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# Correspondence Nurse Practitioners; Series I; File 52

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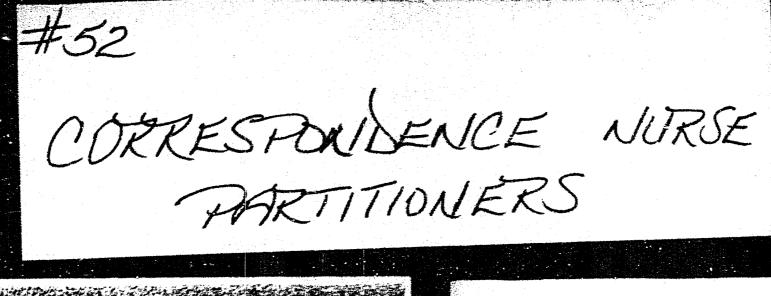
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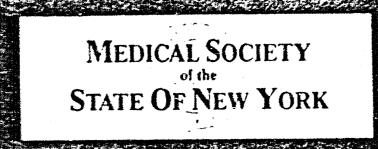
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Gerard L. Conway, Esq. Director

Division of Governmental Affairs **MEMORANDUM IN OPPOSITION**  Steven B. Weinganen, Esq. Counsel to the Division

On Senate Calendar

S.8477 (Lombardi, et al) A.11447 (Rules)

AN ACT to amend the education law, in relation to nurse practitioners

This measure would amend the Education Law to recognize in statute a new class of health care worker to be designated as "a nurse practitioner." The Medical Society of the State of New York has several serious concerns with this legislation in it present form.

First, the language of the bill insofar as it sets forth the functions which a nurse practitioner may perform is inappropriately broad. Under the language of the bill "the practice of registered professional nursing by a nurse practitioner certified under...this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice.... We recognize that these functions can only be performed "in collaboration with a licensed physician" and "in accordance with a written practice agrement and written practice protocols." However, the safeguards against unwarranted practice extensions which are present through such a collaboration relationship, written practice agreement and written practice protocols. are not adequate. The law and not private agreement is essential to protect the public.

Second, we are particularly concerned by that part of the bill which permits nurse practitioners to write prescriptions for drugs. Although it is required that a nurse practitioner obtain a certificate from the Education Department indicating successful completion of a program including "an appropriate pharmacology component", the legislation in no way spells out the scope of such a program and its required duration and course content. The New York State Department of Health and other health regulatory bodies have repeatedly warned of excessive drug prescribing. Such practices are not only costly but counterproductive in terms of advancing the health interests of our citizens. Absent a clear demonstration of need, no legislation expanding prescription authority is appropriate.

Third, we are concerned with respect to the lack of real substance in the bill's provisions concerning the educational prerequisites to the issuance of a certificate for nurse practitioner practice. Under this proposal this very substantial expansion of practice authority is given to all registered nurses upon the completion of an educational program which is no way described and which is left entirely up to the discretion of the New York State Department of Education.

After receiving a four-year college degree, physicians must attend four years of medical school, and then study for two to six additional years, depending on their particular specialty. Beyond this ten to fourteen-year period of study, physicians must continuously learn and relearn methods of treatment and diagnosis as technology advances. There is nothing even comparable set forth in this legislation to qualify nurses for the expanded functions this bill gives to them. This is not intended to detract from the status of the nursing profession, but to distinguish the roles of nurses and doctors, and to point out the importance of maintaining a system where the law guarantees New York's citizens that all health care providers will render only the care they are trained to provide. Our citizens have a right to expect this from our lawmakers.

Lastly, it is important to remember that this bill in no way addresses the current shortage of traditional clinical "hands-on nurses." In fact, it will in all likelihood exacerbate the shortage.

For all of the reasons set forth above, the Medical Society of the State of New York urges that this bill be defeated.

5/23/88

Respectfully submitted,

GERARD L. CONWAY, ESQ. STEVEN B. WEINGARTEN, ESQ.

#52 CORRESPONDENCE NURSE PARTITIONERS

# VERSINC P.O. BOX 123, EAST GREENBUSH, N.Y. 12061

# "CELEBRATE IN '88"

The years of persistence by the Coalition of Nurse Practitioners have met with success!!! S8447 (legislation authorizing Nurse Practitioner practice in New York State) was signed into law by Governor Mario Cuomo on Tuesday July 11, 7/88.

Join us in celebrating at our Fourth Annual Convention & Primary Care Conference, September 15-17, 1988 in Albany,

See the August issue of The Communique for more details on this triumph.

If you are not already a member, why not join us now and help write the next chapter in New York's Nurse Practitioner history.

