

**PUBLIC HEALTH CODE (EXCERPT)**

**Act 368 of 1978**

**PART 172**

**NURSING**

**333.17201 Definitions; principles of construction.**

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

(a) "Advanced practice registered nurse" or "a.p.r.n." means a registered professional nurse who has been granted a specialty certification under section 17210 in 1 of the following health profession specialty fields:

(i) Nurse midwifery.

(ii) Nurse practitioner.

(iii) Clinical nurse specialist.

(b) "Physician" means a physician who is licensed under part 170 or part 175.

(c) "Practice of nursing" means the systematic application of substantial specialized knowledge and skill, derived from the biological, physical, and behavioral sciences, to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability.

(d) "Practice of nursing as a licensed practical nurse" or "l.p.n." means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse and performed under the supervision of a registered professional nurse, physician, or dentist.

(e) "Registered professional nurse" or "r.n." means an individual who is licensed under this part to engage in the practice of nursing which scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

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

**History:** 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2016, Act 499, Eff. Apr. 9, 2017.

**Compiler's note:** For transfer of powers and duties of certain health-related functions, boards, and commissions from the Department of Licensing and Regulation to the Department of Commerce, see E.R.O. No. 1991-9, compiled at MCL 338.3501 of the Michigan Compiled Laws.

**Popular name:** Act 368

**333.17208 Licensed practical nurse; health profession subfield.**

Sec. 17208. The practice of nursing as a licensed practical nurse is a health profession subfield of the practice of nursing.

**History:** 1978, Act 368, Eff. Sept. 30, 1978.

**Popular name:** Act 368

**333.17209 Renewal of license to practice as trained attendant; eligibility; "practice as a trained attendant" defined; original license prohibited; licensed psychiatric attendant nurse considered licensed practical nurse.**

Sec. 17209. (1) After the effective date of this part, an individual licensed to practice as a trained attendant is eligible to apply to the board for a renewal of licensure pursuant to this article. For purposes of this section, "practice as a trained attendant" means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse or a licensed practical nurse and performed under supervision of a registered professional nurse or licensed physician or dentist. After the effective date of this part, the board shall not grant an original license to an applicant for licensure to practice as a trained attendant.

(2) After the effective date of this part, licensed psychiatric attendant nurse licenses shall be considered licensed practical nurse licenses. A licensed psychiatric attendant nurse shall have the same rights and duties as a licensed practical nurse under this part as consistent with the licensee's education and training.

**History:** 1978, Act 368, Eff. Sept. 30, 1978.

**Popular name:** Act 368

**333.17210 Registered professional nurse; issuance of specialty certification; qualifications; rules; scope of practice for nurse anesthetist; malpractice insurance required; definitions.**

Sec. 17210. (1) The Michigan board of nursing may grant a specialty certification to a registered professional nurse who has advanced training beyond that required for initial licensure, who has demonstrated competency through examination or other evaluative processes, and who practices in 1 of the following health

profession specialty fields:

- (a) Nurse midwifery.
- (b) Nurse anesthetist.
- (c) Nurse practitioner.
- (d) Subject to subsection (2), clinical nurse specialist.

(2) The Michigan board of nursing shall promulgate rules establishing the qualifications for the training and competency of the health profession specialty field of clinical nurse specialist. The Michigan board of nursing shall not grant a specialty certification as a clinical nurse specialist under subsection (1) until after the effective date of the rules promulgated under this subsection.

(3) All of the following apply to a registered professional nurse who holds a specialty certification as a nurse anesthetist:

(a) In addition to performing duties within the scope of the practice of nursing, his or her scope of practice includes any of the following anesthesia and analgesia services if the services are performed in accordance with the American Association of Nurse Anesthetists Standards for Nurse Anesthesia Practice:

(i) Development of a plan of care.

(ii) Performance of all patient assessments, procedures, and monitoring to implement the plan of care or to address patient emergencies that arise during implementation of the plan of care.

(iii) Selection, ordering, or prescribing and the administration of anesthesia and analgesic agents, including pharmacological agents that are prescription drugs as defined in section 17708 or controlled substances. For purposes of this subparagraph, the authority of a registered professional nurse who holds a specialty certification as a nurse anesthetist to prescribe pharmacological agents is limited to pharmacological agents for administration to patients as described in subdivision (b), (c), or (d), and his or her authority does not include any activity that would permit a patient to self-administer, obtain, or receive pharmacological agents, including prescription drugs or controlled substances, outside of the facility in which the anesthetic or analgesic service is performed or beyond the perioperative, periobstetrical, or periprocedural period.

(b) If he or she meets both of the following requirements, he or she may provide the anesthesia and analgesia services described in subdivision (a) without supervision:

(i) He or she meets either of the following:

(A) He or she has practiced in the health profession specialty field of nurse anesthetist for 3 years or more and has practiced in that health profession specialty field in a health care facility for a minimum of 4,000 hours.

