



■ **Medical Marihuana Program Ballot Proposal Passed by Michigan Voters on November 4, 2008**

The Medical Marihuana Act ballot proposal was passed by Michigan voters on November 4, 2008 and was effective December 4, 2008. The resulting Michigan Medical Marihuana Program is administered by the Bureau of Health Professions. In accordance with the Act, administrative rules had to be promulgated 120 days after the December 4, 2008 effective date or by April 4, 2009.

Administrative rules were drafted and a public hearing was held on January 5, 2009. Comments received at the public hearing as well as written comments received were reviewed and the draft administrative rules revised. The final draft administrative rules were effective on April 4, 2009.

The Michigan Medical Marihuana Program provides for the issuance of a registry identification card for patients qualified to use marihuana for medical purposes and for individuals qualified to serve as a caregiver on behalf of a designated patient. A qualifying patient is defined as a person who has been diagnosed by a physician as having a debilitating medical condition and a primary caregiver is defined as a person who is at least 21 years old, has agreed to assist with the patient's medical use of marihuana and has never been convicted of a felony involving illegal drugs. Caregivers may not assist more than five patients.

Patients must obtain a written certification from a physician verifying that they have one of the qualifying debilitating medical conditions. (Doctors are not allowed to write prescriptions for marihuana.) Minor patients (anyone under 18 years of age) must have written certifications from two physicians. The specific debilitating medical conditions that qualify a patient to use marihuana for medical purposes are:

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Patella
- Cachexia or Wasting Syndrome
- Severe and Chronic Pain
- Severe Nausea
- Seizures (Including but not limited to those characteristic of Epilepsy.)
- Severe Persistent Muscle Spasms (Including but not limited to those characteristic of Multiple Sclerosis.)

Registered patients or caregivers will be allowed to grow limited amounts of marihuana for qualifying patients in an enclosed, locked facility. The Bureau of Health Professions cannot advise registered patients or caregivers on how to acquire marihuana or how to grow marihuana.

The Act requires the Bureau of Health Professions to verify the information contained in an application within 15 days. If an application is approved, the identification card must then be issued within 5 days.

Application forms for patients and caregivers are available for downloading on the Michigan Medical Marihuana Program website at www.michigan.gov/mmp. Applications can also be requested by emailing the Bureau of Health Professions at BHP-MMMPINFO@michigan.gov or by calling (517) 373-0395. Written correspondence can be sent to the following address:

Michigan Department of Community Health
Michigan Medical Marihuana Registry
P.O. Box 30083
Lansing, MI 48909

As of June 5, 2009 a total of 2,377 applications have been received and 1,917 cards were issued to 1,422 patients and 495 caregivers.

Additional information regarding the Michigan Medical Marihuana Program can be found at www.michigan.gov/mmp.

INSIDE

- 2 **Criminal Background Check Requirements**
- 4 **Administrative Rules Update**
- 5-6 **Board of Pharmacy Drug Control License Information**
- 8 **Massage Therapy and Speech-Language Pathology Licensure**

HealthLink

■ **Criminal Background Check Required for All New Licensure/Registration Applicants**

On October 1, 2008, the Bureau of Health Professions began requiring all applicants applying for licensure or registration to submit fingerprints and undergo a criminal background check as mandated by Public Act 26 of 2006. This law states that “. . . an applicant for initial licensure or registration shall submit his or her fingerprints to the department of state police to have a criminal history check conducted . . .”

Currently licensed or registered health professionals are not required to undergo a criminal background check pursuant to P.A. 26 of 2006. However, if a licensee or registrant has allowed their license to lapse for more than three years and wishes to apply for relicensure or re-registration, he/she must submit fingerprints and undergo a criminal background check.

The Michigan State Police has contracted with L-1 Identity Solutions to perform the fingerprint scans. Each applicant must pay \$62.75 to L-1 Identity Solutions for this service. Fingerprints taken for any other purpose may not be used to fulfill the requirements of P.A. 26 of 2006.