> Sincerely, **CONP Executive Committee** Elaine Gelman CPNP, President



111 Weshington Ave., Suite 700, Albany, N.Y. 12210-2213 Telephone: (518) 462-4800

: Members of the New York State Senate To

- : Robert J. Murphy From Director, Governmental Relations
- Subject: MEMORANDUM OF SUPPORT S8477 (LOMBARDI) CALENDAR 9977

This bill amends Section six thousand nine hundred and two of the Education Law in relation to the scope of practice of nurse practitioners. The New York State Health Facilities Association which represents over 235 residential health care facilities in New York State, serving over 35,000 residents, supports passage and enactment of S3477 into law.

Under this proposal, nurse practitioners would be allowed to diagnose illness and physical conditions as well as perform therapeutic and corrective measures in consultation with an appropriately licensed physician. This would be done in accordance with a written agreement and written practice protocol procedures. The nurse practitioner would also be allowed to issue prescriptions for drugs, devices and immunizing agents in accordance with the written practice and protocol agreement and only after being cartifed by the New York State Department of Health. The proposal also limits to four the number of practice agreements a physician may enter into.

Probably the most critical problem facing residential health care facilities today is the personnel shortage. There needs to be both immediate and long-term solutions advanced to address the problem. This Association feels that one of the elements to a solution is to create a career ladder to allow nurses, who so desire, to expand their scope of practice and thereby their opportunities. Another problem which confronts residential health care facilities in New York State today is an institution's ability to attract physicians to regularly care for patients in their facility. This problem will only intensify as the demographics in this state continue to change.



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May 31, 1988

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RESPONDENCE NURSE PARTITIONERS

-2-

Since All447 creates a necessary and appropriate career option for New York State nurses and since it will act to increase the supply of nurse practitioners to provide necessary services to residents of residential health care facilities, the New York State Health Facilities Association supports passage of All447 and its enactment into law.

#52

RJM/ds



J ALAN DAVITT EXECUTIVE DIRECTOR

HEV. KENNETH J DOYLE DIRECTOR OF GOVERNMENT RELATIONS

Honorable Members New York State Senate State Capitol Albany, New York 12247

Honorable Member:

The above-mentioned bill is currently before the full Senate for consideration.

The New York State Catholic Conference, on behalf of its Catholic Healthcare Council, supports this legislation.

The legislation would certify the conditions under which a nurse practitioner could practice in New York State. Nurse practitioners would be able to issue prescriptions and diagnose certain physical conditions within a specialty area of practice in collaboration with a licensed physician qualified to collaborate in the specialty involved. Currently, similar legislation exists in 40 states across the country.

Recent testimony given to the Legislative Commission on Rural Resources and the Labor-Industry Task Force on Health Personnel pointed out current and future medical delivery problems affecting the rural and elderly citizens of New York State. This legislation is intended to improve the access to quality medical services to underserved populations and strengthen the career profile of registered nurses in New York State.

For all of the above reasons, we uppe favorable action thereon. Respectfully submitted Same and the second Rev. Senneth Of Doyle

KJD/cad cc: Legislative Leadership Archdiocese of New York\* Dioceses of Albany Brocklyn Buffale - Ogdensburg Rochester - Rockyule Centre - Syrockse

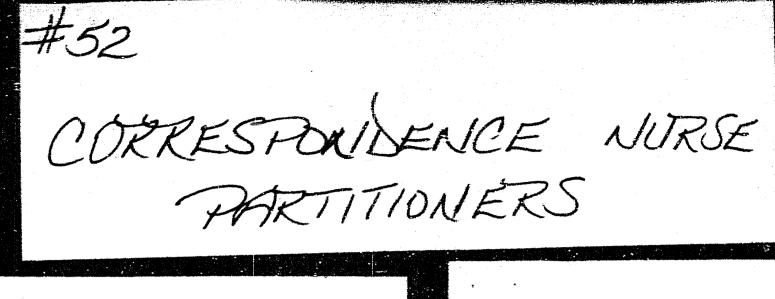
NEW YORK STATE CATHOLIC CONFERENCE 119 WASHINGTON AVENUE, ALBANY, NEW YORK 12210 . TELEPHONE (518) 434-6195

May 20, 1988

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ON CALENDAR May 23, 1988

Re: S.8477 Lombardi A.11447 Rules In Relation to Certification of Nurse Practitioners





# **CITY EMPLOYEES UNION LOCAL 237** International Brotherhood of Teamsters



NEW YORK, N. Y. 10011 216 WEST 14TH STREET 924-2000-1-2-3-4 176

LEGISLATIVE COMMUNICATION

BARRY PEINSTEIN



EALPH PROSSIMO Leonistive Director

Local 237, Teamsters opposes S.8477, A. 11447 regarding amendments to the education law for nurse practitioners. The nurse practitioner would be required to collaborate with a physician in accordance with practice agreements and written protocols, which would be filed with the State Education Department.

