

SENATE BILL No. 68

January 29, 2015, Introduced by Senators SHIRKEY and WARREN and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 2701, 5119, 16125, 16161, 16163, 16216,
16231, 16231a, 16315, 16327, 17201, 17210, 17211, 17212, 17221,
17607, 17708, 17745, 17820, 17822, 18301, and 20201 (MCL
333.2701, 333.5119, 333.16125, 333.16161, 333.16163, 333.16216,
333.16231, 333.16231a, 333.16315, 333.16327, 333.17201,
333.17210, 333.17211, 333.17212, 333.17221, 333.17607, 333.17708,
333.17745, 333.17820, 333.17822, 333.18301, and 333.20201),
section 2701 as amended by 2014 PA 172, section 5119 as amended
by 2000 PA 209, sections 16125 and 16161 as amended by 1989 PA
202, section 16163 as amended by 2002 PA 643, section 16216 as
amended by 2014 PA 98, section 16231 as amended by 2014 PA 95,
sections 16231a and 16315 as amended by 2013 PA 268, section

16327 as amended by 2009 PA 216, sections 17211 and 17221 as amended by 2006 PA 409, section 17212 as added by 1996 PA 355, section 17607 as added by 2008 PA 524, section 17708 as amended by 2012 PA 209, section 17745 as amended by 2014 PA 311, section 17820 as amended by 2014 PA 260, section 17822 as amended by 2005 PA 281, section 18301 as amended by 2008 PA 523, and section 20201 as amended by 2011 PA 210, and by adding sections 17202, 17210a, 17211a, 17214, and 17221a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 2701. As used in this part:

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

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

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

16 (d) "Dental school" means an accredited program for the
17 training of individuals to become dentists.

18 (e) "Dentist" means an individual licensed to engage in the

1 practice of dentistry under part 166.

2 (f) "Designated nurse" means a certified nurse midwife or
3 certified nurse practitioner.

4 (g) "Designated physician" means a physician qualified in 1
5 of the physician specialty areas identified in section 2711.

6 (h) "Designated professional" means a designated physician,
7 designated nurse, dentist, or physician's assistant.

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

11 (j) "Medicaid" means benefits under the program of medical
12 assistance established under title XIX of the social security
13 act, 42 USC 1396 to 1396w-5, and administered by the department
14 of human services under the social welfare act, 1939 PA 280, MCL
15 400.1 to 400.119b.

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

18 (l) "Medicare" means benefits under the federal medicare
19 program established under title XVIII of the social security act,
20 42 USC 1395 to ~~1395kkk-1-1395lll~~.

21 (m) "National health service corps" means the agency
22 established under 42 USC 254d.

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

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

27 (p) "Physician" means an individual licensed as a physician

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

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

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

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

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

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

1 to subsection (1).

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

13 (4) As used in this section:

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

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

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

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

1 175.

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (2) A final decision of ~~the~~ **A** disciplinary subcommittee
 9 finding a violation of this article, article 7, or article 8
 10 ~~shall be by~~ **REQUIRES** a majority vote of the members appointed and
 11 serving on the disciplinary subcommittee.

12 (3) A final decision of ~~the~~ **A** disciplinary subcommittee
 13 imposing a sanction under this article, article 7, or article 8
 14 or a final decision of ~~the~~ **A** disciplinary subcommittee other than
 15 a final decision described in subsection (2) requires a majority
 16 vote of the members appointed **TO** and serving on the disciplinary
 17 subcommittee with an affirmative vote by at least 1 public
 18 member.

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

1 (5) The department may review a final decision of ~~the A~~
2 disciplinary subcommittee within 30 days after the date of the
3 disciplinary subcommittee's decision. If the department
4 determines that the action taken by ~~the A~~ disciplinary
5 subcommittee does not protect the health, safety, and welfare of
6 the public, the department, with the approval of the board chair,
7 may set aside the decision of the disciplinary subcommittee and
8 issue a different final action. The final action of the
9 department ~~shall serve~~ **SERVES** as the final action on the matter
10 and is subject to judicial review in the same manner as the final
11 decision of the disciplinary subcommittee.

12 (6) Beginning January 1, 2015, the department shall include
13 on its public licensing and registration website each final
14 decision ~~where~~ **THAT IMPOSES** disciplinary action ~~is taken against~~
15 a licensee **OR REGISTRANT**, including the reason for and
16 description of that disciplinary action.

17 Sec. 16231. (1) A person or governmental entity that
18 believes that a violation of this article, article 7, or article
19 8 or a rule promulgated under this article, article 7, or article
20 8 exists may submit an allegation of that fact to the department
21 in writing.

22 (2) Subject to subsection (3), if the department determines
23 after reviewing an application or an allegation or a licensee's
24 or registrant's file under section 16211(4) that there is a
25 reasonable basis to believe that a violation of this article,
26 article 7, or article 8 or a rule promulgated under this article,
27 article 7, or article 8 exists, 1 of the following applies:

1 (a) Unless subdivision (b) applies, subject to subsection
2 (10), with the authorization of a panel of at least 3 board
3 members that includes the chair and at least 2 other members of
4 the appropriate board or task force designated by the chair, the
5 department shall investigate the alleged violation. Subject to
6 subsection (10), if the panel fails to grant or deny
7 authorization within 7 days after the board or task force
8 receives a request for authorization, the department shall
9 investigate. If the department believes that immediate jeopardy
10 exists, the director or his or her designee shall authorize an
11 investigation and notify the board chair of that investigation
12 within 2 business days.

13 (b) If it reviews an allegation in writing under subsection
14 (1) that concerns a licensee or registrant whose record created
15 under section 16211 includes 1 substantiated allegation, or 2 or
16 more written investigated allegations, from 2 or more different
17 individuals or entities, received in the preceding 4 years, the
18 department shall investigate the alleged violation. Authorization
19 by a panel described in subdivision (a) is not required for an
20 investigation by the department under this subdivision.

21 (3) If a person or governmental entity submits a written
22 allegation under subsection (1) more than 4 years after the date
23 of the incident or activity that is the basis of the alleged
24 violation, the department may investigate the alleged violation
25 in the manner described in subsection (2)(a) or (b), as
26 applicable, but is not required to conduct an investigation under
27 subsection (2)(a) or (b).

(4) If it receives information reported under section 16243(2) that indicates 3 or more malpractice settlements, awards, or judgments against a licensee in a period of 5 consecutive years or 1 or more malpractice settlements, awards, or judgments against a licensee totaling more than \$200,000.00 in a period of 5 consecutive years, whether or not a judgment or award is stayed pending appeal, the department shall investigate.

(5) At any time during an investigation or following the issuance of a complaint, the department may schedule a compliance conference under section 92 of the administrative procedures act of 1969, MCL 24.292. The conference may include the applicant, licensee, registrant, or individual; ~~the applicant's,~~ licensee's, registrant's, or individual's attorney; ~~1~~ member of the department's staff; ~~and~~ any other individuals approved by the department. One member of the appropriate board or task force who is not a member of the disciplinary subcommittee with jurisdiction over the matter, **OR A MEMBER OF THE TASK FORCE IF THE DISCIPLINARY SUBCOMMITTEE WITH JURISDICTION IS THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A,** may attend the conference and provide any assistance that is needed. At the compliance conference, the department shall attempt to reach agreement. If an agreement is reached, the department shall submit a written statement outlining the terms of the agreement, or a stipulation and final order, if applicable, or a request for dismissal to the appropriate disciplinary subcommittee for approval. If the agreement or stipulation and final order or request for dismissal is rejected

1 by the disciplinary subcommittee, or if no agreement is reached,
2 the department shall schedule a hearing before an administrative
3 law judge. A party shall not make a transcript of the compliance
4 conference. All records and documents of a compliance conference
5 held before a complaint is issued are subject to section 16238.

6 (6) Within 90 days after an investigation is initiated under
7 subsection (2), (3), or (4), the department shall do 1 or more of
8 the following:

9 (a) Issue a formal complaint.

10 (b) Conduct a compliance conference under subsection (5).

11 (c) Issue a summary suspension.

12 (d) Issue a cease and desist order.

13 (e) Dismiss the allegation.

14 (f) Place in the complaint file not more than 1 written
15 extension of not more than 30 days to take action under this
16 subsection.

17 (7) Unless the person submitting an allegation under
18 subsection (1) otherwise agrees in writing, the department shall
19 keep the identity of a person that submitted the allegation
20 confidential until disciplinary proceedings under this part are
21 initiated against the subject of the allegation and the person
22 that made the allegation is required to testify in the
23 proceedings.

24 (8) The department shall serve a complaint under section
25 16192. The department shall include in the complaint a notice
26 that the applicant, licensee, registrant, or individual who is
27 the subject of the complaint has 30 days from the date of receipt

1 to respond in writing to the complaint.

2 (9) The department shall treat the failure of an applicant,
3 licensee, registrant, or individual to respond to a complaint
4 within the 30-day period set forth in subsection (8) as an
5 admission of the allegations contained in the complaint. The
6 department shall notify the appropriate disciplinary subcommittee
7 of the individual's failure to respond and shall forward a copy
8 of the complaint to that disciplinary subcommittee. The
9 disciplinary subcommittee may then impose an appropriate sanction
10 under this article, article 7, or article 8.

11 (10) All of the following apply for purposes of subsection
12 (2)(a):

13 (a) If the chair of the board or task force has a conflict
14 of interest, he or she shall appoint another member of the board
15 or task force as his or her designee and shall not participate in
16 the panel's decision to grant or deny authorization to the
17 department to investigate an individual.

