

HOUSE BILL NO. 4472

April 25, 2023, Introduced by Reps. Farhat and Mueller and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 16221, 17001, 17047, 17049, 17201, 17211a,
17214, 17501, 17547, 17549, 18001, 18047, 18049, 20174, and 20201
(MCL 333.16221, 333.17001, 333.17047, 333.17049, 333.17201,

333.17211a, 333.17214, 333.17501, 333.17547, 333.17549, 333.18001, 333.18047, 333.18049, 333.20174, and 333.20201), section 16221 as amended by 2020 PA 232, section 17001 as amended by 2018 PA 624, sections 17047, 17547, 18047, and 20174 as added and sections 17049, 17549, and 18049 as amended by 2016 PA 379, sections 17201 and 20201 as amended and sections 17211a and 17214 as added by 2016 PA 499, section 17501 as amended by 2018 PA 524, and section 18001 as amended by 2018 PA 355, and by adding sections 17217 and 17217a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 16221. Subject to section 16221b, the department shall
 2 investigate any allegation that 1 or more of the grounds for
 3 disciplinary subcommittee action under this section exist, and may
 4 investigate activities related to the practice of a health
 5 profession by a licensee, a registrant, or an applicant for
 6 licensure or registration. The department may hold hearings,
 7 administer oaths, and order the taking of relevant testimony. After
 8 its investigation, the department shall provide a copy of the
 9 administrative complaint to the appropriate disciplinary
 10 subcommittee. The disciplinary subcommittee shall proceed under
 11 section 16226 if it finds that 1 or more of the following grounds
 12 exist:

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

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

1 following:

2 (i) Incompetence.

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

6 (iii) Mental or physical inability reasonably related to and
7 adversely affecting the licensee's or registrant's ability to
8 practice in a safe and competent manner.

9 (iv) Declaration of mental incompetence by a court of competent
10 jurisdiction.

11 (v) Conviction of a misdemeanor punishable by imprisonment for
12 a maximum term of 2 years; conviction of a misdemeanor involving
13 the illegal delivery, possession, or use of a controlled substance;
14 or conviction of any felony other than a felony listed or described
15 in another subparagraph of this subdivision. A certified copy of
16 the court record is conclusive evidence of the conviction.

17 (vi) Lack of good moral character.

18 (vii) Conviction of a criminal offense under section 520e or
19 520g of the Michigan penal code, 1931 PA 328, MCL 750.520e and
20 750.520g. A certified copy of the court record is conclusive
21 evidence of the conviction.

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

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

29 (x) Final adverse administrative action by a licensure,

1 registration, disciplinary, or certification board involving the
2 holder of, or an applicant for, a license or registration regulated
3 by another state or a territory of the United States, by the United
4 States military, by the federal government, or by another country.
5 A certified copy of the record of the board is conclusive evidence
6 of the final action.

7 (xi) Conviction of a misdemeanor that is reasonably related to
8 or that adversely affects the licensee's or registrant's ability to
9 practice in a safe and competent manner. A certified copy of the
10 court record is conclusive evidence of the conviction.

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

14 (xiii) Conviction of a criminal offense under section 83, 84,
15 316, 317, 321, 520b, 520c, 520d, or 520f of the Michigan penal
16 code, 1931 PA 328, MCL 750.83, 750.84, 750.316, 750.317, 750.321,
17 750.520b, 750.520c, 750.520d, and 750.520f. A certified copy of the
18 court record is conclusive evidence of the conviction.

19 (xiv) Conviction of a violation of section 136 or 136a of the
20 Michigan penal code, 1931 PA 328, MCL 750.136 and 750.136a. A
21 certified copy of the court record is conclusive evidence of the
22 conviction.

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

24 (i) Fraud or deceit in obtaining or renewing a license or
25 registration.

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

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

29 (iv) Obtaining, possessing, or attempting to obtain or possess

1 a controlled substance or a drug as defined in section 7105 without
2 lawful authority; or selling, prescribing, giving away, or
3 administering drugs for other than lawful diagnostic or therapeutic
4 purposes.

5 (d) Except as otherwise specifically provided in this section,
6 unethical business practices, consisting of 1 or more of the
7 following:

8 (i) False or misleading advertising.

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

12 (iii) Fraud or deceit in obtaining or attempting to obtain third
13 party reimbursement.

14 (e) Except as otherwise specifically provided in this section,
15 unprofessional conduct, consisting of 1 or more of the following:

16 (i) Misrepresentation to a consumer or patient or in obtaining
17 or attempting to obtain third party reimbursement in the course of
18 professional practice.

19 (ii) Betrayal of a professional confidence.

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

22 (iv) Either of the following:

23 (A) A requirement by a licensee other than a physician or a
24 registrant that an individual purchase or secure a drug, device,
25 treatment, procedure, or service from another person, place,
26 facility, or business in which the licensee or registrant has a
27 financial interest.

28 (B) A referral by a physician for a designated health service
29 that violates 42 USC 1395nn or a regulation promulgated under that

1 section. For purposes of this subdivision, 42 USC 1395nn and the
2 regulations promulgated under that section as they exist on June 3,
3 2002 are incorporated by reference. A disciplinary subcommittee
4 shall apply 42 USC 1395nn and the regulations promulgated under
5 that section regardless of the source of payment for the designated
6 health service referred and rendered. If 42 USC 1395nn or a
7 regulation promulgated under that section is revised after June 3,
8 2002, the department shall officially take notice of the revision.
9 Within 30 days after taking notice of the revision, the department
10 shall decide whether or not the revision pertains to referral by
11 physicians for designated health services and continues to protect
12 the public from inappropriate referrals by physicians. If the
13 department decides that the revision does both of those things, the
14 department may promulgate rules to incorporate the revision by
15 reference. If the department does promulgate rules to incorporate
16 the revision by reference, the department shall not make any
17 changes to the revision. As used in this sub-subparagraph,
18 "designated health service" means that term as defined in 42 USC
19 1395nn and the regulations promulgated under that section and
20 "physician" means that term as defined in sections 17001 and 17501.

21 (v) For a physician who makes referrals under 42 USC 1395nn or
22 a regulation promulgated under that section, refusing to accept a
23 reasonable proportion of patients eligible for Medicaid and
24 refusing to accept payment from Medicaid or Medicare as payment in
25 full for a treatment, procedure, or service for which the physician
26 refers the individual and in which the physician has a financial
27 interest. A physician who owns all or part of a facility in which
28 he or she provides surgical services is not subject to this
29 subparagraph if a referred surgical procedure he or she performs in

1 the facility is not reimbursed at a minimum of the appropriate
2 Medicaid or Medicare outpatient fee schedule, including the
3 combined technical and professional components.

4 (vi) Any conduct by a health professional with a patient while
5 he or she is acting within the health profession for which he or
6 she is licensed or registered, including conduct initiated by a
7 patient or to which the patient consents, that is sexual or may
8 reasonably be interpreted as sexual, including, but not limited to,
9 sexual intercourse, kissing in a sexual manner, or touching of a
10 body part for any purpose other than appropriate examination,
11 treatment, or comfort.

12 (vii) Offering to provide practice-related services, such as
13 drugs, in exchange for sexual favors.

14 (viii) A violation of section 16655(4) by a dental therapist.

15 (f) Failure to notify under section 16222(3) or (4).

16 (g) Failure to report a change of name or mailing address as
17 required in section 16192.

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

20 (i) Failure to comply with a subpoena issued pursuant to this
21 part, failure to respond to a complaint issued under this article,
22 article 7, or article 8, failure to appear at a compliance
23 conference or an administrative hearing, or failure to report under
24 section 16222(1) or 16223.

25 (j) Failure to pay an installment of an assessment levied
26 under the insurance code of 1956, 1956 PA 218, MCL 500.100 to
27 500.8302, within 60 days after notice by the appropriate board.

28 (k) A violation of section 17013 or 17513.

29 (l) Failure to meet 1 or more of the requirements for licensure

1 or registration under section 16174.

2 (m) A violation of section 17015, 17015a, 17017, 17515, or
3 17517.