Provided no criminal history information is found, the Bureau of Health Professions will be notified within 24-48 hours. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review. Applicants will not automatically be denied licensure/registration if their report comes back with criminal history information. Each report will be reviewed on an individual basis and the type of conviction, the age when the incident occurred as well as the time that has elapsed since the conviction will all be taken into consideration. Please note that once a criminal background report has been submitted to the Bureau of Health Professions by the Michigan State Police, if any subsequent criminal history activity should occur for that individual, it will automatically be reported to the Bureau of Health Professions.

Information on scheduling a fingerprinting appointment for applicants can be found on our website at www.michigan.gov/healthlicense by clicking on the appropriate profession on the left-hand side of the website and downloading an application packet. Application packets can also be mailed upon request by emailing the Bureau of Health Professions at bhpinfo@michigan.gov or by calling (517) 335-0918.

WHAT YOU NEED TO KNOW

Question & Answer Corner



How can I obtain a wall certificate of my license or registration?



A wall certificate, which is not the actual license or registration issued by the Bureau of Health Professions, may be obtained by submitting a form and fee to Total Business Systems. The form may be obtained by calling Total Business Systems at (248) 588-9130 or 1-800-875-3676. You can also visit their website at www.tbsddp.com/certificates/.

CONTACTING BHP

By Mail: Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909-8170

By Phone: (517) 335-0918
(517) 241-9427 (License Verification)

Website: www.michigan.gov/healthlicense

HealthLink is a biannual publication of the Michigan Department of Community Health—Bureau of Health Professions. Statements and opinions appearing in this newsletter are not necessarily those of the Bureau of Health Professions.

Jennifer M. Granholm
Governor, State of Michigan

Janet Olszewski
Director, Community Health

Melanie B. Brim
Director, Bureau of Health Professions

Editor: Wendy J. Menosky

Readers' comments are invited. Please email comments and suggestions to the editor at: wjmenos@michigan.gov or write to: HealthLink Editor, BHP, P.O. Box 30670, Lansing, MI 48909.

MDCH is an equal opportunity employer, service and program provider.

HealthLink

■ **Task Force on Nursing Education** **Article Submitted by MDCH's Office of the** **Chief Nurse Executive**

The education of nursing in Michigan is an important part of the strategic plan, *The Nursing Agenda for Michigan*, to deal with the nursing shortage and ensure a continuous supply of high quality nurses to care for Michigan's residents. The population, nurses, and the delivery of health care are all changing rapidly. It is important for Michigan's nurses to be educated to provide safe, high quality care today and into the future.

The Michigan Department of Community Health's Office of the Chief Nurse Executive convened a task force to advise the Department and work closely with the Board of Nursing on ways to strengthen the nursing profession and workforce through its nursing education programs.

The health and safety of Michigan residents require that nursing standards, nursing education, and appropriate scope of nursing practice be strengthened. Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan*, includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. To assist in implementing the action steps with respect to nursing education, the Michigan Department of Community Health's Office of the Chief Nurse Executive convened the Task Force on Nursing Education (TFNE) in September 2008.

The TFNE is composed of appointed representatives of nursing education programs at all levels, professional nursing practice organizations, employers of nurses, plus representatives from the Board of Nursing and other stakeholders. The Co-Chairs of the Task Force include Mary Mundt, Ph.D., Dean, College of Nursing, Michigan State University; and Margie Clark, M.S.N., Director, Nursing Careers Department, Lansing Community College and Vice-Chairperson of the Board of Nursing.

The vision of the TFNE is to assure that nursing education in Michigan is an integrated, collaborative and efficient system responsive to the health care needs of the people of the state and to prepare high-performing, knowledgeable nurses who are nationally recognized for their excellence and leadership in practice. Key organizing concepts for the work of the TFNE will include quality, safety, and nursing education capacity. Activities of the TFNE include gathering information; examining national standards and best practices for nursing education and education capacity-building; conducting deliberations; and, preparing recommendations addressing these issues.

The final report of the TFNE is expected to be issued in August 2009 to the Director of the Michigan Department of Community Health and nursing education stakeholders regarding needed changes in statutes, rules and policies in order to enhance the education of licensed nurses and expand the capacity of the nursing education system in Michigan.

