ADVANCED PRACTICE REGISTERED NURSES EXPANDED SCOPE OF PRACTICE - NEW LEGISLATION IN MICHIGAN

Due in part to health care reform and an aging population, the demand for primary care is on the rise. Many are predicting that an insufficient number of primary care physicians will exist to meet this demand. Thus, an expansion of the health care workforce is critical. Many states are looking to nurses, more specifically advanced practice registered nurses ("APRNs"), to grow their health care workforce and to meet the primary care demand.

APRNs are nurses who possess graduate-level degrees, advanced clinical knowledge and skills to provide direct patient care. The scope of practice for APRNs varies greatly depending on state laws and regulations. For instance, there are 21 states that do not recognize APRNs at all; while there are 16 states and Washington, D.C., where APRNs may practice autonomously with regard to providing diagnosis and treatment, and are allowed to prescribe certain drugs independently. Although a wide range of an APRN's scope of practice exists among different states, as demand for primary care increases, more states are passing legislation to move towards expanding an APRN's scope of practice to allow the use of APRNs to fill the gap in primary care.

As the most recent example of this increasing attention on APRN scope of practice, on January 5, 2017, Michigan's governor, Rick Snyder, signed House Bill 5400 into law (Mich. 2016 PA 499) (the "Act"), which expands the scope of practice for APRNs. In addition, the Act amends the Michigan Public Health Code to require licensure and regulation of APRNs. Some of the key provisions of the Act are as follows.

APRN DEFINITION
The Act adds a definition of an APRN to the Michigan Public Health Code. It defines an APRN as a registered professional nurse who has been granted a specialized certification of nurse midwifery, nurse practitioner or clinic nurse specialist.

SPECIALTY CERTIFICATION
Prior to the Act, the Michigan Board of Nursing possessed the authority to grant specialty certification to a registered professional nurse who has advanced training beyond what is required for initial licensure, has demonstrated competency through examination or other evaluative processes and practices in one of the following specialty fields: i) nurse midwifery; ii) nurse anesthetist; or iii) nurse practitioner. The Act adds clinical nurse specialists to this list of nursing health profession specialty fields available for certification by the Board. If a registered nurse is granted a specialty certification, the Public Health Code recognizes them as an APRN (unless the specialty certification received is nurse anesthetist).

ESSENTIAL HEALTH PROVIDER REPAYMENT PROGRAM
The Public Health Code requires the department to administer an essential health provider repayment program for certain designated professionals who perform full-time health care services in a health resource shortage area and have incurred debt or expenses as a result of their education or training. The Act adds certified clinical nurse specialists to the list of designated professionals who are entitled to participate in the essential health provider repayment program.

HIV NOTIFICATION AND COUNSELING
Under the Michigan Public Health Code, an individual who is applying for a marriage license must receive information regarding the transmission and prevention of sexually transmitted infections (including HIV). If an applicant for a marriage license undergoes an HIV test and the test results are positive for infection, the physician or his designee must immediately inform the applicant(s) and provide appropriate counseling. The Act adds certified clinical nurse specialists to the list of physician designees who are qualified to notify and counsel the applicant.

POWER TO PRESCRIBE AND DISPENSE PRESCRIPTION DRUGS AND CONTROLLED SUBSTANCES
The Act permits an APRN to prescribe nonscheduled prescription drugs and certain controlled substances, if delegated by a physician. The Act also permits an APRN to order, receive or dispense complimentary starter dose drugs without delegation by a physician. For certain controlled substances, an APRN may only do so if delegated by a physician.
HEALTH CARE CALLS AND ROUNDS
The Act allows APRNs to 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. In addition, the Act does not restrict the time or frequency of visits.

PHYSICAL THERAPY
The Act allows an APRN to prescribe physical therapy, speech therapy and order restraints autonomously.

MICHIGAN BOARD OF NURSING
The Act requires the addition of a clinical nurse specialist to the Board of Nursing.

The Act goes into effect on April 9, 2017.

PRACTICAL TAKEAWAYS
- With the passage of the Act, there are now only 20 states that don't recognize APRNs. As more states move to use APRNs to fill the gap in primary care needs, health care employers should consider the roles of APRNs in their facilities. Michigan's new Act expands the scope of practice for APRNs, so they can provide more medical services without being under direct supervision of a physician, including prescribing drugs, making house calls and going on rounds in a multitude of health care settings.
- APRN employers, in states that newly recognize APRNs, should review and update their Collaboration Agreements to reflect this new expanded scope of practice for APRNs.

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