under this subdivision
18 to engage in the practice of medicine under part ~~170,~~ **171,**
19 "academic institution" means that term as defined in section
20 ~~17001-17102.~~

21 Sec. 16184. (1) An individual who is retired from ~~the active~~
22 ~~practice of medicine, osteopathic medicine and surgery, podiatric~~
23 ~~medicine and surgery, optometry, or dentistry~~ **ENGAGING IN A**
24 **DESIGNATED HEALTH PROFESSION** and who wishes to donate his or her
25 expertise for the ~~medical, optometric, or dental~~ **HEALTH** care and
26 treatment of indigent and needy individuals in this state or for
27 the ~~medical, optometric, or dental~~ **HEALTH** care and treatment of

1 individuals in medically underserved areas of this state may
 2 obtain a special volunteer license to engage in the ~~practice of~~
 3 ~~medicine, osteopathic medicine and surgery, podiatric medicine~~
 4 ~~and surgery, optometry, or dentistry~~ **DESIGNATED HEALTH PROFESSION**
 5 **FROM WHICH HE OR SHE RETIRED** by submitting an application to the
 6 board ~~pursuant to~~ **UNDER** this section. An **APPLICANT SHALL SUBMIT**
 7 **AN** application for a special volunteer license ~~shall be~~ on a form
 8 provided by the department and shall include each of the
 9 following:

10 (a) Documentation that the individual has been previously
 11 licensed to engage in ~~the practice of medicine, osteopathic~~
 12 ~~medicine and surgery, podiatric medicine and surgery, optometry,~~
 13 ~~or dentistry~~ **A DESIGNATED HEALTH PROFESSION** in this state and
 14 that his or her license was in good standing ~~prior to the~~
 15 ~~expiration of~~ **AT THE TIME** his or her license **EXPIRED**.

16 (b) Acknowledgment and documentation that the applicant will
 17 not receive any payment or compensation, either direct or
 18 indirect, or have the expectation of any payment or compensation,
 19 for any ~~medical, optometric, or dental~~ **HEALTH** care **AND TREATMENT**
 20 services provided under the special volunteer license.

21 (c) If the applicant has been ~~out of practice~~ **RETIRED FROM**
 22 **THE DESIGNATED HEALTH PROFESSION** for 3 or more years,
 23 documentation that, during the 3 years immediately preceding the
 24 application, he or she has attended at least 2/3 of the
 25 continuing education courses or programs required **FOR THAT**
 26 **DESIGNATED HEALTH PROFESSION** under ~~part 170, 175, 180, 174, or~~
 27 ~~166~~ **THIS ARTICLE OR ANY RULES PROMULGATED UNDER THIS ARTICLE** for

1 the renewal of a license **FOR THAT DESIGNATED HEALTH PROFESSION.**

2 (2) If the board determines that the application of the
3 individual satisfies the requirements of subsection (1) and that
4 the individual meets the requirements for a license ~~as prescribed~~
5 ~~by~~ **UNDER** this article and rules promulgated under this article,
6 the board shall grant a special volunteer license to the
7 applicant. A licensee seeking renewal under this section shall
8 provide the board with an updated acknowledgment and
9 documentation as described ~~under~~ **IN** subsection (1)(b). ~~Except as~~
10 ~~otherwise provided under this subsection, the~~ **THE** board shall not
11 charge a fee for the issuance or renewal of a special volunteer
12 license under this section.

13 (3) ~~Except as otherwise provided under this subsection, an~~
14 **AN** individual who is granted a special volunteer license ~~pursuant~~
15 ~~to~~ **UNDER** this section and who accepts the privilege of ~~practicing~~
16 ~~medicine, osteopathic medicine and surgery, podiatric medicine~~
17 ~~and surgery, optometry, or dentistry~~ **ENGAGING IN A DESIGNATED**
18 **HEALTH PROFESSION** in this state is subject to all of the
19 provisions of this article **APPLICABLE TO THAT DESIGNATED HEALTH**
20 **PROFESSION**, including those provisions concerning continuing
21 education and disciplinary action.

22 (4) For purposes of this section, an individual is
23 considered retired from ~~practice~~ **ENGAGING IN A DESIGNATED HEALTH**
24 **PROFESSION** if the individual's license has expired with the
25 individual's intention of ceasing to engage, **FOR REMUNERATION**, in
26 the ~~practice of medicine, osteopathic medicine and surgery,~~
27 ~~podiatric medicine and surgery, optometry, or dentistry for~~

1 ~~remuneration.~~ **DESIGNATED HEALTH PROFESSION.**

2 (5) An individual who is granted a special volunteer license
3 under this section shall only engage in activities within the
4 scope of ~~practice of the~~ **DESIGNATED HEALTH** profession for which
5 he or she was licensed ~~prior to~~ **BEFORE HIS OR HER** retirement.

6 (6) AS USED IN THIS SECTION AND SECTION 16185, "DESIGNATED
7 **HEALTH PROFESSION**" MEANS ANY OF THE FOLLOWING:

8 (A) PRACTICE AS A PHYSICIAN ASSISTANT AS THAT TERM IS
9 DEFINED IN SECTION 17106.

10 (B) THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING AS
11 THAT TERM IS DEFINED IN SECTION 17106.

12 (C) THE PRACTICE OF ALLOPATHIC MEDICINE AS THAT TERM IS
13 DEFINED IN SECTION 17106.

14 (D) THE PRACTICE OF DENTISTRY AS THAT TERM IS DEFINED IN
15 SECTION 16601.

16 (E) THE PRACTICE OF OPTOMETRY AS THAT TERM IS DEFINED IN
17 SECTION 17401.

18 (F) THE PRACTICE OF OSTEOPATHIC MEDICINE AS THAT TERM IS
19 DEFINED IN SECTION 17106.

20 (G) THE PRACTICE OF PODIATRIC MEDICINE AND SURGERY AS THAT
21 TERM IS DEFINED IN SECTION 18001.

22 Sec. 16185. (1) Subject to subsection (2), an individual who
23 provides **HEALTH** care **AND TREATMENT SERVICES** under a special
24 volunteer license to engage in ~~the practice of medicine,~~
25 ~~osteopathic medicine and surgery, podiatric medicine and surgery,~~
26 ~~optometry, or dentistry~~ **A DESIGNATED HEALTH PROFESSION** granted
27 under section 16184 is not liable in a civil action for personal

injury or death proximately caused by the professional negligence or malpractice of the individual in providing the **HEALTH care AND TREATMENT SERVICES** if both of the following apply:

(a) The **HEALTH care** ~~is~~ **AND TREATMENT SERVICES ARE** provided at a health facility or agency that provides at least 75% of its **HEALTH care AND TREATMENT SERVICES** annually to medically indigent individuals.

(b) The individual does not receive and does not intend to receive compensation for providing the **HEALTH care AND TREATMENT SERVICES**.

(2) Subsection (1) does not apply if the negligent conduct or malpractice of the individual is gross negligence.

(3) As used in this section:

(a) "Gross negligence" means conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.

(b) "Medically indigent individual" means that term as defined in section 106 of the social welfare act, 1939 PA 280, MCL 400.106.

Sec. 16204a. (1) Subject to ~~subsection~~ **SUBSECTIONS (2) AND (3)**, an advisory committee on pain and symptom management is created in the department. The committee consists of the following members appointed in the following manner:

(a) The ~~Michigan board of medicine created in part 170 and the Michigan board of osteopathic medicine and surgery created in part 175~~ **ALLOPATHIC PHYSICIAN TASK FORCE AND THE OSTEOPATHIC PHYSICIAN TASK FORCE** each shall appoint 2 members, 1 of whom is a

1 physician specializing in primary care and 1 of whom is a
2 physician certified in the specialty of pain medicine by 1 or
3 more national professional organizations approved by the
4 department, ~~of consumer and industry services,~~ including, but not
5 limited to, the American board of medical ~~specialists~~ **SPECIALTIES**
6 or the American board of pain medicine.

7 (b) One psychologist who is associated with the education
8 and training of psychology students, appointed by the Michigan
9 board of psychology created in part 182.

10 (c) One individual ~~appointed by the governor who is~~
11 ~~representative of~~ **REPRESENTS** the general public, **APPOINTED BY THE**
12 **GOVERNOR.**

13 (d) One registered professional nurse with training in pain
14 and symptom management who is associated with the education and
15 training of nursing students, appointed by the Michigan board of
16 nursing created in part 172.

17 (e) One dentist with training in pain and symptom management
18 who is associated with the education and training of dental
19 students, appointed by the Michigan board of dentistry created in
20 part 166.

21 (f) One pharmacist with training in pain and symptom
22 management who is associated with the education and training of
23 pharmacy students, appointed by the Michigan board of pharmacy
24 created in part 177.

25 (g) One individual ~~appointed by the governor who represents~~
26 the ~~Michigan hospice~~ **AND PALLIATIVE CARE** organization **OF MICHIGAN**
27 or its successor **ORGANIZATION, APPOINTED BY THE GOVERNOR.**

(h) One representative from each of the state's medical schools, appointed by the governor.

(i) One individual ~~appointed by the governor~~ who has been diagnosed as a chronic pain sufferer, **APPOINTED BY THE GOVERNOR.**

(j) One ~~physician's~~ **PHYSICIAN** assistant with training in pain and symptom management, appointed by the ~~Michigan~~ **PHYSICIAN ASSISTANT** task force. ~~on physician's assistants.~~

(K) ONE ADVANCED PRACTICE REGISTERED NURSE WITH TRAINING IN PAIN AND SYMPTOM MANAGEMENT, APPOINTED BY THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE.

~~(l) (k)~~ The director of the department ~~of consumer and industry services~~ or his or her designee, who shall serve as chairperson.

(M) ~~(l)~~ The director of the department of community health or his or her designee.

(2) Advisory committee members appointed under subsection (1)(a) ~~through (j)~~ **TO (K)** shall receive per diem compensation as established by the legislature and shall be reimbursed for expenses under section 1216.

(3) The ~~advisory committee members appointed~~ **ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL APPOINT THE INITIAL ADVANCED PRACTICE REGISTERED NURSE MEMBER** under subsection ~~(1)(a) through (j)~~ shall be appointed by May 15, 1999. **(1) (K) WITHIN 30 DAYS AFTER THE EFFECTIVE DATE OF PART 171. THE ADVISORY COMMITTEE MEMBERS WHO WERE APPOINTED BY THE FORMER MICHIGAN BOARD OF MEDICINE AND THE FORMER MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY UNDER SUBSECTION (1) (A) AND WHO WERE SERVING ON THE**

1 DAY BEFORE THE EFFECTIVE DATE OF PART 171 MAY CONTINUE TO SERVE
 2 AS MEMBERS FOR THE BALANCE OF THE TERM OF OFFICE UNDER WHICH THEY
 3 WERE SERVING ON THE DAY BEFORE THE EFFECTIVE DATE OF PART 171. A
 4 member of the advisory committee shall serve for a term of 2
 5 years or until a successor is appointed, whichever is later. A
 6 vacancy on the advisory committee shall be filled in the same
 7 manner as the original appointment.

8 (4) The advisory committee shall do all of the following, as
 9 necessary:

10 (a) At least once annually consult with all ~~of the following~~
 11 boards, **EXCEPT THE MICHIGAN BOARD OF VETERINARY MEDICINE**, to
 12 develop an integrated approach to understanding and applying pain
 13 and symptom management techniques. +

14 ~~—— (i) All licensure boards created under this article, except~~
 15 ~~the Michigan board of veterinary medicine.~~

16 ~~—— (ii) The Michigan board of social work created in section~~
 17 ~~18505.~~

18 (b) Hold a public hearing in the same manner as provided for
 19 a public hearing held under the administrative procedures act of
 20 1969, ~~within 90 days after the members of the advisory committee~~
 21 ~~are appointed under subsection (1)~~ to gather information from the
 22 general public on issues pertaining to pain and symptom
 23 management.

24 (c) Develop and encourage the implementation of model core
 25 curricula on pain and symptom management.

26 (d) Develop recommendations to the ~~licensing and~~
 27 ~~registration boards and the task force created under this article~~

1 **FORCES** on integrating pain and symptom management into the
2 customary practice of health care professionals and identifying
3 the role and responsibilities of the various health care
4 professionals in pain and symptom management.

5 (e) Advise the ~~licensing and registration boards created~~
6 ~~under this article~~ on the duration and content of continuing
7 education requirements for pain and symptom management.

8 (f) Annually report on the activities of the advisory
9 committee and make recommendations on the following issues to the
10 director ~~of the department of consumer and industry services and~~
11 to the director of the department of community health:

12 (i) Pain management educational curricula and continuing
13 educational requirements of institutions providing health care
14 education.

15 (ii) Information about the impact and effectiveness of
16 previous recommendations, if any, that have been implemented,
17 including, but not limited to, recommendations made under
18 subdivision (d).

19 (iii) Activities undertaken by the advisory committee in
20 complying with the duties imposed under subdivisions (c) and (d).

21 (g) ~~Beginning in January of 2000, annually~~ **ANNUALLY** review
22 any changes occurring in pain and symptom management.

23 (5) In making recommendations and developing written
24 materials under subsection (4), the advisory committee shall
25 review guidelines on pain and symptom management issued by the
26 United States department of health and human services.

27 **SEC. 16214. IF A LICENSEE ORGANIZES AS A PROFESSIONAL**

1 CORPORATION UNDER SECTION 284 OF THE BUSINESS CORPORATION ACT,
2 1972 PA 284, MCL 450.1284, OR AS A PROFESSIONAL LIMITED LIABILITY
3 COMPANY UNDER SECTION 904 OF THE MICHIGAN LIMITED LIABILITY
4 COMPANY ACT, 1993 PA 23, MCL 450.4904, WITH OTHER LICENSEES UNDER
5 THIS ARTICLE, EACH SHAREHOLDER OF THAT PROFESSIONAL CORPORATION
6 OR MEMBER OF THAT PROFESSIONAL LIMITED LIABILITY COMPANY SHALL
7 COMPLY WITH ALL OF THE APPLICABLE REQUIREMENTS OF THIS ARTICLE TO
8 ENGAGE IN HIS OR HER HEALTH PROFESSION.

9 Sec. 16215. (1) ~~Subject to subsections (2) to (6),~~
10 NOTWITHSTANDING ANY PROVISION OF THIS CODE TO THE CONTRARY, A
11 LICENSEE SHALL NOT DELEGATE AN ACT, TASK, OR FUNCTION UNDER THIS
12 CODE IF THE ACT, TASK, OR FUNCTION, UNDER STANDARDS OF ACCEPTABLE
13 AND PREVAILING PRACTICE, REQUIRES THE LEVEL OF EDUCATION, SKILL,
14 AND JUDGMENT REQUIRED OF THE LICENSEE UNDER THIS ARTICLE. EXCEPT
15 AS OTHERWISE PROVIDED IN THIS SECTION, a licensee who holds a
16 license other than a health profession subfield license may
17 delegate to a licensed or unlicensed individual who is otherwise
18 qualified by education, training, or experience the performance
19 of selected acts, tasks, or functions ~~where~~ **IF** the acts, tasks,
20 or functions fall within the scope of practice of the licensee's
21 profession and will be performed under the licensee's
22 supervision. ~~A licensee shall not delegate an act, task, or~~
23 ~~function under this section if the act, task, or function, under~~
24 ~~standards of acceptable and prevailing practice, requires the~~
25 ~~level of education, skill, and judgment required of the licensee~~
26 ~~under this article.~~

27 (2) Subject to subsection (1) and except as otherwise

provided in this subsection and subsections (3) and (4), a licensee who is an allopathic physician or osteopathic physician ~~and surgeon~~ shall delegate an act, task, or function that involves the performance of a procedure that requires the use of surgical instrumentation only to an individual who is licensed under this article. A licensee who is an allopathic physician or osteopathic physician ~~and surgeon~~ may delegate an act, task, or function described in this subsection to an individual who is not licensed under this article if the unlicensed individual is 1 or more of the following and if the procedure is directly supervised by a licensed allopathic physician or osteopathic physician ~~and surgeon~~ who is physically present during the performance of the procedure:

(a) A student enrolled in a school of medicine or osteopathic medicine approved by the ~~Michigan board of medicine~~ **ALLOPATHIC PHYSICIAN TASK FORCE** or the ~~Michigan board of osteopathic medicine and surgery~~. **OSTEOPATHIC PHYSICIAN TASK FORCE.**

(b) A student enrolled in a ~~physician's~~ **PHYSICIAN** assistant training program approved by the ~~joint physician's assistant task force created under part 170~~. **PHYSICIAN ASSISTANT TASK FORCE.**

(c) **A STUDENT ENROLLED IN AN ADVANCED PRACTICE REGISTERED NURSE TRAINING PROGRAM APPROVED BY THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE.**

(3) Subject to subsection (1), a licensee who is an allopathic physician or osteopathic physician ~~and surgeon~~ may delegate an act, task, or function described in subsection (2) to

1 an individual who is not licensed under this article and who is 1
2 of the following:

3 (a) Performing acupuncture.

4 (b) Surgically removing only bone, skin, blood vessels,
5 cartilage, dura mater, ligaments, tendons, pericardial tissue, or
6 heart valves only from a deceased individual for transplantation,
7 implantation, infusion, injection, or other medical or scientific
8 purpose.

9 (4) Subject to subsection (1), a licensee who is an
10 allopathic physician or osteopathic physician ~~and surgeon~~ may
11 delegate an act, task, or function described in subsection (2) to
12 an individual who is not licensed under this article if the
13 procedure is directly supervised by a licensed allopathic
14 physician or osteopathic physician ~~and surgeon~~ who is physically
15 present during the performance of the procedure, the delegation
16 of ~~such~~ **THE** procedure is not prohibited or otherwise restricted
17 by the board or that health facility or agency, and the
18 delegation of that act, task, or function is specifically
19 authorized by that health facility or agency to be delegated and
20 performed by either of the following unlicensed individuals:

21 (a) A surgical technologist who meets the qualifications
22 established by the health facility or agency with which he or she
23 is employed or under contract with.

24 (b) A surgical first assistant who meets the qualifications
25 established by the health facility or agency with which he or she
26 is employed or under contract with.

27 (5) A board **OR A PATIENT CARE TASK FORCE** may promulgate

1 rules to further prohibit or otherwise restrict delegation of
2 specific acts, tasks, or functions to a licensed or unlicensed
3 individual if the board determines that the delegation
4 constitutes or may constitute a danger to the health, safety, or
5 welfare of the patient or public.

6 (6) To promote safe and competent practice, a board **OR A**
7 **PATIENT CARE TASK FORCE** may promulgate rules to specify
8 conditions under which, and categories and types of licensed and
9 unlicensed individuals for whom, closer supervision may be
10 required for acts, tasks, and functions delegated under this
11 section.

12 (7) An individual who performs acts, tasks, or functions
13 delegated ~~pursuant to~~ **UNDER** this section does not violate the
14 part that regulates the scope of practice of that health
15 profession.

16 (8) The ~~amendatory act that added this~~ **PROVISIONS OF**
17 subsection ~~does~~ **(4), AS ADDED BY 2005 PA 211, DO** not require new
18 or additional third party reimbursement or mandated worker's
19 compensation benefits for services rendered by an individual
20 authorized to perform those services under subsection (4).

21 (9) **THIS SECTION DOES NOT APPLY TO A PHYSICIAN ASSISTANT OR**
22 **AN ADVANCED PRACTICE REGISTERED NURSE WHO IS PERFORMING AN ACT,**
23 **TASK, OR FUNCTION AS A MEMBER OF A PATIENT CARE TEAM, AS DEFINED**
24 **IN SECTION 17106, AND IS NOT PERFORMING THE ACT, TASK, OR**
25 **FUNCTION UNDER A DELEGATION AS AUTHORIZED IN THIS SECTION. THIS**
26 **SECTION APPLIES TO A PHYSICIAN ASSISTANT OR AN ADVANCED PRACTICE**
27 **REGISTERED NURSE WHO DELEGATES AN ACT, TASK, OR FUNCTION AS**

1 **AUTHORIZED IN THIS SECTION.**

2 Sec. 16216. (1) ~~The~~ **EXCEPT AS OTHERWISE PROVIDED IN**
3 **SUBSECTION (5), THE** chair of each board or task force shall
4 appoint 1 or more disciplinary subcommittees for that board or
5 task force. A disciplinary subcommittee for a board or task force
6 shall consist of 2 public members and 3 professional members from
7 the board or task force. ~~The chair of a board or task force shall~~
8 ~~not serve as a member of a disciplinary subcommittee.~~

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~~ **A** 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 chairperson of each disciplinary subcommittee shall~~
21 ~~be a public member and shall be appointed by the~~ **EXCEPT AS**
22 **OTHERWISE PROVIDED IN SUBSECTION (5), THE** chair of ~~the~~ **A** board or
23 task force **SHALL APPOINT A PUBLIC MEMBER OF A DISCIPLINARY**
24 **SUBCOMMITTEE OF THAT BOARD OR TASK FORCE AS THE CHAIRPERSON OF**
25 **THAT DISCIPLINARY SUBCOMMITTEE. THE CHAIR OF A BOARD OR TASK**
26 **FORCE SHALL NOT SERVE AS A MEMBER OF A DISCIPLINARY SUBCOMMITTEE**
27 **OF THAT BOARD OR TASK FORCE.**

1 (5) SUBSECTIONS (1) AND (4) DO NOT APPLY TO A PATIENT CARE
2 TASK FORCE IN PERFORMING ITS DISCIPLINARY DUTIES UNDER PART 171.
3 ALL OTHER REQUIREMENTS OF THIS PART APPLICABLE TO A DISCIPLINARY
4 SUBCOMMITTEE APPLY TO A PATIENT CARE TASK FORCE IN PERFORMING ITS
5 DISCIPLINARY DUTIES UNDER PART 171.

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

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

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

22 (i) Incompetence.

23 (ii) Subject to sections 16165 to 16170a, substance use
24 disorder as defined in section 100d of the mental health code,
25 1974 PA 258, MCL 330.1100d.

26 (iii) Mental or physical inability reasonably related to and
27 adversely affecting the licensee's ability to practice in a safe

1 and competent manner.

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

4 (v) Conviction of a misdemeanor punishable by imprisonment
5 for a maximum term of 2 years; a misdemeanor involving the
6 illegal delivery, possession, or use of a controlled substance;
7 or, **EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED IN THIS SECTION**, a
8 felony. A certified copy of the court record is conclusive
9 evidence of the conviction.

10 (vi) Lack of good moral character.

11 (vii) Conviction of a criminal offense under section 520e or
12 520g of the Michigan penal code, 1931 PA 328, MCL 750.520e and
13 750.520g. A certified copy of the court record is conclusive
14 evidence of the conviction.

15 (viii) Conviction of a violation of section 492a of the
16 Michigan penal code, 1931 PA 328, MCL 750.492a. A certified copy
17 of the court record is conclusive evidence of the conviction.

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

22 (x) Final adverse administrative action by a licensure,
23 registration, disciplinary, or certification board involving the
24 holder of, or an applicant for, a license or registration
25 regulated by another state or a territory of the United States,
26 by the United States military, by the federal government, or by
27 another country. A certified copy of the record of the board is

1 conclusive evidence of the final action.

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

6 (xii) Conviction of a violation of section 430 of the
7 Michigan penal code, 1931 PA 328, MCL 750.430. A certified copy
8 of the court record is conclusive evidence of the conviction.

9 (xiii) Conviction of a criminal offense under section 520b,
10 520c, 520d, or 520f of the Michigan penal code, 1931 PA 328, MCL
11 750.520b, 750.520c, 750.520d, and 750.520f. A certified copy of
12 the court record is conclusive evidence of the conviction.

13 (c) Prohibited acts, consisting of 1 or more of the
14 following:

15 (i) Fraud or deceit in obtaining or renewing a license or
16 registration.

17 (ii) Permitting a license or registration to be used by an
18 unauthorized person.

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

20 (iv) Obtaining, possessing, or attempting to obtain or
21 possess a controlled substance as defined in section 7104 or a
22 drug as defined in section 7105 without lawful authority; or
23 selling, prescribing, giving away, or administering drugs for
24 other than lawful diagnostic or therapeutic purposes.

25 (d) Unethical business practices, consisting of 1 or more of
26 the following:

27 (i) False or misleading advertising.

1 (ii) Dividing fees for referral of patients or accepting
2 kickbacks on medical or surgical services, appliances, or
3 medications purchased by or in behalf of patients.

4 (iii) Fraud or deceit in obtaining or attempting to obtain
5 third party reimbursement.

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

8 (i) Misrepresentation to a consumer or patient or in
9 obtaining or attempting to obtain third party reimbursement in
10 the course of professional practice.

11 (ii) Betrayal of a professional confidence.

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

14 (iv) Either of the following:

15 (A) A requirement by a licensee other than a physician that
16 an individual purchase or secure a drug, device, treatment,
17 procedure, or service from another person, place, facility, or
18 business in which the licensee has a financial interest.

19 (B) A referral by a physician for a designated health
20 service that violates 42 USC 1395nn or a regulation promulgated
21 under that section. For purposes of this subdivision, 42 USC
22 1395nn and the regulations promulgated under that section as they
23 exist on June 3, 2002 are incorporated by reference. A
24 disciplinary subcommittee shall apply 42 USC 1395nn and the
25 regulations promulgated under that section regardless of the
26 source of payment for the designated health service referred and
27 rendered. If 42 USC 1395nn or a regulation promulgated under that

1 section is revised after June 3, 2002, the department shall
2 officially take notice of the revision. Within 30 days after
3 taking notice of the revision, the department shall decide
4 whether or not the revision pertains to referral by physicians
5 for designated health services and continues to protect the
6 public from inappropriate referrals by physicians. If the
7 department decides that the revision does both of those things,
8 the department may promulgate rules to incorporate the revision
9 by reference. If the department does promulgate rules to
10 incorporate the revision by reference, the department shall not
11 make any changes to the revision. As used in this ~~sub-~~
12 ~~subparagraph,~~ **SUBPARAGRAPH**, "designated health service" means
13 that term as defined in 42 USC 1395nn and the regulations
14 promulgated under that section and "physician" means that term as
15 defined in ~~sections 17001 and 17501.~~ **SECTION 17106.**

16 (v) For a physician who makes referrals pursuant to 42 USC
17 1395nn or a regulation promulgated under that section, refusing
18 to accept a reasonable proportion of patients eligible for
19 Medicaid and refusing to accept payment from Medicaid or Medicare
20 as payment in full for a treatment, procedure, or service for
21 which the physician refers the individual and in which the
22 physician has a financial interest. A physician who owns all or
23 part of a facility in which he or she provides surgical services
24 is not subject to this subparagraph if a referred surgical
25 procedure he or she performs in the facility is not reimbursed at
26 a minimum of the appropriate Medicaid or Medicare outpatient fee
27 schedule, including the combined technical and professional

1 components.

2 (f) Beginning June 3, 2003, the department of consumer and
3 industry services shall prepare the first of 3 annual reports on
4 the effect of 2002 PA 402 on access to care for the uninsured and
5 Medicaid patients. The department shall report on the number of
6 referrals by licensees of uninsured and Medicaid patients to
7 purchase or secure a drug, device, treatment, procedure, or
8 service from another person, place, facility, or business in
9 which the licensee has a financial interest.

10 (g) Failure to report a change of name or mailing address
11 within 30 days after the change occurs.

12 (h) A violation, or aiding or abetting in a violation, of
13 this article or of a rule promulgated under this article.

14 (i) Failure to comply with a subpoena issued pursuant to
15 this part, failure to respond to a complaint issued under this
16 article or article 7, failure to appear at a compliance
17 conference or an administrative hearing, or failure to report
18 under section 16222 or 16223.

19 (j) Failure to pay an installment of an assessment levied
20 under the insurance code of 1956, 1956 PA 218, MCL 500.100 to
21 500.8302, within 60 days after notice by the appropriate board.

22 (k) A violation of section **17113 OR FORMER SECTION** 17013 or
23 17513.

24 (l) Failure to meet 1 or more of the requirements for
25 licensure or registration under section 16174.

26 (m) A violation of section **17115, 17115A, OR 17117 OR FORMER**
27 **SECTION** 17015, 17015a, 17017, 17515, or 17517.

(n) A violation of section **17116 OR FORMER SECTION** 17016 or 17516.

(o) Failure to comply with section 9206(3).

(p) A violation of section 5654 or 5655.

(q) A violation of section 16274.

(r) A violation of section **17120 OR FORMER SECTION** 17020 or 17520.

(s) A violation of the medical records access act, 2004 PA 47, MCL 333.26261 to 333.26271.

(t) A violation of section 17764(2).

Sec. 16228. (1) For an investigation involving the prescription of a controlled substance, the department may ~~establish an ad hoc review panel~~ **CONSULT WITH THE MICHIGAN PATIENT CARE BOARD CREATED IN SECTION 17121** to provide the department with expert information regarding a specific health profession or health specialty or a specific health care treatment or procedure as it relates to the investigation. ~~The department shall establish an ad hoc review panel under this subsection as follows:~~

~~—— (a) The department shall triennially establish a pool of 10 physicians, 5 of whom are allopathic physicians licensed under part 170 and 5 of whom are osteopathic physicians licensed under part 175.~~

~~—— (b) For each ad hoc review panel, the department shall appoint 3 physicians from the pool established under subdivision (a).~~

(2) The ~~ad hoc review panel~~ **MICHIGAN PATIENT CARE BOARD**

1 **CREATED IN SECTION 17121** shall provide the information described
2 in subsection (1) to the department during the investigation
3 process and before a formal complaint is issued.

4 Sec. 16276. (1) A licensee, registrant, or other individual
5 shall not perform any procedure using a laser for dermatological
6 purposes unless the procedure is performed under the supervision
7 of a licensed physician.

8 (2) A licensee, registrant, or other individual shall not
9 perform any procedure using a laser for dermatological purposes
10 unless the patient has knowledge and consents to the procedure
11 being performed by that licensee, registrant, or individual.

12 (3) Subsection (1) does not apply to any of the following:

13 (a) A licensed physician.

14 (b) A licensed ~~physician's~~ **PHYSICIAN** assistant who performs
15 ~~such a~~ **THE** procedure in a health care facility.

16 (c) A **LICENSED** certified nurse practitioner who performs
17 ~~such a~~ **THE** procedure in a health care facility.

18 (4) The department may promulgate rules to further prohibit
19 or otherwise restrict the use of lasers for dermatological
20 purposes.

21 (5) As used in this section:

22 (a) "Dermatological" means of or relating to the practice of
23 dermatology.

24 (b) "Practice of dermatology" means the diagnosis and
25 treatment of medically necessary and cosmetic conditions of the
26 skin, hair, and nails by various surgical, reconstructive,
27 cosmetic, and nonsurgical methods.

~~1 ——— (c) "Supervision" means the overseeing of or participation~~
~~2 in the work of another individual by a health professional~~
~~3 licensed under this article in circumstances where at least all~~
~~4 of the following conditions exist:~~

~~5 ——— (i) The continuous availability of direct communication in~~
~~6 person or by radio, telephone, or telecommunication between the~~
~~7 supervised individual and a licensed health professional.~~

~~8 ——— (ii) The availability of a licensed health professional on a~~
~~9 regularly scheduled basis to review the practice of the~~
~~10 supervised individual, to provide consultation to the supervised~~
~~11 individual, to review records, and to further educate the~~
~~12 supervised individual in the performance of the individual's~~
~~13 functions.~~

~~14 ——— (iii) The provision by the licensed supervising health~~
~~15 professional of predetermined procedures and drug protocol.~~

16 Sec. 16299. (1) Except as otherwise provided in subsection
17 (2), a person who violates or aids or abets another in a
18 violation of this article, other than those matters described in
19 sections 16294 and 16296, is guilty of a misdemeanor punishable
20 as follows:

21 (a) For the first offense, by imprisonment for not more than
22 90 days, or a fine of not more than \$100.00, or both.

23 (b) For the second or subsequent offense, by imprisonment
24 for not less than 90 days nor more than 6 months, or a fine of
25 not less than \$200.00 nor more than \$500.00, or both.

26 (2) Subsection (1) does not apply to a violation of section
27 **17115, 17115A, OR 17117 OR FORMER SECTION 17015, 17015a, 17017,**

1 17515, or 17517.

2 Sec. 16325. Fees for a person licensed or seeking licensure
3 to engage in the practice of medicine under part ~~170-171~~ are as
4 follows:

5	(a) Application processing fee.....	\$ 50.00
6	(b) License fee, per year.....	90.00
7	(c) Temporary license fee.....	25.00
8	(d) Limited license fee, per year.....	30.00

9 Sec. 16337. Fees for a person licensed or seeking licensure
10 to engage in practice as a ~~physician's~~ **PHYSICIAN** assistant under
11 part ~~170, part 175, 171~~ or ~~part~~ 180 are as follows:

12	(a) Application processing fee.....	\$ 30.00
13	(b) License fee, per year.....	50.00
14	(c) Temporary license.....	35.00
15	(d) Limited license, per year.....	25.00

16 **SEC. 16338. FEES FOR AN INDIVIDUAL WHO SEEKS OR HOLDS A**
17 **LICENSE AS AN ADVANCED PRACTICE REGISTERED NURSE UNDER PART 171**
18 **ARE AS FOLLOWS:**

19	(A) APPLICATION PROCESSING FEE.....	\$ 30.00
20	(B) LICENSE FEE, PER YEAR.....	50.00
21	(C) TEMPORARY LICENSE.....	35.00
22	(D) LIMITED LICENSE, PER YEAR.....	25.00

23 Sec. 16411. (1) An individual shall not engage in the
24 practice of chiropractic, including, but not limited to,

performing a chiropractic adjustment, chiropractic manipulation, or other chiropractic services or chiropractic opinion, unless licensed, or otherwise authorized by a chiropractor, under this article.

~~———— (2) 2002 PA 734 is intended to codify existing law and to clarify and cure any misinterpretation of the operation of sections 16261, 16401, and 16411 since December 30, 2002.~~

~~———— (3) 2002 PA 734 is not intended to affect the authority of a veterinarian to delegate certain functions as provided by law.~~

~~———— (4) 2002 PA 734 does not affect the scope of practice of medicine or osteopathic medicine and surgery provided for in parts 170 and 175. 2002 PA 734 does not amend the scope of practice of physical therapy provided for in part 178.~~

(2) ~~(5)~~—The following words, titles, or letters or a combination thereof, **OF WORDS, TITLES OR LETTERS**, with or without qualifying words or phrases, are restricted in use only to those persons authorized under this part to use the following terms and in a way prescribed in this part: "chiropractic", "doctor of chiropractic", "chiropractor", "d.c.", and "chiropractic physician".