18 (b) A member of the board or task force shall not
19 participate in the panel's decision to grant or deny
20 authorization to the department to investigate an individual if
21 that member has a conflict of interest. If the chair of the board
22 or task force is notified that a member of the panel has a
23 conflict of interest, the chair shall remove him or her from the
24 panel and appoint another member of the board or task force to
25 serve on the panel.

26 (c) A member of the board or task force who participates in
27 or is requested to participate in the panel's decision to grant

1 or deny authorization to the department to investigate an
2 individual shall disclose to the department, to the chair of the
3 board or task force, and to the other member of the panel a
4 potential conflict of interest before those participants make
5 that decision.

6 (11) As used in subsection (10), "conflict of interest"
7 means any of the following:

8 (a) Has a personal or financial interest in the outcome of
9 the investigation of or the imposition of disciplinary sanctions
10 on the licensee, registrant, or applicant for licensure or
11 registration.

12 (b) Had a past or has a present business or professional
13 relationship with the individual that the department is
14 investigating or requesting authorization to investigate.

15 (c) Has given expert testimony in a medical malpractice
16 action against or on behalf of the individual that the department
17 is seeking authorization to investigate.

18 (d) Any other interest or relationship designated as a
19 conflict of interest in a rule promulgated or order issued under
20 this act.

21 Sec. 16231a. (1) If an agreement is not reached at a
22 compliance conference held under section ~~16231(4)~~, **16231(5)**, or
23 if an agreement is reached but is rejected by a disciplinary
24 subcommittee and the parties do not reach a new agreement, the
25 department shall hold a hearing before a hearings examiner
26 employed by or under contract to the department. If an agreement
27 is reached but is rejected by the disciplinary subcommittee, the

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

14 (2) The hearings examiner shall determine if there are
15 grounds for disciplinary action under section 16221 or if the
16 applicant, licensee, or registrant has violated this article,
17 article 7, or article 8 or the rules promulgated under this
18 article, article 7, or article 8. The hearings examiner shall
19 prepare recommended findings of fact and conclusions of law for
20 transmittal to the appropriate disciplinary subcommittee. The
21 hearings examiner shall not recommend or impose penalties.

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

26 (4) The applicant, licensee, or registrant may be
27 represented at the hearing by legal counsel. The department shall

1 be represented at the hearing by an assistant attorney general
 2 from the department of attorney general. The assistant attorney
 3 general shall not be the same individual assigned by the
 4 department of attorney general to provide legal counsel to the
 5 board or the special assistant attorney general described in
 6 section 16237.

7 (5) Unless a continuance ~~has been~~ **IS** granted under
 8 subsection (3), failure of an applicant, licensee, or registrant
 9 to appear or be represented at a scheduled hearing shall be
 10 treated by the hearings examiner as a default and an admission of
 11 the allegations contained in the complaint. The hearings examiner
 12 shall notify the appropriate disciplinary subcommittee of the
 13 individual's failure to appear and forward a copy of the
 14 complaint and any other relevant records to the disciplinary
 15 subcommittee. The disciplinary subcommittee may then impose an
 16 appropriate sanction under any combination of this article,
 17 article 7, or article 8.

18 Sec. 16315. (1) The health professions regulatory fund is
 19 established in the state treasury. Except as otherwise provided
 20 in this section, the state treasurer shall credit the fees
 21 collected under sections 16319 to 16349 to the health professions
 22 regulatory fund. The **DEPARTMENT SHALL EXPEND** money in the health
 23 professions regulatory fund, ~~shall be expended UPON~~
 24 **APPROPRIATION**, only as provided in subsection ~~(5)~~ **(3)**.

25 (2) The state treasurer shall direct the investment of the
 26 health professions regulatory fund. ~~Interest~~ **THE STATE TREASURER**
 27 **SHALL CREDIT TO THE HEALTH PROFESSIONS REGULATORY FUND INTEREST**

1 and earnings from ~~health professions regulatory fund~~
 2 ~~investment shall be credited to the health professions regulatory~~
 3 ~~fund.~~

4 ~~—— (3) The unencumbered balance~~ **INVESTMENTS. MONEY** in the
 5 health professions regulatory fund at the close of the fiscal
 6 year ~~shall~~ **MUST** remain in the health professions regulatory fund
 7 and ~~shall~~ **DOES** not revert to the general fund.

8 ~~—— (4) The health professions regulatory fund~~ **STATE TREASURER**
 9 may receive gifts and devises and other money as provided by law
 10 **FOR DEPOSIT INTO THE HEALTH PROFESSIONS REGULATORY FUND. THE**
 11 **DEPARTMENT IS THE ADMINISTRATOR OF THE HEALTH PROFESSIONS**
 12 **REGULATORY FUND FOR AUDITING PURPOSES.**

13 (3) ~~(5)~~ The department shall ~~use~~ **EXPEND MONEY FROM** the
 14 health professions regulatory fund, **UPON APPROPRIATION**, to carry
 15 out its powers and duties under this article, article 7, and
 16 article 8, including, but not limited to, reimbursing the
 17 department of attorney general for the reasonable cost of
 18 services provided to the department under this article, article
 19 7, and article 8.

20 (4) ~~(6)~~ The nurse professional fund is established in the
 21 state treasury. Of the money that is attributable to per-year
 22 license fees collected under section 16327, the state treasurer
 23 shall credit \$8.00 of each individual annual license fee
 24 collected to the nurse professional fund. The **DEPARTMENT SHALL**
 25 **EXPEND** money ~~in~~ **FROM** the nurse professional fund, ~~shall be~~
 26 ~~expended~~ **UPON APPROPRIATION**, only as provided in subsection
 27 ~~(9)~~ **(6)**.

1 (5) ~~(7)~~ The state treasurer shall direct the investment of
 2 the nurse professional fund, and shall credit **TO THE FUND**
 3 interest and earnings from ~~the investment to the nurse~~
 4 ~~professional fund~~ **INVESTMENTS**. The ~~nurse professional fund~~ **STATE**
 5 **TREASURER** may receive gifts and devises and other money as
 6 provided by law **FOR DEPOSIT INTO THE NURSE PROFESSIONAL FUND. THE**
 7 **DEPARTMENT IS THE ADMINISTRATOR OF THE NURSE PROFESSIONAL FUND**
 8 **FOR AUDITING PURPOSES.**

9 ~~—— (8) The unencumbered balance~~ **MONEY** in the nurse professional
 10 fund at the close of the fiscal year ~~shall~~ **MUST** remain in the
 11 nurse professional fund and ~~shall~~ **DOES** not revert to the general
 12 fund.

13 (6) ~~(9)~~ The department ~~of community health~~ shall ~~use~~ **EXPEND**
 14 **MONEY FROM** the nurse professional fund, ~~each fiscal year~~ **UPON**
 15 **APPROPRIATION**, only as follows:

16 (a) To promote safe patient care in all nursing practice
 17 environments.

18 (b) To advance the safe practice of the nursing profession.

19 (c) To assure a continuous supply of high-quality direct
 20 care nurses, nursing faculty, and nursing education programs.

21 (d) To operate a nursing scholarship program.

22 (7) ~~(10)~~ The pain management education and controlled
 23 substances electronic monitoring and antidiversion fund is
 24 established in the state treasury.

25 ~~—— (11)~~ The state treasurer shall direct the investment of the
 26 pain management education and controlled substances electronic
 27 monitoring and antidiversion fund. ~~Interest~~ **THE STATE TREASURER**

1 **SHALL CREDIT TO THE PAIN MANAGEMENT EDUCATION AND CONTROLLED**
 2 **SUBSTANCES ELECTRONIC MONITORING AND ANTIDIVERSION FUND INTEREST**
 3 ~~and earnings from investment of the pain management education and~~
 4 ~~controlled substances electronic monitoring and antidiversion~~
 5 ~~fund shall be credited to the pain management education and~~
 6 ~~controlled substances electronic monitoring and antidiversion~~
 7 **FUND INVESTMENTS. THE STATE TREASURER IS THE ADMINISTRATOR OF THE**
 8 **PAIN MANAGEMENT EDUCATION AND CONTROLLED SUBSTANCES ELECTRONIC**
 9 **MONITORING AND ANTIDIVERSION FUND FOR AUDITING PURPOSES.**

10 (8) ~~(12) The unencumbered balance~~ **MONEY** in the pain
 11 management education and controlled substances electronic
 12 monitoring and antidiversion fund at the close of the fiscal year
 13 ~~shall~~ **MUST** remain in the pain management education and controlled
 14 substances electronic monitoring and antidiversion fund and ~~shall~~
 15 **DOES** not revert to the general fund. The ~~pain management~~
 16 ~~education and controlled substances electronic monitoring and~~
 17 ~~antidiversion fund~~ **STATE TREASURER** may receive gifts and devises
 18 and other money as provided by law **FOR DEPOSIT INTO THE PAIN**
 19 **MANAGEMENT EDUCATION AND CONTROLLED SUBSTANCES ELECTRONIC**
 20 **MONITORING AND ANTIDIVERSION FUND.** ~~Twenty dollars of the~~ **FROM**
 21 **EACH** license fee received ~~by the department~~ under section 16319,
 22 **THE DEPARTMENT** shall ~~be deposited~~ **DEPOSIT \$20.00** with the state
 23 treasurer to the credit of the pain management education and
 24 controlled substances electronic monitoring and antidiversion
 25 fund. The department shall ~~use~~ **EXPEND MONEY FROM** the pain
 26 management education and controlled substances electronic
 27 monitoring and antidiversion fund, **UPON APPROPRIATION,** only in

1 connection with programs relating to pain management education
2 for health professionals, preventing the diversion of controlled
3 substances, and development and maintenance of the electronic
4 monitoring system for controlled substances data required by
5 section 7333a.

