

Senate Bill 2 Overview – Per Senator Mark C. Jansen

Prescribing Authority	Board Composition	Reimbursement	Scope of Practice	Qualification Requirements
<p>-APRNs will be able to prescribe schedule II-V drugs within their scope of practice.</p> <p>-All APRNs who are licensed to prescribe would be required to participate in the Michigan Automated Prescription System.</p> <p>Nineteen states and the District of Columbia allow APRNs to practice independently and to the full extent of their training (i.e., diagnosing, treating, and referring patients and includes the right of prescriptive authority of medications for patients- both non-controlled and controlled)</p> <p>Visit the link below for a map of states that allow independent prescribing. https://www.ncsbn.org/2567.htm</p>	<ul style="list-style-type: none"> - Adds 7 more members to the Board of Nursing (BoN). - 11 members of the BoN would serve on the APRN Task Force: -- One registered professional nurse. -- Two certified nurse midwives. -- Two certified nurse practitioners. -- Two clinical nurse specialists-certified. -- Two certified nurse anesthetists. -- Two public members. -- Two Physicians -The Task Force promulgates rules, recommends licensure and serves as the disciplinary committee for APRN - the BoN maintains final authority. <p>Every state has their BoN oversee and license APRNs as applicable.</p>	<p>Does <i>not</i> change statute language regarding third-party reimbursement, <i>nor does it mandate</i> reimbursement rates from insurers or dictate employment or insurance agreements.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Collaborative Requirements</p> </div> <p>Requires APRNs to consult with and refer to other health professionals as appropriate.</p> <p>-APRNs with less than four years of experience prescribing will be required to enter into a 4 year mentorship agreement with an independent prescriber who would need at least 5 years of experience.</p>	<p>Allows APRNs to provide health care services within their defined scope of practice for which they are educationally & experientially prepared;</p> <p>Provides a definition and scope of practice for Certified Nurse Practitioners, Certified Nurse Midwives and Clinical Nurse Specialists-Certified.</p> <p>*For an analysis of state-by-state requirements and restrictions for APRNs, please visit the link below:</p> <p>http://c.vmcn.com/sites/www.wocn.org/resource/resmgr/files/aprn_conensus_model_impleme.pdf</p>	<p>In order to be licensed an APRN must: have completed an accredited graduate, postgraduate, or doctoral level nursing education.</p> <p>-Must maintain certification by a nationally accredited certification body and continued competence through continuing education requirements</p> <p>- Demonstrate to the Board's satisfaction the APRN has acquired advanced clinical knowledge and skills that primarily in order to provide direct care to patients, building on the competencies of R.N.s by demonstrating a greater depth of knowledge, and greater role autonomy, is educationally prepared to assume responsibility and accountability for maintenance and the assessment, diagnosis, and management of patient problems and has clinical experience.</p> <p>All 50 states and the District of Columbia require applicants to hold a registered nurse license before becoming an APRN.</p> <p>Forty-five states and the District of Columbia require APRNs to complete a master's, postgraduate or doctorate degree from an accredited NP program and require certification from a nationally recognized certifying body.</p>

Myths and Truths: Senate Bill 2

Myth: Senate Bill 2 expands the scope of practice for APRNs.

Truth: Senate Bill 2 defines the scope of practice for an APRN based on their training, education and national certification. Currently the public health code allows an APRN to do whatever a physician delegates to them – this is a broader and more expansive scope than Senate Bill 2 allows.

Myth: Senate Bill 2 will destroy the team model of patient care.

Truth: Senate Bill 2 **REQUIRES** communication through consultation and referrals. Page 19 - Sec. 17202 (c) consult with other health professionals, as appropriate, or refer a patient to other health professionals if the patient's care is outside his or her education, training, or national certification. Nothing in Senate Bill 2 prevents a team model of care; it **simply updates the roles of health care providers for the best interest of the patient.**

Myth: Senate Bill 2 allows nurses to be doctors because it uses the word 'diagnose.'

Truth: APRNs are highly trained and educated health professionals with either a Masters or Doctorate degree in nursing. As such, there are medical needs they are trained to care for within the practice of nursing within their specialized field and population foci. The bill states "within the parameters of his or her education, training or national certification" 9 times – **it could not be any clearer that APRNs are not trying to do anything they aren't trained to do.**

Myth: APRNs are going to over prescribe because they can.

Truth: All APRNs must complete graduate level pharmacology, pathophysiology and physical assessment courses as well as clinical requirements to ever prescribe controlled substances-all within their specialized program and population foci. If they qualify for and obtain a controlled substance license they will be regulated for that as well. **Additionally they are subject to a 4 year mentorship agreement for four years after graduation with an independent prescriber.**

Myths and Truths: Senate Bill 2

Myth: If Senate Bill 2 passes APRNs are going to 'hang out a shingle' and patients won't understand they aren't seeing a doctor.

Truth: Senate Bill 2 **does not allow** APRNs to open their own practice.

Myth: Senate Bill 2 will compromise patient safety because APRNs will perform procedures they aren't trained for and endanger patients.