■ **OTs and OTAs** **Registration Changing** **to Licensure**

Effective January 13, 2009, Public Act 523 provides for the licensure of Occupational Therapists and Occupational Therapy Assistants instead of the current registration. The new law also requires continuing education requirements for licensees.

The next step is for the Bureau of Health Professions to work with the Board of Occupational Therapy to revise the administrative rules to reflect the licensure and continuing education requirements contained in the new law.

Once that process has been completed, a public hearing will be scheduled for interested persons to make verbal comments and/or submit written comments.

People currently registered will be automatically issued licenses as a result of the new legislation. Those renewing in 2009 will be issued licenses. Those renewing in 2010 will receive their licenses in the summer of 2009. Licenses are currently being issued to new applicants. For those whose registrations have lapsed, applications to reactivate your registrations/licenses can be found on our website at www.michigan.gov/healthlicense by clicking on Occupational Therapy on the left-hand side of the page and scrolling down to the Occupational Therapy Licensure Forms box.

Please check our website at www.michigan.gov/healthlicense for updates on the Board of Occupational Therapy's administrative rules as well as the date of the public hearing.

HealthLink

■ ***Pain Management Booklet to be Distributed to Michigan Physicians***

This summer the Bureau of Health Professions will be sending licensed Michigan physicians and medical residents, whose official address of record is in Michigan, a copy of the Federation of State Medical Boards' (FSMB) booklet, *Responsible Opioid Prescribing: A Physician's Guide*. This continuing medical education activity is jointly sponsored by the Alliance of State Pain Initiatives, the Federation of State Medical Boards and the University of Wisconsin School of Medicine and 7.25 CMEs can be earned online. This clear, concise handbook has been written for the FSMB by Scott M. Fishman, M.D., Chief of the Division of Pain Medicine and Professor of Anesthesiology at the University of California Davis and Past President of the American Academy of Pain Medicine. It provides concrete steps that can be taken to reduce risks and improve patient care in those cases where opioid therapy should be considered as part of a patient's treatment plan and reflects the basic tenets of the FSMB's 2004 *Model Policy for the Use of Controlled Substances for the Treatment of Pain*.

The Bureau of Health Professions recently established a new Pain Management and Palliative Care Program, the mission of which is to assist both health care professionals and the public in providing and being provided safe, adequate and appropriate pain and symptom management. Additional information can be found on the Bureau's Pain & Symptom Management website at www.michigan.gov/pm.

If you have any questions regarding this new program or the distribution of the *Responsible Opioid Prescribing: A Physician's Guide* booklet, please call or email Susan Affholter at (517) 373-7303 or affholters@michigan.gov.

■ ***Michigan Automated Prescription System (MAPS) Assists Health Professionals to Track Patients' Controlled Substance Use***

According to Dr. Scott M. Fishman, author of the Federation of State Medical Boards' *Responsible Opioid Prescribing: A Physician's Guide*, "Appropriate concerns about the potentially harmful or addictive aspects of opioid medications can be balanced with the equally valid needs of optimal pain relief with adequate risk management." One of the tools that will allow for adequate risk management is the Bureau of Health Professions' Michigan Automated Prescription System (MAPS).

Users of MAPS — dentists, veterinarians, physicians, nurse practitioners, physician's assistants and pharmacists — are encouraged to request MAPS reports on their patients to review their prescription records of Schedule 2-5 controlled substances. Online requests for reports take, on average, less than five minutes. Faxed requests take a minimum of 24 hours or less.

Become a MAPS user today! It takes only minutes to register as a user to MAPS. For registration instructions or for more information on MAPS, please visit the Bureau of Health Professions' website at www.michigan.gov/healthlicense and click on Michigan Automated Prescription System (MAPS) in the Links box or email MAPS at mapsinfo@michigan.gov. If you would like to speak with a MAPS staff person, please call (517) 373-1737.

