## **SENATE BILL NO. 419**

May 06, 2021, Introduced by Senators NESBITT, BUMSTEAD, BIZON, HORN and LASATA and referred to the Committee on Health Policy and Human Services.

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending sections 7303a, 16327, 17001, 17011, 17501, and 17511 (MCL 333.7303a, 333.16327, 333.17001, 333.17011, 333.17501, and 333.17511), section 7303a as amended by 2019 PA 43, section 16327 as amended by 2016 PA 499, section 17001 as amended by 2018 PA 624, sections 17011 and 17511 as amended by 2006 PA 398, section 17501

as amended by 2018 PA 524, and by adding sections 16325a, 17034, 17035, 17036, 17215, 17534, 17535, 17536, and 21525.

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## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- Sec. 7303a. (1) A prescriber who holds a controlled substances license may administer or dispense a controlled substance listed in schedules 2 to 5 without a separate controlled substances license for those activities.
- (2) Except as otherwise provided in rules promulgated under section 16204e and for a patient who is under the care of a hospice, beginning March 31, 2019 or, if rules are promulgated under section 16204e before March 31, 2019, on the date on which rules are promulgated under section 16204e, a licensed prescriber shall not prescribe a controlled substance listed in schedules 2 to 5 unless the prescriber is in a bona fide prescriber-patient relationship with the patient for whom the controlled substance is being prescribed. Except as otherwise provided in this subsection, if a licensed prescriber prescribes a controlled substance under this subsection, the prescriber shall provide follow-up care to the patient to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition. If the licensed prescriber is unable to provide follow-up care, he or she shall refer the patient to the patient's primary care provider for follow-up care or, if the patient does not have a primary care provider, he or she shall refer the patient to another licensed prescriber who is geographically accessible to the patient for follow-up care.
  - (3) Before prescribing or dispensing a controlled substance to a patient, a licensed prescriber shall ask the patient about other controlled substances the patient may be using. The prescriber

shall record the patient's response in the patient's medical or clinical record.

- (4) Beginning June 1, 2018, before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, a licensed prescriber shall obtain and review a report concerning that patient from the electronic system for monitoring schedule 2, 3, 4, and 5 controlled substances established under section 7333a. This subsection does not apply under any of the following circumstances:
- (a) If the dispensing occurs in a hospital or freestanding surgical outpatient facility licensed under article 17 and the controlled substance is administered to the patient in that hospital or facility.
- (b) If the patient is an animal as that term is defined in section 18802, the dispensing occurs in a veterinary hospital or clinic and the controlled substance is administered to the patient in that hospital or clinic.
- (c) If the controlled substance is prescribed by a licensed prescriber who is a veterinarian and the controlled substance will be dispensed by a pharmacist.
- (d) If the patient is under the care of a hospice and the report described in this subsection was obtained and reviewed at the time the patient was admitted to the hospice.
- (5) Beginning June 1, 2018, before prescribing or dispensing a controlled substance to a patient, a licensed prescriber shall register with the electronic system for monitoring schedule 2, 3, 4, and 5 controlled substances established under section 7333a.
- (6) A licensed prescriber who dispenses controlled substances shall maintain all of the following records separately from other

prescription records:

- (a) All invoices and other acquisition records for each controlled substance acquired by the prescriber for not less than 5 years after the date the prescriber acquires the controlled substance.
- (b) A log of all controlled substances dispensed by the prescriber for not less than 5 years after the date the controlled substance is dispensed.
- (c) Records of all other dispositions of controlled substances under the licensee's control for not less than 5 years after the date of the disposition.
- 12 (7) The requirement under section 7303 for a license is waived 13 in the following circumstances:
  - (a) When a controlled substance listed in schedules 2 to 5 is administered on the order of a licensed prescriber by an individual who is licensed under article 15 as a practical nurse, or a registered professional nurse, or a certified anesthesiologist assistant.
  - (b) When methadone or a methadone congener is dispensed on the order of a licensed prescriber in a methadone treatment program licensed under article 6 or when a controlled substance listed in schedules 2 to 5 is dispensed on the order of a licensed prescriber in a hospice rendering emergency care services in a patient's home as described in section 17746 by a registered professional nurse licensed under article 15.
  - Sec. 16325a. Fees for an individual licensed or seeking licensure to engage in practice as a certified anesthesiologist assistant under part 170 or part 175 are as follows:
- 29 (a) Application processing fee..... \$ 75.00