Truth: Again, Senate Bill 2 states 'within the parameters of his or her education, training or national certification' 9 times in the bill. APRNs are currently regulated by the Board of Nursing, and will continue to be as they still hold an RN license. In addition there is an APRN taskforce created that will serve as the disciplinary subcommittee for the board of nursing to specific APRN scope issues. Any complaints would be addressed by the subcommittee and the department of licensing and regulatory affairs as it is **with all health professions licensed in Michigan.**

18 other states and Washington DC allow for APRNs to practice to the fullest extent of their education, training and national certification - including prescriptive authority, and have maintained patient safety while improving access to healthcare.

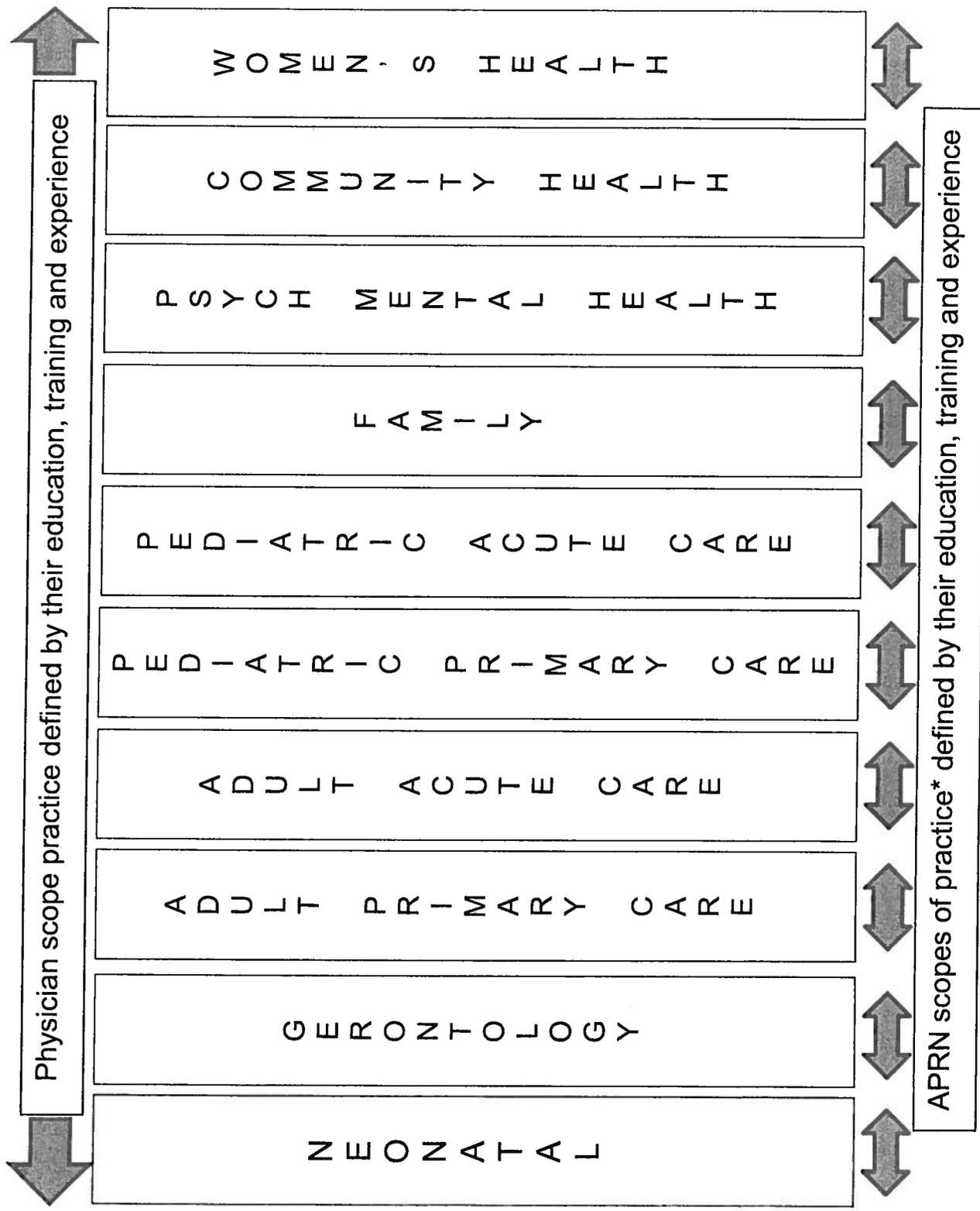
Myth: APRNs should practice under the delegation of doctors because doctors carry liability insurance and APRNs don't.

Truth: Every APRN currently carries his or her own malpractice insurance regardless of the business structure he or she practices in. They will continue to carry insurance with the passage of Senate Bill 2.

