## STATE: MICHIGAN

**NP title(s) used in this state:** NP (nurse practitioner)

**Number of NPs in state?** 4199

**NP specialties legislatively specified?** No

**How is NP specialty Scope of Practice (SOP) defined (IE by national certification, R&R, state legislation, or other)?** The BON issues specialty certification to RNs who have advanced training beyond that required for initial licensure and who have demonstrated competency through examination or other evaluative processes in a specialty field.

**NP title protection?** Yes as part of specialty certification

**National certification required for recognition/practice?** Yes for initial specialty certification; for renewal NP must submit proof of current national certification/recertification or 40 hours of CE earned in the 2 year period preceding the date of application

**BON sole state authority over NPs?** Yes

**MSN required for practice?** No language currently in statute requiring master preparation resulting in some non masters prepared NPs grandfathered in. Currently, initial specialty certification requires certification by an approved national Certification Board (which requires a Masters to sit for the exam).

**Requirement for APN member on BON?** Yes

**Joint BON/BOM regulation over any aspect of practice?** No

**Physician involvement required for any aspect of practice?** Yes – for Rx authority and reimbursement for Medicaid and Medicare and some other insurers; a recent AG staff lawyer “interpreted” APN practice as essentially delegated and supervised by medicine.

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### NP SCOPE OF PRACTICE – PRESCRIBING

**NP Rx authority granted separate from practice authority?** Yes – NPs prescribe medications currently through a delegated authority agreement with a licensed physician or dentist.

**NP/physician prescriptive agreement required?** Yes – for controlled substances prescribing only

**NP Rx from state authorized formulary required?** No

**If so, explain specifics of formulary** NA

**BOM/physician involvement in NP prescribing?** Yes – delegated act

**If so, what words are used to characterize involvement?** The BOM is not involved. A prescriber is defined as a licensed health professional acting under the delegation of and using, recording or otherwise indicating the name of the delegating physician. NPs prescribe controlled substances under a Delegation of Prescriptive Authority Agreement signed by their delegating physician, which according to the BOM administrative rules and Public Health Code,
If so what words are used to describe involvement (e.g. collaboration, supervision, direction, authorization, delegation)? According to a 1980 attorney general opinion, a physician may delegate prescribing to a registered professional nurse. Rules passed in 1999 authorize physicians to delegate prescribing of controlled substances to a NP, with certain restrictions and with a signed collaborative agreement.

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<th>Statutory restriction against NP with doctorate being addressed as “Dr”?</th>
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<td>Yes – the statute Mich. Comp. Laws 333.16265 prohibits the written use of terms “doctor” or “dr.” except by those engaged in chiropractic, dentistry, medicine, optometry, osteopathic medicine and surgery, podiatric medicine and surgery, psychology, or veterinary medicine; the current statute does not exempt any professional nursing degrees.</td>
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<th>How is NP license issued (separate license from RN, NP # listed on RN license etc)?</th>
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<td>Rather than a separate license, those who qualify as NPs are issued an additional “specialty certification” which incorporates the RN license number. This is being addressed in the 2012 pending bills: HB 4774 and SB 481.</td>
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<th>Additional pharmacology hours required for prescribing?</th>
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<th>NP authorized to Rx controlled substances?</th>
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<th>If so, what schedules?</th>
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<td>NPs who practice in the hospital setting, free standing surgical suite and those who practice in oncology/hospice/palliative care may apply for Schedules II-V if in accordance with the Delegation of Prescriptive Authority Agreement. All other NPs are eligible for Schedules III-V. A delegating physician may not delegate the Rx of Schedule II CS on the day of hospital discharge for more than a 7 day period. Schedules III-V may be prescribed as long as in accordance with the delegation protocol.</td>
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<th>NP issued Rx # by state?</th>
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<th>NP authorized to apply for DEA?</th>
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<td>Yes – Prescriptions for controlled substances written by an NP must include the name of the delegating physician, the physician’s DEA number and the NP’s DEA number. DEA registration is not required for inpatient hospital medical orders provided that the NP is an employee or agent of the hospital.</td>
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<th>If so, what is DEA area field office info:</th>
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| Detroit Division Office
431 Howard Street
Detroit MI 48226 (800 230 6844) |
CE requirements for NP practice? Yes

If so, what are the specifics? For specialty certification renewal, the NP must submit proof of current national certification/recertification or 40 hours of CE earned in the 2 year period preceding the date of application