Sec. 16511. (1) Except as otherwise provided under subsection (2), ~~after rules are promulgated under section 16145,~~ an individual shall not use the words ~~, OR~~ titles ~~, or letters~~ "acupuncturist", "certified acupuncturist", or "registered acupuncturist", or a combination thereof, **OF THOSE WORDS OR TITLES**, with or without qualifying words or phrases, unless he or she is registered under this part.

1 (2) Neither of the following is subject to ~~the provisions of~~
2 this part:

3 (a) A physician who is licensed under part ~~170 or 175.171.~~

4 (b) An individual who is certified by the national
5 acupuncture detoxification association.

6 Sec. 16521. (1) The Michigan board of acupuncture is created
7 in the department and ~~shall consist~~ **CONSISTS** of the following
8 voting members who meet the requirements of part 161:

9 (a) ~~Until June 30, 2010, 4 acupuncturists. Beginning July 1,~~
10 ~~2010, 7~~ **SEVEN** acupuncturists. The members appointed under this
11 subdivision ~~shall~~ **MUST** meet the requirements of section 16135.

12 (b) Three physicians licensed under part ~~170 or 175.171.~~

13 (c) ~~Until June 30, 2010, 2 public members. Beginning July 1,~~
14 ~~2010, 3~~ **THREE** public members.

15 (2) The terms of office of individual members of the board
16 created under this ~~part~~, **SECTION**, except those appointed to fill
17 vacancies, expire 4 years after appointment on June 30 of the
18 year in which the term expires.

19 Sec. 16905. (1) This part does not apply to an individual
20 engaged in the practice of social work as defined in part 185, in
21 the course of employment with a governmental agency or a
22 reputable social service agency regularly providing social work
23 services as an agency.

24 (2) This part does not apply to an ordained cleric or other
25 religious practitioner who is employed by or working under the
26 authority of an organization exempt from taxation under section
27 501(c)(3) of the internal revenue code of 1986, 26 USC 501, if

1 the advice or counsel given by the cleric or other religious
2 practitioner is incidental to his or her duties as a cleric or
3 other religious practitioner, ~~and~~ if the cleric or other
4 religious practitioner does not hold himself or herself out to
5 the public as a marriage and family therapist licensed under this
6 article, ~~or~~ **IF THE CLERIC OR OTHER RELIGIOUS PRACTITIONER DOES**
7 **NOT** use 1 or more of the titles listed in section 16903, and if
8 ~~no~~ **A** fee or donation is **NOT** exacted for the service.

9 (3) This part does not apply to a physician licensed under
10 this article who has completed an accredited psychiatric
11 residency program approved by the **FORMER** Michigan board of
12 medicine **OR THE MICHIGAN PATIENT CARE BOARD** or to a psychologist
13 fully licensed under this article, if both of the following
14 circumstances exist:

15 (a) The individual is practicing his or her profession in a
16 manner consistent with his or her education and training and is
17 practicing in a manner consistent with the code of ethics of that
18 profession.

19 (b) The individual does not hold himself or herself out to
20 the public as a marriage and family therapist licensed under this
21 ~~article~~ **PART** or use any of the titles listed in section 16903 for
22 advertising purposes. However, this subdivision does not prohibit
23 the individual from advertising under a telephone or other
24 business directory listing that uses those titles if the
25 individual discloses in the listing, in an unabbreviated fashion,
26 the profession in which he or she is licensed.

27 (4) This part does not limit an individual in, or prevent an

1 individual from, the practice of a statutorily regulated
2 profession or occupation if services to families, couples, or
3 subsystems of families are part of the services provided by that
4 profession or occupation, and if the individual does not hold
5 himself or herself out to the public as a marriage and family
6 therapist licensed under this ~~article~~**PART** or use 1 or more of
7 the titles listed in section 16903. As used in this subsection,
8 "statutorily regulated profession or occupation" means an
9 occupation or profession regulated by statute that includes, but
10 is not limited to, all of the following: a physician, attorney,
11 social worker, social service technician, fully licensed
12 psychologist, limited licensed psychologist, temporary limited
13 licensed psychologist, licensed professional counselor, limited
14 licensed counselor, or school counselor.

15 Sec. 16909. (1) The board shall grant a license as a
16 marriage and family therapist to an individual who meets all of
17 the following requirements:

18 (a) Provides satisfactory evidence to the board of meeting
19 either of the following educational qualifications:

20 (i) Has a master's or higher graduate degree from an
21 accredited training program in marriage and family therapy
22 approved by the board.

23 (ii) Has a master's or higher graduate degree from an
24 accredited college or university approved by the board and has
25 completed all of the following graduate-level courses at an
26 accredited college or university approved by the board:

27 (A) Three courses in family studies that total at least 6

1 semester or 9 quarter hours.

2 (B) Three courses in family therapy methodology that total
3 at least 6 semester or 9 quarter hours.

4 (C) Three courses in human development, personality theory,
5 or psychopathology that total at least 6 semester or 9 quarter
6 hours.

7 (D) At least 2 semester or 3 quarter hours in ethics, law,
8 and standards of professional practice.

9 (E) At least 2 semester or 3 quarter hours in research.

10 (b) Except as otherwise provided in subsection (2), provides
11 satisfactory evidence to the board of having completed supervised
12 clinical marriage and family therapy experience in conjunction
13 with the applicant's educational program. The clinical marriage
14 and family therapy experience described in this subdivision ~~shall~~
15 **MUST** meet all of the following requirements:

16 (i) Be obtained either in a clinical practicum during
17 graduate education or in a postgraduate marriage and family
18 institute training program acceptable to the board.

19 (ii) Be obtained over not less than 8 consecutive months.

20 (iii) Be verified by a supervisor who has a master's or higher
21 graduate degree from an accredited college or university approved
22 by the board and meets 1 of the following:

23 (A) Is a marriage and family therapist.

24 (B) Is a ~~certified social worker or a social worker~~
25 ~~registered under article 16 of the occupational code, 1980 PA~~
26 ~~299, MCL 339.1601 to 339.1610.~~ **LICENSED UNDER PART 185.**

27 (C) Is a licensed professional counselor as defined in

1 section 18101.

2 (D) Is a physician as defined in section ~~17001 or 17501~~
3 **17106** and practicing in a mental health setting.

4 (E) Is a fully licensed psychologist as defined in section
5 18201.

6 (F) Is an approved supervisor or supervisor-in-training
7 through a program conducted by the American association for
8 marriage and family therapy and approved by the board.

9 (iv) Include not less than 300 direct client contact hours in
10 supervised clinical marriage and family therapy experience, at
11 least 1/2 of which were completed in a setting in which families,
12 couples, or subsystems of families were physically present in the
13 therapy room.

14 (v) Be supervised in a ratio of at least 1 hour of
15 supervision for each 5 hours of direct client contact, for a
16 total of not less than 60 hours of supervision concurrent with
17 the 300 hours of supervised direct client contact.

18 (c) Except as otherwise provided in subsection (2), provides
19 satisfactory evidence to the board of having completed a minimum
20 of 1,000 direct client contact hours in supervised marriage and
21 family therapy experience, at least 1/2 of which was completed
22 with families, couples, or subsystems of families physically
23 present in the therapy room, that meets all of the following
24 conditions:

25 (i) Is verified by the supervising licensed marriage and
26 family therapist.

27 (ii) Is obtained following the completion of the degree

1 required by subdivision (a) (i), is obtained following the
2 completion of the degree required by subdivision (a) (ii) and
3 concurrent with or following the course work specified in
4 subdivision ~~(a) (ii) (A), (B), (C), (D), and (E),~~ **(A) (ii)**, or is
5 obtained as part of a doctoral program in marriage and family
6 therapy from an accredited college or university approved by the
7 board, which experience may include experience obtained under
8 subdivision (b) (i).

9 (iii) Is supervised in a ratio of at least 1 hour of
10 supervision for each 5 hours of experience, for a total of not
11 less than 200 hours of supervision concurrent with the 1,000
12 hours of supervised experience. Not less than 100 hours of
13 supervision under this subparagraph shall be individual
14 supervision with no more than 1 other supervisee present. The
15 remaining supervision under this subparagraph may be group
16 supervision involving no more than 6 supervisees with 1
17 supervisor. The supervision shall be given in face-to-face
18 contact with the individual obtaining marriage and family therapy
19 experience.

20 (2) The board shall waive the requirements of subsection
21 (1) (b) and (c) for an applicant who provides satisfactory
22 evidence to the board of having obtained a doctoral degree from
23 an accredited doctoral training program in marriage and family
24 therapy approved by the board.

25 **PART 171**

26 **PATIENT CARE**

27 **SEC. 17101. (1) FOR PURPOSES OF THIS PART, THE WORDS AND**

1 PHRASES DEFINED IN SECTIONS 17102 TO 17107 HAVE THE MEANINGS
2 ASCRIBED TO THEM IN THOSE SECTIONS.

3 (2) IN ADDITION, ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND
4 PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS
5 CODE, AND PART 161 CONTAINS DEFINITIONS APPLICABLE TO THIS PART.

6 SEC. 17102. (1) "ACADEMIC INSTITUTION", WITH RESPECT TO AN
7 APPLICATION BY AN APPLICANT FOR A LIMITED LICENSE UNDER SECTION
8 16182(2)(C) OR A FULL LICENSE UNDER SECTION 17131(2), MEANS
9 EITHER OF THE FOLLOWING:

10 (A) A MEDICAL SCHOOL APPROVED BY THE BOARD.

11 (B) A HOSPITAL LICENSED UNDER ARTICLE 17 THAT MEETS ALL OF
12 THE FOLLOWING REQUIREMENTS:

13 (i) WAS THE SOLE SPONSOR OR A CO-SPONSOR, IF EACH OTHER CO-
14 SPONSOR IS EITHER A MEDICAL SCHOOL APPROVED BY THE BOARD OR A
15 HOSPITAL OWNED BY THE FEDERAL GOVERNMENT AND DIRECTLY OPERATED BY
16 THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS, OF NOT FEWER
17 THAN 4 POSTGRADUATE EDUCATION RESIDENCY PROGRAMS CONSISTENT WITH
18 RULES PROMULGATED BY THE BOARD UNDER SECTION 17131(1) FOR NOT
19 LESS THAN THE 3 YEARS IMMEDIATELY PRECEDING THE DATE OF THE
20 APPLICATION. THE HOSPITAL MUST HAVE SPONSORED AT LEAST 1
21 RESIDENCY PROGRAM IN THE SPECIALTY AREA OF MEDICAL PRACTICE, OR
22 IN A SPECIALTY AREA THAT INCLUDES THE SUBSPECIALTY OF MEDICAL
23 PRACTICE, IN WHICH THE APPLICANT FOR A LIMITED LICENSE PROPOSES
24 TO PRACTICE OR IN WHICH THE APPLICANT FOR A FULL LICENSE HAS
25 PRACTICED FOR THE HOSPITAL.

26 (ii) HAS SPENT NOT LESS THAN \$2,000,000.00 FOR MEDICAL
27 EDUCATION DURING EACH OF THE 3 YEARS IMMEDIATELY PRECEDING THE

1 DATE OF THE APPLICATION FOR A LIMITED LICENSE UNDER SECTION
2 16182(2)(C) OR THE APPLICATION. AS USED IN THIS SUBPARAGRAPH,
3 "MEDICAL EDUCATION" MEANS THE EDUCATION OF PHYSICIANS AND
4 CANDIDATES FOR DEGREES OR LICENSES TO BECOME PHYSICIANS,
5 INCLUDING, BUT NOT LIMITED TO, PHYSICIAN STAFF, RESIDENTS,
6 INTERNS, AND MEDICAL STUDENTS.

7 (2) "ADVANCED PRACTICE REGISTERED NURSE" OR "A.P.R.N." MEANS
8 A REGISTERED PROFESSIONAL NURSE WHO MEETS THE APPLICABLE
9 REQUIREMENTS OF SECTION 17186 AND WHO IS ALSO LICENSED UNDER THIS
10 PART AS A CERTIFIED NURSE MIDWIFE, CERTIFIED NURSE PRACTITIONER,
11 OR CLINICAL NURSE SPECIALIST. ADVANCED PRACTICE REGISTERED NURSE
12 INCLUDES AN INDIVIDUAL WHO IS LICENSED TO ENGAGE IN THE PRACTICE
13 OF NURSING AS A REGISTERED PROFESSIONAL NURSE AND WHO HOLDS A
14 SPECIALTY CERTIFICATION IN THE HEALTH PROFESSION SPECIALTY FIELD
15 OF NURSE MIDWIFERY OR NURSE PRACTITIONER UNDER PART 172 ON THE
16 EFFECTIVE DATE OF THIS PART, UNTIL THE FIRST TIME AFTER THE
17 EFFECTIVE DATE OF THIS PART THAT THE INDIVIDUAL'S LICENSE IS
18 SUBJECT TO RENEWAL UNDER PART 172.

19 (3) "ALLOPATHIC PHYSICIAN" MEANS AN INDIVIDUAL LICENSED OR
20 OTHERWISE AUTHORIZED UNDER THIS PART TO ENGAGE IN THE PRACTICE OF
21 ALLOPATHIC MEDICINE. ALLOPATHIC PHYSICIAN INCLUDES AN INDIVIDUAL
22 WHO IS LICENSED OR OTHERWISE AUTHORIZED TO ENGAGE IN THE PRACTICE
23 OF MEDICINE UNDER FORMER PART 170, UNTIL THE INDIVIDUAL'S LICENSE
24 IS SUBJECT TO RENEWAL OR HIS OR HER AUTHORITY TO PRACTICE CEASES
25 UNDER FORMER PART 170.

26 (4) "BOARD" MEANS THE MICHIGAN PATIENT CARE BOARD CREATED IN
27 SECTION 17121.

1 SEC. 17103. (1) "CERTIFIED NURSE MIDWIFE" OR "C.N.M." MEANS
2 AN INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING:

3 (A) IS LICENSED TO ENGAGE IN THE PRACTICE OF NURSING AS A
4 REGISTERED PROFESSIONAL NURSE UNDER PART 172.

5 (B) IS ALSO LICENSED UNDER THIS PART AS A CERTIFIED NURSE
6 MIDWIFE.

7 (C) ENGAGES IN PATIENT CARE BY FOCUSING ON PRIMARY CARE
8 SERVICES FOR WOMEN THROUGHOUT THEIR LIFESPAN, INCLUDING
9 COMPREHENSIVE MATERNITY CARE THAT INCLUDES PRENATAL CARE,
10 CHILDBIRTH IN DIVERSE SETTINGS, POSTPARTUM CARE, AND NEWBORN
11 CARE; GYNECOLOGICAL, REPRODUCTIVE, AND CONTRACEPTIVE CARE;
12 PHYSICAL EXAMINATIONS; DIAGNOSIS AND TREATMENT OF COMMON HEALTH
13 PROBLEMS WITH CONSULTATION OR REFERRAL AS INDICATED; PRESCRIBING
14 PHARMACOLOGICAL AND NONPHARMACOLOGICAL INTERVENTIONS AND
15 TREATMENTS; AND TREATMENT OF MALE PARTNERS FOR SEXUALLY
16 TRANSMITTED INFECTION AND REPRODUCTIVE HEALTH.

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

19 (A) IS LICENSED TO ENGAGE IN THE PRACTICE OF NURSING AS A
20 REGISTERED PROFESSIONAL NURSE UNDER PART 172.

21 (B) IS ALSO LICENSED UNDER THIS PART AS A CERTIFIED NURSE
22 PRACTITIONER.

23 (C) ENGAGES IN PATIENT CARE BY FOCUSING ON THE PERFORMANCE
24 OF COMPREHENSIVE ASSESSMENTS; PROVIDING PHYSICAL EXAMINATIONS AND
25 OTHER HEALTH ASSESSMENTS AND SCREENING ACTIVITIES; AND
26 DIAGNOSING, TREATING, AND MANAGING PATIENTS WITH ACUTE AND
27 CHRONIC ILLNESSES AND DISEASES. PATIENT CARE PROVIDED BY A C.N.P.

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

8 (3) "CLINICAL NURSE SPECIALIST" OR "C.N.S." MEANS AN
9 INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING:

10 (A) IS LICENSED TO ENGAGE IN THE PRACTICE OF NURSING AS A
11 REGISTERED PROFESSIONAL NURSE UNDER PART 172.

12 (B) IS ALSO LICENSED UNDER THIS PART AS A CLINICAL NURSE
13 SPECIALIST.

14 (C) ENGAGES IN PATIENT CARE BY FOCUSING ON CONTINUOUS
15 IMPROVEMENT OF PATIENT OUTCOMES AND NURSING CARE WITH A BROAD
16 FOCUS ACROSS THE AREAS OF DIRECT PATIENT CARE, PATIENT EDUCATION,
17 NURSING PRACTICE, AND ORGANIZATIONAL SYSTEMS. PATIENT CARE
18 PROVIDED BY A C.N.S. INCLUDES DIAGNOSIS, INTERVENTION, AND
19 TREATMENT OF HEALTH OR ILLNESS STATES; PHARMACOLOGICAL AND
20 NONPHARMACOLOGICAL DISEASE MANAGEMENT; HEALTH PROMOTION;
21 PREVENTION OF ILLNESS AND RISK BEHAVIOR AMONG INDIVIDUALS,
22 FAMILIES, GROUPS, AND COMMUNITIES; EVALUATION OF PATIENT
23 OUTCOMES; TRANSLATING EVIDENCE INTO PRACTICE; AND DEVELOPING,
24 PLANNING, COORDINATING, AND DIRECTING PROGRAMS OF CARE FOR ACUTE
25 AND CHRONICALLY ILL PATIENTS AND THEIR FAMILIES.

26 (4) "COLLABORATION" MEANS THE COMMUNICATION AND DECISION-
27 MAKING PROCESS AMONG MEMBERS OF A PATIENT CARE TEAM RELATED TO

1 PATIENT CARE.

2 (5) "ELECTRODIAGNOSTIC STUDIES" MEANS THE TESTING OF
3 NEUROMUSCULAR FUNCTIONS UTILIZING NERVE CONDUCTION TESTS AND
4 NEEDLE ELECTROMYOGRAPHY. IT DOES NOT INCLUDE THE USE OF SURFACE
5 ELECTROMYOGRAPHY.

6 SEC. 17105. "OSTEOPATHIC PHYSICIAN" MEANS AN INDIVIDUAL WHO
7 IS TRAINED IN A SEPARATE, COMPLETE, AND INDEPENDENT SCHOOL OF
8 MEDICINE AND SURGERY AND WHO IS LICENSED OR OTHERWISE AUTHORIZED
9 UNDER THIS PART TO ENGAGE IN THE PRACTICE OF OSTEOPATHIC
10 MEDICINE. OSTEOPATHIC PHYSICIAN INCLUDES AN INDIVIDUAL WHO IS
11 LICENSED OR OTHERWISE AUTHORIZED TO ENGAGE IN THE PRACTICE OF
12 OSTEOPATHIC MEDICINE AND SURGERY UNDER FORMER PART 175, UNTIL THE
13 INDIVIDUAL'S LICENSE IS SUBJECT TO RENEWAL OR HIS OR HER
14 AUTHORITY TO PRACTICE CEASES UNDER FORMER PART 175.

15 SEC. 17106. (1) "PATIENT CARE" MEANS THE DIAGNOSIS,
16 TREATMENT, PREVENTION, CURE, OR RELIEVING OF A HUMAN DISEASE,
17 AILMENT, DEFECT, COMPLAINT, OR OTHER PHYSICAL OR MENTAL CONDITION
18 BY ATTENDANCE, ADVICE, DEVICE, DIAGNOSTIC TEST, OR OTHER MEANS,
19 OR OFFERING, UNDERTAKING, ATTEMPTING TO DO, OR HOLDING ONESELF
20 OUT AS ABLE TO DO ANY OF THESE ACTS. PATIENT CARE INCLUDES THE
21 DIAGNOSIS AND TREATMENT OF PHYSICAL AND MENTAL HEALTH AND
22 DISEASE, THE PRESCRIPTION AND ADMINISTRATION OF DRUGS AND
23 BIOLOGICALS, OPERATIVE SURGERY, OBSTETRICS, RADIOLOGICAL AND
24 OTHER ELECTROMAGNETIC EMISSIONS, AND PLACING SPECIAL EMPHASIS ON
25 THE INTERRELATIONSHIP OF THE MUSCULOSKELETAL SYSTEM TO OTHER BODY
26 SYSTEMS.

27 (2) "PATIENT CARE TEAM" MEANS A TEAM OF 2 OR MORE LICENSED

1 HEALTH PROFESSIONALS, INCLUDING AT LEAST 1 PHYSICIAN, THAT MEETS
2 THE REQUIREMENTS OF SECTION 17149(1).

3 (3) "PHYSICIAN" MEANS AN INDIVIDUAL LICENSED OR OTHERWISE
4 AUTHORIZED UNDER THIS PART TO ENGAGE IN THE PRACTICE OF
5 ALLOPATHIC MEDICINE OR OSTEOPATHIC MEDICINE. PHYSICIAN INCLUDES
6 AN INDIVIDUAL WHO IS LICENSED OR OTHERWISE AUTHORIZED TO ENGAGE
7 IN THE PRACTICE OF MEDICINE OR OSTEOPATHIC MEDICINE AND SURGERY
8 UNDER FORMER PART 170 OR 175 ON THE EFFECTIVE DATE OF THIS PART,
9 UNTIL THE INDIVIDUAL'S LICENSE IS SUBJECT TO RENEWAL OR HIS OR
10 HER AUTHORITY TO PRACTICE CEASES UNDER FORMER PART 170 OR 175.

11 (4) "PHYSICIAN ASSISTANT" MEANS AN INDIVIDUAL LICENSED UNDER
12 THIS PART TO ENGAGE IN PRACTICE AS A PHYSICIAN ASSISTANT UNDER
13 THIS PART. PHYSICIAN ASSISTANT INCLUDES AN INDIVIDUAL WHO IS
14 LICENSED UNDER FORMER PART 170 TO ENGAGE IN THE PRACTICE OF
15 MEDICINE OR OSTEOPATHIC MEDICINE AND SURGERY AS A PHYSICIAN
16 ASSISTANT ON THE EFFECTIVE DATE OF THIS PART, UNTIL THE
17 INDIVIDUAL'S LICENSE ISSUED UNDER FORMER PART 170 IS SUBJECT TO
18 RENEWAL. PHYSICIAN ASSISTANT DOES NOT INCLUDE AN INDIVIDUAL WHO
19 IS LICENSED UNDER FORMER PART 170 TO ENGAGE IN PRACTICE AS A
20 PHYSICIAN ASSISTANT UNDER THE SUPERVISION OF A PODIATRIST UNDER
21 PART 180.

22 (5) "PODIATRIST" MEANS AN INDIVIDUAL LICENSED OR OTHERWISE
23 AUTHORIZED TO ENGAGE IN THE PRACTICE OF PODIATRIC MEDICINE AND
24 SURGERY.

25 SEC. 17107. (1) "PRACTICE AGREEMENT" MEANS AN AGREEMENT
26 DESCRIBED IN SECTION 17149(1).

27 (2) "PRACTICE AS A PHYSICIAN ASSISTANT" MEANS PATIENT CARE

1 AS A PHYSICIAN ASSISTANT IN COLLABORATION WITH A PHYSICIAN AS A
2 MEMBER OF A PATIENT CARE TEAM. BEGINNING ON THE EFFECTIVE DATE OF
3 THIS PART, PRACTICE AS A PHYSICIAN ASSISTANT IS NOT A HEALTH
4 PROFESSION SUBFIELD UNDER THIS ARTICLE.

5 (3) "PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING" MEANS
6 PATIENT CARE AS AN ADVANCED PRACTICE REGISTERED NURSE BY
7 PERFORMING ANY OF THE ACTS, TASKS, OR FUNCTIONS DESCRIBED IN
8 SECTION 17103(1)(C), (2)(C), OR (3)(C), AS APPLICABLE, IN
9 COLLABORATION WITH A PHYSICIAN AS A MEMBER OF A PATIENT CARE
10 TEAM.

11 (4) "PRACTICE OF ALLOPATHIC MEDICINE" MEANS PATIENT CARE AS
12 AN ALLOPATHIC PHYSICIAN.

13 (5) "PRACTICE OF MEDICINE" MEANS THE PRACTICE OF ALLOPATHIC
14 MEDICINE OR THE PRACTICE OF OSTEOPATHIC MEDICINE.

15 (6) "PRACTICE OF OSTEOPATHIC MEDICINE" MEANS PATIENT CARE AS
16 AN OSTEOPATHIC PHYSICIAN.

17 (7) "PRACTICE OF PODIATRIC MEDICINE AND SURGERY" MEANS THAT
18 TERM AS DEFINED IN SECTION 18001.

19 SEC. 17111. (1) AN INDIVIDUAL SHALL NOT ENGAGE IN THE
20 PRACTICE OF ALLOPATHIC MEDICINE, THE PRACTICE OF OSTEOPATHIC
21 MEDICINE, OR THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING
22 OR ENGAGE IN PRACTICE AS A PHYSICIAN ASSISTANT IF HE OR SHE IS
23 NOT LICENSED OR OTHERWISE AUTHORIZED UNDER THIS ARTICLE. AN
24 INDIVIDUAL SHALL NOT ENGAGE IN TEACHING OR RESEARCH THAT REQUIRES
25 THE INDIVIDUAL TO PROVIDE PATIENT CARE IF HE OR SHE IS NOT
26 LICENSED OR OTHERWISE AUTHORIZED TO PROVIDE PATIENT CARE UNDER
27 THIS ARTICLE.

1 (2) NOTWITHSTANDING SECTION 16145 OR RULES PROMULGATED UNDER
2 THAT SECTION, THE BOARD MAY GRANT A LICENSE TO ENGAGE IN THE
3 PRACTICE OF ALLOPATHIC MEDICINE TO AN INDIVIDUAL WHO MEETS THE
4 REQUIREMENTS OF THIS PART APPLICABLE TO AN ALLOPATHIC PHYSICIAN
5 OR OF SECTION 16186 AFTER REVIEWING THE APPLICANT'S RECORD OF
6 PRACTICE, EXPERIENCE, AND CREDENTIALS AND DETERMINING THAT THE
7 APPLICANT IS COMPETENT TO ENGAGE IN THE PRACTICE OF ALLOPATHIC
8 MEDICINE.

9 (3) FOR INDIVIDUALS APPLYING FOR LICENSURE AS AN ALLOPATHIC
10 PHYSICIAN UNDER SECTION 16186, THE BOARD SHALL NOT IMPOSE
11 REQUIREMENTS ON GRADUATES OF MEDICAL SCHOOLS LOCATED OUTSIDE THE
12 UNITED STATES OR CANADA THAT EXCEED THE REQUIREMENTS IMPOSED ON
13 GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES OR
14 CANADA.

15 (4) NOTWITHSTANDING SECTION 16145 OR RULES PROMULGATED UNDER
16 THAT SECTION, THE BOARD MAY GRANT A LICENSE IN ACCORDANCE WITH
17 SECTION 16186 AFTER DETERMINING THAT EACH OF THE FOLLOWING
18 CONDITIONS IS SATISFIED, AS APPLICABLE:

19 (A) THE APPLICANT HAS DISCLOSED THAT A SANCTION IS IN FORCE
20 AGAINST HIM OR HER AS DESCRIBED IN SECTION 16174(2)(B) AND,
21 CONSIDERING THE REASONS FOR THE SANCTION AND THE APPLICANT'S
22 RECORD OF PRACTICE, EXPERIENCE, CREDENTIALS, AND COMPETENCE TO
23 ENGAGE IN THE PRACTICE OF MEDICINE, THAT SANCTION SHOULD NOT
24 PREVENT THE APPLICANT FROM BEING GRANTED A LICENSE IN THIS STATE.

25 (B) THE SANCTION IMPOSED BY THE OTHER STATE IS NOT
26 PERMANENT.

27 (C) THE SANCTION IMPOSED BY THE OTHER STATE WAS NOT THE

1 RESULT OF A PATIENT SAFETY VIOLATION.

2 (D) IF THE APPLICANT WAS REQUIRED BY THE STATE THAT IMPOSED
3 THE SANCTION TO PARTICIPATE IN AND COMPLETE A PROBATIONARY PERIOD
4 OR TREATMENT PLAN AS A CONDITION OF THE CONTINUATION OF HIS OR
5 HER LICENSURE, THE APPLICANT DID NOT COMPLETE THE PROBATIONARY
6 PERIOD OR TREATMENT PLAN BECAUSE THE APPLICANT CEASED ENGAGING IN
7 THE PRACTICE OF MEDICINE IN THAT STATE.

8 (E) THE APPLICANT VOLUNTARILY AGREES TO COMPLETE A
9 PROBATIONARY PERIOD OR TREATMENT PLAN, THE TERMS OF WHICH ARE NO
10 LESS STRINGENT THAN THOSE IMPOSED BY THE STATE THAT IMPOSED THE
11 SANCTION.

12 (5) THE FOLLOWING WORDS, TITLES, OR LETTERS OR COMBINATION
13 OF WORDS, TITLES, OR LETTERS, WITH OR WITHOUT QUALIFYING WORDS OR
14 PHRASES, ARE RESTRICTED IN USE ONLY TO THOSE INDIVIDUALS
15 AUTHORIZED UNDER THIS PART TO USE THE TERMS AND IN A WAY
16 PRESCRIBED IN THIS PART:

17 (A) "DOCTOR OF MEDICINE" OR "M.D.".

18 (B) "OSTEOPATH", "OSTEOPATHY", "OSTEOPATHIC PRACTITIONER",
19 "DOCTOR OF OSTEOPATHY", "DIPLOMATE IN OSTEOPATHY", OR "D.O.".

20 (C) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (6),
21 "PHYSICIAN ASSISTANT" OR "P.A.".

22 (D) "ADVANCED PRACTICE REGISTERED NURSE" OR "A.P.R.N.";
23 "CERTIFIED NURSE MIDWIFE" OR "C.N.M."; CERTIFIED NURSE
24 PRACTITIONER" OR "C.N.P."; OR "CLINICAL NURSE SPECIALIST" OR
25 "C.N.S.".

26 (6) NOTWITHSTANDING SECTION 16261, AN INDIVIDUAL WHO WAS
27 SPECIALLY TRAINED AT AN INSTITUTION OF HIGHER EDUCATION IN THIS

1 STATE TO ASSIST A PHYSICIAN IN THE FIELD OF ORTHOPEDICS AND, UPON
2 COMPLETION OF TRAINING, RECEIVED A 2-YEAR ASSOCIATE OF SCIENCE
3 DEGREE AS AN ORTHOPEDIC PHYSICIAN ASSISTANT BEFORE JANUARY 1,
4 1977 MAY USE THE TITLE "ORTHOPEDIC PHYSICIAN ASSISTANT" WHETHER
5 OR NOT THE INDIVIDUAL IS LICENSED UNDER THIS PART.

6 SEC. 17112. (1) AN INDIVIDUAL SHALL NOT ENGAGE IN
7 POSTGRADUATE STUDY THAT REQUIRES THE INDIVIDUAL TO PROVIDE
8 PATIENT CARE WITHOUT A FULL OR LIMITED LICENSE TO PROVIDE PATIENT
9 CARE UNDER THIS PART.

10 (2) A LIMITED LICENSE FOR AN INDIVIDUAL DESCRIBED IN
11 SUBSECTION (1) MUST REQUIRE THE INDIVIDUAL TO CONFINE HIS OR HER
12 PATIENT CARE ACTIVITY AND TRAINING TO A HOSPITAL OR INSTITUTION
13 APPROVED BY THE BOARD FOR THE TRAINING. THE HOSPITAL OR
14 INSTITUTION IS RESPONSIBLE FOR THE TRAINING.

15 (3) A LIMITED LICENSE ISSUED UNDER SUBSECTION (2) IS
16 RENEWABLE FOR NOT MORE THAN 5 YEARS.

17 SEC. 17113. (1) A PHYSICIAN WHO IS ADMINISTERING THE PRIMARY
18 TREATMENT FOR BREAST CANCER TO A PATIENT WHO HAS BEEN DIAGNOSED
19 AS HAVING BREAST CANCER SHALL INFORM THE PATIENT, ORALLY AND IN
20 WRITING, ABOUT ALTERNATIVE METHODS OF TREATMENT OF THE CANCER,
21 INCLUDING SURGICAL, RADIOLOGICAL, OR CHEMOTHERAPEUTIC TREATMENTS
22 OR ANY OTHER GENERALLY ACCEPTED MEDICAL TREATMENT. THE PHYSICIAN
23 ALSO SHALL INFORM THE PATIENT ABOUT THE ADVANTAGES,
24 DISADVANTAGES, AND RISKS OF EACH METHOD OF TREATMENT AND ABOUT
25 THE PROCEDURES INVOLVED IN EACH METHOD OF TREATMENT.

26 (2) IF A PATIENT RECEIVES A STANDARDIZED WRITTEN SUMMARY
27 THAT MEETS ALL OF THE FOLLOWING, OR A BROCHURE DESCRIBED IN

1 SUBSECTION (3), THE PHYSICIAN HAS FULLY COMPLIED WITH ALL OF THE
2 WRITTEN AND ORAL REQUIREMENTS OF THIS SECTION:

3 (A) THE SUMMARY IS DEVELOPED BY THE DEPARTMENT OF COMMUNITY
4 HEALTH IN COOPERATION WITH THE CHRONIC DISEASE ADVISORY
5 COMMITTEE.

6 (B) THE SUMMARY IS DRAFTED IN NONTECHNICAL TERMS THAT THE
7 PATIENT CAN UNDERSTAND.

8 (C) THE SUMMARY INFORMS THE PATIENT ABOUT ALTERNATIVE
9 METHODS OF TREATMENT OF BREAST CANCER, INCLUDING SURGICAL,
10 RADIOLOGICAL, OR CHEMOTHERAPEUTIC TREATMENTS, OR ANY OTHER
11 GENERALLY ACCEPTED MEDICAL TREATMENT.

12 (D) THE SUMMARY INFORMS THE PATIENT ABOUT THE ADVANTAGES,
13 DISADVANTAGES, AND RISKS OF EACH METHOD OF TREATMENT AND ABOUT
14 THE PROCEDURES INVOLVED IN EACH METHOD OF TREATMENT.

15 (3) FOR PURPOSES OF SUBSECTION (2), A PHYSICIAN MAY USE A
16 BROCHURE THAT CONTAINS INFORMATION SUBSTANTIALLY SIMILAR TO THAT
17 CONTAINED IN THE STANDARDIZED WRITTEN SUMMARY DEVELOPED BY THE
18 DEPARTMENT OF COMMUNITY HEALTH AND THAT IS APPROVED BY THE
19 DEPARTMENT OF COMMUNITY HEALTH.

