

NURSE PRACTITIONERS

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House Bill 4399 as introduced
Sponsor: Rep. Dave Prestin
Committee: Health Policy
Complete to 4-29-25

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 4399 would amend the Public Health Code to change requirements for certified nurse practitioners, authorize them to prescribe certain controlled substances without delegation from a physician, and allow them to supervise certain other health professionals.

The code allows the Board of Nursing to grant a specialty certification to a registered professional nurse 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.¹ The bill applies only to the specialty certification for nurse practitioners.

Currently, a registered professional nurse must satisfy all of the following requirements to be granted a specialty certification for nurse practitioner:²

- Submit an application for certification as a nurse practitioner, on a form provided by the Department of Licensing and Regulatory Affairs (LARA) with the required fee.
- Possess advanced practice certification from one of the following (or a successor organization):
 - The American Nurses Credentialing Center.
 - The Pediatric Nursing Certification Board.
 - The National Certification Corporation for Women's Health Care Nurse Practitioner and Neonatal Nurse Practitioner.
 - The American Academy of Nurse Practitioners for Emergency Nurse Practitioners, Family Nurse Practitioners, and Adult-Gerontology Primary Care Nurse Practitioners.
 - The Oncology Nursing Certification Corporation.
 - The American Association of Critical Care Nurses Certification Corporation for Acute Care Nurse Practitioner.

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):³

- Perform comprehensive assessments.

¹ 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.

² See Rule 404b (R 338.10404b): <https://ars.apps.lara.state.mi.us/AdminCode/DownloadAdminCodeFile?FileName=R%20338.10101%20to%20R%20338.10705.pdf&ReturnHTML=True>

³ See Rule 401(d) (R 338.10401) at the above link.

- 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.
- Disease prevention.
- Health education.
- Counseling of patients and families with potential, acute, and chronic health disorders.

Under the bill, 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 the board.
- The individual holds a certification from a nationally accredited certification body approved by the board.
- The individual meets any other requirement established by the board by rule.

The scope of practice for a nurse who holds a specialty certification as a nurse practitioner would be the same as described above.

The bill would additionally require 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 their specialty certification.
- Consult with other health professionals, and refer a patient to other health professionals, as the board considers appropriate.

The bill also would allow a nurse who holds a specialty certification as a nurse practitioner to supervise registered professional nurses, licensed practical nurses, and other individuals performing health occupations.

Finally, the bill would allow a nurse who holds a specialty certification as a nurse practitioner to 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.

MCL 333.17201 et seq. and proposed MCL 333.17201a

⁴ The code allows advanced practice registered nurses to prescribe, order, receive, or dispense the controlled substances as described *with* a physician’s delegation.

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.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.

⁵ See <https://crsreports.congress.gov/product/pdf/R/R45948>