4 (n) A violation of section 17016 or 17516.

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

6 (p) A violation of section 5654 or 5655.

7 (q) A violation of section 16274.

8 (r) A violation of section 17020 or 17520.

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

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

12 (u) Failure to comply with the terms of a practice agreement
13 described in section 17047(2) (a) or (b), **17047(3) (a) (i) or (ii)** ,
14 **17217(2) (a) (i) or (ii)** , 17547(2) (a) or (b), ~~or 17547(3) (a) (i) or (ii)~~ ,
15 18047(2) (a) or (b) , **or 18047(3) (a) (i) or (ii)** .

16 (v) A violation of section 7303a(2).

17 (w) A violation of section 7303a(4) or (5).

18 (x) A violation of section 7303b.

19 (y) A violation of section 17754a.

20 (z) ~~Beginning January 1, 2021, a~~ A violation of section 24507
21 or 24509.

22 Sec. 17001. (1) As used in this part:

23 (a) "Academic institution" means either of the following:

24 (i) A medical school approved by the board.

25 (ii) A hospital licensed under article 17 that meets all of the
26 following requirements:

27 (A) Was the sole sponsor or a co-sponsor, if each other co-
28 sponsor is either a medical school approved by the board or a
29 hospital owned by the federal government and directly operated by

1 the United States Department of Veterans Affairs, of not less than
2 4 postgraduate education residency programs approved by the board
3 under section 17031(1) for not less than the 3 years immediately
4 preceding the date of an application for a limited license under
5 section 16182(2)(c) or an application for a full license under
6 section 17031(2), if at least 1 of the residency programs is in the
7 specialty area of medical practice, or in a specialty area that
8 includes the subspecialty of medical practice, in which the
9 applicant for a limited license proposes to practice or in which
10 the applicant for a full license has practiced for the hospital.

11 (B) Has spent not less than \$2,000,000.00 for medical
12 education during each of the 3 years immediately preceding the date
13 of an application for a limited license under section 16182(2)(c)
14 or an application for a full license under section 17031(2). As
15 used in this sub-subparagraph, "medical education" means the
16 education of physicians and candidates for degrees or licenses to
17 become physicians, including, but not limited to, physician staff,
18 residents, interns, and medical students.

19 (b) "Electrodiagnostic studies" means the testing of
20 neuromuscular functions utilizing nerve conduction tests and needle
21 electromyography. It does not include the use of surface
22 electromyography.

23 (c) "Genetic counselor" means an individual who is licensed
24 under this part to engage in the practice of genetic counseling.

25 (d) "Medical care services" means those services within the
26 scope of practice of physicians who are licensed or authorized by
27 the board, except those services that the board prohibits or
28 otherwise restricts within a practice agreement or determines shall
29 not be delegated by a physician because a delegation would endanger

1 the health and safety of patients as provided for in section
2 17048(1).

3 (e) "Participating physician" means a physician ~~, a physician~~
4 ~~designated by a group of physicians under~~ **described in** section
5 17049. ~~to represent that group, or a physician designated by a~~
6 ~~health facility or agency under section 20174 to represent that~~
7 ~~health facility or agency.~~

8 (f) "Physician" means an individual who is licensed or
9 authorized under this article to engage in the practice of
10 medicine.

11 (g) **"Physician-led patient care team" means a**
12 **multidisciplinary team consisting of at least 1 physician and at**
13 **least 1 advanced practice registered nurse as that term is defined**
14 **in section 17201 or physician's assistant that is led by 1 or more**
15 **participating physicians and functions as a unit for the purposes**
16 **of providing and delivering services.**

17 (h) ~~(g)~~ "Podiatrist" means an individual who is licensed under
18 this article to engage in the practice of podiatric medicine and
19 surgery.

20 (i) ~~(h)~~ "Practice agreement" means an agreement described in
21 section 17047.

22 (j) ~~(i)~~ "Practice of genetic counseling" means provision of
23 any of the following services:

24 (i) Obtaining and evaluating individual, family, and medical
25 histories to determine the genetic risk for genetic or medical
26 conditions or diseases in a client, the client's descendants, or
27 other family members of the client.

28 (ii) Discussing with a client the features, natural history,
29 means of diagnosis, genetic and environmental factors, and

1 management of the genetic risks of genetic or medical conditions or
2 diseases.

3 (iii) Identifying and coordinating appropriate genetic
4 laboratory tests and other diagnostic studies for genetic
5 assessment of a client.

6 (iv) Integrating genetic laboratory test results and other
7 diagnostic studies with personal and family medical history to
8 assess and communicate a client's risk factors for genetic or
9 medical conditions or diseases.

10 (v) Explaining to a client the clinical implications of
11 genetic laboratory tests and other diagnostic studies and their
12 results.

13 (vi) Evaluating the responses of a client and the client's
14 family to a genetic or medical condition or disease or to the risk
15 of recurrence of that condition or disease and providing client-
16 centered counseling and anticipatory guidance.

17 (vii) Identifying and utilizing community resources that
18 provide medical, educational, financial, and psychosocial support
19 and advocacy to a client.

20 (viii) Providing written documentation of medical, genetic, and
21 counseling information for families of and health care
22 professionals of a client.

23 (k) ~~(j)~~—"Practice of medicine" means the diagnosis, treatment,
24 prevention, cure, or relieving of a human disease, ailment, defect,
25 complaint, or other physical or mental condition, by attendance,
26 advice, device, diagnostic test, or other means, or offering,
27 undertaking, attempting to do, or holding oneself out as able to
28 do, any of these acts.

29 (l) ~~(k)~~—"Practice as a physician's assistant" means the

1 practice of medicine with a participating physician under a
2 practice agreement.

3 (m) ~~(l)~~—"Qualified supervisor" means an individual who is a
4 genetic counselor and who holds a license under this part other
5 than a temporary or limited license.

6 (n) ~~(m)~~—"Task force" means the joint task force created in
7 section 17025.

8 (o) ~~(n)~~—"Temporary licensed genetic counselor" means a genetic
9 counselor who has been issued a temporary license under this
10 article.

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

15 Sec. 17047. (1) A physician's assistant shall not engage in
16 the practice as a physician's assistant except under the terms of a
17 practice agreement that meets the requirements of ~~this~~
18 ~~section~~ **subsection (2) or (3), as applicable.**

19 (2) A practice agreement **that is entered into, amended,**
20 **extended, or renewed before January 1, 2024 must be between a**
21 **physician's assistant and a participating physician and must**
22 include all of the following:

23 (a) A process between the physician's assistant and
24 participating physician for communication, availability, and
25 decision making when providing medical treatment to a patient. The
26 process must utilize the knowledge and skills of the physician's
27 assistant and participating physician based on their education,
28 training, and experience.

29 (b) A protocol for designating an alternative physician for

1 consultation in situations in which the participating physician is
2 not available for consultation.

3 (c) The signature of the physician's assistant and the
4 participating physician.

5 (d) A termination provision that allows the physician's
6 assistant or participating physician to terminate the practice
7 agreement by providing written notice at least 30 days before the
8 date of termination.

9 (e) Subject to section 17048, the duties and responsibilities
10 of the physician's assistant and participating physician. The
11 practice agreement ~~shall~~**must** not include as a duty or
12 responsibility of the physician's assistant or participating
13 physician an act, task, or function that the physician's assistant
14 or participating physician is not qualified to perform by
15 education, training, or experience and that is not within the scope
16 of the license held by the physician's assistant or participating
17 physician.

18 (f) A requirement that the participating physician verify the
19 physician's assistant's credentials.

20 **(3) If a practice agreement is entered into, amended,
21 extended, or renewed on or after January 1, 2024, the practice
22 agreement must be between a physician's assistant and a
23 participating physician as members of a physician-led patient care
24 team. The following apply to a practice agreement under this
25 subsection:**

26 **(a) The practice agreement must include all of the following:**

27 **(i) A process between the physician's assistant and
28 participating physician for communication, availability, and
29 decision making when providing medical treatment to a patient. The**

1 process must utilize the knowledge and skills of the physician's
2 assistant and participating physician based on their education,
3 training, and experience.