20 (4) THE BOARD SHALL MAKE A STANDARDIZED WRITTEN SUMMARY
21 DESCRIBED IN SUBSECTION (2) OR A BROCHURE DESCRIBED IN SUBSECTION
22 (3), OR BOTH, AVAILABLE TO PHYSICIANS.

23 (5) A PATIENT WHO RECEIVES A COPY OF A STANDARDIZED WRITTEN
24 SUMMARY DESCRIBED IN SUBSECTION (2) OR A BROCHURE DESCRIBED IN
25 SUBSECTION (3) SHALL SIGN A FORM INDICATING THAT HE OR SHE HAS
26 RECEIVED THAT DOCUMENT, AND THE FORM SHALL BE INCLUDED IN THE
27 PATIENT'S MEDICAL RECORD.

1 (6) A PHYSICIAN'S DUTY TO INFORM A PATIENT UNDER THIS
2 SECTION DOES NOT REQUIRE DISCLOSURE OF INFORMATION BEYOND WHAT A
3 REASONABLY WELL-QUALIFIED PHYSICIAN LICENSED UNDER THIS PART
4 WOULD KNOW.

5 (7) A PATIENT WHO SIGNS A FORM REQUIRED UNDER SUBSECTION (5)
6 IS BARRED FROM SUBSEQUENTLY BRINGING A CIVIL ACTION AGAINST THE
7 PHYSICIAN PROVIDING THE SUMMARY OR BROCHURE DESCRIBED IN
8 SUBSECTION (2) OR (3) BASED ON FAILURE TO OBTAIN INFORMED
9 CONSENT, BUT ONLY IN REGARD TO INFORMATION PERTAINING TO
10 ALTERNATIVE FORMS OF TREATMENT OF BREAST CANCER AND THE
11 ADVANTAGES, DISADVANTAGES, AND RISKS OF EACH METHOD.

12 SEC. 17114. THE LEGISLATURE RECOGNIZES THAT, UNDER FEDERAL
13 CONSTITUTIONAL LAW, A STATE IS PERMITTED TO ENACT PERSUASIVE
14 MEASURES THAT FAVOR CHILDBIRTH OVER ABORTION, EVEN IF THOSE
15 MEASURES DO NOT FURTHER A HEALTH INTEREST. SECTION 17115 IS
16 NEVERTHELESS DESIGNED TO PROVIDE OBJECTIVE, TRUTHFUL INFORMATION
17 AND IS NOT INTENDED TO BE PERSUASIVE. THE LEGISLATURE FINDS THAT
18 THE ENACTMENT OF SECTION 17115 IS ESSENTIAL FOR ALL OF THE
19 FOLLOWING REASONS:

20 (A) THE KNOWLEDGEABLE EXERCISE OF A WOMAN'S DECISION TO HAVE
21 AN ABORTION DEPENDS ON THE EXTENT TO WHICH THE WOMAN RECEIVES
22 SUFFICIENT INFORMATION TO MAKE AN INFORMED CHOICE REGARDING
23 ABORTION.

24 (B) THE DECISION TO OBTAIN AN ABORTION IS AN IMPORTANT AND
25 OFTEN STRESSFUL ONE, AND IT IS IN THE STATE'S INTEREST THAT THE
26 DECISION BE MADE WITH FULL KNOWLEDGE OF ITS NATURE AND
27 CONSEQUENCES.

1 (C) ENACTMENT OF SECTION 17115 IS NECESSARY TO ENSURE THAT,
2 BEFORE AN ABORTION, A WOMAN IS PROVIDED INFORMATION REGARDING HER
3 AVAILABLE ALTERNATIVES, AND TO ENSURE THAT A WOMAN GIVES HER
4 VOLUNTARY AND INFORMED CONSENT TO AN ABORTION.

5 (D) THE RECEIPT OF ACCURATE INFORMATION ABOUT ABORTION AND
6 ITS ALTERNATIVES IS ESSENTIAL TO THE PHYSICAL AND PSYCHOLOGICAL
7 WELL-BEING OF A WOMAN CONSIDERING AN ABORTION.

8 (E) BECAUSE MANY ABORTIONS IN THIS STATE ARE PERFORMED IN
9 CLINICS DEVOTED SOLELY TO PROVIDING ABORTIONS, WOMEN WHO SEEK
10 ABORTIONS AT THESE CLINICS NORMALLY DO NOT HAVE A PRIOR PATIENT-
11 PHYSICIAN RELATIONSHIP WITH THE PHYSICIAN PERFORMING THE ABORTION
12 NOR DO THESE WOMEN CONTINUE A PATIENT-PHYSICIAN RELATIONSHIP WITH
13 THE PHYSICIAN AFTER THE ABORTION. IN MANY INSTANCES, THE WOMAN'S
14 ONLY ACTUAL CONTACT WITH THE PHYSICIAN PERFORMING THE ABORTION
15 OCCURS SIMULTANEOUSLY WITH THE ABORTION PROCEDURE, WITH LITTLE
16 OPPORTUNITY TO RECEIVE COUNSEL CONCERNING HER DECISION.
17 CONSEQUENTLY, CERTAIN SAFEGUARDS ARE NECESSARY TO PROTECT A
18 WOMAN'S OPPORTUNITY TO SELECT THE OPTION BEST SUITED TO HER
19 PARTICULAR SITUATION.

20 (F) THIS STATE HAS AN INTEREST IN PROTECTING WOMEN AND,
21 SUBJECT TO UNITED STATES CONSTITUTIONAL LIMITATIONS AND SUPREME
22 COURT DECISIONS, THIS STATE HAS AN INTEREST IN PROTECTING THE
23 FETUS.

24 (G) PROVIDING A WOMAN WITH FACTUAL, MEDICAL, AND BIOLOGICAL
25 INFORMATION ABOUT THE FETUS SHE IS CARRYING IS ESSENTIAL TO
26 SAFEGUARD THE STATE'S INTERESTS DESCRIBED IN SUBDIVISION (F). THE
27 DISSEMINATION OF THE INFORMATION SET FORTH IN SECTION 17115 IS

1 NECESSARY DUE TO THE IRREVERSIBLE NATURE OF THE ACT OF ABORTION
2 AND THE OFTEN STRESSFUL CIRCUMSTANCES UNDER WHICH THE ABORTION
3 DECISION IS MADE.

4 (H) BECAUSE ABORTION SERVICES ARE MARKETING LIKE MANY OTHER
5 COMMERCIAL ENTERPRISES, AND NEARLY ALL ABORTION PROVIDERS
6 ADVERTISE SOME FREE SERVICES, INCLUDING PREGNANCY TESTS AND
7 COUNSELING, THE LEGISLATURE FINDS THAT CONSUMER PROTECTION SHOULD
8 BE EXTENDED TO WOMEN CONTEMPLATING AN ABORTION DECISION BY
9 DELAYING ANY FINANCIAL TRANSACTIONS UNTIL AFTER A 24-HOUR WAITING
10 PERIOD. FURTHERMORE, SINCE THE LEGISLATURE AND ABORTION PROVIDERS
11 HAVE DETERMINED THAT A WOMAN'S RIGHT TO GIVE INFORMED CONSENT TO
12 AN ABORTION CAN BE PROTECTED BY MEANS OTHER THAN THE PATIENT
13 HAVING TO TRAVEL TO THE ABORTION FACILITY DURING THE 24-HOUR
14 WAITING PERIOD, THE LEGISLATURE FINDS THAT ABORTION PROVIDERS DO
15 NOT HAVE A LEGITIMATE CLAIM OF NECESSITY IN OBTAINING PAYMENTS
16 DURING THE 24-HOUR WAITING PERIOD.

17 (I) THE SAFEGUARDS THAT WILL BEST PROTECT A WOMAN SEEKING
18 ADVICE CONCERNING ABORTION INCLUDE THE FOLLOWING:

19 (i) PRIVATE, INDIVIDUAL COUNSELING, INCLUDING DISSEMINATION
20 OF CERTAIN INFORMATION, AS THE WOMAN'S INDIVIDUAL CIRCUMSTANCES
21 DICTATE, THAT AFFECT HER DECISION OF WHETHER TO CHOOSE AN
22 ABORTION.

23 (ii) A 24-HOUR WAITING PERIOD BETWEEN A WOMAN'S RECEIPT OF
24 THAT INFORMATION PROVIDED TO ASSIST HER IN MAKING AN INFORMED
25 DECISION, AND THE ACTUAL PERFORMANCE OF AN ABORTION, IF SHE
26 ELECTS TO UNDERGO AN ABORTION. A 24-HOUR WAITING PERIOD AFFORDS A
27 WOMAN, IN LIGHT OF THE INFORMATION PROVIDED BY THE PHYSICIAN OR A

1 QUALIFIED PERSON ASSISTING THE PHYSICIAN, AN OPPORTUNITY TO
2 REFLECT ON HER DECISION AND TO SEEK COUNSEL OF FAMILY AND FRIENDS
3 IN MAKING HER DECISION.

4 (J) THE SAFEGUARDS IDENTIFIED IN SUBDIVISION (I) ADVANCE A
5 WOMAN'S INTERESTS IN THE EXERCISE OF HER DISCRETION TO CHOOSE OR
6 NOT TO CHOOSE AN ABORTION, AND ARE JUSTIFIED BY THE OBJECTIVES
7 AND INTERESTS OF THIS STATE TO PROTECT THE HEALTH OF A PREGNANT
8 WOMAN AND, SUBJECT TO UNITED STATES CONSTITUTIONAL LIMITATIONS
9 AND SUPREME COURT DECISIONS, TO PROTECT THE FETUS.

10 SEC. 17115. (1) SUBJECT TO SUBSECTION (10), A PHYSICIAN
11 SHALL NOT PERFORM AN ABORTION OTHERWISE PERMITTED BY LAW WITHOUT
12 THE PATIENT'S INFORMED WRITTEN CONSENT, GIVEN FREELY AND WITHOUT
13 COERCION TO ABORT.

14 (2) FOR PURPOSES OF THIS SECTION AND SECTION 17115A:

15 (A) "ABORTION" MEANS THE INTENTIONAL USE OF AN INSTRUMENT,
16 DRUG, OR OTHER SUBSTANCE OR DEVICE TO TERMINATE A WOMAN'S
17 PREGNANCY FOR A PURPOSE OTHER THAN TO INCREASE THE PROBABILITY OF
18 A LIVE BIRTH, TO PRESERVE THE LIFE OR HEALTH OF THE CHILD AFTER
19 LIVE BIRTH, OR TO REMOVE A FETUS THAT HAS DIED AS A RESULT OF
20 NATURAL CAUSES, ACCIDENTAL TRAUMA, OR A CRIMINAL ASSAULT ON THE
21 PREGNANT WOMAN. ABORTION DOES NOT INCLUDE THE USE OR PRESCRIPTION
22 OF A DRUG OR DEVICE INTENDED AS A CONTRACEPTIVE.

23 (B) "COERCION TO ABORT" MEANS AN ACT COMMITTED WITH THE
24 INTENT TO COERCE AN INDIVIDUAL TO HAVE AN ABORTION.

25 (C) "DOMESTIC VIOLENCE" MEANS THAT TERM AS DEFINED IN
26 SECTION 1 OF 1978 PA 389, MCL 400.1501.

27 (D) "FETUS" MEANS AN INDIVIDUAL ORGANISM OF THE SPECIES HOMO

1 SAPIENS IN UTERO.

2 (E) "LOCAL HEALTH DEPARTMENT REPRESENTATIVE" MEANS AN
3 INDIVIDUAL WHO MEETS 1 OR MORE OF THE LICENSING REQUIREMENTS
4 LISTED IN SUBDIVISION (H) AND WHO IS EMPLOYED BY, OR UNDER
5 CONTRACT TO PROVIDE SERVICES ON BEHALF OF, A LOCAL HEALTH
6 DEPARTMENT.

7 (F) "MEDICAL EMERGENCY" MEANS A CONDITION THAT, ON THE BASIS
8 OF THE PHYSICIAN'S GOOD-FAITH CLINICAL JUDGMENT, SO COMPLICATES
9 THE MEDICAL CONDITION OF A PREGNANT WOMAN AS TO NECESSITATE THE
10 IMMEDIATE ABORTION OF HER PREGNANCY TO AVERT HER DEATH OR FOR
11 WHICH A DELAY WILL CREATE SERIOUS RISK OF SUBSTANTIAL AND
12 IRREVERSIBLE IMPAIRMENT OF A MAJOR BODILY FUNCTION.

13 (G) "MEDICAL SERVICE" MEANS THE PROVISION OF A TREATMENT,
14 PROCEDURE, MEDICATION, EXAMINATION, DIAGNOSTIC TEST, ASSESSMENT,
15 OR COUNSELING, INCLUDING, BUT NOT LIMITED TO, A PREGNANCY TEST,
16 ULTRASOUND, PELVIC EXAMINATION, OR ABORTION.

17 (H) "QUALIFIED PERSON ASSISTING THE PHYSICIAN" MEANS ANOTHER
18 PHYSICIAN, A PHYSICIAN ASSISTANT, AN ADVANCED PRACTICE REGISTERED
19 NURSE, A FULLY LICENSED OR LIMITED LICENSED PSYCHOLOGIST LICENSED
20 UNDER PART 182, A PROFESSIONAL COUNSELOR LICENSED UNDER PART 181,
21 A REGISTERED PROFESSIONAL NURSE OR A LICENSED PRACTICAL NURSE
22 LICENSED UNDER PART 172, OR A SOCIAL WORKER LICENSED UNDER PART
23 185.

24 (I) "PROBABLE GESTATIONAL AGE OF THE FETUS" MEANS THE
25 GESTATIONAL AGE OF THE FETUS AT THE TIME AN ABORTION IS PLANNED
26 TO BE PERFORMED.

27 (J) "PROVIDE THE PATIENT WITH A PHYSICAL COPY" MEANS EITHER

1 OF THE FOLLOWING:

2 (i) CONFIRM THAT THE PATIENT ACCESSED THE INTERNET WEBSITE
3 DESCRIBED IN SUBSECTION (5) AND RECEIVED A PRINTED VALID
4 CONFIRMATION FORM FROM THE WEBSITE AND INCLUDE THAT FORM IN THE
5 PATIENT'S MEDICAL RECORD.

6 (ii) GIVE THE PATIENT A COPY OF A REQUIRED DOCUMENT BY 1 OR
7 MORE OF THE FOLLOWING MEANS:

8 (A) PERSONAL DELIVERY.

9 (B) REGISTERED MAIL, RETURN RECEIPT REQUESTED.

10 (C) PARCEL DELIVERY SERVICE THAT REQUIRES THE RECIPIENT TO
11 PROVIDE A SIGNATURE IN ORDER TO RECEIVE DELIVERY OF A PARCEL.

12 (D) FACSIMILE TRANSMISSION.

13 (3) SUBJECT TO SUBSECTION (10), A PHYSICIAN OR A QUALIFIED
14 PERSON ASSISTING THE PHYSICIAN SHALL DO ALL OF THE FOLLOWING NOT
15 LESS THAN 24 HOURS BEFORE THAT PHYSICIAN PERFORMS AN ABORTION:

16 (A) CONFIRM THAT, ACCORDING TO THE BEST MEDICAL JUDGMENT OF
17 A PHYSICIAN, THE PATIENT IS PREGNANT, AND DETERMINE THE PROBABLE
18 GESTATIONAL AGE OF THE FETUS.

19 (B) ORALLY DESCRIBE, IN LANGUAGE DESIGNED TO BE UNDERSTOOD
20 BY THE PATIENT, TAKING INTO ACCOUNT HER AGE, LEVEL OF MATURITY,
21 AND INTELLECTUAL CAPABILITY, EACH OF THE FOLLOWING:

22 (i) THE PROBABLE GESTATIONAL AGE OF THE FETUS SHE IS
23 CARRYING.

24 (ii) INFORMATION ABOUT WHAT TO DO AND WHOM TO CONTACT SHOULD
25 MEDICAL COMPLICATIONS ARISE FROM THE ABORTION.

26 (iii) INFORMATION ABOUT HOW TO OBTAIN PREGNANCY PREVENTION
27 INFORMATION THROUGH THE DEPARTMENT OF COMMUNITY HEALTH.

1 (C) PROVIDE THE PATIENT WITH A PHYSICAL COPY OF THE WRITTEN
2 STANDARDIZED SUMMARY DESCRIBED IN SUBSECTION (11) (B) THAT
3 CORRESPONDS TO THE PROCEDURE THE PATIENT WILL UNDERGO AND IS
4 PROVIDED BY THE DEPARTMENT OF COMMUNITY HEALTH. IF THE PROCEDURE
5 HAS NOT BEEN RECOGNIZED BY THE DEPARTMENT, BUT IS OTHERWISE
6 ALLOWED UNDER MICHIGAN LAW, AND THE DEPARTMENT HAS NOT PROVIDED A
7 WRITTEN STANDARDIZED SUMMARY FOR THAT PROCEDURE, THE PHYSICIAN
8 SHALL DEVELOP AND PROVIDE A WRITTEN SUMMARY THAT MEETS ALL OF THE
9 FOLLOWING REQUIREMENTS:

10 (i) DESCRIBES THE PROCEDURE.

11 (ii) DESCRIBES ANY KNOWN RISKS OR COMPLICATIONS OF THE
12 PROCEDURE.

13 (iii) DESCRIBES THE RISKS ASSOCIATED WITH LIVE BIRTH.

14 (iv) MEETS THE REQUIREMENTS OF SUBSECTION (11) (B) (iii) TO (vii) .

15 (D) PROVIDE THE PATIENT WITH A PHYSICAL COPY OF A MEDICALLY
16 ACCURATE DEPICTION, ILLUSTRATION, OR PHOTOGRAPH AND DESCRIPTION
17 OF A FETUS SUPPLIED BY THE DEPARTMENT OF COMMUNITY HEALTH UNDER
18 SUBSECTION (11) (A) AT THE GESTATIONAL AGE NEAREST THE PROBABLE
19 GESTATIONAL AGE OF THE PATIENT'S FETUS.

20 (E) PROVIDE THE PATIENT WITH A PHYSICAL COPY OF THE PRENATAL
21 CARE AND PARENTING INFORMATION PAMPHLET DISTRIBUTED BY THE
22 DEPARTMENT OF COMMUNITY HEALTH UNDER SECTION 9161.

23 (F) PROVIDE THE PATIENT WITH A PHYSICAL COPY OF THE
24 PRESCREENING SUMMARY ON PREVENTION OF COERCION TO ABORT DESCRIBED
25 IN SUBSECTION (11) (H) .

26 (4) THE REQUIREMENTS OF SUBSECTION (3) MAY BE FULFILLED BY
27 THE PHYSICIAN OR A QUALIFIED PERSON ASSISTING THE PHYSICIAN AT A

1 LOCATION OTHER THAN THE HEALTH FACILITY WHERE THE ABORTION IS TO
2 BE PERFORMED. THE REQUIREMENT OF SUBSECTION (3) (A) THAT A
3 PATIENT'S PREGNANCY BE CONFIRMED MAY BE FULFILLED BY A LOCAL
4 HEALTH DEPARTMENT UNDER SUBSECTION (17). THE REQUIREMENTS OF
5 SUBSECTION (3) CANNOT BE FULFILLED BY THE PATIENT ACCESSING AN
6 INTERNET WEBSITE OTHER THAN THE INTERNET WEBSITE THAT IS
7 MAINTAINED AND OPERATED BY THE DEPARTMENT UNDER SUBSECTION
8 (11) (F).

9 (5) THE REQUIREMENTS OF SUBSECTION (3) (C) TO (F) MAY BE
10 FULFILLED BY A PATIENT ACCESSING THE INTERNET WEBSITE THAT IS
11 MAINTAINED AND OPERATED BY THE DEPARTMENT UNDER SUBSECTION
12 (11) (F) AND RECEIVING A PRINTED, VALID CONFIRMATION FORM FROM THE
13 WEBSITE THAT THE PATIENT HAS REVIEWED THE INFORMATION REQUIRED IN
14 SUBSECTION (3) (C) TO (F) AT LEAST 24 HOURS BEFORE AN ABORTION
15 BEING PERFORMED ON THE PATIENT. THE WEBSITE SHALL NOT REQUIRE ANY
16 INFORMATION BE SUPPLIED BY THE PATIENT. THE DEPARTMENT SHALL NOT
17 TRACK, COMPILE, OR OTHERWISE KEEP A RECORD OF INFORMATION THAT
18 WOULD IDENTIFY A PATIENT WHO ACCESSES THIS WEBSITE. THE PATIENT
19 SHALL SUPPLY THE VALID CONFIRMATION FORM TO THE PHYSICIAN OR
20 QUALIFIED PERSON ASSISTING THE PHYSICIAN TO BE INCLUDED IN THE
21 PATIENT'S MEDICAL RECORD TO COMPLY WITH THIS SUBSECTION.

22 (6) SUBJECT TO SUBSECTION (10), BEFORE OBTAINING THE
23 PATIENT'S SIGNATURE ON THE ACKNOWLEDGMENT AND CONSENT FORM, A
24 PHYSICIAN PERSONALLY AND IN THE PRESENCE OF THE PATIENT SHALL DO
25 ALL OF THE FOLLOWING:

26 (A) PROVIDE THE PATIENT WITH THE PHYSICIAN'S NAME, CONFIRM
27 WITH THE PATIENT THAT THE COERCION TO ABORT SCREENING REQUIRED

1 UNDER SECTION 17115A WAS PERFORMED, AND INFORM THE PATIENT OF HER
2 RIGHT TO WITHHOLD OR WITHDRAW HER CONSENT TO THE ABORTION AT ANY
3 TIME BEFORE PERFORMANCE OF THE ABORTION.

4 (B) ORALLY DESCRIBE, IN LANGUAGE DESIGNED TO BE UNDERSTOOD
5 BY THE PATIENT, TAKING INTO ACCOUNT HER AGE, LEVEL OF MATURITY,
6 AND INTELLECTUAL CAPABILITY, EACH OF THE FOLLOWING:

7 (i) THE SPECIFIC RISK, IF ANY, TO THE PATIENT OF THE
8 COMPLICATIONS THAT HAVE BEEN ASSOCIATED WITH THE PROCEDURE THE
9 PATIENT WILL UNDERGO, BASED ON THE PATIENT'S PARTICULAR MEDICAL
10 CONDITION AND HISTORY AS DETERMINED BY THE PHYSICIAN.

11 (ii) THE SPECIFIC RISK OF COMPLICATIONS, IF ANY, TO THE
12 PATIENT IF SHE CHOOSES TO CONTINUE THE PREGNANCY BASED ON THE
13 PATIENT'S PARTICULAR MEDICAL CONDITION AND HISTORY AS DETERMINED
14 BY A PHYSICIAN.

15 (7) TO PROTECT A PATIENT'S PRIVACY, THE INFORMATION SET
16 FORTH IN SUBSECTION (3) AND SUBSECTION (6) SHALL NOT BE DISCLOSED
17 TO THE PATIENT IN THE PRESENCE OF ANOTHER PATIENT.

18 (8) IF AT ANY TIME BEFORE THE PERFORMANCE OF AN ABORTION, A
19 PATIENT UNDERGOES AN ULTRASOUND EXAMINATION, OR A PHYSICIAN
20 DETERMINES THAT ULTRASOUND IMAGING WILL BE USED DURING THE COURSE
21 OF A PATIENT'S ABORTION, THE PHYSICIAN OR QUALIFIED PERSON
22 ASSISTING THE PHYSICIAN SHALL PROVIDE THE PATIENT WITH THE
23 OPPORTUNITY TO VIEW OR DECLINE TO VIEW AN ACTIVE ULTRASOUND IMAGE
24 OF THE FETUS, AND OFFER TO PROVIDE THE PATIENT WITH A PHYSICAL
25 PICTURE OF THE ULTRASOUND IMAGE OF THE FETUS BEFORE THE
26 PERFORMANCE OF THE ABORTION. AFTER THE EXPIRATION OF THE 24-HOUR
27 PERIOD PRESCRIBED IN SUBSECTION (3) BUT BEFORE PERFORMING AN

1 ABORTION, A PHYSICIAN OR A QUALIFIED PERSON ASSISTING THE
2 PHYSICIAN SHALL DO ALL OF THE FOLLOWING:

3 (A) OBTAIN THE PATIENT'S SIGNATURE ON THE ACKNOWLEDGMENT AND
4 CONSENT FORM DESCRIBED IN SUBSECTION (11) (C) CONFIRMING THAT SHE
5 HAS RECEIVED THE INFORMATION REQUIRED UNDER SUBSECTION (3) .

6 (B) PROVIDE THE PATIENT WITH A PHYSICAL COPY OF THE SIGNED
7 ACKNOWLEDGMENT AND CONSENT FORM DESCRIBED IN SUBSECTION (11) (C) .

8 (C) RETAIN A COPY OF THE SIGNED ACKNOWLEDGMENT AND CONSENT
9 FORM DESCRIBED IN SUBSECTION (11) (C) AND, IF APPLICABLE, A COPY
10 OF THE PREGNANCY CERTIFICATION FORM COMPLETED UNDER SUBSECTION
11 (17) (B) , IN THE PATIENT'S MEDICAL RECORD.

12 (9) THIS SUBSECTION DOES NOT PROHIBIT NOTIFYING THE PATIENT
13 THAT PAYMENT FOR MEDICAL SERVICES WILL BE REQUIRED OR THAT
14 COLLECTION OF PAYMENT IN FULL FOR ALL MEDICAL SERVICES PROVIDED
15 OR PLANNED MAY BE DEMANDED AFTER THE 24-HOUR PERIOD DESCRIBED IN
16 THIS SUBSECTION HAS EXPIRED. A PHYSICIAN OR AN AGENT OF THE
17 PHYSICIAN SHALL NOT COLLECT PAYMENT, IN WHOLE OR IN PART, FOR A
18 MEDICAL SERVICE PROVIDED TO OR PLANNED FOR A PATIENT BEFORE THE
19 EXPIRATION OF 24 HOURS FROM THE TIME THE PATIENT HAS DONE EITHER
20 OR BOTH OF THE FOLLOWING, EXCEPT IN THE CASE OF A PHYSICIAN OR AN
21 AGENT OF A PHYSICIAN RECEIVING CAPITATED PAYMENTS OR UNDER A
22 SALARY ARRANGEMENT FOR PROVIDING THOSE MEDICAL SERVICES:

23 (A) INQUIRED ABOUT OBTAINING AN ABORTION AFTER HER PREGNANCY
24 IS CONFIRMED AND SHE HAS RECEIVED FROM THAT PHYSICIAN OR A
25 QUALIFIED PERSON ASSISTING THE PHYSICIAN THE INFORMATION REQUIRED
26 UNDER SUBSECTION (3) (C) AND (D) .

27 (B) SCHEDULED AN ABORTION TO BE PERFORMED BY THAT PHYSICIAN.

1 (10) IF THE ATTENDING PHYSICIAN, UTILIZING HIS OR HER
2 EXPERIENCE, JUDGMENT, AND PROFESSIONAL COMPETENCE, DETERMINES
3 THAT A MEDICAL EMERGENCY EXISTS AND NECESSITATES PERFORMANCE OF
4 AN ABORTION BEFORE THE REQUIREMENTS OF SUBSECTIONS (1), (3), AND
5 (6) CAN BE MET, THE PHYSICIAN IS EXEMPT FROM THE REQUIREMENTS OF
6 SUBSECTIONS (1), (3), AND (6), MAY PERFORM THE ABORTION, AND
7 SHALL MAINTAIN A WRITTEN RECORD IDENTIFYING WITH SPECIFICITY THE
8 MEDICAL FACTORS UPON WHICH THE DETERMINATION OF THE MEDICAL
9 EMERGENCY IS BASED.

10 (11) THE DEPARTMENT OF COMMUNITY HEALTH SHALL DO ALL OF THE
11 FOLLOWING:

12 (A) PRODUCE MEDICALLY ACCURATE DEPICTIONS, ILLUSTRATIONS, OR
13 PHOTOGRAPHS OF THE DEVELOPMENT OF A HUMAN FETUS THAT INDICATE BY
14 SCALE THE ACTUAL SIZE OF THE FETUS AT 2-WEEK INTERVALS FROM THE
15 FOURTH WEEK THROUGH THE TWENTY-EIGHTH WEEK OF GESTATION. EACH
16 DEPICTION, ILLUSTRATION, OR PHOTOGRAPH SHALL BE ACCOMPANIED BY A
17 PRINTED DESCRIPTION, IN NONTECHNICAL ENGLISH, ARABIC, AND
18 SPANISH, OF THE PROBABLE ANATOMICAL AND PHYSIOLOGICAL
19 CHARACTERISTICS OF THE FETUS AT THAT PARTICULAR STATE OF
20 GESTATIONAL DEVELOPMENT.

21 (B) DEVELOP, DRAFT, AND PRINT, IN NONTECHNICAL ENGLISH,
22 ARABIC, AND SPANISH, WRITTEN STANDARDIZED SUMMARIES, BASED UPON
23 THE VARIOUS MEDICAL PROCEDURES USED TO ABORT PREGNANCIES. THE
24 DEPARTMENT SHALL NOT DEVELOP WRITTEN STANDARDIZED SUMMARIES FOR
25 ABORTION PROCEDURES UNDER THIS SUBDIVISION THAT UTILIZE
26 MEDICATION THAT HAS NOT BEEN APPROVED BY THE UNITED STATES FOOD
27 AND DRUG ADMINISTRATION FOR USE IN PERFORMING AN ABORTION. THE

1 DEPARTMENT SHALL ENSURE THAT THE SUMMARIES DO ALL OF THE
2 FOLLOWING:

3 (i) DESCRIBE, INDIVIDUALLY AND ON SEPARATE DOCUMENTS, THOSE
4 MEDICAL PROCEDURES USED TO PERFORM ABORTIONS IN THIS STATE THAT
5 ARE RECOGNIZED BY THE DEPARTMENT.

6 (ii) IDENTIFY THE PHYSICAL COMPLICATIONS THAT HAVE BEEN
7 ASSOCIATED WITH EACH PROCEDURE DESCRIBED IN SUBPARAGRAPH (i) AND
8 WITH LIVE BIRTH, AS DETERMINED BY THE DEPARTMENT. IN IDENTIFYING
9 THESE COMPLICATIONS, THE DEPARTMENT SHALL CONSIDER THE ANNUAL
10 STATISTICAL REPORT REQUIRED UNDER SECTION 2835, CONSIDER STUDIES
11 CONCERNING COMPLICATIONS THAT HAVE BEEN PUBLISHED IN A PEER
12 REVIEW MEDICAL JOURNAL, WITH PARTICULAR ATTENTION PAID TO THE
13 DESIGN OF THE STUDY, AND CONSULT WITH THE FEDERAL CENTERS FOR
14 DISEASE CONTROL AND PREVENTION, THE AMERICAN CONGRESS OF
15 OBSTETRICIANS AND GYNECOLOGISTS, THE MICHIGAN STATE MEDICAL
16 SOCIETY, OR ANY OTHER SOURCE THAT THE DEPARTMENT DETERMINES
17 APPROPRIATE FOR THE PURPOSE.

18 (iii) STATE THAT AS THE RESULT OF AN ABORTION, SOME WOMEN MAY
19 EXPERIENCE DEPRESSION, FEELINGS OF GUILT, SLEEP DISTURBANCE, LOSS
20 OF INTEREST IN WORK OR SEX, OR ANGER, AND THAT IF THESE SYMPTOMS
21 OCCUR AND ARE INTENSE OR PERSISTENT, PROFESSIONAL HELP IS
22 RECOMMENDED.

23 (iv) STATE THAT NOT ALL OF THE COMPLICATIONS LISTED IN
24 SUBPARAGRAPH (ii) MAY PERTAIN TO THAT PARTICULAR PATIENT AND REFER
25 THE PATIENT TO HER PHYSICIAN FOR MORE PERSONALIZED INFORMATION.

26 (v) IDENTIFY SERVICES AVAILABLE THROUGH PUBLIC AGENCIES TO
27 ASSIST THE PATIENT DURING HER PREGNANCY AND AFTER THE BIRTH OF

1 HER CHILD, SHOULD SHE CHOOSE TO GIVE BIRTH AND MAINTAIN CUSTODY
2 OF HER CHILD.

3 (vi) IDENTIFY SERVICES AVAILABLE THROUGH PUBLIC AGENCIES TO
4 ASSIST THE PATIENT IN PLACING HER CHILD IN AN ADOPTIVE OR FOSTER
5 HOME, SHOULD SHE CHOOSE TO GIVE BIRTH BUT NOT MAINTAIN CUSTODY OF
6 HER CHILD.

7 (vii) IDENTIFY SERVICES AVAILABLE THROUGH PUBLIC AGENCIES TO
8 ASSIST THE PATIENT AND PROVIDE COUNSELING SHOULD SHE EXPERIENCE
9 SUBSEQUENT ADVERSE PSYCHOLOGICAL EFFECTS FROM THE ABORTION.

10 (C) DEVELOP, DRAFT, AND PRINT, IN NONTECHNICAL ENGLISH,
11 ARABIC, AND SPANISH, AN ACKNOWLEDGMENT AND CONSENT FORM THAT
12 INCLUDES ONLY THE FOLLOWING LANGUAGE ABOVE A SIGNATURE LINE FOR
13 THE PATIENT:

14 "I, _____, VOLUNTARILY AND
15 WILLFULLY HEREBY AUTHORIZE DR. _____ ("THE
16 PHYSICIAN") AND ANY ASSISTANT DESIGNATED BY THE PHYSICIAN TO
17 PERFORM UPON ME THE FOLLOWING OPERATION(S) OR PROCEDURE(S):

18 _____
19 (NAME OF OPERATION(S) OR PROCEDURE(S))

20 _____
21 A. I UNDERSTAND THAT I AM APPROXIMATELY _____ WEEKS
22 PREGNANT. I CONSENT TO AN ABORTION PROCEDURE TO TERMINATE MY
23 PREGNANCY. I UNDERSTAND THAT I HAVE THE RIGHT TO WITHDRAW MY
24 CONSENT TO THE ABORTION PROCEDURE AT ANY TIME BEFORE PERFORMANCE
25 OF THAT PROCEDURE.

26 B. I UNDERSTAND THAT IT IS ILLEGAL FOR ANYONE TO COERCE ME
27 INTO SEEKING AN ABORTION.

1 C. I ACKNOWLEDGE THAT AT LEAST 24 HOURS BEFORE THE SCHEDULED
2 ABORTION I HAVE RECEIVED A PHYSICAL COPY OF EACH OF THE
3 FOLLOWING:

4 1. A MEDICALLY ACCURATE DEPICTION, ILLUSTRATION, OR
5 PHOTOGRAPH OF A FETUS AT THE PROBABLE GESTATIONAL AGE OF THE
6 FETUS I AM CARRYING.

