

**DEPARTMENT OF LICENSING AND REGULATORY
AFFAIRS DIRECTOR'S OFFICE
OSTEOPATHIC MEDICINE AND SURGERY - GENERAL
RULES**

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145 and 17501 of 1978 PA 368, MCL 333.16145 and 333.17501, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, and 2011-4, MCL 330.3101, 445.2001, 445.2011, and 445.2030)

PART 1. GENERAL PROVISIONS

R 338.101 Definitions.

Rule 1. As used in these rules:

(a) "Board" means the board of osteopathic medicine and surgery. (b) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.

(c) "Department" means the department of licensing and regulatory

affairs. History: 1979 AC; 1989 AACCS; 2012 AACCS.

R 338.102 Licensure by examination.

Rule 2. (1) An applicant for licensure by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the requirements of the code and the administrative rules promulgated pursuant thereto, an applicant for licensure by examination shall meet all the requirements of this rule.

(2) The applicant shall have completed the requirements for a degree in osteopathic medicine from a school of osteopathic medicine approved by the board.

(3) The applicant shall have satisfactorily completed 1 year of postgraduate clinical training in an internship program approved by the board in a board-approved hospital or institution. Certification of satisfactory completion of postgraduate clinical training shall be accepted by the board not more than 15 days before completion of the training.

(4) The applicant shall have passed all 3 parts of the examination conducted and scored by the national board of osteopathic medical examiners, inc.

History: 1979 AC; 1989 AACCS; 1991 AACCS.

R 338.103 Examination; required passing score.

Rule 3. The board approves and adopts the examination developed and scored by the national board of osteopathic medical examiners, inc. A passing score on the examination shall be a converted score of not less than 75 on each part of the examination.

History: 1979 AC; 1989 AACS; 1991 AACS.

R 338.104 Rescinded.

History: 1979 AC.

R 338.105 Licensure by endorsement.

Rule 5. (1) An applicant for licensure by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the requirements of the code and the administrative rules promulgated pursuant thereto, an applicant for licensure by endorsement who satisfies all of the requirements of this rule shall be deemed to meet the requirements of section 16186(1)(a) and (d) of the code.

(2) An applicant shall have completed the requirements for a degree in osteopathic medicine from a school of osteopathic medicine approved by the board.

(3) An applicant shall have satisfactorily completed 1 year of postgraduate clinical training in an internship program approved by the board in a board-approved hospital or institution.

(4) An applicant shall either have been licensed in another state and engaged in the practice of osteopathic medicine for a minimum of 5 years before the date of filing an application for Michigan licensure or the applicant shall have been licensed in another state after passing an examination which tested the applicant on subjects substantially equivalent to subjects tested in this state in the same year.

History: 1979 AC; 1989 AACS; 1991 AACS.

R 338.106 Standards for approving schools of osteopathic medicine, postgraduate clinical training programs, and hospitals and institutions; adoption by reference.

Rule 6. (1) The board approves and adopts by reference the standards for accrediting schools of osteopathic medicine adopted by the American osteopathic association in July, 1987, entitled "Accreditation Policies and Procedures for Osteopathic Medicine." The board shall consider any school of osteopathic medicine that is accredited by the American osteopathic association as a school approved by the board. A school of osteopathic medicine that is not accredited by the American osteopathic association, but that has standards which are substantially equivalent to the standards adopted by the American osteopathic association in July, 1987, shall be designated by the board as an approved school of osteopathic medicine.

(2) The board approves and adopts by reference the standards for approving postgraduate clinical training programs adopted by the committee on colleges of the

American osteopathic association in July, 1987, entitled "Manual of Policies and Procedures for Intern Training Programs." The board shall consider any postgraduate clinical training program that is approved by the American osteopathic association as a school approved by the board. A postgraduate clinical training program that is not approved by the American osteopathic association, but that has standards which are substantially equivalent to the standards adopted by the American osteopathic association in July, 1987, shall be designated by the board as an approved postgraduate clinical training program.

(3) The board approves and adopts by reference the standards for accrediting hospitals and institutions adopted by the American osteopathic association, effective January 1, 1988, entitled "Accreditation Requirements for Acute Care Hospitals." The board shall consider any hospital or institution that is accredited by the American osteopathic association as a hospital or institution approved by the board. A hospital or institution that is not accredited by the American osteopathic association, but that has standards which are substantially equivalent to the standards adopted by the American osteopathic association effective January 1, 1988, shall be designated by the board as an approved hospital or institution.

(4) Notwithstanding the provisions of subrules (1) to (3) of this rule, the board shall deny approval of a school of osteopathic medicine that is accredited by the American osteopathic association, shall deny approval of a postgraduate clinical training program that is approved by the American osteopathic association, or shall deny approval of a hospital or institution that is accredited by the American osteopathic association if the board finds that the school of osteopathic medicine, postgraduate clinical training program, or hospital or institution so approved fails to demonstrate an intent to further educate persons in the practice of osteopathic medicine.

History: 1979 AC; 1989 AACS.

