SENATE BILL No. 2

January 16, 2013, Introduced by Senator JANSEN and referred to the Committee on Reforms, Restructuring and Reinventing.

section 16231 as amended by 2010 PA 382, section 16231a as added by 1993 PA 79, section 16327 as amended by 2009 PA 216, sections 17211 and 17221 as amended by 2006 PA 409, section 17212 as added by 1996 PA 355, section 17607 as added by 2008 PA 524, section 17708 as amended by 2012 PA 209, sections 17745 and 20201 as amended by 2011 PA 210, section 17820 as amended by 2009 PA 55, section 17822 as amended by 2005 PA 281, and section 18301 as amended by 2008 PA 523, and by adding sections 17202, 17210a, 17211a, 17214, and 17221a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 2701. As used in this part:

(a) "Board certified" means certified to practice in a medical specialty by a national board recognized by the American board of medical specialties or the American osteopathic association.

(b) "Certified nurse midwife" means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification in the practice of nurse midwifery by the board of nursing under section 17210 that term as defined in section 17201.

(c) "Certified nurse practitioner" means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification as a nurse practitioner by the board of nursing under section 17210 that term as defined in section 17201.

(d) "Designated nurse" means a certified nurse midwife or certified nurse practitioner.
(e) "Designated physician" means a physician qualified in 1 of the physician specialty areas identified in section 2711.

(f) "Designated professional" means a designated physician, designated nurse, or physician's assistant.

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

(h) "Medicaid" means benefits under the program of medical assistance established under title XIX of the social security act, 42 U.S.C. 1396 to 1396d, 1396f to 1396j, and 1396l to 1396s, 42 USC 1396-1 TO 1396W-5, and administered by the department of social services under the social welfare act, Act No. 280 of the Public Acts of 1939, being sections 400.1 to 400.121 of the Michigan Compiled Laws. 1939 PA 280, MCL 400.1 TO 400.119B.

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

(j) "Medicare" means benefits under the federal medicare program established under title XVIII of the social security act, 42 U.S.C. 1395 to 1395b, 1395b-2 to 1395i, 1395i-1a to 1395i-2, 1395j to 1395dd, 1395ff to 1395mm, and 1395oo to 1395ccc. 42 USC 1395 TO 1395KKK.

(k) "National health service corps" means the agency established under section 331 of title III of the public health service act, 42 U.S.C. 254d. 42 USC 254D.

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

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

(n) "Physician" means an individual licensed as a physician under part 170 or an osteopathic physician under part 175.

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

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

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

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

(2) A county clerk shall not issue a marriage license to an applicant who fails to sign and file with the county clerk an application for a marriage license that includes a statement with a check-off box indicating that the applicant has received the educational materials regarding the transmission and prevention
of both venereal disease and HIV infection and has been advised of testing for both venereal disease and HIV infection, pursuant to subsection (1).

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

(4) As used in this section:

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

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

(C) "CLINICAL NURSE SPECIALIST-CERTIFIED" MEANS THAT TERM AS DEFINED IN SECTION 17201.
"Physician" means an individual licensed as a physician under part 170 or an osteopathic physician under part 175.

"Physician's assistant" means an individual licensed as a physician's assistant under part 170 or part 175.

Sec. 16125. (1) A licensing board shall be composed of a majority of members licensed in the health profession which that board licenses. The board shall include at least 1 public member. The director shall be an ex officio member without vote, but is not a member for the purposes of section 5 of article V of the state constitution of 1963 or for determining a quorum. If a licensed health profession subfield is created by this article, the board shall include at least 1 licensee from each subfield.

(2) If a health profession subfield task force is created by this article, 1 licensee from each subfield appointed to the board UNDER SUBSECTION (1) shall also be appointed as a member of the health profession subfield task force. IF EXCEPT AS PROVIDED IN SECTION 17221A, IF a certified health profession specialty field task force is created by this article, 1 member of the board holding a license other than a health profession subfield license shall also be appointed to the specialty field task force.

Sec. 16161. (1) If a health profession subfield task force is created for a health profession, that task force shall serve as the task force for all health profession subfields within the scope of practice of the health profession and shall function as
(2) If a health profession specialty field task force is created for a health profession, that task force shall serve as the task force for all health profession specialty fields within the scope of practice of the health profession and shall function as set forth in this part. HOWEVER, THIS SUBSECTION DOES NOT APPLY TO THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A.

Sec. 16163. A—EXCEPT AS PROVIDED IN SECTION 17221A, A task force shall recommend to the board as to:

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

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

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

(d) Guidelines for utilization of, and standards of practice for, licensees in health profession subfields or registrants in health profession specialty fields.
Sec. 16216. (1) The chair of each board or task force shall appoint 1 or more disciplinary subcommittees for that board or task force. A disciplinary subcommittee for a board or task force shall consist of 2 public members and 3 professional members from the board or task force. The chair of a board or task force shall not serve as a member of a disciplinary subcommittee. HOWEVER, THIS SUBSECTION DOES NOT APPLY TO THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A.