7 2. A WRITTEN DESCRIPTION OF THE MEDICAL PROCEDURE THAT WILL
8 BE USED TO PERFORM THE ABORTION.

9 3. A PRENATAL CARE AND PARENTING INFORMATION PAMPHLET.

10 D. IF ANY OF THE DOCUMENTS LISTED IN PARAGRAPH C WERE
11 TRANSMITTED BY FACSIMILE, I CERTIFY THAT THE DOCUMENTS WERE CLEAR
12 AND LEGIBLE.

13 E. I ACKNOWLEDGE THAT THE PHYSICIAN WHO WILL PERFORM THE
14 ABORTION HAS ORALLY DESCRIBED ALL OF THE FOLLOWING TO ME:

15 1. THE SPECIFIC RISK TO ME, IF ANY, OF THE COMPLICATIONS
16 THAT HAVE BEEN ASSOCIATED WITH THE PROCEDURE I AM SCHEDULED TO
17 UNDERGO.

18 2. THE SPECIFIC RISK TO ME, IF ANY, OF THE COMPLICATIONS IF
19 I CHOOSE TO CONTINUE THE PREGNANCY.

20 F. I ACKNOWLEDGE THAT I HAVE RECEIVED ALL OF THE FOLLOWING
21 INFORMATION:

22 1. INFORMATION ABOUT WHAT TO DO AND WHOM TO CONTACT IN THE
23 EVENT THAT COMPLICATIONS ARISE FROM THE ABORTION.

24 2. INFORMATION PERTAINING TO AVAILABLE PREGNANCY RELATED
25 SERVICES.

26 G. I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT
27 THE OPERATION(S) OR PROCEDURE(S).

1 H. I CERTIFY THAT I HAVE NOT BEEN REQUIRED TO MAKE ANY
2 PAYMENTS FOR AN ABORTION OR ANY MEDICAL SERVICE BEFORE THE
3 EXPIRATION OF 24 HOURS AFTER I RECEIVED THE WRITTEN MATERIALS
4 LISTED IN PARAGRAPH C, OR 24 HOURS AFTER THE TIME AND DATE LISTED
5 ON THE CONFIRMATION FORM IF THE INFORMATION DESCRIBED IN
6 PARAGRAPH C WAS VIEWED FROM THE STATE OF MICHIGAN INTERNET
7 WEBSITE.".

8 (D) MAKE AVAILABLE TO PHYSICIANS THROUGH THE ALLOPATHIC
9 PHYSICIAN TASK FORCE AND THE OSTEOPATHIC PHYSICIAN TASK FORCE,
10 AND TO ANY PERSON UPON REQUEST, THE COPIES OF MEDICALLY ACCURATE
11 DEPICTIONS, ILLUSTRATIONS, OR PHOTOGRAPHS DESCRIBED IN
12 SUBDIVISION (A), THE WRITTEN STANDARDIZED SUMMARIES DESCRIBED IN
13 SUBDIVISION (B), THE ACKNOWLEDGMENT AND CONSENT FORM DESCRIBED IN
14 SUBDIVISION (C), THE PRENATAL CARE AND PARENTING INFORMATION
15 PAMPHLET DESCRIBED IN SECTION 9161, THE PREGNANCY CERTIFICATION
16 FORM DESCRIBED IN SUBDIVISION (E), AND THE MATERIALS REGARDING
17 COERCION TO ABORT DESCRIBED IN SUBDIVISION (H).

18 (E) DEVELOP, DRAFT, AND PRINT A CERTIFICATION FORM TO BE
19 SIGNED BY A LOCAL HEALTH DEPARTMENT REPRESENTATIVE AT THE TIME
20 AND PLACE A PATIENT HAS A PREGNANCY CONFIRMED, AS REQUESTED BY
21 THE PATIENT, VERIFYING THE DATE AND TIME THE PREGNANCY IS
22 CONFIRMED.

23 (F) DEVELOP, OPERATE, AND MAINTAIN AN INTERNET WEBSITE THAT
24 ALLOWS A PATIENT CONSIDERING AN ABORTION TO REVIEW THE
25 INFORMATION REQUIRED IN SUBSECTION (3) (C) THROUGH (F). AFTER THE
26 PATIENT REVIEWS THE REQUIRED INFORMATION, THE DEPARTMENT SHALL
27 ASSURE THAT A CONFIRMATION FORM CAN BE PRINTED BY THE PATIENT

1 FROM THE INTERNET WEBSITE THAT WILL VERIFY THE TIME AND DATE THE
2 INFORMATION WAS REVIEWED. A CONFIRMATION FORM PRINTED UNDER THIS
3 SUBDIVISION BECOMES INVALID 14 DAYS AFTER THE DATE AND TIME
4 PRINTED ON THE CONFIRMATION FORM.

5 (G) INCLUDE ON THE INFORMED CONSENT INTERNET WEBSITE
6 OPERATED UNDER SUBDIVISION (F) A LIST OF HEALTH CARE PROVIDERS,
7 FACILITIES, AND CLINICS THAT OFFER TO PERFORM ULTRASOUNDS FREE OF
8 CHARGE. THE LIST MUST BE ORGANIZED GEOGRAPHICALLY AND INCLUDE THE
9 NAME, ADDRESS, AND TELEPHONE NUMBER OF EACH HEALTH CARE PROVIDER,
10 FACILITY, AND CLINIC.

11 (H) AFTER CONSIDERING THE STANDARDS AND RECOMMENDATIONS OF
12 THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE
13 ORGANIZATIONS, THE MICHIGAN DOMESTIC AND SEXUAL VIOLENCE
14 PREVENTION AND TREATMENT BOARD, THE MICHIGAN COALITION TO END
15 DOMESTIC AND SEXUAL VIOLENCE OR SUCCESSOR ORGANIZATION, AND THE
16 AMERICAN MEDICAL ASSOCIATION, DO ALL OF THE FOLLOWING:

17 (i) DEVELOP, DRAFT, AND PRINT OR MAKE AVAILABLE IN PRINTABLE
18 FORMAT, IN NONTECHNICAL ENGLISH, ARABIC, AND SPANISH, A NOTICE
19 THAT IS REQUIRED TO BE POSTED IN FACILITIES AND CLINICS UNDER
20 SECTION 17115A. THE NOTICE SHALL BE AT LEAST 8-1/2 INCHES BY 14
21 INCHES, SHALL BE PRINTED IN AT LEAST 44-POINT TYPE, AND SHALL
22 CONTAIN AT A MINIMUM ALL OF THE FOLLOWING:

23 (A) A STATEMENT THAT IT IS ILLEGAL UNDER MICHIGAN LAW TO
24 COERCE A WOMAN TO HAVE AN ABORTION.

25 (B) A STATEMENT THAT HELP IS AVAILABLE IF A WOMAN IS BEING
26 THREATENED OR INTIMIDATED; IS BEING PHYSICALLY, EMOTIONALLY, OR
27 SEXUALLY HARMED; OR FEELS AFRAID FOR ANY REASON.

1 (C) THE TELEPHONE NUMBER OF AT LEAST 1 DOMESTIC VIOLENCE
2 HOTLINE AND 1 SEXUAL ASSAULT HOTLINE.

3 (ii) DEVELOP, DRAFT, AND PRINT OR MAKE AVAILABLE IN PRINTABLE
4 FORMAT, IN NONTECHNICAL ENGLISH, ARABIC, AND SPANISH, A

5 PRESCREENING SUMMARY ON PREVENTION OF COERCION TO ABORT THAT, AT
6 A MINIMUM, CONTAINS THE INFORMATION REQUIRED UNDER SUBPARAGRAPH

7 (i) AND NOTIFIES THE PATIENT THAT AN ORAL SCREENING FOR COERCION
8 TO ABORT WILL BE CONDUCTED BEFORE HER GIVING WRITTEN CONSENT TO
9 OBTAIN AN ABORTION.

10 (iii) DEVELOP, DRAFT, AND PRINT SCREENING AND TRAINING TOOLS
11 AND ACCOMPANYING TRAINING MATERIALS TO BE UTILIZED BY A PHYSICIAN
12 OR QUALIFIED PERSON ASSISTING THE PHYSICIAN WHILE PERFORMING THE
13 COERCION TO ABORT SCREENING REQUIRED UNDER SECTION 17115A. THE
14 SCREENING TOOLS SHALL INSTRUCT THE PHYSICIAN OR QUALIFIED PERSON
15 ASSISTING THE PHYSICIAN TO ORALLY COMMUNICATE INFORMATION TO THE
16 PATIENT REGARDING COERCION TO ABORT AND TO DOCUMENT THE FINDINGS
17 FROM THE COERCION TO ABORT SCREENING IN THE PATIENT'S MEDICAL
18 RECORD.

19 (iv) DEVELOP, DRAFT, AND PRINT PROTOCOLS AND ACCOMPANYING
20 TRAINING MATERIALS TO BE UTILIZED BY A PHYSICIAN OR A QUALIFIED
21 PERSON ASSISTING THE PHYSICIAN IF A PATIENT DISCLOSES COERCION TO
22 ABORT OR THAT DOMESTIC VIOLENCE IS OCCURRING, OR BOTH, DURING THE
23 COERCION TO ABORT SCREENING. THE PROTOCOLS SHALL INSTRUCT THE
24 PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN TO DO, AT A
25 MINIMUM, ALL OF THE FOLLOWING:

26 (A) FOLLOW THE REQUIREMENTS OF SECTION 17115A AS APPLICABLE.

27 (B) ASSESS THE PATIENT'S CURRENT LEVEL OF DANGER.

1 (C) EXPLORE SAFETY OPTIONS WITH THE PATIENT.

2 (D) PROVIDE REFERRAL INFORMATION TO THE PATIENT REGARDING
3 LAW ENFORCEMENT AND DOMESTIC VIOLENCE AND SEXUAL ASSAULT SUPPORT
4 ORGANIZATIONS.

5 (E) DOCUMENT ANY REFERRALS IN THE PATIENT'S MEDICAL RECORD.

6 (12) A PHYSICIAN'S DUTY TO INFORM THE PATIENT UNDER THIS
7 SECTION DOES NOT REQUIRE DISCLOSURE OF INFORMATION BEYOND WHAT A
8 REASONABLY WELL-QUALIFIED PHYSICIAN WOULD POSSESS.

9 (13) A WRITTEN CONSENT FORM MEETING THE REQUIREMENTS SET
10 FORTH IN THIS SECTION AND SIGNED BY THE PATIENT IS PRESUMED
11 VALID. THE PRESUMPTION CREATED BY THIS SUBSECTION MAY BE REBUTTED
12 BY EVIDENCE THAT ESTABLISHES, BY A PREPONDERANCE OF THE EVIDENCE,
13 THAT CONSENT WAS OBTAINED THROUGH FRAUD, NEGLIGENCE, DECEPTION,
14 MISREPRESENTATION, COERCION, OR DURESS.

15 (14) A COMPLETED CERTIFICATION FORM DESCRIBED IN SUBSECTION
16 (11) (E) THAT IS SIGNED BY A LOCAL HEALTH DEPARTMENT
17 REPRESENTATIVE IS PRESUMED VALID. THE PRESUMPTION CREATED BY THIS
18 SUBSECTION MAY BE REBUTTED BY EVIDENCE THAT ESTABLISHES, BY A
19 PREPONDERANCE OF THE EVIDENCE, THAT THE PHYSICIAN WHO RELIED UPON
20 THE CERTIFICATION HAD ACTUAL KNOWLEDGE THAT THE CERTIFICATE
21 CONTAINED A FALSE OR MISLEADING STATEMENT OR SIGNATURE.

22 (15) THIS SECTION DOES NOT CREATE A RIGHT TO ABORTION.

23 (16) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, A
24 PERSON SHALL NOT PERFORM AN ABORTION THAT IS PROHIBITED BY LAW.

25 (17) IF IT RECEIVES A PATIENT'S REQUEST, EACH LOCAL HEALTH
26 DEPARTMENT SHALL:

27 (A) PROVIDE A PREGNANCY TEST FOR THAT PATIENT TO CONFIRM THE

1 PREGNANCY AS REQUIRED UNDER SUBSECTION (3) (A) AND DETERMINE THE
2 PROBABLE GESTATIONAL STAGE OF THE FETUS. THE LOCAL HEALTH
3 DEPARTMENT NEED NOT COMPLY WITH THIS SUBDIVISION IF THE
4 REQUIREMENTS OF SUBSECTION (3) (A) HAVE ALREADY BEEN MET.

5 (B) IF A PREGNANCY IS CONFIRMED, ENSURE THAT THE PATIENT IS
6 PROVIDED WITH A COMPLETED PREGNANCY CERTIFICATION FORM DESCRIBED
7 IN SUBSECTION (11) (E) AT THE TIME THE INFORMATION IS PROVIDED.

8 (18) THE IDENTITY AND ADDRESS OF A PATIENT WHO IS PROVIDED
9 INFORMATION OR WHO CONSENTS TO AN ABORTION PURSUANT TO THIS
10 SECTION IS CONFIDENTIAL AND IS SUBJECT TO DISCLOSURE ONLY WITH
11 THE CONSENT OF THE PATIENT OR BY JUDICIAL PROCESS.

12 (19) A LOCAL HEALTH DEPARTMENT WITH A FILE CONTAINING THE
13 IDENTITY AND ADDRESS OF A PATIENT DESCRIBED IN SUBSECTION (18)
14 WHOM THE LOCAL HEALTH DEPARTMENT HAS ASSISTED UNDER THIS SECTION
15 SHALL DO BOTH OF THE FOLLOWING:

16 (A) ONLY RELEASE THE IDENTITY AND ADDRESS OF THE PATIENT TO
17 A PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN IN ORDER
18 TO VERIFY THE RECEIPT OF THE INFORMATION REQUIRED UNDER THIS
19 SECTION.

20 (B) DESTROY THE INFORMATION CONTAINING THE IDENTITY AND
21 ADDRESS OF THE PATIENT WITHIN 30 DAYS AFTER ASSISTING THE PATIENT
22 UNDER THIS SECTION.

23 SEC. 17115A. (1) AT THE TIME A PATIENT FIRST PRESENTS AT A
24 PRIVATE OFFICE, FREESTANDING SURGICAL OUTPATIENT FACILITY, OR
25 OTHER FACILITY OR CLINIC IN WHICH ABORTIONS ARE PERFORMED FOR THE
26 PURPOSE OF OBTAINING AN ABORTION, WHETHER BEFORE OR AFTER THE
27 EXPIRATION OF THE 24-HOUR PERIOD DESCRIBED IN SECTION 17115(3),

1 THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL
2 ORALLY SCREEN THE PATIENT FOR COERCION TO ABORT USING THE
3 SCREENING TOOLS DEVELOPED BY THE DEPARTMENT UNDER SECTION
4 17115(11). THE ORAL SCREENING REQUIRED UNDER THIS SUBSECTION MAY
5 OCCUR BEFORE THE REQUIREMENTS OF SECTION 17115(3) HAVE BEEN MET
6 WITH REGARD TO THAT PATIENT.

7 (2) IF A PATIENT DISCLOSES THAT SHE IS THE VICTIM OF
8 DOMESTIC VIOLENCE THAT DOES NOT INCLUDE COERCION TO ABORT, THE
9 PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL
10 FOLLOW THE PROTOCOLS DEVELOPED BY THE DEPARTMENT UNDER SECTION
11 17115(11).

12 (3) IF A PATIENT DISCLOSES COERCION TO ABORT, THE PHYSICIAN
13 OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL FOLLOW THE
14 PROTOCOLS DEVELOPED BY THE DEPARTMENT UNDER SECTION 17115(11).

15 (4) IF A PATIENT WHO IS UNDER THE AGE OF 18 DISCLOSES
16 DOMESTIC VIOLENCE OR COERCION TO ABORT BY AN INDIVIDUAL
17 RESPONSIBLE FOR THE HEALTH OR WELFARE OF THE MINOR PATIENT, THE
18 PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL
19 REPORT THAT FACT TO A LOCAL CHILD PROTECTIVE SERVICES OFFICE.

20 (5) A PRIVATE OFFICE, FREESTANDING SURGICAL OUTPATIENT
21 FACILITY, OR OTHER FACILITY OR CLINIC IN WHICH ABORTIONS ARE
22 PERFORMED SHALL POST IN A CONSPICUOUS PLACE IN AN AREA OF ITS
23 FACILITY THAT IS ACCESSIBLE TO PATIENTS, EMPLOYEES, AND VISITORS
24 THE NOTICE DESCRIBED IN SECTION 17115(11)(H). A PRIVATE OFFICE,
25 FREESTANDING SURGICAL OUTPATIENT FACILITY, OR OTHER FACILITY OR
26 CLINIC IN WHICH ABORTIONS ARE PERFORMED SHALL MAKE AVAILABLE IN
27 AN AREA OF ITS FACILITY THAT IS ACCESSIBLE TO PATIENTS,

1 EMPLOYEES, AND VISITORS PUBLICATIONS THAT CONTAIN INFORMATION
2 ABOUT VIOLENCE AGAINST WOMEN.

3 (6) THIS SECTION DOES NOT CREATE A RIGHT TO ABORTION.
4 NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, A PERSON
5 SHALL NOT PERFORM AN ABORTION THAT IS PROHIBITED BY LAW.

6 SEC. 17116. (1) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION
7 (2), A PHYSICIAN OR AN INDIVIDUAL PERFORMING AN ACT, TASK, OR
8 FUNCTION UNDER THE DELEGATORY AUTHORITY OF A PHYSICIAN SHALL NOT
9 PERFORM A PARTIAL-BIRTH ABORTION, EVEN IF THE ABORTION IS
10 OTHERWISE PERMITTED BY LAW.

11 (2) A PHYSICIAN OR AN INDIVIDUAL DESCRIBED IN SUBSECTION (1)
12 MAY PERFORM A PARTIAL-BIRTH ABORTION IF THE PHYSICIAN OR OTHER
13 INDIVIDUAL REASONABLY BELIEVES THAT PERFORMING THE PARTIAL-BIRTH
14 ABORTION IS NECESSARY TO SAVE THE LIFE OF A PREGNANT WOMAN WHOSE
15 LIFE IS ENDANGERED BY A PHYSICAL DISORDER, PHYSICAL ILLNESS, OR
16 PHYSICAL INJURY AND THAT NO OTHER MEDICAL PROCEDURE WILL
17 ACCOMPLISH THAT PURPOSE.

18 (3) THIS SECTION DOES NOT CREATE A RIGHT TO ABORTION.
19 NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, A PERSON
20 SHALL NOT PERFORM AN ABORTION THAT IS PROHIBITED BY LAW.

21 (4) AS USED IN THIS SECTION:

22 (A) "ABORTION" MEANS THE INTENTIONAL USE OF AN INSTRUMENT,
23 DRUG, OR OTHER SUBSTANCE OR DEVICE TO TERMINATE A WOMAN'S
24 PREGNANCY FOR A PURPOSE OTHER THAN TO INCREASE THE PROBABILITY OF
25 A LIVE BIRTH, TO PRESERVE THE LIFE OR HEALTH OF THE CHILD AFTER
26 LIVE BIRTH, OR TO REMOVE A DEAD FETUS. ABORTION DOES NOT INCLUDE
27 A PROCEDURE TO COMPLETE A SPONTANEOUS ABORTION OR THE USE OR

1 PRESCRIPTION OF A DRUG OR DEVICE INTENDED AS A CONTRACEPTIVE.

2 (B) "FETUS" MEANS AN INDIVIDUAL ORGANISM OF THE SPECIES HOMO
3 SAPIENS AT ANY TIME BEFORE COMPLETE DELIVERY FROM A PREGNANT
4 WOMAN.

5 (C) "PARTIAL-BIRTH ABORTION" MEANS AN ABORTION IN WHICH THE
6 PHYSICIAN OR INDIVIDUAL ACTING UNDER THE DELEGATORY AUTHORITY OF
7 THE PHYSICIAN PERFORMING THE ABORTION PARTIALLY VAGINALLY
8 DELIVERS A LIVING FETUS BEFORE KILLING THE FETUS AND COMPLETING
9 THE DELIVERY.

10 SEC. 17117. (1) THIS SECTION DOES NOT APPLY AFTER DECEMBER
11 31, 2018.

12 (2) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, A
13 PHYSICIAN SHALL NOT DIAGNOSE AND PRESCRIBE A MEDICAL ABORTION FOR
14 A PATIENT WHO IS OR IS PRESUMED TO BE PREGNANT UNLESS THE
15 PHYSICIAN OR AN INDIVIDUAL LICENSED AND QUALIFIED BY EDUCATION
16 AND TRAINING FIRST PERSONALLY PERFORMS A PHYSICAL EXAMINATION OF
17 THE PATIENT. A PHYSICIAN SHALL NOT UTILIZE OTHER MEANS INCLUDING,
18 BUT NOT LIMITED TO, AN INTERNET WEB CAMERA, TO DIAGNOSE AND
19 PRESCRIBE A MEDICAL ABORTION.

20 (3) A PHYSICIAN SHALL OBTAIN THE INFORMED CONSENT OF A
21 PATIENT IN THE MANNER PRESCRIBED UNDER SECTION 17115 TO PERFORM A
22 MEDICAL ABORTION. THE PHYSICIAN SHALL BE PHYSICALLY PRESENT AT
23 THE LOCATION OF THE MEDICAL ABORTION WHEN THE PRESCRIPTION DRUG
24 USED TO INITIATE THE MEDICAL ABORTION IS DISPENSED. AN INDIVIDUAL
25 UNDER THE DIRECT SUPERVISION OF THE PRESCRIBING PHYSICIAN WHO IS
26 QUALIFIED BY EDUCATION AND TRAINING AS PROVIDED IN THIS ACT MAY
27 DISPENSE OR ADMINISTER THE PRESCRIPTION DRUG USED TO INITIATE THE

1 MEDICAL ABORTION.

2 (4) THIS SECTION DOES NOT CREATE A RIGHT TO ABORTION.
3 NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, A PERSON
4 SHALL NOT PERFORM AN ABORTION THAT IS PROHIBITED BY LAW.

5 (5) AS USED IN THIS SECTION:

6 (A) "ABORTION" MEANS THAT TERM AS DEFINED IN SECTION 17115.

7 (B) "MEDICAL ABORTION" MEANS AN ABORTION PROCEDURE THAT IS
8 NOT A SURGICAL PROCEDURE AND THAT UTILIZES A PRESCRIPTION DRUG TO
9 INDUCE AN ABORTION.

10 (C) "PRESCRIPTION DRUG" MEANS THAT TERM AS DEFINED IN
11 SECTION 17708.

12 SEC. 17118. (1) EXCEPT AS OTHERWISE PROVIDED IN THIS
13 SECTION, ONLY A PHYSICIAN SHALL PERFORM NEEDLE ELECTROMYOGRAPHY
14 OR INTERPRET NERVE CONDUCTION TESTS. A PHYSICIAN SHALL NOT
15 DELEGATE THE INTERPRETATION OF NERVE CONDUCTION TESTS TO ANOTHER
16 INDIVIDUAL UNLESS THAT INDIVIDUAL IS LICENSED UNDER THIS ARTICLE
17 TO ENGAGE IN THE PRACTICE OF MEDICINE. A PHYSICIAN SHALL NOT
18 DELEGATE THE PERFORMANCE OF NEEDLE ELECTROMYOGRAPHY TO ANOTHER
19 INDIVIDUAL UNLESS THAT INDIVIDUAL IS LICENSED UNDER THIS ARTICLE
20 TO ENGAGE IN THE PRACTICE OF MEDICINE OR THAT INDIVIDUAL IS
21 OTHERWISE AUTHORIZED UNDER THIS SECTION.

22 (2) IN ACCORDANCE WITH SECTION 16215, A PHYSICIAN MAY
23 DELEGATE THE PERFORMANCE OF NERVE CONDUCTION TESTS TO A LICENSED
24 OR UNLICENSED INDIVIDUAL WHO IS OTHERWISE QUALIFIED BY EDUCATION,
25 TRAINING, OR EXPERIENCE IF THOSE TESTS ARE CONDUCTED UNDER THE
26 DIRECT SUPERVISION OF A PHYSICIAN.

27 (3) A PHYSICAL THERAPIST WHO IS LICENSED UNDER PART 178 AND

1 CERTIFIED BY THE AMERICAN BOARD OF PHYSICAL THERAPY SPECIALTIES
2 AS AN ELECTROPHYSIOLOGIC CLINICAL SPECIALIST ON NOVEMBER 26, 2006
3 MAY PERFORM ELECTRODIAGNOSTIC STUDIES THAT ARE TO BE INTERPRETED
4 BY A PHYSICIAN IF HE OR SHE HAS BEEN PERFORMING ELECTRODIAGNOSTIC
5 STUDIES IN THIS STATE ON A CONSISTENT BASIS WITHIN THE 5 YEARS
6 IMMEDIATELY PRECEDING NOVEMBER 26, 2006. AS USED IN THIS
7 SUBSECTION, "CONSISTENT BASIS" MEANS AT A MINIMUM AN ANNUAL
8 AVERAGE OF 10 ELECTRODIAGNOSTIC STUDIES EACH MONTH.

9 (4) A PODIATRIST WHO HAS SUCCESSFULLY COMPLETED ADDITIONAL
10 TRAINING IN THE PERFORMANCE AND INTERPRETATION OF
11 ELECTRODIAGNOSTIC STUDIES THAT IS SATISFACTORY TO THE MICHIGAN
12 BOARD OF PODIATRIC MEDICINE AND SURGERY MAY CONDUCT
13 ELECTRODIAGNOSTIC STUDIES THAT ARE WITHIN HIS OR HER SCOPE OF
14 PRACTICE.

15 (5) A CHIROPRACTOR WHO IS LICENSED UNDER PART 164 AND WHO
16 HAS SUCCESSFULLY COMPLETED ADDITIONAL TRAINING IN THE PERFORMANCE
17 AND INTERPRETATION OF ELECTRODIAGNOSTIC STUDIES THAT IS
18 SATISFACTORY TO THE MICHIGAN BOARD OF CHIROPRACTIC MAY CONDUCT
19 NERVE CONDUCTION TESTS THAT ARE WITHIN HIS OR HER SCOPE OF
20 PRACTICE.

21 (6) THIS SECTION DOES NOT REQUIRE NEW OR ADDITIONAL THIRD
22 PARTY REIMBURSEMENT OR MANDATED WORKER'S COMPENSATION BENEFITS
23 FOR SERVICES RENDERED BY AN INDIVIDUAL AUTHORIZED TO CONDUCT
24 ELECTRODIAGNOSTIC STUDIES UNDER THIS SECTION.

25 SEC. 17120. (1) EXCEPT AS OTHERWISE PROVIDED FOR A TEST
26 PERFORMED UNDER SECTION 5431 AND EXCEPT AS OTHERWISE PROVIDED BY
27 LAW, A PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED PRACTICE

1 REGISTERED NURSE, OR AN INDIVIDUAL TO WHOM THE PHYSICIAN,
2 PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE HAS
3 DELEGATED AUTHORITY TO PERFORM A SELECTED ACT, TASK, OR FUNCTION
4 UNDER SECTION 16215 SHALL NOT ORDER A PRESYMPTOMATIC OR
5 PREDICTIVE GENETIC TEST WITHOUT FIRST OBTAINING THE WRITTEN,
6 INFORMED CONSENT OF THE TEST SUBJECT UNDER THIS SECTION.

7 (2) FOR PURPOSES OF SUBSECTION (1), WRITTEN, INFORMED
8 CONSENT CONSISTS OF A SIGNED WRITING EXECUTED BY THE TEST SUBJECT
9 OR THE LEGALLY AUTHORIZED REPRESENTATIVE OF THE TEST SUBJECT THAT
10 CONFIRMS THAT THE PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED
11 PRACTICE REGISTERED NURSE, OR THE INDIVIDUAL ACTING UNDER THE
12 DELEGATORY AUTHORITY OF THE PHYSICIAN, PHYSICIAN ASSISTANT, OR
13 ADVANCED PRACTICE REGISTERED NURSE HAS EXPLAINED, AND THE TEST
14 SUBJECT OR THE LEGALLY AUTHORIZED REPRESENTATIVE OF THE TEST
15 SUBJECT UNDERSTANDS, AT A MINIMUM, ALL OF THE FOLLOWING:

16 (A) THE NATURE AND PURPOSE OF THE PRESYMPTOMATIC OR
17 PREDICTIVE GENETIC TEST.

18 (B) THE EFFECTIVENESS AND LIMITATIONS OF THE PRESYMPTOMATIC
19 OR PREDICTIVE GENETIC TEST.

20 (C) THE IMPLICATIONS OF TAKING THE PRESYMPTOMATIC OR
21 PREDICTIVE GENETIC TEST, INCLUDING, BUT NOT LIMITED TO, THE
22 MEDICAL RISKS AND BENEFITS.

23 (D) THE FUTURE USES OF THE SAMPLE TAKEN FROM THE TEST
24 SUBJECT IN ORDER TO CONDUCT THE PRESYMPTOMATIC OR PREDICTIVE
25 GENETIC TEST AND THE INFORMATION OBTAINED FROM THE PRESYMPTOMATIC
26 OR PREDICTIVE GENETIC TEST.

27 (E) THE MEANING OF THE PRESYMPTOMATIC OR PREDICTIVE GENETIC

1 TEST RESULTS AND THE PROCEDURE FOR PROVIDING NOTICE OF THE
2 RESULTS TO THE TEST SUBJECT.

3 (F) WHO WILL HAVE ACCESS TO THE SAMPLE TAKEN FROM THE TEST
4 SUBJECT IN ORDER TO CONDUCT THE PRESYMPTOMATIC OR PREDICTIVE
5 GENETIC TEST AND THE INFORMATION OBTAINED FROM THE PRESYMPTOMATIC
6 OR PREDICTIVE GENETIC TEST, AND THE TEST SUBJECT'S RIGHT TO
7 CONFIDENTIAL TREATMENT OF THE SAMPLE AND THE INFORMATION.

8 (3) THE DEPARTMENT OF COMMUNITY HEALTH, IN CONSULTATION WITH
9 THE BOARD, AT LEAST 1 PHYSICIAN WHO IS BOARD CERTIFIED BY THE
10 AMERICAN BOARD OF MEDICAL GENETICS, AND APPROPRIATE PROFESSIONAL
11 ORGANIZATIONS, SHALL MAINTAIN A MODEL INFORMED CONSENT FORM FIRST
12 DEVELOPED AND REVISED UNDER FORMER SECTION 17020 FOR PURPOSES OF
13 THIS SECTION THAT PRACTITIONERS MAY ADOPT. THE DEPARTMENT OF
14 COMMUNITY HEALTH SHALL INCLUDE IN THE MODEL FORM AT LEAST ALL OF
15 THE INFORMATION REQUIRED UNDER SUBSECTION (2). THE DEPARTMENT OF
16 COMMUNITY HEALTH SHALL DISTRIBUTE THE MODEL FORM TO LICENSEES AND
17 OTHER INDIVIDUALS SUBJECT TO THIS SECTION ON REQUEST AND AT NO
18 CHARGE. THE DEPARTMENT OF COMMUNITY HEALTH SHALL REVIEW THE MODEL
19 FORM AND REVISE THE MODEL FORM IF NECESSARY TO MAKE THE FORM
20 REFLECT THE LATEST DEVELOPMENTS IN MEDICAL GENETICS.

21 (4) THE DEPARTMENT OF COMMUNITY HEALTH, IN CONSULTATION WITH
22 THE ENTITIES DESCRIBED IN SUBSECTION (3), MAY ALSO DEVELOP AND
23 DISTRIBUTE A PAMPHLET THAT PROVIDES FURTHER EXPLANATION OF THE
24 INFORMATION INCLUDED IN THE MODEL INFORMED CONSENT FORM.

25 (5) IF A TEST SUBJECT OR HIS OR HER LEGALLY AUTHORIZED
26 REPRESENTATIVE SIGNS A COPY OF THE MODEL INFORMED CONSENT FORM
27 DEVELOPED AND DISTRIBUTED UNDER SUBSECTION (3) OR FORMER SECTION

1 17020, THE PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED PRACTICE
2 REGISTERED NURSE, OR INDIVIDUAL ACTING UNDER THE DELEGATORY
3 AUTHORITY OF THE PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED
4 PRACTICE REGISTERED NURSE SHALL GIVE THE TEST SUBJECT A COPY OF
5 THE SIGNED INFORMED CONSENT FORM AND SHALL INCLUDE THE ORIGINAL
6 SIGNED INFORMED CONSENT FORM IN THE TEST SUBJECT'S MEDICAL
7 RECORD.

8 (6) IF A TEST SUBJECT OR HIS OR HER LEGALLY AUTHORIZED
9 REPRESENTATIVE SIGNS A COPY OF THE MODEL INFORMED CONSENT FORM
10 DEVELOPED AND DISTRIBUTED UNDER SUBSECTION (3) OR FORMER SECTION
11 17020, THE TEST SUBJECT IS BARRED FROM SUBSEQUENTLY BRINGING A
12 CIVIL ACTION FOR DAMAGES AGAINST THE PHYSICIAN, PHYSICIAN
13 ASSISTANT, ADVANCED PRACTICE REGISTERED NURSE, OR INDIVIDUAL
14 ACTING UNDER THE DELEGATORY AUTHORITY OF THE PHYSICIAN, PHYSICIAN
15 ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE WHO ORDERED THE
16 PRESYMPTOMATIC OR PREDICTIVE GENETIC TEST, BASED ON FAILURE TO
17 OBTAIN INFORMED CONSENT FOR THE PRESYMPTOMATIC OR PREDICTIVE
18 GENETIC TEST.

19 (7) A PHYSICIAN'S, PHYSICIAN ASSISTANT'S, OR ADVANCED
20 PRACTICE REGISTERED NURSE'S DUTY TO INFORM A PATIENT UNDER THIS
21 SECTION DOES NOT REQUIRE DISCLOSURE OF INFORMATION BEYOND WHAT A
22 REASONABLY WELL-QUALIFIED PHYSICIAN, PHYSICIAN ASSISTANT, OR
23 ADVANCED PRACTICE REGISTERED NURSE WOULD KNOW.

24 (8) AS USED IN THIS SECTION:

25 (A) "GENETIC INFORMATION" MEANS INFORMATION ABOUT A GENE,
26 GENE PRODUCT, OR INHERITED CHARACTERISTIC, WHICH INFORMATION IS
27 DERIVED FROM A GENETIC TEST.