4 (ii) A protocol for designating an alternative physician for
5 consultation in situations in which the participating physician is
6 not available for consultation.

7 (iii) The typewritten or printed names and signatures of the
8 physician's assistant and participating physician.

9 (iv) A termination provision that allows the physician's
10 assistant or participating physician to terminate the practice
11 agreement by providing written notice at least 30 days before the
12 date of termination.

13 (v) Subject to section 17048, the duties and responsibilities
14 of the physician's assistant and participating physician. The
15 practice agreement must not include as a duty or responsibility of
16 the physician's assistant or participating physician an act, task,
17 or function that the physician's assistant or participating
18 physician is not qualified to perform by education, training, or
19 experience and that is not within the scope of the license held by
20 the physician's assistant or participating physician.

21 (vi) A requirement that the participating physician verify the
22 physician's assistant's credentials.

23 (vii) A requirement for the periodic review of patient charts
24 and medical records and guidelines for collaboration and
25 consultation among the parties to the practice agreement.

26 (viii) A process for the periodic, joint evaluation of the
27 services delivered to a patient and for physician input when
28 necessary, including, but not limited to, in complex clinical
29 cases, in patient emergencies, and for referrals.

1 (ix) An evaluation process for measuring the performance of the
2 physician's assistant.

3 (b) The practice agreement may include procedures for periodic
4 site visits by a participating physician if the participating
5 physician practices at a location other than where the physician's
6 assistant regularly practices. The participating physician shall
7 determine the manner and frequency of a site visit under this
8 subdivision.

9 (4) A physician's assistant shall maintain a copy of a
10 practice agreement entered into under this section and provide it
11 to the board and the department on request.

12 (5) During an initial encounter with a patient, a physician's
13 assistant shall inform the patient of the respective health
14 profession subfield of the physician's assistant and, on the
15 request of the patient, provide the patient with the name of the
16 participating physician with whom the physician's assistant is a
17 party to a practice agreement and contact information for the
18 participating physician.

19 (6) The name and contact information of a participating
20 physician with whom a physician's assistant is a party to a
21 practice agreement must be conspicuously posted where services are
22 delivered by the physician's assistant and on the practice's
23 website, if applicable, in a manner that ensures transparency for
24 patients.

25 (7) ~~(3)~~ The following are subject to section 16221:

26 (a) The number of physician's assistants in a practice
27 agreement with a participating physician. ~~and the~~

28 (b) The number of individuals to whom a physician has
29 delegated the authority to perform acts, tasks, or functions. ~~are~~

1 ~~subject to section 16221.~~

2 Sec. 17049. (1) **Subject to subsection (2), any of the**
3 **following may enter into a practice agreement as a participating**
4 **physician:**

5 (a) **A physician.**

6 (b) **One or more physicians in a** group of physicians practicing
7 other than as sole practitioners ~~may designate 1 or more physicians~~
8 ~~in who are designated by~~ the group to enter into ~~a~~ **the** practice
9 agreement. ~~under section 17047.~~

10 (c) **One or more physicians designated by a health facility or**
11 **agency under section 20174 to represent that health facility or**
12 **agency.**

13 (2) **If a physician described in subsection (1) enters into a**
14 **practice agreement under section 17047(3), the physician shall**
15 **comply with all of the following:**

16 (a) **The physician shall regularly practice medicine in this**
17 **state.**

18 (b) **The physician shall manage and lead the members of the**
19 **physician-led patient care team with whom the physician is a party**
20 **to the practice agreement.**

21 (c) **The physician shall be available at all times to**
22 **collaborate and consult with each member of the physician-led**
23 **patient care team with whom the physician is a party to the**
24 **practice agreement.**

25 (d) **The physician shall ensure that any act, task, or function**
26 **performed by a member of the physician-led patient care team with**
27 **whom the physician is a party to a practice agreement is performed**
28 **in a manner consistent with sound medical practice and for the**
29 **protection of the health and safety of a patient.**

1 **(3)** ~~(2)~~—Notwithstanding any law or rule to the contrary, a
 2 physician is not required to countersign orders written in a
 3 patient's clinical record by a physician's assistant with whom the
 4 physician has a practice agreement. Notwithstanding any law or rule
 5 to the contrary, a physician is not required to sign an official
 6 form that lists the physician's signature as the required signatory
 7 if that official form is signed by a physician's assistant with
 8 whom the physician has a practice agreement.

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

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

14 (i) Nurse midwifery.

15 (ii) Nurse practitioner.

16 (iii) Clinical nurse specialist.

17 (b) "Physician" means a physician who is licensed under part
 18 170 or part 175.

19 (c) **"Participating physician or podiatrist" means a physician**
 20 **or podiatrist described in section 17217a.**

21 (d) **"Physician- or podiatrist-led patient care team" means a**
 22 **multidisciplinary team consisting of at least 1 physician or**
 23 **podiatrist and at least 1 advanced practice registered nurse or**
 24 **physician's assistant that is led by 1 or more participating**
 25 **physicians or podiatrists and functions as a unit for the purposes**
 26 **of providing and delivering services.**

27 (e) "Podiatrist" means that term as defined in section 18001.

28 (f) "Practice agreement" means the agreement described in
 29 section 17217.

1 (g) ~~(e)~~—"Practice of nursing" means the systematic application
 2 of substantial specialized knowledge and skill, derived from the
 3 biological, physical, and behavioral sciences, to the care,
 4 treatment, counsel, and health teaching of individuals who are
 5 experiencing changes in the normal health processes or who require
 6 assistance in the maintenance of health and the prevention or
 7 management of illness, injury, or disability.

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

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

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

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

24 (a) A nonscheduled prescription drug.

25 (b) Subject to subsection (2) **and except as otherwise provided**
 26 **in subsection (3)**, a controlled substance included in schedules 2
 27 to 5 of part 72, as a delegated act of a physician.

28 (2) If an advanced practice registered nurse prescribes a
 29 controlled substance under subsection (1) (b), both the advanced

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

8 **(3) Beginning January 1, 2024, an advanced practice registered**
 9 **nurse shall not prescribe a controlled substance under subsection**
 10 **(1)(b) unless the advanced practice registered nurse is authorized**
 11 **to prescribe that controlled substance in a practice agreement.**

12 **(4)** ~~(3) The amendatory act that added this~~**This** section does
 13 not require new or additional third-party reimbursement or mandated
 14 worker's compensation benefits for services rendered by an advanced
 15 practice registered nurse who is authorized to prescribe
 16 nonscheduled prescription drugs and controlled substances included
 17 in schedules 2 to 5 of part 72 under this section.

18 Sec. 17214. **(1) An**~~Except as otherwise provided in subsection~~
 19 **(2), an** advanced practice registered nurse may make calls or go on
 20 rounds in private homes, public institutions, emergency vehicles,
 21 ambulatory care clinics, hospitals, intermediate or extended care
 22 facilities, health maintenance organizations, nursing homes, or
 23 other health care facilities.

24 **(2) Beginning January 1, 2024, an advanced practice registered**
 25 **nurse may make calls or go on rounds in private homes, public**
 26 **institutions, emergency vehicles, ambulatory care clinics,**
 27 **hospitals, intermediate or extended care facilities, health**
 28 **maintenance organizations, nursing homes, or other health care**
 29 **facilities, only in accordance with a practice agreement.**

1 (3) Notwithstanding any law or rule to the contrary, an
2 advanced practice registered nurse may make calls or go on rounds
3 as provided in this section without restrictions on the time or
4 frequency of visits by a physician or the advanced practice
5 registered nurse.

6 Sec. 17217. (1) Beginning January 1, 2024, except as otherwise
7 provided in subsection (6), an advanced practice registered nurse
8 shall not practice in his or her respective health profession
9 specialty field except under the terms of a practice agreement with
10 a participating physician or podiatrist as members of a physician-
11 or podiatrist-led patient care team.