(2) A final decision of the disciplinary subcommittee finding a violation of this article or article 7 shall be by a majority vote of the members appointed and serving on the disciplinary subcommittee.

(3) A final decision of the disciplinary subcommittee imposing a sanction under this article or article 7 or a final decision of the disciplinary subcommittee other than a final decision described in subsection (2) requires a majority vote of the members appointed and serving on the disciplinary subcommittee with an affirmative vote by at least 1 public member.

(4) The chairperson of each disciplinary subcommittee shall be a public member and shall be appointed by the chair of the board or task force. HOWEVER, THIS SUBSECTION DOES NOT APPLY TO THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A.

Sec. 16231. (1) A person or governmental entity who believes that a violation of this article or article 7 or a rule promulgated under this article or article 7 exists may make an
allegation of that fact to the department in writing.

(2) If, upon reviewing an application or an allegation or a licensee's file under section 16211(4), the department determines there is a reasonable basis to believe the existence of a violation of this article or article 7 or a rule promulgated under this article or article 7, the department, with the authorization of the chair of the appropriate board or task force or his or her designee, shall investigate. If the chair or his or her designee fails to grant or deny authorization within 7 days after receipt of a request for authorization, the department shall investigate.

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

(4) At any time during an investigation or following the issuance of a complaint, the department may schedule a compliance conference pursuant to section 92 of the administrative procedures act of 1969, MCL 24.292. The conference may include the applicant, licensee, registrant, or individual, the applicant's, licensee's, registrant's, or individual's attorney, 1 member of the department's staff, and any other individuals approved by the department. One member of the appropriate board
or task force who is not a member of the disciplinary
subcommittee with jurisdiction over the matter, OR A MEMBER OF
THE TASK FORCE IF THE DISCIPLINARY SUBCOMMITTEE WITH JURISDICTION
IS THE ADVANCED PRACTICE REGISTERED NURSE TASK FORCE CREATED IN
SECTION 17221A, may attend the conference and provide any
assistance needed. At the compliance conference, the
department shall attempt to reach agreement. If an agreement is
reached, the department shall submit a written statement
outlining the terms of the agreement, or a stipulation and final
order, if applicable, or a request for dismissal to the
appropriate disciplinary subcommittee for approval. If the
agreement or stipulation and final order or request for dismissal
is rejected by the disciplinary subcommittee, or if no agreement
is reached, a hearing before a hearings examiner shall be
scheduled. A party shall not make a transcript of the compliance
conference. All records and documents of a compliance conference
held before a complaint is issued are subject to section 16238.

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

(a) Issue a formal complaint.
(b) Conduct a compliance conference under subsection (4).
(c) Issue a summary suspension.
(d) Issue a cease and desist order.
(e) Dismiss the complaint.
(f) Place in the complaint file not more than 1 written
extension of not more than 30 days to take action under this
subsection.

(6) Unless the person submitting the allegation under subsection (1) otherwise agrees in writing, the department shall keep the identity of a person submitting the allegation confidential until disciplinary proceedings under this part are initiated against the subject of the allegation and the person making the allegation is required to testify in the proceedings.

(7) The department shall serve a complaint pursuant to section 16192. The department shall include in the complaint a notice that the applicant, licensee, registrant, or individual who is the subject of the complaint has 30 days from the date of receipt to respond in writing to the complaint.

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

Sec. 16231a. (1) If an agreement is not reached at a compliance conference held under section 16231(4), or if an agreement is reached but is rejected by a disciplinary subcommittee and the parties do not reach a new agreement, the department shall hold a hearing before a hearings examiner employed by or under contract to the department. If an agreement
is reached but is rejected by the disciplinary subcommittee, the
department shall not hold another compliance conference, but may
continue to try and reach a new agreement. The hearings examiner
shall conduct the hearing within 60 days after the compliance
conference at which an agreement is not reached or after the
agreement is rejected by the disciplinary subcommittee, unless a
new agreement is reached and approved by the disciplinary
subcommittee. One member of the appropriate board or task force
who is not a member of the disciplinary subcommittee with
jurisdiction over the matter, OR A MEMBER OF THE TASK FORCE IF
THE DISCIPLINARY SUBCOMMITTEE WITH JURISDICTION IS THE ADVANCED
PRACTICE REGISTERED NURSE TASK FORCE CREATED IN SECTION 17221A,
may attend the hearing and provide such ANY assistance as THAT IS
needed.

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

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

(4) The applicant, licensee, or registrant may be
represented at the hearing by legal counsel. The department shall be represented at the hearing by an assistant attorney general from the department of attorney general. The assistant attorney general shall not be the same individual assigned by the department of attorney general to provide legal counsel to the board or the special assistant attorney general described in section 16237.