(B) "GENETIC TEST" MEANS THE ANALYSIS OF HUMAN DNA, RNA, CHROMOSOMES, AND THOSE PROTEINS AND METABOLITES USED TO DETECT HERITABLE OR SOMATIC DISEASE-RELATED GENOTYPES OR KARYOTYPES FOR CLINICAL PURPOSES. A GENETIC TEST MUST BE GENERALLY ACCEPTED IN THE SCIENTIFIC AND MEDICAL COMMUNITIES AS BEING SPECIFICALLY DETERMINATIVE FOR THE PRESENCE, ABSENCE, OR MUTATION OF A GENE OR CHROMOSOME IN ORDER TO QUALIFY UNDER THIS DEFINITION. GENETIC TEST DOES NOT INCLUDE EITHER OF THE FOLLOWING:

(i) A ROUTINE PHYSICAL EXAMINATION OR A ROUTINE ANALYSIS, INCLUDING, BUT NOT LIMITED TO, A CHEMICAL ANALYSIS, OF BODY FLUIDS, UNLESS CONDUCTED SPECIFICALLY TO DETERMINE THE PRESENCE, ABSENCE, OR MUTATION OF A GENE OR CHROMOSOME.

(ii) A PROCEDURE PERFORMED AS A COMPONENT OF BIOMEDICAL RESEARCH THAT IS CONDUCTED PURSUANT TO FEDERAL COMMON RULE UNDER 21 CFR PARTS 50 AND 56 AND 45 CFR PART 46.

(C) "PREDICTIVE GENETIC TEST" MEANS A GENETIC TEST PERFORMED FOR THE PURPOSE OF PREDICTING THE FUTURE PROBABILITY THAT THE TEST SUBJECT WILL DEVELOP A GENETICALLY RELATED DISEASE OR DISABILITY.

(D) "PRESYMPTOMATIC GENETIC TEST" MEANS A GENETIC TEST PERFORMED BEFORE THE ONSET OF CLINICAL SYMPTOMS OR INDICATIONS OF DISEASE.

SEC. 17121. (1) THE MICHIGAN PATIENT CARE BOARD IS CREATED IN THE DEPARTMENT AND CONSISTS OF THE FOLLOWING 19 VOTING MEMBERS WHO MEET THE REQUIREMENTS OF PART 161:

(A) THREE ALLOPATHIC PHYSICIANS.

(B) THREE OSTEOPATHIC PHYSICIANS.

1 (C) THREE PHYSICIAN ASSISTANTS.

2 (D) THREE ADVANCED PRACTICE REGISTERED NURSES.

3 (E) SEVEN PUBLIC MEMBERS.

4 (2) THE BOARD DOES NOT HAVE THE POWERS AND DUTIES VESTED IN
5 A PATIENT CARE TASK FORCE UNDER THIS PART.

6 (3) BASED ON RECOMMENDATIONS FROM THE PATIENT CARE TASK
7 FORCES, THE BOARD BY RULE SHALL DO ALL OF THE FOLLOWING:

8 (A) ESTABLISH A MODEL PRACTICE AGREEMENT FOR USE BY
9 PHYSICIANS AND PHYSICIAN ASSISTANTS OR ADVANCED PRACTICE
10 REGISTERED NURSES WHO ORGANIZE A PATIENT CARE TEAM UNDER SECTION
11 17149.

12 (B) REQUIRE THE DEVELOPMENT OF AN ELECTRONIC VERSION OF THE
13 MODEL PRACTICE AGREEMENT.

14 (C) PROVIDE FOR JOINT EVALUATION OF THE MODEL PRACTICE
15 AGREEMENT EVERY 2 YEARS.

16 (D) ESTABLISH A STANDARD FOR TIMELY AND MEANINGFUL REVIEW
17 AND, IF APPROPRIATE, REVISION OF THE MODEL PRACTICE AGREEMENT BY
18 MEMBERS OF THE PATIENT CARE TEAM.

19 SEC. 17122. (1) THE ALLOPATHIC PHYSICIAN REGULATORY AND
20 DISCIPLINARY TASK FORCE IS CREATED. THE ALLOPATHIC PHYSICIAN TASK
21 FORCE CONSISTS OF THE FOLLOWING 13 MEMBERS:

22 (A) SEVEN ALLOPATHIC PHYSICIANS.

23 (B) ONE OSTEOPATHIC PHYSICIAN.

24 (C) ONE PHYSICIAN ASSISTANT.

25 (D) ONE ADVANCED PRACTICE REGISTERED NURSE.

26 (E) THREE PUBLIC MEMBERS.

27 (2) THE ALLOPATHIC PHYSICIAN TASK FORCE SHALL DO ALL OF THE

1 FOLLOWING:

2 (A) PROMULGATE RULES NECESSARY FOR THE IMPLEMENTATION OF ITS
3 POWERS AND DUTIES, AND MAY PERFORM THE ACTS AND MAKE THE
4 DETERMINATIONS NECESSARY FOR THE PROPER IMPLEMENTATION OF THOSE
5 POWERS AND DUTIES.

6 (B) PROMULGATE RULES TO ESTABLISH THE REQUIREMENTS FOR THE
7 EDUCATION, TRAINING, OR EXPERIENCE OF ALLOPATHIC PHYSICIANS FOR
8 LICENSURE IN THIS STATE. THE REQUIREMENTS SHALL TAKE INTO ACCOUNT
9 NATIONALLY RECOGNIZED STANDARDS FOR EDUCATION, TRAINING, AND
10 EXPERIENCE AND THE DESIRED UTILIZATION OF ALLOPATHIC PHYSICIANS.

11 (C) DIRECT THE DEPARTMENT TO ISSUE ALLOPATHIC PHYSICIAN
12 LICENSES TO APPLICANTS WHO MEET THE REQUIREMENTS OF THIS PART AND
13 THE RULES PROMULGATED UNDER THIS PART FOR PRACTICE AS AN
14 ALLOPATHIC PHYSICIAN AND USE OF THE TITLES DESCRIBED IN SECTION
15 17111(5) (A) .

16 (D) PROMULGATE RULES TO ESTABLISH CRITERIA FOR THE
17 EVALUATION OF PROGRAMS FOR THE EDUCATION AND TRAINING OF
18 ALLOPATHIC PHYSICIANS FOR THE PURPOSE OF DETERMINING WHETHER
19 GRADUATES OF THE PROGRAMS HAVE THE KNOWLEDGE AND SKILLS REQUISITE
20 FOR PRACTICE AS AN ALLOPATHIC PHYSICIAN UNDER THIS PART. THE
21 CRITERIA ESTABLISHED MUST BE SUBSTANTIALLY CONSISTENT WITH
22 NATIONALLY RECOGNIZED STANDARDS FOR THE EDUCATION AND TRAINING OF
23 ALLOPATHIC PHYSICIANS. THE ALLOPATHIC PHYSICIAN TASK FORCE SHALL
24 CONSIDER AND MAY USE WHERE APPROPRIATE THE CRITERIA ESTABLISHED
25 BY PROFESSIONAL ASSOCIATIONS, EDUCATION ACCREDITING BODIES, OR
26 GOVERNMENTAL AGENCIES IN ESTABLISHING CRITERIA FOR THE EVALUATION
27 OF EDUCATION AND TRAINING PROGRAMS, AND MAY SEEK THE ADVICE OF

1 THE BOARD AND THE DEPARTMENT OF EDUCATION.

2 (E) MAKE WRITTEN RECOMMENDATIONS TO THE BOARD CONCERNING THE
3 RULES PROPOSED OR ADOPTED BY THE BOARD.

4 (F) MAKE WRITTEN RECOMMENDATIONS TO THE OTHER PATIENT CARE
5 TASK FORCES CONCERNING THE USE OF PATIENT CARE TEAMS TO IMPROVE
6 PATIENT CARE.

7 (G) FILE AN ANNUAL REPORT WITH THE DEPARTMENT AND THE BOARD
8 CONTAINING MATTERS PRESCRIBED BY THE DEPARTMENT AND BOARD.

9 (3) THE ALLOPATHIC PHYSICIAN TASK FORCE SHALL PERFORM ALL OF
10 THE DUTIES OF A DISCIPLINARY SUBCOMMITTEE UNDER PART 161 WITH
11 REGARD TO ALLOPATHIC PHYSICIANS UNDER THIS PART. IF THE CHAIR OF
12 THE ALLOPATHIC PHYSICIAN TASK FORCE IS NOT A PUBLIC MEMBER, THE
13 ALLOPATHIC PHYSICIAN TASK FORCE SHALL APPOINT A PUBLIC MEMBER AS
14 THE CHAIR OF THE ALLOPATHIC PHYSICIAN TASK FORCE FOR THE PURPOSE
15 OF AND FOR THE DURATION OF A DISCIPLINARY PROCEEDING UNDER THIS
16 ARTICLE.

17 SEC. 17123. (1) THE OSTEOPATHIC PHYSICIAN REGULATORY AND
18 DISCIPLINARY TASK FORCE IS CREATED FOR THE OSTEOPATHIC PHYSICIANS
19 LICENSED UNDER THIS PART. THE OSTEOPATHIC PHYSICIAN TASK FORCE
20 CONSISTS OF THE FOLLOWING 13 MEMBERS:

21 (A) SEVEN OSTEOPATHIC PHYSICIANS.

22 (B) ONE ALLOPATHIC PHYSICIAN.

23 (C) ONE PHYSICIAN ASSISTANT.

24 (D) ONE ADVANCED PRACTICE REGISTERED NURSE.

25 (E) THREE PUBLIC MEMBERS.

26 (2) THE OSTEOPATHIC PHYSICIAN TASK FORCE SHALL DO ALL OF THE
27 FOLLOWING:

1 (A) PROMULGATE RULES NECESSARY FOR THE IMPLEMENTATION OF ITS
2 POWERS AND DUTIES, AND MAY PERFORM THE ACTS AND MAKE THE
3 DETERMINATIONS NECESSARY FOR THE PROPER IMPLEMENTATION OF THOSE
4 POWERS AND DUTIES.

5 (B) PROMULGATE RULES TO ESTABLISH THE REQUIREMENTS FOR THE
6 EDUCATION, TRAINING, OR EXPERIENCE OF OSTEOPATHIC PHYSICIANS FOR
7 LICENSURE IN THIS STATE. THE REQUIREMENTS SHALL TAKE INTO ACCOUNT
8 NATIONALLY RECOGNIZED STANDARDS FOR EDUCATION, TRAINING, AND
9 EXPERIENCE AND THE DESIRED UTILIZATION OF OSTEOPATHIC PHYSICIANS.

10 (C) DIRECT THE DEPARTMENT TO ISSUE OSTEOPATHIC PHYSICIAN
11 LICENSES TO APPLICANTS WHO MEET THE REQUIREMENTS OF THIS PART AND
12 THE RULES PROMULGATED UNDER THIS PART FOR PRACTICE AS AN
13 OSTEOPATHIC PHYSICIAN AND USE OF THE TITLES DESCRIBED IN SECTION
14 17111(5)(B).

15 (D) PROMULGATE RULES TO ESTABLISH CRITERIA FOR THE
16 EVALUATION OF PROGRAMS FOR THE EDUCATION AND TRAINING OF
17 OSTEOPATHIC PHYSICIANS FOR THE PURPOSE OF DETERMINING WHETHER
18 GRADUATES OF THE PROGRAMS HAVE THE KNOWLEDGE AND SKILLS REQUISITE
19 FOR PRACTICE AS AN OSTEOPATHIC PHYSICIAN UNDER THIS PART. THE
20 CRITERIA ESTABLISHED MUST BE SUBSTANTIALLY CONSISTENT WITH
21 NATIONALLY RECOGNIZED STANDARDS FOR THE EDUCATION AND TRAINING OF
22 OSTEOPATHIC PHYSICIANS. THE OSTEOPATHIC PHYSICIAN TASK FORCE
23 SHALL CONSIDER AND MAY USE WHERE APPROPRIATE THE CRITERIA
24 ESTABLISHED BY PROFESSIONAL ASSOCIATIONS, EDUCATION ACCREDITING
25 BODIES, OR GOVERNMENTAL AGENCIES IN ESTABLISHING CRITERIA FOR THE
26 EVALUATION OF EDUCATION AND TRAINING PROGRAMS, AND MAY SEEK THE
27 ADVICE OF THE BOARD AND THE DEPARTMENT OF EDUCATION.

1 (E) MAKE WRITTEN RECOMMENDATIONS TO THE BOARD CONCERNING THE
2 RULES PROPOSED OR ADOPTED BY THE BOARD.

3 (F) MAKE WRITTEN RECOMMENDATIONS TO THE OTHER PATIENT CARE
4 TASK FORCES CONCERNING THE USE OF PATIENT CARE TEAMS TO IMPROVE
5 PATIENT CARE.

6 (G) FILE AN ANNUAL REPORT WITH THE DEPARTMENT AND THE BOARD
7 CONTAINING MATTERS PRESCRIBED BY THE DEPARTMENT AND BOARD.

8 (3) THE OSTEOPATHIC PHYSICIAN TASK FORCE SHALL PERFORM ALL
9 OF THE DUTIES OF A DISCIPLINARY SUBCOMMITTEE UNDER PART 161 WITH
10 REGARD TO OSTEOPATHIC PHYSICIANS UNDER THIS PART. IF THE CHAIR OF
11 THE OSTEOPATHIC PHYSICIAN TASK FORCE IS NOT A PUBLIC MEMBER, THE
12 OSTEOPATHIC PHYSICIAN TASK FORCE SHALL APPOINT A PUBLIC MEMBER AS
13 THE CHAIR OF THE OSTEOPATHIC PHYSICIAN TASK FORCE FOR THE PURPOSE
14 OF AND FOR THE DURATION OF A DISCIPLINARY PROCEEDING UNDER THIS
15 ARTICLE.

16 SEC. 17124. (1) THE PHYSICIAN ASSISTANT REGULATORY AND
17 DISCIPLINARY TASK FORCE IS CREATED FOR THE PHYSICIAN ASSISTANTS
18 LICENSED UNDER THIS PART. THE PHYSICIAN ASSISTANT TASK FORCE
19 CONSISTS OF THE FOLLOWING 13 MEMBERS:

20 (A) SEVEN PHYSICIAN ASSISTANTS.

21 (B) ONE ALLOPATHIC PHYSICIAN.

22 (C) ONE OSTEOPATHIC PHYSICIAN.

23 (D) ONE ADVANCED PRACTICE REGISTERED NURSE.

24 (E) THREE PUBLIC MEMBERS.

25 (2) THE PHYSICIAN ASSISTANT TASK FORCE SHALL DO ALL OF THE
26 FOLLOWING:

27 (A) PROMULGATE RULES NECESSARY FOR THE IMPLEMENTATION OF ITS

1 POWERS AND DUTIES, AND MAY PERFORM THE ACTS AND MAKE THE
2 DETERMINATIONS NECESSARY FOR THE PROPER IMPLEMENTATION OF THOSE
3 POWERS AND DUTIES.

4 (B) PROMULGATE RULES TO ESTABLISH THE REQUIREMENTS FOR THE
5 EDUCATION, TRAINING, OR EXPERIENCE OF PHYSICIAN ASSISTANTS FOR
6 LICENSURE IN THIS STATE. THE REQUIREMENTS SHALL TAKE INTO ACCOUNT
7 NATIONALLY RECOGNIZED STANDARDS FOR EDUCATION, TRAINING, AND
8 EXPERIENCE AND THE DESIRED UTILIZATION OF PHYSICIAN ASSISTANTS.

9 (C) DIRECT THE DEPARTMENT TO ISSUE PHYSICIAN ASSISTANT
10 LICENSES TO APPLICANTS WHO MEET THE REQUIREMENTS OF THIS PART AND
11 THE RULES PROMULGATED UNDER THIS PART FOR PRACTICE AS A PHYSICIAN
12 ASSISTANT AND USE OF THE TITLES DESCRIBED IN SECTION 17111(5)(C).

13 (D) PROMULGATE RULES TO ESTABLISH CRITERIA FOR THE
14 EVALUATION OF PROGRAMS FOR THE EDUCATION AND TRAINING OF
15 PHYSICIAN ASSISTANTS FOR THE PURPOSE OF DETERMINING WHETHER
16 GRADUATES OF THE PROGRAMS HAVE THE KNOWLEDGE AND SKILLS REQUISITE
17 FOR PRACTICE AS A PHYSICIAN ASSISTANT UNDER THIS PART. THE
18 CRITERIA ESTABLISHED MUST BE SUBSTANTIALLY CONSISTENT WITH
19 NATIONALLY RECOGNIZED STANDARDS FOR THE EDUCATION AND TRAINING OF
20 PHYSICIAN ASSISTANTS. THE PHYSICIAN ASSISTANT TASK FORCE SHALL
21 CONSIDER AND MAY USE WHERE APPROPRIATE THE CRITERIA ESTABLISHED
22 BY PROFESSIONAL ASSOCIATIONS, EDUCATION ACCREDITING BODIES, OR
23 GOVERNMENTAL AGENCIES IN ESTABLISHING CRITERIA FOR THE EVALUATION
24 OF EDUCATION AND TRAINING PROGRAMS, AND MAY SEEK THE ADVICE OF
25 THE BOARD AND THE DEPARTMENT OF EDUCATION.

26 (E) MAKE WRITTEN RECOMMENDATIONS TO THE BOARD CONCERNING THE
27 RULES PROPOSED OR ADOPTED BY THE BOARD.

1 (F) MAKE WRITTEN RECOMMENDATIONS TO THE OTHER PATIENT CARE
2 TASK FORCES CONCERNING THE USE OF PATIENT CARE TEAMS TO IMPROVE
3 PATIENT CARE.

4 (G) FILE AN ANNUAL REPORT WITH THE DEPARTMENT AND THE BOARD
5 CONTAINING MATTERS PRESCRIBED BY THE DEPARTMENT AND BOARD.

6 (3) THE PHYSICIAN ASSISTANT TASK FORCE SHALL PERFORM ALL OF
7 THE DUTIES OF A DISCIPLINARY SUBCOMMITTEE UNDER PART 161 WITH
8 REGARD TO PHYSICIAN ASSISTANTS UNDER THIS PART. IF THE CHAIR OF
9 THE PHYSICIAN ASSISTANT TASK FORCE IS NOT A PUBLIC MEMBER, THE
10 PHYSICIAN ASSISTANT TASK FORCE SHALL APPOINT A PUBLIC MEMBER AS
11 THE CHAIR OF THE PHYSICIAN ASSISTANT TASK FORCE FOR THE PURPOSE
12 OF AND FOR THE DURATION OF A DISCIPLINARY PROCEEDING UNDER THIS
13 ARTICLE.

14 SEC. 17125. (1) THE ADVANCED PRACTICE REGISTERED NURSE
15 REGULATORY AND DISCIPLINARY TASK FORCE IS CREATED FOR THE
16 ADVANCED PRACTICE REGISTERED NURSES LICENSED UNDER THIS PART. THE
17 ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL CONSIST OF
18 THE FOLLOWING 13 MEMBERS:

19 (A) SEVEN ADVANCED PRACTICE REGISTERED NURSES.

20 (B) ONE ALLOPATHIC PHYSICIAN.

21 (C) ONE OSTEOPATHIC PHYSICIAN.

22 (D) ONE PHYSICIAN ASSISTANT.

23 (E) THREE PUBLIC MEMBERS.

24 (2) THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL
25 DO ALL OF THE FOLLOWING:

26 (A) PROMULGATE RULES NECESSARY FOR THE IMPLEMENTATION OF ITS
27 POWERS AND DUTIES, AND MAY PERFORM THE ACTS AND MAKE THE

1 DETERMINATIONS NECESSARY FOR THE PROPER IMPLEMENTATION OF THOSE
2 POWERS AND DUTIES.

3 (B) PROMULGATE RULES TO ESTABLISH THE REQUIREMENTS FOR THE
4 EDUCATION, TRAINING, OR EXPERIENCE OF ADVANCED PRACTICE
5 REGISTERED NURSES FOR LICENSURE IN THIS STATE. THE REQUIREMENTS
6 SHALL TAKE INTO ACCOUNT NATIONALLY RECOGNIZED STANDARDS FOR
7 EDUCATION, TRAINING, AND EXPERIENCE AND THE DESIRED UTILIZATION
8 OF ADVANCED PRACTICE REGISTERED NURSES.

9 (C) DIRECT THE DEPARTMENT TO ISSUE ADVANCED PRACTICE
10 REGISTERED NURSE LICENSES TO APPLICANTS WHO MEET THE REQUIREMENTS
11 OF THIS PART AND THE RULES PROMULGATED UNDER THIS PART FOR
12 PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE AND USE OF THE
13 TITLES DESCRIBED IN SECTION 17111(5) (D).

14 (D) PROMULGATE RULES TO ESTABLISH CRITERIA FOR THE
15 EVALUATION OF PROGRAMS FOR THE EDUCATION AND TRAINING OF ADVANCED
16 PRACTICE REGISTERED NURSES FOR THE PURPOSE OF DETERMINING WHETHER
17 GRADUATES OF THE PROGRAMS HAVE THE KNOWLEDGE AND SKILLS REQUISITE
18 FOR PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE UNDER THIS
19 PART. THE CRITERIA ESTABLISHED MUST BE SUBSTANTIALLY CONSISTENT
20 WITH NATIONALLY RECOGNIZED STANDARDS FOR THE EDUCATION AND
21 TRAINING OF ADVANCED PRACTICE REGISTERED NURSES. THE ADVANCED
22 PRACTICE REGISTERED NURSE TASK FORCE SHALL CONSIDER AND MAY USE
23 WHERE APPROPRIATE THE CRITERIA ESTABLISHED BY PROFESSIONAL
24 ASSOCIATIONS, EDUCATION ACCREDITING BODIES, OR GOVERNMENTAL
25 AGENCIES IN ESTABLISHING CRITERIA FOR THE EVALUATION OF EDUCATION
26 AND TRAINING PROGRAMS, AND MAY SEEK THE ADVICE OF THE BOARD AND
27 THE DEPARTMENT OF EDUCATION.

1 (E) MAKE WRITTEN RECOMMENDATIONS TO THE BOARD CONCERNING THE
2 RULES PROPOSED OR ADOPTED BY THE BOARD.

3 (F) MAKE WRITTEN RECOMMENDATIONS TO THE OTHER PATIENT CARE
4 TASK FORCES CONCERNING THE USE OF PATIENT CARE TEAMS TO IMPROVE
5 PATIENT CARE.

6 (G) FILE AN ANNUAL REPORT WITH THE DEPARTMENT AND THE BOARD
7 CONTAINING MATTERS PRESCRIBED BY THE DEPARTMENT AND BOARD.

8 (3) THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL
9 PERFORM ALL OF THE DUTIES OF A DISCIPLINARY SUBCOMMITTEE UNDER
10 PART 161 WITH REGARD TO ADVANCED PRACTICE REGISTERED NURSES UNDER
11 THIS PART. IF THE CHAIR OF THE ADVANCED PRACTICE REGISTERED NURSE
12 TASK FORCE IS NOT A PUBLIC MEMBER, THE ADVANCED PRACTICE
13 REGISTERED NURSE TASK FORCE SHALL APPOINT A PUBLIC MEMBER AS THE
14 CHAIR OF THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE FOR
15 THE PURPOSE OF AND FOR THE DURATION OF A DISCIPLINARY PROCEEDING
16 UNDER THIS ARTICLE.

17 SEC. 17126. THE TERM OF OFFICE OF AN INDIVIDUAL MEMBER OF A
18 BOARD OR TASK FORCE CREATED UNDER THIS PART, EXCEPT A MEMBER
19 APPOINTED TO FILL A VACANCY, EXPIRES 4 YEARS AFTER APPOINTMENT ON
20 DECEMBER 31 OF THE YEAR IN WHICH THE TERM EXPIRES.

21 SEC. 17130. (1) A CLINICAL ACADEMIC LIMITED LICENSE GRANTED
22 BY THE PATIENT CARE TASK FORCE UNDER SECTION 16182(2)(C) FOR THE
23 PRACTICE OF MEDICINE SHALL REQUIRE THAT THE INDIVIDUAL PRACTICE
24 ONLY FOR AN ACADEMIC INSTITUTION AND UNDER THE SUPERVISION OF 1
25 OR MORE PHYSICIANS FULLY LICENSED UNDER THIS PART.

26 (2) A CLINICAL ACADEMIC LIMITED LICENSE GRANTED BY THE
27 PATIENT CARE TASK FORCE UNDER SECTION 16182(2)(C) FOR THE

1 PRACTICE OF MEDICINE IS RENEWABLE ANNUALLY, BUT AN INDIVIDUAL
2 SHALL NOT ENGAGE IN THE PRACTICE OF MEDICINE UNDER 1 OR MORE
3 CLINICAL ACADEMIC LIMITED LICENSES FOR MORE THAN 5 YEARS.

4 SEC. 17131. (1) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION
5 (2), AN APPLICANT FOR A LICENSE AS A PHYSICIAN, IN ADDITION TO
6 COMPLETING THE REQUIREMENTS FOR THE DEGREE IN ALLOPATHIC OR
7 OSTEOPATHIC MEDICINE, SHALL COMPLETE A PERIOD OF POSTGRADUATE
8 EDUCATION TO ATTAIN PROFICIENCY IN THE PRACTICE OF THE
9 PROFESSION, AS PRESCRIBED IN RULES, AS A CONDITION FOR MORE THAN
10 LIMITED LICENSURE.

11 (2) THE APPROPRIATE PATIENT CARE TASK FORCE MAY GRANT A
12 PHYSICIAN LICENSE TO PRACTICE TO AN APPLICANT WHO HAS COMPLETED
13 THE REQUIREMENTS FOR A DEGREE IN ALLOPATHIC MEDICINE OR
14 OSTEOPATHIC MEDICINE AT A MEDICAL SCHOOL LOCATED OUTSIDE THE
15 UNITED STATES OR CANADA IF THE APPLICANT DEMONSTRATES TO THE TASK
16 FORCE ALL OF THE FOLLOWING:

17 (A) THAT THE APPLICANT HAS ENGAGED IN THE PRACTICE OF
18 MEDICINE FOR AT LEAST 10 YEARS AFTER COMPLETING THE REQUIREMENTS
19 FOR A DEGREE IN ALLOPATHIC MEDICINE OR OSTEOPATHIC MEDICINE.

20 (B) THAT THE APPLICANT HAS COMPLETED NOT LESS THAN 3 YEARS
21 OF POSTGRADUATE CLINICAL TRAINING IN AN INSTITUTION THAT HAS AN
22 AFFILIATION WITH A MEDICAL SCHOOL THAT IS LISTED IN A DIRECTORY
23 OF MEDICAL SCHOOLS PUBLISHED BY THE WORLD HEALTH ORGANIZATION AS
24 APPROVED BY THE TASK FORCE.

25 (C) THAT THE APPLICANT HAS ACHIEVED A SCORE DETERMINED BY
26 THE TASK FORCE TO BE A PASSING SCORE ON AN INITIAL MEDICAL
27 LICENSURE EXAMINATION DESCRIBED IN SECTION 17166 OR 17167.

1 (D) THAT THE APPLICANT HAS SAFELY AND COMPETENTLY PRACTICED
2 MEDICINE UNDER A CLINICAL ACADEMIC LIMITED LICENSE GRANTED BY THE
3 TASK FORCE UNDER THIS ARTICLE FOR 1 OR MORE ACADEMIC INSTITUTIONS
4 LOCATED IN THIS STATE FOR NOT LESS THAN THE 2 YEARS IMMEDIATELY
5 PRECEDING THE DATE OF APPLICATION FOR A LICENSE UNDER THIS
6 SUBSECTION, DURING WHICH TIME THE APPLICANT FUNCTIONED NOT LESS
7 THAN 800 HOURS PER YEAR IN THE OBSERVATION AND TREATMENT OF
8 PATIENTS.

9 (3) AN APPLICANT DESCRIBED IN SUBSECTION (2) SHALL FILE WITH
10 THE APPROPRIATE PATIENT CARE TASK FORCE A WRITTEN STATEMENT FROM
11 EACH ACADEMIC INSTITUTION ON WHICH THE APPLICANT RELIES TO
12 SATISFY THE REQUIREMENTS OF SUBSECTION (2) (D). THE STATEMENT
13 SHALL INDICATE, AT A MINIMUM, THAT THE APPLICANT FUNCTIONED FOR
14 THE ACADEMIC INSTITUTION IN THE OBSERVATION AND TREATMENT OF
15 PATIENTS NOT LESS THAN 800 HOURS PER YEAR AND THAT IN SO DOING
16 THE APPLICANT PRACTICED MEDICINE SAFELY AND COMPETENTLY. A PERSON
17 WHO IN GOOD FAITH MAKES A WRITTEN STATEMENT THAT IS FILED UNDER
18 THIS SUBSECTION IS NOT CIVILLY OR CRIMINALLY LIABLE FOR THAT
19 STATEMENT. THERE IS A REBUTTABLE PRESUMPTION THAT A PERSON WHO
20 MAKES A WRITTEN STATEMENT THAT IS FILED UNDER THIS SUBSECTION HAS
21 DONE SO IN GOOD FAITH.

22 SEC. 17133. (1) NOTWITHSTANDING THE REQUIREMENTS OF PART
23 161, A PATIENT CARE TASK FORCE MAY REQUIRE A LICENSEE UNDER ITS
24 JURISDICTION WHO IS SEEKING RENEWAL OF A LICENSE TO FURNISH THE
25 APPROPRIATE TASK FORCE WITH SATISFACTORY EVIDENCE THAT DURING THE
26 3 YEARS PRECEDING APPLICATION FOR RENEWAL THE LICENSEE ATTENDED
27 CONTINUING EDUCATION COURSES OR PROGRAMS APPROVED BY THE

1 APPROPRIATE TASK FORCE TOTALING AT LEAST 150 HOURS IN SUBJECTS
2 RELATED TO THE PRACTICE APPLICABLE TO THAT LICENSEE, INCLUDING,
3 BUT NOT LIMITED TO, MEDICAL ETHICS, AND DESIGNED TO FURTHER
4 EDUCATE LICENSEES.

5 (2) AS REQUIRED UNDER SECTION 16204, EACH PATIENT CARE TASK
6 FORCE SHALL PROMULGATE RULES REQUIRING EACH LICENSEE SEEKING
7 RENEWAL OF A LICENSE TO COMPLETE AS PART OF THE CONTINUING
8 EDUCATION REQUIREMENT OF SUBSECTION (1) AN APPROPRIATE NUMBER OF
9 HOURS OR COURSES IN PAIN AND SYMPTOM MANAGEMENT.

10 SEC. 17148. (1) SUBJECT TO SECTION 17176(3), THE PHYSICIAN
11 ASSISTANT TASK FORCE OR THE ADVANCED PRACTICE REGISTERED NURSE
12 TASK FORCE MAY PROMULGATE RULES CONCERNING THE PRESCRIBING OF
13 DRUGS BY PHYSICIAN ASSISTANTS OR ADVANCED PRACTICE REGISTERED
14 NURSES, AS MEMBERS OF PATIENT CARE TEAMS. THE RULES MAY DEFINE
15 THE DRUGS OR CLASSES OF DRUGS THAT PHYSICIAN ASSISTANTS OR
16 ADVANCED PRACTICE NURSES WHO ARE PATIENT CARE TEAM MEMBERS MAY
17 NOT PRESCRIBE AND OTHER PROCEDURES AND PROTOCOLS NECESSARY TO
18 PROMOTE CONSISTENCY WITH FEDERAL AND STATE DRUG CONTROL AND
19 ENFORCEMENT LAWS.

20 (2) AS PART OF A PATIENT CARE TEAM, A PHYSICIAN ASSISTANT OR
21 ADVANCED PRACTICE REGISTERED NURSE MAY ORDER, RECEIVE, AND
22 DISPENSE COMPLIMENTARY STARTER DOSE DRUGS INCLUDING CONTROLLED
23 SUBSTANCES THAT ARE INCLUDED IN SCHEDULES 2 TO 5 OF PART 72. IF A
24 PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE ORDERS,
25 RECEIVES, OR DISPENSES DRUGS UNDER THIS SUBSECTION, HIS OR HER
26 NAME, AND THE NAME OF THE PATIENT CARE TEAM PHYSICIAN, SHALL BOTH
27 BE USED, RECORDED, OR OTHERWISE INDICATED IN CONNECTION WITH THAT

1 ORDER, RECEIPT, OR DISPENSING. IF A PHYSICIAN ASSISTANT OR
2 ADVANCED PRACTICE REGISTERED NURSE ORDERS, RECEIVES, OR DISPENSES
3 DRUGS UNDER THIS SUBSECTION THAT ARE INCLUDED IN SCHEDULES 2 TO
4 5, HIS OR HER DEA REGISTRATION NUMBER, AND THE DEA REGISTRATION
5 NUMBER OF THE PATIENT CARE TEAM PHYSICIAN, SHALL BOTH BE USED,
6 RECORDED, OR OTHERWISE INDICATED IN CONNECTION WITH THAT ORDER,
7 RECEIPT, OR DISPENSING. AS USED IN THIS SUBSECTION,
8 "COMPLIMENTARY STARTER DOSE" MEANS THAT TERM AS DEFINED IN
9 SECTION 17745. IT IS THE INTENT OF THE LEGISLATURE IN ENACTING
10 THIS SUBSECTION TO ALLOW A PHARMACEUTICAL MANUFACTURER OR
11 WHOLESALE DISTRIBUTOR, AS THOSE TERMS ARE DEFINED IN PART 177, TO
12 DISTRIBUTE COMPLIMENTARY STARTER DOSE DRUGS TO A PHYSICIAN
13 ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE, AS DESCRIBED IN
14 THIS SUBSECTION, IN COMPLIANCE WITH SECTION 503(D) OF THE FEDERAL
15 FOOD, DRUG, AND COSMETIC ACT, 21 USC 353.

16 SEC. 17149. (1) SUBJECT TO SECTION 17151, LICENSEES MAY FORM
17 A PATIENT CARE TEAM TO COLLABORATIVELY PROVIDE PATIENT CARE IN
18 THE BEST INTERESTS OF A PATIENT'S HEALTH. TO FORM A PATIENT CARE
19 TEAM, A PHYSICIAN AND 1 OR MORE ADVANCED PRACTICE REGISTERED
20 NURSES, PHYSICIAN ASSISTANTS, OR OTHER PHYSICIANS SHALL ENTER
21 INTO A WRITTEN PRACTICE AGREEMENT. A PATIENT CARE TEAM SHALL MAKE
22 ITS PRACTICE AGREEMENT AVAILABLE TO THE BOARD ON REQUEST. A
23 PRACTICE AGREEMENT MUST INCLUDE ALL OF THE FOLLOWING:

24 (A) THE SIGNATURE OF EACH MEMBER OF THE PATIENT CARE TEAM.

25 (B) A TERMINATION PROVISION THAT ALLOWS ANY PARTY TO
26 TERMINATE THE AGREEMENT BY PROVIDING WRITTEN NOTICE AT LEAST 30
27 DAYS BEFORE THE TERMINATION.