■ ***"Clinical Guidelines for the Use of Chronic Opioid Therapy In Chronic Noncancer Pain" From the February 2009 Issue of "The Journal of Pain"***

The American Pain Society (APS) and the American Academy of Pain Medicine (AAPM), in *The Journal of Pain*, Volume 10, Issue 2, pages 113-130, have published part one of a three-part report on *Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain*. Twenty-five specific recommendations are made in the report. The expert panel concluded that opioid therapy can be safe and effective for carefully selected and well-monitored patients with non-cancer pain. This article can be read in its entirety at www.jpain.org/.

HealthLink

■ **Bureau of Health Professions' Administrative Rules Update**

Several boards have updated their administrative rules in the past few months. The administrative rules for each board can be found on the Bureau of Health Professions' website at www.michigan.gov/healthlicense by scrolling down to the Links box and clicking on the Health Professions Administrative Rules link. A copy can also be requested by emailing bhpinfo@michigan.gov or by calling (517) 335-0918.

Below is an update of administrative rule changes that have either gone into effect or are currently in progress for the affected boards:

- **Acupuncture:** Administrative rules are currently in progress. P.A. 30 of 2006 requires registration as an Acupuncturist in order to use the title "Acupuncturist." The proposed administrative rules establish requirements for registration as an acupuncturist. A public hearing is being planned for late summer 2009.
- **Athletic Trainers:** Administrative rules are currently in progress. P.A. 54 of 2006 requires licensure as an Athletic Trainer in order to engage in the practice of athletic training. The proposed administrative rules establish requirements for licensure including education and experience, as well as requirements for renewal, relicensure, supervision of assistants and delegation of tasks. A public hearing is being planned for late summer 2009.
- **Centralized Prescription Processing:** New administrative rules were effective September 25, 2008. The administrative rules establish requirements for pharmacies that perform centralized prescription processing services or outsource these services to another pharmacy, including that the pharmacies are licensed in Michigan, maintain prescription information for five years and share information to minimize an adverse drug event. In addition, the administrative rules also permit a pharmacy to function in one or more capacities in prescription processing when appropriate records are maintained; specify that a dispensing pharmacist and pharmacy are responsible for patient counseling; and specify information to be included on a prescription label. The administrative rules further require a dispensing pharmacy to report information to the department for each controlled substance prescription.
- **Dietetics and Nutrition:** Administrative rules are currently in progress. P.A. 333 of 2006 requires the licensure of dietitians and nutritionists. Draft administrative rules are being reviewed by the Board of Dietetics and Nutrition.
- **Optometry:** Administrative rules are currently in progress. The proposed administrative rules update requirements for licensure and for standards for accrediting optometry education programs. The proposed administrative rules also establish requirements for issuing a limited license.
- **Physical Therapy:** Administrative rules are currently in progress. The administrative rules stipulate the information to be included on a prescription for physical therapy services; adopt current standards for accreditation of physical therapy programs; establish requirements for examination, licensure, relicensure and for the delegation of tasks and supervision of non-licensed individuals. A public hearing on the proposed administrative rules was held December 8, 2008. The rules became effective May 15, 2009.
- **Psychology:** Administrative rules are currently in progress. The requirement that doctoral programs in psychology be accredited by the American Psychological Association or have designation by the ASPPB/National Register is being extended from taking effect June 30, 2009 to August 1, 2011. A public hearing on the proposed administrative rules was held on March 23, 2009 and final revisions have been completed. The revised rules have now been filed with the Secretary of State's office.
- **Sanitarians:** New administrative rules were effective September 25, 2008. The administrative rules adopt industry standards established by a national environmental health professional organization pertaining to environmental health science educational programs. In addition, the administrative rules update references to the accreditation standards for baccalaureate and graduate programs as well as standards for accreditation of postsecondary educational institutions.

HealthLink

■ **What Is a Pharmacist's Responsibility When Filling a Prescription?**

It is important to remember that under Section 333.7109(5) of the Public Health Code and R 338.479b and R 338.3161 of the Board of Pharmacy's Administrative Rules, prescribers have a responsibility to ensure that all required information is included on each prescription form they write.

