HB-5533, As Passed House, December 14, 2016 HB-5533, As Passed Senate, December 14, 2016

SUBSTITUTE FOR HOUSE BILL NO. 5533

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending sections 7303a, 9701, 16221, 16226, 17001, 17021, 17048, 17049, 17050, 17060, 17074, 17076, 17078, 17501, 17521, 17548, 17549, 17550, 17708, 17745, 17745a, 17745b, 18001, 18021, 18048, 18049, 18050, and 20201 (MCL 333.7303a, 333.9701, 333.16221, 333.16226, 333.17001, 333.17021, 333.17048, 333.17049, 333.17050, 333.17060, 333.17074, 333.17076, 333.17078, 333.17501, 333.17521, 333.17548, 333.17549, 333.17550, 333.17708, 333.17745, 333.17745a, 333.17745b, 333.18001, 333.18021, 333.18048, 333.18049, 333.18050, and 333.20201), section 7303a as added by 1993 PA 305, section 9701 as added by 2004 PA 250, section 16221 as amended by 2014 PA 411, section 16226 as amended by 2014 PA 412, sections 17001, 17074,

17501, and 18001 as amended and section 18050 as added by 2006 PA 161, section 17021 as amended by 1993 PA 79, sections 17048 and 17548 as amended by 2012 PA 618, sections 17049, 17076, 17078, 17549, 18048, 18049, and 20201 as amended by 2011 PA 210, sections 17050 and 17550 as amended by 1990 PA 247, section 17060 as amended by 2014 PA 343, section 17521 as amended by 2006 PA 582, section 17708 as amended by 2016 PA 49, section 17745 as amended by 2014 PA 525, section 17745a as amended by 1999 PA 190, section 17745b as added by 1993 PA 306, and section 18021 as amended by 2006 PA 391, and by adding sections 17047, 17547, 18047, 18051, and 20174; and to repeal acts and parts of acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 7303a. (1) A prescriber who holds a controlled substances
- 2 license may administer or dispense a controlled substance listed in
- 3 schedules 2 to 5 without a separate controlled substances license
- 4 for those activities.
- 5 (2) Before prescribing or dispensing a controlled substance to
- 6 a patient, a licensed prescriber shall ask the patient about other
- 7 controlled substances the patient may be using. The prescriber
- 8 shall record the patient's response in the patient's medical or
- 9 clinical record.
- 10 (3) A licensed prescriber who dispenses controlled substances
- 11 shall maintain all of the following records separately from other
- 12 prescription records:
- 13 (a) All invoices and other acquisition records for each
- 14 controlled substance acquired by the prescriber for not less than 5
- 15 years after the date the prescriber acquires the controlled

- 1 substance.
- 2 (b) A log of all controlled substances dispensed by the
- 3 prescriber for not less than 5 years after the date the controlled
- 4 substance is dispensed.
- 5 (c) Records of all other dispositions of controlled substances
- 6 under the licensee's control for not less than 5 years after the
- 7 date of the disposition.
- **8** (4) The requirement under section 7303 for a license is waived
- 9 in the following circumstances:
- 10 (a) When a controlled substance listed in schedules 2 to 5 is
- 11 administered on the order of a licensed prescriber by an individual
- 12 who is licensed under article 15 as a practical nurse $\overline{}$ OR a
- 13 registered professional nurse. , or a physician's assistant.
- 14 (b) When methadone or a methadone congener is dispensed on the
- 15 order of a licensed prescriber in a methadone treatment program
- 16 licensed under article 6 or when a controlled substance listed in
- 17 schedules 2 to 5 is dispensed on the order of a licensed prescriber
- 18 in a hospice rendering emergency care services in a patient's home
- 19 as described in section 17746 by a registered professional nurse $\frac{1}{2}$
- 20 a physician's assistant licensed under article 15.
- Sec. 9701. As used in this part:
- 22 (a) "Committee" means the Michigan pharmacy and therapeutics
- 23 committee established by Executive Order No. 2001-8 and by section
- **24** 9705.
- 25 (b) "Controlled substance" means that term as defined in
- **26** section 7104.
- 27 (c) "Department" means the department of community health.

- 1 (C) (d) "Drug" means that term as defined in section 17703.
- 2 (D) (e) "Initiative" means the pharmaceutical best practices
- 3 initiative established by this part.
- 4 (E) (f) "Medicaid" means the program of medical assistance
- 5 established under title XIX of the social security act, 42 USC 1396
- 6 to $\frac{1396 \text{ V}}{2}$. 1396W-5.
- 7 (F) (g) "Pharmacist" means an individual licensed by this
- 8 state to engage in the practice of pharmacy under article 15. THAT
- 9 TERM AS DEFINED IN SECTION 17707.
- 10 (G) (h) "Physician" means an individual licensed by this state
- 11 to engage in the practice of medicine or osteopathic medicine and
- 12 surgery under article 15. THAT TERM AS DEFINED IN SECTIONS 17001 AND
- 13 17501.
- 14 (H) (i) "Prescriber" means a licensed dentist, a licensed
- 15 doctor of medicine, a licensed doctor of osteopathic medicine and
- 16 surgery, a licensed doctor of podiatric medicine and surgery, a
- 17 licensed optometrist certified under part 174 to administer and
- 18 prescribe therapeutic pharmaceutical agents, or another licensed
- 19 health professional acting under the delegation and using,
- 20 recording, or otherwise indicating the name of the delegating
- 21 licensed doctor of medicine or licensed doctor of osteopathic
- 22 medicine and surgery. THAT TERM AS DEFINED IN SECTION 17708.
- (I) $\frac{(j)}{(j)}$ "Prescription" means that term as defined in section
- **24** 17708.
- 25 (J) (k)—"Prescription drug" means that term as defined in
- **26** section 17708.
- 27 (K) $\frac{(l)}{l}$ "Type II transfer" means that term as defined in

- 1 section 3 of the executive organization act of 1965, 1965 PA 380,
- **2** MCL 16.103.
- 3 Sec. 16221. The department shall investigate any allegation
- 4 that 1 or more of the grounds for disciplinary subcommittee action
- 5 under this section exist, and may investigate activities related to
- 6 the practice of a health profession by a licensee, a registrant, or
- 7 an applicant for licensure or registration. The department may hold
- 8 hearings, administer oaths, and order the taking of relevant
- 9 testimony. After its investigation, the department shall provide a
- 10 copy of the administrative complaint to the appropriate
- 11 disciplinary subcommittee. The disciplinary subcommittee shall
- 12 proceed under section 16226 if it finds that 1 or more of the
- 13 following grounds exist:
- 14 (a) Except as otherwise specifically provided in this section,
- 15 a violation of general duty, consisting of negligence or failure to
- 16 exercise due care, including negligent delegation to or supervision
- 17 of employees or other individuals, whether or not injury results,
- 18 or any conduct, practice, or condition that impairs, or may impair,
- 19 the ability to safely and skillfully engage in the practice of the
- 20 health profession.
- 21 (b) Personal disqualifications, consisting of 1 or more of the
- 22 following:
- (i) Incompetence.
- (ii) Subject to sections 16165 to 16170a, substance use
- 25 disorder as defined in section 100d of the mental health code, 1974
- **26** PA 258, MCL 330.1100d.
- 27 (iii) Mental or physical inability reasonably related to and

- 1 adversely affecting the licensee's or registrant's ability to
- 2 practice in a safe and competent manner.
- $\mathbf{3}$ (iv) Declaration of mental incompetence by a court of
- 4 competent jurisdiction.
- 5 (v) Conviction of a misdemeanor punishable by imprisonment for
- 6 a maximum term of 2 years; conviction of a misdemeanor involving
- 7 the illegal delivery, possession, or use of a controlled substance;
- 8 or conviction of any felony other than a felony listed or described
- 9 in another subparagraph of this subdivision. A certified copy of
- 10 the court record is conclusive evidence of the conviction.
- 11 (vi) Lack of good moral character.
- 12 (vii) Conviction of a criminal offense under section 520e or
- 13 520g of the Michigan penal code, 1931 PA 328, MCL 750.520e and
- 14 750.520g. A certified copy of the court record is conclusive
- 15 evidence of the conviction.
- 16 (viii) Conviction of a violation of section 492a of the
- 17 Michigan penal code, 1931 PA 328, MCL 750.492a. A certified copy of
- 18 the court record is conclusive evidence of the conviction.
- 19 (ix) Conviction of a misdemeanor or felony involving fraud in
- 20 obtaining or attempting to obtain fees related to the practice of a
- 21 health profession. A certified copy of the court record is
- 22 conclusive evidence of the conviction.
- 23 (x) Final adverse administrative action by a licensure,
- 24 registration, disciplinary, or certification board involving the
- 25 holder of, or an applicant for, a license or registration regulated
- 26 by another state or a territory of the United States, by the United
- 27 States military, by the federal government, or by another country.

- 1 A certified copy of the record of the board is conclusive evidence
- 2 of the final action.
- $\mathbf{3}$ (xi) Conviction of a misdemeanor that is reasonably related to
- 4 or that adversely affects the licensee's or registrant's ability to
- 5 practice in a safe and competent manner. A certified copy of the
- 6 court record is conclusive evidence of the conviction.
- 7 (xii) Conviction of a violation of section 430 of the Michigan
- 8 penal code, 1931 PA 328, MCL 750.430. A certified copy of the court
- 9 record is conclusive evidence of the conviction.
- 10 (xiii) Conviction of a criminal offense under section 83, 84,
- 11 316, 317, 321, 520b, 520c, 520d, or 520f of the Michigan penal
- 12 code, 1931 PA 328, MCL 750.83, 750.84, 750.316, 750.317, 750.321,
- 13 750.520b, 750.520c, 750.520d, and 750.520f. A certified copy of the
- 14 court record is conclusive evidence of the conviction.
- 15 (c) Prohibited acts, consisting of 1 or more of the following:
- 16 (i) Fraud or deceit in obtaining or renewing a license or
- 17 registration.
- (ii) Permitting a license or registration to be used by an
- 19 unauthorized person.
- 20 (iii) Practice outside the scope of a license.
- 21 (iv) Obtaining, possessing, or attempting to obtain or possess
- 22 a controlled substance as defined in section 7104 or a drug as
- 23 defined in section 7105 without lawful authority; or selling,
- 24 prescribing, giving away, or administering drugs for other than
- 25 lawful diagnostic or therapeutic purposes.
- 26 (d) Except as otherwise specifically provided in this section,
- 27 unethical business practices, consisting of 1 or more of the

- 1 following:
- 2 (i) False or misleading advertising.
- 3 (ii) Dividing fees for referral of patients or accepting
- 4 kickbacks on medical or surgical services, appliances, or
- 5 medications purchased by or in behalf of patients.
- 6 (iii) Fraud or deceit in obtaining or attempting to obtain
- 7 third party reimbursement.
- 8 (e) Except as otherwise specifically provided in this section,
- 9 unprofessional conduct, consisting of 1 or more of the following:
- 10 (i) Misrepresentation to a consumer or patient or in obtaining
- 11 or attempting to obtain third party reimbursement in the course of
- 12 professional practice.
- (ii) Betrayal of a professional confidence.
- 14 (iii) Promotion for personal gain of an unnecessary drug,
- 15 device, treatment, procedure, or service.
- 16 (iv) Either of the following:
- 17 (A) A requirement by a licensee other than a physician or a
- 18 registrant that an individual purchase or secure a drug, device,
- 19 treatment, procedure, or service from another person, place,
- 20 facility, or business in which the licensee or registrant has a
- 21 financial interest.
- 22 (B) A referral by a physician for a designated health service
- 23 that violates 42 USC 1395nn or a regulation promulgated under that
- 24 section. For purposes of this subdivision, 42 USC 1395nn and the
- 25 regulations promulgated under that section as they exist on June 3,
- 26 2002 are incorporated by reference. A disciplinary subcommittee
- 27 shall apply 42 USC 1395nn and the regulations promulgated under

- 1 that section regardless of the source of payment for the designated
- 2 health service referred and rendered. If 42 USC 1395nn or a
- 3 regulation promulgated under that section is revised after June 3,
- 4 2002, the department shall officially take notice of the revision.
- 5 Within 30 days after taking notice of the revision, the department
- 6 shall decide whether or not the revision pertains to referral by
- 7 physicians for designated health services and continues to protect
- 8 the public from inappropriate referrals by physicians. If the
- 9 department decides that the revision does both of those things, the
- 10 department may promulgate rules to incorporate the revision by
- 11 reference. If the department does promulgate rules to incorporate
- 12 the revision by reference, the department shall not make any
- 13 changes to the revision. As used in this sub-subparagraph,
- 14 "designated health service" means that term as defined in 42 USC
- 15 1395nn and the regulations promulgated under that section and
- 16 "physician" means that term as defined in sections 17001 and 17501.
- 17 (v) For a physician who makes referrals under 42 USC 1395nn or
- 18 a regulation promulgated under that section, refusing to accept a
- 19 reasonable proportion of patients eligible for Medicaid and
- 20 refusing to accept payment from Medicaid or Medicare as payment in
- 21 full for a treatment, procedure, or service for which the physician
- 22 refers the individual and in which the physician has a financial
- 23 interest. A physician who owns all or part of a facility in which
- 24 he or she provides surgical services is not subject to this
- 25 subparagraph if a referred surgical procedure he or she performs in
- 26 the facility is not reimbursed at a minimum of the appropriate
- 27 Medicaid or Medicare outpatient fee schedule, including the

- 1 combined technical and professional components.
- 2 (vi) Any conduct by a health professional with a patient while
- 3 he or she is acting within the health profession for which he or
- 4 she is licensed or registered, including conduct initiated by a
- 5 patient or to which the patient consents, that is sexual or may
- 6 reasonably be interpreted as sexual, including, but not limited to,
- 7 sexual intercourse, kissing in a sexual manner, or touching of a
- 8 body part for any purpose other than appropriate examination,
- 9 treatment, or comfort.
- 10 (vii) Offering to provide practice-related services, such as
- 11 drugs, in exchange for sexual favors.
- (f) Failure to notify under section 16222(3) or (4).
- 13 (g) Failure to report a change of name or mailing address as
- 14 required in section 16192.
- 15 (h) A violation, or aiding or abetting in a violation, of this
- 16 article or of a rule promulgated under this article.
- 17 (i) Failure to comply with a subpoena issued pursuant to this
- 18 part, failure to respond to a complaint issued under this article,
- 19 article 7, or article 8, failure to appear at a compliance
- 20 conference or an administrative hearing, or failure to report under
- **21** section 16222(1) or 16223.
- 22 (j) Failure to pay an installment of an assessment levied
- 23 under the insurance code of 1956, 1956 PA 218, MCL 500.100 to
- 24 500.8302, within 60 days after notice by the appropriate board.
- 25 (k) A violation of section 17013 or 17513.
- 26 (1) Failure to meet 1 or more of the requirements for
- 27 licensure or registration under section 16174.