1	(b)	License fee, per year 60.00
2	(c)	Educational limited license 25.00
3	Sec.	16327. Fees for an individual who is licensed or seeking
4	licensure	to practice nursing as a registered professional nurse, a
5	licensed p	practical nurse, or a trained attendant under part 172 are
6	as follows	s:
7	(a)	Application processing fee \$ 75.00
8	(b)	License fee, per year
9	(C)	Temporary license
10	(d)	Limited license, per year 10.00
11	(e)	Specialty certification for registered
12		nurse:
13	(i)	Application processing fee 24.0050.00
14	(ii)	Specialty certification, per year 14.0030.00
15	Sec.	17001. (1) As used in this part:
16	(a)	"Academic institution" means either of the following:
17	(i) $A$	medical school approved by the board.
18	(ii)	A hospital licensed under article 17 that meets all of the
19	following	requirements:
20	(A)	Was the sole sponsor or a co-sponsor, if each other co-
21	sponsor is	s either a medical school approved by the board or a
22	hospital	owned by the federal government and directly operated by
23	the United	d States Department of Veterans Affairs, of not less than
24	4 postgrad	duate education residency programs approved by the board
25	under sect	tion 17031(1) for not less than the 3 years immediately
26	preceding	the date of an application for a limited license under
27	section 10	6182(2)(c) or an application for a full license under
28	section 1	7031(2), if at least 1 of the residency programs is in the
29	specialty	area of medical practice, or in a specialty area that

includes the subspecialty of medical practice, in which the applicant for a limited license proposes to practice or in which the applicant for a full license has practiced for the hospital.

- (B) Has spent not less than \$2,000,000.00 for medical education during each of the 3 years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2). As used in this sub-subparagraph, "medical education" means the education of physicians and candidates for degrees or licenses to become physicians, including, but not limited to, physician staff, residents, interns, and medical students.
- (b) "Anesthesiologist" means a physician who has been trained in the specialty of anesthesiology by completing a residency in anesthesiology that is approved by the board.
- (c) "Certified anesthesiologist assistant" means an individual who is licensed under this article to engage in practice as a certified anesthesiologist assistant.
- (d) (b) "Electrodiagnostic studies" means the testing of neuromuscular functions utilizing nerve conduction tests and needle electromyography. It does not include the use of surface electromyography.
- (e) (c) "Genetic counselor" means an individual who is licensed under this part article to engage in the practice of genetic counseling.
- (f) "Immediately available" means that a supervising anesthesiologist is in the physical proximity of a certified anesthesiologist assistant that allows the anesthesiologist to return and reestablish direct contact with the patient to meet the patient's medical needs and address any of the patient's urgent or

## emergent clinical problems.

- (g) (d)—"Medical care services" means those services within the scope of practice of physicians who are licensed or authorized by the board, except those services that the board prohibits or otherwise restricts within a practice agreement or determines shall not be delegated by a physician because a delegation would endanger the health and safety of patients as provided for in section 17048(1).
- (h) (e)—"Participating physician" means a physician, a physician designated by a group of physicians under section 17049 to represent that group, or a physician designated by a health facility or agency under section 20174 to represent that health facility or agency.
- (i) (f)—"Physician" means an individual who is licensed or authorized under this article to engage in the practice of medicine.
- (j) (g) "Podiatrist" means an individual who is licensed under this article to engage in the practice of podiatric medicine and surgery.
  - (k) (h)—"Practice agreement" means an agreement described in section 17047.
- (l) "Practice of anesthesiology" means engaging in the practice of medicine as an anesthesiologist.
  - (m) (i) "Practice of genetic counseling" means provision of
    any of the following services:
- (i) Obtaining and evaluating individual, family, and medical
  histories to determine the genetic risk for genetic or medical
  conditions or diseases in a client, the client's descendants, or
  other family members of the client.

