

Changes in the Scope of Practice Environment for Nurse Practitioners in Michigan

It has been an exciting and interesting year in the policy world for NP practice in Michigan. The changes that have occurred happened on the both the legislative (statute) and regulatory (rules) fronts here in Michigan. To start the explanation, we will explore the relationship between legislation (statutes or law) and regulation (i.e. Board of Nursing (BON) rules).

When bills are passed into law that impact a profession such as nursing, it requires that the Board of Nursing write rules that correspond to the statutes as passed. Interestingly, this year we had three things happen within a short period of time:

1. **The Board of Medicine (BOM)**, rewrote their regulations (rules) for the MDs in Michigan to allow them to delegate to APRNs the ability to prescribe Scheduled II-V medications, effective December 6, 2016. The change in the rule pertained specifically to the ability for APRNs to be allowed to write Schedule II medications under MD delegation for up to a 30-day supply (which is all that is allowed anyway). This is consistent with what Physician Assistants are allowed to do. **The Board of Osteopathic Medicine & Surgery (BOMS)** passed the same rules for DOs, and it was approved at the same time the Board of Nursing rule changes occurred, on December 20, 2016.
2. **The Board of Nursing (BON)**, rewrote regulations regarding RNs and APRNs. Under the general requirements they made new requirements for licensure, definitions of activities undertaken by APRNs and more. Here are the highlights of the changes:
 - **Increase in license fees.** Now \$60.00 for RN license. No change in specialty certification cost.
 - **R 338.10105 Training standards for identifying victims of human trafficking**—must get training in identifying human trafficking in health care, it can be online, live, printed or electronic media. Must have proof of completion with a certificate including name and what was covered. Can be a self-certification statement.
 - **R 338.10401 Definition**, (c) “Nurse practitioner” means an individual who is licensed under part 172 of the code as a registered nurse, who is certified by the board to use the title nurse practitioner, and who focuses on the performance of comprehensive assessments; providing physical examinations and other health assessments and screening activities; and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. Nursing care provided by a nurse practitioner includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing pharmacological and nonpharmacological interventions and treatments that are within the nurse practitioner’s specialty role and scope of practice; health promotion; disease prevention; health education; and counseling of patients and families with potential, acute, and chronic health disorders.
 - **R 338.10401a Temporary certification.** Rule 401. Temporary certification in a nursing specialty field is not available in this state.

- **R 338.10404b Specialty certification qualifications; nurse practitioner. Rule 404b.** A specialty certification for nurse practitioner shall be granted to a registered professional nurse who satisfies all of the following requirements:

 - (a) Holds a current and valid license to practice nursing in this state.
 - (b) Submits an application for certification as a nurse practitioner, on a form provided by the department with the required fee.
 - (c) Possesses advanced practice certification from 1 of the following certification organizations, or successor organizations:
 - (i) The American Nurses Credentialing Center.
 - (ii) The Pediatric Nursing Certification Board.
 - (iii) The National Certification Corporation for Women’s Health Care Nurse Practitioner and Neonatal Nurse Practitioner.
 - (iv) The American Academy of Nurse Practitioners for Adult Nurse Practitioners, Family Nurse Practitioners, and Adult-Gerontology Primary Care Nurse Practitioners.
 - (v) The Oncology Nursing Certification Corporation.
 - (vi) The American Association of Critical Care Nurses Certification Corporation for Acute Care Nurse Practitioner.

- **R 338.10405b Nurse practitioner specialty certification renewal or reregistration; schedule; requirements; maintenance of evidence of compliance.**

 - (a) An applicant who holds national certification as a nurse practitioner shall have obtained recertification or maintained certification within the 2-year period immediately preceding the application from 1 of the following organizations or successor organizations:
 - (i) The American Nurses Credentialing Center.
 - (ii) The Pediatric Nursing Certification Board.
 - (iii) The National Certification Corporation for Women’s Health Care Nurse Practitioner and Neonatal Nurse Practitioner.
 - (iv) The American Academy of Nurse Practitioners for Adult Nurse Practitioners, Family Nurse Practitioners, and Adult-Gerontology Primary Care Nurse Practitioners.
 - (v) The Oncology Nursing Certification Corporation.
 - (vi) The American Association of Critical Care Nurses Certification Corporation for Acute Care Nurse Practitioner.
 - (b) An applicant who obtained Michigan board certification as a nurse practitioner before 1991 shall have completed 40 continuing education hours in the nursing specialty field within the 2-year period immediately preceding the application. The board approves and adopts by reference in this rule the standards listed in R 338.10602 for approving continuing education activities for the nurse practitioner.
 - (c) An applicant or licensee shall maintain evidence of his or her compliance with the requirements of this rule for a period of 4 years after the date of application, during which time the board may require the licensee to submit such evidence for audit.