However, it is also important for pharmacists to understand they are responsible for following up with prescribers if there is any missing information on the prescription forms they receive.

Listed below are some of the requirements that prescribers and pharmacists must adhere to:



Prescribers

- Date and sign the prescription form.
- Provide the full name of the patient for whom the drug is being prescribed.
- Provide the prescriber's printed name and address.
- Provide the drug name and strength.
- Provide the quantity prescribed and the directions for use.
- List the number of refills authorized.
- Ensure the prescription is legible.

Pharmacists

- Identify and verify the correct patient.
- Check for patient allergies and sensitivities.
- Check for interactions with other medications the patient is taking (prescription or over-the-counter medications).
- Ensure the prescription meets legal requirements (including controlled substances).
- Exercise Drug Product Selection if appropriate.
- Provide patient counseling if the patient is taking the medication for the first time (new prescription).
- Contact the prescriber if there are any questions and/or contradictions.
- Consider consulting the Michigan Automated Prescription System (MAPS) if filling a controlled substance prescription and/or there are possible issues with the controlled substance prescription.

More detailed information regarding the Public Health Code's requirements can be found at www.legislature.mi.gov. The Board of Pharmacy's Administrative Rules can be found on the Bureau of Health Professions' website at www.michigan.gov/healthlicense by scrolling down to the Links box and clicking on the Health Professions Administrative Rules link. Any questions may be directed to the Pharmacy/MAPS Section of the Bureau of Health Professions' Health Investigation Division at (517) 373-1737 or mapsinfo@michigan.gov.

■ **Definitions of Prescribing**

In conjunction with the Board of Pharmacy's Drug Control License, the following information is intended to serve as guidelines for prescribers and pharmacists:

Definitions of Prescribing, Dispensing, and Administering Prescription Drugs by a Practitioner

Prescribing: Patient is given a prescription to be filled at a pharmacy. Prescription medication is then taken at a later date according to written instructions by the practitioner.

Dispensing: Practitioner gives prescription drug to the patient (to be consumed at a later date) in a container with written labeling instructions as to usage.

Administering: Full dosage of the prescription drug is administered to the patient in the practitioner's office.

HealthLink

Continued from Page 6

Drug Control License — Requirements for Dispensing Non-Controlled Drugs (Michigan Public Health Code, Section 333.17745)

- Each location storing and/or dispensing prescription drugs requires a separate drug control license (exceptions: emergency rooms, emergency departments, and issuance of complimentary starter dose drugs).
- You may **ONLY** dispense prescription drugs to your own patients.
- The dispensing prescriber shall record all prescription drugs dispensed or prescribed in a patient's chart, clinical record, or log, and retains record for five years.
- The delegated employee dispensing the drug shall initial the patient's chart, clinical record, or log of all prescription drugs dispensed.
- Storage of drugs shall be under conditions maintaining stability, integrity, effectiveness and free from contamination, deterioration and adulteration. Cabinets shall be well constructed and secured with limited access to authorized personnel only.
- Dispensing shall be in a child proof container (unless otherwise requested) bearing a label containing the following information:
 - * Name and address of location from which prescription drugs are dispensed.
 - * Patient's name and record number.
 - * Date prescription drug was dispensed.
 - * Prescriber's name.
 - * Directions for use.
 - * Name, strength, and quantity dispensed.
 - * Expiration date of prescription drug or statement (Michigan Public Health Code, Section 333.17756).
- Prescriber will perform a final check of medication, labeling, and dispensing.

Please refer to the Michigan Public Health Code, Section 333.17745b for additional information regarding an industrial clinic or prescriber practice without an onsite pharmacy.