6 (9) THE A.P.R.N. HEALTH RESOURCE SHORTAGE AREA FUND IS
7 ESTABLISHED IN THE STATE TREASURY. OF THE MONEY THAT IS
8 ATTRIBUTABLE TO PER-YEAR LICENSE FEES COLLECTED UNDER SECTION
9 16327(2), THE STATE TREASURER SHALL CREDIT \$10.00 OF EACH
10 INDIVIDUAL ANNUAL LICENSE FEE COLLECTED TO THE A.P.R.N. HEALTH
11 RESOURCE SHORTAGE AREA FUND. THE DEPARTMENT SHALL EXPEND MONEY
12 FROM THE A.P.R.N. HEALTH RESOURCE SHORTAGE AREA FUND, UPON
13 APPROPRIATION, ONLY AS PROVIDED IN SUBSECTION (11).

14 (10) THE STATE TREASURER SHALL DIRECT THE INVESTMENT OF THE
15 A.P.R.N. HEALTH RESOURCE SHORTAGE AREA FUND, AND SHALL CREDIT TO
16 THE FUND INTEREST AND EARNINGS FROM FUND INVESTMENTS. THE STATE
17 TREASURER MAY RECEIVE GIFTS AND DEVISES AND OTHER MONEY AS
18 PROVIDED BY LAW FOR DEPOSIT INTO THE A.P.R.N. HEALTH RESOURCE
19 SHORTAGE AREA FUND. THE DEPARTMENT IS THE ADMINISTRATOR OF THE
20 A.P.R.N. HEALTH RESOURCE SHORTAGE AREA FUND FOR AUDITING
21 PURPOSES. MONEY IN THE A.P.R.N. HEALTH RESOURCE SHORTAGE AREA
22 FUND AT THE CLOSE OF THE FISCAL YEAR MUST REMAIN IN THE A.P.R.N.
23 HEALTH RESOURCE SHORTAGE AREA FUND AND DOES NOT REVERT TO THE
24 GENERAL FUND.

25 (11) THE DEPARTMENT, AT THE DISCRETION OF AND UNDER THE
26 DIRECTION OF THE MICHIGAN BOARD OF NURSING, SHALL EXPEND MONEY
27 FROM THE A.P.R.N. HEALTH RESOURCE SHORTAGE AREA FUND, UPON

1 APPROPRIATION, TO PROVIDE GRANTS TO ADVANCED PRACTICE REGISTERED
 2 NURSES WHO, AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT
 3 ADDED THIS SUBSECTION, BEGIN EMPLOYMENT TO ENGAGE IN THE PRACTICE
 4 OF ADVANCED PRACTICE REGISTERED NURSING IN A HEALTH RESOURCE
 5 SHORTAGE AREA DESIGNATED BY THE DEPARTMENT UNDER SECTION 2717. AS
 6 USED IN THIS SUBSECTION, "ADVANCED PRACTICE REGISTERED NURSE" AND
 7 "PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING" MEAN THOSE
 8 TERMS AS DEFINED IN SECTION 17201.

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

13	(a)	Application processing fee.....	\$ 24.00
14	(b)	License fee, per year.....	30.00
15	(c)	Temporary license.....	10.00
16	(d)	Limited license, per year.....	10.00
17	(e)	Specialty certification	
18		for registered nurse:	
19	(i)	Application processing fee.....	24.00
20	(ii)	Specialty certification, per year....	14.00

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

24	(A)	APPLICATION PROCESSING FEE.....	\$ 32.00
25	(B)	LICENSE FEE, PER YEAR.....	65.00

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

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

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

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

(i) IS A REGISTERED PROFESSIONAL NURSE.

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

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

(i) IS A REGISTERED PROFESSIONAL NURSE.

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

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

(i) IS A REGISTERED PROFESSIONAL NURSE.

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

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

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

18 (ii) INCLUDES THE RESPONSIBILITIES AND DUTIES OF EACH PARTY
19 TO THE AGREEMENT.

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

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

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

26 (F) "PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING" MEANS
27 DOING ANY OF THE FOLLOWING TASKS, FUNCTIONS, OR DUTIES, AS

1 APPLICABLE:

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

14 (ii) IN HIS OR HER PRACTICE AS A CERTIFIED NURSE
15 PRACTITIONER, WITHIN THE PARAMETERS OF HIS OR HER EDUCATION,
16 TRAINING, AND NATIONAL CERTIFICATION, FOCUSING ON THE PERFORMANCE
17 OF COMPREHENSIVE ASSESSMENTS; PROVIDING PHYSICAL EXAMINATIONS AND
18 OTHER HEALTH ASSESSMENTS AND SCREENING ACTIVITIES; AND
19 DIAGNOSING, TREATING, AND MANAGING PATIENTS WITH ACUTE AND
20 CHRONIC ILLNESSES AND DISEASES. THE TASKS, FUNCTIONS, OR DUTIES
21 PERFORMED BY A C.N.P. INCLUDE ORDERING, PERFORMING, SUPERVISING,
22 AND INTERPRETING LABORATORY AND IMAGING STUDIES; PRESCRIBING
23 PHARMACOLOGICAL AND NONPHARMACOLOGICAL INTERVENTIONS AND
24 TREATMENTS THAT ARE WITHIN THE C.N.P.'S SPECIALTY ROLE AND SCOPE
25 OF PRACTICE; HEALTH PROMOTION; DISEASE PREVENTION; HEALTH
26 EDUCATION; AND COUNSELING OF PATIENTS AND FAMILIES WITH
27 POTENTIAL, ACUTE, AND CHRONIC HEALTH DISORDERS.

1 (iii) IN HIS OR HER PRACTICE AS A CLINICAL NURSE SPECIALIST-
2 CERTIFIED, WITHIN THE PARAMETERS OF HIS OR HER EDUCATION,
3 TRAINING, AND NATIONAL CERTIFICATION, FOCUSING ON CONTINUOUS
4 IMPROVEMENT OF PATIENT OUTCOMES AND NURSING CARE WITH BROAD FOCUS
5 ACROSS THE AREAS OF DIRECT PATIENT CARE, PATIENT EDUCATION,
6 NURSING EDUCATION, NURSING PRACTICE, AND ORGANIZATIONAL SYSTEMS.
7 THE TASKS, FUNCTIONS, OR DUTIES PERFORMED BY A C.N.S.-C. INCLUDE
8 BEING RESPONSIBLE AND ACCOUNTABLE FOR DIAGNOSIS, INTERVENTION,
9 AND TREATMENT OF HEALTH OR ILLNESS STATES, AND DISEASE
10 MANAGEMENT, INCLUDING THE USE AND PRESCRIPTION OF PHARMACOLOGICAL
11 AND NONPHARMACOLOGICAL INTERVENTION AND TREATMENT WITHIN HIS OR
12 HER SPECIALTY AND SCOPE OF PRACTICE; HEALTH PROMOTION; AND
13 PREVENTION OF ILLNESS AND RISK BEHAVIOR AMONG INDIVIDUALS,
14 FAMILIES, GROUPS, AND COMMUNITIES. THE C.N.S.-C. EVALUATES
15 PATIENT OUTCOMES; TRANSLATES EVIDENCE INTO PRACTICE; AND
16 DEVELOPS, PLANS, COORDINATES, AND DIRECTS PROGRAMS OF CARE FOR
17 ACUTE AND CHRONICALLY ILL PATIENTS AND THEIR FAMILIES.

18 (G) ~~(a)~~—"Practice of nursing" means the systematic
19 application of substantial specialized knowledge and skill,
20 derived from the biological, physical, and behavioral sciences,
21 to the care, treatment, counsel, and health teaching of
22 individuals who are experiencing changes in the normal health
23 processes or who require assistance in the maintenance of health
24 and the prevention or management of illness, injury, or
25 disability.

26 (H) ~~(b)~~—"Practice of nursing as a licensed practical nurse"
27 or "l.p.n." means the practice of nursing based on less

1 comprehensive knowledge and skill than that required of a
2 registered professional nurse and performed under the supervision
3 of a registered professional nurse, physician, or dentist.

4 (I) ~~(e)~~—"Registered professional nurse" or "r.n." means an
5 individual licensed under this ~~article~~**PART** to engage in the
6 practice of nursing, which scope of practice includes the
7 teaching, direction, and supervision of less skilled personnel in
8 the performance of delegated nursing activities.

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

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

16 (A) FOR AT LEAST 4 YEARS, HE OR SHE HAS HELD A NATIONAL
17 CERTIFICATION AS A NURSE MIDWIFE, NURSE PRACTITIONER, OR CLINICAL
18 NURSE SPECIALIST-CERTIFIED; A SPECIALTY CERTIFICATION IN THE
19 PRACTICE OF NURSE MIDWIFERY OR NURSE PRACTITIONER UNDER SECTION
20 17210 BEFORE THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
21 SECTION 17210A; OR AN ADVANCED PRACTICE REGISTERED NURSE LICENSE
22 ISSUED UNDER THIS PART AND HE OR SHE PROVIDES WRITTEN
23 DOCUMENTATION OF THAT CERTIFICATION OR LICENSURE TO THE BOARD.