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

Sec. 16327. (1) Fees for a person licensed or seeking licensure to practice nursing as a registered nurse, a licensed practical nurse, or a trained attendant under part 172 are as follows:

(a) Application processing fee................ $ 24.00
(b) License fee, per year....................... 30.00
(c) Temporary license......................... 10.00
(d) Limited license, per year............... 10.00
(e) Specialty certification

for registered nurse:
(2) FEES FOR AN INDIVIDUAL WHO SEEKS OR HOLDS A LICENSE AS
AN ADVANCED PRACTICE REGISTERED NURSE UNDER PART 172 ARE AS
FOLLOWS:

(A) APPLICATION PROCESSING FEE......................... $ 24.00
(B) LICENSE FEE, PER YEAR.............................. 40.00

Sec. 17201. (1) As used in this part:
(A) "ADVANCED PRACTICE REGISTERED NURSE" OR "A.P.R.N." MEANS AN
INDIVIDUAL WHO IS LICENSED UNDER THIS PART AS A CERTIFIED NURSE
MIDWIFE, CERTIFIED NURSE PRACTITIONER, OR CLINICAL NURSE
SPECIALIST-CERTIFIED.
(B) "CERTIFIED NURSE MIDWIFE" OR "C.N.M." MEANS AN
INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING:
(i) IS A REGISTERED PROFESSIONAL NURSE.
(ii) IS ALSO LICENSED UNDER THIS PART AS A CERTIFIED NURSE
MIDWIFE AND MEETS THE REQUIREMENTS OF SECTION 17210A APPLICABLE
TO THAT LICENSE.
(iii) IN HIS OR HER PRACTICE, FOCUSES ON PRIMARY CARE SERVICES
FOR WOMEN THROUGHOUT THEIR LIFESPAN, INCLUDING COMPREHENSIVE
MATERNITY CARE THAT INCLUDES PREGNATAL 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.

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

(i) IS A REGISTERED PROFESSIONAL NURSE.

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

(iii) IN HIS OR HER PRACTICE, 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.
INCLUDES ORDERING, PERFORMING, SUPERVISING, AND INTERPRETING
LABORATORY AND IMAGING STUDIES; PRESCRIBING PHARMACOLOGICAL AND
NONPHARMACOLOGICAL INTERVENTIONS AND TREATMENTS THAT ARE 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.

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

(i) IS A REGISTERED PROFESSIONAL NURSE.

(ii) IS ALSO LICENSED UNDER THIS PART AS A CLINICAL NURSE
SPECIALIST-CERTIFIED AND MEETS THE REQUIREMENTS OF SECTION 17210A
APPLICABLE TO THAT LICENSE.
(iii) IN HIS OR HER PRACTICE, 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. THE C.N.S.-C. IS 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. THE C.N.S.-C. EVALUATES PATIENT OUTCOMES; TRANSLATES EVIDENCE INTO PRACTICE; AND DEVELOPS, PLANS, COORDINATES, AND DIRECTS PROGRAMS OF CARE FOR ACUTE AND CHRONICALLY ILL PATIENTS AND THEIR FAMILIES.

(E) "MENTORSHIP AGREEMENT" MEANS AN AGREEMENT THAT MEETS THE REQUIREMENTS OF SECTION 17211A(1)(D).

(F) "PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING" MEANS ANY OF THE TASKS, FUNCTIONS, OR DUTIES DESCRIBED IN SUBDIVISION (B)(iii), (C)(iii), OR (D)(iii).

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

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

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

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

SEC. 17202. AN ADVANCED PRACTICE REGISTERED NURSE SHALL DO
ALL OF THE FOLLOWING:

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

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

(C) CONSULT WITH OR REFER PATIENTS TO OTHER HEALTH
PROFESSIONALS AS APPROPRIATE.

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

Sec. 17210. The board of nursing may issue a specialty
certification to a registered professional nurse who has advanced
training beyond that required for initial licensure and who has demonstrated competency through examination or other evaluative processes and who practices in one of the following health profession specialty fields: nurse midwifery, nurse anesthetist, or nurse practitioner.

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

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

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

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

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

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

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

(iii) IS EDUCATIONALLY PREPARED TO ASSUME RESPONSIBILITY AND ACCOUNTABILITY FOR HEALTH PROMOTION OR MAINTENANCE AND THE ASSESSMENT, DIAGNOSIS, AND MANAGEMENT OF PATIENT PROBLEMS, INCLUDING, BUT NOT LIMITED TO, THE USE AND PRESCRIPTION OF PHARMACOLOGIC AND NONPHARMACOLOGIC INTERVENTIONS.

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

(2) THE BOARD SHALL ISSUE A CERTIFIED NURSE PRACTITIONER LICENSE UNDER THIS ARTICLE TO A REGISTERED NURSE WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

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

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

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

(D) DEMONSTRATES TO THE SATISFACTION OF THE BOARD THAT HE OR SHE MEETS ALL OF THE FOLLOWING:
(i) has acquired advanced clinical knowledge and skills that primarily prepare him or her to provide direct care to patients, and also to provide indirect care.