Currently registered professional nurses provide quality cost effective health care services. Nurses provide health care services in occupational health, public health and school settings when a physician is not present as well as in hospitals and other health care agencies. The State of New York should be encouraging nurses to practice rather than discouraging practice through burdensome and unnecessary laws and regulations.

The requirement of S.8477, A.11447 that nurses join in a mutual practice agreement with a physician has resulted in a restraint of trade in other areas of the country. Decreased competition in the health industry will increase costs by increasing health insurance rates. It is likely that in areas of the state where there are physician shortages, health care which could be provided by a nurse will be unavailabe because there is no physician with whom a practice agreement can be made.

Further, the requirements for mutual practice agreements will likely create difficulties with liability claims and the cost of liability insurance. The increased cost of liability insurance for both the nurse practitioner and the physician will be passed along to employees and employers through higher health insurance rates.

To encourage cost-effective, accessible health care, Local 237, Teamsters urges defeat of A.11447, S.8477.

MESSAGE FROM ELAINE GELMAN, A.N., CERTIFIED PEDIATRIC NURSE PRACTITIONER PRESIDENT, COALITION OF NURSE PRACTITIONERS, INC.

The Executive Committee, Board of Directors and membership of the Coalition of Nurse Practitioners, Inc. of New York State, join me in presenting this informational document on the topic of Nurse Practitioners in New York State. Using a "Question and Answer" format, we have endeavored to answer the most frequently asked questions about Nurse Practitioners.

As the 1988 Legislative Session gets underway, I assure you that the Coalition's commitment to achieving authorizing lagislation for Nurse Practitioner practice remains strong. We are eager to maintain our role as a primary health care provider for the citizens of New York State.

We are acutely aware of the many individuals and families who need and want the high quality health care that Nurse Practitioners provide. We believe that access to health care will be increased with authorization. More inner-city residents and rural individuals and familias will be served when Nurse Practitioners are authorized in Education Law.

Bills have been introduced in Assembly (A 1412-A) and Senate (S1314-A) and are in the Higher Education Committee of both houses. We ask you to study the following pages, contact our Officers or Consultant at the addresses and telephone numbers provided and discuss your questions or comments with us. I look forward to hearing from you.

and families.

February 1988

COALITION OF NURSE PRACTITIONERSINC

East Greenbush, N.Y. 12061

P.O. Box 123



In the interests of health care for children

Sincerely yours, Claude Gelman Elaine Gelman, R.N., C.P.N.P.

CORRESPONDENCE NURSE PARTITIONERS

# WHO IS A NURSE PRACTITIONER ?

A Nurse Practitioner (NP) is a Registered Professional Nurse (RN) who has completed an educational program approved and registered by the State Education Department for provision of primary health care services. Most Nurse Practitioners volunterily take and pass a national certifying examination which recognizes competence in a specialty area of nursing practice.

# WHO CERTIFIES NURSE PRACTITIONERS ?

There are several national nursing organizations which examine candidates for the certifying examination. The most well known and recognized national organizations are the American Nurses' Association (ANA), the Nurses Association of the American College of Obstetricians and Gynecolocists (NAACOG) and the Board of the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP). Each administers an examination for eligible nurse practitioners. Certification is not a life-time credentisl. It must be renewed within a time-frame by re-examination and evidence of continuing education and practice satisfactory to the certifying body.

## HOW MANY NURSE PRACTITIONERS ARE THERE IN NEW YORK STATE ?

Only an estimate of the number of Nurse Practitioners in New York State is available because New York does not yet identify the Nurse Practitioner by title in Education Law. Based on information collected from a variety of sources, it is believed that there may be 4,000 Nurse Practitioners in New York State.

HOW DOES A REGISTERED NURSE ADVANCE TO BECOME A NURSE PRACTITIONER ?

The Registered Nurse (PN) enrolls in an approved educational program

to prepare for advanced practice in nursing. Specifically, a nursing aducation program designed and approved to prepare AN's for provision of primary health care services. Upon graduation from the educational program, consisting of lectures, supervised clinical practica and preceptorships with a primary health care focus, and culminating in demonstration of competence, the graduate earns a Certificate or a Master's decree. The award depends on the aducational program. The graduate (NP) may then proceed to practice and is eligible to apply for certification by one of the national credentialling organizations.

# DO NURSE PRACTITIONERS HOLD AN ADVANCED DEGREE ?

Many NP's hold a Bachelor's degree in Nursing upon application to a NP program of study. To enroll in a Master's level Nurse Practitioner program, the B.S.N. is required. Upon completion of either a Certificate awarding or Master's degree program, the Nurse Practitioner may pursue Post-Graduate study as well as Continuing Education courses.

