

Act No. 499  
Public Acts of 2016  
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**STATE OF MICHIGAN  
98TH LEGISLATURE  
REGULAR SESSION OF 2016**

Introduced by Rep. Yonker

# **ENROLLED HOUSE BILL No. 5400**

AN ACT to amend 1978 PA 368, entitled “An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to provide for the levy of taxes against certain health facilities or agencies; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to provide for an appropriation and supplements; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates,” by amending sections 2701, 2705, 5119, 16327, 17201, 17210, 17211, 17212, 17221, 17607, 17708, 17745, 17820, 17822, and 20201 (MCL 333.2701, 333.2705, 333.5119, 333.16327, 333.17201, 333.17210, 333.17211, 333.17212, 333.17221, 333.17607, 333.17708, 333.17745, 333.17820, 333.17822, and 333.20201), sections 2701 and 2705 as amended by 2014 PA 172, section 5119 as amended by 2016 PA 66, 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 2016 PA 49, section 17745 as amended by 2014 PA 525, section 17820 as amended by 2014 PA 260, section 17822 as amended by 2005 PA 281, and section 20201 as amended by 2011 PA 210, and by adding sections 17211a and 17214.

*The People of the State of Michigan enact:*

Sec. 2701. As used in this part:

(a) “Board certified” means certified to practice in a particular 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 who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification in the practice of nurse midwifery by the Michigan board of nursing under section 17210.

(c) “Certified nurse practitioner” means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification as a nurse practitioner by the Michigan board of nursing under section 17210.

(d) "Clinical nurse specialist-certified" means an individual who is 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.

(e) "Dental school" means an accredited program for the training of individuals to become dentists.

(f) "Dentist" means an individual who is licensed to engage in the practice of dentistry under part 166.

(g) "Designated nurse" means a certified nurse midwife, certified nurse practitioner, or clinical nurse specialist-certified.

(h) "Designated physician" means a physician qualified in 1 of the physician specialty areas identified in section 2711.

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

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

(k) "Medicaid" means benefits under the program of medical assistance established under title XIX of the social security act, 42 USC 1396 to 1396w-5, and administered by the department under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b.

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

(m) "Medicare" means benefits under the federal Medicare program established under title XVIII of the social security act, 42 USC 1395 to 1395lll.

(n) "National Health Service Corps" means the agency established under 42 USC 254d.

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

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

(q) "Physician" means an individual who is licensed as a physician under part 170 or part 175.

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

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

(t) "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. 2705. (1) The department shall 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, certified nurse practitioners, or clinical nurse specialists-certified, or physician's assistant program or as a result of providing services in a health resource shortage area. The department may each year repay all or part of a designated professional's debt or expenses, but the amount repaid in any 1 year shall not exceed the amount described in subsection (3). The department shall repay a debt or expenses only for a designated professional who has entered into a written contract with the department that requires the designated professional to engage in the full-time practice of health care services in a health resource shortage area to which he or she is assigned by the department for a period equal in years to the number of years for which the department has agreed in the contract to make a debt or expense repayment, or for a period of 2 years, whichever is greater.

(2) A debt or expense repayment on behalf of a designated professional under subsection (1) for fulfilling a service obligation for a particular year must be paid in a lump sum at the completion of the service obligation for that year. A designated professional who does not fulfill a service obligation for a particular year forfeits his or her right to the debt or expense repayment or any part of it for that year and the department may treat an agreement for further debt or expense repayment in a subsequent year as void. In its sole discretion, the department may make a debt or expense repayment before or during each year of service if there are extenuating circumstances. In its sole discretion, the department may pay a pro rata amount of an agreed debt or expense repayment to a designated professional or his or her estate if 1 of the following occurs before the completion of the designated professional's service obligation:

(a) The designated professional dies.

(b) The designated professional is unable, by reason of permanent disability, to render the service.

(c) Other circumstances prevail that are considered by the department to constitute a compelling reason to consider the service obligation fulfilled.

(3) In any year of a debt or expense repayment program, the maximum amount of a debt or expense repayment is \$40,000.00 per year. The maximum amount of debt or expense repayment the department may pay on behalf of a designated professional is \$200,000.00, paid over a period of 4 years or more. The written contract described in subsection (1) must include the amount the department shall pay on behalf of a designated professional and the amount payable for each year of service.

(4) The department may accept funds from any source for the operation of the essential health provider repayment program, and the department shall distribute those funds in a manner consistent with this section.

(5) The department shall give the essential health provider repayment program created by this section priority over the other programs created under this part.

Sec. 5119. (1) An individual who is 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 sexually transmitted infection and HIV infection. The written educational materials must describe the availability to the applicant of tests for both sexually transmitted infection and HIV infection. The information must include a list of locations where HIV counseling and testing services funded by the department are available. The department shall approve or prepare the written educational materials.

(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 sexually transmitted infection and HIV infection and has been advised of testing for both sexually transmitted infection and HIV infection, under 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 his or her designee, the physician's assistant, the certified nurse midwife, the certified nurse practitioner, the clinical nurse specialist-certified, or the local health officer or his or her designee 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 who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification in the practice of nurse midwifery by the Michigan board of nursing under section 17210.