(ii) his or her practice builds on the competencies of registered professional nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy.

(iii) is educationally prepared to assume responsibility and accountability for health promotion or maintenance and the assessment, diagnosis, and management of patient problems, including, but not limited to, the use and prescription of pharmacologic and nonpharmacologic interventions.

(iv) has clinical experience of sufficient depth and breadth to perform as a licensee.

(3) the board shall issue a clinical nurse specialist-certified license under this article to a registered nurse who meets all of the following requirements:

(A) has completed an accredited graduate, postgraduate, or doctoral level nursing education program that prepares the nurse for the role of clinical nurse specialist-certified.

(B) is certified by a nationally accredited certification body as demonstrating role and population focused competencies for clinical nurse specialist-certifieds, or the board determines that he or she meets the standards for that certification.

(C) maintains continued competence by obtaining recertification in the role and population described in...
SUBDIVISION (B) THROUGH THE NATIONAL CERTIFICATION PROGRAM, OR
THE BOARD DETERMINES THAT HE OR SHE MEETS THE STANDARDS FOR THAT
RECERTIFICATION.

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

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

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

(iii) IS EDUCATIONALLY PREPARED TO ASSUME RESPONSIBILITY AND
ACCOUNTABILITY FOR HEALTH PROMOTION OR MAINTENANCE AND THE
ASSESSMENT, DIAGNOSIS, AND MANAGEMENT OF PATIENT PROBLEMS,
INCLUDING, BUT NOT LIMITED TO, THE USE AND PRESCRIPTION OF
PHARMACOLOGIC AND NONPHARMACOLOGIC INTERVENTIONS.

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

(4) THE BOARD SHALL ISSUE AN A.P.R.N. LICENSE TO A
REGISTERED PROFESSIONAL NURSE WHO HOLDS A SPECIALTY
CERTIFICATION, ISSUED BY THE BOARD, AS A NURSE MIDWIFE, NURSE
PRACTITIONER, OR CLINICAL NURSE SPECIALIST IF HE OR SHE MEETS ALL
OF THE FOLLOWING:

(A) HIS OR HER LICENSE AND SPECIALTY CERTIFICATION ISSUED BY
THE BOARD IS CURRENT ON THE EFFECTIVE DATE OF THE AMENDATORY ACT
THAT ADDED THIS SECTION.

(B) HE OR SHE SUBMITS AN APPLICATION FOR AN A.P.R.N. LICENSE IN THE 2-YEAR PERIOD BEGINNING ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION.

(C) HIS OR HER LICENSE AND SPECIALTY CERTIFICATION ISSUED BY THE BOARD IS CURRENT ON THE DATE HE OR SHE SUBMITS THE LICENSE APPLICATION.

(D) HE OR SHE PROVIDES PROOF SATISFACTORY TO THE DEPARTMENT THAT HE OR SHE HAS BEEN EMPLOYED AS A CLINICAL NURSE SPECIALIST, NURSE PRACTITIONER, OR NURSE MIDWIFE FOR THE 4-YEAR PERIOD IMMEDIATELY PRECEDING THE DATE HE OR SHE SUBMITS THE LICENSE APPLICATION.

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

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

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

(2) The following words, titles, or letters or a combination thereof—OF THEM, with or without qualifying words or phrases, are restricted in use only to those persons authorized under this part to use the terms and in a way prescribed in this part:
"registered professional nurse", "registered nurse", "r.n.",

SEC. 17211A. (1) SUBJECT TO SECTION 17202, AN ADVANCED PRACTICE REGISTERED NURSE WHO MEETS ALL OF THE FOLLOWING MAY POSSESS, PRESCRIBE, AND ADMINISTER NONSCHEDULED PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES INCLUDED IN SCHEDULES 2 TO 5 OF PART 72:

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

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

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

(D) IF HE OR SHE HAS HELD AN A.P.R.N. LICENSE ISSUED UNDER THIS PART FOR A PERIOD OF LESS THAN 2 YEARS, HE OR SHE SHALL ONLY POSSESS, PRESCRIBE, OR ADMINISTER THOSE DRUGS AND SUBSTANCES UNDER THE TERMS OF A MENTORSHIP AGREEMENT THAT MEETS ALL OF THE FOLLOWING:
(i) IS A WRITTEN AGREEMENT BETWEEN THE ADVANCED PRACTICE REGISTERED NURSE AND A PHYSICIAN WHO IS LICENSED UNDER PART 170 OR 175 AND HOLDS A CONTROLLED SUBSTANCES LICENSE UNDER PART 73 OR BETWEEN THE ADVANCED PRACTICE REGISTERED NURSE AND ANOTHER A.P.R.N. WHO HOLDS THE SAME LICENSE UNDER THIS PART, HAS AT LEAST 5 YEARS OF WORK EXPERIENCE IN THAT LICENSED PROFESSION, AND HOLDS A CONTROLLED SUBSTANCES LICENSE UNDER PART 73. 