Drug Control License — Requirements for Dispensing Controlled Substance Drugs (Michigan Public Health Code, Section 333.7303a)

In addition to the dispensing requirements for non-controlled substances, the following requirements must also be met if dispensing controlled substances:

- Prescriber shall ask the patient about other controlled substances patient is using and record the response in the patient's medical or clinical record.
- All invoices for controlled substances must be initialed and dated by the prescriber when received.
- A caution statement not to transfer the controlled substance to another person shall be included on the container issued to the patient.
- An inventory of all controlled substances must be conducted and submitted annually to the administrator not more than 30 days before May 1 and no later than 60 days after May 1. The practitioner shall retain a copy at the licensed location.
- All controlled substances dispensed must be reported to the department or the department's contractor by means of electronic transmission (MAPS). The prescriber may choose 2 different dates to report monthly providing they are within 2 days of the first calendar day and the 15th calendar day of the month, which includes all controlled substances dispensed since the previous transmission.
- Prescriber must maintain all of the following separately from other prescription records:
 - * All invoices and acquisition records for all controlled substances acquired by the prescriber for not less than five years after the date of acquisition.
 - * A log of all controlled substances dispensed by the prescriber maintained for five years after the controlled substances have been dispensed.
 - * Records of all other dispositions of controlled substances under the prescriber's control maintained for not less than five years.

Additional Reference Information and Citations: Michigan Public Health Code: MCL 333.7303a, 333.7321, 333.17745, 333.17745b; Michigan Board of Pharmacy Administrative Rules 338.3153, 338.3162, 338.3162b, 338.3162c, 338.3162d; Michigan Automated Prescription System (MAPS).

Please direct any questions you may have to the Pharmacy/MAPS Section of the Bureau of Health Professions' Health Investigation Division at (517) 373-1737 or mapsinfo@michigan.gov.

HealthLink

■ ***New Professions Signed Into Law Massage Therapists and Speech-Language Pathologists Will Now Be Regulated***

The Governor recently signed into law two new professions that will be administered by the Bureau of Health Professions. The new professions are Massage Therapy (P.A. 471 of 2008) and Speech-Language Pathology (P.A. 524 of 2008).

As with all new professions that will be regulated, the first step is for the Governor to appoint licensing boards and then the administrative rules process can begin.

Please check our website at www.michigan.gov/healthlicense for updates regarding these new professions.

■ ***Online Services Reminder***

Don't forget that you can renew your license or registration online by using a MasterCard or Visa credit card. The website address to renew online is www.michigan.gov/mylicense. If you hold multiple individual health professional licenses (professional, controlled substance, drug control), you can renew all of these licenses online. It's quick and it's easy!

Another online service is the ability to change your address or email address or request a duplicate copy of your license. These services can also be found at www.michigan.gov/mylicense.

There are many other online services available on our website. For a complete list, please review our online listing at http://www.michigan.gov/documents/mdch/BHP_Website_Brochure_277235_7.pdf.

■ ***Did You Know? Interesting Statistics from the Bureau of Health Professions***

During Fiscal Year 2007-08, the Bureau of Health Professions processed:

- 22,460 applications for licensure and registration.
- 159,549 licensure and registration renewals.
- 3,206 allegations against licensed or registered health professionals.
- 605 disciplinary sanctions against licensed or registered health professionals.

All of this information and more can be obtained by reviewing the Bureau of Health Professions' Annual Reports. The current and past Annual Reports can be found by going to http://www.michigan.gov/mdch/0,1607,7-132-27417_27982_27985---,00.html and scrolling down to the Miscellaneous Publications box.

■ ***MDs and DOs Must Use VeriDoc When Verification of MI License Is Needed by Another State***

Effective January 1, 2009 the Michigan Boards of Medicine and Osteopathic Medicine and Surgery are participating in the VeriDoc electronic license verification system.

Michigan licensed MDs and DOs who are applying for licensure in another state must now contact VeriDoc at www.veridoc.org to have their Michigan license verified. A fee will be charged by VeriDoc for the verification.

If you have questions about VeriDoc's verification system, please contact them at (701) 319-6500.

REMINDER—Many Online Services Are At Your Fingertips!

- **Main Website:** www.michigan.gov/healthlicense
- **Application Status:** www.michigan.gov/appstatus
- **Online Change of Address:** www.michigan.gov/mylicense
- **Online Renewal:** www.michigan.gov/mylicense
- **Verify a License:** www.michigan.gov/verifylicense