12 (2) Subject to rules promulgated under subsection (7), the
13 following apply to a practice agreement:

14 (a) The practice agreement must include all of the following:

15 (i) A process between the advanced practice registered nurse
16 and participating physician or podiatrist for communication,
17 availability, and decision making when providing medical treatment
18 to a patient. The process must utilize the knowledge and skills of
19 the advanced practice registered nurse and participating physician
20 or podiatrist based on their education, training, and experience.

21 (ii) A protocol for designating an alternative physician or
22 podiatrist, as applicable, for consultation in situations in which
23 the participating physician or podiatrist is not available for
24 consultation.

25 (iii) The typewritten or printed names and signatures of the
26 advanced practice registered nurse and participating physician or
27 podiatrist.

28 (iv) A termination provision that allows the advanced practice
29 registered nurse and participating physician or podiatrist to

1 terminate the practice agreement by providing written notice at
2 least 30 days before the date of termination.

3 (v) The duties and responsibilities of the advanced practice
4 registered nurse and participating physician or podiatrist. The
5 practice agreement must not include as a duty or responsibility of
6 the advanced practice registered nurse and participating physician
7 or podiatrist an act, task, or function that the advanced practice
8 registered nurse and participating physician or podiatrist are not
9 qualified to perform by education, training, or experience and that
10 is not within the scope of the license held by the participating
11 physician or podiatrist.

12 (vi) A requirement that the participating physician or
13 podiatrist verify the advanced practice registered nurse's
14 credentials.

15 (vii) A requirement for the periodic review of patient charts
16 and medical records and guidelines for collaboration and
17 consultation among the parties to the practice agreement.

18 (viii) A process for the periodic, joint evaluation of the
19 services delivered to a patient and for physician or podiatrist
20 input, as applicable, when necessary, including, but not limited
21 to, in complex clinical cases, in patient emergencies, and for
22 referrals.

23 (ix) An evaluation process for measuring the performance of the
24 advanced practice registered nurse.

25 (x) A description of the controlled substances that the
26 advanced practice registered nurse is or is not authorized to
27 prescribe under section 17211a. A practice agreement must not limit
28 or prohibit the ordering, receipt, and dispensing of complimentary
29 starter dose drugs, including controlled substances, by an advanced

1 practice registered nurse as otherwise permitted under section
2 17212.

3 (xi) Any other requirement required by the department by rule.

4 (b) The practice agreement may include the following:

5 (i) Procedures for periodic site visits by a participating
6 physician or podiatrist if the participating physician or
7 podiatrist practices at a location other than where the advanced
8 practice registered nurse regularly practices. The participating
9 physician or podiatrist shall determine the manner and frequency of
10 a site visit under this subparagraph.

11 (ii) A requirement that the advanced practice registered nurse
12 maintain malpractice insurance.

13 (3) An advanced practice registered nurse shall maintain a
14 copy of a practice agreement entered into under this section and
15 provide it to the board and the department on request.

16 (4) During an initial encounter with a patient, an advanced
17 practice registered nurse shall inform the patient of the
18 respective health profession specialty field of the advanced
19 practice registered nurse and, on the request of the patient,
20 provide the patient with the name of the participating physician or
21 podiatrist with whom the advanced practice registered nurse is a
22 party to a practice agreement and contact information for the
23 participating physician or podiatrist.

24 (5) The name and contact information of a participating
25 physician or podiatrist with whom an advanced practice registered
26 nurse is a party to a practice agreement must be conspicuously
27 posted where services are delivered by the advanced practice
28 registered nurse and on the practice's website, if applicable, in a
29 manner that ensures transparency for patients.

1 (6) If a participating physician or podiatrist who is a party
2 to a practice agreement with an advanced practice registered nurse
3 is unable to serve and the advanced practice registered nurse is
4 unable to enter into a new practice agreement, the advanced
5 practice registered nurse may continue to practice in his or her
6 respective health profession specialty field for a period not to
7 exceed 60 days. Before continuing to practice under this
8 subsection, the advanced practice registered nurse shall notify the
9 board, in a form and manner required by the department, that the
10 participating physician or podiatrist is unable to serve. The 60-
11 day period described in this subsection begins on the date that the
12 board receives the notice required under this subsection. The board
13 may extend the 60-day period described in this subsection for 1
14 additional 60-day period if the advanced practice registered nurse
15 provides evidence to the satisfaction of the board that he or she
16 is attempting to enter into a new practice agreement. An advanced
17 practice registered nurse who continues to practice under this
18 subsection shall ensure that he or she has access to appropriate
19 physician or podiatrist input for complex clinical cases, patient
20 emergencies, and referrals and shall not prescribe a controlled
21 substance unless he or she is authorized to prescribe that
22 controlled substance pursuant to the terms of the practice
23 agreement with the participating physician or podiatrist described
24 in this subsection. As used in this subsection, "is unable to
25 serve" means dies, becomes disabled, retires, relocates and the
26 relocation prevents him or her from being able to serve as the
27 participating physician or podiatrist, or surrenders his or her
28 license to or has his or her license suspended, revoked, or
29 permanently revoked by the Michigan board of medicine, Michigan

1 board of osteopathic medicine and surgery, or Michigan board of
2 podiatric medicine and surgery, as applicable.

3 (7) The department, in consultation with the board, the
4 Michigan board of medicine, the Michigan board of osteopathic
5 medicine and surgery, and the Michigan board of podiatric medicine
6 and surgery, shall promulgate rules to implement this section,
7 including, but not limited to, rules specifying all of the
8 following:

9 (a) What collaboration and communication must include for
10 purposes of a practice agreement. The rules must allow for
11 collaboration and consultation to occur through the use of
12 electronic media to link an advanced practice registered nurse with
13 a participating physician or podiatrist in different locations. The
14 electronic media must be a health insurance portability and
15 accountability act of 1996, Public Law 104-191, compliant, secure
16 interactive audio or video, or both, telecommunications system, or
17 use store and forward online messaging.

18 (b) A process for the periodic review of and revisions to a
19 practice agreement.

20 (c) A process for allowing the advanced practice registered
21 nurse to practice during the transition from 1 practice agreement
22 to another if the practice agreement is terminated or if the
23 participating physician or podiatrist is unable to serve under
24 subsection (6).

25 (d) Whether and to what extent there should be a limit on the
26 number of advanced practice registered nurses with whom a
27 participating physician or podiatrist may be a party to a practice
28 agreement.

29 Sec. 17217a. (1) Any of the following may enter into a

1 practice agreement as a participating physician or podiatrist:

2 (a) A physician.

3 (b) One or more physicians in a group of physicians practicing
4 other than as sole practitioners who are designated by the group to
5 enter into the practice agreement.

6 (c) One or more physicians designated by a health facility or
7 agency under section 20174 to represent that health facility or
8 agency.

9 (d) A podiatrist.

10 (e) One or more podiatrists in a group of podiatrists
11 practicing other than as sole practitioners who are designated by
12 the group to enter into the practice agreement.

13 (2) If a physician or podiatrist described in subsection (1)
14 enters into a practice agreement, the physician or podiatrist shall
15 comply with all of the following:

16 (a) The physician or podiatrist shall regularly practice
17 medicine, osteopathic medicine and surgery, or podiatric medicine
18 and surgery, in this state.

19 (b) The physician or podiatrist shall manage and lead the
20 members of the physician- or podiatrist-led patient care team with
21 whom the physician or podiatrist is a party to the practice
22 agreement.

23 (c) The physician or podiatrist shall be available at all
24 times to collaborate and consult with each member of the physician-
25 or podiatrist-led patient care team with whom the physician or
26 podiatrist is a party to the practice agreement.

27 (d) The physician or podiatrist shall ensure that any act,
28 task, or function performed by a member of the physician- or
29 podiatrist-led patient care team with whom the physician or

1 **podiatrist is a party to the practice agreement is performed in a**
 2 **manner consistent with sound medical practice and for the**
 3 **protection of the health and safety of a patient.**

4 Sec. 17501. (1) As used in this part:

5 (a) "Electrodiagnostic studies" means the testing of
 6 neuromuscular functions utilizing nerve conduction tests and needle
 7 electromyography. It does not include the use of surface
 8 electromyography.