## ARE THERE DIFFERENT SPECIALTY AREAS OF PRACTICE ?

Yes. Nurse Practitioners may prepare as a Family Nurse Practitioner (FNP). Adult Nurse Practitioner (ANP), Gerontological Nurse Practitioner (GNP), School Nurse Practitioner (SNP), Pediatric Nurse Practitioner (PNP), Family Planning Nurse Practitioner (FPNP) and others. As practice area and education as a Nurse Practitioner focus on a specialized area of health care, such as Oncology, Mental Health and Neonatology, the specialty area is combined with the Nurse Practitioner Certification.

# WHO IS RESPONSIBLE FOR NURSING EDUCATION IN NEW YORK ?

The Nursing Education Unit of the State Education Department, uncer the Commissioner of Education and the Regents, has responsibility for review, evaluation and registration of all nursing aducation in New York State.Most nursing education programs deal with preparation for licensure to become a Registered Nurse (RN).

In 1978, the State Education Department's Nursing Education Unit began, under Commissioner's Regulations, to register educational programs for post-licensure proorams. These recistrations included Nurse Practitioner proorams. There are 21 educational institutions in New York offering graduate level nursing programs with a variety of clinical specialty areas which lead to elicibility For certification examinations. In addition to these Master's

degree programs, there are 6 programs registered that award a Certificate.

These post-licensure educational programs prepare Nurse Anesthetists. Nurse Midwives and Nurse Practitioners.

MAY THESE NURSE PRACTITIONER GRADUATES PRACTICE IN THE EX-PANDED NURSING ROLE IN N.Y ?

No. New York State Education Law does not address the title of "Nurse Practitioner", nor does Education Law provide authorization to practice as a Nurse Practitioner.

HOW LONG HAS NURSE PRACTITIONER PRACTICE BEEN OCCURRING IN N.Y.?

To some extent, for the past 15 years and with inconsistencies in practice, causing confusion about the scope of practice.

ARE THERE ANY MODEL NURSE PRACTI-TIONER PROJECTS IN NEW YORK ?

Yes. In 1978, Nurse Practitioners were authorized for School Health Demonstration projects.

funded by the Robert Wood Johnson Foundation. These Nurse Practitioners practiced in the school setting and have continued after the funding ended as they were compatent, effective, safe and had proven their value in school health.

HAVE THE SCHOOL HEALTH DEMONSTRA-TION PROJECTS BEEN EXPANDED ?

Yes. The New York State Copartment of Health developed School Health Projects in the cities of the state where the Department of Health is responsbile for school health services. In New York City, Buffalo and Rochester, school besed clinics, staffed by Nurse Practitioners, Pediatricians and others, have demonstrated their value in providing comprehensive health care for children and adolescants.

The programs, the quality of care. the competence of the providers and the impact on the health of children have been recorded, analyzed and pronounced successful by the researchers who interviewed parents, children, teaching staff and administrators.

Authority to expand these achool based clinics was accomplished in 1987. Now, in 1988, the Department of Health is seeking applications From school districts to compete for assistance in developing school based clinics in other areas of the state. The goal of these excended care programs is to provide primary health care services, diagnosis and treatment and comprehensive followthrough care for children and adolascanta

On January 6, 1988, Sovernor Cuomo. in his State of the State address to the Legislature, claced amphasis on health care for children, declaring "The Decade of the Child".

Nurse Practitioners cracticing in the School Health Projects in N.Y C Buffald and Bochester and Buchenized to provide advanced hursing care. This includes "making a present and prescribing in collectoretion with a obysician".

CORRESPONDENCE NURSE PARTITIONERS

WHERE ARE NURSE PRACTITIONERS EM-PLOYED AND PRACTICING IN N.Y. ?

Nurse Practitioners are employed by hospitals, extended care facilities and Disgnostic and Treatment centers, as authorized in Public Health Law and applicable to Article 28 facilities. Advanced nursing practics is recognized and authorized in an amendment to Hospital Code, effective in November 1985. (See page 7 )

Also, Nurse Practitioners are employed by the Office of Mental Hygiene, the Office of Mental Retardation and Developmental Dieabilities, the Division For Youth and the Department of Correction. Since 1981, under CSEA (Civil Service Employees Association), Nurse Practitioners have been identified by title of Nurse Practitioner and practice in positions of responsibility, making initial diagnoses, initiating treatment plans and practicing collaboratively with physicians and other health care providers.