(m) A violation of section 17015, 17015a, 17017, 17515, or 1 **2** 17517. (n) A violation of section 17016 or 17516. 3 4 (o) Failure to comply with section 9206(3). (p) A violation of section 5654 or 5655. 5 (g) A violation of section 16274. 6 (r) A violation of section 17020 or 17520. 7 (s) A violation of the medical records access act, 2004 PA 47, 8 MCL 333.26261 to 333.26271. (t) A violation of section 17764(2). 10 11 (U) FAILURE TO COMPLY WITH THE TERMS OF A PRACTICE AGREEMENT 12 DESCRIBED IN SECTION 17047(2)(A) OR (B), 17547(2)(A) OR (B), OR 18047(2)(A) OR (B). 13 14 Sec. 16226. (1) After finding the existence of 1 or more of the grounds for disciplinary subcommittee action listed in section 15 16221, a disciplinary subcommittee shall impose 1 or more of the 16 following sanctions for each violation: 17 18 Violations of Section 16221 Sanctions 19 Subdivision (a), (b) (i), Probation, limitation, denial, 20 suspension, revocation, (b) (ii), (b) (iii), (b) (iv), 21 (b) (v), (b) (vi), (b) (vii), permanent revocation, 22 (b) (ix), (b) (x), (b) (xi), restitution, or fine. 23 or (b) (*xii*) 24 25 Subdivision (b) (viii) Revocation, permanent revocation, 26 or denial.

1	Subdivision	(b) (xiii)	Permanent revocation
2			for a violation described in
3			subsection (5); otherwise,
4			probation, limitation, denial,
5			suspension, revocation,
6			restitution, or fine.
7			
8	Subdivision	(c) (i)	Denial, revocation, suspension,
9			probation, limitation, or fine.
10			
11	Subdivision	(c) (ii)	Denial, suspension, revocation,
12			restitution, or fine.
13			
14	Subdivision	(c) (iii)	Probation, denial, suspension,
15			revocation, restitution, or fine.
16			
17	Subdivision	(c) (iv)	Fine, probation, denial,
18	or (d) (<i>iii</i>)		suspension, revocation, permanent
19			revocation, or restitution.
20			
21	Subdivision	(d) (i)	Reprimand, fine, probation,
22	or (d) (ii)		denial, or restitution.
23			
24	Subdivision	(e) (i) ,	Reprimand, fine, probation,
25	(e) (<i>iii</i>), (e)	(iv) , (e) (v) ,	limitation, suspension,
26	(h), or (s)		revocation, permanent revocation,
27			denial, or restitution.

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2	Subdivision	(\circ) (ii)	Reprimand, probation, suspension,
3		(e) (ii)	
	or (i)		revocation, permanent
4			revocation, restitution,
5			denial, or fine.
6			
7	Subdivision	(e) (vi)	Probation, suspension, revocation,
8	or (e) (vii)		limitation, denial,
9			restitution, or fine.
10			
11	Subdivision	(f)	Reprimand, denial, limitation,
12			probation, or fine.
13			
14	Subdivision	(a)	Reprimand or fine.
15			
16	Subdivision	(i)	Suspension or fine.
17	Susarvision	() /	baspension of fine.
18	Subdivision	(k) (n)	Reprimand, probation, suspension,
19	or (r)	(12) ((2) (revocation, permanent revocation,
20	OI (I)		
			or fine.
21			
22	Subdivision	(l)	Reprimand, denial, or
23			limitation.
24			
25	Subdivision	(m) or (o)	Denial, revocation, restitution,
26			probation, suspension,
27			limitation, reprimand, or fine.

1 2 Subdivision (n) Revocation or denial. 3 4 Subdivision (a) Revocation. 5 6 Subdivision (t) Revocation, permanent revocation, 7 fine, or restitution. 8 9 SUBDIVISION (U) DENIAL, REVOCATION, PROBATION, 10 SUSPENSION, LIMITATION, REPRIMAND, 11 OR FINE. 12 (2) Determination of sanctions for violations under this section shall be made by a disciplinary subcommittee. If, during 13 14 judicial review, the court of appeals determines that a final 15 decision or order of a disciplinary subcommittee prejudices 16 substantial rights of the petitioner for 1 or more of the grounds 17 listed in section 106 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.306, and holds that the final decision or order 18 is unlawful and is to be set aside, the court shall state on the 19 20 record the reasons for the holding and may remand the case to the 21 disciplinary subcommittee for further consideration. 22 (3) A disciplinary subcommittee may impose a fine in an amount 23 that does not exceed \$250,000.00 for a violation of section 16221(a) or (b). A disciplinary subcommittee shall impose a fine of 24

at least \$25,000.00 if the violation of section 16221(a) or (b)

(4) A disciplinary subcommittee may require a licensee or

results in the death of 1 or more patients.

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- 1 registrant or an applicant for licensure or registration who has
- 2 violated this article, article 7, or article 8 or a rule
- 3 promulgated under this article, article 7, or article 8 to
- 4 satisfactorily complete an educational program, a training program,
- 5 or a treatment program, a mental, physical, or professional
- 6 competence examination, or a combination of those programs and
- 7 examinations.
- 8 (5) A disciplinary subcommittee shall impose the sanction of
- 9 permanent revocation for a violation of section 16221(b) (xiii) if
- 10 the violation occurred while the licensee or registrant was acting
- 11 within the health profession for which he or she was licensed or
- 12 registered.
- 13 (6) Except as otherwise provided in subsection (5), a
- 14 disciplinary subcommittee shall not impose the sanction of
- 15 permanent revocation under this section without a finding that the
- 16 licensee or registrant engaged in a pattern of intentional acts of
- 17 fraud or deceit resulting in personal financial gain to the
- 18 licensee or registrant and harm to the health of patients under the
- 19 licensee's or registrant's care.
- 20 Sec. 17001. (1) As used in this part:
- 21 (a) "Academic institution" means either of the following:
- (i) A medical school approved by the board.
- (ii) A hospital licensed under article 17 that meets all of
- 24 the following requirements:
- 25 (A) Was the sole sponsor or a co-sponsor, if each other co-
- 26 sponsor is either a medical school approved by the board or a
- 27 hospital owned by the federal government and directly operated by

- 1 the United States department DEPARTMENT of veterans' affairs,
- 2 VETERANS AFFAIRS, of not less than 4 postgraduate education
- 3 residency programs approved by the board under section 17031(1) for
- 4 not less than the 3 years immediately preceding the date of an
- 5 application for a limited license under section 16182(2)(c) or an
- 6 application for a full license under section 17031(2), provided
- 7 that IF at least 1 of the residency programs is in the specialty
- 8 area of medical practice, or in a specialty area that includes the
- 9 subspecialty of medical practice, in which the applicant for a
- 10 limited license proposes to practice or in which the applicant for
- 11 a full license has practiced for the hospital.
- 12 (B) Has spent not less than \$2,000,000.00 for medical
- 13 education during each of the 3 years immediately preceding the date
- 14 of an application for a limited license under section 16182(2)(c)
- 15 or an application for a full license under section 17031(2). As
- 16 used in this subparagraph, SUB-SUBPARAGRAPH, "medical education"
- 17 means the education of physicians and candidates for degrees or
- 18 licenses to become physicians, including, but not limited to,
- 19 physician staff, residents, interns, and medical students.
- 20 (b) "Electrodiagnostic studies" means the testing of
- 21 neuromuscular functions utilizing nerve conduction tests and needle
- 22 electromyography. It does not include the use of surface
- 23 electromyography.
- 24 (c) "Medical care services" means those services within the
- 25 scope of practice of physicians licensed by the board, except those
- 26 services that the board PROHIBITS OR OTHERWISE RESTRICTS WITHIN A
- 27 PRACTICE AGREEMENT OR determines shall not be delegated by a

- 1 physician without endangering the health and safety of patients as
- 2 provided for in section $\frac{17048(3).17048(1)}{.}$
- 3 (D) "PARTICIPATING PHYSICIAN" MEANS A PHYSICIAN, A PHYSICIAN
- 4 DESIGNATED BY A GROUP OF PHYSICIANS UNDER SECTION 17049 TO
- 5 REPRESENT THAT GROUP, OR A PHYSICIAN DESIGNATED BY A HEALTH
- 6 FACILITY OR AGENCY UNDER SECTION 20174 TO REPRESENT THAT HEALTH
- 7 FACILITY OR AGENCY.
- 8 (E) (d) "Physician" means an individual WHO IS licensed under
- 9 this article to engage in the practice of medicine.
- 10 (F) (e) "Podiatrist" means an individual WHO IS licensed under
- 11 this article to engage in the practice of podiatric medicine and
- 12 surgery.
- 13 (G) "PRACTICE AGREEMENT" MEANS AN AGREEMENT DESCRIBED IN
- 14 SECTION 17047.
- 15 (H) (f) "Practice of medicine" means the diagnosis, treatment,
- 16 prevention, cure, or relieving of a human disease, ailment, defect,
- 17 complaint, or other physical or mental condition, by attendance,
- 18 advice, device, diagnostic test, or other means, or offering,
- 19 undertaking, attempting to do, or holding oneself out as able to
- 20 do, any of these acts.
- 21 (I) (g) "Practice as a physician's assistant" means the
- 22 practice of medicine , osteopathic medicine and surgery, or
- 23 podiatric medicine and surgery performed under the supervision of a
- 24 WITH A PARTICIPATING physician UNDER A PRACTICE AGREEMENT. or
- 25 podiatrist licensed under this article.
- 26 (h) "Supervision" means that term as defined in section 16109,
- 27 except that it also includes the existence of a predetermined plan

- 1 for emergency situations, including, but not limited to, the
- 2 designation of a physician to supervise a physician's assistant in
- 3 the absence of the primary supervising physician.
- 4 (J) (i) "Task force" means the joint task force created in
- **5** section 17025.
- 6 (2) In addition to the definitions in this part, article 1
- 7 contains definitions and principles of construction applicable to
- 8 all articles in this code and part 161 contains definitions
- 9 applicable to this part.
- 10 Sec. 17021. (1) The Michigan board of medicine is created in
- 11 the department and shall consist CONSISTS of the following 19
- 12 voting members who shall meet the requirements of part 161: 10
- 13 physicians, 1 physician's assistant, and 8 public members.
- 14 (2) The requirement of section $\frac{16135(d)}{16135(1)}$ (D) that a
- 15 board member shall have practiced that profession for 2 years
- 16 immediately before appointment is waived until September 30, 1980
- 17 for members of the board licensed in a health profession subfield
- 18 created by UNDER this part.
- 19 (3) The EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE, THE
- 20 board of medicine shall not have the powers and duties vested in
- 21 the task force by sections 17060 to 17084.
- 22 SEC. 17047. (1) A PHYSICIAN'S ASSISTANT SHALL NOT ENGAGE IN
- 23 THE PRACTICE AS A PHYSICIAN'S ASSISTANT EXCEPT UNDER THE TERMS OF A
- 24 PRACTICE AGREEMENT THAT MEETS THE REQUIREMENTS OF THIS SECTION.
- 25 (2) A PRACTICE AGREEMENT MUST INCLUDE ALL OF THE FOLLOWING:
- 26 (A) A PROCESS BETWEEN THE PHYSICIAN'S ASSISTANT AND
- 27 PARTICIPATING PHYSICIAN FOR COMMUNICATION, AVAILABILITY, AND

- 1 DECISION MAKING WHEN PROVIDING MEDICAL TREATMENT TO A PATIENT. THE
- 2 PROCESS MUST UTILIZE THE KNOWLEDGE AND SKILLS OF THE PHYSICIAN'S
- 3 ASSISTANT AND PARTICIPATING PHYSICIAN BASED ON THEIR EDUCATION,
- 4 TRAINING, AND EXPERIENCE.
- 5 (B) A PROTOCOL FOR DESIGNATING AN ALTERNATIVE PHYSICIAN FOR
- 6 CONSULTATION IN SITUATIONS IN WHICH THE PARTICIPATING PHYSICIAN IS
- 7 NOT AVAILABLE FOR CONSULTATION.
- 8 (C) THE SIGNATURE OF THE PHYSICIAN'S ASSISTANT AND THE
- 9 PARTICIPATING PHYSICIAN.
- 10 (D) A TERMINATION PROVISION THAT ALLOWS THE PHYSICIAN'S
- 11 ASSISTANT OR PARTICIPATING PHYSICIAN TO TERMINATE THE PRACTICE
- 12 AGREEMENT BY PROVIDING WRITTEN NOTICE AT LEAST 30 DAYS BEFORE THE
- 13 DATE OF TERMINATION.
- 14 (E) SUBJECT TO SECTION 17048, THE DUTIES AND RESPONSIBILITIES
- 15 OF THE PHYSICIAN'S ASSISTANT AND PARTICIPATING PHYSICIAN. THE
- 16 PRACTICE AGREEMENT SHALL NOT INCLUDE AS A DUTY OR RESPONSIBILITY OF
- 17 THE PHYSICIAN'S ASSISTANT OR PARTICIPATING PHYSICIAN AN ACT, TASK,
- 18 OR FUNCTION THAT THE PHYSICIAN'S ASSISTANT OR PARTICIPATING
- 19 PHYSICIAN IS NOT QUALIFIED TO PERFORM BY EDUCATION, TRAINING, OR
- 20 EXPERIENCE AND THAT IS NOT WITHIN THE SCOPE OF THE LICENSE HELD BY
- 21 THE PHYSICIAN'S ASSISTANT OR PARTICIPATING PHYSICIAN.
- 22 (F) A REQUIREMENT THAT THE PARTICIPATING PHYSICIAN VERIFY THE
- 23 PHYSICIAN'S ASSISTANT'S CREDENTIALS.
- 24 (3) THE NUMBER OF PHYSICIAN'S ASSISTANTS IN A PRACTICE
- 25 AGREEMENT WITH A PARTICIPATING PHYSICIAN AND THE NUMBER OF
- 26 INDIVIDUALS TO WHOM A PHYSICIAN HAS DELEGATED THE AUTHORITY TO
- 27 PERFORM ACTS, TASKS, OR FUNCTIONS ARE SUBJECT TO SECTION 16221.