- (ii) Discussing with a client the features, natural history, means of diagnosis, genetic and environmental factors, and management of the genetic risks of genetic or medical conditions or diseases.
- (iii) Identifying and coordinating appropriate genetic laboratory tests and other diagnostic studies for genetic assessment of a client.

- (iv) Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate a client's risk factors for genetic or medical conditions or diseases.
- (v) Explaining to a client the clinical implications of genetic laboratory tests and other diagnostic studies and their results.
- (vi) Evaluating the responses of a client and the client's family to a genetic or medical condition or disease or to the risk of recurrence of that condition or disease and providing client-centered counseling and anticipatory guidance.
- (vii) Identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy to a client.
- (viii) Providing written documentation of medical, genetic, and counseling information for families of and health care professionals of a client.
- (n) (j)—"Practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to

1 do, any of these acts.

- (o) "Practice as a certified anesthesiologist assistant" means the practice of anesthesiology performed under the supervision of an anesthesiologist.
- (p) (k)—"Practice as a physician's assistant" means the practice of medicine with a participating physician under a practice agreement.
- (q) (l)—"Qualified supervisor" means an individual who is a genetic counselor and who holds a license under this part other than a temporary or limited license.
- (r) "Supervision" means that term as defined in section 16109, except that for subdivision (o) and sections 17035 to 17036 it also includes the existence of a predetermined plan for emergency situations, including, but not limited to, the designation of an anesthesiologist to supervise a certified anesthesiologist assistant in the absence of the primary supervising anesthesiologist.
- 18 (s) (m)—"Task force" means the joint task force created in section 17025.
  - (t) (n) "Temporary licensed genetic counselor" means a genetic counselor who has been issued a temporary license under this article.
  - (2) In addition to the definitions in this part, article 1 contains definitions and principles of construction applicable to all articles in this code and part 161 contains definitions applicable to this part.
- Sec. 17011. (1) An individual shall not engage in the practice of medicine or practice as a physician's assistant unless licensed or otherwise authorized by this article. An individual shall not

 engage in teaching or research that requires the practice of medicine unless the individual is licensed or otherwise authorized by this article.

- (2) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license to an individual who meets the requirements of section 16186 or 17031(2) after reviewing the applicant's record of practice, experience, and credentials and determining that the applicant is competent to practice medicine.
- (3) For individuals applying for licensure under section 16186, the board shall not impose requirements on graduates of medical schools located outside the United States or Canada that exceed the requirements imposed on graduates of medical schools located in the United States or Canada.
- (4) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license in accordance with section 16186 after determining that each of the following conditions is satisfied:
- (a) The applicant has disclosed that a sanction is in force against him or her as described in section 16174(2)(b) and considering the reasons for the sanction and the applicant's record of practice, experience, credentials, and competence to engage in the practice of medicine, that sanction should not prevent the applicant from being granted a license in this state.
  - (b) The sanction imposed by the other state is not permanent.
- (c) The sanction imposed by the other state was not the result of a patient safety violation.
- (d) If the applicant was required by the state that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of his or her

licensure, the applicant did not complete the probationary period or treatment plan because the applicant ceased engaging in the practice of medicine in that state.

- (e) As a condition of licensure under this subsection, the applicant voluntarily agrees to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state that imposed the sanction.
- (5) Except as otherwise provided in this subsection, the following words, titles, or letters or a combination thereof, of the words, titles, or letters, with or without qualifying words or phrases, are restricted in use only to those individuals authorized under this part to use the terms and in a way prescribed in this part: "doctor of medicine", "m.d.", "physician's assistant", and "p.a.", "certified anesthesiologist assistant", and "c.a.a.".