24 (B) IF HE OR SHE DOES NOT MEET ANY OF THE 4-YEAR
25 CERTIFICATION OR LICENSURE REQUIREMENTS DESCRIBED IN SUBDIVISION
26 (A), HE OR SHE HAS ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE
27 REGISTERED NURSING AND, IF APPLICABLE, POSSESSED, PRESCRIBED, OR

1 ADMINISTERED NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED
2 SUBSTANCES INCLUDED IN SCHEDULES 2 TO 5 OF PART 72 WITHIN THE
3 PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL
4 CERTIFICATION UNDER THE TERMS OF 1 OR MORE MENTORSHIP AGREEMENTS
5 FOR A TOTAL PERIOD OF 4 YEARS.

6 (C) IF HE OR SHE DOES NOT MEET ANY OF THE 4-YEAR
7 CERTIFICATION OR LICENSURE REQUIREMENTS DESCRIBED IN SUBDIVISION
8 (A) OR THE 4-YEAR MENTORSHIP AGREEMENT REQUIREMENT DESCRIBED IN
9 SUBDIVISION (B), HE OR SHE ONLY ENGAGES IN THE PRACTICE OF
10 ADVANCED PRACTICE REGISTERED NURSING AND, IF APPLICABLE,
11 POSSESSES, PRESCRIBES, OR ADMINISTERS NONSCHEDULED PRESCRIPTION
12 DRUGS AND CONTROLLED SUBSTANCES INCLUDED IN SCHEDULES 2 TO 5 OF
13 PART 72 WITHIN THE PARAMETERS OF HIS OR HER EDUCATION, TRAINING,
14 AND NATIONAL CERTIFICATION UNDER THE TERMS OF A MENTORSHIP
15 AGREEMENT AND IN COLLABORATION WITH A PHYSICIAN OR, IF
16 APPLICABLE, A DISPENSING PRESCRIBER.

17 (2) AN ADVANCED PRACTICE REGISTERED NURSE SHALL DO ALL OF
18 THE FOLLOWING:

19 (A) PROVIDE THOSE FUNCTIONS COMMON TO THE POPULATION FOR
20 WHICH ADVANCED PRACTICE REGISTERED NURSES ARE EDUCATIONALLY AND
21 EXPERIENTIALLY PREPARED.

22 (B) COMPLY WITH THE STANDARDS ESTABLISHED BY THE BOARD OF
23 NURSING AND WITH THE NATIONAL ACCREDITATION STANDARDS OF THE
24 NATIONAL PROFESSIONAL NURSING ASSOCIATIONS APPLICABLE TO HIS OR
25 HER LICENSE.

26 (C) CONSULT WITH OTHER HEALTH PROFESSIONALS, AS APPROPRIATE,
27 OR REFER A PATIENT TO OTHER HEALTH PROFESSIONALS IF THE PATIENT'S

1 CARE IS OUTSIDE OF THE PARAMETERS OF HIS OR HER EDUCATION,
2 TRAINING, OR NATIONAL CERTIFICATION.

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

5 (3) AS A CONDITION OF LICENSURE UNDER THIS PART, AN A.P.R.N.
6 SHALL NOT OWN OR ORGANIZE A FOR-PROFIT ENTITY FOR THE PURPOSE OF
7 PROVIDING SERVICES AS AN ADVANCED PRACTICE REGISTERED NURSE
8 DIRECTLY TO THE GENERAL PUBLIC AFTER THE EFFECTIVE DATE OF THE
9 AMENDATORY ACT THAT ADDED THIS SECTION. AN A.P.R.N. WHO OWNS OR
10 ORGANIZES A FOR-PROFIT ENTITY FOR THE PURPOSE OF PROVIDING
11 SERVICES AS AN ADVANCED PRACTICE REGISTERED NURSE DIRECTLY TO THE
12 GENERAL PUBLIC AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT
13 THAT ADDED THIS SECTION IS IN VIOLATION OF A GENERAL DUTY OF THIS
14 ARTICLE AS PROVIDED IN SECTION 16221(A).

15 (4) IN ADDITION TO THE REQUIREMENTS OF SECTIONS 17210A AND
16 17213, THE DEPARTMENT SHALL INCLUDE ON A FORM USED FOR A NEW OR
17 RENEWAL LICENSE A SPACE FOR AN A.P.R.N. TO CERTIFY THAT HE OR SHE
18 DID NOT OWN OR ORGANIZE A FOR-PROFIT ENTITY FOR THE PURPOSE OF
19 PROVIDING SERVICES AS AN ADVANCED PRACTICE REGISTERED NURSE
20 DIRECTLY TO THE GENERAL PUBLIC AFTER THE EFFECTIVE DATE OF THE
21 AMENDATORY ACT THAT ADDED THIS SUBSECTION.

22 (5) AS USED IN THIS SECTION:

23 (A) "CORPORATION" MEANS A CORPORATION, OTHER THAN A
24 PROFESSIONAL CORPORATION, FORMED UNDER THE BUSINESS CORPORATION
25 ACT, 1972 PA 284, MCL 450.1101 TO 450.2098.

26 (B) "FOR-PROFIT ENTITY" MEANS A FOR-PROFIT CORPORATION, A
27 FOR-PROFIT LIMITED LIABILITY COMPANY, A FOR-PROFIT PROFESSIONAL

1 LIMITED LIABILITY COMPANY, OR A FOR-PROFIT PROFESSIONAL
2 CORPORATION.

3 (C) "LIMITED LIABILITY COMPANY" MEANS AN ENTITY, OTHER THAN
4 A PROFESSIONAL LIMITED LIABILITY COMPANY, THAT IS AN
5 UNINCORPORATED MEMBERSHIP ORGANIZATION FORMED UNDER THE MICHIGAN
6 LIMITED LIABILITY COMPANY ACT, 1993 PA 23, MCL 450.4101 TO
7 450.5200.

8 (D) "PROFESSIONAL CORPORATION" MEANS A PROFESSIONAL
9 CORPORATION INCORPORATED UNDER THE BUSINESS CORPORATION ACT, 1972
10 PA 284, MCL 450.1101 TO 450.2098, THAT IS SUBJECT TO CHAPTER 2A
11 OF THE BUSINESS CORPORATION ACT, 1972 PA 284, MCL 450.1281 TO
12 450.1289.

13 (E) "PROFESSIONAL LIMITED LIABILITY COMPANY" MEANS A
14 PROFESSIONAL LIMITED LIABILITY COMPANY ORGANIZED UNDER THE
15 MICHIGAN LIMITED LIABILITY COMPANY ACT, 1993 PA 23, MCL 450.4101
16 TO 450.5200, THAT IS SUBJECT TO ARTICLE 9 OF THE MICHIGAN LIMITED
17 LIABILITY COMPANY ACT, 1993 PA 23, MCL 450.4901 TO 450.4910.

18 Sec. 17210. The ~~board of nursing~~ DEPARTMENT may issue a
19 specialty certification to a registered professional nurse who
20 has advanced training beyond that required for initial licensure
21 and who has demonstrated competency through examination or other
22 evaluative processes and who practices in ~~1 of the following~~ A
23 health profession specialty fields: FIELD AS FOLLOWS:

24 (A) BEFORE THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT
25 ADDED SECTION 17210A, nurse midwifery, nurse anesthetist, or
26 nurse practitioner.

27 (B) ON AND AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT

1 THAT ADDED SECTION 17210A, NURSE ANESTHETIST.

2 SEC. 17210A. (1) THE DEPARTMENT SHALL ISSUE A CERTIFIED
3 NURSE MIDWIFE LICENSE UNDER THIS ARTICLE TO A REGISTERED
4 PROFESSIONAL NURSE WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

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

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

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

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

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

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

27 (iii) IS EDUCATIONALLY PREPARED TO ASSUME RESPONSIBILITY AND

1 ACCOUNTABILITY FOR HEALTH PROMOTION OR MAINTENANCE AND THE
2 ASSESSMENT, DIAGNOSIS, AND MANAGEMENT OF PATIENT PROBLEMS,
3 INCLUDING, BUT NOT LIMITED TO, THE USE AND PRESCRIPTION OF
4 PHARMACOLOGIC AND NONPHARMACOLOGIC INTERVENTIONS WITHIN THE
5 PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL
6 CERTIFICATION.

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

9 (2) THE DEPARTMENT SHALL ISSUE A CERTIFIED NURSE
10 PRACTITIONER LICENSE UNDER THIS ARTICLE TO A REGISTERED
11 PROFESSIONAL NURSE WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

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

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

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

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

26 (i) HAS ACQUIRED ADVANCED CLINICAL KNOWLEDGE AND SKILLS THAT
27 PRIMARILY PREPARE HIM OR HER TO PROVIDE DIRECT CARE TO PATIENTS,

1 AND ALSO TO PROVIDE INDIRECT CARE.

2 (ii) HIS OR HER PRACTICE BUILDS ON THE COMPETENCIES OF
3 REGISTERED PROFESSIONAL NURSES BY DEMONSTRATING A GREATER DEPTH
4 AND BREADTH OF KNOWLEDGE, A GREATER SYNTHESIS OF DATA, INCREASED
5 COMPLEXITY OF SKILLS AND INTERVENTIONS, AND GREATER ROLE
6 AUTONOMY.

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

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

16 (3) THE DEPARTMENT SHALL ISSUE A CLINICAL NURSE SPECIALIST-
17 CERTIFIED LICENSE UNDER THIS ARTICLE TO A REGISTERED PROFESSIONAL
18 NURSE WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

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

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

26 (C) MAINTAINS CONTINUED COMPETENCE BY OBTAINING
27 RECERTIFICATION IN THE ROLE AND POPULATION-FOCUSED COMPETENCIES

1 DESCRIBED IN SUBDIVISION (B) THROUGH THE NATIONAL CERTIFICATION
2 PROGRAM, OR THE BOARD DETERMINES THAT HE OR SHE MEETS THE
3 STANDARDS FOR THAT RECERTIFICATION.