1 (C) A PROCEDURE THAT MAKES A PHYSICIAN CONTINUOUSLY
2 AVAILABLE IN PERSON OR BY ELECTRONIC MEANS TO MEMBERS OF THE
3 PATIENT CARE TEAM.

4 (D) IN COMPLIANCE WITH THIS PART, THE DUTIES AND
5 RESPONSIBILITIES OF ALL OF THE PARTIES TO THE PRACTICE AGREEMENT.
6 THE PRACTICE AGREEMENT SHALL NOT INCLUDE AS A DUTY OR
7 RESPONSIBILITY OF A PARTY TO THE PRACTICE AGREEMENT AN ACT, TASK,
8 OR FUNCTION THAT THE PARTY IS NOT QUALIFIED TO PERFORM BY
9 EDUCATION, TRAINING, OR EXPERIENCE AND THAT IS NOT WITHIN THE
10 SCOPE OF THE HEALTH PROFESSION LICENSE HELD BY THE PARTY.

11 (2) THIS SECTION DOES NOT PROHIBIT A LICENSEE UNDER THIS
12 ARTICLE OTHER THAN A PHYSICIAN, AN ADVANCED PRACTICE REGISTERED
13 NURSE, OR A PHYSICIAN ASSISTANT FROM BEING A MEMBER OF A PATIENT
14 CARE TEAM IF ALL OF THE OTHER REQUIREMENTS OF THIS SECTION ARE
15 MET.

16 SEC. 17150. IN ADDITION TO ITS OTHER POWERS AND DUTIES UNDER
17 THIS ARTICLE, THE APPROPRIATE PATIENT CARE TASK FORCE MAY
18 PROHIBIT A PHYSICIAN FROM COLLABORATING WITH PHYSICIAN ASSISTANTS
19 OR ADVANCED PRACTICE REGISTERED NURSES AS A MEMBER OF A PATIENT
20 CARE TEAM.

21 SEC. 17151. (1) BEGINNING ON THE EFFECTIVE DATE OF THIS
22 PART, TO ENGAGE IN PRACTICE AS A PHYSICIAN ASSISTANT, A PHYSICIAN
23 ASSISTANT SHALL ENTER INTO A PRACTICE AGREEMENT AS A MEMBER OF A
24 PATIENT CARE TEAM.

25 (2) TO ENGAGE IN THE PRACTICE OF ADVANCED PRACTICE
26 REGISTERED NURSING, AN ADVANCED PRACTICE REGISTERED NURSE SHALL
27 ENTER INTO A PRACTICE AGREEMENT AS A MEMBER OF A PATIENT CARE

1 TEAM.

2 SEC. 17154. (1) NOTWITHSTANDING ANY LAW OR RULE TO THE
3 CONTRARY, A PHYSICIAN IS NOT REQUIRED TO COUNTERSIGN ORDERS
4 WRITTEN IN A PATIENT'S CLINICAL RECORD BY A PHYSICIAN ASSISTANT
5 OR ADVANCED PRACTICE REGISTERED NURSE WITH WHOM THE PHYSICIAN HAS
6 A WRITTEN PRACTICE AGREEMENT.

7 (2) NOTWITHSTANDING ANY LAW OR RULE TO THE CONTRARY, A
8 PHYSICIAN IS NOT REQUIRED TO SIGN AN OFFICIAL FORM THAT LISTS THE
9 PHYSICIAN'S SIGNATURE AS THE REQUIRED SIGNATORY IF THAT OFFICIAL
10 FORM IS SIGNED BY A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE
11 REGISTERED NURSE WITH WHOM THE PHYSICIAN HAS A WRITTEN PRACTICE
12 AGREEMENT.

13 SEC. 17156. THIS PART DOES NOT APPLY TO A STUDENT IN
14 TRAINING TO BECOME A PHYSICIAN ASSISTANT WHILE PERFORMING DUTIES
15 ASSIGNED AS PART OF THE TRAINING.

16 SEC. 17162. TO BE QUALIFIED FOR LICENSURE AS A PHYSICIAN
17 ASSISTANT, AN APPLICANT MUST MEET THE REQUIREMENTS OF SECTION
18 16174(1)(A), (B), AND (D) AND BE A GRADUATE OF A PROGRAM FOR THE
19 TRAINING OF PHYSICIAN ASSISTANTS APPROVED BY THE PHYSICIAN
20 ASSISTANT TASK FORCE OR BE A LICENSED, CERTIFIED, REGISTERED,
21 APPROVED, OR OTHER LEGALLY RECOGNIZED PHYSICIAN ASSISTANT IN
22 ANOTHER STATE WITH QUALIFICATIONS SUBSTANTIALLY EQUIVALENT TO
23 THOSE ESTABLISHED BY THE PHYSICIAN ASSISTANT TASK FORCE.

24 SEC. 17164. (1) TO DETERMINE WHETHER AN APPLICANT FOR
25 INITIAL LICENSURE AS A PHYSICIAN ASSISTANT HAS THE APPROPRIATE
26 LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER THIS PART, THE
27 PHYSICIAN ASSISTANT TASK FORCE SHALL REQUIRE THE APPLICANT TO

1 SUBMIT TO AN EXAMINATION THAT INCLUDES THOSE SUBJECTS THE GENERAL
2 KNOWLEDGE OF WHICH IS COMMONLY AND GENERALLY REQUIRED OF A
3 GRADUATE OF AN ACCREDITED PHYSICIAN ASSISTANTS' PROGRAM IN THE
4 UNITED STATES. THE PHYSICIAN ASSISTANT TASK FORCE MAY WAIVE THE
5 EXAMINATION REQUIREMENT FOR A GRADUATE OF AN APPROVED PROGRAM IF
6 THE APPLICANT HAS TAKEN A NATIONAL EXAMINATION AND ACHIEVED A
7 SCORE ACCEPTABLE TO THE PHYSICIAN ASSISTANT TASK FORCE AS
8 DEMONSTRATING THE LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER
9 THIS PART. THE PHYSICIAN ASSISTANT TASK FORCE MAY WAIVE THE
10 EXAMINATION FOR AN APPLICANT WHO IS LICENSED, CERTIFIED,
11 REGISTERED, APPROVED, OR OTHERWISE LEGALLY RECOGNIZED AS A
12 PHYSICIAN ASSISTANT IN ANOTHER STATE IF THE PHYSICIAN ASSISTANT
13 TASK FORCE DETERMINES THAT THE OTHER STATE HAS QUALIFICATIONS,
14 INCLUDING COMPLETION OF A NATIONAL OR STATE APPROVED EXAMINATION
15 FOR PHYSICIAN ASSISTANTS, THAT ARE SUBSTANTIALLY EQUIVALENT TO
16 THOSE ESTABLISHED UNDER THIS PART.

17 (2) THE PHYSICIAN ASSISTANT TASK FORCE SHALL DETERMINE THE
18 SUBJECT MATTER OF THE EXAMINATION UNDER SUBSECTION (1) AND MAY
19 INCLUDE THE USE AND ACCEPTANCE OF NATIONAL EXAMINATIONS IF
20 APPROPRIATE. THE USE OF EXAMINATIONS OR THE REQUIREMENTS FOR
21 SUCCESSFUL COMPLETION MUST NOT PERMIT DISCRIMINATORY TREATMENT OF
22 APPLICANTS.

23 (3) THE PHYSICIAN ASSISTANT TASK FORCE SHALL PROVIDE FOR THE
24 RECOGNITION OF THE CERTIFICATION OR EXPERIENCE CONSISTENT WITH
25 THIS PART ACQUIRED BY PHYSICIAN ASSISTANTS IN OTHER STATES WHO
26 WISH TO PRACTICE IN THIS STATE.

27 (4) THE PHYSICIAN ASSISTANT TASK FORCE MAY CONDUCT AN

1 INVESTIGATION IF NECESSARY TO DETERMINE THE QUALIFICATIONS OF AN
2 APPLICANT FOR LICENSURE. AN APPLICANT MAY BE REQUIRED TO FURNISH
3 ADDITIONAL DOCUMENTATION AND INFORMATION IF THE TASK FORCE
4 DETERMINES THAT THE DOCUMENTATION OR INFORMATION IS NECESSARY TO
5 EVALUATE THE APPLICANT'S QUALIFICATIONS.

6 SEC. 17165. (1) TO DETERMINE WHETHER AN APPLICANT FOR
7 INITIAL LICENSURE AS AN ADVANCED PRACTICE REGISTERED NURSE HAS
8 THE APPROPRIATE LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER THIS
9 PART, THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL
10 REQUIRE THE APPLICANT TO SUBMIT TO AN EXAMINATION THAT INCLUDES
11 THOSE SUBJECTS THE GENERAL KNOWLEDGE OF WHICH IS COMMONLY AND
12 GENERALLY REQUIRED OF A GRADUATE OF AN ADVANCED PRACTICE
13 REGISTERED NURSE PROGRAM IN THE UNITED STATES. THE ADVANCED
14 PRACTICE REGISTERED NURSE TASK FORCE MAY WAIVE THE EXAMINATION
15 REQUIREMENT FOR A GRADUATE OF AN APPROVED PROGRAM IF THE
16 APPLICANT HAS TAKEN A NATIONAL EXAMINATION AND ACHIEVED A SCORE
17 ACCEPTABLE TO THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE
18 AS DEMONSTRATING THE LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER
19 THIS PART. THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE MAY
20 WAIVE THE EXAMINATION FOR AN APPLICANT WHO IS LICENSED,
21 CERTIFIED, REGISTERED, APPROVED, OR OTHERWISE LEGALLY RECOGNIZED
22 AS AN ADVANCED PRACTICE REGISTERED NURSE IN ANOTHER STATE IF THE
23 ADVANCED PRACTICE REGISTERED NURSE TASK FORCE DETERMINES THAT THE
24 OTHER STATE HAS QUALIFICATIONS, INCLUDING COMPLETION OF A
25 NATIONAL OR STATE APPROVED EXAMINATION FOR ADVANCED PRACTICE
26 REGISTERED NURSES, THAT ARE SUBSTANTIALLY EQUIVALENT TO THOSE
27 ESTABLISHED UNDER THIS PART.

1 (2) THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL
2 DETERMINE THE SUBJECT MATTER OF THE EXAMINATION UNDER SUBSECTION
3 (1) AND MAY INCLUDE THE USE AND ACCEPTANCE OF NATIONAL
4 EXAMINATIONS IF APPROPRIATE. THE USE OF EXAMINATIONS OR THE
5 REQUIREMENTS FOR SUCCESSFUL COMPLETION MUST NOT PERMIT
6 DISCRIMINATORY TREATMENT OF APPLICANTS.

7 (3) THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL
8 PROVIDE FOR THE RECOGNITION OF THE CERTIFICATION OR EXPERIENCE
9 CONSISTENT WITH THIS PART ACQUIRED BY ADVANCED PRACTICE
10 REGISTERED NURSES IN OTHER STATES WHO WISH TO PRACTICE IN THIS
11 STATE.

12 (4) THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE MAY
13 CONDUCT AN INVESTIGATION IF NECESSARY TO DETERMINE THE
14 QUALIFICATIONS OF AN APPLICANT FOR LICENSURE. AN APPLICANT MAY BE
15 REQUIRED TO FURNISH ADDITIONAL DOCUMENTATION AND INFORMATION IF
16 THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE DETERMINES THAT
17 THE DOCUMENTATION OR INFORMATION IS NECESSARY TO EVALUATE THE
18 APPLICANT'S QUALIFICATIONS.

19 SEC. 17166. (1) TO DETERMINE WHETHER AN APPLICANT FOR
20 INITIAL LICENSURE AS AN ALLOPATHIC PHYSICIAN HAS THE APPROPRIATE
21 LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER THIS PART, THE
22 ALLOPATHIC PHYSICIAN TASK FORCE SHALL REQUIRE THE APPLICANT TO
23 SUBMIT TO AN EXAMINATION THAT INCLUDES THOSE SUBJECTS THE GENERAL
24 KNOWLEDGE OF WHICH IS COMMONLY AND GENERALLY REQUIRED OF A
25 GRADUATE OF AN ALLOPATHIC PHYSICIAN PROGRAM IN THE UNITED STATES.
26 THE ALLOPATHIC PHYSICIAN TASK FORCE MAY WAIVE THE EXAMINATION
27 REQUIREMENT FOR A GRADUATE OF AN APPROVED PROGRAM IF THE

1 APPLICANT HAS TAKEN A NATIONAL EXAMINATION AND ACHIEVED A SCORE
2 ACCEPTABLE TO THE ALLOPATHIC PHYSICIAN TASK FORCE AS
3 DEMONSTRATING THE LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER
4 THIS PART. THE ALLOPATHIC PHYSICIAN TASK FORCE MAY WAIVE THE
5 EXAMINATION FOR AN APPLICANT WHO IS LICENSED, CERTIFIED,
6 REGISTERED, APPROVED, OR OTHERWISE LEGALLY RECOGNIZED AS AN
7 ALLOPATHIC PHYSICIAN IN ANOTHER STATE IF THE ALLOPATHIC PHYSICIAN
8 TASK FORCE DETERMINES THAT THE OTHER STATE HAS QUALIFICATIONS,
9 INCLUDING COMPLETION OF A NATIONAL OR STATE APPROVED EXAMINATION
10 FOR ALLOPATHIC PHYSICIANS, THAT ARE SUBSTANTIALLY EQUIVALENT TO
11 THOSE ESTABLISHED UNDER THIS PART.

12 (2) THE ALLOPATHIC PHYSICIAN TASK FORCE SHALL DETERMINE THE
13 SUBJECT MATTER OF THE EXAMINATION UNDER SUBSECTION (1) AND MAY
14 INCLUDE THE USE AND ACCEPTANCE OF NATIONAL EXAMINATIONS IF
15 APPROPRIATE. THE USE OF EXAMINATIONS OR THE REQUIREMENTS FOR
16 SUCCESSFUL COMPLETION MUST NOT PERMIT DISCRIMINATORY TREATMENT OF
17 APPLICANTS.

18 (3) THE ALLOPATHIC PHYSICIAN TASK FORCE SHALL PROVIDE FOR
19 THE RECOGNITION OF THE CERTIFICATION OR EXPERIENCE CONSISTENT
20 WITH THIS PART ACQUIRED BY ALLOPATHIC PHYSICIANS IN OTHER STATES
21 WHO WISH TO PRACTICE IN THIS STATE.

22 (4) THE ALLOPATHIC PHYSICIAN TASK FORCE MAY CONDUCT AN
23 INVESTIGATION IF NECESSARY TO DETERMINE THE QUALIFICATIONS OF AN
24 APPLICANT FOR LICENSURE. AN APPLICANT MAY BE REQUIRED TO FURNISH
25 ADDITIONAL DOCUMENTATION AND INFORMATION IF THE TASK FORCE
26 DETERMINES THAT THE DOCUMENTATION OR INFORMATION IS NECESSARY TO
27 EVALUATE THE APPLICANT'S QUALIFICATIONS.

1 SEC. 17167. (1) TO DETERMINE WHETHER AN APPLICANT FOR
2 INITIAL LICENSURE AS AN OSTEOPATHIC PHYSICIAN HAS THE APPROPRIATE
3 LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER THIS PART, THE
4 OSTEOPATHIC PHYSICIAN TASK FORCE SHALL REQUIRE THE APPLICANT TO
5 SUBMIT TO AN EXAMINATION THAT INCLUDES THOSE SUBJECTS THE GENERAL
6 KNOWLEDGE OF WHICH IS COMMONLY AND GENERALLY REQUIRED OF A
7 GRADUATE OF AN OSTEOPATHIC PHYSICIAN PROGRAM IN THE UNITED
8 STATES. THE OSTEOPATHIC PHYSICIAN TASK FORCE MAY WAIVE THE
9 EXAMINATION REQUIREMENT FOR A GRADUATE OF AN APPROVED PROGRAM IF
10 THE APPLICANT HAS TAKEN A NATIONAL EXAMINATION AND ACHIEVED A
11 SCORE ACCEPTABLE TO THE OSTEOPATHIC PHYSICIAN TASK FORCE AS
12 DEMONSTRATING THE LEVEL OF SKILL AND KNOWLEDGE REQUIRED UNDER
13 THIS PART. THE OSTEOPATHIC PHYSICIAN TASK FORCE MAY WAIVE THE
14 EXAMINATION FOR AN APPLICANT WHO IS LICENSED, CERTIFIED,
15 REGISTERED, APPROVED, OR OTHERWISE LEGALLY RECOGNIZED AS AN
16 OSTEOPATHIC PHYSICIAN IN ANOTHER STATE IF THE OSTEOPATHIC
17 PHYSICIAN TASK FORCE DETERMINES THAT THE OTHER STATE HAS
18 QUALIFICATIONS, INCLUDING COMPLETION OF A NATIONAL OR STATE
19 APPROVED EXAMINATION FOR OSTEOPATHIC PHYSICIANS, THAT ARE
20 SUBSTANTIALLY EQUIVALENT TO THOSE ESTABLISHED UNDER THIS PART.

21 (2) THE OSTEOPATHIC PHYSICIAN TASK FORCE SHALL DETERMINE THE
22 SUBJECT MATTER OF THE EXAMINATION UNDER SUBSECTION (1) AND MAY
23 INCLUDE THE USE AND ACCEPTANCE OF NATIONAL EXAMINATIONS IF
24 APPROPRIATE. THE USE OF EXAMINATIONS OR THE REQUIREMENTS FOR
25 SUCCESSFUL COMPLETION MUST NOT PERMIT DISCRIMINATORY TREATMENT OF
26 APPLICANTS.

27 (3) THE OSTEOPATHIC PHYSICIAN TASK FORCE SHALL PROVIDE FOR

1 THE RECOGNITION OF THE CERTIFICATION OR EXPERIENCE CONSISTENT
2 WITH THIS PART ACQUIRED BY OSTEOPATHIC PHYSICIANS IN OTHER STATES
3 WHO WISH TO PRACTICE IN THIS STATE.

4 (4) THE OSTEOPATHIC PHYSICIAN TASK FORCE MAY CONDUCT AN
5 INVESTIGATION IF NECESSARY TO DETERMINE THE QUALIFICATIONS OF AN
6 APPLICANT FOR LICENSURE. AN APPLICANT MAY BE REQUIRED TO FURNISH
7 ADDITIONAL DOCUMENTATION AND INFORMATION IF THE TASK FORCE
8 DETERMINES THAT THE DOCUMENTATION OR INFORMATION IS NECESSARY TO
9 EVALUATE THE APPLICANT'S QUALIFICATIONS.

10 SEC. 17168. (1) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE
11 REGISTERED NURSE SHALL APPLY FOR LICENSURE OR RENEWAL OF
12 LICENSURE ON A FORM PROVIDED BY THE DEPARTMENT.

13 (2) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED
14 NURSE WHO FAILS TO RENEW A LICENSE MAY BE RELICENSED IF HE OR SHE
15 SHOWS THAT HE OR SHE MEETS THE CURRENT REQUIREMENTS FOR LICENSURE
16 SET FORTH IN THIS PART AND RULES PROMULGATED UNDER THIS PART. IN
17 RELICENSING AN INDIVIDUAL UNDER THIS SECTION, THE PHYSICIAN
18 ASSISTANT TASK FORCE OR THE ADVANCED PRACTICE REGISTERED NURSE
19 TASK FORCE, AS APPROPRIATE, MAY ESTABLISH STANDARDS FOR TRAINING,
20 EDUCATION, OR EXPERIENCE EQUIVALENT TO CURRENT EDUCATIONAL AND
21 PRACTICE REQUIREMENTS. A TEMPORARY LICENSE UNDER SECTION 17172
22 MAY BE ISSUED PENDING THE RESULTS OF ACTION TAKEN UNDER THIS
23 SUBSECTION.

24 SEC. 17170. (1) IF THE APPLICANT FOR A PHYSICIAN ASSISTANT
25 OR ADVANCED PRACTICE REGISTERED NURSE LICENSE MEETS THE
26 REQUIREMENTS FOR RENEWAL AS SET FORTH IN THIS PART OR RULES
27 PROMULGATED UNDER THIS PART, THE PHYSICIAN ASSISTANT TASK FORCE

1 OR THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE, AS
2 APPROPRIATE, SHALL DIRECT THE BOARD TO GRANT A RENEWAL.

3 (2) IF AN APPLICANT FOR A PHYSICIAN ASSISTANT OR ADVANCED
4 PRACTICE REGISTERED NURSE LICENSE IS DETERMINED BY THE PHYSICIAN
5 ASSISTANT TASK FORCE OR THE ADVANCED PRACTICE REGISTERED NURSE
6 TASK FORCE, AS APPROPRIATE, NOT TO HAVE MET THE REQUIREMENTS FOR
7 RENEWAL, THE PHYSICIAN ASSISTANT TASK FORCE OR THE ADVANCED
8 PRACTICE REGISTERED NURSE TASK FORCE, AS APPROPRIATE, SHALL
9 NOTIFY THE APPLICANT IN WRITING OF THE REASONS FOR DENIAL AND HE
10 OR SHE HAS A RIGHT TO A HEARING ON THAT DENIAL.

11 SEC. 17172. (1) ON THE DIRECTION OF THE APPROPRIATE PATIENT
12 CARE TASK FORCE, THE DEPARTMENT SHALL ISSUE A CERTIFICATE OF
13 LICENSURE, LIMITED LICENSURE, TEMPORARY LICENSURE, OR RENEWAL
14 LICENSURE TO AN APPLICANT WHO IS GRANTED A LICENSE, LIMITED
15 LICENSE, TEMPORARY LICENSE, OR RENEWAL LICENSE AS A PHYSICIAN
16 ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE. A CERTIFICATE
17 ISSUED UNDER THIS PART MUST CONTAIN THE FULL NAME OF THE
18 INDIVIDUAL LICENSED, A PERMANENT INDIVIDUAL NUMBER, AND THE DATE
19 OF EXPIRATION.

20 (2) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED
21 NURSE SHALL PUBLICLY DISPLAY THE CURRENT CERTIFICATE OF
22 LICENSURE, LIMITED LICENSE, TEMPORARY LICENSE, OR RENEWAL LICENSE
23 PERMANENTLY IN THAT INDIVIDUAL'S PLACE OF PRACTICE, IF FEASIBLE,
24 AND SHALL HAVE AVAILABLE FOR INSPECTION A POCKET CARD ISSUED BY
25 THE DEPARTMENT CONTAINING THE ESSENTIAL INFORMATION OF THE
26 LICENSE. WHILE WORKING, THE INDIVIDUAL SHALL WEAR APPROPRIATE
27 IDENTIFICATION.

1 SEC. 17174. (1) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE
2 REGISTERED NURSE SHALL NOT UNDERTAKE OR REPRESENT THAT HE OR SHE
3 IS QUALIFIED TO UNDERTAKE PATIENT CARE THAT HE OR SHE KNOWS OR
4 REASONABLY SHOULD KNOW IS AN ACT, TASK, OR FUNCTION THAT HE OR
5 SHE IS NOT QUALIFIED TO PERFORM BY EDUCATION, TRAINING, OR
6 EXPERIENCE, OR THAT IS PROHIBITED BY LAW.

7 (2) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED
8 NURSE SHALL NOT DO ANY OF THE FOLLOWING:

9 (A) PERFORM ACTS, TASKS, OR FUNCTIONS TO DETERMINE THE
10 REFRACTIVE STATE OF A HUMAN EYE OR TO TREAT REFRACTIVE ANOMALIES
11 OF THE HUMAN EYE, OR BOTH.

12 (B) DETERMINE THE SPECTACLE OR CONTACT LENS PRESCRIPTION
13 SPECIFICATIONS REQUIRED TO TREAT REFRACTIVE ANOMALIES OF THE
14 HUMAN EYE OR DETERMINE MODIFICATION OF SPECTACLE OR CONTACT LENS
15 PRESCRIPTION SPECIFICATIONS, OR BOTH.

16 (3) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED
17 NURSE MAY PERFORM ROUTINE VISUAL SCREENING OR TESTING,
18 POSTOPERATIVE CARE, OR ASSISTANCE IN THE CARE OF MEDICAL DISEASES
19 OF THE EYE UNDER THE SUPERVISION OF A PHYSICIAN.

20 SEC. 17176. (1) EXCEPT IN AN EMERGENCY SITUATION, A
21 PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE SHALL
22 PROVIDE MEDICAL CARE SERVICES ONLY AS A MEMBER OF A PATIENT CARE
23 TEAM.

24 (2) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED
25 NURSE MAY MAKE CALLS OR GO ON ROUNDS IN COLLABORATION WITH A
26 PHYSICIAN IN PRIVATE HOMES, PUBLIC INSTITUTIONS, EMERGENCY
27 VEHICLES, AMBULATORY CARE CLINICS, HOSPITALS, INTERMEDIATE OR

1 EXTENDED CARE FACILITIES, HEALTH MAINTENANCE ORGANIZATIONS,
2 NURSING HOMES, OR OTHER HEALTH CARE FACILITIES. NOTWITHSTANDING
3 ANY LAW OR RULE TO THE CONTRARY, A PHYSICIAN ASSISTANT OR
4 ADVANCED PRACTICE REGISTERED NURSE MAY MAKE CALLS OR GO ON ROUNDS
5 AS PROVIDED IN THIS SUBSECTION WITHOUT RESTRICTIONS ON THE TIME
6 OR FREQUENCY OF VISITS BY THE PHYSICIAN OR THE PHYSICIAN
7 ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE.

8 (3) A PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED
9 NURSE MAY PRESCRIBE DRUGS UNDER SECTION 17148 IF HE OR SHE IS A
10 MEMBER OF A PATIENT CARE TEAM.

11 SEC. 17184. THE DEPARTMENT SHALL KEEP A REGISTER OF
12 EDUCATION AND TRAINING PROGRAMS THAT MEET THE CRITERIA
13 ESTABLISHED BY THE PATIENT CARE TASK FORCES. THE REGISTER OF
14 PROGRAMS MUST INCLUDE THE FULL TITLE OF THE PROGRAM, THE
15 INSTITUTION OF WHICH IT IS A PART, AND ITS ADDRESS. THE
16 DEPARTMENT SHALL MAKE A COPY OF THE REGISTER OR THE INFORMATION
17 CONTAINED IN THE REGISTER AVAILABLE FOR PUBLIC INSPECTION.

18 SEC. 17186. (1) ON DIRECTION OF THE ADVANCED PRACTICE
19 REGISTERED NURSE TASK FORCE, THE DEPARTMENT SHALL ISSUE A
20 CERTIFIED NURSE MIDWIFE LICENSE UNDER THIS PART TO A REGISTERED
21 NURSE WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

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

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

1 DETERMINES THAT HE OR SHE MEETS THE STANDARDS FOR THAT
2 CERTIFICATION.

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

8 (2) ON DIRECTION OF THE ADVANCED PRACTICE REGISTERED NURSE
9 TASK FORCE, THE DEPARTMENT SHALL ISSUE A CERTIFIED NURSE
10 PRACTITIONER LICENSE UNDER THIS PART TO A REGISTERED NURSE WHO
11 MEETS ALL OF THE FOLLOWING REQUIREMENTS:

12 (A) HE OR SHE HAS COMPLETED AN ACCREDITED GRADUATE,
13 POSTGRADUATE, OR DOCTORAL LEVEL NURSING EDUCATION PROGRAM THAT
14 PREPARES THE NURSE FOR THE ROLE OF CERTIFIED NURSE PRACTITIONER.

15 (B) HE OR SHE IS CERTIFIED BY A NATIONALLY ACCREDITED
16 CERTIFICATION BODY AS DEMONSTRATING ROLE AND POPULATION FOCUSED
17 COMPETENCIES FOR CERTIFIED NURSE PRACTITIONERS, OR THE TASK FORCE
18 DETERMINES THAT HE OR SHE MEETS THE STANDARDS FOR THAT
19 CERTIFICATION.

20 (C) HE OR SHE MAINTAINS CONTINUED COMPETENCE BY OBTAINING
21 RECERTIFICATION IN THE ROLE AND POPULATION DESCRIBED IN
22 SUBDIVISION (B) THROUGH THE NATIONAL CERTIFICATION PROGRAM, OR
23 THE TASK FORCE DETERMINES THAT HE OR SHE MEETS THE STANDARDS FOR
24 THAT RECERTIFICATION.

25 (3) ON DIRECTION OF THE ADVANCED PRACTICE REGISTERED NURSE
26 TASK FORCE, THE DEPARTMENT SHALL ISSUE A CLINICAL NURSE
27 SPECIALIST LICENSE UNDER THIS PART TO A REGISTERED NURSE WHO

1 MEETS ALL OF THE FOLLOWING REQUIREMENTS:

2 (A) HE OR SHE HAS COMPLETED AN ACCREDITED GRADUATE,
3 POSTGRADUATE, OR DOCTORAL LEVEL NURSING EDUCATION PROGRAM THAT
4 PREPARES THE NURSE FOR THE ROLE OF CLINICAL NURSE SPECIALIST.

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

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

15 (4) THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE SHALL
16 DIRECT THE DEPARTMENT TO ISSUE A RENEWAL LICENSE TO AN ADVANCED
17 PRACTICE REGISTERED NURSE UNDER THIS PART CONCURRENTLY WITH THE
18 RENEWAL OF HIS OR HER REGISTERED PROFESSIONAL NURSE LICENSE BY
19 THE BOARD OF NURSING UNDER PART 172.

20 (5) FOR THE PURPOSE OF ADMINISTERING RULES PROMULGATED BY
21 THE BOARD OF NURSING BEFORE THE EFFECTIVE DATE OF THIS PART, A
22 REFERENCE TO A SPECIALTY CERTIFICATION AS A NURSE MIDWIFE OR
23 NURSE PRACTITIONER IS CONSIDERED A REFERENCE TO A CERTIFIED NURSE
24 MIDWIFE OR CERTIFIED NURSE PRACTITIONER, RESPECTIVELY.

25 Sec. 17210. The board of nursing may issue a specialty
26 certification to a registered professional nurse who has advanced
27 training beyond that required for initial licensure and who has

1 demonstrated competency through examination or other evaluative
 2 processes and who practices in ~~1 of the following~~ health
 3 profession specialty fields: ~~nurse midwifery,~~ **FIELD OF** nurse
 4 anesthetist. ~~, or nurse practitioner.~~

5 Sec. 17211. (1) A person shall not engage in the practice of
 6 nursing or the practice of nursing as a licensed practical nurse
 7 unless licensed or otherwise authorized ~~by~~ **UNDER** this
 8 ~~article.~~ **PART.**

9 (2) The following words, titles, or letters, or a
 10 combination ~~thereof,~~ **OF WORDS, TITLES, OR LETTERS,** with or
 11 without qualifying words or phrases, are restricted in use only
 12 to those persons authorized under this part to use the terms and
 13 in a way prescribed in this part: "registered professional
 14 nurse", "registered nurse", "r.n.", "licensed practical nurse",
 15 "l.p.n.", ~~"nurse midwife",~~ "nurse anesthetist", ~~"nurse~~
 16 ~~practitioner",~~ "trained attendant", and "t.a.".

17 Sec. 17221. (1) The Michigan board of nursing is created in
 18 the department and, **BEGINNING 30 DAYS AFTER THE EFFECTIVE DATE OF**
 19 **PART 171,** shall consist of the following 23 voting members, ~~who~~
 20 ~~shall~~ **EACH OF WHOM MUST** meet the requirements of part 161: ~~9-11~~
 21 registered professional nurses, ~~1 nurse midwife,~~ 1 nurse
 22 anesthetist, ~~1 nurse practitioner,~~ 3 licensed practical nurses,
 23 and 8 public members. Three of the registered professional nurse
 24 members ~~shall~~ **MUST** be engaged in nursing education, 1 ~~of whom~~
 25 ~~shall be~~ in less than a baccalaureate program, 1 in a
 26 baccalaureate or higher program, and 1 in a licensed practical
 27 nurse program, and each of ~~whom shall~~ **THEM MUST** have a master's

1 degree from an accredited college with a major in nursing. Three
 2 of the registered professional nurse members ~~shall~~**MUST** be
 3 engaged in nursing practice or nursing administration, **AND** each
 4 of ~~whom shall~~**THEM MUST** have a baccalaureate degree in nursing
 5 from an accredited college. Three of the registered professional
 6 nurse members ~~shall~~**MUST** be engaged in nursing practice or
 7 nursing administration, **AND** each of ~~whom shall~~**THEM MUST** be a
 8 nonbaccalaureate registered nurse. The 3 licensed practical nurse
 9 members ~~shall~~**MUST** have graduated from a state approved program
 10 for the preparation of individuals to practice as licensed
 11 practical nurses. The ~~nurse midwife, the nurse anesthetist, and~~
 12 ~~the nurse practitioner shall each~~**MUST** have a specialty
 13 certification issued by the department in ~~his or her respective~~
 14 **THAT HEALTH PROFESSION** specialty field.

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

19 Sec. 17401. (1) As used in this part:

20 (a) "Optometrist" means an individual licensed under this
 21 ~~article~~**PART** to engage in the practice of optometry.

22 (b) "Practice of optometry" means 1 or more of the
 23 following, but does not include the performance of invasive
 24 procedures:

25 (i) The examination of the human eye to ascertain the
 26 presence of defects or abnormal conditions that may be corrected,
 27 remedied, or relieved, or the effects of which may be corrected,

1 remedied, or relieved by the use of lenses, prisms, or other
2 mechanical devices.

3 (ii) The employment of objective or subjective physical means
4 to determine the accommodative or refractive conditions or the
5 range of powers of vision or muscular equilibrium of the human
6 eye.

7 (iii) The adaptation or the adjustment of the lenses or prisms
8 or the use of therapeutic pharmaceutical agents to correct,
9 remedy, or relieve a defect or abnormal condition or to correct,
10 remedy, or relieve the effect of a defect or abnormal condition
11 of the human eye.

12 (iv) The examination of the human eye for contact lenses and
13 the fitting or insertion of contact lenses to the human eye.

14 (v) The employment of objective or subjective means,
15 including diagnostic pharmaceutical agents by an optometrist who
16 meets the requirements of section 17412, for the examination of
17 the human eye for the purpose of ascertaining a departure from
18 the normal, measuring of powers of vision, and adapting lenses
19 for the aid of those powers.

20 (c) "Diagnostic pharmaceutical agent" means a topically
21 administered prescription drug or other topically administered
22 drug used for the purpose of investigating, analyzing, and
23 diagnosing a defect or abnormal condition of the human eye or
24 ocular adnexa.

25 (d) "Therapeutic pharmaceutical agent" means 1 or more of
26 the following:

27 (i) A topically administered prescription drug or other

1 topically administered drug used for the purpose of
2 investigating, analyzing, diagnosing, correcting, remedying, or
3 relieving a defect or abnormal condition of the anterior segment
4 of the human eye or for the purpose of correcting, remedying, or
5 relieving the effects of a defect or abnormal condition of the
6 anterior segment of the human eye.