(B) He or she has a doctor of nurse anesthesia practice degree or doctor of nursing practice degree.

(ii) He or she is collaboratively participating in a patient-centered care team.

(c) He or she may provide the anesthesia and analgesia services described in subdivision (a) in a health care facility if the health care facility has a policy in place under subsection (4) allowing for the provision of the anesthesia and analgesia services and ensuring that a qualified health care professional is immediately available in person or through telemedicine to address any urgent or emergent clinical concerns.

(d) The anesthesia and analgesia services described in subdivision (a) may be performed for and during the perioperative, periobstetrical, or periprocedural period.

(e) If he or she is practicing pain management in a freestanding pain clinic, he or she must be under the supervision of a physician.

(4) A health care facility may adopt policies relating to the provision of anesthesia and analgesia services. If a health care facility uses a registered professional nurse who holds a specialty certification as a nurse anesthetist to perform the anesthesia and analgesia services described in subsection (3) who is not employed by the health care facility, the health care facility shall ensure that the registered professional nurse or the person employing the registered professional nurse maintains malpractice insurance.

(5) Subsection (3) does not require new or additional third party reimbursement or mandated worker's compensation benefits for anesthesia and analgesia services provided under that subsection by a registered professional nurse who holds a specialty certification as a nurse anesthetist under this part.

(6) As used in this section:

(a) "Collaboratively participating" means practicing and communicating with health care professionals involved in the patient-centered care team to optimize the overall care delivered to the patient.

(b) "Health care facility" means any of the following:

(i) A hospital inpatient or outpatient facility.

(ii) A freestanding surgical outpatient facility.

(iii) An office of a physician, podiatrist, or dentist.

(iv) Any other office or facility in which diagnostic or therapeutic procedures are provided to a patient, including, but not limited to, imaging, endoscopy, or cystoscopy services.

(c) "Health care professional" means an individual who is licensed or registered to perform a health profession under this article.

(d) "Patient-centered care team" means a group of health care professionals, which must include, but is not limited to, a qualified health care professional, who directly or indirectly care for a patient by each contributing his or her specialized knowledge, skill, and experience to the care of the patient.

(e) "Qualified health care professional" means any of the following health care professionals who has completed the necessary education, training, and experience in anesthesia care or pharmacology, or has experience with procedures requiring anesthesia:

(i) A physician.

(ii) A dentist licensed under part 166.

(iii) A podiatric physician licensed under part 180.

**History:** 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2016, Act 499, Eff. Apr. 9, 2017;—Am. 2017, Act 22, Imd. Eff. Mar. 31, 2017;—Am. 2021, Act 53, Eff. Oct. 11, 2021.

**Popular name:** Act 368

### **333.17211 Practice of nursing or as licensed practical nurse; license or authorization required; use of words, titles, or letters.**

Sec. 17211. (1) An individual shall not engage in the practice of nursing or the practice of nursing as a licensed practical nurse unless he or she is licensed or is otherwise authorized by this article.

(2) The following words, titles, or letters or a combination of the 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 terms and in a way prescribed in this part:

(a) "Registered professional nurse", "registered nurse", "r.n.", "licensed practical nurse", "l.p.n.", "nurse midwife", "certified nurse midwife", "c.n.m.", "advanced practice registered nurse", "a.p.r.n.", "nurse anesthetist", "nurse practitioner", "n.p.", "certified nurse practitioner", and "c.n.p.".

(b) Beginning 12 months after the effective date of the rules promulgated under section 17210(2), "clinical nurse specialist", "c.n.s.", "clinical nurse specialist-certified", and "c.n.s.-c.".

**History:** 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 409, Imd. Eff. Sept. 29, 2006;—Am. 2016, Act 499, Eff. Apr. 9, 2017;—Am. 2017, Act 22, Imd. Eff. Mar. 31, 2017.

**Popular name:** Act 368

### **333.17211a Advanced practice registered nurse; authority to prescribe nonscheduled prescription drug or controlled substance.**

Sec. 17211a. (1) An advanced practice registered nurse may prescribe any of the following:

(a) A nonscheduled prescription drug.

(b) Subject to subsection (2), a controlled substance included in schedules 2 to 5 of part 72, as a delegated act of a physician.

(2) If an advanced practice registered nurse prescribes a controlled substance under subsection (1)(b), both the advanced practice registered nurse's name and the physician's name shall be used, recorded, or otherwise indicated in connection with that prescription. If an advanced practice registered nurse prescribes a controlled substance under subsection (1)(b), both the advanced practice registered nurse's and the physician's DEA registration numbers shall be used, recorded, or otherwise indicated in connection with that prescription.