9 (b) "Medical care services" means those services within the
 10 scope of practice of physicians who are licensed or authorized by
 11 the board, except those services that the board prohibits or
 12 otherwise restricts within a practice agreement or determines shall
 13 not be delegated by a physician without endangering the health and
 14 safety of patients as provided for in section 17548(1).

15 (c) "Participating physician" means a physician ~~, a physician~~
 16 ~~designated by a group of physicians under~~ **described in** section
 17 17549. ~~to represent that group, or a physician designated by a~~
 18 ~~health facility or agency under section 20174 to represent that~~
 19 ~~health facility or agency.~~

20 (d) "Physician" means an individual who is licensed or
 21 authorized under this article to engage in the practice of
 22 osteopathic medicine and surgery.

23 (e) "Physician-led patient care team" means a
 24 multidisciplinary team consisting of at least 1 physician and at
 25 least 1 advanced practice registered nurse as that term is defined
 26 in section 17201 or physician's assistant that is led by 1 or more
 27 participating physicians and functions as a unit for the purposes
 28 of providing and delivering services.

29 (f) ~~(e)~~ "Practice agreement" means an agreement described in

1 section 17547.

2 (g) ~~(f)~~—"Practice of osteopathic medicine and surgery" means a
 3 separate, complete, and independent school of medicine and surgery
 4 utilizing full methods of diagnosis and treatment in physical and
 5 mental health and disease, including the prescription and
 6 administration of drugs and biologicals, operative surgery,
 7 obstetrics, radiological and other electromagnetic emissions, and
 8 placing special emphasis on the interrelationship of the
 9 musculoskeletal system to other body systems.

10 (h) ~~(g)~~—"Practice as a physician's assistant" means the
 11 practice of osteopathic medicine and surgery with a participating
 12 physician under a practice agreement.

13 (i) ~~(h)~~—"Task force" means the joint task force created in
 14 section 17025.

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

19 Sec. 17547. (1) A physician's assistant shall not engage in
 20 the practice as a physician's assistant except under the terms of a
 21 practice agreement that meets the requirements of ~~this~~
 22 ~~section-subsection (2) or (3), as applicable:~~

23 (2) A practice agreement **that is entered into, amended,**
 24 **extended, or renewed before January 1, 2024 must be between a**
 25 **physician's assistant and a participating physician and** must
 26 include all of the following:

27 (a) A process between the physician's assistant and
 28 participating physician for communication, availability, and
 29 decision making when providing medical treatment to a patient. The

1 process must utilize the knowledge and skills of the physician's
2 assistant and participating physician based on their education,
3 training, and experience.

4 (b) A protocol for designating an alternative physician for
5 consultation in situations in which the participating physician is
6 not available for consultation.

7 (c) The signatures of the physician's assistant and the
8 participating physician.

9 (d) A termination provision that allows the physician's
10 assistant or participating physician to terminate the practice
11 agreement by providing written notice at least 30 days before the
12 date of termination.

13 (e) Subject to section 17548, the duties and responsibilities
14 of the physician's assistant and participating physician. The
15 practice agreement ~~shall~~**must** not include as a duty or
16 responsibility of the physician's assistant or participating
17 physician an act, task, or function that the physician's assistant
18 or participating physician is not qualified to perform by
19 education, training, or experience and that is not within the scope
20 of the license held by the physician's assistant or participating
21 physician.

22 (f) A requirement that the participating physician verify the
23 physician's assistant's credentials.

24 **(3) If a practice agreement is entered into, amended,**
25 **extended, or renewed on or after January 1, 2024, the practice**
26 **agreement must be between a physician's assistant and a**
27 **participating physician as members of a physician-led patient care**
28 **team. The following apply to a practice agreement under this**
29 **subsection:**

1 (a) The practice agreement must include all of the following:

2 (i) A process between the physician's assistant and
3 participating physician for communication, availability, and
4 decision making when providing medical treatment to a patient. The
5 process must utilize the knowledge and skills of the physician's
6 assistant and participating physician based on their education,
7 training, and experience.

8 (ii) A protocol for designating an alternative physician for
9 consultation in situations in which the participating physician is
10 not available for consultation.

11 (iii) The typewritten or printed names and signatures of the
12 physician's assistant and participating physician.

13 (iv) A termination provision that allows the physician's
14 assistant or participating physician to terminate the practice
15 agreement by providing written notice at least 30 days before the
16 date of termination.

17 (v) Subject to section 17548, the duties and responsibilities
18 of the physician's assistant and participating physician. The
19 practice agreement must not include as a duty or responsibility of
20 the physician's assistant or participating physician an act, task,
21 or function that the physician's assistant or participating
22 physician is not qualified to perform by education, training, or
23 experience and that is not within the scope of the license held by
24 the physician's assistant or participating physician.

25 (vi) A requirement that the participating physician verify the
26 physician's assistant's credentials.

27 (vii) A requirement for the periodic review of patient charts
28 and medical records and guidelines for collaboration and
29 consultation among the parties to the practice agreement.

1 (viii) A process for the periodic, joint evaluation of the
2 services delivered to a patient and for physician input when
3 necessary, including, but not limited to, in complex clinical
4 cases, in patient emergencies, and for referrals.

5 (ix) An evaluation process for measuring the performance of the
6 physician's assistant.

7 (b) The practice agreement may include procedures for periodic
8 site visits by a participating physician if the participating
9 physician practices at a location other than where the physician's
10 assistant regularly practices. The participating physician shall
11 determine the manner and frequency of a site visit under this
12 subdivision.

13 (4) A physician's assistant shall maintain a copy of a
14 practice agreement entered into under this section and provide it
15 to the board and the department on request.

16 (5) During an initial encounter with a patient, a physician's
17 assistant shall inform the patient of the respective health
18 profession subfield of the physician's assistant and, on the
19 request of the patient, provide the patient with the name of the
20 participating physician with whom the physician's assistant is a
21 party to a practice agreement and contact information for the
22 participating physician.

23 (6) The name and contact information of a participating
24 physician with whom a physician's assistant is a party to a
25 practice agreement must be conspicuously posted where services are
26 delivered by the physician's assistant and on the practice's
27 website, if applicable, in a manner that ensures transparency for
28 patients.

29 (7) ~~(3)~~—The following are subject to section 16221:

1 **(a)** The number of physician's assistants in a practice
2 agreement with a participating physician. ~~and the~~

3 **(b)** The number of individuals to whom a physician has
4 delegated the authority to perform acts, tasks, or functions. ~~are~~
5 ~~subject to section 16221.~~

6 Sec. 17549. (1) **Subject to subsection (2), any of the**
7 **following may enter into a practice agreement as a participating**
8 **physician:**

9 **(a)** A physician.

10 **(b)** One or more physicians in a group of physicians practicing
11 other than as sole practitioners ~~may designate 1 or more physicians~~
12 ~~in who are designated by~~ the group to enter into ~~a the~~ practice
13 agreement. ~~under section 17547.~~

14 **(c)** One or more physicians designated by a health facility or
15 agency under section 20174 to represent that health facility or
16 agency.

17 **(2)** If a physician described in subsection (1) enters into a
18 practice agreement under section 17547(3), the physician shall
19 comply with all of the following:

20 **(a)** The physician shall regularly practice osteopathic
21 medicine and surgery in this state.

22 **(b)** The physician shall manage and lead the members of the
23 physician-led patient care team with whom the physician is a party
24 to the practice agreement.

25 **(c)** The physician shall be available at all times to
26 collaborate and consult with each member of the physician-led
27 patient care team with whom the physician is a party to the
28 practice agreement.

29 **(d)** The physician shall ensure that any act, task, or function

1 performed by a member of the physician-led patient care team with
 2 whom the physician is a party to the practice agreement is
 3 performed in a manner consistent with sound medical practice and
 4 for the protection of the health and safety of a patient.

5 (3) ~~(2)~~—Notwithstanding any law or rule to the contrary, a
 6 physician is not required to countersign orders written in a
 7 patient's clinical record by a physician's assistant with whom the
 8 physician has a practice agreement. Notwithstanding any law or rule
 9 to the contrary, a physician is not required to sign an official
 10 form that lists the physician's signature as the required signatory
 11 if that official form is signed by a physician's assistant with
 12 whom the physician has a practice agreement.