- 1 Sec. 17048. (1) Except as otherwise provided in this section
- 2 and section 17049(5), a physician who is a sole practitioner or who
- 3 practices in a group of physicians and treats patients on an
- 4 outpatient basis shall not supervise more than 4 physician's
- 5 assistants. If a physician described in this subsection supervises
- 6 physician's assistants at more than 1 practice site, the physician
- 7 shall not supervise more than 2 physician's assistants by a method
- 8 other than the physician's actual physical presence at the practice
- 9 site.
- 10 (2) A physician who is employed by, under contract or
- 11 subcontract to, or has privileges at a health facility or agency
- 12 licensed under article 17 or a state correctional facility may
- 13 supervise more than 4 physician's assistants at the health facility
- 14 or agency or state correctional facility.
- 15 (1) (3) TO EXCEPT FOR A MEDICAL CARE SERVICE WITHIN A PRACTICE
- 16 AGREEMENT, TO the extent that a particular selected medical care
- 17 service requires extensive medical training, education, or ability
- 18 or poses serious risks to the health and safety of patients, the
- 19 board may prohibit or otherwise restrict the delegation of that
- 20 medical care service or may require higher levels of supervision.
- 21 TO THE EXTENT THAT A PARTICULAR MEDICAL CARE SERVICE REQUIRES
- 22 EXTENSIVE TRAINING, EDUCATION, OR ABILITY OR POSES SERIOUS RISKS TO
- 23 THE HEALTH OR SAFETY OF PATIENTS, THE BOARD MAY PROHIBIT OR
- 24 OTHERWISE RESTRICT THAT MEDICAL CARE SERVICE WITHIN A PRACTICE
- 25 AGREEMENT.
- 26 (4) A physician shall not delegate ultimate responsibility for
- 27 the quality of medical care services, even if the medical care

- 1 services are provided by a physician's assistant.
- 2 (2) $\frac{(5)}{\text{Subject to}}$ FOR PURPOSES OF section $\frac{17076(3)}{\text{and}}$ and $\frac{(4)}{7}$
- 3 17076(2) AND (3), the DEPARTMENT, IN CONSULTATION WITH THE board,
- 4 may promulgate rules for the delegation by a supervising physician
- 5 to CONCERNING THE PRESCRIBING OF DRUGS BY a physician's assistant.
- 6 of the function of prescription of drugs. The SUBJECT TO SECTION
- 7 17076, THE rules may define the drugs or classes of drugs the
- 8 prescription of which shall not be delegated THAT A PHYSICIAN'S
- 9 ASSISTANT MAY NOT PRESCRIBE and other procedures and protocols
- 10 necessary to promote consistency with federal and state drug
- 11 control and enforcement laws.
- 12 (6) A supervising physician may delegate in writing to a
- 13 physician's assistant the ordering, receipt, and dispensing of
- 14 complimentary starter dose drugs including controlled substances
- 15 that are included in schedules 2 to 5 of part 72. When the
- 16 delegated ordering, receipt, or dispensing of complimentary starter
- 17 dose drugs occurs, both the physician's assistant's name and the
- 18 supervising physician's name shall be used, recorded, or otherwise
- 19 indicated in connection with each order, receipt, or dispensing.
- 20 When the delegated ordering, receipt, or dispensing of
- 21 complimentary starter dose drugs that are included in schedules 2
- 22 to 5 occurs, both the physician's assistant's and the supervising
- 23 physician's DEA registration numbers shall be used, recorded, or
- 24 otherwise indicated in connection with each order, receipt, or
- 25 dispensing. As used in this subsection, "complimentary starter
- 26 dose" means that term as defined in section 17745. It is the intent
- 27 of the legislature in enacting this subsection to allow a

- 1 pharmaceutical manufacturer or wholesale distributor, as those
- 2 terms are defined in part 177, to distribute complimentary starter
- 3 dose drugs to a physician's assistant, as described in this
- 4 subsection, in compliance with section 503(d) of the federal food,
- 5 drug, and cosmetic act, 21 USC 353.
- 6 (3) $\frac{(7)}{}$ Beginning on July 19, 2010, if 1 or more individuals
- 7 licensed under part 170 to engage in the practice of medicine,
- 8 licensed under part 175 to engage in the practice of osteopathic
- 9 medicine and surgery, or licensed under part 180 to engage in the
- 10 practice of podiatric medicine and surgery, and 1 or more
- 11 physician's assistants organize a professional service corporation
- 12 under section 4 of former 1962 PA 192, a professional corporation
- 13 under section 284 of the business corporation act, 1972 PA 284, MCL
- 14 450.1284, or a professional limited liability company under section
- 15 904 of the Michigan limited liability company act, 1993 PA 23, MCL
- 16 450.4904, the individuals PHYSICIANS who are the supervising
- 17 physicians of PARTIES TO A PRACTICE AGREEMENT WITH the physician's
- 18 assistants shall be shareholders in the same professional service
- 19 corporation or professional corporation or members in the same
- 20 professional limited liability company as the physician's
- 21 assistants and shall meet all of the applicable requirements of
- 22 part 170, 175, or 180. If 1 or more physician's assistants
- 23 organized a professional service corporation under section 4 of
- 24 former 1962 PA 192, a professional corporation under section 284 of
- 25 the business corporation act, 1972 PA 284, MCL 450.1284, or a
- 26 professional limited liability company under section 904 of the
- 27 Michigan limited liability company act, 1993 PA 23, MCL 450.4904,

- 1 before July 19, 2010 that has only physician's assistants as
- 2 shareholders or members, the individuals PHYSICIANS who are the
- 3 supervising physicians of PARTIES TO A PRACTICE AGREEMENT WITH the
- 4 physician's assistants shall meet all of the applicable
- 5 requirements of part 170, 175, or 180.
- 6 (4) (8) In addition to the requirements of section 17068 and
- 7 beginning on July 19, 2010, the department shall include on the
- 8 form used for renewal of licensure a space for a physician's
- 9 assistant to disclose whether he or she is a shareholder in a
- 10 professional service corporation under section 4 of former 1962 PA
- 11 192, or a member in a professional limited liability company under
- 12 section 904 of the Michigan limited liability company act, 1993 PA
- 13 23, MCL 450.4904, that was organized before July 19, 2010. A
- 14 physician's assistant who is a shareholder in a professional
- 15 service corporation or a member in a professional limited liability
- 16 company described in this subsection shall disclose all of the
- 17 following in the form used for renewal of licensure provided by the
- **18** department:
- 19 (a) Whether any individuals licensed under part 170 to engage
- 20 in the practice of medicine, licensed under part 175 to engage in
- 21 the practice of osteopathic medicine and surgery, or licensed under
- 22 part 180 to engage in the practice of podiatric medicine and
- 23 surgery are shareholders in the professional service corporation or
- 24 members in the professional limited liability company.
- 25 (b) The name and license number of the individual licensed
- 26 under part 170 to engage in the practice of medicine, licensed
- 27 under part 175 to engage in the practice of osteopathic medicine

- 1 and surgery, or licensed under part 180 to engage in the practice
- 2 of podiatric medicine and surgery who supervises IS A PARTY TO A
- 3 PRACTICE AGREEMENT WITH the physician's assistant.
- 4 (c) Whether the individual licensed under part 170 to engage
- 5 in the practice of medicine, licensed under part 175 to engage in
- 6 the practice of osteopathic medicine and surgery, or licensed under
- 7 part 180 to engage in the practice of podiatric medicine and
- 8 surgery disclosed in subdivision (b) is a shareholder in the same
- 9 professional service corporation or member in a professional
- 10 limited liability company as the physician's assistant.
- Sec. 17049. (1) In addition to the other requirements of this
- 12 section and subject to subsection (5), a physician who supervises a
- 13 physician's assistant is responsible for all of the following:
- 14 (a) Verification of the physician's assistant's credentials.
- 15 (b) Evaluation of the physician's assistant's performance.
- 16 (c) Monitoring the physician's assistant's practice and
- 17 provision of medical care services.
- 18 (2) Subject to section 16215 or 17048, as applicable, a
- 19 physician who supervises a physician's assistant may delegate to
- 20 the physician's assistant the performance of medical care services
- 21 for a patient who is under the case management responsibility of
- 22 the physician, if the delegation is consistent with the physician's
- 23 assistant's training.
- 24 (3) A physician who supervises a physician's assistant is
- 25 responsible for the clinical supervision of each physician's
- 26 assistant to whom the physician delegates the performance of
- 27 medical care service under subsection (2).

- 1 (4) Subject to subsection (5), a physician who supervises a
- 2 physician's assistant shall keep on file in the physician's office
- 3 or in the health facility or agency or correctional facility in
- 4 which the physician supervises the physician's assistant a
- 5 permanent, written record that includes the physician's name and
- 6 license number and the name and license number of each physician's
- 7 assistant supervised by the physician.
- 8 (1) (5)—A group of physicians practicing other than as sole
- 9 practitioners may designate 1 or more physicians in the group to
- 10 fulfill the requirements of subsections (1) and (4). ENTER INTO A
- 11 PRACTICE AGREEMENT UNDER SECTION 17047.
- 12 (2) (6) Notwithstanding any law or rule to the contrary, a
- 13 physician is not required to countersign orders written in a
- 14 patient's clinical record by a physician's assistant to whom the
- 15 physician has delegated the performance of medical care services
- 16 for a patient. WITH WHOM THE PHYSICIAN HAS A PRACTICE AGREEMENT.
- 17 Notwithstanding any law or rule to the contrary, a physician is not
- 18 required to sign an official form that lists the physician's
- 19 signature as the required signatory if that official form is signed
- 20 by a physician's assistant to whom the physician has delegated the
- 21 performance of medical care services. WITH WHOM THE PHYSICIAN HAS A
- 22 PRACTICE AGREEMENT.
- 23 Sec. 17050. In addition to its other powers and duties under
- 24 this article, the board may prohibit a physician OR A PHYSICIAN'S
- 25 ASSISTANT from supervising 1 or more physician's assistants
- 26 ENTERING INTO A PRACTICE AGREEMENT for any of the grounds set forth
- 27 in section 16221. or for failure to supervise a physician's

- 1 assistant in accordance with this part and rules promulgated under
- 2 this part.
- 3 Sec. 17060. The **DEPARTMENT, IN CONSULTATION WITH THE** task
- 4 force, shall DO ALL OF THE FOLLOWING:
- 5 (a) Promulgate rules necessary for the implementation of its
- 6 powers and duties UNDER THIS PART and may perform the acts and make
- 7 the determinations necessary for the proper implementations of
- 8 those powers and duties.
- **9** (b) Promulgate rules to establish the requirements for the
- 10 education, training, or experience of physician's assistants for
- 11 licensure in this state. The requirements shall MUST take into
- 12 account nationally recognized standards for education, training,
- 13 and experience and the desired utilization of physician's
- 14 assistants. By 2 years after the effective date of the amendatory
- 15 act that added this sentence, JANUARY 14, 2017, the rules must
- 16 include training standards for identifying victims of human
- 17 trafficking. The training standards for identifying victims of
- 18 human trafficking shall MUST apply for a physician's assistant
- 19 license or registration renewal beginning with the first renewal
- 20 cycle after the rules are promulgated and for an initial license or
- 21 registration issued 5 or more years after the rules are
- 22 promulgated.
- 23 (c) Develop and make public guidelines on the appropriate
- 24 delegation of functions to and supervision of physician's
- 25 assistants according to the level of education, training, or
- 26 experience of physician's assistants. The guidelines are not
- 27 binding, but shall serve to explain how the task force's training

1 criteria coincides with the board's expectation for delegation to

- 2 and supervision of physician's assistants by physicians.
- 3 (C) (d) Direct the department to issue GRANT licenses to
- 4 applicants who meet the requirements of this part and the rules
- 5 promulgated under this part for practice and use of the title of
- 6 physician's assistant.
- 7 (D) (e) Promulgate rules to establish criteria for the
- 8 evaluation of programs for the education and training of
- 9 physician's assistants for the purpose of determining whether
- 10 graduates of the programs have the knowledge and skills requisite
- 11 for practice and use of the title physician's assistant in this
- 12 state as defined by this part and the rules promulgated under this
- 13 part. The criteria established shall MUST be substantially
- 14 consistent with nationally recognized standards for the education
- 15 and training of physician's assistants. Until the criteria are
- 16 established, the criteria developed by the advisory commission on
- 17 physician's assistants shall remain in effect. The task force
- 18 DEPARTMENT shall consider and may use where appropriate the
- 19 criteria established by professional associations, education
- 20 accrediting bodies, or governmental agencies. In establishing
- 21 criteria for the evaluation of education and training programs, the
- 22 task force DEPARTMENT may seek the advice of the boards and the
- 23 department of education.
- 24 (f) Make written recommendations to the boards concerning the
- 25 rules to be developed for approval by the boards of physicians to
- 26 supervise physician's assistants, including recommendations for
- 27 appropriate utilization of physician's assistants by level of

