

Legislative Analysis



LICENSURE OF ADVANCED PRACTICE REGISTERED NURSES

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House Bill 5400 (proposed substitute H-2)

Sponsor: Rep. Ken Yonker

Committee: Health Policy

Complete to 9-19-16

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 5400 would amend the Public Health Code to license and regulate advance practice registered nurses (APRNs), a classification of nurses with a masters, post-masters, or doctoral degree in a nursing specialty. APRNs may be nurse-midwives, nurse practitioners, or clinical nurse specialists. The bill would take effect 90 days after enactment.

Specialty certification

Under current law, the Michigan Board of Nursing may grant 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. The bill would add "clinical nurse specialist" to that list of qualifying fields.

Essential health provider repayment program

Currently under Section 2705 of the Code, the Department of Licensing and Regulatory Affairs must administer an essential health provider repayment program for designated professionals who have incurred a debtor expenses as a result of a loan taken to attend medical school, dental school, nursing program for the training of certified nurse midwives or certified nurse practitioners, or physician's assistant program or as a result of providing services in a health resource shortage area. The bill would extend this repayment program to apply to clinical nurse specialists-certified, as well.

HIV notification and counseling

Now, an individual who is applying for a marriage license must review certain educational materials and may undergo an HIV test. If those test results are positive, a physician or a designee, the physician's assistant, the certified nurse midwife, the certified nurse practitioner, or the local health officer or a designee must immediately inform both applicants of the test results and provide appropriate counseling. The bill would provide that a clinical nurse specialist-certified would also be qualified to notify and counsel the HIV-positive applicant and prospective spouse.

Licensure fees for nurses

The bill would add a registered "professional" nurse to the listed "registered nurse," "licensed practical nurse," "or trained attendant" licensed under Part 172. The application

processing fee under that part would also be raised from \$24 to \$75 and the yearly licensing fee from \$30 to \$60.

Protected terms

The bill would add the following terms to the existing terms restricted in use only to those persons authorized to use them: "certified nurse midwife," "C.N.M.," "advanced practice registered nurse," "A.P.R.N.," "N.P." "certified nurse practitioner," "C.N.P.," "clinical nurse specialist," "C.N.S.," "clinical nurse specialist-certified," and "C.N.S.-C."

Power to prescribe drugs and controlled substances

Under the bill, an advanced practice registered nurse may prescribe any of the following:

- A nonscheduled prescription drug;
- A controlled substance included in Schedules two to five of Part 72, as a delegated act of a physician. If an APRN prescribes under this section, both the APRN's and physician's names and Drug Enforcement Agency (DEA) numbers will be used.

This change does not require new or additional third-party reimbursement or mandated worker's compensation benefits for services rendered by an APRN who is authorized to prescribe under this section.

Dispensing complimentary starter doses

For complimentary starter doses of controlled substances included in schedules two to five of Part 72, an APRN may order, receive, and dispense as delegated by a physician, and both the APRN's and physician's names and DEA numbers will be used. For all other drugs, an APRN may order, receive, and dispense a complimentary starter dose without delegation, and only the APRN's name will be used. The APRN must give the patient information including the complimentary starter dose's name and strength, directions for use, and the expiration date of the drug.

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.

Health care calls and rounds by APRNs

Under the bill, an APRN may make calls or go on rounds in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities. Notwithstanding any law or rule to the contrary, an APRN may make calls or go on rounds as provided without restrictions on the time or frequency of visits by a physician or the APRN.

Delegate to Michigan Board of Nursing

The bill would add a clinical nurse specialist to the voting members of the Michigan Board of Nursing, raising the number of members from 23 to 24. The clinical nurse specialist must be certified as such by a national organization. Also, the clinical nurse specialist, as well as the nurse midwife, nurse anesthetist and nurse practitioner already provided in the Code must have a specialty certification granted by the Michigan Board of Nursing in that person's field.

Once one of the eight public members on the board vacates a seat, that seat will cease to exist (bringing the public seat number to seven and the total number of members back to 23), in order to compensate for the seat added for the clinical nurse specialist.

Patient Rights Act

Currently, the Patient Rights Act provides that a health facility or agency that provides services directly to patients or residents and is licensed under Article 17 of the Public Health Code must adopt a policy describing the rights and responsibilities of patients or residents admitted to the health facility or agency. Certain responsibilities are currently owed by physicians and physician's assistants. The bill would state that, **unless medically contraindicated by the attending physician, physician's assistant, or an APRN, patients are entitled to the following, among other rights:**

- A patient is entitled to receive information about his or her condition, course of treatment, and other information.
- A patient is entitled to receive personal mail unopened on the day it is received at a health facility or agency.
- A patient may meet with, and participate in, the activities of social, religious, and community groups at his or her discretion.
- A patient is entitled to be free from mental and physical abuse, and physical and chemical restraints, except when authorized in writing by the attending physician, physician's assistant, or an APRN. Restraint may only be used as necessary to protect the patient from injury to self or others, and must be reported promptly to the attending physician, physician's assistant or APRN who authorized the restraint. In the case of chemical restraint, the physician or APRN must be consulted within 24 hours.
- A married couple in a nursing home is entitled to share the same room.
- A nursing home patient or home for the aged resident is entitled to retain personal clothing and possessions as space permits.
- An APRN (in addition to the attending physician or physician's assistant) must fully inform a nursing home patient of the patient's medical condition.
- If a nursing home patient desires treatment by a licensed member of the healing arts, the treatment must be made available.

Additionally, a patient is entitled to have private communications and consultations with his or her physician, physician's assistant, or an APRN. If considered terminally ill by the attending physician, physician's assistant, or an APRN, a nursing home patient has a right to have the next of kin stay at the facility 24 hours a day.

Additional responsibilities

An APRN may refer a patient for speech-language pathology or physical therapy.

Definitions

Advance practice registered nurse (or APRN): a registered professional nurse who has been granted a specialty certification under Section 17210 in one of the following health specialty fields: nurse midwifery, nurse practitioner, or clinical nurse specialist.

Clinical nurse specialist-certified: an individual licensed as a registered professional nurse under Part 172 who has been granted a specialty certification as a clinical nurse specialist

by the Michigan Board of Nursing under Section 17210. Section 17210 allows 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.

MCL 333.2701 et al.

FISCAL IMPACT:

House Bill 5400 would have an indeterminate, though likely significant fiscal impact on the Department of Licensing and Regulatory Affairs, due to changes that the bill would make to application fees paid by licensees and due to increased administrative costs likely to be incurred by the department from the promulgation of required rules and additional licensing processing activities. The application processing fee for prospective registered professional nurses, licensed practical nurses, and trained attendants would be increased from \$24.00 to \$75.00, and the annual license fee would be increased from \$30.00 to \$60.00. The bill would also establish fees for advanced practice registered nurses, with a \$75.00 application processing fee and a \$60.00 annual license fee. The bill would not have any significant fiscal impacts on local units of government.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.