13 Sec. 18001. (1) As used in this part:

14 (a) "Medical care services" means those services within the
 15 scope of practice of podiatric physicians licensed by the board,
 16 except those services that the board prohibits or otherwise
 17 restricts within a practice agreement or determines shall not be
 18 delegated by a podiatric physician without endangering the health
 19 and safety of patients as provided for in section 18048.

20 (b) "Participating podiatrist" means a podiatric physician ~~or~~
 21 ~~a podiatric physician designated by a group of podiatric physicians~~
 22 ~~under described in section 18049. to represent that group.~~

23 (c) "Podiatric physician" or "**podiatrist**" means an individual
 24 who is licensed under this article to engage in the practice of
 25 podiatric medicine and podiatric surgery.

26 (d) "**Podiatrist-led patient care team**" means a
 27 multidisciplinary team consisting of at least 1 podiatrist and at
 28 least 1 advanced practice registered nurse as that term is defined
 29 in section 17201 or physician's assistant that is led by 1 or more

1 **participating podiatrists and functions as a unit for the purposes**
 2 **of providing and delivering services.**

3 (e) ~~(d)~~—"Practice agreement" means an agreement described in
 4 section 18047.

5 (f) ~~(e)~~—"Practice as a physician's assistant" means the
 6 practice of podiatric medicine and podiatric surgery with a
 7 participating ~~podiatric physician~~ **podiatrist** under a practice
 8 agreement.

9 (g) ~~(f)~~—Except as otherwise provided in subdivision ~~(g)~~, **(h)**,
 10 "practice of podiatric medicine and podiatric surgery" **or "practice**
 11 **of podiatric medicine and surgery"** means any of the following:

12 (i) The evaluation, diagnosis, management, and prevention of
 13 conditions of the lower extremities, including local manifestations
 14 of systemic disease in the human foot and ankle, by attending to
 15 and advising patients and through the use of devices, diagnostic
 16 tests, drugs and biologicals, surgical procedures, or other means.
 17 The evaluation, diagnosis, management, and prevention of conditions
 18 of the lower extremities may include osseous and soft tissue
 19 procedures that address the pathology of the foot, ankle, and the
 20 contiguous attachments below the tibial tuberosity.

21 (ii) The treatment of ulcerations below the tibial tuberosity
 22 and of human nail diseases, callosities, and verruca.

23 (h) ~~(g)~~—"Practice of podiatric medicine and podiatric surgery"
 24 does not include amputations proximal to the tibiotalar joint,
 25 proximal osseous procedures that do not involve the tibiotalar
 26 joint, or the administration of intravenous sedation or general
 27 anesthesia.

28 (i) ~~(h)~~—"Task force" means the joint task force created in
 29 section 17025.

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

5 Sec. 18047. (1) A physician's assistant shall not engage in
6 the practice as a physician's assistant except under the terms of a
7 practice agreement that meets the requirements of ~~this~~
8 ~~section~~. **subsection (2) or (3), as applicable.**

9 (2) A practice agreement **that is entered into, amended,**
10 **extended, or renewed before January 1, 2024 must be between a**
11 **physician's assistant and a participating podiatrist and** must
12 include all of the following:

13 (a) A process between the physician's assistant and
14 participating podiatrist for communication, availability, and
15 decision making when providing medical treatment to a patient. The
16 process must utilize the knowledge and skills of the physician's
17 assistant and participating podiatrist based on their education,
18 training, and experience.

19 (b) A protocol for designating an alternative podiatrist for
20 consultation in situations in which the participating podiatrist is
21 not available for consultation.

22 (c) The signature of the physician's assistant and the
23 participating podiatrist.

24 (d) A termination provision that allows the physician's
25 assistant or participating podiatrist to terminate the practice
26 agreement by providing written notice at least 30 days before the
27 date of termination.

28 (e) Subject to section 18048, the duties and responsibilities
29 of the physician's assistant and participating podiatrist. The

1 practice agreement ~~shall~~**must** not include as a duty or
2 responsibility of the physician's assistant or participating
3 podiatrist an act, task, or function that the physician's assistant
4 or participating podiatrist is not qualified to perform by
5 education, training, or experience and that is not within the scope
6 of the license held by the physician's assistant or participating
7 podiatrist.

8 (f) A requirement that the participating podiatrist verify the
9 physician's assistant's credentials.

10 (3) If a practice agreement is entered into, amended,
11 extended, or renewed on or after January 1, 2024, the practice
12 agreement must be between a physician's assistant and at least 1
13 participating podiatrist as members of a podiatrist-led patient
14 care team. The following apply to a practice agreement under this
15 subsection:

16 (a) The practice agreement must include all of the following:

17 (i) A process between the physician's assistant and
18 participating podiatrist for communication, availability, and
19 decision making when providing medical treatment to a patient. The
20 process must utilize the knowledge and skills of the physician's
21 assistant and participating podiatrist based on their education,
22 training, and experience.

23 (ii) A protocol for designating an alternative podiatrist for
24 consultation in situations in which the participating podiatrist is
25 not available for consultation.

26 (iii) The typewritten or printed names and signatures of the
27 physician's assistant and participating podiatrist.

28 (iv) A termination provision that allows the physician's
29 assistant or participating podiatrist to terminate the practice

1 agreement by providing written notice at least 30 days before the
2 date of termination.

3 (v) Subject to section 18048, the duties and responsibilities
4 of the physician's assistant and participating podiatrist. The
5 practice agreement must not include as a duty or responsibility of
6 the physician's assistant or participating podiatrist an act, task,
7 or function that the physician's assistant or participating
8 podiatrist is not qualified to perform by education, training, or
9 experience and that is not within the scope of the license held by
10 the physician's assistant or participating podiatrist.

11 (vi) A requirement that the participating podiatrist verify the
12 physician's assistant's credentials.

13 (vii) A requirement for the periodic review of patient charts
14 and medical records and guidelines for collaboration and
15 consultation among the parties to the practice agreement.

16 (viii) A process for the periodic, joint evaluation of the
17 services delivered to a patient and for podiatrist input when
18 necessary, including, but not limited to, in complex clinical
19 cases, in patient emergencies, and for referrals.

20 (ix) An evaluation process for measuring the performance of the
21 physician's assistant.

22 (b) The practice agreement may include procedures for periodic
23 site visits by a participating podiatrist if the participating
24 podiatrist practices at a location other than where the physician's
25 assistant regularly practices. The participating podiatrist shall
26 determine the manner and frequency of a site visit under this
27 subdivision.

28 (4) A physician's assistant shall maintain a copy of a
29 practice agreement entered into under this section and provide it

1 to the board and the department on request.

2 (5) During an initial encounter with a patient, a physician's
3 assistant shall inform the patient of the respective health
4 profession subfield of the physician's assistant and, on the
5 request of the patient, provide the patient with the name of the
6 participating podiatrist with whom the physician's assistant is a
7 party to a practice agreement and contact information for the
8 participating podiatrist.

9 (6) The name and contact information of a participating
10 podiatrist with whom a physician's assistant is a party to a
11 practice agreement must be conspicuously posted where services are
12 delivered by the physician's assistant and on the practice's
13 website, if applicable, in a manner that ensures transparency for
14 patients.

15 (7) ~~(3)~~ The following are subject to section 16221:

16 (a) The number of physician's assistants in a practice
17 agreement with a participating podiatrist. ~~and the~~

18 (b) The number of individuals to whom a podiatrist has
19 delegated the authority to perform acts, tasks, or functions. ~~are~~
20 ~~subject to section 16221.~~

21 Sec. 18049. (1) Subject to subsection (2), any of the
22 following may enter into a practice agreement as a participating
23 podiatrist:

24 (a) A podiatrist.