- 1 preparation where appropriate.
- 2 (g) File an annual report with the department and the boards

- 3 containing matters prescribed by the department and boards.
- 4 Sec. 17074. (1) A physician's assistant shall not undertake or
- 5 represent that he or she is qualified to undertake provision of a
- 6 medical care service that he or she knows or reasonably should know
- 7 to be outside his or her competence or is prohibited by law.
- 8 (2) A physician's assistant shall not:
- 9 (a) Perform acts, tasks, or functions to determine the
- 10 refractive state of a human eye or to treat refractive anomalies of
- 11 the human eye, or both.
- 12 (b) Determine the spectacle or contact lens prescription
- 13 specifications required to treat refractive anomalies of the human
- 14 eye, or determine modification of spectacle or contact lens
- 15 prescription specifications, or both.
- 16 (3) A physician's assistant may perform routine visual
- 17 screening or testing, postoperative care, or assistance in the care
- 18 of medical diseases of the eye under the supervision of a
- 19 physician.A PRACTICE AGREEMENT.
- 20 (4) A physician's assistant acting under the supervision of a
- 21 podiatrist shall only perform those duties included within the
- 22 scope of practice of that supervising podiatrist.
- Sec. 17076. (1) Except in an emergency situation, a
- 24 physician's assistant shall provide medical care services only
- 25 under the supervision of a physician or properly designated
- 26 alternative physician, and only if those medical care services are
- 27 within the scope of practice of the supervising physician and are

- 1 delegated by the supervising physician.
- 2 (1) (2)—A physician's assistant may make calls or go on rounds
- 3 under the supervision of a physician in private homes, public
- 4 institutions, emergency vehicles, ambulatory care clinics,
- 5 hospitals, intermediate or extended care facilities, health
- 6 maintenance organizations, nursing homes, or other health care
- 7 facilities IN ACCORDANCE WITH A PRACTICE AGREEMENT. Notwithstanding
- 8 any law or rule to the contrary, a physician's assistant may make
- 9 calls or go on rounds as provided in this subsection without
- 10 restrictions on the time or frequency of visits by the-A physician
- 11 or the physician's assistant.
- 12 (2) (3)—A physician's assistant WHO IS A PARTY TO A PRACTICE
- 13 AGREEMENT may prescribe drugs as a delegated act of a supervising
- 14 physician A DRUG in accordance with procedures and protocol
- 15 PROTOCOLS for the prescription established by rule of the
- 16 DEPARTMENT IN CONSULTATION WITH THE appropriate board. A
- 17 physician's assistant may prescribe a drug, including a controlled
- 18 substance that is included in schedules 2 to 5 of part 72. $\frac{1}{7}$ as a
- 19 delegated act of the supervising physician. When delegated
- 20 prescription occurs, both—IF A PHYSICIAN'S ASSISTANT PRESCRIBES A
- 21 DRUG UNDER THIS SUBSECTION, the physician's assistant's name and
- 22 the supervising physician's name shall be used, recorded, or
- 23 otherwise indicated in connection with each individual THAT
- 24 prescription. so that the individual who dispenses or administers
- 25 the prescription knows under whose delegated authority the
- 26 physician's assistant is prescribing. When delegated prescription
- 27 of drugs IF A PHYSICIAN'S ASSISTANT PRESCRIBES A DRUG UNDER THIS

- 1 SUBSECTION that are IS included in schedules 2 to 5, occurs, both
- 2 the physician's assistant's and the supervising physician's DEA
- 3 registration numbers NUMBER shall be used, recorded, or otherwise
- 4 indicated in connection with each THAT individual prescription.
- 5 (3) (4)—A physician's assistant may order, receive, and
- 6 dispense complimentary starter dose drugs, including controlled
- 7 substances that are included in schedules 2 to 5 of part 72. $\frac{1}{7}$ as a
- 8 delegated act of a supervising physician. When the delegated
- 9 ordering, receipt, or dispensing of IF A PHYSICIAN'S ASSISTANT
- 10 ORDERS, RECEIVES, OR DISPENSES A complimentary starter dose drugs
- 11 occurs, both DRUG UNDER THIS SUBSECTION, the physician's
- 12 assistant's name and the supervising physician's name shall be
- 13 used, recorded, or otherwise indicated in connection with each THAT
- 14 order, receipt, or dispensing. so that the individual who processes
- 15 the order or delivers the complimentary starter dose drugs or to
- 16 whom the complimentary starter dose drugs are dispensed knows under
- 17 whose delegated authority the physician's assistant is ordering,
- 18 receiving, or dispensing. When the delegated ordering, receipt, or
- 19 dispensing of IF A PHYSICIAN'S ASSISTANT ORDERS, RECEIVES, OR
- 20 DISPENSES A complimentary starter dose drugs DRUG UNDER THIS
- 21 SUBSECTION that are IS included in schedules 2 to 5, occurs, both
- 22 the physician's assistant's and the supervising physician's DEA
- 23 registration numbers NUMBER shall be used, recorded, or otherwise
- 24 indicated in connection with each THAT order, receipt, or
- 25 dispensing. As used in this subsection, "complimentary starter
- 26 dose" means that term as defined in section 17745. It is the intent
- 27 of the legislature in enacting this subsection to allow a

- 1 pharmaceutical manufacturer or wholesale distributor, as those
- 2 terms are defined in part 177, to distribute complimentary starter
- 3 dose drugs to a physician's assistant, as described in this
- 4 subsection, in compliance with section 503(d) of the federal food,
- 5 drug, and cosmetic act, 21 USC 353.
- 6 Sec. 17078. (1) A physician's assistant is the agent of his or
- 7 her supervising physician under this part or part 175 or
- 8 supervising podiatrist under part 180. A communication made to a
- 9 physician's assistant that would be a privileged communication if
- 10 made to the supervising physician under this part or part 175 or
- 11 supervising podiatrist under part 180 is a privileged communication
- 12 to the physician's assistant and the supervising physician or
- 13 supervising podiatrist to the same extent as if the communication
- 14 were made to the supervising physician or supervising podiatrist.
- 15 (2)—A physician's assistant shall conform to minimal standards
- 16 of acceptable and prevailing practice for the supervising physician
- 17 under this part, or part 175, or supervising podiatrist under part
- 18 180, AS APPLICABLE.
- 19 Sec. 17501. (1) As used in this part:
- 20 (a) "Electrodiagnostic studies" means the testing of
- 21 neuromuscular functions utilizing nerve conduction tests and needle
- 22 electromyography. It does not include the use of surface
- 23 electromyography.
- 24 (b) "Medical care services" means those services within the
- 25 scope of practice of physicians licensed and approved by the board,
- 26 except those services that the board PROHIBITS OR OTHERWISE
- 27 RESTRICTS WITHIN A PRACTICE AGREEMENT OR determines shall not be

- 1 delegated by a physician without endangering the health and safety
- 2 of patients as provided for in section $\frac{17548(3).17548(1)}{.}$
- 3 (C) "PARTICIPATING PHYSICIAN" MEANS A PHYSICIAN, A PHYSICIAN
- 4 DESIGNATED BY A GROUP OF PHYSICIANS UNDER SECTION 17549 TO
- 5 REPRESENT THAT GROUP, OR A PHYSICIAN DESIGNATED BY A HEALTH
- 6 FACILITY OR AGENCY UNDER SECTION 20174 TO REPRESENT THAT HEALTH
- 7 FACILITY OR AGENCY.
- 8 (D) (e) "Physician" means an individual WHO IS licensed under
- 9 this article to engage in the practice of osteopathic medicine and
- 10 surgery.
- 11 (E) "PRACTICE AGREEMENT" MEANS AN AGREEMENT DESCRIBED IN
- 12 SECTION 17547.
- (F) (d) "Practice of osteopathic medicine and surgery" means a
- 14 separate, complete, and independent school of medicine and surgery
- 15 utilizing full methods of diagnosis and treatment in physical and
- 16 mental health and disease, including the prescription and
- 17 administration of drugs and biologicals, operative surgery,
- 18 obstetrics, radiological and other electromagnetic emissions, and
- 19 placing special emphasis on the interrelationship of the
- 20 musculoskeletal system to other body systems.
- 21 (G) (e)—"Practice as a physician's assistant" means the
- 22 practice of medicine, osteopathic medicine and surgery , and
- 23 podiatric medicine and surgery performed under the supervision of
- 24 WITH a PARTICIPATING physician or podiatrist licensed under this
- 25 article. UNDER A PRACTICE AGREEMENT.
- 26 (f) "Supervision" has the meaning ascribed to it in section
- 27 16109 except that it includes the existence of a predetermined plan

- 1 for emergency situations, including, but not limited to, the
- 2 designation of a physician to supervise a physician's assistant in
- 3 the absence of the primary supervising physician.
- 4 (H) (g) "Task force" means the joint task force created in
- **5** section 17025.
- 6 (2) In addition to the definitions in this part, article 1
- 7 contains general definitions and principles of construction
- 8 applicable to all articles in the code and part 161 contains
- 9 definitions applicable to this part.
- 10 Sec. 17521. (1) The Michigan board of osteopathic medicine and
- 11 surgery is created in the department and shall consist CONSISTS of
- 12 the following 11 voting members who shall meet the requirements of
- 13 part 161: 7 physicians, 1 physician's assistant, and 3 public
- 14 members.
- 15 (2) The requirement of section $\frac{16135(d)}{16135(1)}$ (D) that a
- 16 board member shall have practiced that profession for 2 years
- 17 immediately before appointment is waived until September 30, 1980
- 18 for members of the board who are licensed in a health profession
- 19 subfield created by UNDER this part. The
- 20 (3) EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE, THE Michigan
- 21 board of osteopathic medicine and surgery does not have the powers
- 22 and duties vested in the task force by sections 17060 to 17084.
- 23 SEC. 17547. (1) A PHYSICIAN'S ASSISTANT SHALL NOT ENGAGE IN
- 24 THE PRACTICE AS A PHYSICIAN'S ASSISTANT EXCEPT UNDER THE TERMS OF A
- 25 PRACTICE AGREEMENT THAT MEETS THE REQUIREMENTS OF THIS SECTION.
- 26 (2) A PRACTICE AGREEMENT MUST INCLUDE ALL OF THE FOLLOWING:
- 27 (A) A PROCESS BETWEEN THE PHYSICIAN'S ASSISTANT AND

- 1 PARTICIPATING PHYSICIAN FOR COMMUNICATION, AVAILABILITY, AND
- 2 DECISION MAKING WHEN PROVIDING MEDICAL TREATMENT TO A PATIENT. THE
- 3 PROCESS MUST UTILIZE THE KNOWLEDGE AND SKILLS OF THE PHYSICIAN'S
- 4 ASSISTANT AND PARTICIPATING PHYSICIAN BASED ON THEIR EDUCATION,
- 5 TRAINING, AND EXPERIENCE.
- 6 (B) A PROTOCOL FOR DESIGNATING AN ALTERNATIVE PHYSICIAN FOR
- 7 CONSULTATION IN SITUATIONS IN WHICH THE PARTICIPATING PHYSICIAN IS
- 8 NOT AVAILABLE FOR CONSULTATION.
- 9 (C) THE SIGNATURES OF THE PHYSICIAN'S ASSISTANT AND THE
- 10 PARTICIPATING PHYSICIAN.
- 11 (D) A TERMINATION PROVISION THAT ALLOWS THE PHYSICIAN'S
- 12 ASSISTANT OR PARTICIPATING PHYSICIAN TO TERMINATE THE PRACTICE
- 13 AGREEMENT BY PROVIDING WRITTEN NOTICE AT LEAST 30 DAYS BEFORE THE
- 14 DATE OF TERMINATION.
- 15 (E) SUBJECT TO SECTION 17548, THE DUTIES AND RESPONSIBILITIES
- 16 OF THE PHYSICIAN'S ASSISTANT AND PARTICIPATING PHYSICIAN. THE
- 17 PRACTICE AGREEMENT SHALL NOT INCLUDE AS A DUTY OR RESPONSIBILITY OF
- 18 THE PHYSICIAN'S ASSISTANT OR PARTICIPATING PHYSICIAN AN ACT, TASK,
- 19 OR FUNCTION THAT THE PHYSICIAN'S ASSISTANT OR PARTICIPATING
- 20 PHYSICIAN IS NOT QUALIFIED TO PERFORM BY EDUCATION, TRAINING, OR
- 21 EXPERIENCE AND THAT IS NOT WITHIN THE SCOPE OF THE LICENSE HELD BY
- 22 THE PHYSICIAN'S ASSISTANT OR PARTICIPATING PHYSICIAN.
- 23 (F) A REQUIREMENT THAT THE PARTICIPATING PHYSICIAN VERIFY THE
- 24 PHYSICIAN'S ASSISTANT'S CREDENTIALS.
- 25 (3) THE NUMBER OF PHYSICIAN'S ASSISTANTS IN A PRACTICE
- 26 AGREEMENT WITH A PARTICIPATING PHYSICIAN AND THE NUMBER OF
- 27 INDIVIDUALS TO WHOM A PHYSICIAN HAS DELEGATED THE AUTHORITY TO