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

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

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

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

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

23 (4) THE DEPARTMENT SHALL ISSUE AN A.P.R.N. LICENSE TO A
24 REGISTERED PROFESSIONAL NURSE WHO HOLDS A SPECIALTY CERTIFICATION
25 ISSUED BY THE DEPARTMENT UNDER SECTION 17210(A) AS A NURSE
26 MIDWIFE OR NURSE PRACTITIONER, WHO SUBMITS A LICENSE APPLICATION,
27 AND WHO MEETS ALL OF THE FOLLOWING:

1 (A) HIS OR HER REGISTERED PROFESSIONAL NURSE LICENSE AND
2 SPECIALTY CERTIFICATION ISSUED BY THE DEPARTMENT UNDER SECTION
3 17210(A) IS CURRENT ON THE EFFECTIVE DATE OF THE AMENDATORY ACT
4 THAT ADDED THIS SECTION.

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

8 (C) HIS OR HER LICENSE AND SPECIALTY CERTIFICATION ISSUED BY
9 THE DEPARTMENT UNDER SECTION 17210(A) IS CURRENT ON THE DATE HE
10 OR SHE SUBMITS THE LICENSE APPLICATION.

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

14 (5) THE DEPARTMENT SHALL ISSUE A LICENSE AS A CLINICAL NURSE
15 SPECIALIST-CERTIFIED TO A REGISTERED PROFESSIONAL NURSE WHO
16 SUBMITS A LICENSE APPLICATION AND MEETS ALL OF THE FOLLOWING:

17 (A) HIS OR HER REGISTERED PROFESSIONAL NURSE LICENSE IS
18 CURRENT ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
19 THIS SECTION AND ON THE DATE HE OR SHE SUBMITS THE LICENSE
20 APPLICATION.

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

24 (C) ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
25 THIS SECTION AND ON THE DATE HE OR SHE SUBMITS THE LICENSE
26 APPLICATION, HE OR SHE HOLDS A CURRENT CERTIFICATION BY A
27 NATIONALLY ACCREDITED CERTIFICATION BODY.

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

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

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

11 (2) The following words, titles, or letters, or a
12 combination thereof, ~~OF THE WORDS, TITLES, OR LETTERS,~~ with or
13 without qualifying words or phrases, are restricted in use only
14 to those persons authorized under this part to use the terms and
15 in a way prescribed in this part: "registered professional
16 nurse", "registered nurse", "r.n.", "licensed practical nurse",
17 "l.p.n.", "nurse midwife", "CERTIFIED NURSE MIDWIFE", "C.N.M.",
18 "nurse anesthetist", "nurse practitioner", "CERTIFIED NURSE
19 PRACTITIONER", "C.N.P.", "CLINICAL NURSE SPECIALIST-CERTIFIED",
20 "C.N.S.-C.", "trained attendant", and "t.a.".

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

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

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

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

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

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

21 (E) HE OR SHE POSSESSES, PRESCRIBES, OR ADMINISTERS THE DRUG
22 OR CONTROLLED SUBSTANCE ONLY WHILE ENGAGED IN THE PRACTICE OF
23 ADVANCED PRACTICE REGISTERED NURSING WITHIN THE PARAMETERS OF HIS
24 OR HER EDUCATION, TRAINING, AND NATIONAL CERTIFICATION.

25 (F) AS REQUIRED UNDER SECTION 7333A(2)(F), BEFORE
26 PRESCRIBING A CONTROLLED SUBSTANCE INCLUDED IN SCHEDULES 2 TO 5
27 OF PART 72, HE OR SHE REQUESTS THAT THE DEPARTMENT OF COMMUNITY

1 HEALTH PROVIDE ANY DATA INCLUDED IN THE ELECTRONIC MONITORING
2 SYSTEM ESTABLISHED UNDER SECTION 7333A(1) CONCERNING THAT
3 CONTROLLED SUBSTANCE. HE OR SHE SHALL CONSIDER THAT DATA TO
4 DETERMINE IF PRESCRIBING OR ADMINISTERING THE CONTROLLED
5 SUBSTANCE TO THE INTENDED INDIVIDUAL IS CONSISTENT WITH PATIENT
6 SAFETY AND THAT THE CONTROLLED SUBSTANCE WOULD NOT LIKELY BE
7 SUBJECT TO ABUSE BY THE INDIVIDUAL.

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

12 (3) THE DEPARTMENT SHALL ISSUE A CONTROLLED SUBSTANCES
13 LICENSE UNDER PART 73 TO AN A.P.R.N. WHO APPLIES AND IS QUALIFIED
14 UNDER SUBSECTION (1) TO POSSESS, PRESCRIBE, AND ADMINISTER
15 NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES
16 INCLUDED IN SCHEDULES 2 TO 5 OF PART 72. THE DEPARTMENT MAY PLACE
17 A LIMITATION ON A CONTROLLED SUBSTANCES LICENSE ISSUED TO AN
18 INDIVIDUAL DESCRIBED IN SUBSECTION (1)(D) TO REFLECT THE TERMS OF
19 ANY MENTORSHIP AGREEMENT TO WHICH HE OR SHE IS A PARTY.

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

26 Sec. 17212. (1) ~~In~~SUBJECT TO SUBSECTION (2), IN addition to
27 acts, tasks, and functions delegated under section 16215, 17745,

1 17745a, or 17745b, a supervising physician may delegate in
 2 writing to a registered professional nurse the ordering, receipt,
 3 and dispensing of complimentary starter dose drugs other than
 4 controlled substances as defined ~~by~~ **IN** article 7 or federal law.
 5 ~~When the~~ **IF A** delegated ordering, receipt, or dispensing of
 6 complimentary starter dose drugs **DESCRIBED IN THIS SUBSECTION**
 7 occurs, both the registered professional nurse's name and the
 8 supervising physician's name shall be used, recorded, or
 9 otherwise indicated in connection with each order, receipt, or
 10 dispensing. ~~As used in this subsection, "complimentary starter~~
 11 ~~dose" means that term as defined in section 17745.~~

12 **(2) AN ADVANCED PRACTICE REGISTERED NURSE ENGAGED IN THE**
 13 **PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING WITHIN THE**
 14 **PARAMETERS OF HIS OR HER EDUCATION, TRAINING, AND NATIONAL**
 15 **CERTIFICATION MAY ORDER, RECEIVE, AND DISPENSE A COMPLIMENTARY**
 16 **STARTER DOSE OF A PRESCRIPTION DRUG OR CONTROLLED SUBSTANCE**
 17 **DESCRIBED IN SECTION 17211A WITHOUT DELEGATION FROM A SUPERVISING**
 18 **PHYSICIAN. ONLY THE NAME OF THE ADVANCED PRACTICE REGISTERED**
 19 **NURSE SHALL BE USED, RECORDED, OR OTHERWISE INDICATED IN**
 20 **CONNECTION WITH AN ORDER, RECEIPT, OR DISPENSING OF A**
 21 **COMPLIMENTARY STARTER DOSE OF A PRESCRIPTION DRUG OR CONTROLLED**
 22 **SUBSTANCE UNDER THIS SUBSECTION.**

23 **(3) ~~(2)~~**It is the intent of the legislature in enacting this
 24 section to allow a pharmaceutical manufacturer or wholesale
 25 distributor, as those terms are defined in part 177, to
 26 distribute complimentary starter dose drugs to ~~a~~ **AN ADVANCED**
 27 **PRACTICE REGISTERED NURSE DESCRIBED IN SUBSECTION (2), OR TO A**

1 registered professional nurse ~~as described in subsection (1),~~
 2 in compliance with section 503(d) of the federal food, drug, and
 3 cosmetic act, ~~chapter 675, 52 Stat. 1051, 21 U.S.C. USC 353.~~

4 **SEC. 17214. (1) IN ADDITION TO THE REQUIREMENTS OF ANY RULES**
 5 **PROMULGATED UNDER SECTION 16205, THE BOARD BY RULE MAY REQUIRE A**
 6 **LICENSEE SEEKING RENEWAL OF A LICENSE UNDER THIS PART TO FURNISH**
 7 **THE BOARD WITH SATISFACTORY EVIDENCE THAT, DURING THE 2 YEARS**
 8 **IMMEDIATELY PRECEDING THE DATE OF HIS OR HER APPLICATION FOR**
 9 **RENEWAL, THE LICENSEE COMPLETED CONTINUING EDUCATION OR**
 10 **COMPETENCY COURSES OR ACTIVITIES APPROVED BY THE BOARD.**

11 **(2) IF THE BOARD PROMULGATES RULES UNDER SUBSECTION (1) OR**
 12 **SECTION 16205 THAT REQUIRE CONTINUING EDUCATION OR COMPETENCY**
 13 **COURSES OR ACTIVITIES, THE BOARD SHALL PROMULGATE RULES UNDER**
 14 **SECTION 16204 THAT REQUIRE EACH APPLICANT FOR LICENSE RENEWAL TO**
 15 **COMPLETE AS PART OF THOSE CONTINUING EDUCATION OR COMPETENCY**
 16 **COURSES OR ACTIVITIES AN APPROPRIATE NUMBER OF HOURS OR COURSES**
 17 **IN PAIN AND SYMPTOM MANAGEMENT.**

