



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

BILL



ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986

Senate Bill 481 (as introduced 6-16-11)
Sponsor: Senator Mark C. Jansen
Committee: Health Policy

Date Completed: 5-31-12

CONTENT

The bill would amend the Public Health Code to eliminate provisions regarding the specialty certification of nurse midwives and nurse practitioners, and instead provide for the licensure of advanced practice registered nurses (A.P.R.N.s), which would include certified nurse midwives, certified nurse practitioners, and clinical nurse specialist-certifieds. The bill also would do the following:

- **Prescribe A.P.R.N. license fees.**
- **Revise the membership of the Michigan Board of Nursing and create an A.P.R.N. Task Force as a subcommittee of the Board.**
- **Require continuing education requirements for licensed physicians to include courses in the educational requirements and scope of practice of A.P.R.N.s.**
- **Include a licensed A.P.R.N. in the definition of "prescriber", and provide for a specialty prescription certification and controlled substances license for an A.P.R.N. who met specific requirements.**
- **Include a licensed A.P.R.N. among the individuals who may refer a patient for speech-language pathology services.**
- **Include an individual licensed under Part 172 among the people who may prescribe physical therapy.**

Part 172: Nursing

Definitions. The bill would define "advanced practice registered nurse" or "A.P.R.N." as

an individual licensed under Part 172 as a certified nurse midwife, certified nurse practitioner, or clinical nurse specialist-certified.

"Certified nurse midwife" or "C.N.M.", "certified nurse practitioner" or "C.N.P.", and "clinical nurse specialist-certified" or "C.N.S.-C" all would mean an individual licensed under Part 172 as a registered professional nurse (R.N.) and also as an A.P.R.N., with a particular focus as described below.

"Certified nurse midwife" would mean an individual who focuses on primary care services for women throughout their lifespan, including comprehensive maternity care that includes prenatal care, childbirth in diverse settings, postpartum care, and newborn care; gynecological, reproductive, and contraceptive care; physical exams; diagnosis and treatment of common health problems with consultation or referral as indicated; prescribing pharmacological and nonpharmacological interventions and treatments; and treatment of male partners for sexually transmitted infection and reproductive health.

"Certified nurse practitioner" would mean an individual who focuses on the performance of comprehensive assessments; providing physical examinations and other health assessments and screening activities; and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. Nursing care provided by a C.N.P. would include ordering, performing, supervising, and interpreting laboratory and

imaging studies; prescribing pharmacological and nonpharmacological interventions and treatments within the C.N.P.'s specialty role and scope of practice; health promotion; disease prevention; health education; and counseling of patients and families with potential, acute, and chronic health disorders.

"Clinical nurse specialist-certified" would mean an individual who focuses on continuous improvement of patient outcomes and nursing care with broad focus across the areas of direct patient care, patient education, nursing practice, and organizational systems. A C.N.S.-C would be responsible and accountable for diagnosis, intervention and treatment of health or illness states, pharmacological and nonpharmacological disease management, health promotion, and prevention of illness and risk behavior among individuals, families, groups, and communities. In addition, a C.N.S.-C would evaluate patient outcomes; translate evidence into practice; and develop, plan, coordinate, and direct programs of care for acute and chronically ill patients and their families.

A.P.R.N. The bill would require an A.P.R.N. to provide those functions common to the population for which A.P.R.N.s are educationally and experientially prepared. An A.P.R.N. would have to do all of the following:

- Comply with the standards established for R.N.s and with the standards of the National Professional Nursing Association.
- Consult with or refer patients to other health professionals as appropriate.
- Supervise nurses, nursing professionals, and health professionals as appropriate.

Under Part 172, the Board of Nursing may issue a specialty certification to an R.N. who has advanced training beyond that required for initial licensure and who has demonstrated competency through examination and other evaluative processes and who practices in one of the following specialty fields: nurse midwifery, nurse anesthetist, or nurse practitioner. Under the bill, this provision would apply only to the specialty field of nurse anesthetist.

The bill would require the Board to issue an A.P.R.N. license to an R.N. who met both of the following requirements:

- Had completed an accredited graduate or postgraduate level nursing education program preparing him or her for the role of C.N.M., C.N.P., or C.N.S.-C.
- Was certified by a nationally accredited certification body as demonstrating A.P.R.N. role and population focused competencies and maintained continued competence as evidenced by recertification in the role and population through the national certification program.

The Department of Licensing and Regulatory Affairs (LARA) would have to renew an A.P.R.N. license concurrently with the R.N. license.

For the purpose of administering other State law or rules promulgated by the Board of Nursing, a reference to a specialty certification also would be a reference to an A.P.R.N. license issued to an R.N. who was engaging in an A.P.R.N. role.

Titles. The bill would restrict the use of the following words, titles, and letters only to those authorized under Part 172 to use them and in a way prescribed in Part 172: "certified nurse midwife", "C.N.M.", "certified nurse practitioner", "C.N.P.", "clinical nurse specialist-certified", and "C.N.S.-C".

Board of Nursing; A.P.R.N. Task Force. Currently, the Board of Nursing consists of the following 23 voting members:

- Nine registered professional nurses.
- One nurse midwife.
- One nurse anesthetist.
- One nurse practitioner.
- Three licensed practical nurses.
- Eight public members.

The bill would increase the total number of members to 27 by adding one certified nurse midwife, one certified nurse practitioner, and two clinical nurse specialist-certifieds.