7 (ii) A topically or orally administered antiglaucoma drug.

8 (iii) An orally administered prescription drug or other orally
9 administered drug used for the purpose of investigating,
10 analyzing, diagnosing, correcting, remedying, or relieving a
11 defect or abnormal condition of the anterior segment of the human
12 eye and adnexa or for the purpose of investigating, analyzing,
13 diagnosing, correcting, remedying, or relieving the effects of a
14 defect or abnormal condition of the anterior segment of the human
15 eye and adnexa that is administered by an optometrist who has
16 completed 50% of the continuing education hours required for
17 renewal of a license in the category of pharmacological
18 management of ocular conditions.

19 (e) "Drug" means that term as defined in section 17703, but
20 does not include a controlled substance as defined in section
21 7104 and included in schedule 2 under section 7214, an oral
22 cortical steroid, or a prescription drug. However, drug does
23 include a controlled substance included in schedules 3, 4, and 5
24 under sections 7216, 7218, and 7220, respectively, and
25 dihydrocodeinone combination drugs.

26 (f) "Prescription drug" means that term as defined in
27 section 17708, but does not include a controlled substance as

defined in section 7104 and included in schedule 2 under section 7214 or an oral cortical steroid. However, prescription drug does include a controlled substance included in schedules 3, 4, and 5 under sections 7216, 7218, and 7220, respectively, and dihydrocodeinone combination drugs.

(g) "Physician" means that term as defined in section ~~17001~~ ~~or 17501~~ **17106**.

(h) "Invasive procedures" means all of the following:

(i) The use of lasers other than for observation.

(ii) The use of ionizing radiation.

(iii) The use of therapeutic ultrasound.

(iv) The administration of medication by injection.

(v) Procedures that include an incision.

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

(2) A licensee shall not perform an act, task, or function within the practice of speech-language pathology unless he or she is trained to perform the act, task, or function and the performance of that act, task, or function is consistent with the rules promulgated under section 17610(3). A speech-language pathologist shall refer a patient to a person licensed in the practice of medicine ~~or osteopathic medicine and surgery~~ if signs

1 or symptoms identified during the practice of speech-language
2 pathology cause the speech-language pathologist to suspect that
3 the patient has an underlying medical condition.

4 (3) A licensee shall perform assessment, treatment or
5 therapy, and procedures related to swallowing disorders and
6 medically related communication disorders only on patients who
7 have been referred to him or her by a person licensed in the
8 practice of medicine. ~~or osteopathic medicine and surgery.~~

9 (4) ~~Limited~~ **A LICENSEE SHALL ONLY PERFORM LIMITED** diagnostic
10 testing, such as endoscopic videolaryngostroboscopy, ~~shall only~~
11 ~~be performed by a licensee~~ in collaboration with or under the
12 supervision of a person licensed in the practice of medicine. ~~or~~
13 ~~osteopathic medicine and surgery.~~

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

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

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

25 (b) The practice of speech-language pathology that is an
26 integral part of a program of study by students enrolled in an
27 accredited speech-language pathology educational program approved

1 by the board, ~~provided that~~ **IF** those individuals are identified
2 as students and provide speech-language pathology services only
3 while under the supervision of a licensed speech-language
4 pathologist.

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

8 Sec. 17708. (1) "Preceptor" means a pharmacist approved by
9 the board to direct the training of an intern in an approved
10 pharmacy.

11 (2) "Prescriber" means a licensed dentist, a licensed doctor
12 of **ALLOPATHIC** medicine, a licensed doctor of osteopathic
13 medicine, ~~and surgery~~, a licensed doctor of podiatric medicine
14 and surgery, a licensed optometrist certified under part 174 to
15 administer and prescribe therapeutic pharmaceutical agents, **A**
16 **LICENSED PHYSICIAN ASSISTANT, A LICENSED ADVANCED PRACTICE**
17 **REGISTERED NURSE**, a licensed veterinarian, or another licensed
18 health professional acting under the delegation and using,
19 recording, or otherwise indicating the name of the delegating
20 licensed doctor of **ALLOPATHIC** medicine or licensed doctor of
21 osteopathic medicine. ~~and surgery.~~

22 (3) "Prescription" means an order by a prescriber to fill,
23 compound, or dispense a drug or device written and signed;
24 written or created in an electronic format, signed, and
25 transmitted by facsimile; or transmitted electronically or by
26 other means of communication. An order transmitted in other than
27 written or hard-copy form shall be electronically recorded,

1 printed, or written and immediately dated by the pharmacist, and
2 that record constitutes the original prescription. In a health
3 facility or agency licensed under article 17 or other medical
4 institution, an order for a drug or device in the patient's chart
5 constitutes for the purposes of this definition the original
6 prescription. Subject to section 17751(2) and (5), prescription
7 includes, but is not limited to, an order for a drug, not
8 including a controlled substance as defined in section 7104
9 except under circumstances described in section 17763(e), written
10 and signed; written or created in an electronic format, signed,
11 and transmitted by facsimile; or transmitted electronically or by
12 other means of communication by a physician prescriber or dentist
13 prescriber licensed to practice dentistry, **ALLOPATHIC** medicine,
14 or osteopathic medicine ~~and surgery~~ in a state other than
15 ~~Michigan~~. **THIS STATE.**

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

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

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

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

22 Sec. 17745. (1) Except as otherwise provided in this
23 subsection, a prescriber who wishes to dispense prescription
24 drugs shall obtain from the board a drug control license for each
25 location in which the storage and dispensing of prescription
26 drugs occur. A drug control license is not necessary if the
27 dispensing occurs in the emergency department, emergency room, or

1 trauma center of a hospital licensed under article 17 or if the
2 dispensing involves only the issuance of complimentary starter
3 dose drugs.

4 (2) A dispensing prescriber shall dispense prescription
5 drugs only to his or her own patients.

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

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

25 (5) A dispensing prescriber shall store prescription drugs
26 in a substantially constructed, securely lockable cabinet. Access
27 to the cabinet shall be limited to individuals authorized to

1 dispense prescription drugs in compliance with this part and
2 article 7.

3 (6) Unless otherwise requested by a patient, a dispensing
4 prescriber shall dispense a prescription drug in a safety closure
5 container that complies with the poison prevention packaging act
6 of 1970, 15 USC 1471 to 1477.

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

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

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

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

14 (d) The prescriber's name or, if dispensed under the
15 prescriber's delegatory authority, shall list the name of the
16 delegatee.

17 (e) The directions for use.

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

19 (g) The quantity dispensed.

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

22 (8) A dispensing prescriber who dispenses a complimentary
23 starter dose drug to a patient shall give the patient at least
24 all of the following information, either by dispensing the
25 complimentary starter dose drug to the patient in a container
26 that bears a label containing the information or by giving the
27 patient a written document which may include, but is not limited

1 to, a preprinted insert that comes with the complimentary starter
2 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, 17148, 17176, AND~~ 17212. ~~and~~
20 ~~17548.~~

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

1 otherwise indicated in connection with each receipt. A pharmacist
 2 described in this subsection may dispense a prescription for
 3 complimentary starter dose drugs written or transmitted by
 4 facsimile, electronic transmission, or other means of
 5 communication by a prescriber.

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

12 Sec. 17745a. (1) As used in this section:

13 (a) "Medicaid" means the program of medical assistance
 14 established under title XIX of the social security act, ~~chapter~~
 15 ~~531, 49 Stat. 620, 42 U.S.C. 1396 to 1396f, 1396g-1 to 1396r-6,~~
 16 ~~and 1396r-8 to 1396v.~~ **42 USC 1396 TO 1396W-5 AND ADMINISTERED BY**
 17 **THE DEPARTMENT OF COMMUNITY HEALTH UNDER THE SOCIAL WELFARE ACT,**
 18 **1939 PA 280, MCL 400.1 TO 400.119B.**

19 (b) "Medicare" means the federal medicare program
 20 established under title XVIII of the social security act, ~~chapter~~
 21 ~~531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395b-6 to~~
 22 ~~1395b-7, 1395c to 1395i, 1395i-2 to 1395i-5, 1395j to 1395t,~~
 23 ~~1395u to 1395w, 1395w-2 to 1395w-4, 1395w-21 to 1395w-28, 1395x~~
 24 ~~to 1395yy, and 1395bbb to 1395ggg.~~ **42 USC 1395 TO 1395KKK-1.**

25 (c) "Public health program" means 1 of the following:

26 (i) A local health department.

27 (ii) A migrant health center or a community health center as

1 defined under ~~sections 329 and 330 of subpart I of part C of~~
 2 ~~title III of the public health service act, 42 U.S.C. USC 254b~~
 3 and 254c.

4 (iii) A family planning program designated by the ~~family~~
 5 ~~independence agency~~ **DEPARTMENT OF HUMAN SERVICES** as a provider
 6 type 23 under the social welfare act, 1939 PA 280, MCL 400.1 to
 7 400.119b, and verified by the department of community health.

8 (iv) A methadone treatment program licensed under article 6.

9 (v) A rural health clinic.

10 (vi) A hospice rendering emergency care services in a
 11 patient's home as described in section 17746.

12 (d) "Rural health clinic" means a rural health clinic as
 13 defined in ~~section 1861 of part C of title XVIII of the social~~
 14 ~~security act, 42 U.S.C. USC 1395x~~, that is certified to
 15 participate in medicaid and medicare.

16 (2) Except as otherwise provided in subsections (3) and (4),
 17 in a public health program without an on-site pharmacy, a
 18 dispensing prescriber may delegate the dispensing of prescription
 19 drugs only to ~~the following individuals:~~

20 ~~—— (a) A~~ A registered professional nurse licensed under part
 21 172.

22 ~~—— (b) A physician's assistant licensed under part 170 or part~~
 23 ~~175, if the delegating dispensing prescriber is responsible for~~
 24 ~~the clinical supervision of the physician's assistant.~~

25 (3) In a public health program without an on-site pharmacy,
 26 a dispensing prescriber may delegate the delivery of prescription
 27 drugs consisting only of prelabeled, prepackaged oral

1 contraceptives under the following circumstances:

2 (a) The delivery is delegated to an appropriately trained
3 individual.

4 (b) The delivery is performed pursuant to specific, written
5 protocols.

6 (4) In a methadone treatment program licensed under article
7 6 without an on-site pharmacy, a dispensing prescriber may
8 delegate the delivery of a prescription drug consisting only of 1
9 or more single doses of methadone, up to the maximum number of
10 single doses allowed by law, to a registered client of the
11 methadone treatment program, if all of the following requirements
12 are met:

13 (a) The delivery is delegated to ~~1 of the following~~
14 ~~individuals:~~

15 ~~—— (i) A registered professional nurse or a licensed practical~~
16 ~~nurse licensed under part 172.~~

17 ~~—— (ii) A physician's assistant licensed under part 170 or part~~
18 ~~175, but only if the delegating dispensing prescriber is~~
19 ~~responsible for the clinical supervision of the physician's~~
20 ~~assistant.~~

21 (b) The delivery is performed pursuant to specific, written
22 protocols.

23 (c) The prescription drug described in this subsection is
24 labeled in accordance with section 17745.

25 Sec. 17745b. (1) Subject to subsection (3), in an industrial
26 clinic or other prescriber practice location without an on-site
27 pharmacy, a dispensing prescriber may delegate the dispensing of

1 prescription drugs only to ~~the following individuals:~~

2 ~~—— (a) A~~ A registered professional nurse licensed under part
3 172.

4 ~~—— (b) A physician's assistant licensed under part 170 or part~~
5 ~~175, if the dispensing prescriber is responsible for the clinical~~
6 ~~supervision of the physician's assistant.~~

7 (2) In an industrial clinic or other prescriber practice
8 location without an on-site pharmacy, if a dispensing prescriber
9 does not delegate the dispensing of a prescription drug, the
10 dispensing prescriber shall do both of the following:

11 (a) Be physically present at the time the prescription drug
12 is dispensed.

13 (b) Immediately before the prescription drug is dispensed,
14 perform a final inspection of the type, ~~of prescription drug,~~
15 labeling, dosage, and amount of the prescription drug dispensed.

16 (3) A dispensing prescriber who delegates the dispensing of
17 a prescription drug to a patient in an industrial clinic or other
18 prescriber practice location without an on-site pharmacy shall
19 not delegate the dispensing of more than a 72-hour supply of the
20 prescription drug.

21 (4) Before dispensing a prescription drug to a patient in an
22 industrial clinic or other prescriber practice location without
23 an on-site pharmacy, a dispensing prescriber who intends to
24 charge for dispensing the drug shall give a written prescription
25 to the patient and shall instruct the patient that he or she may
26 elect to have the prescription filled by the dispensing
27 prescriber or the patient's pharmacy of choice.

1 (5) If a dispensing prescriber intends to charge for
2 dispensing a prescription drug to a patient in an industrial
3 clinic or other prescriber practice location without an on-site
4 pharmacy, the dispensing prescriber shall inform the patient of
5 that fact before dispensing the prescription drug to the patient.
6 The dispensing prescriber also shall list the charge for
7 dispensing the prescription drug as a separate item on the
8 patient's bill.

9 (6) This section does not apply to public health programs as
10 defined in section 17745a.

11 Sec. 17766d. (1) Notwithstanding section 17766(f), a
12 pharmacy operated by the department of corrections or under
13 contract with the department of corrections or a county jail may
14 accept for the purpose of resale or redispensing a prescription
15 drug that has been dispensed and has left the control of the
16 pharmacist if the prescription drug is being returned by a state
17 correctional facility or a county jail that has a licensed
18 ~~physician's~~ **PHYSICIAN** assistant, a registered professional nurse,
19 or a licensed practical nurse, who is responsible for the
20 security, handling, and administration of prescription drugs
21 within that state correctional facility or county jail and if all
22 of the following are met:

23 (a) The pharmacist is satisfied that the conditions under
24 which the prescription drug has been delivered, stored, and
25 handled before and during its return were such as to prevent
26 damage, deterioration, or contamination that would adversely
27 affect the identity, strength, quality, purity, stability,

1 integrity, or effectiveness of the prescription drug.

2 (b) The pharmacist is satisfied that the prescription drug
3 did not leave the control of the **LICENSED PHYSICIAN ASSISTANT**,
4 registered professional nurse, or licensed practical nurse
5 responsible for the security, handling, and administration of
6 that prescription drug and that the prescription drug did not
7 come into the physical possession of the individual for whom it
8 was prescribed.

9 (c) The pharmacist is satisfied that the labeling and
10 packaging of the prescription drug are accurate, have not been
11 altered, defaced, or tampered with, and include the identity,
12 strength, expiration date, and lot number of the prescription
13 drug.

14 (d) The prescription drug was dispensed in a unit dose
15 package or unit of issue package.

16 (2) A pharmacy operated by the department of corrections or
17 under contract with the department of corrections or a county
18 jail shall not accept for return prescription drugs as provided
19 under this section until the pharmacist in charge develops a
20 written set of protocols for accepting, returning to stock,
21 repackaging, labeling, and redispensing prescription drugs. The
22 written protocols shall be maintained on the premises and shall
23 be readily accessible to each pharmacist on duty. The written
24 protocols shall include, at a minimum, each of the following:

25 (a) Methods to ensure that damage, deterioration, or
26 contamination has not occurred during the delivery, handling,
27 storage, and return of the prescription drugs ~~which~~**THAT** would

1 adversely affect the identity, strength, quality, purity,
2 stability, integrity, or effectiveness of those prescription
3 drugs or otherwise render those drugs unfit for distribution.

4 (b) Methods for accepting, returning to stock, repackaging,
5 labeling, and redispensing the prescription drugs returned under
6 this section.

7 (c) A uniform system of recording and tracking prescription
8 drugs that are returned to stock, repackaged, labeled, and
9 redistributed under this section.

10 (3) If the integrity of a prescription drug and its package
11 is maintained, a prescription drug returned under this section
12 shall be returned to stock and redistributed as follows:

13 (a) A prescription drug that was originally dispensed in the
14 manufacturer's unit dose package or unit of issue package and is
15 returned in that same package may be returned to stock,
16 repackaged, and redispensed as needed.

17 (b) A prescription drug that is repackaged into a unit dose
18 package or a unit of issue package by the pharmacy, dispensed,
19 and returned to that pharmacy in that unit dose package or unit
20 of issue package may be returned to stock, but it shall not be
21 repackaged. A unit dose package or unit of issue package prepared
22 by the pharmacist and returned to stock shall only be redispensed
23 in that same unit dose package or unit of issue package and shall
24 only be redispensed once. A pharmacist shall not add unit dose
25 package drugs to a partially used unit of issue package.

26 (4) This section does not apply to any of the following:

27 (a) A controlled substance.

1 (b) A prescription drug that is dispensed as part of a
2 customized patient medication package.

3 (c) A prescription drug that is not dispensed as a unit dose
4 package or a unit of issue package.

5 (d) A prescription drug that is not properly labeled with
6 the identity, strength, lot number, and expiration date.

7 (e) A prescription drug that is dispensed in a medical
8 institution and returned to stock for redistribution in
9 accordance with R 338.486 of the Michigan administrative code.

10 (5) As used in this section:

11 (a) "County jail" means a facility operated by a county for
12 the physical detention and correction of persons charged with, or
13 convicted of, criminal offenses or ordinance violations or
14 persons found guilty of civil or criminal contempt.

15 (b) "Customized patient medication package" means a package
16 that is prepared by a pharmacist for a specific patient that
17 contains 2 or more prescribed solid oral dosage forms.

18 (c) "Repackage" means a process by which the pharmacy
19 prepares a unit dose package, unit of issue package, or
20 customized patient medication package for immediate dispensing
21 pursuant to a current prescription.

22 (d) "State correctional facility" means a facility or
23 institution that houses a prisoner population under the
24 jurisdiction of the department of corrections.

25 (e) "Unit dose package" means a package that contains a
26 single dose drug with the name, strength, control number, and
27 expiration date of that drug on the label.

1 (f) "Unit of issue package" means a package that provides
2 multiple doses of the same drug, but each drug is individually
3 separated and includes the name, lot number, and expiration date.

4 Sec. 17775. (1) This section and section 17776 ~~shall be~~
5 ~~known and~~ may be referred to as the "program for utilization of
6 unused prescription drugs".

7 (2) As used in this section and section 17776:

8 ~~— (a) "Board" means the Michigan board of pharmacy created~~
9 ~~under section 17721.~~

10 (A) ~~(b)~~ "Cancer drug" means that term as defined in section
11 17780.

12 (B) ~~(c)~~ "Charitable clinic" means a charitable nonprofit
13 corporation or facility that meets all of the following
14 requirements:

15 (i) Is organized as a not-for-profit corporation pursuant to
16 the nonprofit corporation act, 1982 PA 162, MCL 450.2101 to
17 450.3192.

18 (ii) Holds a valid exemption from federal income taxation
19 issued pursuant to section 501(a) of the internal revenue code **OF**
20 **1986**, 26 USC 501.

21 (iii) Is listed as an exempt organization under section 501(c)
22 of the internal revenue code **OF 1986**, 26 USC 501.

23 (iv) Is organized under or operated as a part of a health
24 facility or agency licensed under article 17.

25 (v) Provides on an outpatient basis for a period of less
26 than 24 consecutive hours to persons not residing or confined at
27 the facility advice, counseling, diagnosis, treatment, surgery,

1 care, or services relating to the preservation or maintenance of
2 health.

3 (vi) Has a licensed pharmacy.

4 (C) ~~(d)~~-"Eligible facility" means a medical institution as
5 that term is defined in R 338.486 of the Michigan administrative
6 code.

7 (D) ~~(e)~~-"Eligible participant" means an individual who meets
8 all of the following requirements:

9 (i) Is a resident of this state.

10 (ii) Is eligible to receive medicaid or medicare or has no
11 health insurance and otherwise lacks reasonable means to purchase
12 prescription drugs, as prescribed in rules promulgated under this
13 section.

14 (E) ~~(f)~~-"Health professional" means any of the following
15 individuals licensed and authorized to prescribe and dispense
16 drugs or to provide medical, dental, or other health-related
17 diagnoses, care, or treatment within the scope of his or her
18 professional license:

19 (i) A physician licensed ~~to practice medicine or osteopathic~~
20 ~~medicine and surgery under part 170 or 175.~~**171.**

21 (ii) A ~~physician's~~**PHYSICIAN** assistant licensed under part
22 ~~170, 175, 171~~ or 180.

23 (iii) A dentist licensed under part 166.

24 (iv) An optometrist licensed under part 174.

25 (v) A pharmacist licensed under this part.

26 (vi) A podiatrist licensed under part 180.

27 **(vii) AN ADVANCED PRACTICE REGISTERED NURSE LICENSED UNDER**

1 **PART 171.**

2 (F) ~~(g)~~—"Program" means the statewide unused prescription
3 drug repository and distribution program known as the program for
4 utilization of unused prescription drugs that is established
5 under this section.

6 (3) The board shall establish, implement, and administer a
7 statewide unused prescription drug repository and distribution
8 program consistent with public health and safety through which
9 unused or donated prescription drugs, other than controlled
10 substances, may be transferred from an eligible facility or
11 manufacturer to a pharmacy or a charitable clinic that elects to
12 participate in the program. The program is created to dispense
13 unused or donated prescription drugs, other than controlled
14 substances, to eligible participants and to provide for the
15 destruction and disposal of prescription drugs or other
16 medications that are ineligible for dispensing under the program.

17 (4) Participation in the program by an eligible facility,
18 manufacturer, pharmacy, or charitable clinic is voluntary.
19 Nothing in this section or section 17776 requires any eligible
20 facility, manufacturer, pharmacy, or charitable clinic to
21 participate in the program.

22 (5) Pharmacies, health professionals, and charitable clinics
23 that participate in the program shall use the following criteria
24 in accepting unused or donated prescription drugs from eligible
25 facilities or manufacturers for use in the program:

26 (a) Only prescription drugs in their original sealed,
27 tamper-evident, and unopened unit dose packaging may be accepted

1 for dispensing. However, prescription drugs packaged in single-
2 unit dose packaging may be accepted for dispensing even if the
3 outside packaging is open as long as the single-unit dose
4 packaging is unopened.

5 (b) The following shall not be accepted for dispensing:

6 (i) Expired prescription drugs.

7 (ii) Controlled substances as defined in article 7 or by
8 federal law.

9 (iii) Drugs that have been held outside of a health
10 professional's control where sanitation and security cannot be
11 assured.

12 (iv) Drugs that can only be dispensed to a patient registered
13 with the drug's manufacturer under federal food and drug
14 administration requirements.

15 (c) A prescription drug shall not be accepted for dispensing
16 if the person accepting the drug has reason to believe that the
17 drug is adulterated.

18 (d) Subject to the limitations prescribed in this
19 subsection, unused or donated prescription drugs dispensed for
20 purposes of a medical assistance program or drug product donation
21 program may be accepted for dispensing under the program.

22 (e) Any additional criteria established in rules promulgated
23 under this section.

24 (6) A pharmacy or charitable clinic that meets the
25 eligibility requirements for participation in the program and any
26 rules promulgated under this section may do any of the following:

27 (a) Dispense prescription drugs accepted under the program

1 to eligible participants.

2 (b) If established by rule under this section, charge
3 eligible participants who receive prescription drugs under the
4 program a handling fee for the service.

5 (7) A pharmacy or charitable clinic that participates in the
6 program and accepts prescription drugs for the program shall do
7 all of the following:

8 (a) Comply with all applicable federal laws and regulations
9 and state laws and rules related to the storage and distribution
10 of harmful drugs.

11 (b) Inspect all accepted prescription drugs before
12 dispensing the prescription drugs to determine that the drugs are
13 not adulterated.

14 (c) Dispense prescription drugs only pursuant to a
15 prescription issued by a health professional.

16 (8) A pharmacy, health professional, or charitable clinic
17 that accepts prescription drugs under the program shall not
18 resell the prescription drugs. Receipt of a fee from an eligible
19 participant, if established in rules promulgated under this
20 section, or reimbursement from a governmental agency to a
21 charitable clinic does not constitute resale of prescription
22 drugs under this subsection.

23 (9) For purposes of the lawful donation, acceptance, or
24 dispensing of prescription drugs under the program, the following
25 persons that are in compliance with the program, this section and
26 section 17776, and any rules promulgated under this section and
27 in the absence of bad faith or gross negligence are not subject

1 to criminal or civil liability for injury other than death, or
2 loss to person or property, or professional disciplinary action:

3 (a) The board.

4 (b) The department.

5 (c) An eligible facility or manufacturer that donates
6 prescription drugs to the program.

7 (d) A manufacturer or its representative that directly
8 donates prescription drugs in professional samples to a
9 charitable clinic under the program.

10 (e) A pharmacy, charitable clinic, or health professional
11 that accepts or dispenses prescription drugs for the program.

12 (f) A pharmacy or charitable clinic that employs a health
13 professional who accepts prescription drugs for the program and
14 who may legally dispense prescription drugs under this part.

15 (10) A manufacturer is not, in the absence of bad faith,
16 subject to criminal prosecution or liability in tort or other
17 civil action for injury, death, or loss to person or property for
18 matters related to the donation, acceptance, or dispensing of a
19 prescription drug manufactured by the manufacturer that is
20 donated by any person under the program, including, but not
21 limited to, liability for failure to transfer or communicate
22 product or consumer information or the expiration date of the
23 donated prescription drug.

24 (11) Subject to subsection (12), the department, in
25 consultation with the board, shall promulgate rules under the
26 administrative procedures act of 1969 and establish procedures
27 necessary to establish, implement, and administer the program.

1 The board shall provide technical assistance to eligible
2 facilities, manufacturers, pharmacies, and charitable clinics
3 that participate in the program.

4 (12) The department, in consultation with the board, shall
5 promulgate emergency rules under the administrative procedures
6 act of 1969 on or before ~~the expiration of 6 months after the~~
7 ~~effective date of this section~~ **SEPTEMBER 28, 2013** to establish,
8 implement, and administer the program. The department, in
9 consultation with the board, shall promulgate permanent rules
10 pursuant to the administrative procedures act of 1969 as soon as
11 practical after emergency rules have been promulgated under this
12 subsection. The department and the board shall include all of the
13 following in rules promulgated under this section:

14 (a) Eligibility criteria for pharmacies and charitable
15 clinics authorized to accept and dispense prescription drugs for
16 the program.

17 (b) Eligibility criteria for eligible participants.

18 (c) ~~Establishment of a~~ **A** list of prescription drugs that are
19 not eligible for acceptance and dispensing under the program.

20 (d) Standards and procedures for transfer, transportation,
21 acceptance, safe storage, security, and dispensing of
22 prescription drugs.

23 (e) A process for seeking input from the department of human
24 services and the department of community health in establishing
25 provisions that affect eligible facilities.

26 (f) A process for seeking input from the department of human
27 services and the department of community health in establishing

1 provisions that affect mental health and substance abuse clients.

2 (g) Standards and procedures for inspecting accepted
3 prescription drugs to ensure that the prescription drugs meet the
4 requirements of the program and to ensure that, in the
5 professional judgment of the pharmacist, the prescription drugs
6 meet all federal and state standards for product integrity.

7 (h) Procedures for the destruction and environmentally sound
8 disposal of prescription drugs or other medications that are
9 accepted and that are ineligible for dispensing under the
10 program.

11 (i) Procedures for verifying whether the charitable clinic,
12 pharmacy, pharmacist, or other health professionals participating
13 in the program are licensed and in good standing with the
14 applicable licensing board.

15 (j) ~~Establishment of standards~~ **STANDARDS** for acceptance of
16 unused or donated prescription drugs from eligible facilities.

17 (k) ~~Establishment of standards~~ **STANDARDS** for the acceptance
18 by a pharmacy, health professional, or charitable clinic that
19 participates in the program from any person of a prescription
20 drug or any other medication that is ineligible for dispensing
21 under the program for destruction and disposal.

22 (l) Any other standards and procedures the department, in
23 consultation with the board, considers appropriate or necessary
24 to establish, implement, and administer the program.

25 (13) Pursuant to the rules promulgated and standards and
26 procedures established for the program under this section, a
27 resident of an eligible facility or the representative or

1 guardian of a resident of an eligible facility may donate unused
2 prescription drugs for dispensing to eligible participants under
3 the program.

4 (14) Pursuant to rules promulgated and standards and
5 procedures established for the program under this section, a
6 person may deliver to a pharmacy, health professional, or
7 charitable clinic that participates in the program a prescription
8 drug or any other medication that is ineligible for dispensing
9 under the program for destruction and disposal.

10 (15) This section and section 17776 do not impair or
11 supersede the provisions regarding the cancer drug repository
12 program established in section 17780. If any provision of this
13 section or section 17776 conflicts with a provision of section
14 17780 with regard to a cancer drug, section 17780 controls.

15 Sec. 17820. (1) A person shall not engage in the practice of
16 physical therapy or practice as a physical therapist assistant
17 unless licensed or otherwise authorized under this part. A person
18 shall engage in the actual treatment of an individual only upon
19 the prescription of an individual holding a license issued under
20 part 166, ~~170, 175, 171~~, or 180, or ~~the~~ **AN** equivalent license
21 issued by another state.

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

physical therapist", "licensed 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. 17901. (1) As used in this part:

(a) "Athletic trainer" means an individual engaged in the practice of athletic training.

(b) "Practice of athletic training" means the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment of an individual for an injury or illness, or both, the immediate care and treatment of an individual for an injury or illness, or both, and the rehabilitation and reconditioning of an individual's injury or illness, or both, ~~as long as~~ **IF** those activities are within the rules promulgated under section 17904 and performed under the direction **OF** and supervision of an individual licensed under part ~~170 or 175.~~ **171**. The practice of athletic training does not include the practice of physical therapy, the practice of **ALLOPATHIC** medicine, the practice of osteopathic medicine, ~~and surgery,~~ the practice of chiropractic, or medical diagnosis or treatment.

(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

1 definitions applicable to this part.

2 Sec. 17903. (1) The Michigan athletic trainer board is
3 created in the department and ~~shall consist~~ **CONSISTS** of the
4 following members ~~meeting~~ **WHO MEET** the requirements of part 161:

5 (a) ~~Until June 30, 2010, 4 athletic trainers. Beginning July~~
6 ~~1, 2010, 6~~ **SIX** athletic trainers.

7 (b) ~~Until June 30, 2010, 1 public member. Beginning July 1,~~
8 ~~2010, 3~~ **THREE** public members.

9 (c) Two physicians ~~licensed under part 170 or 175.~~ **AS DEFINED**
10 **IN SECTION 17106.**

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

15 Sec. 18001. (1) As used in this part:

16 (a) "Podiatrist" means a physician and surgeon licensed
17 under this ~~article~~ **PART** to engage in the practice of podiatric
18 medicine and surgery.

19 (b) "Practice as a ~~physician's~~ **PHYSICIAN** assistant" means
20 the practice of ~~medicine, osteopathic medicine and surgery, and~~
21 podiatric medicine and surgery under the supervision of a
22 ~~physician or podiatrist. licensed under this article.~~

23 (c) "Practice of podiatric medicine and surgery" means the
24 examination, diagnosis, and treatment of abnormal nails,
25 superficial excrescences occurring on the human hands and feet,
26 including corns, warts, callosities, and bunions, and arch
27 troubles or the treatment medically, surgically, mechanically, or

1 by physiotherapy of ailments of human feet or ankles as they
2 affect the condition of the feet. It does not include amputation
3 of human feet, or the use or administration of anesthetics other
4 than local.

5 (d) "Supervision" means that term as defined ~~under~~ **IN**
6 section 16109 except that it includes the existence of a
7 predetermined plan for emergency situations including ~~, but not~~
8 ~~limited to,~~ the designation of a podiatrist to supervise a
9 ~~physician's~~ **PHYSICIAN** assistant in the absence of the primary
10 supervising podiatrist.

11 ~~—— (e) "Task force" means the joint task force created in~~
12 ~~section 17025.~~

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

17 Sec. 18008. (1) Practice as a ~~physician's~~ **PHYSICIAN**
18 assistant **UNDER THIS PART** is a health profession subfield of the
19 practice of podiatric medicine and surgery. ~~, the practice of~~
20 ~~osteopathic medicine and surgery, and the practice of medicine.~~

21 (2) **THE DEPARTMENT, IN CONSULTATION WITH THE BOARD, SHALL**
22 **DEVELOP A PROCESS BY WHICH A PHYSICIAN ASSISTANT WHO IS LICENSED**
23 **TO ENGAGE IN PRACTICE AS A PHYSICIAN ASSISTANT ON THE DAY BEFORE**
24 **THE EFFECTIVE DATE OF PART 171 MAY CONTINUE TO BE LICENSED OR**
25 **OTHERWISE AUTHORIZED TO ENGAGE IN PRACTICE AS A PHYSICIAN**
26 **ASSISTANT UNDER THIS PART. THE DEPARTMENT, IN CONSULTATION WITH**
27 **THE BOARD, SHALL ESTABLISH REQUIREMENTS FOR SUPERVISION OF AND**

1 STANDARDS OF CARE APPLICABLE TO A PHYSICIAN ASSISTANT WHO IS
 2 LICENSED TO ENGAGE IN PRACTICE AS A PHYSICIAN ASSISTANT UNDER
 3 THIS PART ON THE DAY BEFORE THE EFFECTIVE DATE OF PART 171.

4 (3) THE DEPARTMENT AND THE BOARD SHALL NOT LICENSE OR
 5 OTHERWISE AUTHORIZE AN INDIVIDUAL TO ENGAGE IN PRACTICE AS A
 6 PHYSICIAN ASSISTANT UNDER THIS PART AFTER THE EFFECTIVE DATE OF
 7 PART 171.

8 Sec. 18011. (1) A person shall not engage in the practice of
 9 podiatric medicine and surgery or practice as a ~~physician's~~
 10 **PHYSICIAN** assistant **UNDER THIS PART** unless licensed or otherwise
 11 authorized ~~by this article.~~ **AS PROVIDED IN THIS PART.**

12 (2) The following words, titles, or letters or a combination
 13 ~~thereof,~~ **OF THE WORDS, TITLES, OR LETTERS**, with or without
 14 qualifying words or phrases, are restricted in use only to those
 15 persons authorized under this part to use the terms and in a way
 16 prescribed in this part: "chiropodist", "chiropody",
 17 "chiropodical", "podiatry", "podiatrist", "podiatric", "doctor of
 18 podiatric medicine", "foot specialist", "podiatric physician and
 19 surgeon", and "d.p.m.".