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

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

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

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

(E) HE OR SHE POSSESSES, PRESCRIBES, OR ADMINISTERS THE DRUG OR CONTROLLED SUBSTANCE ONLY WHILE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING. 

(F) ALL OF THE FOLLOWING APPLY TO A PRESCRIPTION OF A CONTROLLED SUBSTANCE INCLUDED IN SCHEDULES 2 TO 5 OF PART 72: 

(i) BEFORE PRESCRIBING THE CONTROLLED SUBSTANCE, HE OR SHE SHALL UNDER SECTION 7333A(2)(F) REQUEST THAT THE DEPARTMENT OF COMMUNITY HEALTH PROVIDE ANY DATA INCLUDED IN THE ELECTRONIC MONITORING SYSTEM ESTABLISHED UNDER SECTION 7333A(1) CONCERNING THAT CONTROLLED SUBSTANCE. HE OR SHE SHALL CONSIDER THAT DATA TO DETERMINE IF PRESCRIBING OR ADMINISTERING THE CONTROLLED SUBSTANCE TO THE INTENDED INDIVIDUAL IS CONSISTENT WITH PATIENT

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SAFETY AND THAT THE CONTROLLED SUBSTANCE WOULD NOT LIKELY BE
SUBJECT TO ABUSE BY THE INDIVIDUAL.

(ii) AFTER PRESCRIBING THE CONTROLLED SUBSTANCE, HE OR SHE
SHALL PROVIDE ANY INFORMATION ABOUT THAT PRESCRIPTION TO THE
DEPARTMENT OF COMMUNITY HEALTH THAT A DISPENSING PRESCRIBER IS
REQUIRED TO REPORT UNDER SECTION 7333A(1).

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

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

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

Sec. 17212. (1) In addition to acts, tasks, and functions delegated under section 16215, 17745,
17745a, or 17745b, a supervising physician may delegate in
writing to a registered professional nurse the ordering, receipt, and dispensing of complimentary starter dose drugs other than controlled substances as defined by article 7 or federal law. When the delegated ordering, receipt, or dispensing of complimentary starter dose drugs occurs, both the registered professional nurse's name and the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing. As used in this subsection, "complimentary starter dose" means that term as defined in section 17745.

(2) ANADVANCED PRACTICE REGISTERED NURSE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING MAY ORDER, RECEIVE, AND DISPENSE A COMPLIMENTARY STARTER DOSE OF A PRESCRIPTION DRUG OR CONTROLLED SUBSTANCE DESCRIBED IN SECTION 17211A WITHOUT DELEGATION FROM A SUPERVISING PHYSICIAN. ONLY THE NAME OF THE ADVANCED PRACTICE REGISTERED NURSE SHALL BE USED, RECORDED, OR OTHERWISE INDICATED IN CONNECTION WITH AN ORDER, RECEIPT, OR DISPENSING OF A COMPLIMENTARY STARTER DOSE OF A PRESCRIPTION DRUG OR CONTROLLED SUBSTANCE UNDER THIS SUBSECTION.

(3) It is the intent of the legislature in enacting this section to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, to distribute complimentary starter dose drugs to a PRACTICE REGISTERED NURSE DESCRIBED IN SUBSECTION (2), OR TO ANY registered professional nurse, as described in subsection (1), in compliance with section 503(d) of the federal food, drug, and cosmetic act, chapter 675, 52 Stat. 1051, 21 U.S.C. 353.
SEC. 17214. (1) IN ADDITION TO THE REQUIREMENTS OF SECTION 16205, THE BOARD BY RULE MAY REQUIRE A LICENSEE SEEKING RENEWAL OF A LICENSE UNDER THIS PART TO FURNISH THE BOARD WITH SATISFACTORY EVIDENCE THAT, DURING THE 2 YEARS IMMEDIATELY PRECEDING THE DATE OF HIS OR HER APPLICATION FOR RENEWAL, THE LICENSEE COMPLETED CONTINUING EDUCATION OR COMPETENCY COURSES OR ACTIVITIES APPROVED BY THE BOARD.

