Michigan Senate Bill 68 of 2015

SB 68 - Amends the Michigan Public Health Code to provide licensure and DEFINE the scope of practice for Advanced Practice Registered Nurses who hold a specialty certification as a:

- Certified Nurse Midwife
- Certified Nurse Practitioner
- Clinical Nurse Specialist- Certified

SB 68 will not allow APRNs to provide care beyond their advanced education, training and national certification.

SB 68 WILL:

-Authorize a licensed APRN to prescribe nonscheduled prescription drugs and controlled substances including Schedules 2 through 5 autonomously, if he or she has met certain criteria and it is within the parameters of his or her defined scope of practice (education, training and national certification).

-Require an APRN to enter into a mentorship agreement with an independent prescriber (including a licensed APRN) if he or she had been licensed or certified for less than four years.

-Require an APRN, before prescribing a controlled substance Scheduled 2 to 5, to request that the Department of Community Health (DCH) provide any data in its electronic monitoring system concerning that controlled substance. After prescribing the controlled substance, the APRN would have to give DCH any information about the prescription that a dispensing prescriber is required to report for the electronic monitoring system.

-Create the APRN Task Force and revises the membership of the Michigan Board of Nursing.

-Include a licensed APRN among the individuals who may refer a patient for speech-language pathology services or occupational therapy, and among those who may prescribe physical therapy.

-Create the APRN Health Resource Shortage Area Fund. This fund will provide grants to APRNs who begin employment in a Health Resource Shortage Area after the effective date of the Act. This fund is completely self-sustaining through the APRN licensure fee and does not use any state funds.

-Require an APRN to consult with or refer patients to other health professionals as appropriate, or refer a patient to other health professionals if the care is outside the APRN’s education, training, and national certification.

-Prohibit an APRN to own or organize (after the amendatory act) a for-profit entity for the purpose of providing services as an APRN to the general public as a: Corporation, a Professional Corporation, a Limited Liability Company, or a Professional Limited Liability Company.
Senate Bill 68 Messaging:

- As defined by the National Council of State Boards of Nursing, Advanced Practice Registered Nurses (APRNs) are a vital part of the health system of the United States. They are Registered Nurses (RNs) who hold a Bachelor of Science (BSN) in Nursing and continue their education to obtain a graduate nursing degree, and are nationally certified in a specific role and patient population. APRNs are educated and nationally certified to assess, diagnose, and manage patient problems, order and interpret diagnostic and laboratory tests, and prescribe medications within their scope of practice.

- SB 68 defines the scope of practice for APRNs and brings Michigan’s Public Health Code (PHC) into alignment with national education and practice standards for three roles of APRN Practice (Nurse Practitioners, Certified Nurse Midwives and Clinical Nurse Specialists.)

- SB 68 will not impact quality assurance requirements from health care and insurance organizations. APRN’s, like all health care professionals, have a legal and ethical obligation to consult and refer patients to specialists when needed. APRN’s will continue to remain an integral part of the patient-centered care team.

- SB 68 allows for full prescriptive authority within the parameters of APRNs’ education, training, and national certification. Licensure and prescriptive authority for qualified APRNs allows for better tracking of outcomes, increases billing transparency and clarifies accountability.

- Over 40 years of evidence based research supports that APRNs provide safe, quality, cost-effective care, with positive patient outcomes. In addition, the Federal Trade Commission has also endorsed defining scope of practice legislation for APRNs, noting that such legislation can benefit consumers by increasing access to quality health care and reducing costs.

- The current practice environment creates unnecessary barriers to practice and inhibits Michigan from being a competitive work environment.

- The best care comes from a patient-centered team. SB 68 promotes team-based care by allowing APRNs to become more effective team members, provide prevention and wellness services, care coordination, and quality assurance – components that lead to better patient outcomes.
SB 68 Frequently Asked Questions:

What is an Advance practice Registered Nurse (APRN)?

An APRN is a Registered Nurse (RN) with a Bachelor’s degree in nursing who has also completed a Master’s or Doctorate degree focusing on a specific, specialty field in nursing. For example, a Neonatal Nurse Practitioner cannot diagnose, treat, prescribe or provide healthcare to an adult because Neonatal Nurse Practitioners are educated and nationally certified to care only for critically ill infants and neonates.