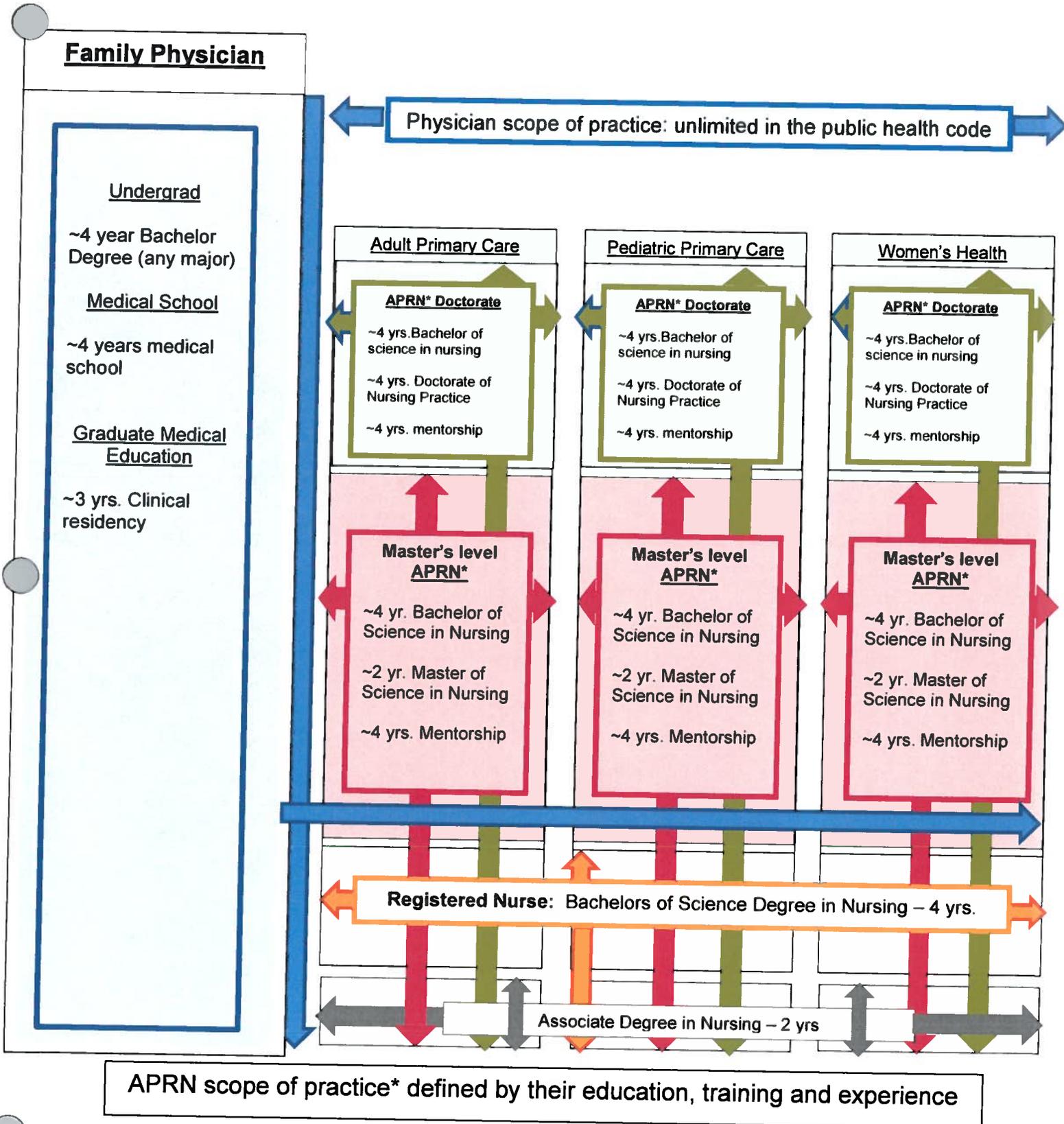
Myth: APRNs won't collaborate with a physician if SB 2 is passed.

Truth: APRNs will continue to work in clinical settings with other healthcare professionals—Senate Bill 2 even requires this with the mentorship agreement for prescribing. **This legislation doesn't preclude an employer or a payer (insurer) from requiring a collaborative agreement with a physician.** For example, CMS and most private insurers (BCBS, etc.) currently require a collaborative agreement for APRNs to be reimbursed for the healthcare services they perform. The passage of SB 2 wouldn't change that. This will continue to be a decision between a provider and a payer.

How APRNs scope of practice differs from Physicians



How APRN scope of practice differs from physicians



Categories of health care are examples; there are many more areas of practice

Patient Symptom

Patient has sore throat

Patient has sore throat

Woman requests annual physical

APRN* Action

- Diagnosis tonsillitis
- Administers antibiotics

- Tests for Strep Throat
- Strep test is positive
- Administers antibiotics

- Orders mammogram
- Results show a lump

Physician Action

Removes tonsils

N/A

Discusses treatment options with patient

Refers to a Physician

No referral needed

Refers to physician

*APRN with a 4 year Bachelor of Science in Nursing Degree, along with a 2 year Masters of Science in Nursing Degree ~OR~ a 4 year Doctorate of Nursing Practice, and a MINIMUM Of 4 years mentorship