(3) The amendatory act that added this section does not require new or additional third-party reimbursement or mandated worker's compensation benefits for services rendered by an advanced practice registered nurse who is authorized to prescribe nonscheduled prescription drugs and controlled substances included in schedules 2 to 5 of part 72 under this section.

**History:** Add. 2016, Act 499, Eff. Apr. 9, 2017.

**Popular name:** Act 368

### **333.17212 Registered professional nurse or advanced practice registered nurse; ordering, receiving, or dispensing complimentary starter dose drugs; delegation; "complimentary starter dose" defined.**

Sec. 17212. (1) Subject to subsections (2) and (3), in addition to acts, tasks, and functions delegated under section 16215, 17211a(1)(b), 17745, 17745a, or 17745b, a supervising physician may delegate in writing to a registered professional nurse the ordering, receipt, and dispensing of complimentary starter dose drugs other than controlled substances as defined in article 7 or federal law. If a delegated ordering, receipt, or dispensing of complimentary starter dose drugs described in this subsection occurs, both the registered professional nurse's name and the supervising physician's name shall be used, recorded, or otherwise indicated in

connection with each order, receipt, or dispensing.

(2) Subject to subsection (3), an advanced practice registered nurse may order, receive, and dispense a complimentary starter dose drug without delegation from a physician. Only the name of the advanced practice registered nurse shall be used, recorded, or otherwise indicated in connection with an order, receipt, or dispensing of a complimentary starter dose drug under this subsection.

(3) An advanced practice registered nurse may order, receive, and dispense complimentary starter doses of controlled substances included in schedules 2 to 5 of part 72 as a delegated act of a physician. If a delegated ordering, receipt, or dispensing of complimentary starter dose drugs described in this subsection occurs, the advanced practice registered nurse's name and the delegating physician's name shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing and both the advanced practice registered nurse's and the delegating physician's DEA registration number shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing.

(4) It is the intent of the legislature in enacting this section to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, to distribute complimentary starter dose drugs to an advanced practice registered nurse described in subsections (2) and (3), or to a registered professional nurse described in subsection (1), in compliance with section 503(d) of the federal food, drug, and cosmetic act, 21 USC 353.

(5) As used in this section, "complimentary starter dose" means that term as defined in section 17745.

**History:** Add. 1996, Act 355, Imd. Eff. July 1, 1996;—Am. 2016, Act 499, Eff. Apr. 9, 2017.

**Popular name:** Act 368

### **333.17213 Licensure as registered professional nurse; graduate of nurse education program located outside of United States; requirements.**

Sec. 17213. (1) Notwithstanding section 16145 or section 16174(1)(c) or rules promulgated pursuant to either of those sections, the board may grant a license to an applicant applying for initial licensure as a registered professional nurse who is a graduate of a nurse education program that is located outside of the United States if he or she meets the requirements of section 16174 and satisfies each of the following:

(a) Provides verification that the nurse education program from which he or she graduated is substantially equivalent to the nursing education programs in this state that are approved by the board.

(b) Has passed the requisite examination for licensure as a registered professional nurse, as approved by the board.

(2) Notwithstanding section 16145 or section 16174(1)(c) or rules promulgated pursuant to either of those sections, the board may grant a license to an applicant applying for licensure as a registered professional nurse who is licensed in another state or, until January 1, 2012, is licensed in a province of Canada and who is a graduate of a nurse education program located outside of the United States and Canada if he or she meets the requirements of subsection (1) and provides verification of licensure or registration in each state, country, jurisdiction, territory, and province in which he or she is currently licensed or registered or has been licensed or registered. If the applicant seeking licensure under this subsection has, for at least 5 years immediately preceding the application, maintained an active license or registration in another state with no disciplinary sanctions, then the applicant does not have to provide the verification required under subsection (1)(a).

**History:** Add. 2007, Act 19, Imd. Eff. June 14, 2007.

**Popular name:** Act 368

### **333.17214 Advanced practice registered nurse; calls or rounds.**

Sec. 17214. An advanced practice registered nurse may make calls or go on rounds in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities. Notwithstanding any law or rule to the contrary, an advanced practice registered nurse may make calls or go on rounds as provided in this section without restrictions on the time or frequency of visits by a physician or the advanced practice registered nurse.

**History:** Add. 2016, Act 499, Eff. Apr. 9, 2017.

**Popular name:** Act 368

### **333.17221 Michigan board of nursing; creation; number and qualifications of members; terms.**

Sec. 17221. (1) The Michigan board of nursing is created in the department.