Will this bill allow APRNs to practice medicine like a physician?

No. APRNs have intense graduate education, training and experience in a specific role and population specialization within nursing. An APRN must choose which specialty area in nursing they wish to study. If they want to work in a field other than the field they studied, they must go back and get an additional graduate degree. This bill only enables an APRN to practice within the scope of practice within their education, training and national certification. It does NOT expand their scope of practice.

Will this bill allow APRNs to “hang their own shingle” to own a medical practice?

The legislation does NOT allow APRNs to own or organize (after the amendatory act) a for-profit entity for the purpose of providing services as an APRN to the general public as a: Corporation, a Professional Corporation, a Limited Liability Company, a Professional Limited Liability Company.

How would SB 68 change the current Michigan Public Health Code (PHC)?

Currently, the PHC includes a definition of a Registered Nurse (RN) and only recognizes specialty certification for Nurse Practitioners (NPs), Certified Nurse Midwives (CNMs) and Clinical Nurse Specialists (CNSs), but it does not include a definition or the scope of practice of these APRNs.

This legislation will add a definition for APRNs. This definition is based on the National Council of State Boards of Nursing Consensus Model for APRN Regulation.

Currently, the PHC grants specialty certification for the APRNs. This legislation will make APRNs licensed by the Board of Nursing.

How will the responsibilities and authority of APRNs change?

The responsibilities of APRNs will not change. These responsibilities are based on graduate and post-graduate education and the specialty field the APRN has studied. What it will do is allow APRNs to practice to the full extent of education and experience.
APRNs will be directly accountable for the care they provide. Their name and credentials will be on their prescriptions, patient test results, and patient records. They will be transparent to the public and be practicing in an autonomous manner.

**Will prescriptive authority be expanded?**

No. Currently APRNs can prescribe medication as a delegated function from a physician. The proposed legislation would add APRNs to the list of health care professionals who can prescribe medications autonomously, however, APRNs could only prescribe medications within the parameters of their defined scope of practice (based on education, and national certification). What this will mean is that APRNs’ names will appear on prescriptions, prescription bottles, and in the medical record as the prescriber. It will be clear who prescribed the medication, and if there are any questions regarding a prescription it will be easy to contact the person who actually wrote the prescription.

**To what degree will physician oversight be needed?**

SB 68 requires APRNs to consult with other health care providers when appropriate to meet the needs of the patient. APRNs are educated and trained to collaborate and coordinate patient care as a core competency.

**Will patients see any changes if the bill passes?**

Patients will have more choices when identifying a healthcare provider. Consumers will have increased access to care, with a reduction in costs. If they are receiving care from an APRN, their prescriptions will include the name of the APRN. They will also be offered the option of seeing APRNs more often as APRNs become more visible in the health care marketplace.

**Will this help recruit APRNs to Michigan?**

Yes. Currently Michigan is not considered one of the preferred states in which to practice because it lacks a definition of APRN practice in the law. This restricts APRNs from practicing at the full extent of their education, national certification and training. Defining the APRN role in the Public Health Code will give patients’ access to APRNs and increase the number APRNs who stay in Michigan.

**What impact will it have on reimbursement?**

The language of the bill will not mandate coverage by any insurance company, but it will give insurance companies a definition of the scope of practice for APRNs. Care provided by APRNs will be provided under their own name and provider number, rather than under a physician’s name and provider number. Insurance companies will be able to measure outcomes of care by both APRNs and physicians separately.
Will the proposed legislation help increase the availability of health care in Michigan?

Yes. Currently APRNs need a physician to delegate prescriptive authority to them. If there is not a physician in a community willing to enter into a collaborative agreement with an APRN, then the APRN cannot practice in that area.

This legislation would allow the APRN to be autonomous within a defined scope of practice and therefore practice in whatever community is in need of a health care provider. Evidence shows that states that have less restrictive laws have more health care providers (providers per 100,000 population) than those that have a restrictive practice environment for APRNs.

In addition, SB 68 would include a licensed APRN among the healthcare providers who may refer a patient for speech-language pathology services or occupational therapy, and among those who may prescribe physical therapy.