BON mechanism for others to verify NP license? Yes – anyone can verify an RN and APRN license by going to the MI-LARA website http://www7.dleg.state.mi.us/free/

Current listing of all active NP licenses maintained by BON? Yes – the list may be purchased for professional purposes

Current listing of authorized NP prescribers maintained by BON? No

If so, is this a separate list from all active NP licenses? NA

Recent legislative changes affecting NP practice? No

Legislative plans for state? Public Health Code defines RN Practice; however the APRN practice description is brief and is limited to NP, CNP and CRNA. CNS is not mentioned in statute. Bills were introduced in June 2011: HB 481 and SB 4774 to address the issues of autonomous practice for NP,

DEA # required for non-scheduled as well as scheduled Rx? No

NP name on Rx pad? There is no specific requirement for this although the NP may sign the prescription

Physician name required on Rx pad? Yes – a delegated prescription must bear the name of the physician who delegates – applies to controlled and non-controlled substances.

NP name required on Rx bottle? No

Authority to receive/Dispense drug samples spelled out? A delegating physician may delegate in writing to an RN the ordering, receipt, and dispensing of complimentary starter dose drugs (other than CS). For Controlled Substances - per the Delegation of Prescriptive Authority Agreement signed by the NP’s delegating physician

If so, where (e.g. statute, rules, opinion)? BOM administrative rules, Public Health Code

Specified limitations or restrictions on NP drug sampling? As per physician delegation. For Controlled Substances - per the Delegation of Prescriptive Authority Agreement signed by the NP’s delegating physician
CNS, and CNM providers. The language in the bills is based on the recommendations from the 2008 “Consensus Model for APRN Regulation”. Long term goals are to promote legislation that will remove barriers to NP practice and improve access to care for patients. The bills also address the ability of NP, CNM and CNS providers to order physical therapy and occupational therapy and write prescriptions without delegation.

Internet address for NPA [http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27542——.00.html](http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27542——.00.html)

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BOM/physician involvement in diagnosing or treating? No – as long as NPs are providing “care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability”

If so what words are used to characterize involvement (e.g. collaboration, supervision, direction, delegation, authorization)? The Occupational Regulation Sections of the Michigan Public Health Code Act 368 of 1978 defines nursing, and this serves as the legal SOP statement to include APNs. RNs are licensed to practice independently within this Public Health Code scope – and since APNs practice at an advanced level and their SOP can be accounted for under this Public Health Code for registered nursing, the interpretation is that NPs practice nursing diagnosis and treating (except prescribing) independently. However, because the word “diagnose” is not in the public health code definition of RNs, and some argue that APNs use medical diagnosis in their practice, the state licensing and regulatory

Restrictions on out-of-state NP Rx being filled in this state? No

NP REIMBURSEMENT REALITIES/LIMITATIONS

NPs have legal right to be listed on provider panels as Primary Care Providers (PCP)? No statutes limit NP reimbursement. The barriers to practice reimbursement are related to antiquated statutes around NP practice. Some insurance companies do empanel NPs and directly reimburse them. Other insurance companies cite the NP practice statute ambiguities as a reason to not directly empanel and reimburse NPs. The Department of Labor and Economic Growth (DLEG) has decided that because NPs are under physician delegated authority they cannot form an LLC, with or without a physician.

Legislative language permits NP reimbursement by 3rd party or HMO? There is no legislation that permits or restricts reimbursement by 3rd party or HMO.

OTHER FACTORS RELATED TO NP PRACTICE

Number and listing of NP Schools in state: (10) Grand Valley State University - Grand Rapids; Madonna University -
department through the Michigan Department of Community Health legal staff has ‘interpreted’ that APN practice is essentially delegated and supervised by medicine (i.e. that the word “diagnose” is included in the Medical Practice Act but not in a description of RN or APN practice). Therefore, according to the legal staff reasoning, APNs providing medical diagnosis is the “practice of medicine”. Recent changes were made to whom administers licensing and regulations of health professionals - now under LARA.