25 (b) One or more podiatrists in a group of podiatrists
26 practicing other than as sole practitioners ~~may designate 1 or more~~
27 ~~podiatrists in who are designated by~~ the group to enter into ~~a the~~
28 practice agreement. ~~under section 18047.~~

29 (2) If a podiatrist described in subsection (1) enters into a

1 practice agreement under section 18047(3), the podiatrist shall
2 comply with all of the following:

3 (a) The podiatrist shall regularly practice podiatric medicine
4 and podiatric surgery in this state.

5 (b) The podiatrist shall manage and lead the members of the
6 podiatrist-led patient care team with whom the podiatrist is a
7 party to the practice agreement.

8 (c) The podiatrist shall be available at all times to
9 collaborate and consult with each member of the podiatrist-led
10 patient care team with whom the podiatrist is a party to the
11 practice agreement.

12 (d) The podiatrist shall ensure that any act, task, or
13 function performed by a member of the podiatrist-led patient care
14 team with whom the podiatrist is a party to the practice agreement
15 is performed in a manner consistent with sound medical practice and
16 for the protection of the health and safety of a patient.

17 (3) ~~(2)~~—Notwithstanding any law or rule to the contrary, a
18 podiatrist is not required to countersign orders written in a
19 patient's clinical record by a physician's assistant with whom the
20 podiatrist has a practice agreement. Notwithstanding any law or
21 rule to the contrary, a podiatrist is not required to sign an
22 official form that lists the podiatrist's signature as the required
23 signatory if that official form is signed by a physician's
24 assistant with whom the podiatrist has a practice agreement.

25 Sec. 20174. A health facility or agency may designate 1 or
26 more physicians, **with the physician's knowledge and consent**, to
27 enter into a practice agreement under section 17047, **17217**, or
28 17547.

29 Sec. 20201. (1) A health facility or agency that provides

1 services directly to patients or residents and is licensed under
2 this article shall adopt a policy describing the rights and
3 responsibilities of patients or residents admitted to the health
4 facility or agency. Except for a licensed health maintenance
5 organization that is subject to chapter 35 of the insurance code of
6 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or
7 agency shall post the policy at a public place in the health
8 facility or agency and shall provide the policy to each member of
9 the health facility or agency staff. Patients or residents ~~shall~~
10 **must** be treated in accordance with the policy.

11 (2) The policy describing the rights and responsibilities of
12 patients or residents required under subsection (1) ~~shall~~**must**
13 include, as a minimum, all of the following:

14 (a) A patient or resident shall not be denied appropriate care
15 on the basis of race, religion, color, national origin, sex, age,
16 disability, marital status, sexual preference, or source of
17 payment.

18 (b) An individual who is or has been a patient or resident is
19 entitled to inspect, or receive for a reasonable fee, a copy of his
20 or her medical record upon request in accordance with the medical
21 records access act, 2004 PA 47, MCL 333.26261 to 333.26271. Except
22 as otherwise permitted or required under the health insurance
23 portability and accountability act of 1996, Public Law 104-191, or
24 regulations promulgated under that act, 45 CFR parts 160 and 164, a
25 third party shall not be given a copy of the patient's or
26 resident's medical record without prior authorization of the
27 patient or resident.

28 (c) A patient or resident is entitled to confidential
29 treatment of personal and medical records, and may refuse their

1 release to a person outside the health facility or agency except as
 2 required because of a transfer to another health care facility, as
 3 required by law or third party payment contract, or as permitted or
 4 required under the health insurance portability and accountability
 5 act of 1996, Public Law 104-191, or regulations promulgated under
 6 that act, 45 CFR parts 160 and 164.

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

11 (e) A patient or resident is entitled to receive adequate and
 12 appropriate care, and to receive, from the appropriate individual
 13 within the health facility or agency, information about his or her
 14 medical condition, proposed course of treatment, and prospects for
 15 recovery, in terms that the patient or resident can understand,
 16 unless medically contraindicated as documented in the medical
 17 record by ~~the~~ **1 of the following:**

18 (i) **The** attending physician. ~~7-a~~

19 (ii) **A** physician's assistant with whom the physician has a
 20 practice agreement. ~~7-0f~~

21 (iii) **Through December 31, 2023,** an advanced practice registered
 22 nurse.

23 (iv) **Beginning January 1, 2024, an advanced practice registered**
 24 **nurse with whom the physician has a practice agreement.**

25 (f) A patient or resident is entitled to refuse treatment to
 26 the extent provided by law and to be informed of the consequences
 27 of that refusal. If a refusal of treatment prevents a health
 28 facility or agency or its staff from providing appropriate care
 29 according to ethical and professional standards, the relationship

1 with the patient or resident may be terminated upon reasonable
2 notice.

3 (g) A patient or resident is entitled to exercise his or her
4 rights as a patient or resident and as a citizen, and to this end
5 may present grievances or recommend changes in policies and
6 services on behalf of himself or herself or others to the health
7 facility or agency staff, to governmental officials, or to another
8 person of his or her choice within or outside the health facility
9 or agency, free from restraint, interference, coercion,
10 discrimination, or reprisal. A patient or resident is entitled to
11 information about the health facility's or agency's policies and
12 procedures for initiation, review, and resolution of patient or
13 resident complaints.

14 (h) A patient or resident is entitled to information
15 concerning an experimental procedure proposed as a part of his or
16 her care and has the right to refuse to participate in the
17 experimental procedure without jeopardizing his or her continuing
18 care.

19 (i) A patient or resident is entitled to receive and examine
20 an explanation of his or her bill regardless of the source of
21 payment and to receive, upon request, information relating to
22 financial assistance available through the health facility or
23 agency.

24 (j) A patient or resident is entitled to know who is
25 responsible for and who is providing his or her direct care, to
26 receive information concerning his or her continuing health needs
27 and alternatives for meeting those needs, and to be involved in his
28 or her discharge planning, if appropriate.

29 (k) A patient or resident is entitled to associate and have

1 private communications and consultations with his or her physician,
 2 ~~or a physician's assistant with whom the physician has a practice~~
 3 ~~agreement, with his or her advanced practice registered nurse, with~~
 4 **an individual described in subdivision (e) (ii), (iii), or (iv),** with
 5 his or her attorney, or with any other individual of his or her
 6 choice and to send and receive personal mail unopened on the same
 7 day it is received at the health facility or agency, unless
 8 medically contraindicated as documented in the medical record by
 9 ~~the attending physician, a physician's assistant with whom the~~
 10 ~~physician has a practice agreement, or an advanced practice~~
 11 ~~registered nurse.~~ **an individual described in subdivision (e) (i),**
 12 **(ii), (iii), or (iv).** A patient's or resident's civil and religious
 13 liberties, including the right to independent personal decisions
 14 and the right to knowledge of available choices, shall not be
 15 infringed and the health facility or agency shall encourage and
 16 assist in the fullest possible exercise of these rights. A patient
 17 or resident may meet with, and participate in, the activities of
 18 social, religious, and community groups at his or her discretion,
 19 unless medically contraindicated as documented in the medical
 20 record by ~~the attending physician, a physician's assistant with~~
 21 ~~whom the physician has a practice agreement, or an advanced~~
 22 ~~practice registered nurse.~~ **an individual described in subdivision**
 23 **(e) (i), (ii), (iii), or (iv).**

24 (l) A patient or resident is entitled to be free from mental
 25 and physical abuse and from physical and chemical restraints,
 26 except those restraints authorized in writing by ~~the attending~~
 27 ~~physician, by a physician's assistant with whom the physician has a~~
 28 ~~practice agreement, or by an advanced practice registered nurse,~~ **an**
 29 **individual described in subdivision (e) (i), (ii), (iii), or (iv),** for a

1 specified and limited time or as are necessitated by an emergency
 2 to protect the patient or resident from injury to self or others,
 3 in which case the restraint may only be applied by a qualified
 4 professional who shall set forth in writing the circumstances
 5 requiring the use of restraints and who shall promptly report the
 6 action to the ~~attending physician, physician's assistant, or~~
 7 ~~advanced practice registered nurse~~ **individual described in**
 8 **subdivision (e) (i), (ii), (iii), or (iv)**, who authorized the restraint.
 9 In case of a chemical restraint, the physician, or the advanced
 10 practice registered nurse who authorized the restraint, ~~shall~~ **must**
 11 be consulted within 24 hours after the commencement of the chemical
 12 restraint.