(b) "Certified nurse practitioner" means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification as a nurse practitioner by the Michigan board of nursing under section 17210.

(c) "Clinical nurse specialist-certified" means an individual who is 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.

(d) "Physician" means an individual who is licensed as a physician under part 170 or part 175.

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

Sec. 16327. Fees for an individual who is licensed or seeking licensure to practice nursing as a registered professional nurse, a licensed practical nurse, or a trained attendant under part 172 are as follows:

(a) Application processing fee .....	\$ 75.00
(b) License fee, per year .....	60.00
(c) Temporary license.....	10.00
(d) Limited license, per year .....	10.00
(e) Specialty certification for registered nurse:	
(i) Application processing fee.....	24.00
(ii) Specialty certification, per year .....	14.00

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

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

(i) Nurse midwifery.

(ii) Nurse practitioner.

(iii) Clinical nurse specialist.

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

(c) "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.

(d) "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.

(e) “Registered professional nurse” or “r.n.” means an individual who is licensed under this 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. 17210. 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, who has demonstrated competency through examination or other evaluative processes, and who practices in 1 of the following health profession specialty fields:

- (a) Nurse midwifery.
- (b) Nurse anesthetist.
- (c) Nurse practitioner.
- (d) Clinical nurse specialist.

Sec. 17211. (1) An individual shall not engage in the practice of nursing or the practice of nursing as a licensed practical nurse unless he or she is licensed or is otherwise authorized by this article.

(2) The following words, titles, or letters or a combination of the words, titles, or letters, 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.”, “licensed practical nurse”, “l.p.n.”, “nurse midwife”, “certified nurse midwife”, “c.n.m.”, “advanced practice registered nurse”, “a.p.r.n.”, “nurse anesthetist”, “nurse practitioner”, “n.p.”, “certified nurse practitioner”, “c.n.p.”, “clinical nurse specialist”, “c.n.s.”, “clinical nurse specialist-certified”, and “c.n.s.-c.”.

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

- (a) A nonscheduled prescription drug.
- (b) Subject to subsection (2), a controlled substance included in schedules 2 to 5 of part 72, as a delegated act of a physician.

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

(3) 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 who is authorized to prescribe nonscheduled prescription drugs and controlled substances included in schedules 2 to 5 of part 72 under this section.

Sec. 17212. (1) Subject to subsections (2) and (3), in addition to acts, tasks, and functions delegated under section 16215, 17211a(1)(b), 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 in article 7 or federal law. If a delegated ordering, receipt, or dispensing of complimentary starter dose drugs described in this subsection 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.

(2) Subject to subsection (3), an advanced practice registered nurse may order, receive, and dispense a complimentary starter dose drug without delegation from a 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 drug under this subsection.

(3) An advanced practice registered nurse may order, receive, and dispense complimentary starter doses of controlled substances included in schedules 2 to 5 of part 72 as a delegated act of a physician. If a delegated ordering, receipt, or dispensing of complimentary starter dose drugs described in this subsection occurs, the advanced practice registered nurse’s name and the delegating physician’s name shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing and both the advanced practice registered nurse’s and the delegating physician’s DEA registration number shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing.

(4) 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 an advanced practice registered nurse described in subsections (2) and (3), or to a registered professional nurse described in subsection (1), in compliance with section 503(d) of the federal food, drug, and cosmetic act, 21 USC 353.

(5) As used in this section, “complimentary starter dose” means that term as defined in section 17745.

Sec. 17214. An advanced practice registered nurse 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 advanced practice registered nurse may make calls or go on rounds as provided in this section without restrictions on the time or frequency of visits by a physician or the advanced practice registered nurse.

Sec. 17221. (1) The Michigan board of nursing is created in the department.

(2) Except as otherwise provided in subsection (3), the Michigan board of nursing shall consist of the following 24 voting members who shall meet the requirements of part 161: 9 registered professional nurses, 1 nurse midwife, 1 nurse anesthetist, 1 nurse practitioner, 1 clinical nurse specialist, 3 licensed practical nurses, and 8 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, the nurse practitioner, and the clinical nurse specialist shall each have a specialty certification granted by the Michigan board of nursing in his or her respective specialty field.

(3) All of the following apply to the members of the board described in subsection (2):

(a) The individual who is a registered professional nurse who is certified by a national organization as a clinical nurse specialist shall continue as a member of the board under subsection (2) for the remainder of his or her respective term. When the term of the registered professional nurse described in this subdivision expires, subject to section 16121, the governor shall appoint a registered professional nurse who has been granted a specialty certification as a clinical nurse specialist by the Michigan board of nursing.

(b) The 8 public members on the board shall continue in office for the remainder of their respective terms. Until the term of office of 1 of those public members expires, the board shall continue with 24 members. When the term of office of 1 or more of the 8 public members first expires, the governor shall not appoint 1 public member, to reduce the total number of public members to 7 and the total number of board members to 23.