- **R 338.10602 Acceptable continuing education; requirements; limitations.** They updated the types of acceptable CEU's that can be used.
 - **Many rule changes were specific to RN licensure and education:** i.e. Changes to how nursing programs are approved in MI, curriculum, who can serve as faculty, preceptors and their education level requirements, and allow for up to 50% of clinical hours to be simulation.
3. **Public Act 499 of 2016 (HB 5400)**—The passage of HB 5400 (signed by Governor Snyder on January 9, 2017 with new terms effective April 9, 2017) improves nurse practitioner practice in Michigan in the following ways:
- Defined Advanced Practice Registered Nurse (APRN): CNM, NP, CNS.
 - Authorized NPs to prescribe non-scheduled pharmaceuticals independently.
 - Authorized NPs to order Physical Therapy, Speech Therapy and restraints (there is nothing included about Occupational Therapy, because current statute in Michigan allows NPs to order OT. Thus, there was no need to make a change).
 - Authorized NPs to prescribe Scheduled **II-V** medications with a delegated agreement with a physician. (This is a delegated act)
 - i. Both names will appear on the prescription and both DEA numbers will be used, recorded or indicated.
 - Authorizes APRNs to order, receive, and dispense a non-scheduled complimentary starter dose drug without delegation from a physician. Only the name of APRN is recorded.
 - Authorizes APRNs who have a delegated agreement with a physician for scheduled medications to give complimentary starter doses.
 - Authorizes APRN to make calls, round in private homes, public institutions, emergency vehicles, Ambulatory care clinics, hospitals, intermediate or extended care facilities, HMO, Nursing homes or other health care facilitates, without restrictions on the time or frequency of visits by a physician or APRN.
 - Added language about APRNs in nursing homes, and added APRNs to the language regarding the rights of nursing home residents.
 - Added Clinical Nurse Specialists (CNS) to Public Health Code as APRNs.
 - Changed the number of members on Board of Nursing to 24, by adding 1 CNS to board. Once 1 of the public members has served their term the board will return to 23 members, with only 7 public members instead of the current 8.

Scope of practice for NPs is based on three things: Education (Certification); Statute (law) and Regulations (BON rules). These three aspects of scope of practice for NPs work in concert and you should be aware of the requirements for all three. The changes that were made to the Board of Medicine and Board of Osteopathic Medicine & Surgery were necessary with the passage of HB 5400, as they anticipated that it would be passed. The Board of Nursing will have to have further changes made to add Clinical Nurse

Specialists to the APRN role in Michigan, which includes rules regarding what a CNS can and cannot do.

Finally, it is up to you to understand what the limits are of your certification, state laws and regulations. The changes described here all work in concert with the continued effort to get authorization to practice to the full extent of our education and clinical training in MI. There is still more work to do but we are on the right track to move forward.

What is required of you to practice under the new statute (law) and BON administrative regulations (rules):

- you will pay more for your RN license when it comes up for renewal;
- you need to update your prescriptive authority agreement to delegate only schedule II-V medications;
- if you don't have a DEA, you will need to apply for one to have the authorization to write for Schedule II-V medications
(https://www.deadiversion.usdoj.gov/online_forms_apps.html)
- if you currently have a DEA number but it doesn't include Schedule II medications you will need to amend your DEA license;

-You must submit a form request that you would like to modify your registration to include schedules II and IIN. Click [HERE](#) for form. This form must be signed by the Nurse Practitioner and delegating physician. In addition, the DEA will need a new copy of the delegation of prescriptive authority for verification that the supervising physician is allowing to addition of II and IIN. You can fax, or mail this request.

- Last name A-L:
 - Fax to 313-226-7546 Attention Teresa Adams-Blair
 - They may not always be able to respond to every submission to acknowledge receipt, however you may call Teresa within a few days after submission to confirm/check on the status fax at 313-226-7522.
- Last name M-Z:
 - attn: Kristen Katcherian
 - They may not always be able to respond to every submission to acknowledge receipt, however you may call Kristen within a few days after submission to confirm/check on the status fax at 313-226-7536.
- Mail to: DEA, 211 W. Fort St, Suite 610, Detroit, MI 48226 (attention above based on last name)

For questions, email detroitdiversionreg@dea.usdoj.gov or call the above numbers based on your last name.

- you will need to ensure that you meet the human trafficking requirements for renewal of your RN license.

Be aware, that your institutions/clinics can be more restrictive than the Michigan statutes and rule require, so you will need to work with them to understand what they are going to require. There is nothing in statute that requires you to have a “collaborative agreement.” However, most indemnifiers (insurers) require NPs to have a collaborative agreement. Currently, CMS has such a requirement. You will find links to examples of the types of

agreements that you need in the FAQ documents after you log in to the members-only section of the MICNP database.