A significant number of Nurse Practitioners practice with Physiciars in collaborative practice with a physician and with groups of physicians. These Nurse Practitioners are in great demand because their advanced practice skills and knowledge compliment the physician knowledge. Nurse Practitioners are recognized for their skills in teaching and counseling and their success in gaininc catient compliance and cooperation with treatment alone. It is important to note patient response to Nurse Practitioner care. Studies are emphatic in documenting patient acceptance of Nurse Practitioners and. in several reports, patients express preference for Nurse Practitioner attention, evaluation and treatment.

Nurse Practitioners practice in College Health, public and private schools, Day Care. Hospice, Innercity and satellite clinics, industry and employee health centers, Ambulatory Clinics, Veterans Ad-

# NURSE PRACTITIONER PRACTICE SITES (continued)

ministration Hospitals and Mursing Homes, Military bases, Homeless teams, Welfere hotels, Organ transport teams, Indian Reservations and other health care settings.

Several Nurse Practitioners are faculty of colleges and universities preparing Nurse Practitioners and conducting research.

# WHAT IS THE LEGISLATIVE HISTORY OF NURSE PRACTITIONERS ?

Bills to suthorize Nurse Practitioners in New York have been introduced since 1981.

Most recently, in the 1987 Session, bills were introduced in the Senate and Assembly with multiple eponsors. The original bills were amended. Vote on the Senate bill (S 1314 A), sponsored by Senator Lombardi, passed the Senate on June 29, 1987, in spite of the opposition of the Medical Society of the State of New York and the New York State Nurses Association.

The Senate bill was sent to the Assembly. Assemblyman Arthur Eve, Prime sponsor, introduced a bill, (A 1412 A) and led debate on July 9, 1987. The Assembly amended the Senate bill (now A 30008) and passed the amended bill. Unfortunately, the bill, on return to the Senate for vote, was held in the Senate Rules Committee.

Support for Nurse Practitioner legislation poured in to legislator's offices from across the state. Physicians, health facility administrators, employers of nurse practitioners, numerous state-wide organizations and others unged passage of authorizing legislation.

Governor Cuomo issued Executive Proclamations in 1985. 1986 and 1987 in conjunction with the Coalition's Educational Conference, recognizing the important contributions of Nurse Practitioners.

The State Education Department, the State Health Department, the Health and Hospitals Corporation and others wrote in support.

# WHAT IS THE COALITION OF NURSE PRACTITIONERS, INC. ?

The Coalition, founded in 1980, is an incorporated membership organization of nurse practitioners and students enrolled in Nurse Practitioner programs in New York. The Coalition was established to promote and meintain an organization of nurse practitioners, to advance and improve the profession, to meintain high standards of care and to promote improved delivery of health care to all individuals.

The Coslition is a state-wide organization with 21 Chapters encompassing all areas of the state. The Coalition is governed by & Board of Directors and elected Officers. It publishes a cusrterly newsletter, The Communique, conducts an annual soucational conference and provides a variety of Continuing Education programs for members. The Coalition is an active constituent of the National Alliance of Nurse Practitioners. The Coalition publishes position papers on topics related to its purposes and retains legal counsel, a consultant and lobbyist.

# WHAT IS PLANNED BY THE COALITION FOR THE 1988 LEGISLATIVE SESSION?

The Officers, Board of Directors and membership are very encouraged to have the continuing support of legislative sponsors. Efforts will continue to inform individuals and Organizations of the importance, indeed the necessity, of amending Education Law to authorize the title and practice of the prepared Nurse Practitioner.

There is recognition that opposition to authorizing legislation is generated by organized medicine and nursing for reasons of control, resistance to change and fear.

# WHAT IS THE NATIONAL STATUS OF THE NURSE PRACTITIONER ?

In 44 states, the Nurse Practitioner is recognized in statute. More than a dozen states authorize the prepared nurse practitioner to prescribe. See page 6.

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IS THERE A RECENT NATIONAL STUDY ON THE QUALITY OF CARE PROVIDED BY NURSE PRACTITIONERS ?

Yes. In December 1986, the CFfice of Technology Assessment of the United States Congress, published a report on the topic of quality of care provided by NP's. The report followed extensive rmview of research literature, the contributions of a 20 member Advisory panel and committee involvement with 57 individuals and prganizations. The report, Case Study #37, amphasizes increased access to health care, cost-effactiveness and the high quality of health care provided by Nurse Practitioners. The study found that the quality of care provided by Nurse Practitioners and Carti-Fied Nurse Midwives was equivalent to that provided by physicians.