- 1 PERFORM ACTS, TASKS, OR FUNCTIONS ARE SUBJECT TO SECTION 16221.
- 2 Sec. 17548. (1) Except as otherwise provided in this
- 3 subsection and section 17549(5), a physician who is a sole
- 4 practitioner or who practices in a group of physicians and treats
- 5 patients on an outpatient basis shall not supervise more than 4
- 6 physician's assistants. If a physician described in this subsection
- 7 supervises physician's assistants at more than 1 practice site, the
- 8 physician shall not supervise more than 2 physician's assistants by
- 9 a method other than the physician's actual physical presence at the
- 10 practice site.
- 11 (2) A physician who is employed by or under contract or
- 12 subcontract to or has privileges at a health facility licensed
- 13 under article 17 or a state correctional facility may supervise
- 14 more than 4 physician's assistants at the health facility or agency
- 15 or state correctional facility.
- 16 (1) (3) TO EXCEPT FOR A MEDICAL CARE SERVICE WITHIN A PRACTICE
- 17 AGREEMENT, TO the extent that a particular selected medical care
- 18 service requires extensive medical training, education, or ability
- 19 or pose serious risks to the health and safety of patients, the
- 20 board may prohibit or otherwise restrict the delegation of that
- 21 medical care service or may require higher levels of supervision.
- 22 TO THE EXTENT THAT A PARTICULAR MEDICAL CARE SERVICE REQUIRES
- 23 EXTENSIVE TRAINING, EDUCATION, OR ABILITY OR POSES SERIOUS RISKS TO
- 24 THE HEALTH OR SAFETY OF PATIENTS, THE BOARD MAY PROHIBIT OR
- 25 OTHERWISE RESTRICT THAT MEDICAL CARE SERVICE WITHIN A PRACTICE
- 26 AGREEMENT.
- 27 (4) A physician shall not delegate ultimate responsibility for

- 1 the quality of medical care services, even if the medical care
- 2 services are provided by a physician's assistant.
- 3 (2) (5)—A physician's assistant may make calls or go on rounds
- 4 under the supervision of a physician in private homes, public
- 5 institutions, emergency vehicles, ambulatory care clinics,
- 6 hospitals, intermediate or extended care facilities, health
- 7 maintenance organizations, nursing homes, or other health care
- 8 facilities IN ACCORDANCE WITH A PRACTICE AGREEMENT. Notwithstanding
- 9 any law or rule to the contrary, a physician's assistant may make
- 10 calls or go on rounds as provided in this subsection without
- 11 restrictions on the time or frequency of visits by the-A physician
- 12 or the physician's assistant.
- 13 (3) (6) Subject to subsections (7) and (8), FOR PURPOSES OF
- 14 SUBSECTION (4), the DEPARTMENT, IN CONSULTATION WITH THE board, may
- 15 promulgate rules for the delegation by a supervising physician to
- 16 CONCERNING THE PRESCRIBING OF DRUGS BY a physician's assistant. of
- 17 the function of prescription of drugs. Subject to subsections (7)
- 18 and (8), SUBSECTION (4), the rules may define the drugs or classes
- 19 of drugs the prescription of which shall not be delegated THAT A
- 20 PHYSICIAN'S ASSISTANT MAY NOT PRESCRIBE and other procedures and
- 21 protocols necessary to promote consistency with federal and state
- 22 drug control and enforcement laws.
- 23 (4) (7) A physician's assistant WHO IS A PARTY TO A PRACTICE
- 24 AGREEMENT may prescribe drugs as a delegated act of a supervising
- 25 physician—A DRUG in accordance with procedures and protocol
- 26 PROTOCOLS for the prescription established by rule of the
- 27 DEPARTMENT IN CONSULTATION WITH THE appropriate board. A

- 1 physician's assistant may prescribe a drug, including a controlled
- 2 substance that is included in schedules 2 to 5 of part 72. $\frac{1}{7}$ as a
- 3 delegated act of the supervising physician. When delegated
- 4 prescription occurs, both IF A PHYSICIAN'S ASSISTANT PRESCRIBES A
- 5 DRUG UNDER THIS SUBSECTION, the physician's assistant's name and
- 6 the supervising physician's name shall be used, recorded, or
- 7 otherwise indicated in connection with each individual THAT
- 8 prescription. so that the individual who dispenses or administers
- 9 the prescription knows under whose delegated authority the
- 10 physician's assistant is prescribing. When delegated prescription
- 11 of drugs IF A PHYSICIAN'S ASSISTANT PRESCRIBES A DRUG UNDER THIS
- 12 SUBSECTION that are IS included in schedules 2 to 5, occurs, both
- 13 the physician's assistant's and the supervising physician's DEA
- 14 registration numbers NUMBER shall be used, recorded, or otherwise
- 15 indicated in connection with each individual THAT prescription.
- 16 (5) (8) A supervising physician may delegate in writing to a
- 17 physician's assistant the ordering, receipt, and dispensing of MAY
- 18 ORDER, RECEIVE, AND DISPENSE complimentary starter dose drugs
- 19 including controlled substances that are included in schedules 2 to
- 20 5 of part 72. When the delegated ordering, receipt, or dispensing
- 21 of IF A PHYSICIAN'S ASSISTANT ORDERS, RECEIVES, OR DISPENSES A
- 22 complimentary starter dose drugs occurs, both DRUG UNDER THIS
- 23 SUBSECTION, the physician's assistant's name and the supervising
- 24 physician's name shall be used, recorded, or otherwise indicated in
- 25 connection with each THAT order, receipt, or dispensing. When the
- 26 delegated ordering, receipt, or dispensing of IF A PHYSICIAN'S
- 27 ASSISTANT ORDERS, RECEIVES, OR DISPENSES A complimentary starter

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- 1 dose drugs DRUG UNDER THIS SUBSECTION that are IS included in
- 2 schedules 2 to 5, occurs, both the physician's assistant's and the
- 3 supervising physician's DEA registration numbers NUMBER shall be
- 4 used, recorded, or otherwise indicated in connection with each THAT
- 5 order, receipt, or dispensing. As used in this subsection,
- 6 "complimentary starter dose" means that term as defined in section
- 7 17745. It is the intent of the legislature in enacting this
- 8 subsection to allow a pharmaceutical manufacturer or wholesale
- 9 distributor, as those terms are defined in part 177, to distribute
- 10 complimentary starter dose drugs to a physician's assistant, as
- 11 described in this subsection, in compliance with section 503(d) of
- 12 the federal food, drug, and cosmetic act, 21 USC 353.
- Sec. 17549. (1) In addition to the other requirements of this
- 14 section and subject to subsection (5), a physician who supervises a
- 15 physician's assistant is responsible for all of the following:
- 16 (a) Verification of the physician's assistant's credentials.
- 17 (b) Evaluation of the physician's assistant's performance.
- 18 (c) Monitoring the physician's assistant's practice and
- 19 provision of medical care services.
- 20 (2) Subject to section 16215 or 17548, as applicable, a
- 21 physician who supervises a physician's assistant may delegate to
- 22 the physician's assistant the performance of medical care services
- 23 for a patient who is under the case management responsibility of
- 24 the physician, if the delegation is consistent with the physician's
- 25 assistant's training.
- 26 (3) A physician who supervises a physician's assistant is
- 27 responsible for the clinical supervision of each physician's

- 1 assistant to whom the physician delegates the performance of
- 2 medical care service under subsection (2).
- 3 (4) Subject to subsection (5), a physician who supervises a
- 4 physician's assistant shall keep on file in the physician's office
- 5 or in the health facility or agency or state correctional facility
- 6 in which the physician supervises the physician's assistant a
- 7 permanent, written record that includes the physician's name and
- 8 license number and the name and license number of each physician's
- 9 assistant supervised by the physician.
- 10 (1) (5)—A group of physicians practicing other than as sole
- 11 practitioners may designate 1 or more physicians in the group to
- 12 fulfill the requirements of subsections (1) and (4).ENTER INTO A
- 13 PRACTICE AGREEMENT UNDER SECTION 17547.
- 14 (2) (6) Notwithstanding any law or rule to the contrary, a
- 15 physician is not required to countersign orders written in a
- 16 patient's clinical record by a physician's assistant to whom the
- 17 physician has delegated the performance of medical care services
- 18 for a patient. WITH WHOM THE PHYSICIAN HAS A PRACTICE AGREEMENT.
- 19 Notwithstanding any law or rule to the contrary, a physician is not
- 20 required to sign an official form that lists the physician's
- 21 signature as the required signatory if that official form is signed
- 22 by a physician's assistant to whom the physician has delegated the
- 23 performance of medical care services. WITH WHOM THE PHYSICIAN HAS A
- 24 PRACTICE AGREEMENT.
- 25 Sec. 17550. In addition to its other powers and duties under
- 26 this article, the board may prohibit a physician from supervising 1
- 27 or more physician's assistants OR A PHYSICIAN'S ASSISTANT FROM

- 1 ENTERING INTO A PRACTICE AGREEMENT for any of the grounds set forth
- 2 in section 16221. or for failure to supervise a physician's
- 3 assistant in accordance with this part and rules promulgated under
- 4 this part.
- 5 Sec. 17708. (1) "Preceptor" means a pharmacist approved by the
- 6 board to direct the training of an intern in an approved pharmacy.
- 7 (2) "Prescriber" means a licensed dentist, a licensed doctor
- 8 of medicine, a licensed doctor of osteopathic medicine and surgery,
- 9 a licensed doctor of podiatric medicine and surgery, A LICENSED
- 10 PHYSICIAN'S ASSISTANT, a licensed optometrist certified under part
- 11 174 to administer and prescribe therapeutic pharmaceutical agents,
- 12 a licensed veterinarian, or another licensed health professional
- 13 acting under the delegation and using, recording, or otherwise
- 14 indicating the name of the delegating licensed doctor of medicine
- 15 or licensed doctor of osteopathic medicine and surgery.
- 16 (3) "Prescription" means an order by a prescriber to fill,
- 17 compound, or dispense a drug or device written and signed; written
- 18 or created in an electronic format, signed, and transmitted by
- 19 facsimile; or transmitted electronically or by other means of
- 20 communication. An order transmitted in other than written or hard-
- 21 copy form must be electronically recorded, printed, or written and
- 22 immediately dated by the pharmacist, and that record constitutes
- 23 the original prescription. In a health facility or agency licensed
- 24 under article 17 or other medical institution, an order for a drug
- 25 or device in the patient's chart constitutes for the purposes of
- 26 this definition the original prescription. Subject to section
- 27 17751(2) and (5), prescription includes, but is not limited to, an

- 1 order for a drug, not including a controlled substance as defined
- 2 in section 7104 except under circumstances described in section
- 3 17763(e), written and signed; written or created in an electronic
- 4 format, signed, and transmitted by facsimile; or transmitted
- 5 electronically or by other means of communication by a physician
- 6 prescriber, dentist prescriber, or veterinarian prescriber licensed
- 7 to practice dentistry, medicine, osteopathic medicine and surgery,
- 8 or veterinary medicine in another state.
- 9 (4) "Prescription drug" means a drug to which 1 or more of the
- 10 following apply:
- (a) The drug is dispensed pursuant to a prescription.
- 12 (b) The drug bears the federal legend "CAUTION: federal law
- 13 prohibits dispensing without prescription" or "Rx only".
- 14 (c) The drug is designated by the board as a drug that may
- 15 only be dispensed pursuant to a prescription.
- Sec. 17745. (1) Except as otherwise provided in this
- 17 subsection, a prescriber who wishes to dispense prescription drugs
- 18 shall obtain from the board a drug control license for each
- 19 location in which the storage and dispensing of prescription drugs
- 20 occur. A drug control license is not necessary if the dispensing
- 21 occurs in the emergency department, emergency room, or trauma
- 22 center of a hospital licensed under article 17 or if the dispensing
- 23 involves only the issuance of complimentary starter dose drugs.
- 24 (2) Except as otherwise authorized for expedited partner
- 25 therapy in section 5110 or as provided in section 17744a or 17744b,
- 26 a dispensing prescriber shall dispense prescription drugs only to
- 27 his or her own patients.