(2) Except as otherwise provided in subsection (3), the Michigan board of nursing shall consist of the following 24 voting members who shall meet the requirements of part 161: 9 registered professional nurses, 1

nurse midwife, 1 nurse anesthetist, 1 nurse practitioner, 1 clinical nurse specialist, 3 licensed practical nurses, and 8 public members. Three of the registered professional nurse members shall be engaged in nursing education, 1 of whom shall be in less than a baccalaureate program, 1 in a baccalaureate or higher program and 1 in a licensed practical nurse program and each of whom shall have a master's degree from an accredited college with a major in nursing. Three of the registered professional nurse members shall be engaged in nursing practice or nursing administration, each of whom shall have a baccalaureate degree in nursing from an accredited college. Three of the registered professional nurse members shall be engaged in nursing practice or nursing administration, each of whom shall be a nonbaccalaureate registered nurse. The 3 licensed practical nurse members shall have graduated from a state approved program for the preparation of individuals to practice as licensed practical nurses. The nurse midwife, the nurse anesthetist, the nurse practitioner, and the clinical nurse specialist shall each have a specialty certification granted by the Michigan board of nursing in his or her respective specialty field.

(3) All of the following apply to the members of the board described in subsection (2):

(a) The individual who is a registered professional nurse who is certified by a national organization as a clinical nurse specialist shall continue as a member of the board under subsection (2) for the remainder of his or her respective term. When the term of the registered professional nurse described in this subdivision expires, subject to section 16121, the governor shall appoint a registered professional nurse who has been granted a specialty certification as a clinical nurse specialist by the Michigan board of nursing.

(b) The 8 public members on the board shall continue in office for the remainder of their respective terms. Until the term of office of 1 of those public members expires, the board shall continue with 24 members. When the term of office of 1 or more of the 8 public members first expires, the governor shall not appoint 1 public member, to reduce the total number of public members to 7 and the total number of board members to 23.

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

**History:** 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1978, Act 625, Imd. Eff. Jan. 6, 1979;—Am. 1989, Act 201, Imd. Eff. Oct. 23, 1989;—Am. 1993, Act 79, Eff. Apr. 1, 1994;—Am. 2006, Act 409, Imd. Eff. Sept. 29, 2006;—Am. 2016, Act 499, Eff. Apr. 9, 2017.

**Popular name:** Act 368

### **333.17224, 333.17225 Repealed. 1989, Act 201, Imd. Eff. Oct. 23, 1989.**

**Compiler's note:** The repealed sections pertained to task force for health professional subfields and health profession specialty fields.

**Popular name:** Act 368

### **333.17231 Honorary license; "advanced illness" defined; name of section.**

Sec. 17231. (1) The department, in consultation with the board, may issue an honorary license to an individual, living or deceased, who has met all of the requirements of this part to be eligible for a license except for passage of an examination and who is unable to take the examination due to advanced illness. An honorary license issued under this section does not confer any right to engage in the practice of nursing.

(2) As used in this section, "advanced illness" means that term as defined in section 5653.

(3) This section may be referred to as "Katie Viger's law".

**History:** Add. 2010, Act 15, Imd. Eff. Mar. 18, 2010.

### **333.17241 Nursing education program; application to conduct; evidence required; evaluation; inspection; report; approval; continuation of existing programs; accreditation by national board or organization; education program for psychiatric attendant nurses or trained attendants prohibited.**

Sec. 17241. (1) An institution seeking to conduct a nursing education program to prepare individuals for licensing shall apply to the board and submit evidence that it is prepared:

(a) To carry out the minimum curriculum prescribed by the board in rules for the preparation of individuals for licensing.

(b) To meet other educational and training standards established by the board under this article and the rules promulgated under this article.

(2) The board shall evaluate and may inspect the institution and its nursing education program and prepare a written report of its findings. The board, upon determining that requirements for a nursing education program are met, shall approve the program. A nursing education program approved by the board and in operation on the effective date of this part may continue as approved pending further action by the board. The board may accept accreditation by a national board or organization as a basis for approval under this section.

(3) After September 30, 1978, the board shall not approve an educational program for psychiatric attendant

nurses or trained attendants.

**History:** 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 174, Imd. Eff. July 7, 1986.

**Compiler's note:** Section 3 of Act 174 of 1986 provides: "This amendatory act shall only apply to contested cases filed on or after July 1, 1986."

**Popular name:** Act 368

**333.17242 Inspection of approved nursing education program; report; notice of deficiency; removal from list of approved programs; hearing.**

Sec. 17242. (1) The board may inspect an approved nursing education program in this state and prepare a written report of its findings. If the board determines that the standards required by this part and the board are not being met, written notice specifying the areas in which the board has found a program to be deficient shall be sent immediately to the institution conducting the program.

(2) A nursing education program which within a reasonable length of time, as determined by the board, fails to meet standards prescribed by the board shall be removed from the list of approved programs. An institution conducting a program which is removed from the approved list shall be granted an opportunity for a hearing.

**History:** 1978, Act 368, Eff. Sept. 30, 1978.

**Popular name:** Act 368