Several quotations from Case Study #37 follow:

"comparison studies and individual studies comparing NP's and MD's find that the quality of care provided by NP's functioning within their areas of training and experience tends to be as good as or better than care provided by physicians". (p.19)

"no differences were found between NP's and MD's in the adeouacy of their prescribing practices." (p. 20)

"NP's appear to have better communication, counseling and interviewing skills than physicians have." (p. 19)

"Patients appear to be more satisfied with the care they receive from NP's than care from onysiclans, in regard to several factors: personal interest exhibited, reduction of the professional mystique of health care delivery, amount of information conveyed, and cost of care". ( c. 191

NOTE: Cooles of Case Study 200 are available from the Coalition 20 Nurse Practitionens, Inc., 7.0. Box 123, East Greenbush, NY 10061

#52 CORRESPONDENCE NURSE PARTITIONERS

STATES CERTIFYING ONE OR MORE TYPES OF ADVANCED NURSING PRACTICE

STATE NURSE NURSE NURSE O	
PRACTITIONERS MIDWIVES ANESTHETISTS	SPEUIALISIS
ALABAMA X X X	
ALASKA X	
ARIZONA X X	
ARKANSAS X X	
CALIFURNIA X X	
COLORADO X X	
DELAWARE X X	X
FLORIDA X X X	Х
GEORGIA X X X	
HAWAII X X X	
IDAHO X X X	
IOWA X X X	X
KANSAS X	
KENTUCKY X X X	
LOUISIANA X X X	X
MAINE X X X	
MASSACHUSETTS X X X	X
MICHIGAN X X X	
MISSISSIPPI X X X	
MONTANA X	
NEBRASKA X X	
NEVADA X	X
NEW HAMPSHIRE X X X	
NEW MEXICO X X X	
NORTH CAROLINA X X	
NORTH DAKOTA X	x
OHID X	
OKLAHOMA X X X	
CREGON X X	
PENNSYLVANIA X X X	
SOUTH CAROLINA X X	
SOUTH DAKOTA X X X	
TENNESSEE X X	
TEXAS X X X	X
UTAH X X X	x
VERMONT X X	x
VIRGINIA <sup>(</sup> X X	
WASHINGTON X X X	X
WEST VIRGINIA X X X	
WISCONSIN X	
WYOMING X X X	х
DISTRICT OF	
COLUMBIA X	
VIRGIN ISLANDS X	

NURSES, NURSE PRACTITIONERS: The Evolution of Primary Care. SOURCE Mathy D. Mezey and Diane D. McGivern. Editors. Sonnie Bullaugh, R.N., Ph.D., Author. Chapter 25. Little, Brown & Co., Boston/Toronto, 1986. pp 359-360.

NEW YORK STATE HEALTH CODE REVISIONS PO: QUALIFIED REGISTERED NURSE Pursuent to the authority vested in the State Hospital Review and Planning Council by Section 2803 of the Public Health Law, Sub-Chapter A, of Chapter V of Title 40 (Health) of the Official Compilation of Codss, Rules and Regulations of the State of New York, is hereby asended to be effective upon filing with the Secretary of State, as nereinefter indicated: CHAPTER V MEDICAL FACILITIES SUBCHAPTER A MEDICAL FACILITIES MINIMUM STANDARDS ARTICLE 1 PART 400 ALL FACILITIES - GENERAL REQUIREMENTS (Statutory Authority : Public Health Law § 2803 ) Part 400 of Article 1 of Subchapter A of Chapter V of Title 10 is hereby AMENDED by adding a new section 400.10 to read as follows: Section 400.10 The provision of primary health services by the qualified registered nurse. (a) Notwithstanding other provisions of the Chapter, a licensed

- (1) has successfully completed a supplemental clinical program or which prepares the registered professional nurse to provide lent by the Department of Health; or
- (2) is qualified by education and experience for certification or has received certification in a specialty which includes the Nurses Association or other certifying body determined to be equivalent by the Department of Health; and
- mined by the governing authority.

- (1) taking histories and performing physical examinations;
- (2) selecting clinical laboratory tests; and diagnostic radiologic procedures; and
- (3) choosing regimens of treatment.
- (d) Nothing in this section shall alter a physician's responsibility for the medical care of his/her patient.
- NOTE: Signed and Filed with Secretary of State on Nov. 25, 1985.

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and currently registered professional nurse may provide primary health care services as defined by this section and as approved by the governing authority, if the registered professional nurse: master's degree program approved by the State Education Department primary health care services or a program determined to be equivaprovision of primary health care services from either the American (3) is qualified by experience and demonstrated competence as deter-(b) The governing authority shall ensure that all primary health cars services performed by the qualified registered nurse are provided in accordance with written policies and procedures approved by the nursing department and medical director or where applicable the medical staff and other health professionals as sppropriate. (c) For purposes of this section, primary health care services shall mean the following activities inclusive of all related written documentation, to the extent approved by the governing authority:

PARTITIONERS

OFFICERS OF THE COALITION OF NURSE PRACTITIONERS, Inc.