  Notwithstanding section 16261, an individual who was specially trained at an institution of higher education in this state to assist a physician in the field of orthopedics and, upon completion of training, received a 2-year associate of science degree as an orthopedic physician's assistant before January 1, 1977 may use the title "orthopedic physician's assistant" whether or not the individual is licensed under this part.
- Sec. 17034. (1) By 90 days after the effective date of the rules promulgated by the board under section 17035, an individual shall not engage in practice as a certified anesthesiologist assistant unless he or she is licensed or otherwise authorized under this article as a certified anesthesiologist assistant.
- (2) The board may grant an educational limited license under section 16182(2)(a) to an individual who provides satisfactory evidence to the board that he or she meets all of the requirements

- 1 for licensure except the certifying examination. An educational
- 2 limited license issued under this section is valid until the
- 3 expiration of a period determined by the board that does not exceed
- 4 1 year or until the results of the required certifying examination
- 5 are made available, whichever is earlier.
- 6 (3) The board may grant a license as a certified
- 7 anesthesiologist assistant to an individual who provides
- 8 satisfactory evidence to the board that he or she has successfully
- 9 completed all of the following:
- 10 (a) A graduate level training program approved by the board.
- 11 (b) A certifying examination for certified anesthesiologist
- 12 assistants approved by the board.
- 13 (c) A course in advanced cardiac life-support techniques
- 14 approved by the board.
- 15 Sec. 17035. The board, in consultation with the department,
- 16 shall promulgate rules to do all of the following:
- 17 (a) Establish and, where appropriate, limit the duties and
- 18 activities related to the practice of anesthesiology that may be
- 19 performed by certified anesthesiologist assistants.
- 20 (b) Establish an appropriate ratio of supervising
- 21 anesthesiologists to certified anesthesiologist assistants, except
- in emergency cases.
- 23 (c) Subject to section 16204, prescribe continuing education
- 24 requirements as a condition for the renewal of a certified
- 25 anesthesiologist assistant license.
- 26 Sec. 17036. An anesthesiologist who supervises a certified
- 27 anesthesiologist assistant shall comply with both of the following:
- 28 (a) He or she shall be immediately available at all times.
- 29 (b) He or she shall ensure that all activities, functions,

- services, and treatment measures performed by a certified 1 2 anesthesiologist assistant are properly documented by the certified 3 anesthesiologist assistant.
- Sec. 17215. (1) Subject to this section, if a hospital that is designated as a critical access hospital enters into a collaborative agreement with an anesthesiologist, a nurse 7 anesthetist may provide an anesthesia service under the terms of the collaborative agreement without the anesthesia service being 8 9 supervised by a physician who is physically present when the 10 anesthesia service is performed.
- 11 (2) A hospital may implement a collaborative agreement with an anesthesiologist if all of the following are met: 12
  - (a) The hospital provides documentation to the department that a physician refuses to supervise a nurse anesthetist and that a reasonable effort to recruit an anesthesiologist to supervise the nurse anesthetist has failed.
- 17 (b) The collaborative agreement is approved by all of the 18 following:
- 19 (i) The medical director of anesthesia services for the 20 hospital.
  - (ii) The chief of surgery or chief of staff of the hospital.
- 22 (iii) The chief medical officer and the chief executive officer 23 of the hospital.
- 24 (iv) The department.

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- 25 (c) The collaborative agreement contains all of the following:
- 26 (i) An agreement by the anesthesiologist to participate in 27 monitoring the quality of anesthesia services provided by the nurse anesthetist and to serve as, or collaborate with, the medical 28 29 director of anesthesia services for the hospital.

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- (ii) An agreement by the anesthesiologist to be immediately available for direct communication with the nurse anesthetist either in person or by radio, telephone, telecommunication, or telemedicine.
- (iii) A provision stating that a nurse anesthetist shall not perform an anesthesia service if any of the following are met unless the anesthesia service is performed under the supervision of a physician who is physically present when the anesthesia service is performed:
  - (A) The patient is less than 12 years old.