Currently, the nurse midwife and nurse practitioner members must each have a specialty certification issued by LARA in his or her respective specialty field. Under the bill, these members and the C.N.S.-Cs each

would have to have an A.P.R.N. license issued by LARA in his or her respective role.

The bill would create the A.P.R.N. Task Force as a subcommittee of the Board. The subcommittee would consist of the six A.P.R.N. Board members. The subcommittee would have to do all of the following on behalf of the Board:

- Develop and make public guidelines on the appropriate scope of practice of an A.P.R.N. according to his or her education, training, and experience.
- In consultation with the Board, discipline an A.P.R.N. determined to be practicing outside the recognized scope of practice for the role in which he or she was licensed.
- Direct LARA to issue a license to an applicant who met the requirements of Part 172 and rules promulgated under it for practice and use of the recognized title of the A.P.R.N. role.
- Make written recommendations to the Board on reinstatement of A.P.R.N. licenses and notices of intent to deny them.

License Fees

The fees for an individual licensed or seeking licensure to practice nursing as an R.N. include a \$24 application processing fee and a \$30 annual license fee. For a specialty certification for an R.N., the Code prescribes an application processing fee of \$24 and an annual specialty certification fee of \$14. The bill would retain the specialty certification fees for a nurse anesthetist, and would prescribe the following fees for an individual who sought or held a license as an advanced practice specialty nurse under Part 172:

- An application processing fee of \$24.
- An annual certification fee of \$40.

For an A.P.R.N. licensed under Part 172 who sought or held a specialty prescription certification (described below) the bill would prescribe a \$25 application processing fee and an annual \$25 certification fee.

Physician Continuing Education

Under Parts 170 (Medicine) and 175 (Osteopathic Medicine and Surgery) of the Code, the respective licensing boards may require a licensee seeking license renewal to

furnish satisfactory evidence that during the preceding three years, he or she has attended continuing education courses or programs totaling at least 150 hours in subjects related to the practice of medicine and designed to further educate licensees.

The bill would require each board to promulgate rules requiring each applicant for license renewal to complete as part of the continuing education requirement an appropriate number of hours or courses in the educational requirements and scope of practice of licensed A.P.R.N.s.

Pharmacy Practice & Drug Control

Part 177 of the Code governs pharmacy practice and drug control. The bill would include in the definition of "prescriber" in Part 177 a licensed A.P.R.N. who met the requirements set forth in Section 17712.

Under that section, a licensed A.P.R.N. could possess, prescribe, and administer nonscheduled prescription drugs and controlled substances included in Schedules 2 through 5 subject to the requirements prescribed in Part 172 and all of the following:

- He or she had completed graduate level pharmacology, pathophysiology, and physical assessment courses and clinical practicum in the specified A.P.R.N. role.
- Unless otherwise provided by rule, he or she had completed the number of contact hours in pharmacology as part of the requisite continuing education for certification and licensure renewal as determined by the Board of Nursing.
- He or she had applied for and been granted prescriptive authority within his or her respective scope of practice and population, if applicable.

The Department of Licensing and Regulatory Affairs would have to issue a specialty prescriptive certification and a controlled substances license to an A.P.R.N. who applied and was qualified to possess, prescribe, and administer nonscheduled prescription drugs and controlled substances included in Schedules 2 to 5.

The bill provides that it would not require new or additional third-party reimbursement or mandated worker's compensation benefits

for services rendered by an A.P.R.N. authorized to act as a prescriber.

Under Part 177, a dispensing prescriber who dispenses a complimentary starter dose drug must give the patient the name and strength of the drug, directions for use, and the expiration date. Under the bill, this requirement also would apply to an A.P.R.N. who met the requirements of Section 17712 and who possessed, prescribed, or administered a complimentary starter dose drug.

Speech Language Pathology

Under the Code, a speech-language pathology licensee may perform assessment, treatment or therapy, and procedures related to swallowing disorders and medically related communication disorders only on patients who have been referred to him or her by a person licensed in the practice of medicine or osteopathic medicine and surgery. The bill would include a patient referred by a licensed A.P.R.N.

Physical Therapy

The Code prohibits a person from engaging in the practice of physical therapy or practice as a physical therapist assistant unless licensed or otherwise authorized. A person may engage in the actual treatment of an individual only upon the prescription of an individual holding a license issued under Part 166 (Dentistry), 170, 175, or 180 (Podiatric Medicine and Surgery). The bill would include a person licensed under Part 172 among the individuals who may prescribe physical therapy.

MCL 333.2701 et al.

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bill would have an indeterminate effect on State finances, and no impact on the finances of local governments. Under the bill, an individual seeking licensure as an advance practice specialty nurse or a nurse anesthetist would have to pay an application and license fee as specified in the bill and detailed in [Table 1](#). It is unknown how many individuals would apply and seek licensure, but revenue from the fees would

be credited to the Health Professions Regulatory Fund and used for costs associated with issuing the licenses.

Table 1

License Type	Fee Type	Fee
Advance practice specialty nurse	Application processing fee	\$24
	Annual certification fee	\$40
Nurse Anesthetist	Application processing fee	\$24
	Annual certification fee	\$14
Specialty prescriptive certification	Application processing fee	\$25
	Annual certification fee	\$25

The Department of Licensing and Regulatory Affairs would be responsible for some increased costs related to processing applications and issuing licenses as prescribed by the bill. It is unknown whether the fees in the bill would be sufficient to cover the Department's expenses, so the fiscal impact is indeterminate.

Fiscal Analyst: Josh Sefton

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