Legislative Analysis

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NURSE PRACTITIONERS

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House Bill 4399 (proposed substitute H-1)
Sponsor: Rep. Dave Prestin
Committee: Health Policy
Complete to 11-5-25

SUMMARY:

House Bill 4399 would amend the Public Health Code to modify requirements for nurse practitioner certification, create an optional certification process that allows certain nurse practitioners to prescribe and dispense controlled substances without delegation, and make related changes to the code's pharmacy provisions.

The code allows the Board of Nursing to grant a specialty certification to a registered professional nurse[1] who has advanced training beyond what is required for initial licensure, who has demonstrated competency through examination or another evaluation process, and who practices in the health profession specialty field of nurse midwifery, clinical nurse specialist, or nurse practitioner. A nurse who has been granted one of these specialty certifications is known as an advanced practice registered nurse.[2] The bill applies only to the specialty certification for nurse practitioners.

Currently, a registered professional nurse must complete an approved graduate-level nursing program and hold certification from one of several national nursing organizations to receive a specialty certification as a nurse practitioner.

Under the bill, the Department of Licensing and Regulatory Affairs (LARA), in consultation with the Board of Nursing, could grant a specialty certification as a nurse practitioner to a registered professional nurse who meets all of the following requirements:

- The individual has completed a graduate, postgraduate, or doctoral level nursing education program that prepares them for the specialty field of nurse practitioner, as determined by LARA in consultation with the board. The program would have to include coursework in pharmacology, pathophysiology, assessment, and clinical practicum, or equivalent courses.
- The individual holds a certification demonstrating role and population-focused competencies from a nationally accredited certification body approved by LARA in consultation with the board.
- The individual meets any other requirement established by rule.

[1] *Registered professional nurse* (or r.n.) means an individual who is licensed under the code to engage in the practice of nursing which scope of practice includes teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

[2] The code also provides for specialty certification as a nurse anesthetist, but these health professionals are not considered *advanced practice registered nurses* for purposes of the code.

The bill would add language requiring a nurse who holds a specialty certification as a nurse practitioner to do both of the following:

- Comply with the standards established by the board and with the national accreditation standards of the national professional nursing associations applicable to the specialty certification.
- Consult with other health professionals, and refer a patient to other health professionals, as the board considers appropriate.

By rule, a nurse who holds a specialty certification as a nurse practitioner can do all of the following in their practice (in addition to performing duties within the practice of nursing):

- Perform comprehensive assessments.
- Provide physical examinations and other health assessments.
- Provide screening activities.
- Diagnose, treat, and manage patients with acute and chronic illnesses and diseases.
- Order, perform, supervise, and interpreting laboratory and imaging studies.
- Prescribe pharmacological and nonpharmacological interventions and treatments that are within the nurse practitioner's specialty role and scope of practice.
- Health promotion and disease prevention.
- Health education.
- Provide health education, and counseling of patients and families with potential, acute, and chronic health disorders.

The bill would codify the above provisions into law. In addition, the bill would allow a nurse who holds a specialty certification as a nurse practitioner to supervise registered professional nurses, licensed practical nurses,[3] and other individuals performing health occupations.

The bill also would revise how nurse practitioners may prescribe and dispense controlled substances. Nurse practitioners would continue to prescribe and dispense controlled substances as a delegated act from a physician for nurse midwives and clinical nurse specialists, or from a ***qualified delegating practitioner*** for nurse practitioners.

> ***Qualified delegating practitioner*** would be newly defined by the bill to mean a physician, or an advanced practice registered professional nurse (a.p.r.n.) in the nurse practitioner health profession specialty field.

However, the bill would add new provisions that allow nurse practitioners who meet additional experience and education requirements to be certified to prescribe and dispense controlled substances without delegation. To qualify for certification, a nurse practitioner would have to have at least 1,000 hours of experience practicing as a nurse practitioner in Michigan or another state; complete at least 15 hours of continuing education per renewal cycle in pharmacology, therapeutics, or prescribing; and meet any other requirements established by LARA in consultation with the board.

[3] *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 r.n. and performed under the supervision of a r.n., physician, or dentist.

A nurse practitioner certified under these provisions could do any of the following *without* delegation from a physician:[4]

- Prescribe a controlled substance included in Schedules 2 to 5 (see **Background**).
- Order, receive, and dispense complimentary starter doses of controlled substances included in Schedules 2 to 5.

Only the nurse's name and DEA registration number would have to be used, recorded, or otherwise indicated in connection with the prescription, order, receipt, or dispensing.

The bill would make related changes to pharmacy-related sections of the code, to recognize certified nurse practitioners as prescribers and clarify labeling and recordkeeping requirements when nurse practitioners dispense complimentary starter doses.

MCL 333.17201 et seq. and proposed MCL 333.17201a, MCL 333.17210a, and 333.17211b

BACKGROUND:

Controlled substances are classified in the code under one of five schedules that are modeled after those in the federal Controlled Substances Act. That law, enacted in 1970, regulates drugs and other substances that are determined to pose a risk of abuse and dependence, regardless of whether they are medical or recreational or are distributed legally or illegally.[5] Schedule 1 controlled substances have a high potential for abuse and no safe or acceptable use for medical treatment. Schedule 2 controlled substances have a high potential for abuse that may lead to severe psychic or physical dependence, but they also have currently accepted medical uses. Controlled substances on Schedules 3 to 5 also have accepted medical uses, and increasingly less potential for addiction or abuse.

FISCAL IMPACT:

House Bill 4399 would have no fiscal impact on any units of state or local government.

Legislative Analyst: Leah Doemer
Fiscal Analyst: Una Jakupovic

[4] As described above, the code now allows advanced practice registered nurses to prescribe, order, receive, or dispense the controlled substances as described *with* a physician's delegation.
[5] See https://crsreports.congress.gov/product/pdf/R/R45948