18 **Sec. 17221. (1) The Michigan board of nursing is created in**
 19 **the department and, BEGINNING 60 DAYS AFTER THE EFFECTIVE DATE OF**
 20 **THE AMENDATORY ACT THAT ADDED SECTION 17221A, shall consist of**
 21 **the following ~~23-29~~ voting members who shall meet the**
 22 **requirements of part 161: 9 registered professional nurses, ~~1-2~~**
 23 **CERTIFIED nurse midwife, ~~1~~ MIDWIVES, 2 nurse anesthetist**
 24 **ANESTHETISTS, ~~1-2~~ CERTIFIED nurse practitioner, ~~PRACTITIONERS~~, 2**
 25 **CLINICAL NURSE SPECIALISTS-CERTIFIED, 3 licensed practical**
 26 **nurses, and ~~8-9~~ public members. Three of the registered**
 27 **professional nurse members shall be engaged in nursing education,**

1 1 of whom shall be in less than a baccalaureate program, 1 in a
 2 baccalaureate or higher program, and 1 in a licensed practical
 3 nurse program, and each of whom shall have a master's degree from
 4 an accredited college with a major in nursing. Three of the
 5 registered professional nurse members shall be engaged in nursing
 6 practice or nursing administration, each of whom shall have a
 7 baccalaureate degree in nursing from an accredited college. Three
 8 of the registered professional nurse members shall be engaged in
 9 nursing practice or nursing administration, each of whom shall be
 10 a nonbaccalaureate registered nurse. The 3 licensed practical
 11 nurse members shall have graduated from a state approved program
 12 for the preparation of individuals to practice as licensed
 13 practical nurses. ~~The nurse midwife, the nurse anesthetist, and~~
 14 ~~the nurse practitioner~~ **EACH OF THE CERTIFIED NURSE MIDWIVES,**
 15 **CERTIFIED NURSE PRACTITIONERS, AND CLINICAL NURSE SPECIALISTS-**
 16 **CERTIFIED APPOINTED TO THE BOARD** shall ~~each have a specialty~~
 17 ~~certification~~ **AN A.P.R.N. LICENSE** issued by the department in his
 18 or her respective ~~specialty field~~ **ROLE AND EACH OF THE NURSE**
 19 **ANESTHETISTS SHALL HAVE A SPECIALTY CERTIFICATE ISSUED BY THE**
 20 **DEPARTMENT IN THAT SPECIALTY FIELD UNDER SECTION 17210.**

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

25 **SEC. 17221A. (1) THE ADVANCED PRACTICE REGISTERED NURSE TASK**
 26 **FORCE IS CREATED. THE TASK FORCE SHALL CONSIST OF THE FOLLOWING**
 27 **13 MEMBERS, WHO SHALL BE MEMBERS OF THE BOARD AND SHALL MEET THE**

1 REQUIREMENTS OF PART 161:

2 (A) ONE REGISTERED PROFESSIONAL NURSE.

3 (B) TWO CERTIFIED NURSE MIDWIVES.

4 (C) TWO CERTIFIED NURSE PRACTITIONERS.

5 (D) TWO CLINICAL NURSE SPECIALISTS-CERTIFIED.

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

7 (F) TWO PUBLIC MEMBERS.

8 (G) TWO PHYSICIAN MEMBERS.

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

11 (A) IN CONSULTATION WITH THE DEPARTMENT, DEVELOP AND MAKE
12 PUBLIC GUIDELINES ON THE APPROPRIATE SCOPE OF PRACTICE OF AN
13 A.P.R.N. ACCORDING TO HIS OR HER EDUCATION, TRAINING, AND
14 EXPERIENCE. GUIDELINES DEVELOPED UNDER THIS SUBDIVISION ARE
15 NONBINDING AND ADVISORY AND SHALL ONLY EXPRESS THE TASK FORCE'S
16 CRITERIA FOR DETERMINING WHETHER AN A.P.R.N. IS PRACTICING WITHIN
17 HIS OR HER SCOPE OF PRACTICE.

18 (B) IN CONSULTATION WITH THE DEPARTMENT, SERVE AS THE
19 DISCIPLINARY SUBCOMMITTEE, IN LIEU OF A DISCIPLINARY SUBCOMMITTEE
20 APPOINTED UNDER SECTION 16216(1), FOR ADVANCED PRACTICE
21 REGISTERED NURSES AND NURSE ANESTHETISTS CERTIFIED UNDER SECTION
22 17210.

23 (C) MAKE WRITTEN RECOMMENDATIONS TO THE BOARD ON
24 REINSTATEMENT OF A.P.R.N. LICENSES AND NOTICES OF INTENT TO DENY
25 A.P.R.N. LICENSES.

26 (D) IN ADDITION TO OR AS PART OF THE REPORT REQUIRED UNDER
27 SECTION 16143(2), FILE AN ANNUAL REPORT WITH THE BOARD AND THE

**1 DEPARTMENT CONCERNING ANY MATTERS PRESCRIBED BY THE TASK FORCE
2 AND BOARD.**

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

6 (2) A licensee shall not perform an act, task, or function
7 within the practice of speech-language pathology unless he or she
8 is trained to perform the act, task, or function and the
9 performance of that act, task, or function is consistent with the
10 rules promulgated under section 17610(3). A speech-language
11 pathologist shall refer a patient to a person licensed in the
12 practice of medicine or osteopathic medicine and surgery if signs
13 or symptoms identified during the practice of speech-language
14 pathology cause the speech-language pathologist to suspect that
15 the patient has an underlying medical condition.

16 (3) A licensee shall perform assessment, treatment or
17 therapy, and procedures related to swallowing disorders and
18 medically related communication disorders only on patients who
19 have been referred to him or her by a person licensed in the
20 practice of medicine or osteopathic medicine and surgery **OR BY AN**
21 **ADVANCED PRACTICE REGISTERED NURSE WHO IS LICENSED UNDER PART 172**
22 **AND ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED**
23 **NURSING.**

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

1 (5) A licensee shall follow procedures in which
2 collaboration among the licensee and a person licensed in the
3 practice of medicine or osteopathic medicine and surgery and
4 other licensed health care professionals is regarded to be in the
5 best interests of the patient.

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

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

12 (b) The practice of speech-language pathology that is an
13 integral part of a program of study by students enrolled in an
14 accredited speech-language pathology educational program approved
15 by the board, provided that those individuals are identified as
16 students and provide speech-language pathology services only
17 while under the supervision of a licensed speech-language
18 pathologist.

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

22 Sec. 17708. (1) "Preceptor" means a pharmacist approved by
23 the board to direct the training of an intern in an approved
24 pharmacy.

25 (2) "Prescriber" means a licensed dentist, a licensed doctor
26 of medicine, a licensed doctor of osteopathic medicine and
27 surgery, a licensed doctor of podiatric medicine and surgery, a

1 licensed optometrist certified under part 174 to administer and
2 prescribe therapeutic pharmaceutical agents, **A LICENSED ADVANCED**
3 **PRACTICE REGISTERED NURSE WHO MEETS THE REQUIREMENTS OF SECTION**
4 **17211A AND IS ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE**
5 **REGISTERED NURSING**, a licensed veterinarian, or another licensed
6 health professional acting under the delegation and using,
7 recording, or otherwise indicating the name of the delegating
8 licensed doctor of medicine or licensed doctor of osteopathic
9 medicine and surgery.

10 (3) "Prescription" means an order by a prescriber to fill,
11 compound, or dispense a drug or device written and signed;
12 written or created in an electronic format, signed, and
13 transmitted by facsimile; or transmitted electronically or by
14 other means of communication. An order transmitted in other than
15 written or hard-copy form shall be electronically recorded,
16 printed, or written and immediately dated by the pharmacist, and
17 that record constitutes the original prescription. In a health
18 facility or agency licensed under article 17 or other medical
19 institution, an order for a drug or device in the patient's chart
20 constitutes for the purposes of this definition the original
21 prescription. Subject to section 17751(2) and (5), prescription
22 includes, but is not limited to, an order for a drug, not
23 including a controlled substance as defined in section 7104
24 except under circumstances described in section 17763(e), written
25 and signed; written or created in an electronic format, signed,
26 and transmitted by facsimile; or transmitted electronically or by
27 other means of communication by a physician prescriber or dentist

1 prescriber licensed to practice dentistry, medicine, or
2 osteopathic medicine and surgery in a state other than Michigan.

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

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

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

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

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

18 (2) Except as otherwise **AUTHORIZED FOR EXPEDITED PARTNER**
19 **THERAPY IN SECTION 5110 OR AS** provided in section 17744a or
20 17744b, a dispensing prescriber, **EXCEPT AN ADVANCED PRACTICE**
21 **REGISTERED NURSE**, shall dispense prescription drugs only to his
22 or her own patients.

23 (3) A dispensing prescriber shall include in a patient's
24 chart or clinical record a complete record, including
25 prescription drug names, dosages, and quantities, of all
26 prescription drugs dispensed directly by the dispensing
27 prescriber or indirectly under his or her delegatory authority.

1 If prescription drugs are dispensed under the prescriber's
2 delegatory authority, the delegatee who dispenses the
3 prescription drugs shall initial the patient's chart, clinical
4 record, or log of prescription drugs dispensed. In a patient's
5 chart or clinical record, a dispensing prescriber shall
6 distinguish between prescription drugs dispensed to the patient,
7 prescription drugs prescribed for the patient, **PRESCRIPTION DRUGS**
8 **DISPENSED OR PRESCRIBED FOR EXPEDITED PARTNER THERAPY AS**
9 **AUTHORIZED IN SECTION 5110**, and prescription drugs dispensed or
10 prescribed as authorized under section 17744a or 17744b. A
11 dispensing prescriber shall retain information required under
12 this subsection for not less than 5 years after the information
13 is entered in the patient's chart or clinical record.