R 338.107 Availability of standards.

Rule 7. The standards for accrediting schools of osteopathic medicine entitled "Accreditation Policies and Procedures for Colleges of Osteopathic Medicine," the standards for accrediting hospitals and institutions entitled "Accreditation Requirements of the American Osteopathic Association," and the standards for approving postgraduate clinical training programs entitled "Manual of Policies and Procedures for Intern Training Programs," which were adopted by the American osteopathic association in July, 1987, are available for inspection at the offices of the board. Copies of the standards may be obtained upon request from the Board of Osteopathic Medicine and Surgery, 611 W. Ottawa, Lansing, Michigan 48933, or from the American Osteopathic Association, 212 East Ohio Street, Chicago, Illinois 60611, at no cost.

History: 1979 AC; 1989 AACS.

R 338.107a Educational limited licenses.

Rule 7a. (1) An educational limited license authorizes the holder thereof to engage in the practice of osteopathic medicine as part of a postgraduate educational training program.

(2) An applicant for an educational limited license shall submit a completed application on a form provided by the department, together with the requisite fee.

(3) In addition to meeting the requirements of the code and the administrative rules promulgated pursuant thereto, an applicant for an educational limited license shall meet both of the following requirements:

(a) The applicant shall have completed the requirements for a degree in osteopathic medicine from a school of osteopathic medicine approved by the board.

(b) The applicant shall have been admitted to or completed a 1-year training program approved by the board that is offered at a board-approved hospital or institution.

History: 1989 AACCS.

R 338.108 Rescinded.

History: 1979 AC; 1982 AACCS; 1985 AACCS; 2005 AACCS; 2013 AACCS.

R 338.108a Delegation to physician's assistants; written authorization; requirements. Rule 8a. (1) A physician who supervises a physician's assistant under sections 17548 and 17549 of the code shall establish a written authorization that delegates to a physician's assistant the performance of medical care services or the prescribing of schedule 2 to 5 controlled substances, or both. The written authorization shall contain all of the following information:

(a) The name, license number, and signature of the supervising physician. (b) The name, license number, and signature of the physician's assistant.

(c) The limitations or exceptions to the delegation of any medical care services or prescription of schedule 2 to 5 controlled substances.

(d) The effective date of the delegation.

(2) A delegating physician shall review and update a written authorization prior to the renewal of a physician's assistant's license or in the interim as needed. A delegating physician shall note the review date on the written authorization.

(3) A delegating physician shall maintain a written authorization in each separate location of the physician's office where the delegation occurs.

(4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1)(a) to (d) of this rule.

(5) A delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 1998-2000 AACCS; 2012 AACCS.

R 338.108b Delegation of prescribing of controlled substances to nurse practitioners or nurse midwives; limitation.

Rule 8b. (1) A physician may delegate the prescription of controlled substances listed in schedules 3 to 5 to a registered nurse who holds specialty certification under section 17210 of the code, with the exception of a nurse anesthetist, if the delegating physician establishes a written authorization that contains all of the following information:

(a) The name, license number, and signature of the delegating physician.

(b) The name, license number, and signature of the nurse practitioner or nurse midwife.

(c) The limitations or exceptions to the delegation. (d) The effective date of the delegation.

(2) A delegating physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. A delegating physician shall note the review date on the written authorization.

(3) A delegating physician shall maintain a written authorization in each separate location of the physician's office where the delegation occurs.

(4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1)(a) to (d) of this rule.

(5) A delegating physician may delegate the prescription of schedule 2 controlled substances only if all of the following conditions are met:

(a) The delegating physician and nurse practitioner or nurse midwife are practicing within a health facility as defined in section 20106(d), (g), or (i) of the code; specifically, freestanding surgical outpatient facilities, hospitals, and hospices.

(b) The patient is located within the facility described in subdivision (a) of this subrule.

(c) The delegation is in compliance with this rule.

(6) A delegating physician may not delegate the prescription of schedule 2 controlled substances issued for the discharge of a patient for a quantity for more than a 7-day period.

(7) A delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 1999-2000 AACCS.

R 338.109a Assessment of fines.

Rule 9a. When a fine has been designated as an available sanction for a violation of sections 16221 to 16226 of the code, in the course of assessing a fine, the board shall take into consideration the following factors without limitation:

(a) The extent to which the licensee obtained financial benefit from any conduct comprising part of the violation found by the board.

(b) The willfulness of the conduct found to be part of the violation determined by the board.

(c) The public harm, actual or potential, caused by the violation found by the board. (d) The cost incurred in investigating and proceeding against the licensee.

History: 1979 AC; 1981 AACS; 1990 AACS.

PART 2. ADMINISTRATIVE HEARINGS

R 338.110--R 338.120 Rescinded.

History: 1979 AC; 1980 AACS.

R 338.121 Rescinded.

History: 1979 AC; 1980 AACS; 1996 AACS.

R 338.122--R 338.134 Rescinded.

History: 1979 AC; 1980 AACS.