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BILL



ANALYSIS

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Senate Bill 1019 (as introduced 6-7-16)
Sponsor: Senator Mike Kowall
Committee: Michigan Competitiveness

Date Completed: 6-8-16

CONTENT

The bill would amend the Public Health Code to prescribe the scope of practice for a certified nurse anesthetist. Specifically, the bill would do the following:

- **Include in the scope of practice certain anesthesia and analgesia services, including the prescription and administration of pharmacological agents to be received by a patient in the facility in which the services were performed.**
- **Authorize a nurse anesthetist to provide anesthesia and analgesia services as the sole and independent anesthesia provider if he or she were part of a patient-centered care team.**
- **Allow a nurse anesthetist to provide services for operative, obstetrical, interventional, or diagnostic purposes during the preoperative, intraoperative, and postoperative service period or the obstetrical service period, as applicable.**
- **Exclude from the scope of practice chronic pain management services, but allow a nurse anesthetist to perform such services under delegation as prescribed in the Code.**

The bill would take effect 90 days after enactment.

Under Part 172 (Nursing) of the Code, the Michigan Board of Nursing may issue a specialty certification to a registered professional nurse (R.N.) who has advanced training beyond that required for initial licensure, has demonstrated competency through examination or other evaluative processes, and practices in the health profession specialty field of nurse midwifery, nurse anesthetist, or nurse practitioner.

Under the bill, in addition to the duties within the scope of the practice of nursing, the scope of practice of an R.N. who held a specialty certification as a nurse anesthetist (a certified nurse anesthetist) would include any of the following anesthesia and analgesia services:

- Development of a plan of care.
- Performance of all patient assessments, procedures, and monitoring to implement the plan of care or to address patient emergencies that arose during its implementation.
- Selection, ordering, or prescribing and the administration of anesthesia and analgesic agents, including pharmacological agents that are prescription drugs or controlled substances.

The authority of a certified nurse anesthetist to prescribe pharmacological agents would be limited to those administered to patients as described below. This authority would not include any activity that would permit a patient to obtain or receive pharmacological agents, including prescription drugs or controlled substances, outside of the facility in which the anesthetic or analgesic services were performed.

A certified nurse anesthetist could provide the anesthesia and analgesia services as the sole and independent anesthesia provider if he or she were part of a patient-centered care team in a hospital inpatient or outpatient facility; an office of an allopathic or osteopathic physician or podiatrist; or any other office or facility in which diagnostic imaging, endoscopy, or cystoscopy services were provided to patients.

("Patient-centered care team" would mean the patient and an interdisciplinary group of health care professionals that includes health care professionals who are directly involved in an operative, obstetrical, or diagnostic procedure performed on the patient. A team could include physicians, R.N.s, licensed practical nurses, or any other specific categories or types of health care professionals. "Health care professional" would mean an individual who is licensed or registered to perform a health profession under the Code.)

The anesthesia and analgesia services could be performed for operative, obstetrical, interventional, or diagnostic purposes, but only during one of the following:

- The preoperative, intraoperative, and postoperative period.
- The obstetrical service period.
- The preoperative, intraoperative, and postoperative surgical or interventional service period.
- The preoperative, intraoperative, and postoperative diagnostic service period.

The anesthesia and analgesia services included in the scope of practice of a nurse anesthetist would not include chronic pain management services; however, a nurse anesthetist could perform chronic pain management services under delegation pursuant to Section 16215. (Under that section, a licensee may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training or experience the performance of selected acts, tasks, or functions that fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee may not delegate an act, task, or function if, under standards of acceptable and prevailing practice, it requires the level of education, skill, and judgment required of the licensee. Section 16215 prescribes specific conditions under which a licensed physician may delegate an act, task, or function.)

Under Part 177 (Pharmacy Practice and Drug Control) of the Code, "prescriber" includes a licensed dentist, doctor of medicine, doctor of osteopathic medicine and surgery, doctor of podiatric medicine and surgery, optometrist, and veterinarian. The bill would include in the definition an R.N. who holds a specialty certification as a nurse anesthetist, when he or she is engaging in the practice of nursing and providing the anesthesia and analgesia services described in Part 172. A nurse anesthetist's authority to prescribe pharmacological agents would be limited to those agents for administration to patients as described in the bill.

The bill would not require new or additional third-party reimbursement or mandated worker's compensation benefits for anesthesia and analgesia services provided by a certified nurse anesthetist.

MCL 333.17210 & 333.17708

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Josh Sefton

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