14 (4) A dispensing prescriber shall store prescription drugs
15 under conditions that will maintain their stability, integrity,
16 and effectiveness and will assure that the prescription drugs are
17 free of contamination, deterioration, and adulteration.

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

23 (6) Unless otherwise requested by a patient, a dispensing
24 prescriber shall dispense a prescription drug in a safety closure
25 container that complies with the poison prevention packaging act
26 of 1970, 15 USC 1471 to 1477.

27 (7) A dispensing prescriber shall dispense a drug in a

1 container that bears a label containing all of the following
2 information:

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

5 (b) Except as otherwise authorized under section 5110,
6 17744a, or 17744b, the patient's name and record number.

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

8 (d) The prescriber's name or, if dispensed under the
9 prescriber's delegatory authority, the name of the delegatee.

10 (e) The directions for use.

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

12 (g) The quantity dispensed.

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

15 (8) A dispensing prescriber who dispenses a complimentary
16 starter dose drug to a patient, **OR AN ADVANCED PRACTICE**
17 **REGISTERED NURSE, WHILE ENGAGED IN THE PRACTICE OF ADVANCED**
18 **PRACTICE REGISTERED NURSING, WHO MEETS THE REQUIREMENTS OF**
19 **SECTION 17212 AND WHO POSSESSES, PRESCRIBES, OR ADMINISTERS A**
20 **COMPLIMENTARY STARTER DOSE DRUG TO A PATIENT,** shall give the
21 patient ~~at least all of the following information~~ **REQUIRED IN**
22 **THIS SUBSECTION,** ~~either by~~ dispensing the complimentary starter
23 dose drug to the patient in a container that bears a label
24 containing the **REQUIRED** information or by giving the patient a
25 written document that may include, but is not limited to, a
26 preprinted insert that comes with the complimentary starter dose
27 drug ~~, AND that contains all of the following~~ **REQUIRED**

1 information. **THE INFORMATION REQUIRED TO BE GIVEN TO THE PATIENT**
2 **UNDER THIS SUBSECTION INCLUDES ALL OF THE FOLLOWING:**

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

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

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

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

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

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

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

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

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

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

11 Sec. 17820. (1) An individual shall not engage in the
12 practice of physical therapy or practice as a physical therapist
13 assistant unless licensed or otherwise authorized under this
14 part. Except as otherwise provided in this subsection, a physical
15 therapist or physical therapist assistant shall engage in the
16 treatment of a patient only ~~upon the prescription of~~ **IF THAT**
17 **TREATMENT IS PRESCRIBED BY** a health care professional who holds a
18 license issued under part 166, 170, 175, or 180, **AN A.P.R.N.**
19 **LICENSE ISSUED UNDER PART 172, WHILE ENGAGED IN THE PRACTICE OF**
20 **ADVANCED PRACTICE REGISTERED NURSING,** or ~~the~~ **AN** equivalent
21 license issued by another state. A physical therapist or a
22 physical therapist assistant may engage in the treatment of a
23 patient without the prescription of a health care professional
24 who holds a license issued under part 166, 170, 175, or 180, **AN**
25 **A.P.R.N. LICENSE ISSUED UNDER PART 172,** or ~~the~~ **AN** equivalent
26 license issued by another state, under either of the following
27 circumstances:

(a) For 21 days or 10 treatments, whichever first occurs. However, a physical therapist shall determine that the patient's condition requires physical therapy before delegating physical therapy interventions to a physical therapist assistant.

(b) The patient is seeking physical therapy services for the purpose of preventing injury or promoting fitness.

(2) The following words, titles, or letters or a combination 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 terms and in a way prescribed in this part: "physical therapy", "physical therapist", "doctor of physiotherapy", "doctor of physical therapy", "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. 17822. This part does not prohibit a hospital, as a condition of employment or the granting of staff privileges, from requiring **THAT** a physical therapist ~~to~~ **PERFORM ACTIVITIES WITHIN HIS OR HER SCOPE OF** practice in the hospital only ~~upon the prescription of an individual holding~~ **IF THAT TREATMENT IS PRESCRIBED BY AN INDIVIDUAL WHO HOLDS** a license issued under part 166, 170, 175, or 180; ~~or the~~ **AN A.P.R.N. LICENSE ISSUED UNDER**

1 PART 172, WHILE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE
2 REGISTERED NURSING; OR AN equivalent license issued by another
3 state.

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

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

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

11 (c) "Occupational therapy services" means those services
12 provided to promote health and wellness, prevent disability,
13 preserve functional capabilities, prevent barriers, and enable or
14 improve performance in everyday activities, including, but not
15 limited to, the following:

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

18 (ii) Compensation, modification, or adaptation of a person,
19 activity, or environment.

20 (iii) Evaluation of factors that affect activities of daily
21 living, instrumental activities of daily living, and other
22 activities relating to education, work, play, leisure, and social
23 participation. Those factors include, but are not limited to,
24 body functions, body structure, habits, routines, role
25 performance, behavior patterns, sensory motor skills, cognitive
26 skills, communication and interaction skills, and cultural,
27 physical, psychosocial, spiritual, developmental, environmental,

1 and socioeconomic contexts and activities that affect
2 performance.

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

5 (A) Task analysis and therapeutic use of occupations,
6 exercises, and activities.

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

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

11 (D) Education and training.

12 (E) Care coordination, case management, transition, and
13 consultative services.

14 (F) Modification of environments and adaptation processes
15 such as the application of ergonomic and safety principles.

16 (G) Assessment, design, fabrication, application, fitting,
17 and training in rehabilitative and assistive technology, adaptive
18 devices, and low temperature orthotic devices, and training in
19 the use of prosthetic devices. For the purposes of this sub-
20 subparagraph, the design and fabrication of low temperature
21 orthotic devices does not include permanent orthotics.

22 (H) Assessment, recommendation, and training in techniques
23 to enhance safety, functional mobility, and community mobility
24 such as wheelchair management and mobility.

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

26 (J) Application of physical agent modalities and use of a
27 range of specific therapeutic procedures, including, but not

1 limited to, techniques to enhance sensory-motor, perceptual, and
2 cognitive processing, manual therapy techniques, and adjunctive
3 and preparatory activities.

4 (K) Providing vision therapy services or low vision
5 rehabilitation services, if those services are provided pursuant
6 to a referral or prescription from, or under the supervision or
7 comanagement of, a physician licensed under part 170 or 175 or an
8 optometrist licensed under part 174 **OR PURSUANT TO A REFERRAL OR**
9 **PRESCRIPTION FROM AN ADVANCED PRACTICE REGISTERED NURSE, LICENSED**
10 **UNDER PART 172, WHILE ENGAGED IN THE PRACTICE OF ADVANCED**
11 **PRACTICE REGISTERED NURSING.**

12 (d) "Practice as an occupational therapy assistant" means
13 the practice of occupational therapy under the supervision of an
14 occupational therapist licensed under this article.

15 (e) "Practice of occupational therapy" means the therapeutic
16 use of everyday life occupations and occupational therapy
17 services to aid individuals or groups to participate in
18 meaningful roles and situations in the home, school, workplace,
19 community, and other settings, to promote health and wellness
20 through research and practice, and to serve those individuals or
21 groups who have or are at risk for developing an illness, injury,
22 disease, disorder, condition, impairment, disability, activity
23 limitation, or participation restriction. The practice of
24 occupational therapy addresses the physical, cognitive,
25 psychosocial, sensory, and other aspects of performance in a
26 variety of contexts to support engagement in everyday life
27 activities that affect a person's health, well-being, and quality

1 of life throughout his or her life span. The practice of
2 occupational therapy does not include any of the following:

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

5 (ii) The practice of physical therapy.

6 (iii) The practice of optometry.

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

11 Sec. 20201. (1) A health facility or agency that provides
12 services directly to patients or residents and is licensed under
13 this article shall adopt a policy describing the rights and
14 responsibilities of patients or residents admitted to the health
15 facility or agency. Except for a licensed health maintenance
16 organization, which shall comply with chapter 35 of the insurance
17 code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580, the policy
18 shall be posted at a public place in the health facility or
19 agency and shall be provided to each member of the health
20 facility or agency staff. Patients or residents shall be treated
21 in accordance with the policy.

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

25 (a) A patient or resident shall not be denied appropriate
26 care on the basis of race, religion, color, national origin, sex,
27 age, disability, marital status, sexual preference, or source of

1 payment.

2 (b) An individual who is or has been a patient or resident
3 is entitled to inspect, or receive for a reasonable fee, a copy
4 of his or her medical record upon request in accordance with the
5 medical records access act, 2004 PA 47, MCL 333.26261 to
6 333.26271. Except as otherwise permitted or required under the
7 health insurance portability and accountability act of 1996,
8 Public Law 104-191, or regulations promulgated under that act, 45
9 CFR parts 160 and 164, a third party shall not be given a copy of
10 the patient's or resident's medical record without prior
11 authorization of the patient or resident.

12 (c) A patient or resident is entitled to confidential
13 treatment of personal and medical records, and may refuse their
14 release to a person outside the health facility or agency except
15 as required because of a transfer to another health care
16 facility, as required by law or third party payment contract, or
17 as permitted or required under the health insurance portability
18 and accountability act of 1996, Public Law 104-191, or
19 regulations promulgated under that act, 45 CFR parts 160 and 164.