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

Sec. 17221. (1) The Michigan board of nursing is created in the department and, BEGINNING 60 DAYS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED SECTION 17221A, shall consist of the following 23 voting members who shall meet the requirements of part 161: 9 registered professional nurses, 1–2 CERTIFIED nurse midwife, 1–2 MIDWIVES, 2 nurse anesthetists, 1–2 CERTIFIED nurse anesthetist, ANESTHETISTS, 1–2 CERTIFIED nurse practitioner, 1–2 PRACTITIONERS, 2 CLINICAL NURSE SPECIALISTS-CERTIFIED, 3 licensed practical nurses, and 1–2 public members. Three of the registered professional nurse members shall be engaged in nursing education, 1 of whom shall be in less than a baccalaureate program, 1 in a baccalaureate or higher program, and 1 in a licensed practical nurse program, and each of whom shall have a master's degree from
an accredited college with a major in nursing. Three of the
registered professional nurse members shall be engaged in nursing
practice or nursing administration, each of whom shall have a
baccalaureate degree in nursing from an accredited college. Three
of the registered professional nurse members shall be engaged in
nursing practice or nursing administration, each of whom shall be
a nonbaccalaureate registered nurse. The 3 licensed practical
nurse members shall have graduated from a state approved program
for the preparation of individuals to practice as licensed
practical nurses. The nurse midwife, the nurse anesthetist, and
the nurse practitioner—EACH OF THE CERTIFIED NURSE MIDWIVES,
CERTIFIED NURSE PRACTITIONERS, AND CLINICAL NURSE SPECIALISTS—
CERTIFIED APPOINTED TO THE BOARD shall each have a specialty
certification—AN A.P.R.N. LICENSE issued by the department in his
or her respective specialty field—ROLE AND EACH OF THE NURSE
ANESTHETISTS SHALL HAVE A SPECIALTY CERTIFICATE ISSUED BY THE
DEPARTMENT IN THAT SPECIALTY FIELD UNDER SECTION 17210.

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

SEC. 17221A. (1) THE ADVANCED PRACTICE REGISTERED NURSE TASK
FORCE IS CREATED. SUBJECT TO SUBSECTION (2), THE TASK FORCE SHALL
CONSIST OF THE FOLLOWING 11 MEMBERS, WHO SHALL BE MEMBERS OF THE
BOARD AND SHALL MEET THE REQUIREMENTS OF PART 161:

(A) ONE REGISTERED PROFESSIONAL NURSE.

(B) TWO CERTIFIED NURSE MIDWIVES.
(C) TWO CERTIFIED NURSE PRACTITIONERS.

(D) TWO CLINICAL NURSE SPECIALISTS-CERTIFIED.

(E) TWO NURSE ANESTHETISTS CERTIFIED UNDER SECTION 17210.

(F) TWO PUBLIC MEMBERS.

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

(A) 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. GUIDELINES DEVELOPED UNDER
THIS SUBDIVISION ARE NONBINDING AND ADVISORY AND SHALL ONLY
EXPRESS THE TASK FORCE'S CRITERIA FOR DETERMINING WHETHER AN
A.P.R.N. IS PRACTICING WITHIN HIS OR HER SCOPE OF PRACTICE.

(B) SERVE AS THE DISCIPLINARY SUBCOMMITTEE UNDER SECTION
16216 FOR ADVANCED PRACTICE REGISTERED NURSES AND NURSE
ANESTHETISTS CERTIFIED UNDER SECTION 17210.

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

(D) IN ADDITION TO OR AS PART OF THE REPORT REQUIRED UNDER
SECTION 16143(2), FILE AN ANNUAL REPORT WITH THE BOARD AND THE
DEPARTMENT CONCERNING ANY MATTERS PRESCRIBED BY THE TASK FORCE
AND BOARD.

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

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

(3) A licensee shall 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 OR BY AN
ADVANCED PRACTICE REGISTERED NURSE LICENSED UNDER PART 172
ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING.

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

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

(6) Subsection (1) does not prevent any of the following:
(a) An individual licensed or registered under any other
part or act from performing activities that are considered
speech-language pathology services if those activities are within
the individual's scope of practice and if the individual does not
use the titles protected under section 17603.

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

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

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

(2) "Prescriber" means a licensed dentist, a licensed doctor
of medicine, a licensed doctor of osteopathic medicine and
surgery, a licensed doctor of podiatric medicine and surgery, a
licensed optometrist certified under part 174 to administer and
prescribe therapeutic pharmaceutical agents, A LICENSED ADVANCED
PRACTICE REGISTERED NURSE WHO MEETS THE REQUIREMENTS OF SECTION
17211A ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED
NURSING, a licensed veterinarian, or another licensed health
professional acting under the delegation and using, recording, or
otherwise indicating the name of the delegating licensed doctor
of medicine or licensed doctor of osteopathic medicine and
(3) "Prescription" means an order by a prescriber to fill, compound, or dispense a drug or device written and signed; written or created in an electronic format, signed, and transmitted by facsimile; or transmitted electronically or by other means of communication. An order transmitted in other than written or hard-copy form shall be electronically recorded, printed, or written and immediately dated by the pharmacist, and that record constitutes the original prescription. In a health facility or agency licensed under article 17 or other medical institution, an order for a drug or device in the patient's chart constitutes for the purposes of this definition the original prescription. Subject to section 17751(2) and (5), prescription includes, but is not limited to, an order for a drug, not including a controlled substance as defined in section 7104 except under circumstances described in section 17763(e), written and signed; written or created in an electronic format, signed, and transmitted by facsimile; or transmitted electronically or by other means of communication by a physician prescriber or dentist prescriber licensed to practice dentistry, medicine, or osteopathic medicine and surgery in a state other than Michigan.