20 Sec. 18021. (1) The Michigan board of podiatric medicine and
 21 surgery is created in the department and ~~shall consist~~ **CONSISTS**
 22 of the following 9 voting members who ~~shall meet~~ the requirements
 23 of part 161: 5 podiatrists, 1 ~~physician's~~ **PHYSICIAN** assistant,
 24 and 3 public members. **IF THERE IS NO INDIVIDUAL LICENSED OR**
 25 **OTHERWISE AUTHORIZED TO ENGAGE IN PRACTICE AS A PHYSICIAN**
 26 **ASSISTANT UNDER THIS PART, OR THERE IS NO INDIVIDUAL LICENSED OR**
 27 **OTHERWISE AUTHORIZED TO ENGAGE IN PRACTICE AS A PHYSICIAN**

1 ASSISTANT UNDER THIS PART WHO IS WILLING TO SERVE AS A MEMBER OF
2 THE BOARD, THE BOARD CONSISTS OF THE FOLLOWING 9 VOTING MEMBERS
3 WHO MEET THE REQUIREMENTS OF PART 161: 6 PODIATRISTS AND 3 PUBLIC
4 MEMBERS.

5 (2) The board ~~of podiatric medicine and surgery does not~~
6 ~~have~~**HAS** the powers and duties vested in the task force by **FORMER**
7 sections 17060 to 17084 **WITH REGARD TO AN INDIVIDUAL WHO ENGAGES**
8 **IN PRACTICE AS A PHYSICIAN ASSISTANT UNDER THIS PART.**

9 (3) The terms of office of individual members of the board,
10 ~~created under this section,~~ except those appointed to fill
11 vacancies, expire 4 years after appointment on June 30 of the
12 year in which the term expires.

13 Sec. 18049. (1) In addition to the other requirements of
14 this section and subject to subsection (5), a podiatrist who
15 supervises a ~~physician's~~**PHYSICIAN** assistant is responsible for
16 all of the following:

17 (a) Verification of the ~~physician's~~**PHYSICIAN** assistant's
18 credentials.

19 (b) Evaluation of the ~~physician's~~**PHYSICIAN** assistant's
20 performance.

21 (c) Monitoring the ~~physician's~~**PHYSICIAN** assistant's
22 practice and provision of podiatric services.

23 (2) Subject to section 16215, ~~or 18048, as applicable,~~ a
24 podiatrist who supervises a ~~physician's~~**PHYSICIAN** assistant may
25 only delegate to the ~~physician's~~**PHYSICIAN** assistant the
26 performance of podiatric services for a patient who is under the
27 case management responsibility of the podiatrist, if the

1 delegation is consistent with the ~~physician's~~ **PHYSICIAN**
2 assistant's training. A podiatrist shall only supervise a
3 ~~physician's~~ **PHYSICIAN** assistant in the performance of those
4 duties included within his or her scope of practice.

5 (3) A podiatrist who supervises a ~~physician's~~ **PHYSICIAN**
6 assistant is responsible for the clinical supervision of each
7 ~~physician's~~ **PHYSICIAN** assistant to whom the physician delegates
8 the performance of podiatric services under subsection (2).

9 (4) Subject to subsection (5), a podiatrist who supervises a
10 ~~physician's~~ **PHYSICIAN** assistant shall keep on file in the
11 physician's office or in the health facility or agency in which
12 the podiatrist supervises the ~~physician's~~ **PHYSICIAN** assistant a
13 permanent, written record that includes the podiatrist's name and
14 license number and the name and license number of each
15 ~~physician's~~ **PHYSICIAN** assistant supervised by the podiatrist.

16 (5) A group of podiatrists practicing other than as sole
17 practitioners may designate 1 or more podiatrists in the group to
18 fulfill the requirements of subsections (1) and (4).

19 Sec. 18050. In addition to its other powers and duties under
20 this article, the board may prohibit a podiatrist from
21 supervising 1 or more ~~physician's~~ **PHYSICIAN** assistants for any of
22 the grounds set forth in section 16221 or for failure to
23 supervise a ~~physician's~~ **PHYSICIAN** assistant in accordance with
24 this part and rules promulgated under this part.

25 Sec. 18058. This part does not require new or additional
26 third party reimbursement or mandated worker's compensation
27 benefits for services rendered by an individual **LICENSED OR**

1 OTHERWISE authorized to ENGAGE IN practice as a ~~physician's~~
2 PHYSICIAN assistant under this part.

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

4 (a) "Occupational therapy assistant" means an individual
5 licensed under this ~~article~~-PART to engage in practice as an
6 occupational therapy assistant.

7 (b) "Occupational therapist" means an individual licensed
8 under this ~~article~~-PART to engage in the practice of occupational
9 therapy.

10 (c) "Occupational therapy services" means those services
11 provided to promote health and wellness, prevent disability,
12 preserve functional capabilities, prevent barriers, and enable or
13 improve performance in everyday activities, including, but not
14 limited to, the following:

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

17 (ii) Compensation, modification, or adaptation of a person,
18 activity, or environment.

19 (iii) Evaluation of factors that affect activities of daily
20 living, instrumental activities of daily living, and other
21 activities relating to education, work, play, leisure, and social
22 participation. Those factors include, but are not limited to,
23 body functions, body structure, habits, routines, role
24 performance, behavior patterns, sensory motor skills, cognitive
25 skills, communication and interaction skills, and cultural,
26 physical, psychosocial, spiritual, developmental, environmental,
27 and socioeconomic contexts and activities that affect

- 1 performance.
- 2 (iv) Interventions and procedures, including, but not limited
3 to, any of the following:
- 4 (A) Task analysis and therapeutic use of occupations,
5 exercises, and activities.
- 6 (B) Training in self-care, self-management, home management,
7 and community or work reintegration.
- 8 (C) Development remediation, or compensation of client
9 factors such as body functions and body structure.
- 10 (D) Education and training.
- 11 (E) Care coordination, case management, transition, and
12 consultative services.
- 13 (F) Modification of environments and adaptation processes
14 such as the application of ergonomic and safety principles.
- 15 (G) Assessment, design, fabrication, application, fitting,
16 and training in rehabilitative and assistive technology, adaptive
17 devices, and low temperature orthotic devices, and training in
18 the use of prosthetic devices. For the purposes of this sub-
19 subparagraph, the design and fabrication of low temperature
20 orthotic devices does not include permanent orthotics.
- 21 (H) Assessment, recommendation, and training in techniques
22 to enhance safety, functional mobility, and community mobility
23 such as wheelchair management and mobility.
- 24 (I) Management of feeding, eating, and swallowing.
- 25 (J) Application of physical agent modalities and use of a
26 range of specific therapeutic procedures, including, but not
27 limited to, techniques to enhance sensory-motor, perceptual, and

1 cognitive processing, manual therapy techniques, and adjunctive
2 and preparatory activities.

3 (K) Providing vision therapy services or low vision
4 rehabilitation services, if those services are provided pursuant
5 to a referral or prescription from, or under the supervision or
6 comanagement of, ~~a physician~~ **AN INDIVIDUAL** licensed under part
7 ~~170 or 175~~ **171** or an optometrist licensed under part 174.

8 (d) "Practice as an occupational therapy assistant" means
9 the practice of occupational therapy under the supervision of an
10 occupational therapist licensed under this article.

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

26 (i) ~~The practice of medicine or osteopathic medicine and~~
27 ~~surgery or medical diagnosis or treatment.~~ **ENGAGING IN PATIENT**

1 **CARE AS AUTHORIZED UNDER PART 171.**

2 (ii) The practice of physical therapy.

3 (iii) The practice of optometry.

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

8 Sec. 18305. (1) The Michigan board of occupational
9 therapists is created in the department and ~~shall consist~~
10 **CONSISTS** of the following 9 voting members who ~~shall meet~~ the
11 requirements of part 161: 5 licensed occupational therapists and
12 4 public members, 1 of whom ~~shall~~ **MUST** be a physician ~~licensed~~
13 ~~under part 170 or 175.~~ **AS DEFINED IN SECTION 17106.**

14 (2) The terms of office of individual members of the board
15 created under this section, except those appointed to fill
16 vacancies, expire 4 years after the appointment on December 31 of
17 the year in which the term expires.

18 Sec. 18501. (1) As used in this part:

19 (a) "Health facility" means a health facility or agency
20 licensed under article 17 or a hospital, psychiatric hospital, or
21 psychiatric unit licensed under the mental health code, 1974 PA
22 258, MCL 330.1001 to 330.2106.

23 (b) "Licensed bachelor's social worker" means an individual
24 licensed under this article to engage in the practice of social
25 work at the bachelor's level.

26 (c) "Licensed master's social worker" means an individual
27 licensed under this article to engage in the practice of social

1 work at the master's level.

2 (d) "Practice of medicine" means that term as defined in
3 section ~~17001~~.17107.

4 ~~—— (e) "Practice of osteopathic medicine and surgery" means~~
5 ~~that term as defined in section 17501.~~

6 (E) ~~(F)~~ "Practice of social work at the bachelor's level"
7 means, subject to subsections (2) and (4), all of the following
8 applied within the scope of social work values, ethics,
9 principles, and skills:

10 (i) The application of social work theory, knowledge,
11 methods, and ethics to restore or enhance social, psychosocial,
12 or biopsychosocial functioning of individuals, couples, families,
13 groups, organizations, or communities, with particular attention
14 to the person-in-environment configuration.

15 (ii) Social work case management and casework, including
16 assessments, planning, referral, and intervention with
17 individuals, families, couples, groups, communities, or
18 organizations within the context of social work values, ethics,
19 principles, and skills.

20 (iii) Helping communities, organizations, individuals, or
21 groups improve their social or health services by utilizing
22 social work practice skills.

23 (iv) The administration of assessment checklists that do not
24 require special training and that do not require interpretation.

25 (F) ~~(G)~~ "Practice of social work at the master's level"
26 means, subject to subsection (5), all of the following applied
27 within the scope of social work values, ethics, principles, and

1 advanced skills:

2 (i) The advanced application of the knowledge of human
3 development and behavior and social, economic, and cultural
4 institutions.

5 (ii) The advanced application of macro social work processes
6 and systems to improve the social or health services of
7 communities, groups, or organizations through planned
8 interventions.

9 (iii) The application of specialized clinical knowledge and
10 advanced clinical skills in the areas of assessment, diagnosis,
11 and treatment of mental, emotional, and behavioral disorders,
12 conditions, and addictions. Treatment methods include the
13 provision of advanced social work case management and casework
14 and individual, couple, family, or group counseling and
15 psychotherapy whether in private practice or other settings.

16 (G) ~~(h)~~ "Social service technician" means an individual
17 registered under this article who is specially trained to
18 practice only under the supervision of a licensed master's social
19 worker or a licensed bachelor's social worker.

20 (2) An individual who performs 1 or more of the functions
21 described in ~~subdivision (f) (i) through (iv)~~ **SUBSECTION (1) (E) (i)**
22 **TO (iv)** but not all of those functions is not considered engaged
23 in the practice of social work at the bachelor's level.

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

(4) The practice of social work at the bachelor's level does not include the practice of medicine, ~~or the practice of osteopathic medicine and surgery,~~ including, but not limited to, the prescribing of drugs, the administration of electroconvulsive therapy, the practice of psychotherapy, and other advanced clinical skills pursuant to ~~section 18501(g)(iii)~~ **SUBSECTION (1) (F) (iii)** or the administration or interpretation of psychological tests, except as otherwise provided in ~~subdivision (f)(iv)~~ **SUBSECTION (1) (E) (iv)**.

(5) The practice of social work at the master's level does not include the practice of medicine, ~~or the practice of osteopathic medicine and surgery,~~ including, but not limited to, the prescribing of drugs or administration of electroconvulsive therapy.

Sec. 18506a. (1) This part does not apply to any of the following:

(a) An individual who is engaged in a course of study leading to a degree in social work and participating in an internship or field placement supervised by a licensed master's social worker.

(b) An individual who is not licensed or otherwise authorized under this part to engage in the practice of social work at the bachelor's or master's level or registered as a social service technician who donates his or her services, other than psychotherapy services, to a charitable nonprofit organization ~~so long as~~ **IF** the individual does not hold himself or herself out to the public as a social worker licensed,

1 registered, or otherwise authorized under this part.

2 (c) An ordained cleric or other religious practitioner if
3 elements of section ~~18501(f) or (g)~~ **18501(1)(E) OR (F)** are
4 incidental to his or her religious duties performed under the
5 auspices or recognition of a church, denomination, religious
6 association, or sect that has tax-exempt status pursuant to
7 section 501(c)(3) of the internal revenue code of 1986, **26 USC**
8 **501**, if he or she does not hold himself or herself out as a
9 social worker licensed, registered, or otherwise authorized under
10 this part.

11 (d) A certified, licensed, or otherwise statutorily
12 recognized member of any other profession who practices his or
13 her profession as authorized by law ~~so long as~~ **IF** the individual
14 does not hold himself or herself out to the public as a social
15 worker licensed, registered, or otherwise authorized under this
16 part.

17 (e) An individual who is a participant in a self-help, peer
18 counseling, or support services program provided by either a
19 charitable or labor organization exempt from taxation under
20 section 501(c)(3) or 501(c)(5) of the internal revenue code of
21 1986, ~~so long as~~ **26 USC 501**, **IF** the individual does not hold
22 himself or herself out to the public as a social worker licensed,
23 registered, or otherwise authorized under this part. The
24 exemption for a participant in a program described under this
25 subdivision does not otherwise provide an exemption from
26 licensure or registration under this part for an employee of the
27 charitable or labor organization not otherwise authorized to

1 engage in activities or use a title regulated under this part.

2 (f) An individual whose duties may include some or all of
3 the activities described in section ~~18501(1)(f) as long as~~
4 **18501(1)(E) IF** he or she is trained and does not hold himself or
5 herself out as an individual licensed or registered under this
6 part or does not use a title regulated by this part, or both.

7 (2) This part does not prohibit an individual who holds a
8 bachelor's, master's, or doctorate degree in social work from an
9 accredited college or university from using a title including
10 "social work" if the individual does not engage in the practice
11 of social work at the bachelor's or master's level.

12 Sec. 18518. (1) The department shall promulgate rules
13 regarding the minimum training requirements for the practice of
14 social work at the bachelor's level and for the practice of
15 social work at the master's level.

16 (2) The rules regarding the practice of social work at the
17 master's level ~~shall~~**MUST** distinguish between the training,
18 education, and experience requirements relative to the social
19 work applications described in section ~~18501(g)(ii) and (iii).~~
20 **18501(1)(F)(ii) AND (iii)**. The training, education, and experience
21 requirements for the applications described in section
22 ~~18501(g)(iii) shall~~**18501(1)(F)(iii) MUST** include at least the
23 following:

24 (a) Possession of a master's degree in social work.

25 (b) Completion of course work in normal human development
26 and diagnosis, assessment, and treatment of individuals, couples,
27 families, and groups, using a variety of psychotherapeutic

1 methods or techniques.

2 (c) Completion of not less than 2 years of supervised post-
3 master's degree clinical experience.

4 Sec. 18701. (1) As used in this part:

5 (a) "Health facility" means a health facility or agency
6 licensed under article 17.

7 (b) "Medical director" means a physician who is responsible
8 for the quality, safety, appropriateness, and effectiveness of
9 the respiratory care services provided by a respiratory
10 therapist, who assists in quality monitoring, protocol
11 development, and competency validation, and who meets all of the
12 following:

13 (i) Is the medical director of an inpatient or outpatient
14 respiratory care service or department within a health facility,
15 or of a home care agency, durable medical equipment company, or
16 educational program.

17 (ii) Has special interest and knowledge in the diagnosis and
18 treatment of cardiopulmonary disorders and diseases.

19 (iii) Is qualified by training or experience, or both, in the
20 management of acute and chronic cardiopulmonary disorders and
21 diseases.

22 (c) "Physician" means that term as defined in ~~sections 17001~~
23 ~~and 17501.~~ **SECTION 17106.**

24 (d) "Practice of respiratory care" means the provision of
25 respiratory care services. Practice of respiratory care may be
26 provided by an inpatient or outpatient service or department
27 within a health facility, by a home care agency or durable

1 medical equipment company, or by an educational program.

2 (e) "Respiratory care services" means preventative services,
3 diagnostic services, therapeutic services, and rehabilitative
4 services under the written, verbal, or telecommunicated order of
5 a physician to an individual with a disorder, disease, or
6 abnormality of the cardiopulmonary system as diagnosed by a
7 physician. Respiratory care services involve, but are not limited
8 to, observing, assessing, and monitoring signs and symptoms,
9 reactions, general behavior, and general physical response of
10 individuals to respiratory care services, including determination
11 of whether those signs, symptoms, reactions, behaviors, or
12 general physical response exhibit abnormal characteristics; the
13 administration of pharmacological, diagnostic, and therapeutic
14 agents related to respiratory care services; the collection of
15 blood specimens and other bodily fluids and tissues for, and the
16 performance of, cardiopulmonary diagnostic testing procedures
17 including, but not limited to, blood gas analysis; development,
18 implementation, and modification of respiratory care treatment
19 plans based on assessed abnormalities of the cardiopulmonary
20 system, respiratory care protocols, clinical pathways, referrals,
21 and written, verbal, or telecommunicated orders of a physician;
22 application, operation, and management of mechanical ventilatory
23 support and other means of life support; and the initiation of
24 emergency procedures under the rules promulgated by the board.

25 (f) "Respiratory therapist" and "respiratory care
26 practitioner" mean an individual engaged in the practice of
27 respiratory care, ~~and~~ who is responsible for providing

1 respiratory care services, and who is licensed under this ~~article~~
2 **PART** as a respiratory therapist or respiratory care practitioner.

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

7 Sec. 20115. (1) The department may promulgate rules to
8 further define the term "health facility or agency" and the
9 definition of a health facility or agency listed in section 20106
10 as required to implement this article. The department may define
11 a specific organization as a health facility or agency for the
12 sole purpose of certification authorized under this article. For
13 purpose of certification only, an organization defined in section
14 20106(5), 20108(1), or 20109(4) is considered a health facility
15 or agency. The term "health facility or agency" does not mean a
16 visiting nurse service or home aide service conducted by and for
17 the adherents of a church or religious denomination for the
18 purpose of providing service for those who depend upon spiritual
19 means through prayer alone for healing.

20 (2) The department shall promulgate rules to differentiate a
21 freestanding surgical outpatient facility from a private office
22 of a physician, dentist, podiatrist, or other health
23 professional. The department shall specify in the rules that a
24 facility including, but not limited to, a private practice office
25 described in this subsection must be licensed under this article
26 as a freestanding surgical outpatient facility if that facility
27 performs 120 or more surgical abortions per year and publicly

1 advertises outpatient abortion services.

2 (3) The department shall promulgate rules that in effect
3 republish R 325.3826, R 325.3832, R 325.3835, R 325.3857, R
4 325.3866, R 325.3867, and R 325.3868 of the Michigan
5 administrative code, but shall include in the rules standards for
6 a freestanding surgical outpatient facility or private practice
7 office that performs 120 or more surgical abortions per year and
8 that publicly advertises outpatient abortion services. The
9 department shall assure that the standards are consistent with
10 the most recent United States supreme court decisions regarding
11 state regulation of abortions.

12 (4) Subject to section 20145 and part 222, the department
13 may modify or waive 1 or more of the rules contained in R
14 325.3801 to R 325.3877 of the Michigan administrative code
15 regarding construction or equipment standards, or both, for a
16 freestanding surgical outpatient facility that performs 120 or
17 more surgical abortions per year and that publicly advertises
18 outpatient abortion services, if both of the following conditions
19 are met:

20 (a) The freestanding surgical outpatient facility was in
21 existence and operating on December 31, 2012.

22 (b) The department makes a determination that the existing
23 construction or equipment conditions, or both, within the
24 freestanding surgical outpatient facility are adequate to
25 preserve the health and safety of the patients and employees of
26 the freestanding surgical outpatient facility or that the
27 construction or equipment conditions, or both, can be modified to

1 adequately preserve the health and safety of the patients and
2 employees of the freestanding surgical outpatient facility
3 without meeting the specific requirements of the rules.

4 (5) By January 15 each year, the department ~~of community~~
5 ~~health~~ shall provide the following information to the department
6 of licensing and regulatory affairs:

7 (a) From data received by the department ~~of community health~~
8 through the abortion reporting requirements of section 2835, all
9 of the following:

10 (i) The name and location of each facility at which abortions
11 were performed during the immediately preceding calendar year.

12 (ii) The total number of abortions performed at that facility
13 location during the immediately preceding calendar year.

14 (iii) The total number of surgical abortions performed at that
15 facility location during the immediately preceding calendar year.

16 (b) Whether a facility at which surgical abortions were
17 performed in the immediately preceding calendar year publicly
18 advertises abortion services.

19 (6) As used in this section:

20 (a) "Abortion" means that term as defined in section
21 ~~17015-17115~~.

22 (b) "Publicly advertises" means to advertise using directory
23 or internet advertising including yellow pages, white pages,
24 banner advertising, or electronic publishing.

25 (c) "Surgical abortion" means an abortion that is not a
26 medical abortion as that term is defined in section ~~17017-17117~~.

27 Sec. 20201. (1) A health facility or agency that provides

1 services directly to patients or residents and is licensed under
2 this article shall adopt a policy describing the rights and
3 responsibilities of patients or residents admitted to the health
4 facility or agency. Except for a ~~licensed~~ health maintenance
5 organization, ~~which shall comply with~~ **THAT IS SUBJECT TO** chapter
6 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to
7 500.3580, the **HEALTH FACILITY OR AGENCY SHALL POST THE** policy
8 ~~shall be posted~~ at a public place in the health facility or
9 agency and shall ~~be provided~~ **PROVIDE THE POLICY** to each member of
10 the health facility or agency staff. Patients or residents shall
11 be treated in accordance with the policy.

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

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

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

1 authorization of the patient or resident.

2 (c) A patient or resident is entitled to confidential
3 treatment of personal and medical records, and may refuse their
4 release to a person outside the health facility or agency except
5 as required because of a transfer to another health care
6 facility, as required by law or third party payment contract, or
7 as permitted or required under the health insurance portability
8 and accountability act of 1996, Public Law 104-191, or
9 regulations promulgated under that act, 45 CFR parts 160 and 164.

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

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

23 (f) A patient or resident is entitled to refuse treatment to
24 the extent provided by law and to be informed of the consequences
25 of that refusal. If a refusal of treatment prevents a health
26 facility or agency or its staff from providing appropriate care
27 according to ethical and professional standards, the relationship

1 with the patient or resident may be terminated upon reasonable
2 notice.

3 (g) A patient or resident is entitled to exercise his or her
4 rights as a patient or resident and as a citizen, and to this end
5 may present grievances or recommend changes in policies and
6 services on behalf of himself or herself or others to the health
7 facility or agency staff, to governmental officials, or to
8 another person of his or her choice within or outside the health
9 facility or agency, free from restraint, interference, coercion,
10 discrimination, or reprisal. A patient or resident is entitled to
11 information about the health facility's or agency's policies and
12 procedures for initiation, review, and resolution of patient or
13 resident complaints.

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

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

24 (j) A patient or resident is entitled to know who is
25 responsible for and who is providing his or her direct care, ~~is~~
26 ~~entitled to~~ receive information concerning his or her continuing
27 health needs and alternatives for meeting those needs, and to be

1 involved in his or her discharge planning, if appropriate.

2 (k) A patient or resident is entitled to associate and have
3 private communications and consultations with his or her

4 physician or a ~~physician's assistant to whom the physician has~~
5 ~~delegated the performance of medical care services,~~ **MEMBER OF THE**

6 **PATIENT CARE TEAM, WITH HIS OR HER** attorney, or **WITH** any other

7 ~~person~~ **INDIVIDUAL** of his or her choice and to send and receive

8 personal mail unopened on the same day it is received at the

9 health facility or agency, unless medically contraindicated as

10 documented in the medical record by the attending physician or a

11 ~~physician's assistant to whom the physician has delegated the~~

12 ~~performance of medical care services.~~ **MEMBER OF THE PATIENT CARE**

13 **TEAM.** A patient's or resident's civil and religious liberties,

14 including the right to independent personal decisions and the

15 right to knowledge of available choices, shall not be infringed

16 and the health facility or agency shall encourage and assist in

17 the fullest possible exercise of these rights. A patient or

18 resident may meet with, and participate in, the activities of

19 social, religious, and community groups at his or her discretion,

20 unless medically contraindicated as documented in the medical

21 record by the attending physician or a ~~physician's assistant to~~

22 ~~whom the physician has delegated the performance of medical care~~

23 ~~services.~~ **MEMBER OF THE PATIENT CARE TEAM.**

24 (l) A patient or resident is entitled to be free from mental

25 and physical abuse and from physical and chemical restraints,

26 except those restraints authorized in writing by the attending

27 physician or a ~~physician's assistant to whom the physician has~~

1 ~~delegated the performance of medical care services~~ **MEMBER OF THE**
2 **PATIENT CARE TEAM** for a specified and limited time or as are
3 necessitated by an emergency to protect the patient or resident
4 from injury to self or others, in which case the restraint may
5 only be applied by a qualified professional who shall set forth
6 in writing the circumstances requiring the use of restraints and
7 who shall promptly report the action to the attending physician
8 or ~~physician's assistant~~. **MEMBER OF THE PATIENT CARE TEAM.** In
9 case of a chemical restraint, a physician shall be consulted
10 within 24 hours after the commencement of the chemical restraint.

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

14 (n) A patient or resident is entitled to information about
15 the health facility or agency rules and regulations affecting
16 patient or resident care and conduct.

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

20 (3) The following additional requirements for the policy
21 described in subsection (2) apply to licensees under parts 213
22 and 217:

23 (a) The policy shall be provided to each nursing home
24 patient or home for the aged resident upon admission, and the
25 staff of the facility shall be trained and involved in the
26 implementation of the policy.

27 (b) Each nursing home patient may associate and communicate

1 privately with persons of his or her choice. Reasonable, regular
2 visiting hours, which shall be not less than 8 hours per day, and
3 which shall take into consideration the special circumstances of
4 each visitor, shall be established for patients to receive
5 visitors. A patient may be visited by the patient's attorney or
6 by representatives of the departments named in section 20156,
7 during other than established visiting hours. Reasonable privacy
8 shall be afforded for visitation of a patient who shares a room
9 with another patient. Each patient shall have reasonable access
10 to a telephone. A married nursing home patient or home for the
11 aged resident is entitled to meet privately with his or her
12 spouse in a room that assures privacy. If both spouses are
13 residents in the same facility, they are entitled to share a room
14 unless medically contraindicated and documented in the medical
15 record by the attending physician or ~~a physician's assistant to~~
16 ~~whom the physician has delegated the performance of medical care~~
17 ~~services.~~ **MEMBER OF THE PATIENT CARE TEAM.**

18 (c) A nursing home patient or home for the aged resident is
19 entitled to retain and use personal clothing and possessions as
20 space permits, unless to do so would infringe upon the rights of
21 other patients or residents, or unless medically contraindicated
22 as documented in the medical record by the attending physician or
23 ~~a physician's assistant to whom the physician has delegated the~~
24 ~~performance of medical care services.~~ **MEMBER OF THE PATIENT CARE**
25 **TEAM.** Each nursing home patient or home for the aged resident
26 shall be provided with reasonable space. At the request of a
27 patient, a nursing home shall provide for the safekeeping of

1 personal effects, ~~funds~~, **MONEY**, and other property of a patient
2 in accordance with section 21767, except that a nursing home is
3 not required to provide for the safekeeping of a property that
4 would impose an unreasonable burden on the nursing home.

5 (d) A nursing home patient or home for the aged resident is
6 entitled to the opportunity to participate in the planning of his
7 or her medical treatment. The attending physician or a
8 ~~physician's assistant to whom the physician has delegated the~~
9 ~~performance of medical care services~~ **MEMBER OF THE PATIENT CARE**
10 **TEAM** shall fully inform the nursing home patient of the patient's
11 medical condition unless medically contraindicated as documented
12 in the medical record by a physician or a ~~physician's assistant~~
13 ~~to whom the physician has delegated the performance of medical~~
14 ~~care services~~. **MEMBER OF THE PATIENT CARE TEAM**. Each nursing home
15 patient shall be afforded the opportunity to discharge himself or
16 herself from the nursing home.

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

26 (f) A nursing home patient or home for the aged resident is
27 entitled to be fully informed before or at the time of admission

1 and during stay of services available in the facility, and of the
2 related charges including any charges for services not covered
3 under title XVIII, or not covered by the facility's basic per
4 diem rate. The statement of services provided by the facility
5 shall be in writing and shall include those required to be
6 offered on an as-needed basis.

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

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

26 (i) If a nursing home patient desires treatment by a
27 licensed member of the healing arts, the treatment shall be made

1 available unless it is medically contraindicated, and the medical
2 contraindication is justified in the patient's medical record by
3 the attending physician or ~~a physician's assistant to whom the~~
4 ~~physician has delegated the performance of medical care services.~~

5 **MEMBER OF THE PATIENT CARE TEAM.**

6 (j) A nursing home patient has the right to have his or her
7 parents, if a minor, or his or her spouse, next of kin, or
8 patient's representative, if an adult, stay at the facility 24
9 hours a day if the patient is considered terminally ill by the
10 physician responsible for the patient's care or ~~a physician's~~
11 ~~assistant to whom the physician has delegated the performance of~~
12 ~~medical care services.~~ **MEMBER OF THE PATIENT CARE TEAM.**

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

17 (l) Each nursing home patient has the right to receive
18 representatives of approved organizations as provided in section
19 21763.

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

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

1 (6) A nursing home patient or home for the aged resident is
2 entitled to be fully informed, as evidenced by the patient's or
3 resident's written acknowledgment, before or at the time of
4 admission and during stay, of the policy required by this
5 section. The policy shall provide that if a patient or resident
6 is adjudicated incompetent and not restored to legal capacity,
7 the rights and responsibilities set forth in this section shall
8 be exercised by a person designated by the patient or resident.
9 The health facility or agency shall provide proper forms for the
10 patient or resident to provide for the designation of this person
11 at the time of admission.

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

15 (8) As used in this section:

16 **(A) "PATIENT CARE TEAM" MEANS THAT TERM AS DEFINED IN**
17 **SECTION 17106.**

18 **(B) ~~(a)~~**—"Patient's representative" means that term as
19 defined in section 21703.

20 **(C) ~~(b)~~**—"Title XVIII" means title XVIII of the social
21 security act, 42 USC 1395 to 1395kkk-1.

22 **(D) ~~(e)~~**—"Title XIX" means title XIX of the social security
23 act, 42 USC 1396 to 1396w-5.

24 Sec. 22211. (1) The certificate of need commission is
25 created in the department. The commission shall consist of 11
26 members appointed by the governor with the advice and consent of
27 the senate. The governor shall not appoint more than 6 members

1 from the same major political party and shall appoint 5 members
2 from another major political party. ~~The members constituting the~~
3 ~~commission on the day before the effective date of the amendatory~~
4 ~~act that added subdivision (a) shall serve on the commission for~~
5 ~~the remainder of their terms. On the expiration of the term of~~
6 ~~each member constituting the commission on the day before the~~
7 ~~effective date of the amendatory act that added subdivision (a),~~
8 ~~the governor shall appoint a successor as required under this~~
9 ~~section in accordance with subdivisions (f), (g), (h), (i), and~~
10 ~~(j) and in that order. Of the additional members, the governor,~~
11 ~~within 30 days after the effective date of the amendatory act~~
12 ~~that added subdivision (a), shall appoint 6 additional members to~~
13 ~~the commission as required under subdivisions (a), (b), (c), (d),~~
14 ~~and (e). The commission shall consist of the following 11~~
15 members:

16 (a) Two individuals representing hospitals.

17 (b) One individual representing **ALLOPATHIC** physicians
18 ~~licensed under part 170 to engage in the practice of medicine.~~**AS**
19 **DEFINED IN SECTION 17102.**

20 (c) One individual representing **OSTEOPATHIC** physicians
21 ~~licensed under part 175 to engage in the practice of osteopathic~~
22 ~~medicine and surgery.~~**AS DEFINED IN SECTION 17105.**

23 (d) One individual who is a physician ~~licensed under part~~
24 ~~170 or 175~~**AS DEFINED IN SECTION 17106** representing a school of
25 **ALLOPATHIC** medicine or osteopathic medicine.

26 (e) One individual representing nursing homes.

27 (f) One individual representing nurses.

1 (g) One individual representing a company that is self-
2 insured for health coverage.

3 (h) One individual representing a company that is not self-
4 insured for health coverage.

5 (i) One individual representing a nonprofit health care
6 corporation operating pursuant to the nonprofit health care
7 corporation reform act, 1980 PA 350, MCL 550.1101 to
8 ~~550.1703~~.550.1704.

9 (j) One individual representing organized labor unions in
10 this state.

11 (2) In making appointments, the governor shall, to the
12 extent feasible, assure that the membership of the commission is
13 broadly representative of the interests of all of the people of
14 this state and of the various geographic regions.

15 (3) A member of the commission shall serve for a term of 3
16 years or until a successor is appointed. ~~Of the 6 members~~
17 ~~appointed within 30 days after the effective date of the~~
18 ~~amendatory act that added subsection (1)(a), 2 of the members~~
19 ~~shall be appointed for a term of 1 year, 2 of the members shall~~
20 ~~be appointed for a term of 2 years, and 2 of the members shall be~~
21 ~~appointed for a term of 3 years.~~ A vacancy on the commission
22 shall be filled for the remainder of the unexpired term in the
23 same manner as the original appointment.

24 (4) Commission members are subject to the following:

25 (a) 1968 PA 317, MCL 15.321 to 15.330.

26 (b) 1973 PA 196, MCL 15.341 to 15.348.

27 (c) 1978 PA 472, MCL 4.411 to 4.431.

1 Sec. 22224. (1) A health facility required to be licensed as
2 a freestanding surgical outpatient facility by rules promulgated
3 under section 20115(2) due to the performance of abortions at
4 that facility is not required to obtain a certificate of need in
5 order to be granted a license as a freestanding surgical
6 outpatient facility. However, a health facility described in this
7 subsection is subject to this part for the services performed at
8 that facility other than abortions.

9 (2) If a freestanding surgical outpatient facility is
10 applying for a certificate of need to initiate, replace, or
11 expand a covered clinical service consisting of surgical
12 services, the department shall not count abortion procedures in
13 determining if the freestanding surgical outpatient facility
14 meets the annual minimum number of surgical procedures required
15 in the certificate of need standards governing surgical services.

16 (3) As used in this section, "abortion" means that term as
17 defined in section ~~17015~~.**17115**.

18 Enacting section 1. Sections 7335, 7336, 16106a, 16109a,
19 16331, 18048, 18054, and 18056, part 170, and part 175 of the
20 public health code, 1978 PA 368, MCL 333.7335, 333.7336,
21 333.16106a, 333.16109a, 333.16331, 333.18048, 333.18054,
22 333.18056, 333.17001 to 333.17084, and 333.17501 to 333.17556,
23 are repealed.