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BILL ANALYSIS

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Senate Bill 68 (Substitute S-3 as reported)
Sponsor: Senator Mike Shirkey
Committee: Health Policy

CONTENT

The bill would amend the Public Health Code to provide for the licensure of advanced practice registered nurses, who would include certified nurse midwives (C.N.M.s), certified nurse practitioners (C.N.P.s), and clinical nurse specialist-certifieds (C.N.S.-Cs); and prohibit a person from engaging in the practice of advanced practice registered nursing, or the practice of a C.N.M., C.N.P., or C.N.S.-C, unless licensed or otherwise authorized. As described below, the bill would allow an A.P.R.N. to perform a task, function, or duty included in the practice of medicine or prescribe a drug or device, under certain conditions. The bill would take effect 90 days after it was enacted.

"Advanced practice registered nurse" or "A.P.R.N." would mean an individual who is licensed under Part 172 of the Code as a "certified nurse midwife", "certified nurse practitioner", or "clinical nurse specialist-certified", and meets the bill's requirements applicable to that license. The bill would define each of those as an individual who is a registered professional nurse (R.N.), is licensed in his or her A.P.R.N. specialty profession, and is engaged in the practice of his or her specialty profession.

Beginning 180 days after the bill took effect, the Department of Licensing and Regulatory Affairs (LARA) would have to issue a C.N.M., C.N.P., or C.N.S.-C. license to an R.N. who 1) completed an applicable accredited graduate, postgraduate, or doctoral level nursing education program; 2) was certified by a nationally accredited body as demonstrating applicable competencies, or determined by the Board of Nursing to meet certification standards; 3) maintained continued competence through recertification through the national certification program, or was determined by the Board to meet certification standards; 4) demonstrated that he or she had acquired clinical knowledge and skills that prepared him or her to provide direct and indirect care; 5) demonstrated that his or her practice built on R.N. competencies; 6) demonstrated that he or she was educationally prepared to assume applicable responsibilities; and 7) demonstrated clinical experience of sufficient depth and breadth to perform as an A.P.R.N.

The bill would eliminate current provisions for the specialty certification of nurse midwives and nurse practitioners. Beginning 180 days after it took effect, LARA would have to issue an A.P.R.N. license to an R.N. who held a such specialty certification and 1) applied for the license within two years after that date; 2) had a license and specialty certification that were current on the bill's effective date and the date the license application was submitted; and 3) met any requirements for professional certification on the date application was submitted.

Also, beginning 180 days after the bill's effective date, LARA would have to issue a C.N.S.-C license to an R.N. who 1) applied for the license within two years after that date; 2) had a R.N. license and certification that were current on the date he or she submitted the application; and 3) met any requirements for professional certification.

An A.P.R.N. who had at least five years of experience could perform a task, function, or duty included in the practice of medicine for a patient or prescribe a drug or device for a patient if both of the following criteria were met: 1) the A.P.R.N. was a member of the patient's patient care team, which could include a physician, and 2) if the A.P.R.N. prescribed a Schedule 2 or 3 controlled substance, he or she had written delegated prescriptive authority meeting specific conditions from at least one physician. An A.P.R.N. with at least five years of experience would not have to obtain delegated prescriptive authority to prescribe any other drug or device.

An A.P.R.N. who had less than five years of experience as a nurse midwife, nurse practitioner, or nurse specialist-certified could perform a task, function, or duty included in the practice of medicine for a patient, or prescribe a drug or device for a patient, only if he or she were a member of that patient's patient care team, which would have to include at least one physician, and he or she operated pursuant to a written agreement that provided for each of the following: 1) meaningful consultation, 2) a referral process, 3) availability of a physician and other team members through written or electronic means, 4) periodic review, and revision if necessary, of protocols, 5) periodic joint evaluation of the services, and 6) if the A.P.R.N. prescribed, delegated prescriptive authority from at least one physician on the team.

The bill also would do the following:

-- Include a C.N.S.-C on the Michigan Board of Nursing and reduce the number of public members from eight to seven.
-- Prescribe A.P.R.N. license fees, and require $10 of each annual license fee to be deposited in the Nurse Professional Fund.
-- Require the Board to consult with LARA and promulgate rules to establish continuing education requirements for renewal of an R.N., A.P.R.N., C.N.M., C.N.P., or C.N.S.-C license.
-- Provide that a member of a patient care team who was covered by a professional liability insurance policy would not have to pay additional charges relating to liability as a condition of participation on the team.
-- Provide that the bill would not require new or additional third-party reimbursement or mandated worker's compensation benefits for services rendered by an A.P.R.N.

MCL 333.2701 et al. Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bill would have a likely negative effect on State finances, and no fiscal impact on local government. An individual seeking licensure as an A.P.R.N. would have to pay an application processing fee of $32 and an annual license fee of $65. It is unknown how many individuals would apply and seek licensure, but all revenue from the application processing fees, and $55 of each annual license fee would be credited to the Health Professions Regulatory Fund and used for costs associated with issuing the licenses. The fee A.P.R.N.s would pay is the same as is currently paid by nurses for licensure, and it is not sufficient to fully cover the costs of licensing nurses. It is reasonable to assume that an identical fee for the licensure of A.P.R.N.s would have the same issue. Any deficit in fee revenue with respect to the cost of licensure would likely be made up with surplus license fee revenue from other health professions.

In addition, the bill would credit $10 of the $65 annual A.P.R.N. license fee to the Nurse Professional Fund, and allow that revenue to be used for grants to A.P.R.N.s practicing in an area designated as a health resource shortage area.

Date Completed: 5-4-15 Fiscal Analyst: Josh Sefton

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