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- (B) The patient falls into class III, IV, or V of the American Society of Anesthesiologists Physical Status Classification System.
  - (C) The patient is susceptible to malignant hyperthermia.
  - (D) The patient has a body mass index that is greater than 50.
- 15 (E) The patient has a difficult airway or it is anticipated 16 that the patient will have a difficult airway.
  - (F) The patient has an implantable cardiac device.
- 18 (G) Other than postoperative nausea and vomiting, the patient 19 is known to have a history of significant difficulty with 20 anesthesia.
- 21 (H) The patient is undergoing surgery that is anticipated to 22 last longer than 3 or more hours.
- 23 (I) It is anticipated that the patient's surgery will require 24 a blood transfusion.
  - (J) The patient, the nurse anesthetist, or the physician who is performing the procedure requests that the anesthesia service be provided under the supervision of a physician who is physically present when the service is performed.
    - (3) If a nurse anesthetist provides an anesthesia service

- under subsection (1), the hospital shall inform the patient, in writing, that the anesthesia service will be performed by a nurse anesthetist under the supervision of a physician who is not physically present when the service is performed.
  - (4) As used in this section:

- (a) "Anesthesiologist" means a physician who has been trained in the specialty of anesthesiology by completing a residency in anesthesiology that is approved by the Michigan board of medicine or the Michigan board of osteopathic medicine and surgery.
- (b) "Collaborative agreement" means an agreement described in subsection (2).
  - (c) "Hospital" means that term as defined in section 20106.
- 13 (d) "Nurse anesthetist" means a registered professional nurse
  14 who has been granted a specialty certification as a nurse
  15 anesthetist under section 17210.
  - (e) "Telemedicine" means the use of an electronic medium to link a patient with a health care professional in a different location. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191, compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.
- 24 Sec. 17501. (1) As used in this part:
  - (a) "Anesthesiologist" means a physician who has been trained in the specialty of anesthesiology by completing a residency in anesthesiology that is approved by the board.
- 28 (b) "Certified anesthesiologist assistant" means an individual
  29 who is licensed under this article to engage in practice as a

## certified anesthesiologist assistant.

- (c) (a) "Electrodiagnostic studies" means the testing of neuromuscular functions utilizing nerve conduction tests and needle electromyography. It does not include the use of surface electromyography.
- (d) "Immediately available" means that a supervising anesthesiologist is in the physical proximity of a certified anesthesiologist assistant that allows the anesthesiologist to return and reestablish direct contact with the patient to meet the patient's medical needs and address any of the patient's urgent or emergent clinical problems.
- (e) (b) "Medical care services" means those services within the scope of practice of physicians who are licensed or authorized by the board, except those services that the board prohibits or otherwise restricts within a practice agreement or determines shall not be delegated by a physician without endangering because a delegation would endanger the health and safety of patients as provided for in section 17548(1).
- (f) (c)—"Participating physician" means a physician, a physician designated by a group of physicians under section 17549 to represent that group, or a physician designated by a health facility or agency under section 20174 to represent that health facility or agency.
- (g) (d)—"Physician" means an individual who is licensed or authorized under this article to engage in the practice of osteopathic medicine and surgery.
- (h) (e)—"Practice agreement" means an agreement described in section 17547.
  - (i) "Practice of anesthesiology" means engaging in the

practice of osteopathic medicine and surgery as an anesthesiologist.

- (j) "Practice as a certified anesthesiologist assistant" means the practice of anesthesiology performed under the supervision of an anesthesiologist.
- (k) (f)—"Practice of osteopathic medicine and surgery" means a separate, complete, and independent school of medicine and surgery utilizing full methods of diagnosis and treatment in physical and mental health and disease, including the prescription and administration of drugs and biologicals, operative surgery, obstetrics, radiological and other electromagnetic emissions, and placing special emphasis on the interrelationship of the musculoskeletal system to other body systems.
- (l) (g)—"Practice as a physician's assistant" means the practice of osteopathic medicine and surgery with a participating physician under a practice agreement.
- (m) "Supervision" means that term as defined in section 16109, except that for subdivision (j) and sections 17535 to 17536 it also includes the existence of a predetermined plan for emergency situations, including, but not limited to, the designation of an anesthesiologist to supervise a certified anesthesiologist assistant in the absence of the primary supervising anesthesiologist.
- (n) (h)—"Task force" means the joint task force created in section 17025.
- (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. 17511. (1) A person shall not engage in the practice of osteopathic medicine and surgery or practice as a physician's assistant unless licensed or otherwise authorized by this article.

