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SFA**BILL ANALYSIS**

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Senate Bill 104 (Substitute S-3 as reported)
Sponsor: Senator John J.H. Schwarz, M.D.
Committee: Health Policy and Senior Citizens

CONTENT

The bill would amend the Public Health Code to include in the definition of “prescriber” a licensed registered professional nurse (RPN) with specialty certification who was a nurse midwife or a nurse practitioner and who met the bill’s requirements. An RPN who specialized in psychiatric nursing would not be eligible to become a prescriber. An RPN with specialty certification could not order magnetic resonance imaging or computerized tomography scanner tests and could not prescribe antineoplastic chemotherapy drugs. An RPN who was a prescriber under the bill biennially would have to complete at least 20 hours of continuing education in pharmacology.

To be a prescriber, an RPN with a specialty certification would have to file with the Department of Consumer and Industry Services both an emergency plan for the management and referral to appropriate medical services of a patient who experienced an adverse drug reaction, and a collaborative agreement between the RPN and one or more physicians or health facilities.

If an RPN’s specialty certification were issued after January 1, 1993, he or she would have to possess a master’s degree in advanced practice nursing from an accredited college or university approved by the board of nursing, to be a prescriber. A nurse midwife or a nurse practitioner also would have to complete at least a one-year prescribing internship, and during the internship could prescribe only under the delegated authority of a physician or an RPN prescriber.

If an RPN who was a prescriber determined from interviewing or examining a patient, using judgment and the degree of skill, care, knowledge, and attention ordinarily possessed and exercised by RPNs with specialty certifications in good standing under like circumstances, that the patient required medical care that was outside of the RPN’s scope of practice, the RPN promptly would have to advise the patient to seek evaluation by an appropriate physician for diagnosis and possible treatment and could not attempt to provide the medical care that was outside his or her scope of practice.

An RPN who was a nurse midwife could prescribe a Schedule 2 controlled substance only if he or she determined that the prescription was necessary, the prescription was written during the patient’s intrapartum or immediate postpartum period, and the patient was in a licensed hospital or in a birthing center at the time the prescription was written. An RPN who was a nurse practitioner could prescribe a Schedule 2 controlled substance only if the patient were suffering from a terminal illness and the RPN determined that the prescription was necessary.

MCL 333.17708

Legislative Analyst: P. Affholter

FISCAL IMPACT

The bill would have no fiscal impact on State or local government. If one assumes that a patient actually needs a given drug so prescribed, then the “type” of prescriber should have no effect on overall costs.

Date Completed: 11-24-97

Fiscal Analyst: J. Walker

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement

of legislative intent.