- 1 (3) A dispensing prescriber shall include in a patient's chart
- 2 or clinical record a complete record, including prescription drug
- 3 names, dosages, and quantities, of all prescription drugs dispensed
- 4 directly by the dispensing prescriber or indirectly under his or
- 5 her delegatory authority. If prescription drugs are dispensed under
- 6 the prescriber's delegatory authority, the delegatee who dispenses
- 7 the prescription drugs shall initial the patient's chart, clinical
- 8 record, or log of prescription drugs dispensed. In a patient's
- 9 chart or clinical record, a dispensing prescriber shall distinguish
- 10 between prescription drugs dispensed to the patient, prescription
- 11 drugs prescribed for the patient, prescription drugs dispensed or
- 12 prescribed for expedited partner therapy as authorized in section
- 13 5110, and prescription drugs dispensed or prescribed as authorized
- 14 under section 17744a or 17744b. A dispensing prescriber shall
- 15 retain information required under this subsection for not less than
- 16 5 years after the information is entered in the patient's chart or
- 17 clinical record.
- 18 (4) A dispensing prescriber shall store prescription drugs
- 19 under conditions that will maintain their stability, integrity, and
- 20 effectiveness and will assure ENSURE that the prescription drugs
- 21 are free of contamination, deterioration, and adulteration.
- 22 (5) A dispensing prescriber shall store prescription drugs in
- 23 a substantially constructed, securely lockable cabinet. Access to
- 24 the cabinet shall MUST be limited to individuals authorized to
- 25 dispense prescription drugs in compliance with this part and
- 26 article 7.
- 27 (6) Unless otherwise requested by a patient, a dispensing

- 1 prescriber shall dispense a prescription drug in a safety closure
- 2 container that complies with the poison prevention packaging act of
- **3** 1970, 15 USC 1471 to 1477.
- 4 (7) A dispensing prescriber shall dispense a drug in a
- 5 container that bears a label containing all of the following
- 6 information:
- 7 (a) The name and address of the location from which the
- 8 prescription drug is dispensed.
- 9 (b) Except as otherwise authorized under section 5110, 17744a,
- 10 or 17744b, the patient's name and record number.
- 11 (c) The date the prescription drug was dispensed.
- 12 (d) The prescriber's name or, if dispensed under the
- 13 prescriber's delegatory authority, the name of the delegatee.
- 14 (e) The directions for use.
- 15 (f) The name and strength of the prescription drug.
- 16 (g) The quantity dispensed.
- 17 (h) The expiration date of the prescription drug or the
- 18 statement required under section 17756.
- 19 (8) A dispensing prescriber who dispenses a complimentary
- 20 starter dose drug to a patient shall give the patient the
- 21 information required in this subsection, by dispensing the
- 22 complimentary starter dose drug to the patient in a container that
- 23 bears a label containing the required information or by giving the
- 24 patient a written document that may include, but is not limited to,
- 25 a preprinted insert that comes with the complimentary starter dose
- 26 drug and that contains the required information. The information
- 27 required to be given to the patient under this subsection includes

- 1 all of the following:
- 2 (a) The name and strength of the complimentary starter dose
- 3 drug.
- 4 (b) Directions for the patient's use of the complimentary
- 5 starter dose drug.
- 6 (c) The expiration date of the complimentary starter dose drug
- 7 or the statement required under section 17756.
- **8** (9) The information required under subsection (8) is in
- 9 addition to, and does not supersede or modify, other state or
- 10 federal law regulating the labeling of prescription drugs.
- 11 (10) In addition to meeting the requirements of this part, a
- 12 dispensing prescriber who dispenses controlled substances shall
- 13 comply with section 7303a.
- 14 (11) The board may periodically inspect locations from which
- 15 prescription drugs are dispensed.
- 16 (12) The act, task, or function of dispensing prescription
- 17 drugs shall be delegated only as provided in this part and sections
- **18** 16215, 17048, 17076, 17212, and 17548.
- 19 (13) A supervising physician may delegate in writing to a
- 20 pharmacist practicing in a hospital pharmacy within a hospital
- 21 licensed under article 17 the receipt of complimentary starter dose
- 22 drugs other than controlled substances as defined by article 7 or
- 23 federal law. When the delegated receipt of complimentary starter
- 24 dose drugs occurs, both the pharmacist's name and the supervising
- 25 physician's name shall be used, recorded, or otherwise indicated in
- 26 connection with each receipt. A pharmacist described in this
- 27 subsection may dispense a prescription for complimentary starter

- 1 dose drugs written or transmitted by facsimile, electronic
- 2 transmission, or other means of communication by a prescriber.
- 3 (14) As used in this section, "complimentary starter dose"
- 4 means a prescription drug packaged, dispensed, and distributed in
- 5 accordance with state and federal law that is provided to a
- 6 dispensing prescriber free of charge by a manufacturer or
- 7 distributor and dispensed free of charge by the dispensing
- 8 prescriber to his or her patients.
- 9 Sec. 17745a. (1) As used in this section:
- 10 (a) "Medicaid" means the program of medical assistance
- 11 established under title XIX of the social security act, chapter
- 12 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396f, 1396g-1 to 1396r-6, and
- 13 $\frac{1396r-8}{1396v-8}$ to $\frac{1396v-42}{1396}$ USC 1396 TO 1396W-5.
- 14 (b) "Medicare" means the federal medicare MEDICARE program
- 15 established under title XVIII of the social security act, chapter
- 16 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395b-6 to
- 17 1395b-7, 1395c to 1395i, 1395i-2 to 1395i-5, 1395j to 1395t, 1395u
- 18 to 1395w, 1395w-2 to 1395w-4, 1395w-21 to 1395w-28, 1395x to
- 19 1395yy, and 1395bbb to 1395ggg.42 USC 1395 TO 1395lll.
- 20 (c) "Public health program" means 1 of the following:
- 21 (i) A local health department.
- 22 (ii) A migrant health center or a community health center as
- 23 defined under sections 329 and 330 of subpart I of part C of title
- 24 III of the public health service act, 42 U.S.C. USC 254b and 254c.
- 25 (iii) A family planning program designated by the family
- 26 independence agency DEPARTMENT OF HEALTH AND HUMAN SERVICES as a
- 27 provider type 23 under the social welfare act, 1939 PA 280, MCL

- 1 400.1 to 400.119b, and verified by the department of community
- 2 health.HEALTH AND HUMAN SERVICES.
- 3 (iv) A methadone treatment program licensed under article 6.
- 4 (v) A rural health clinic.
- 5 (vi) A hospice rendering emergency care services in a
- 6 patient's home as described in section 17746.
- 7 (d) "Rural health clinic" means a rural health clinic as
- 8 defined in section 1861 of part C of title XVIII of the social
- 9 security act, 42 U.S.C. USC 1395x , that is certified to
- 10 participate in medicaid MEDICAID and medicare.MEDICARE.
- 11 (2) Except as otherwise provided in subsections (3) and (4),
- 12 in a public health program without an on-site pharmacy, a
- 13 dispensing prescriber may delegate the dispensing of prescription
- 14 drugs only to the following individuals:
- 15 (a) A A registered professional nurse licensed under part 172.
- 16 (b) A physician's assistant licensed under part 170 or part
- 17 175, if the delegating dispensing prescriber is responsible for the
- 18 clinical supervision of the physician's assistant.
- 19 (3) In a public health program without an on-site pharmacy, a
- 20 dispensing prescriber may delegate the delivery of prescription
- 21 drugs consisting only of prelabeled, prepackaged oral
- 22 contraceptives under the following circumstances:
- 23 (a) The delivery is delegated to an appropriately trained
- 24 individual.
- 25 (b) The delivery is performed pursuant to specific, written
- 26 protocols.
- 27 (4) In a methadone treatment program licensed under article 6

- 1 without an on-site pharmacy, a dispensing prescriber may delegate
- 2 the delivery of a prescription drug consisting only of 1 or more
- 3 single doses of methadone, up to the maximum number of single doses
- 4 allowed by law, to a registered client of the methadone treatment
- 5 program, if all of the following requirements are met:
- **6** (a) The delivery is delegated to 1 of the following
- 7 individuals:
- 8 (i) A A registered professional nurse or a licensed practical
- 9 nurse licensed under part 172.
- 11 175, but only if the delegating dispensing prescriber is
- 12 responsible for the clinical supervision of the physician's
- 13 assistant.
- 14 (b) The delivery is performed pursuant to specific, written
- 15 protocols.
- 16 (c) The prescription drug described in this subsection is
- 17 labeled in accordance with section 17745.
- 18 Sec. 17745b. (1) Subject to subsection (3), in an industrial
- 19 clinic or other prescriber practice location without an on-site
- 20 pharmacy, a dispensing prescriber may delegate the dispensing of
- 21 prescription drugs only to the following individuals:
- 22 (a) A A registered professional nurse licensed under part 172.
- 23 (b) A physician's assistant licensed under part 170 or part
- 24 175, if the dispensing prescriber is responsible for the clinical
- 25 supervision of the physician's assistant.
- 26 (2) In an industrial clinic or other prescriber practice
- 27 location without an on-site pharmacy, if a dispensing prescriber

- 1 does not delegate the dispensing of a prescription drug, the
- 2 dispensing prescriber shall do both of the following:
- 3 (a) Be physically present at the time the prescription drug is
- 4 dispensed.
- 5 (b) Immediately before the prescription drug is dispensed,
- 6 perform a final inspection of the type of prescription drug,
- 7 labeling, dosage, and amount of the prescription drug dispensed.
- 8 (3) A dispensing prescriber who delegates the dispensing of a
- 9 prescription drug to a patient in an industrial clinic or other
- 10 prescriber practice location without an on-site pharmacy shall not
- 11 delegate the dispensing of more than a 72-hour supply of the
- 12 prescription drug.
- 13 (4) Before dispensing a prescription drug to a patient in an
- 14 industrial clinic or other prescriber practice location without an
- 15 on-site pharmacy, a dispensing prescriber who intends to charge for
- 16 dispensing the drug shall give a written prescription to the
- 17 patient and shall instruct the patient that he or she may elect to
- 18 have the prescription filled by the dispensing prescriber or the
- 19 patient's pharmacy of choice.
- 20 (5) If a dispensing prescriber intends to charge for
- 21 dispensing a prescription drug to a patient in an industrial clinic
- 22 or other prescriber practice location without an on-site pharmacy,
- 23 the dispensing prescriber shall inform the patient of that fact
- 24 before dispensing the prescription drug to the patient. The
- 25 dispensing prescriber also shall list the charge for dispensing the
- 26 prescription drug as a separate item on the patient's bill.
- **27** (6) This section does not apply to public health programs as

- 1 defined in section 17745a.
- 2 Sec. 18001. (1) As used in this part:
- 3 (A) "MEDICAL CARE SERVICES" MEANS THOSE SERVICES WITHIN THE
- 4 SCOPE OF PRACTICE OF PODIATRISTS LICENSED BY THE BOARD, EXCEPT
- 5 THOSE SERVICES THAT THE BOARD PROHIBITS OR OTHERWISE RESTRICTS
- 6 WITHIN A PRACTICE AGREEMENT OR DETERMINES SHALL NOT BE DELEGATED BY
- 7 A PODIATRIST WITHOUT ENDANGERING THE HEALTH AND SAFETY OF PATIENTS
- 8 AS PROVIDED FOR IN SECTION 18048.
- 9 (B) "PARTICIPATING PODIATRIST" MEANS A PODIATRIST OR A
- 10 PODIATRIST DESIGNATED BY A GROUP OF PODIATRISTS UNDER SECTION 18049
- 11 TO REPRESENT THAT GROUP.
- 12 (C) (a) "Podiatrist" means a physician and surgeon licensed
- 13 under this article to engage in the practice of podiatric medicine
- 14 and surgery.
- 15 (D) "PRACTICE AGREEMENT" MEANS AN AGREEMENT DESCRIBED IN
- 16 SECTION 18047.
- 17 (E) (b)—"Practice as a physician's assistant" means the
- 18 practice of medicine, osteopathic medicine and surgery, and
- 19 podiatric medicine and surgery under the supervision of a physician
- 20 or podiatrist licensed under this article. WITH A PARTICIPATING
- 21 PODIATRIST UNDER A PRACTICE AGREEMENT.
- 22 (F) (c) "Practice of podiatric medicine and surgery" means the
- 23 examination, diagnosis, and treatment of abnormal nails,
- 24 superficial excrescenses occurring on the human hands and feet,
- 25 including corns, warts, callosities, and bunions, and arch troubles
- 26 or the treatment medically, surgically, mechanically, or by
- 27 physiotherapy of ailments of human feet or ankles as they affect

- 1 the condition of the feet. It does not include amputation of human
- 2 feet, or the use or administration of anesthetics other than local.
- 3 (d) "Supervision" means that term as defined under section
- 4 16109 except that it includes the existence of a predetermined plan
- 5 for emergency situations including, but not limited to, the
- 6 designation of a podiatrist to supervise a physician's assistant in
- 7 the absence of the primary supervising podiatrist.
- 8 (G) (e) "Task force" means the joint task force created in
- **9** section 17025.
- 10 (2) In addition to the definitions in this part, article 1
- 11 contains general definitions and principles of construction
- 12 applicable to all articles in this code and part 161 contains
- 13 definitions applicable to this part.
- 14 Sec. 18021. (1) The Michigan board of podiatric medicine and
- 15 surgery is created in the department and shall consist CONSISTS of
- 16 the following 9 voting members who shall meet the requirements of
- 17 part 161: 5 podiatrists, 1 physician's assistant, and 3 public
- 18 members.
- 19 (2) The EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE, THE
- 20 board of podiatric medicine and surgery does not have the powers
- 21 and duties vested in the task force by sections 17060 to 17084.
- 22 (3) The terms of office of individual members of the board
- 23 created under this section, except those appointed to fill
- 24 vacancies, expire 4 years after appointment on June 30 of the year
- 25 in which the term expires.
- 26 SEC. 18047. (1) A PHYSICIAN'S ASSISTANT SHALL NOT ENGAGE IN
- 27 THE PRACTICE AS A PHYSICIAN'S ASSISTANT EXCEPT UNDER THE TERMS OF A

- 1 PRACTICE AGREEMENT THAT MEETS THE REQUIREMENTS OF THIS SECTION.
- 2 (2) A PRACTICE AGREEMENT MUST INCLUDE ALL OF THE FOLLOWING:
- 3 (A) A PROCESS BETWEEN THE PHYSICIAN'S ASSISTANT AND
- 4 PARTICIPATING PODIATRIST FOR COMMUNICATION, AVAILABILITY, AND
- 5 DECISION MAKING WHEN PROVIDING MEDICAL TREATMENT TO A PATIENT. THE
- 6 PROCESS MUST UTILIZE THE KNOWLEDGE AND SKILLS OF THE PHYSICIAN'S
- 7 ASSISTANT AND PARTICIPATING PODIATRIST BASED ON THEIR EDUCATION,
- 8 TRAINING, AND EXPERIENCE.
- 9 (B) A PROTOCOL FOR DESIGNATING AN ALTERNATIVE PODIATRIST FOR
- 10 CONSULTATION IN SITUATIONS IN WHICH THE PARTICIPATING PODIATRIST IS
- 11 NOT AVAILABLE FOR CONSULTATION.
- 12 (C) THE SIGNATURE OF THE PHYSICIAN'S ASSISTANT AND THE
- 13 PARTICIPATING PODIATRIST.
- 14 (D) A TERMINATION PROVISION THAT ALLOWS THE PHYSICIAN'S
- 15 ASSISTANT OR PARTICIPATING PODIATRIST TO TERMINATE THE PRACTICE
- 16 AGREEMENT BY PROVIDING WRITTEN NOTICE AT LEAST 30 DAYS BEFORE THE
- 17 DATE OF TERMINATION.
- 18 (E) SUBJECT TO SECTION 18048, THE DUTIES AND RESPONSIBILITIES
- 19 OF THE PHYSICIAN'S ASSISTANT AND PARTICIPATING PODIATRIST. THE
- 20 PRACTICE AGREEMENT SHALL NOT INCLUDE AS A DUTY OR RESPONSIBILITY OF
- 21 THE PHYSICIAN'S ASSISTANT OR PARTICIPATING PODIATRIST AN ACT, TASK,
- 22 OR FUNCTION THAT THE PHYSICIAN'S ASSISTANT OR PARTICIPATING
- 23 PODIATRIST IS NOT QUALIFIED TO PERFORM BY EDUCATION, TRAINING, OR
- 24 EXPERIENCE AND THAT IS NOT WITHIN THE SCOPE OF THE LICENSE HELD BY
- 25 THE PHYSICIAN'S ASSISTANT OR PARTICIPATING PODIATRIST.
- 26 (F) A REQUIREMENT THAT THE PARTICIPATING PODIATRIST VERIFY THE
- 27 PHYSICIAN'S ASSISTANT'S CREDENTIALS.