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

24 (e) A patient or resident is entitled to receive adequate
25 and appropriate care, and to receive, from the appropriate
26 individual within the health facility or agency, information
27 about his or her medical condition, proposed course of treatment,

1 and prospects for recovery, in terms that the patient or resident
2 can understand, unless medically contraindicated as documented in
3 the medical record by the attending physician or a physician's
4 assistant to whom the physician has delegated the performance of
5 medical care services.

6 (f) A patient or resident is entitled to refuse treatment to
7 the extent provided by law and to be informed of the consequences
8 of that refusal. If a refusal of treatment prevents a health
9 facility or agency or its staff from providing appropriate care
10 according to ethical and professional standards, the relationship
11 with the patient or resident may be terminated upon reasonable
12 notice.

13 (g) A patient or resident is entitled to exercise his or her
14 rights as a patient or resident and as a citizen, and to this end
15 may present grievances or recommend changes in policies and
16 services on behalf of himself or herself or others to the health
17 facility or agency staff, to governmental officials, or to
18 another person of his or her choice within or outside the health
19 facility or agency, free from restraint, interference, coercion,
20 discrimination, or reprisal. A patient or resident is entitled to
21 information about the health facility's or agency's policies and
22 procedures for initiation, review, and resolution of patient or
23 resident complaints.

24 (h) A patient or resident is entitled to information
25 concerning an experimental procedure proposed as a part of his or
26 her care and has the right to refuse to participate in the
27 experimental procedure without jeopardizing his or her continuing

1 care.

2 (i) A patient or resident is entitled to receive and examine
3 an explanation of his or her bill regardless of the source of
4 payment and to receive, upon request, information relating to
5 financial assistance available through the health facility or
6 agency.

7 (j) A patient or resident is entitled to know who is
8 responsible for and who is providing his or her direct care, is
9 entitled to receive information concerning his or her continuing
10 health needs and alternatives for meeting those needs, and to be
11 involved in his or her discharge planning, if appropriate.

12 (k) A patient or resident is entitled to associate and have
13 private communications and consultations with his or her
14 physician or a physician's assistant to whom the physician has
15 delegated the performance of medical care services, attorney, or
16 any other person of his or her choice and to send and receive
17 personal mail unopened on the same day it is received at the
18 health facility or agency, unless medically contraindicated as
19 documented in the medical record by the attending physician or a
20 physician's assistant to whom the physician has delegated the
21 performance of medical care services. A patient's or resident's
22 civil and religious liberties, including the right to independent
23 personal decisions and the right to knowledge of available
24 choices, shall not be infringed and the health facility or agency
25 shall encourage and assist in the fullest possible exercise of
26 these rights. A patient or resident may meet with, and
27 participate in, the activities of social, religious, and

1 community groups at his or her discretion, unless medically
2 contraindicated as documented in the medical record by the
3 attending physician or a physician's assistant to whom the
4 physician has delegated the performance of medical care services.

5 (l) A patient or resident is entitled to be free from mental
6 and physical abuse and from physical and chemical restraints,
7 except those restraints authorized in writing by the attending
8 physician, **BY AN ADVANCED PRACTICE REGISTERED NURSE ENGAGED IN**
9 **THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING,** or **BY** a
10 physician's assistant to whom the physician has delegated the
11 performance of medical care services, for a specified and limited
12 time or as are necessitated by an emergency to protect the
13 patient or resident from injury to self or others, in which case
14 the restraint may only be applied by a qualified professional who
15 shall set forth in writing the circumstances requiring the use of
16 restraints and who shall promptly report the action to the
17 attending physician, ~~or~~ physician's assistant, **OR ADVANCED**
18 **PRACTICE REGISTERED NURSE WHO AUTHORIZED THE RESTRAINT.** In case
19 of a chemical restraint, a physician shall be consulted within 24
20 hours after the commencement of the chemical restraint.

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

24 (n) A patient or resident is entitled to information about
25 the health facility or agency rules and regulations affecting
26 patient or resident care and conduct.

27 (o) A patient or resident is entitled to adequate and

1 appropriate pain and symptom management as a basic and essential
2 element of his or her medical treatment.

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

6 (a) The policy shall be provided to each nursing home
7 patient or home for the aged resident upon admission, and the
8 staff of the facility shall be trained and involved in the
9 implementation of the policy.

10 (b) Each nursing home patient may associate and communicate
11 privately with persons of his or her choice. Reasonable, regular
12 visiting hours, which shall be not less than 8 hours per day, and
13 which shall take into consideration the special circumstances of
14 each visitor, shall be established for patients to receive
15 visitors. A patient may be visited by the patient's attorney or
16 by representatives of the departments named in section 20156,
17 during other than established visiting hours. Reasonable privacy
18 shall be afforded for visitation of a patient who shares a room
19 with another patient. Each patient shall have reasonable access
20 to a telephone. A married nursing home patient or home for the
21 aged resident is entitled to meet privately with his or her
22 spouse in a room that assures privacy. If both spouses are
23 residents in the same facility, they are entitled to share a room
24 unless medically contraindicated and documented in the medical
25 record by the attending physician or a physician's assistant to
26 whom the physician has delegated the performance of medical care
27 services.

1 (c) A nursing home patient or home for the aged resident is
2 entitled to retain and use personal clothing and possessions as
3 space permits, unless to do so would infringe upon the rights of
4 other patients or residents, or unless medically contraindicated
5 as documented in the medical record by the attending physician or
6 a physician's assistant to whom the physician has delegated the
7 performance of medical care services. Each nursing home patient
8 or home for the aged resident shall be provided with reasonable
9 space. At the request of a patient, a nursing home shall provide
10 for the safekeeping of personal effects, funds, and other
11 property of a patient in accordance with section 21767, except
12 that a nursing home is not required to provide for the
13 safekeeping of a property that would impose an unreasonable
14 burden on the nursing home.

15 (d) A nursing home patient or home for the aged resident is
16 entitled to the opportunity to participate in the planning of his
17 or her medical treatment. The attending physician or a
18 physician's assistant to whom the physician has delegated the
19 performance of medical care services shall fully inform the
20 nursing home patient of the patient's medical condition unless
21 medically contraindicated as documented in the medical record by
22 a physician or a physician's assistant to whom the physician has
23 delegated the performance of medical care services. Each nursing
24 home patient shall be afforded the opportunity to discharge
25 himself or herself from the nursing home.

26 (e) A home for the aged resident may be transferred or
27 discharged only for medical reasons, for his or her welfare or

1 that of other residents, or for nonpayment of his or her stay,
2 except as provided by title XVIII or title XIX. A nursing home
3 patient may be transferred or discharged only as provided in
4 sections 21773 to 21777. A nursing home patient or home for the
5 aged resident is entitled to be given reasonable advance notice
6 to ensure orderly transfer or discharge. Those actions shall be
7 documented in the medical record.

8 (f) A nursing home patient or home for the aged resident is
9 entitled to be fully informed before or at the time of admission
10 and during stay of services available in the facility, and of the
11 related charges including any charges for services not covered
12 under title XVIII, or not covered by the facility's basic per
13 diem rate. The statement of services provided by the facility
14 shall be in writing and shall include those required to be
15 offered on an as-needed basis.

16 (g) A nursing home patient or home for the aged resident is
17 entitled to manage his or her own financial affairs, or to have
18 at least a quarterly accounting of personal financial
19 transactions undertaken in his or her behalf by the facility
20 during a period of time the patient or resident has delegated
21 those responsibilities to the facility. In addition, a patient or
22 resident is entitled to receive each month from the facility an
23 itemized statement setting forth the services paid for by or on
24 behalf of the patient and the services rendered by the facility.
25 The admission of a patient to a nursing home does not confer on
26 the nursing home or its owner, administrator, employees, or
27 representatives the authority to manage, use, or dispose of a

1 patient's property.

2 (h) A nursing home patient or a person authorized by the
3 patient in writing may inspect and copy the patient's personal
4 and medical records. The records shall be made available for
5 inspection and copying by the nursing home within a reasonable
6 time, not exceeding 1 week, after the receipt of a written
7 request.

8 (i) If a nursing home patient desires treatment by a
9 licensed member of the healing arts, the treatment shall be made
10 available unless it is medically contraindicated, and the medical
11 contraindication is justified in the patient's medical record by
12 the attending physician or a physician's assistant to whom the
13 physician has delegated the performance of medical care services.

14 (j) A nursing home patient has the right to have his or her
15 parents, if a minor, or his or her spouse, next of kin, or
16 patient's representative, if an adult, stay at the facility 24
17 hours a day if the patient is considered terminally ill by the
18 physician responsible for the patient's care or a physician's
19 assistant to whom the physician has delegated the performance of
20 medical care services.

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

25 (l) Each nursing home patient has the right to receive
26 representatives of approved organizations as provided in section
27 21763.

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

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

9 (6) A nursing home patient or home for the aged resident is
10 entitled to be fully informed, as evidenced by the patient's or
11 resident's written acknowledgment, before or at the time of
12 admission and during stay, of the policy required by this
13 section. The policy shall provide that if a patient or resident
14 is adjudicated incompetent and not restored to legal capacity,
15 the rights and responsibilities set forth in this section shall
16 be exercised by a person designated by the patient or resident.
17 The health facility or agency shall provide proper forms for the
18 patient or resident to provide for the designation of this person
19 at the time of admission.

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

23 (8) As used in this section:

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

26 (b) "Title XVIII" means title XVIII of the social security
27 act, 42 USC 1395 to ~~1395kk-1~~ **1395lll**.

1 (c) "Title XIX" means title XIX of the social security act,
2 42 USC 1396 to 1396w-5.