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

(a) A drug dispensed pursuant to a prescription.

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

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

(2) A dispensing prescriber, EXCEPT AN ADVANCED PRACTICE REGISTERED NURSE, shall dispense prescription drugs only to his or her own patients.

(3) A dispensing prescriber shall include in a patient's chart or clinical record a complete record, including prescription drug names, dosages, and quantities, of all prescription drugs dispensed directly by the dispensing prescriber or indirectly under his or her delegatory authority. If prescription drugs are dispensed under the prescriber's delegatory authority, the delegatee who dispenses the prescription drugs shall initial the patient's chart, clinical record, or log of prescription drugs dispensed. In a patient's chart or clinical record, a dispensing prescriber shall distinguish between prescription drugs dispensed to the patient and prescription drugs prescribed for the patient. A dispensing prescriber shall retain information required under this subsection for not less than 5 years after the information is entered in the patient's chart or clinical record.
(4) A dispensing prescriber shall store prescription drugs under conditions that will maintain their stability, integrity, and effectiveness and will assure that the prescription drugs are free of contamination, deterioration, and adulteration.

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

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

(7) A dispensing prescriber shall dispense a drug in a container that bears a label containing all of the following information:

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

(b) The patient's name and record number.

(c) The date the prescription drug was dispensed.

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

(e) The directions for use.

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

(g) The quantity dispensed.

(h) The expiration date of the prescription drug or the
(8) A dispensing prescriber who dispenses, OR AN ADVANCED
PRACTICE REGISTERED NURSE, WHILE ENGAGED IN THE PRACTICE OF
ADVANCED PRACTICE REGISTERED NURSING, WHO MEETS THE REQUIREMENTS
OF SECTION 17212 AND WHO POSSESSES, PRESCRIBES, OR ADMINISTERS, a
complimentary starter dose drug to a patient shall give the
patient at least all of the following information, either by
dispensing the complimentary starter dose drug to the patient in
a container that bears a label containing the information or by
giving the patient a written document which may include, but is
not limited to, a preprinted insert that comes with the
complimentary starter dose drug, that contains the information:
(a) The name and strength of the complimentary starter dose
drug.
(b) Directions for the patient's use of the complimentary
starter dose drug.
(c) The expiration date of the complimentary starter dose
drug or the statement required under section 17756.
(9) The information required under subsection (8) is in
addition to, and does not supersede or modify, other state or
federal law regulating the labeling of prescription drugs.
(10) In addition to meeting the requirements of this part, a
dispensing prescriber who dispenses controlled substances shall
comply with section 7303a.
(11) The board may periodically inspect locations from which
prescription drugs are dispensed.
(12) The act, task, or function of dispensing prescription
drugs shall be delegated only as provided in this part and
sections 16215, 17048, 17076, 17212, and 17548.

(13) A supervising physician may delegate in writing to a
pharmacist practicing in a hospital pharmacy within a hospital
licensed under article 17 the receipt of complimentary starter
dose drugs other than controlled substances as defined by article
7 or federal law. When the delegated receipt of complimentary
starter dose drugs occurs, both the pharmacist's name and the
supervising physician's name shall be used, recorded, or
otherwise indicated in connection with each receipt. A pharmacist
described in this subsection may dispense a prescription for
complimentary starter dose drugs written or transmitted by
facsimile, electronic transmission, or other means of
communication by a prescriber.

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

Sec. 17820. (1) A person shall not engage in the practice of
physical therapy or practice as a physical therapist assistant
unless licensed or otherwise authorized under this part. A person
shall engage in the actual treatment of an individual only upon
the prescription of an individual holding—IF THAT TREATMENT IS
prescribed by an individual who holds a license issued under part
166, 170, 175, or 180, or the AN A.P.R.N. LICENSE ISSUED UNDER
PART 172, WHILE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING, OR AN equivalent license issued by another state.

(2) The following words, titles, or letters or a combination thereof, with or without qualifying words or phrases, are restricted in use only to those persons authorized under this part to use the terms and in a way prescribed in this part:

"physical therapy", "physical therapist", "physiotherapist", "physiotherapy", "registered physical therapist", "licensed physical therapist", "physical therapy technician", "physical therapist assistant", "physical therapy assistant", "physiotherapist assistant", "physiotherapy assistant", "p.t. assistant", "p.t.", "r.p.t.", "l.p.t.", "c.p.t.", "d.p.t.", "m.p.t.", "p.t.a.", "registered p.t.a.", "licensed p.t.a.", "certified p.t.a.", "c.p.t.a.", "l.p.t.a.", "r.p.t.a.", and "p.t.t."