(4) 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. 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 an individual 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 an individual licensed in the practice of medicine or osteopathic medicine and surgery or by an advanced practice registered nurse as that term is defined in section 17201.

(4) A licensee shall only perform diagnostic testing, such as endoscopic videolaryngostroboscopy, in collaboration with or under the supervision of an individual licensed in the practice of medicine or osteopathic medicine and surgery.

(5) A licensee shall follow procedures in which collaboration among the licensee and an individual 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, if 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 physician’s assistant, a licensed optometrist certified under part 174 to administer and prescribe therapeutic pharmaceutical agents, an advanced practice registered nurse as that term is defined in section 17201 who meets the requirements of section 17211a, 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 surgery.

(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 must be electronically recorded, printed, or written and immediately dated by the pharmacist, and that record is considered 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 is considered for the purposes of this definition the original prescription. For purposes of this part, prescription also includes a standing order issued under section 17744e. Subject to section 17751(2) and (5), prescription includes, but is not limited to, an order for a drug, not including a controlled substance 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, dentist prescriber, or veterinarian prescriber who is licensed to practice dentistry, medicine, osteopathic medicine and surgery, or veterinary medicine in another state.

(4) “Prescription drug” means a drug to which 1 or more of the following apply:

(a) The drug is dispensed pursuant to a prescription.

(b) The drug bears the federal legend “CAUTION: federal law prohibits dispensing without prescription” or “Rx only”.

(c) The drug is 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 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) Except as otherwise authorized for expedited partner therapy in section 5110 or as provided in section 17744a or 17744b, a dispensing prescriber 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, prescription drugs prescribed for the patient, prescription drugs dispensed or prescribed for expedited partner therapy as authorized in section 5110, and prescription drugs dispensed or prescribed as authorized under section 17744a or 17744b. 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 ensure 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 must 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) Except as otherwise authorized under section 5110, 17744a, or 17744b, 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, 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 statement required under section 17756.

(8) A dispensing prescriber who dispenses a complimentary starter dose drug to a patient, or an advanced practice registered nurse as that term is defined in section 17201 who dispenses a complimentary starter dose drug to a patient under section 17212, shall give the patient the information required in this subsection, by dispensing the complimentary starter dose drug to the patient in a container that bears a label containing the required information or by giving the patient a written document that may include, but is not limited to, a preprinted insert that comes with the complimentary starter dose drug and that contains the required information. The information required to be given to the patient under this subsection includes all of the following:

- (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, 17211a, 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 in 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) An individual shall not engage in the practice of physical therapy or practice as a physical therapist assistant unless licensed or otherwise authorized under this part. Except as otherwise provided in this subsection, a physical therapist or physical therapist assistant shall engage in the treatment of a patient if that treatment is prescribed by a health care professional who is an advanced practice registered nurse as that term is defined in section 17201, or who holds a license issued under part 166, 170, 175, or 180, or an equivalent license issued by another state. A physical therapist or a physical therapist assistant may engage in the treatment of a patient without the prescription of a health care professional who is an advanced practice registered nurse as that term is defined in section 17201, or who holds a license issued under part 166, 170, 175, or 180, or an equivalent license issued by another state, under either of the following circumstances:

(a) For 21 days or 10 treatments, whichever first occurs. However, a physical therapist shall determine that the patient's condition requires physical therapy before delegating physical therapy interventions to a physical therapist assistant.

(b) The patient is seeking physical therapy services for the purpose of preventing injury or promoting fitness.

(2) The following words, titles, or letters or a combination of words, titles, or letters, 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", "doctor of physiotherapy", "doctor of physical therapy", "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 perform activities within his or her scope of practice in the hospital if that treatment is prescribed by an individual who is an advanced practice registered nurse as that term is defined in section 17201, or who holds a license issued under part 166, 170, 175, or 180, or an equivalent license issued by another state.

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 that is subject to chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3573, the health facility or agency shall post the policy at a public place in the health facility or agency and shall provide the policy 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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.

(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, 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 with whom the physician has a practice agreement, with his or her advanced practice registered nurse, with his or her attorney, or with any other individual 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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse. 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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.



(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 a physician's assistant with whom the physician has a practice agreement, or by an advanced practice registered nurse, 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, physician's assistant, or advanced practice registered nurse who authorized the restraint. In case of a chemical restraint, the physician, or the advanced practice registered nurse who authorized the restraint, 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 and 217:

(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 ensures 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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.

(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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse. 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, money, 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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse, 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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse. 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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.

(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, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.

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

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

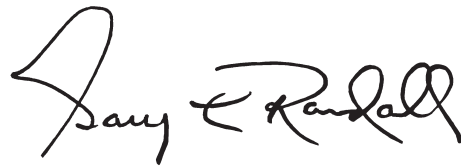
(c) "Practice agreement" means an agreement described in section 17047, 17547, or 18047.

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

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

Enacting section 1. This amendatory act takes effect 90 days after the date it is enacted into law.

This act is ordered to take immediate effect.



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Clerk of the House of Representatives



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Secretary of the Senate

Approved .....

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Governor