- 1 (3) THE NUMBER OF PHYSICIAN'S ASSISTANTS IN A PRACTICE 2 AGREEMENT WITH A PARTICIPATING PODIATRIST AND THE NUMBER OF
- 3 INDIVIDUALS TO WHOM A PODIATRIST HAS DELEGATED THE AUTHORITY TO
- 4 PERFORM ACTS, TASKS, OR FUNCTIONS ARE SUBJECT TO SECTION 16221.
- 5 Sec. 18048. (1) Except as otherwise provided in this section
- 6 and section 18049(5), a podiatrist who is a sole practitioner or
- 7 who practices in a group of podiatrists and treats patients on an
- 8 outpatient basis shall not supervise more than 4 physician's
- 9 assistants. If a podiatrist described in this subsection supervises
- 10 physician's assistants at more than 1 practice site, the podiatrist
- 11 shall not supervise more than 2 physician's assistants by a method
- 12 other than the podiatrist's actual physical presence at the
- 13 practice site.
- 14 (2) A podiatrist who is employed by or under contract or
- 15 subcontract to or has privileges at a health facility licensed
- 16 under article 17 may supervise more than 4 physician's assistants
- 17 at the health facility or agency.
- 18 (3) The department may promulgate rules for the appropriate
- 19 delegation and utilization of a physician's assistant by a
- 20 podiatrist, including, but not limited to, rules to prohibit or
- 21 otherwise restrict the delegation of certain podiatric services or
- 22 require higher levels of supervision if the board determines that
- 23 these services require EXCEPT FOR A MEDICAL CARE SERVICE WITHIN A
- 24 PRACTICE AGREEMENT, TO THE EXTENT THAT A PARTICULAR SELECTED
- 25 MEDICAL CARE SERVICE REQUIRES extensive training, education, or
- 26 ability or pose POSES serious risks to the health or safety of
- 27 patients, THE BOARD MAY PROHIBIT OR OTHERWISE RESTRICT THE

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- 1 DELEGATION OF THAT MEDICAL CARE SERVICE OR MAY REQUIRE HIGHER
- 2 LEVELS OF SUPERVISION. TO THE EXTENT THAT A PARTICULAR MEDICAL CARE
- 3 SERVICE REQUIRES EXTENSIVE TRAINING, EDUCATION, OR ABILITY OR POSES
- 4 SERIOUS RISKS TO THE HEALTH OR SAFETY OF PATIENTS, THE BOARD MAY
- 5 PROHIBIT OR OTHERWISE RESTRICT THAT MEDICAL CARE SERVICE WITHIN A
- 6 PRACTICE AGREEMENT.
- 7 Sec. 18049. (1) In addition to the other requirements of this
- 8 section and subject to subsection (5), a podiatrist who supervises
- 9 a physician's assistant is responsible for all of the following:
- 10 (a) Verification of the physician's assistant's credentials.
- 11 (b) Evaluation of the physician's assistant's performance.
- 12 (c) Monitoring the physician's assistant's practice and
- 13 provision of podiatric services.
- 14 (2) Subject to section 16215 or 18048, as applicable, a
- 15 podiatrist who supervises a physician's assistant may only delegate
- 16 to the physician's assistant the performance of podiatric services
- 17 for a patient who is under the case management responsibility of
- 18 the podiatrist, if the delegation is consistent with the
- 19 physician's assistant's training. A podiatrist shall only supervise
- 20 a physician's assistant in the performance of those duties included
- 21 within his or her scope of practice.
- 22 (3) A podiatrist who supervises a physician's assistant is
- 23 responsible for the clinical supervision of each physician's
- 24 assistant to whom the physician delegates the performance of
- 25 podiatric services under subsection (2).
- 26 (4) Subject to subsection (5), a podiatrist who supervises a
- 27 physician's assistant shall keep on file in the physician's office

- 1 or in the health facility or agency in which the podiatrist
- 2 supervises the physician's assistant a permanent, written record
- 3 that includes the podiatrist's name and license number and the name
- 4 and license number of each physician's assistant supervised by the
- 5 podiatrist.
- 6 (1) (5) A group of podiatrists practicing other than as sole
- 7 practitioners may designate 1 or more podiatrists in the group to
- 8 fulfill the requirements of subsections (1) and (4).ENTER INTO A
- 9 PRACTICE AGREEMENT UNDER SECTION 18047.
- 10 (2) NOTWITHSTANDING ANY LAW OR RULE TO THE CONTRARY, A
- 11 PODIATRIST IS NOT REQUIRED TO COUNTERSIGN ORDERS WRITTEN IN A
- 12 PATIENT'S CLINICAL RECORD BY A PHYSICIAN'S ASSISTANT WITH WHOM THE
- 13 PODIATRIST HAS A PRACTICE AGREEMENT. NOTWITHSTANDING ANY LAW OR
- 14 RULE TO THE CONTRARY, A PODIATRIST IS NOT REQUIRED TO SIGN AN
- 15 OFFICIAL FORM THAT LISTS THE PODIATRIST'S SIGNATURE AS THE REQUIRED
- 16 SIGNATORY IF THAT OFFICIAL FORM IS SIGNED BY A PHYSICIAN'S
- 17 ASSISTANT WITH WHOM THE PODIATRIST HAS A PRACTICE AGREEMENT.
- 18 Sec. 18050. (1) In addition to its other powers and duties
- 19 under this article, the board may prohibit a podiatrist from
- 20 supervising 1 or more physician's assistants OR A PHYSICIAN'S
- 21 ASSISTANT FROM ENTERING INTO A PRACTICE AGREEMENT for any of the
- 22 grounds set forth in section 16221. or for failure to supervise a
- 23 physician's assistant in accordance with this part and rules
- 24 promulgated under this part.
- 25 (2) FOR PURPOSES OF SECTION 18051, THE DEPARTMENT, IN
- 26 CONSULTATION WITH THE BOARD, MAY PROMULGATE RULES CONCERNING THE
- 27 PRESCRIBING OF DRUGS BY A PHYSICIAN'S ASSISTANT. SUBJECT TO SECTION

- 1 18051, THE RULES MAY DEFINE THE DRUGS OR CLASSES OF DRUGS THAT A
- 2 PHYSICIAN'S ASSISTANT MAY NOT PRESCRIBE AND OTHER PROCEDURES AND
- 3 PROTOCOLS NECESSARY TO PROMOTE CONSISTENCY WITH FEDERAL AND STATE
- 4 DRUG CONTROL AND ENFORCEMENT LAWS.
- 5 SEC. 18051. (1) A PHYSICIAN'S ASSISTANT MAY MAKE CALLS OR GO
- 6 ON ROUNDS IN PRIVATE HOMES, PUBLIC INSTITUTIONS, EMERGENCY
- 7 VEHICLES, AMBULATORY CARE CLINICS, HOSPITALS, INTERMEDIATE OR
- 8 EXTENDED CARE FACILITIES, HEALTH MAINTENANCE ORGANIZATIONS, NURSING
- 9 HOMES, OR OTHER HEALTH CARE FACILITIES IN ACCORDANCE WITH A
- 10 PRACTICE AGREEMENT. NOTWITHSTANDING ANY LAW OR RULE TO THE
- 11 CONTRARY, A PHYSICIAN'S ASSISTANT MAY MAKE CALLS OR GO ON ROUNDS AS
- 12 PROVIDED IN THIS SUBSECTION WITHOUT RESTRICTIONS ON THE TIME OR
- 13 FREQUENCY OF VISITS BY A PODIATRIST OR THE PHYSICIAN'S ASSISTANT.
- 14 (2) A PHYSICIAN'S ASSISTANT WHO IS A PARTY TO A PRACTICE
- 15 AGREEMENT MAY PRESCRIBE A DRUG IN ACCORDANCE WITH PROCEDURES AND
- 16 PROTOCOLS FOR THE PRESCRIPTION ESTABLISHED BY RULE OF THE
- 17 DEPARTMENT IN CONSULTATION WITH THE APPROPRIATE BOARD. A
- 18 PHYSICIAN'S ASSISTANT MAY PRESCRIBE A DRUG, INCLUDING A CONTROLLED
- 19 SUBSTANCE THAT IS INCLUDED IN SCHEDULES 2 TO 5 OF PART 72. IF A
- 20 PHYSICIAN'S ASSISTANT PRESCRIBES A DRUG UNDER THIS SUBSECTION, THE
- 21 PHYSICIAN'S ASSISTANT'S NAME SHALL BE USED, RECORDED, OR OTHERWISE
- 22 INDICATED IN CONNECTION WITH THAT PRESCRIPTION. IF A PHYSICIAN'S
- 23 ASSISTANT PRESCRIBES A DRUG UNDER THIS SUBSECTION THAT IS INCLUDED
- 24 IN SCHEDULES 2 TO 5, THE PHYSICIAN'S ASSISTANT'S DEA REGISTRATION
- 25 NUMBER SHALL BE USED, RECORDED, OR OTHERWISE INDICATED IN
- 26 CONNECTION WITH THAT PRESCRIPTION.
- 27 (3) A PHYSICIAN'S ASSISTANT MAY ORDER, RECEIVE, AND DISPENSE

- 1 COMPLIMENTARY STARTER DOSE DRUGS, INCLUDING CONTROLLED SUBSTANCES
- 2 THAT ARE INCLUDED IN SCHEDULES 2 TO 5 OF PART 72. IF A PHYSICIAN'S
- 3 ASSISTANT ORDERS, RECEIVES, OR DISPENSES A COMPLIMENTARY STARTER
- 4 DOSE DRUG UNDER THIS SUBSECTION, THE PHYSICIAN'S ASSISTANT'S NAME
- 5 SHALL BE USED, RECORDED, OR OTHERWISE INDICATED IN CONNECTION WITH
- 6 THAT ORDER, RECEIPT, OR DISPENSING. IF A PHYSICIAN'S ASSISTANT
- 7 ORDERS, RECEIVES, OR DISPENSES A COMPLIMENTARY STARTER DOSE DRUG
- 8 UNDER THIS SUBSECTION THAT IS INCLUDED IN SCHEDULES 2 TO 5, THE
- 9 PHYSICIAN'S ASSISTANT'S DEA REGISTRATION NUMBER SHALL BE USED,
- 10 RECORDED, OR OTHERWISE INDICATED IN CONNECTION WITH THAT ORDER,
- 11 RECEIPT, OR DISPENSING. AS USED IN THIS SUBSECTION, "COMPLIMENTARY
- 12 STARTER DOSE" MEANS THAT TERM AS DEFINED IN SECTION 17745. IT IS
- 13 THE INTENT OF THE LEGISLATURE IN ENACTING THIS SUBSECTION TO ALLOW
- 14 A PHARMACEUTICAL MANUFACTURER OR WHOLESALE DISTRIBUTOR, AS THOSE
- 15 TERMS ARE DEFINED IN PART 177, TO DISTRIBUTE COMPLIMENTARY STARTER
- 16 DOSE DRUGS TO A PHYSICIAN'S ASSISTANT, AS DESCRIBED IN THIS
- 17 SUBSECTION, IN COMPLIANCE WITH SECTION 503(D) OF THE FEDERAL FOOD,
- 18 DRUG, AND COSMETIC ACT, 21 USC 353.
- 19 SEC. 20174. A HEALTH FACILITY OR AGENCY MAY DESIGNATE 1 OR
- 20 MORE PHYSICIANS TO ENTER INTO A PRACTICE AGREEMENT UNDER SECTION
- 21 17047 OR 17547.
- 22 Sec. 20201. (1) A health facility or agency that provides
- 23 services directly to patients or residents and is licensed under
- 24 this article shall adopt a policy describing the rights and
- 25 responsibilities of patients or residents admitted to the health
- 26 facility or agency. Except for a licensed health maintenance
- 27 organization , which shall comply with THAT IS SUBJECT TO chapter

- 1 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to
- 2 500.3580, 500.3573, the HEALTH FACILITY OR AGENCY SHALL POST THE
- 3 policy shall be posted at a public place in the health facility or
- 4 agency and shall be provided PROVIDE THE POLICY to each member of
- 5 the health facility or agency staff. Patients or residents shall be
- 6 treated in accordance with the policy.
- 7 (2) The policy describing the rights and responsibilities of
- 8 patients or residents required under subsection (1) shall include,
- 9 as a minimum, all of the following:
- 10 (a) A patient or resident shall not be denied appropriate care
- 11 on the basis of race, religion, color, national origin, sex, age,
- 12 disability, marital status, sexual preference, or source of
- 13 payment.
- 14 (b) An individual who is or has been a patient or resident is
- 15 entitled to inspect, or receive for a reasonable fee, a copy of his
- 16 or her medical record upon request in accordance with the medical
- 17 records access act, 2004 PA 47, MCL 333.26261 to 333.26271. Except
- 18 as otherwise permitted or required under the health insurance
- 19 portability and accountability act of 1996, Public Law 104-191, or
- 20 regulations promulgated under that act, 45 CFR parts 160 and 164, a
- 21 third party shall not be given a copy of the patient's or
- 22 resident's medical record without prior authorization of the
- 23 patient or resident.
- 24 (c) A patient or resident is entitled to confidential
- 25 treatment of personal and medical records, and may refuse their
- 26 release to a person outside the health facility or agency except as
- 27 required because of a transfer to another health care facility, as