Sec. 17822. This part does not prohibit a hospital, as a condition of employment or the granting of staff privileges, from requiring THAT a physical therapist to PERFORM ACTIVITIES WITHIN HIS OR HER SCOPE OF practice in the hospital only upon the prescription of an individual holding IF THAT TREATMENT IS PRESCRIBED BY AN INDIVIDUAL WHO HOLDS a license issued under part 166, 170, 175, or 180, or the AN A.P.R.N. LICENSE ISSUED UNDER PART 172, WHILE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING, OR AN equivalent license issued by another state.

Sec. 18301. (1) As used in this part:
(a) "Occupational therapy assistant" means an individual **who is** licensed under this article to engage in practice as an occupational therapy assistant.

(b) "Occupational therapist" means an individual **who is** licensed under this article to engage in the practice of occupational therapy.

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

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

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

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

(iv) Interventions and procedures, including, but not limited to, any of the following:
(A) Task analysis and therapeutic use of occupations, exercises, and activities.
(B) Training in self-care, self-management, home management, and community or work reintegration.
(C) Development remediation, or compensation of client factors such as body functions and body structure.
(D) Education and training.
(E) Care coordination, case management, transition, and consultative services.
(F) Modification of environments and adaptation processes such as the application of ergonomic and safety principles.
(G) Assessment, design, fabrication, application, fitting, and training in rehabilitative and assistive technology, adaptive devices, and low temperature orthotic devices, and training in the use of prosthetic devices. For the purposes of this sub-subparagraph, the design and fabrication of low temperature orthotic devices does not include permanent orthotics.
(H) Assessment, recommendation, and training in techniques to enhance safety, functional mobility, and community mobility such as wheelchair management and mobility.
(I) Management of feeding, eating, and swallowing.
(J) Application of physical agent modalities and use of a range of specific therapeutic procedures, including, but not limited to, techniques to enhance sensory-motor, perceptual, and cognitive processing, manual therapy techniques, and adjunctive and preparatory activities.
(K) Providing vision therapy services or low vision
rehabilitation services, if those services are provided pursuant to a referral or prescription from, or under the supervision or comanagement of, a physician licensed under part 170 or 175 or an optometrist licensed under part 174 or pursuant to a referral or prescription from an advanced practice registered nurse, licensed under part 172, while engaged in the practice of advanced practice registered nursing.

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

(e) "Practice of occupational therapy" means the therapeutic use of everyday life occupations and occupational therapy services to aid individuals or groups to participate in meaningful roles and situations in the home, school, workplace, community, and other settings, to promote health and wellness through research and practice, and to serve those individuals or groups who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout his or her life span. The practice of occupational therapy does not include any of the following:

(i) The practice of medicine or osteopathic medicine and surgery or medical diagnosis or treatment.
(ii) The practice of physical therapy.

(iii) The practice of optometry.

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

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

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

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

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

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

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

(e) A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of
medical care services.

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

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

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

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

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

(k) A patient or resident is entitled to associate and have private communications and consultations with his or her physician or a physician's assistant to whom the physician has delegated the performance of medical care services, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the health facility or agency, unless medically contraindicated as documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services. A patient's or resident's civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the health facility or agency shall encourage and assist in the fullest possible exercise of these rights. A patient or resident may meet with, and participate in, the activities of social, religious, and community groups at his or her discretion, unless medically contraindicated as documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.
(l) A patient or resident is entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by the attending physician, **BY AN ADVANCED PRACTICE REGISTERED NURSE ENGAGED IN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING, or BY a physician's assistant to whom the physician has delegated the performance of medical care services, for a specified and limited time or as are necessitated by an emergency to protect the patient or resident from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints and who shall promptly report the action to the attending physician, or physician's assistant, OR ADVANCED PRACTICE REGISTERED NURSE WHO AUTHORIZED THE RESTRAINT. In case of a chemical restraint, a physician shall be consulted within 24 hours after the commencement of the chemical restraint.

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

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

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

(3) The following additional requirements for the policy described in subsection (2) apply to licensees under parts 213
(a) The policy shall be provided to each nursing home patient or home for the aged resident upon admission, and the staff of the facility shall be trained and involved in the implementation of the policy.

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

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

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

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

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

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

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

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

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

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

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

(4) A nursing home, its owner, administrator, employee, or
representative shall not discharge, harass, or retaliate or
discriminate against a patient because the patient has exercised
a right protected under this section.
(5) In the case of a nursing home patient, the rights enumerated in subsection (2)(c), (g), and (k) and subsection (3)(d), (g), and (h) may be exercised by the patient's representative.

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

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

(8) As used in this section:

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

(b) "Title XVIII" means title XVIII of the social security act, 42 USC 1395 to 1395kkk-1.

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