ELAINE GELMAN, R.N., C.P.N.P., 229 West 78th St., N.Y.C., N.Y. 10024

FRANCESCA HARTNETT, H.N.-C., FNP, 59 Brinkerhoff St., Plattsburgh, N.Y.

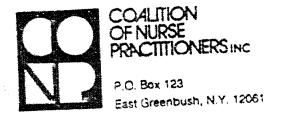
M. ELAYNE DE SIMONE, R.N.C., ANP, 53 Woodhull Place, Northport, N.Y.

TRISH THOMAS, R.N., FNP, CNM, 1442 Perkwood Blvd., Schenestady, N.Y. 12308

JOELLA BIDDLE, R.N.C., FNP, P.O. Box 1029, Plattsburgh, N.Y. 12901

SANDRA F. SHAW, R.N.-C., ANP, 4887 Copperfield Rd., Syracuse, N.Y. 13215

CONSULTANT TO COALITION: Nancy J. Macintyra, R.N.C., Ph.D. P.O. Box 123, East Greenbush, N.Y. 12061 TELEPHONE: (Area Code 518) 479-3284





COALITION OF NURSE PRACTITIONERS, INCORPORATED

PRESIDENT - ELECT M. Elayne De Simone R.N.C., ANP 53 Woodhull Place Northport, N.Y 11768

TREASURER Sandra F. Shaw R.N.-C., ANP 4887 Copperfield Road Syracuse, N.Y. 13215

PAST PRESIDENT

NURSE PRACTITIONER LEGISLATION ( S. 8477 / A. 11447 )

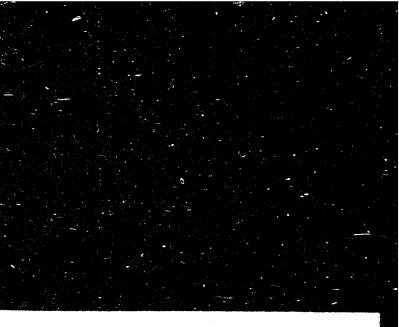
# FACT SHEET

The Coalition of Nurse Practitioners has prepared this Fact Sheet on the Nurse Practitioner Bill in an attempt to clarify and resolve a number of misconception and distortions that have been circulated with respect to this important piece of legislation.

- 1. All nurses are currently diagnosing and treating patients and this legislation therefore restricts the practice of nursing.
  - FACT: The current "practice of professional nursing" does not permit a nurse to make a medica! of nursing - "diagnosing and treating human of medicine - "diagnosing and treating ... any human disease , pain , injury , deformity or physical condition."
- 2. This legislation would narrow the scope of practice of nursing.
  - FACT: This legislation clearly states that nothing in this act , "shall be deemed to limit or diminish the practice of the profession of purpose is not "to deny any registered professional nurse the right to do any act or engage in any practice (presently) authorized.
- 3. No nurse in N.Y. State has been prosecuted for practicing as a nurse practitioner.
  - FACT: The Office of Professional Discipline (SED) has stated that there have been cases prosecuted and there are cases presently being prosecuted against registered nurses for practicing peyond their "legalized" scope of practice.

-OVER-

Chapters: Capital District, Cayuga County, Chautauqua - Cattaraugus, Greater Newburgh, Greater New York, Greater Rochester, Hudson Valley, Mid-Southern Tier, Mohawk Valley, North Country, Northern Westchester. N.P.A. of Long Island, N.P.A. of Western N.Y., Olsego, Oswego, Plattsburgh, Saratoga - Warren, Syracuse, Thousand Islands, Twin Rivers



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diagnosis and/or initiate treatment. NYS Education Law makes a clear distinction between the practice responses to ... health problems" and the practice

nursing". The legislation further states that its

CORRESPONDENCE NURSE PARTITIONERS

COALITION OF NURSE PRACTITIONERS, INCORPORATED

- 4. This legislation implies that nurse practitioners can not function without rigid physician oversight.
  - FACT: This legislation includes no provisions for physician oversight. It specifies collaborative relationships between physicians and nurse practitioners. Further, it serves to recognize the professional abilities of nurse practitioners by "legally authorizing" their professional status in law.
- 5. This legislation states that only certified nurses may use the title of "Nurse Practitioner" and denies nurse practitioners ,certified by the American Nurses Association or other national certifying bodies , a professional achievement and restricts their freedom to practice.
  - FACT: The title of "Nurse Practitioner" in law is for the purpose of identifying a provider of health care. National certification is an acceptable gualification for New York State certification. as a "Nurse Practitioner" under this legislation and is clearly specified in the bill.
- 6. Linking the nurse practitioner to physicians will increase the liability of each practitioner and the insurance costs to both.
  - FACT: Nationally, any increase in the cost of liability insurance to either nurse practitioners and/or physicians is <u>unrelated</u> to any "collaborative agreements" that may exist between the two.
- 7. States that have "Nurse Practitioner Laws" that include collaborative agreements have found them to be unworkable and have begun to rescind or amend the legislation.
  - FACT: The few states that are amending nurse pract:tioner legislation are doing so to refine and improve their laws. No Nurse Practitioner Legislation has been rescinded in any state.