- 1 required by law or third party payment contract, or as permitted or
- 2 required under the health insurance portability and accountability
- 3 act of 1996, Public Law 104-191, or regulations promulgated under
- 4 that act, 45 CFR parts 160 and 164.
- 5 (d) A patient or resident is entitled to privacy, to the
- 6 extent feasible, in treatment and in caring for personal needs with
- 7 consideration, respect, and full recognition of his or her dignity
- 8 and individuality.
- 9 (e) A patient or resident is entitled to receive adequate and
- 10 appropriate care, and to receive, from the appropriate individual
- 11 within the health facility or agency, information about his or her
- 12 medical condition, proposed course of treatment, and prospects for
- 13 recovery, in terms that the patient or resident can understand,
- 14 unless medically contraindicated as documented in the medical
- 15 record by the attending physician or a physician's assistant to
- 16 whom the physician has delegated the performance of medical care
- 17 Services. WITH WHOM THE PHYSICIAN HAS A PRACTICE AGREEMENT.
- 18 (f) A patient or resident is entitled to refuse treatment to
- 19 the extent provided by law and to be informed of the consequences
- 20 of that refusal. If a refusal of treatment prevents a health
- 21 facility or agency or its staff from providing appropriate care
- 22 according to ethical and professional standards, the relationship
- 23 with the patient or resident may be terminated upon reasonable
- 24 notice.
- 25 (g) A patient or resident is entitled to exercise his or her
- 26 rights as a patient or resident and as a citizen, and to this end
- 27 may present grievances or recommend changes in policies and

- 1 services on behalf of himself or herself or others to the health
- 2 facility or agency staff, to governmental officials, or to another
- 3 person of his or her choice within or outside the health facility
- 4 or agency, free from restraint, interference, coercion,
- 5 discrimination, or reprisal. A patient or resident is entitled to
- 6 information about the health facility's or agency's policies and
- 7 procedures for initiation, review, and resolution of patient or
- 8 resident complaints.
- 9 (h) A patient or resident is entitled to information
- 10 concerning an experimental procedure proposed as a part of his or
- 11 her care and has the right to refuse to participate in the
- 12 experimental procedure without jeopardizing his or her continuing
- **13** care.
- 14 (i) A patient or resident is entitled to receive and examine
- 15 an explanation of his or her bill regardless of the source of
- 16 payment and to receive, upon request, information relating to
- 17 financial assistance available through the health facility or
- 18 agency.
- 19 (j) A patient or resident is entitled to know who is
- 20 responsible for and who is providing his or her direct care, is
- 21 entitled—to receive information concerning his or her continuing
- 22 health needs and alternatives for meeting those needs, and to be
- 23 involved in his or her discharge planning, if appropriate.
- 24 (k) A patient or resident is entitled to associate and have
- 25 private communications and consultations with his or her physician
- 26 or a physician's assistant to whom the physician has delegated the
- 27 performance of medical care services, WITH WHOM THE PHYSICIAN HAS A

- 1 PRACTICE AGREEMENT, WITH HIS OR HER attorney, or WITH any other
- 2 person INDIVIDUAL of his or her choice and to send and receive
- 3 personal mail unopened on the same day it is received at the health
- 4 facility or agency, unless medically contraindicated as documented
- 5 in the medical record by the attending physician or a physician's
- 6 assistant to whom the physician has delegated the performance of
- 7 medical care services. WITH WHOM THE PHYSICIAN HAS A PRACTICE
- 8 AGREEMENT. A patient's or resident's civil and religious liberties,
- 9 including the right to independent personal decisions and the right
- 10 to knowledge of available choices, shall not be infringed and the
- 11 health facility or agency shall encourage and assist in the fullest
- 12 possible exercise of these rights. A patient or resident may meet
- 13 with, and participate in, the activities of social, religious, and
- 14 community groups at his or her discretion, unless medically
- 15 contraindicated as documented in the medical record by the
- 16 attending physician or a physician's assistant to whom the
- 17 physician has delegated the performance of medical care
- 18 services. WITH WHOM THE PHYSICIAN HAS A PRACTICE AGREEMENT.
- 19 (l) A patient or resident is entitled to be free from mental
- 20 and physical abuse and from physical and chemical restraints,
- 21 except those restraints authorized in writing by the attending
- 22 physician or a physician's assistant to whom the physician has
- 23 delegated the performance of medical care services WITH WHOM THE
- 24 PHYSICIAN HAS A PRACTICE AGREEMENT for a specified and limited time
- 25 or as are necessitated by an emergency to protect the patient or
- 26 resident from injury to self or others, in which case the restraint
- 27 may only be applied by a qualified professional who shall set forth

- 1 in writing the circumstances requiring the use of restraints and
- 2 who shall promptly report the action to the attending physician or
- 3 physician's assistant. In case of a chemical restraint, a physician
- 4 shall be consulted within 24 hours after the commencement of the
- 5 chemical restraint.
- 6 (m) A patient or resident is entitled to be free from
- 7 performing services for the health facility or agency that are not
- 8 included for therapeutic purposes in the plan of care.
- 9 (n) A patient or resident is entitled to information about the
- 10 health facility or agency rules and regulations affecting patient
- 11 or resident care and conduct.
- 12 (o) A patient or resident is entitled to adequate and
- 13 appropriate pain and symptom management as a basic and essential
- 14 element of his or her medical treatment.
- 15 (3) The following additional requirements for the policy
- 16 described in subsection (2) apply to licensees under parts 213 and
- **17** 217:
- 18 (a) The policy shall be provided to each nursing home patient
- 19 or home for the aged resident upon admission, and the staff of the
- 20 facility shall be trained and involved in the implementation of the
- 21 policy.
- 22 (b) Each nursing home patient may associate and communicate
- 23 privately with persons of his or her choice. Reasonable, regular
- 24 visiting hours, which shall be not less than 8 hours per day, and
- 25 which shall take into consideration the special circumstances of
- 26 each visitor, shall be established for patients to receive
- 27 visitors. A patient may be visited by the patient's attorney or by

- 1 representatives of the departments named in section 20156, during
- 2 other than established visiting hours. Reasonable privacy shall be
- 3 afforded for visitation of a patient who shares a room with another
- 4 patient. Each patient shall have reasonable access to a telephone.
- 5 A married nursing home patient or home for the aged resident is
- 6 entitled to meet privately with his or her spouse in a room that
- 7 assures privacy. If both spouses are residents in the same
- 8 facility, they are entitled to share a room unless medically
- 9 contraindicated and documented in the medical record by the
- 10 attending physician or a physician's assistant to whom the
- 11 physician has delegated the performance of medical care
- 12 Services.WITH WHOM THE PHYSICIAN HAS A PRACTICE AGREEMENT.
- 13 (c) A nursing home patient or home for the aged resident is
- 14 entitled to retain and use personal clothing and possessions as
- 15 space permits, unless to do so would infringe upon the rights of
- 16 other patients or residents, or unless medically contraindicated as
- 17 documented in the medical record by the attending physician or a
- 18 physician's assistant to whom the physician has delegated the
- 19 performance of medical care services. WITH WHOM THE PHYSICIAN HAS A
- 20 PRACTICE AGREEMENT. Each nursing home patient or home for the aged
- 21 resident shall be provided with reasonable space. At the request of
- 22 a patient, a nursing home shall provide for the safekeeping of
- 23 personal effects, funds, MONEY, and other property of a patient in
- 24 accordance with section 21767, except that a nursing home is not
- 25 required to provide for the safekeeping of a property that would
- 26 impose an unreasonable burden on the nursing home.
- 27 (d) A nursing home patient or home for the aged resident is

- 1 entitled to the opportunity to participate in the planning of his
- 2 or her medical treatment. The attending physician or a physician's
- 3 assistant to whom the physician has delegated the performance of
- 4 medical care services WITH WHOM THE PHYSICIAN HAS A PRACTICE
- 5 AGREEMENT shall fully inform the nursing home patient of the
- 6 patient's medical condition unless medically contraindicated as
- 7 documented in the medical record by a physician or a physician's
- 8 assistant to whom the physician has delegated the performance of
- 9 medical care services. WITH WHOM THE PHYSICIAN HAS A PRACTICE
- 10 AGREEMENT. Each nursing home patient shall be afforded the
- 11 opportunity to discharge himself or herself from the nursing home.
- 12 (e) A home for the aged resident may be transferred or
- 13 discharged only for medical reasons, for his or her welfare or that
- 14 of other residents, or for nonpayment of his or her stay, except as
- 15 provided by title XVIII or title XIX. A nursing home patient may be
- 16 transferred or discharged only as provided in sections 21773 to
- 17 21777. A nursing home patient or home for the aged resident is
- 18 entitled to be given reasonable advance notice to ensure orderly
- 19 transfer or discharge. Those actions shall be documented in the
- 20 medical record.
- 21 (f) A nursing home patient or home for the aged resident is
- 22 entitled to be fully informed before or at the time of admission
- 23 and during stay of services available in the facility, and of the
- 24 related charges including any charges for services not covered
- 25 under title XVIII, or not covered by the facility's basic per diem
- 26 rate. The statement of services provided by the facility shall be
- 27 in writing and shall include those required to be offered on an as-

- 1 needed basis.
- 2 (g) A nursing home patient or home for the aged resident is
- 3 entitled to manage his or her own financial affairs, or to have at
- 4 least a quarterly accounting of personal financial transactions
- 5 undertaken in his or her behalf by the facility during a period of
- 6 time the patient or resident has delegated those responsibilities
- 7 to the facility. In addition, a patient or resident is entitled to
- 8 receive each month from the facility an itemized statement setting
- 9 forth the services paid for by or on behalf of the patient and the
- 10 services rendered by the facility. The admission of a patient to a
- 11 nursing home does not confer on the nursing home or its owner,
- 12 administrator, employees, or representatives the authority to
- 13 manage, use, or dispose of a patient's property.
- 14 (h) A nursing home patient or a person authorized by the
- 15 patient in writing may inspect and copy the patient's personal and
- 16 medical records. The records shall be made available for inspection
- 17 and copying by the nursing home within a reasonable time, not
- 18 exceeding 1 week, after the receipt of a written request.
- 19 (i) If a nursing home patient desires treatment by a licensed
- 20 member of the healing arts, the treatment shall be made available
- 21 unless it is medically contraindicated, and the medical
- 22 contraindication is justified in the patient's medical record by
- 23 the attending physician or a physician's assistant to whom the
- 24 physician has delegated the performance of medical care
- 25 services.WITH WHOM THE PHYSICIAN HAS A PRACTICE AGREEMENT.
- 26 (j) A nursing home patient has the right to have his or her
- 27 parents, if a minor, or his or her spouse, next of kin, or

- 1 patient's representative, if an adult, stay at the facility 24
- 2 hours a day if the patient is considered terminally ill by the
- 3 physician responsible for the patient's care or a physician's
- 4 assistant to whom the physician has delegated the performance of
- 5 medical care services. WITH WHOM THE PHYSICIAN HAS A PRACTICE

6 AGREEMENT.

- 7 (k) Each nursing home patient shall be provided with meals
- 8 that meet the recommended dietary allowances for that patient's age
- 9 and sex and that may be modified according to special dietary needs
- 10 or ability to chew.
- (l) Each nursing home patient has the right to receive
- 12 representatives of approved organizations as provided in section
- **13** 21763.
- 14 (4) A nursing home, its owner, administrator, employee, or
- 15 representative shall not discharge, harass, or retaliate or
- 16 discriminate against a patient because the patient has exercised a
- 17 right protected under this section.
- 18 (5) In the case of a nursing home patient, the rights
- 19 enumerated in subsection (2)(c), (g), and (k) and subsection
- 20 (3)(d), (g), and (h) may be exercised by the patient's
- 21 representative.
- 22 (6) A nursing home patient or home for the aged resident is
- 23 entitled to be fully informed, as evidenced by the patient's or
- 24 resident's written acknowledgment, before or at the time of
- 25 admission and during stay, of the policy required by this section.
- 26 The policy shall provide that if a patient or resident is
- 27 adjudicated incompetent and not restored to legal capacity, the

- 1 rights and responsibilities set forth in this section shall be
- 2 exercised by a person designated by the patient or resident. The
- 3 health facility or agency shall provide proper forms for the
- 4 patient or resident to provide for the designation of this person
- 5 at the time of admission.
- **6** (7) This section does not prohibit a health facility or agency
- 7 from establishing and recognizing additional patients' rights.
- **8** (8) As used in this section:
- 9 (a) "Patient's representative" means that term as defined in
- **10** section 21703.
- 11 (B) "PRACTICE AGREEMENT" MEANS AN AGREEMENT DESCRIBED IN
- 12 SECTION 17047, 17547, OR 18047.
- (C) (b) "Title XVIII" means title XVIII of the social security
- 14 act, 42 USC 1395 to 1395kkk-1.1395lll.
- 15 (D) (c) "Title XIX" means title XIX of the social security
- 16 act, 42 USC 1396 to 1396w-5.
- 17 Enacting section 1. Section 17066 of the public health code,
- 18 1978 PA 368, MCL 333.17066, is repealed.
- 19 Enacting section 2. This amendatory act takes effect 90 days
- 20 after the date it is enacted into law.