Required physician record/chart review? No

Required NP/physician practice agreement? No

If so is agreement required to be filed with state (BON, BOM, both or other)? NA

If so is agreement required to be kept/stored/updated? NA

Required protocols (separate from any required practice and/or prescriptive agreement) for diagnosing or treating? No

If so, are protocols required to be filed with state (BON, BOM, both or other)? NA

American Association of Colleges of Nursing (AACN) list* of Doctor of Nursing Practice (DNP) Program(s) in the state:
- Grand Valley State University - Grand Rapids;
- Madonna University - Livonia;
- Oakland University - Rochester;
- University of Detroit Mercy - Detroit;
- University of Michigan - Ann Arbor;
- University of Michigan – Flint;
- University of Michigan– Flint;
- Wayne State University - Detroit;

*Programs (as of 07/11) that award a nursing Doctorate, not necessarily including NP preparation/education

Statewide NP association(s): Michigan Council of NPs (MiCNP)
http://www.micnp.org/

Organized opposition to NP legislative or regulatory changes? Yes – Michigan State Medical Society and Michigan Osteopathic Association usually oppose

2007 Consumer Choice Ranking of state’s NP regulation (100 is ideal): 57 Descriptive ranking: Grade F – State severely restricts patient choice

[Pearson Report 2012 update: state still deserves a ranking of “F”]
If so, are protocols required to be kept/stored/updated? NA

Any legislative prohibitions against NP hospital privileges? No

Additional limitations/clarifications/expansions to NP practice? No except referral to PT, ST, and RT is limited to physicians; a 2004 bill allows NPs to perform state mandated physical examinations.

Cumulative Number of Medical Malpractice Reports & Medicare/Medicaid Exclusion Reports from the National Practitioner Data Bank (NPDB) filings (Period 9/1/90 – 10/30/11):

- 17 for NPs (4,199 in state† results in a 1: 247 ratio)
- 2,926 for DO/Interns/Residents (5,443 in state† results in a 1: 2 ratio)
- 10,966 for MDs/Interns/Residents (24,298 in state† results in a 1: 2 ratio)

† [Provider # calculations based upon: 1) # of NPs reported from BON for 2012 PEARSON REPORT; 2) # of DOs “as of May 31, 2011” data from American Osteopathic Association; 3) From Kaiser State Health Facts www.kff.org & Redi-Data www.redidata.com - Number of “Total currently Active Physicians, November 2011”. The number provided included both MDs and DOs – so the number of MDs was arrived at by subtracting the number of active DOs in each state. ]

Cumulative Number of Healthcare Integrity and Protection Data Bank (HIPDB*) filings (Period 1/99- 10/30/11):

- 20 for NPs (4,199 in state† results in a 1: 210 ratio)
- 540 for DO/Interns/Residents (5,443 in state† results in a 1: 10 ratio)
- 1,484 for MDs/Interns/Residents (24,298 in state† results in a 1: 16 ratio)

*HIPDB Report totals # of Adverse Action Reports (negative licensure actions/findings), Civil Judgments, and/or Criminal Convictions † [Provider # calculations based upon: 1) # of NPs reported from BON for 2012 PEARSON REPORT; 2) # of DOs “as of May 31, 2011” data from American Osteopathic Association; 3) From Kaiser State Health Facts www.kff.org & Redi-Data www.redidata.com - Number of “Total currently Active Physicians, November 2011”. The number provided included both
MDs and DOs – so the number of MDs was arrived at by subtracting the number of active DOs in each state.

Relevant Medical Malpractice Law applicable to NPs? A medical malpractice action must be brought within six years after the act or omission. A claimant’s negligence does not bar recovery, but it causes damages to be reduced by the claimant’s percentage of fault (IE. the doctrine of pure comparative fault). There is one exception: if the claimant’s fault is greater than the aggregate fault of all other persons, then he cannot recover any non-economic damages. An expert witness in a medical malpractice case must be a licensed health care professional and must be board certified and practicing or teaching in the same specialty as the defendant. A complaint alleging malpractice must be accompanied by an affidavit of merit, signed by a qualified health care professional. The limit on the amount recoverable for non-economic damages resulting from the negligence of all defendants was $280,000, or $500,000 (for paralysis due to brain or spinal cord injury, impairment of cognitive capacity, or loss of reproductive ability); these amounts increase annually with cost of living. All malpractice allegations are subject to mandatory review before a mediation panel evaluation to include a finding on the applicable standard of care. A party that rejects the panel’s evaluation and proceeds to trial must pay the opposing party’s actual costs, unless the verdict is more favorable to the rejecting party than the mediation evaluation. The medical malpractice parties may agree to binding arbitration if the total damages claimed, including interest and costs, are less than $75,000.

Recent state malpractice liability tort reform? 2005-2011: none