- (2) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license in accordance with section 16186 after determining that each of the following conditions is satisfied:
- (a) The applicant has disclosed that a sanction is in force against him or her as described in section 16174(2)(b) and considering the reasons for the sanction and the applicant's record of practice, experience, credentials, and competence to engage in the practice of osteopathic medicine and surgery, that sanction should not prevent the applicant from being granted a license in this state.
  - (b) The sanction imposed by the other state is not permanent.
- (c) The sanction imposed by the other state was not the resultof a patient safety violation.
  - (d) If the applicant was required by the state that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of his or her licensure, the applicant did not complete the probationary period or treatment plan because the applicant ceased engaging in the practice of osteopathic medicine and surgery in that state.
  - (e) As a condition of licensure under this subsection, the applicant voluntarily agrees to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state that imposed the sanction.
  - (3) Except as otherwise provided in this subsection, the following words, titles, or letters or a combination thereof, of

- 1 the words, titles, or letters, with or without qualifying words or
- 2 phrases, are restricted in use only to those persons individuals
- 3 authorized under this part to use the terms and in a way prescribed
- 4 in this part: "osteopath", "osteopathy", "osteopathic
- 5 practitioner", "doctor of osteopathy", "diplomate in osteopathy",
- 6 "d.o.", "physician's assistant", and "p.a.", "certified
- 7 anesthesiologist assistant", and "c.a.a.". Notwithstanding section
- 8 16261, a person an individual who was specially trained at an
- 9 institution of higher education in this state to assist a physician
- in the field of orthopedics and, upon on completion of training,
- 11 received a 2-year associate of science degree as an orthopedic
- 12 physician's assistant before January 1, 1977 may use the title
- 13 "orthopedic physician's assistant" whether or not the individual is
- 14 licensed under this part.
- Sec. 17534. (1) By 90 days after the effective date of the
- 16 rules promulgated by the board under section 17535, an individual
- 17 shall not engage in practice as a certified anesthesiologist
- 18 assistant unless he or she is licensed or otherwise authorized
- 19 under this article as a certified anesthesiologist assistant.
- 20 (2) The board may grant an educational limited license under
- 21 section 16182(2)(a) to an individual who provides satisfactory
- 22 evidence to the board that he or she meets all of the requirements
- 23 for licensure except the certifying examination. An educational
- 24 limited license issued under this section is valid until the
- 25 expiration of a period determined by the board that does not exceed
- 26 1 year or until the results of the required certifying examination
- 27 are made available, whichever is earlier.
- 28 (3) The board may grant a license as a certified
- 29 anesthesiologist assistant to an individual who provides

satisfactory evidence to the board that he or she has successfully 1 completed all of the following:

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- (a) A graduate level training program approved by the board.
- (b) A certifying examination for certified anesthesiologist assistants approved by the board.
- (c) A course in advanced cardiac life-support techniques approved by the board.
- Sec. 17535. The board, in consultation with the department, 9 shall promulgate rules to do all of the following:
- 10 (a) Establish and, where appropriate, limit the duties and 11 activities related to the practice of anesthesiology that may be performed by certified anesthesiologist assistants. 12
  - (b) Establish an appropriate ratio of supervising anesthesiologists to certified anesthesiologist assistants, except in emergency cases.
- 16 (c) Subject to section 16204, prescribe continuing education 17 requirements as a condition for the renewal of a certified 18 anesthesiologist assistant license.
- 19 Sec. 17536. An anesthesiologist who supervises a certified 20 anesthesiologist assistant shall comply with both of the following:
  - (a) He or she shall be immediately available at all times.
  - (b) He or she shall ensure that all activities, functions, services, and treatment measures performed by a certified anesthesiologist assistant are properly documented by the certified anesthesiologist assistant.
  - Sec. 21525. A hospital that enters into a collaborative agreement under section 17215 shall do both of the following:
- 28 (a) Submit an annual report to the Michigan board of medicine 29 and the Michigan board of osteopathic medicine and surgery that

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- addresses metrics for anesthesia, as required by the boards by rule. The report must be submitted to the boards described in this section in the form and manner prescribed by the boards.
- (b) Provide a written or electronic copy of the report described in subdivision (a) to the public on request.

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