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

16 (n) A patient or resident is entitled to information about the
 17 health facility or agency rules and regulations affecting patient
 18 or resident care and conduct.

19 (o) A patient or resident is entitled to adequate and
 20 appropriate pain and symptom management as a basic and essential
 21 element of his or her medical treatment.

22 (3) The following additional requirements for the policy
 23 described in subsection (2) apply to licensees under parts 213 and
 24 217:

25 (a) The policy ~~shall~~ **must** be provided to each nursing home
 26 patient or home for the aged resident upon admission, and the staff
 27 of the facility ~~shall~~ **must** be trained and involved in the
 28 implementation of the policy.

29 (b) Each nursing home patient may associate and communicate

1 privately with persons of his or her choice. Reasonable, regular
2 visiting hours, which ~~shall~~**must** be not less than 8 hours per day,
3 and which ~~shall~~**must** take into consideration the special
4 circumstances of each visitor, ~~shall~~**must** be established for
5 patients to receive visitors. A patient may be visited by the
6 patient's attorney or by representatives of the departments named
7 in section 20156, during other than established visiting hours.
8 Reasonable privacy ~~shall~~**must** be afforded for visitation of a
9 patient who shares a room with another patient. Each patient shall
10 have reasonable access to a telephone. A married nursing home
11 patient or home for the aged resident is entitled to meet privately
12 with his or her spouse in a room that ensures privacy. If both
13 spouses are residents in the same facility, they are entitled to
14 share a room unless medically contraindicated and documented in the
15 medical record by ~~the attending physician, a physician's assistant~~
16 ~~with whom the physician has a practice agreement, or an advanced~~
17 ~~practice registered nurse.~~**an individual described in subsection**
18 **(2) (e) (i) , (ii) , (iii) , or (iv) .**

19 (c) A nursing home patient or home for the aged resident is
20 entitled to retain and use personal clothing and possessions as
21 space permits, unless to do so would infringe upon the rights of
22 other patients or residents, or unless medically contraindicated as
23 documented in the medical record by ~~the attending physician, a~~
24 ~~physician's assistant with whom the physician has a practice~~
25 ~~agreement, or an advanced practice registered nurse.~~**an individual**
26 **described in subsection (2) (e) (i) , (ii) , (iii) , or (iv) .** Each nursing
27 home patient or home for the aged resident ~~shall~~**must** be provided
28 with reasonable space. At the request of a patient, a nursing home
29 shall provide for the safekeeping of personal effects, money, and

1 other property of a patient in accordance with section 21767,
 2 except that a nursing home is not required to provide for the
 3 safekeeping of a property that would impose an unreasonable burden
 4 on the nursing home.

5 (d) A nursing home patient or home for the aged resident is
 6 entitled to the opportunity to participate in the planning of his
 7 or her medical treatment. ~~The attending physician, a physician's~~
 8 ~~assistant with whom the physician has a practice agreement, or an~~
 9 ~~advanced practice registered nurse, **An individual described in**~~
 10 **subsection (2) (e) (i), (ii), (iii), or (iv)** shall fully inform the
 11 nursing home patient of the patient's medical condition unless
 12 medically contraindicated as documented in the medical record by ~~a~~
 13 ~~physician, a physician's assistant with whom the physician has a~~
 14 ~~practice agreement, or an advanced practice registered nurse. **an**~~
 15 **individual described in subsection (2) (e) (i), (ii), (iii), or (iv).**
 16 Each nursing home patient ~~shall~~**must** be afforded the opportunity to
 17 discharge himself or herself from the nursing home.

18 (e) A home for the aged resident may be transferred or
 19 discharged only for medical reasons, for his or her welfare or that
 20 of other residents, or for nonpayment of his or her stay, except as
 21 provided by title XVIII or title XIX. A nursing home patient may be
 22 transferred or discharged only as provided in sections 21773 to
 23 21777. A nursing home patient or home for the aged resident is
 24 entitled to be given reasonable advance notice to ensure orderly
 25 transfer or discharge. Those actions ~~shall~~**must** be documented in
 26 the medical record.

27 (f) A nursing home patient or home for the aged resident is
 28 entitled to be fully informed before or at the time of admission
 29 and during stay of services available in the facility, and of the

1 related charges including any charges for services not covered
 2 under title XVIII, or not covered by the facility's basic per diem
 3 rate. The statement of services provided by the facility ~~shall~~**must**
 4 be in writing and ~~shall~~**must** include those required to be offered
 5 on an as-needed basis.

6 (g) A nursing home patient or home for the aged resident is
 7 entitled to manage his or her own financial affairs, or to have at
 8 least a quarterly accounting of personal financial transactions
 9 undertaken in his or her behalf by the facility during a period of
 10 time the patient or resident has delegated those responsibilities
 11 to the facility. In addition, a patient or resident is entitled to
 12 receive each month from the facility an itemized statement setting
 13 forth the services paid for by or on behalf of the patient and the
 14 services rendered by the facility. The admission of a patient to a
 15 nursing home does not confer on the nursing home or its owner,
 16 administrator, employees, or representatives the authority to
 17 manage, use, or dispose of a patient's property.

18 (h) A nursing home patient or a person authorized by the
 19 patient in writing may inspect and copy the patient's personal and
 20 medical records. The records ~~shall~~**must** be made available for
 21 inspection and copying by the nursing home within a reasonable
 22 time, not exceeding 1 week, after the receipt of a written request.

23 (i) If a nursing home patient desires treatment by a licensed
 24 member of the healing arts, the treatment ~~shall~~**must** be made
 25 available unless it is medically contraindicated, and the medical
 26 contraindication is justified in the patient's medical record by
 27 ~~the attending physician, a physician's assistant with whom the~~
 28 ~~physician has a practice agreement, or an advanced practice~~
 29 ~~registered nurse.~~**an individual described in subsection (2) (e) (i) ,**

1 (ii), (iii), or (iv).

2 (j) A nursing home patient has the right to have his or her
 3 parents, if a minor, or his or her spouse, next of kin, or
 4 patient's representative, if an adult, stay at the facility 24
 5 hours a day if the patient is considered terminally ill by the
 6 physician responsible for the patient's care, ~~a physician's~~
 7 ~~assistant with whom the physician has a practice agreement, or an~~
 8 ~~advanced practice registered nurse.~~ **or an individual described in**
 9 **subsection (2) (e) (ii), (iii), or (iv).**

10 (k) Each nursing home patient ~~shall~~ **must** be provided with
 11 meals that meet the recommended dietary allowances for that
 12 patient's age and sex and that may be modified according to special
 13 dietary needs or ability to chew.

14 (l) Each nursing home patient has the right to receive
 15 representatives of approved organizations as provided in section
 16 21763.

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

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

25 (6) A nursing home patient or home for the aged resident is
 26 entitled to be fully informed, as evidenced by the patient's or
 27 resident's written acknowledgment, before or at the time of
 28 admission and during stay, of the policy required by this section.
 29 The policy ~~shall~~ **must** provide that if a patient or resident is

1 adjudicated incompetent and not restored to legal capacity, a
 2 **person designated by the patient or resident shall exercise** the
 3 rights and responsibilities set forth in this section. ~~shall be~~
 4 ~~exercised by a person designated by the patient or resident.~~ The
 5 health facility or agency shall provide proper forms for the
 6 patient or resident to provide for the designation of this person
 7 at the time of admission.

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

10 (8) As used in this section:

11 (a) "Advanced practice registered nurse" means that term as
 12 defined in section 17201.

13 (b) "Patient's representative" means that term as defined in
 14 section 21703.

15 (c) "Practice agreement" means an agreement described in
 16 section 17047, **17217**, 17547, or 18047, **as applicable**.

17 (d) "Title XVIII" means title XVIII of the social security
 18 act, 42 USC 1395 to 1395III.

19 (e) "Title XIX" means title XIX of the social security act, 42
 20 USC 1396 to ~~1396w-5~~. **1396w-6**.