



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

BILL ANALYSIS



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

House Bill 5400 (Substitute H-2 as passed by the House)
Sponsor: Representative Ken Yonker
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 12-6-16

CONTENT

The bill would amend the Public Health Code to include provisions regarding an advanced practice registered nurse (A.P.R.N.) and a clinical nurse specialist (CNS). The bill would do the following:

- Include clinical nurse specialist among the health profession specialty fields for which the Michigan Board of Nursing may grant a specialty certification.
- Define "advanced practice registered nurse" as a registered professional nurse who has been granted a certification in one of the specialty fields.
- Authorize an A.P.R.N. to prescribe a nonscheduled prescription drug, and, under the delegation of a physician, a controlled substance.
- Allow an A.P.R.N. to order, receive, and dispense a complementary starter dose drug without delegation from a physician, and, as a delegated act, order, receive, and dispense a complementary starter dose of a controlled substance.
- Allow an A.P.R.N. to make calls or go on rounds.
- Authorize an A.P.R.N. to refer patients to a speech-language pathologist and a physical therapist.
- Include an A.P.R.N. in the definition of "prescriber".
- Refer to an A.P.R.N., in addition to a physician and a physician's assistant to whom a physician has delegated the performance of medical care services, in provisions regarding a policy a health facility or agency must adopt describing the rights and responsibilities of patients or residents.
- Require the Board of Nursing to include a CNS.
- Include a CNS among the designated professionals eligible for the State's essential health provider loan repayment program.
- Refer to a CNS in a requirement that a health professional notify and counsel both applicants for a marriage license if one tests positive for HIV.

The bill also would increase the application fee from \$24 to \$75 and increase the per-year license fee from \$30 to \$60 for a person who is licensed or seeking licensure to practice as a registered nurse (which the bill would change to registered professional nurse), a licensed practical nurse, or a trained attendant under Part 172 (Nursing) of the Code.

The bill would take effect 90 days after enactment.

Part 172: Nursing

Specialty Field Certification. Under Part 172, the Michigan Board of Nursing may grant a specialty certification to a registered professional nurse (R.N.) 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.
- Nurse practitioner.

The bill would include clinical nurse specialist among the specialty fields. The bill also would define "A.P.R.N." as an R.N. who has been granted a specialty certification in one of the fields.

The bill would restrict the following words, titles, and letters only to those people authorized to use them under Part 172: "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."

Prescription Drugs. The bill would authorize an A.P.R.N. to prescribe any of the following:

- A nonscheduled prescription drug.
- A controlled substance included in Schedules 2 through 5, as a delegated act of a physician.

If an A.P.R.N. prescribed a controlled substance, the name and DEA registration number of both the nurse and the physician would have to be used, recorded, or otherwise indicated in connection with the prescription.

Additionally, subject to the following provision, an A.P.R.N. could order, receive, and dispense a complementary starter dose drug without delegation from a physician. Only the nurse's name would have to be used, recorded, or otherwise indicated in connection with the order, receipt, or dispensing.

An A.P.R.N. could order, receive, and dispense a complementary starter dose of a controlled substance included in Schedules 2 through 5 as a delegated act of a physician. In that case, both the nurse's and the delegating physician's names and DEA registration numbers would have to be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing.

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. who was authorized to prescribe drugs.

Part 172 states a legislative intent to allow a pharmaceutical manufacturer or wholesale distributor to distribute complementary starter dose drugs to an R.N. in compliance with the Federal Food, Drug, and Cosmetic Act. The bill would refer to an R.N. or an A.P.R.N. in this provision.

Calls & Rounds. The bill would authorize an A.P.R.N. to 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 A.P.R.N. could make calls or go on rounds without restrictions on the time or frequency of visits by a physician or the A.P.R.N.

Board of Nursing. Currently, the Board consists of 23 voting members. The bill would increase the membership to 24 and require one of the members to be a CNS, who would have to have a specialty certification granted by the Board in that specialty field.

The current member who is an R.N. who is certified by a national organization as a CNS would have to continue as a Board member for the remainder of his or her term. When that term expired, the Governor would have to appoint an R.N. who had been granted a specialty certification as a CNS by the Board.

The Board's eight public members would have to continue in office for the remainder of their respective terms. Until the term of one of them expired, the Board would have to continue with 24 members. When the term of one or more of the eight public members first expired, the Governor could not appoint one public member, to reduce the total number of public members to seven and the total number of board members to 23.

Part 177: Pharmacy Practice & Drug Control

The Code defines "prescriber" as a licensed dentist, doctor of medicine, doctor of osteopathic medicine and surgery, doctor of podiatric medicine and surgery, optometrist certified to administer and prescribe therapeutic pharmaceutical agents, veterinarian, or another licensed health professional acting under the delegation and using, recording, or otherwise indicating the name of the delegating doctor. The bill would include an A.P.R.N. who met the bill's requirements regarding the prescription of drugs.

The Code requires a dispensing prescriber to dispense a drug in a container that bears a label containing certain information. A dispensing prescriber who dispenses a complementary starter dose drug to a patient must give the patient the required information by dispensing the drug in a container that bears a label containing the information or by giving the patient a written document that may include a preprinted insert. Under the bill, this requirement also would apply to an A.P.R.N. who dispensed a complementary starter dose drug.

Part 27: Michigan Essential Health Provider Recruitment Strategy

The Code requires the Department of Health and Human Services to administer an essential health provider repayment program for designated professionals who have incurred a debt or expenses as a result of a loan taken to attend a 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 also would include a program for the training of clinical nurse specialists-certified.

MCL 333.2701 et al.

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bill would have a likely positive fiscal impact on the Bureau of Professional Licensing (BPL) within the Department of Licensing and Regulatory Affairs (LARA). The bill would increase license fees for nurses from \$30 per year to \$60 per year, and increase the application processing fee from \$24 to \$75. According to data from a reporting requirement in the annual budget bill for LARA, the BPL typically processes about 83,500 license renewals in a given year, and about 10,500 initial licensure applications. The proposed fee increases would increase annual revenue to the Health Professions Regulatory Fund attributable to nurse license fees by about \$5.0 million per year, after taking into account estimates for the number of other licenses that would remain unaffected by the bill (temporary and limited).

Over the last few years, the cost of regulating the nursing profession has exceeded revenue by about \$4.5 million to \$4.9 million each year. Under the bill, the shortfall between license fees attributable to the nursing profession and regulatory costs would be significantly reduced.

Finally, the bill would result in some increased costs to the BPL due to changes in the scope of practice for certain types of nurses. The amount of these increased costs is unknown, but would be offset by increases in license fees, at the very least.

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.