Finally, it is the belief of the Coalition of Nurse Practitioners that the most viable means of attracting potential nurses to the profession is by developing and expanding the role of the Nurse Practitioners. By providing direct patient care and receiving recognition as capable . educated and respected members of the health care team, the nurse practitioner has changed and will continue to change the public's image of nursing as a less than attractive profession to that of an ever expanding ,honorable and rewarding profession.

Hospital Association of New York State TRUSTEES ిరుగారా మాట్ (జాక్రకా) రాజు జరిగు Charmon-Field OPSE & VECCHORE New Rachell May 23, 1988 antona Post (Promite) Paul V. Habbury for ece MEMORANDUM IN SUPPORT Secter 75 G NEWALSS ME New York Theat yer Each ( magage Sersiouse TO: Members, New York State Senate Por Disimer APO(D): 3047 BOOM BOTONO 1988 MPS HTANE BAD' here Yon 1, 134000 ( 140-74 Ernes JANESE ESH MC Woretown RETER J HJGHES New Yor THEODORE A JOSPE Box Shore enactment into law. EDWAPC & LEOKE CHAPLES H MEVER BIOCHY WILLAN'S STREEN MD Coccession STEP MARSAPELINEY BIODIOTHON RETER H WADE MOUNY KREE 1989 FREDERO D ALLEY Brooky 109640 L MV34 109640 L MV34 10964 138733 109 404 heu yon HOWARD I HOMET JE Jomestown JAN F JENERVOS Buttok A GORDON MCALEEP Gosher DON & PECE Brookyr MCH45, POUENAC Oceanada 1995 APNOLD COGRAEL Albony LI DAVE-IV WILLIAM H. FROHJICH Brons PCHAPO GANOVA NO ADON BOWAE HOWELL Thoco Rhodo Croweld C (Fwr) Cropendard Anertwin Dentrice Portwin Dentrice Portwin Jomordo SETE Marcader (MENTY) New Yor the following beneficial effects: Per dent Data Strop

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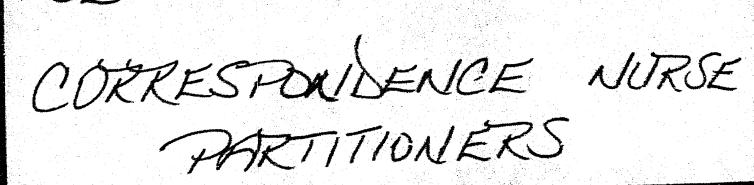
MAY 23 1323

RE: S.8477 (Lombardi, et al) - Calendar No. 970 A.11447 (Rules, at the Request of Eve, et al)

This bill amends the Education Law in relation to authorizing the advanced practice of nursing by nurse practitioners. The Hospital Association of New York State supports the proposed legislation and urges its

This bill would define the practice of nursing by a nurse practitioner and provide for the certification of advanced practice. Under this proposal, nurse practitioners would be allowed to diagnose illness and physical conditions and perform therapeutic and corrective measures within a specialty area of practice in collaboration with a licensed physician and pursuant to a written mutual practice agreement. The bill further provides that prescriptions for drugs, devices and immunizing agents may be issued after successful completion of appropriate pharmacology courses.

As the delivery of health care continues to diversify into new practice patterns the traditional status of health care practitioners must be re-examined as well. Passage of this bill would recognize the expanded role that some members of the nursing profession are able to perform through recognition of expanded nurse practice. In addition, as New York State hospitals continue to experience a shortage of nurses for available positions, new efforts must be undertaken to attract qualified professionals into the profession. This bill would have



- it would aid the ability of rural hospitals to provide services to large geographic areas.
- it would generally enhance the ability of hospitals to expand outreach services in their areas and physician shortage areas.
- it would create important career ladders within the nursing profession thus encouraging qualified individuals to either remain or return to the profession.
- it would encourage nurse practitioners trained in New York State to remain here rather than relocating to other states where expanded practice is recognized.
- it would allow nurse practitioners to perform functions comparable to those performed by physician assistants and for which they are equally well qualified to perform.
- it would allow for the expanded utilization of nursing staff in areas in which they are not now allowed to practice and thus help contain health care costs.

Since this bill appropriately addresses the need to recognize the expanded role of nurse practitioners and would result in an improvement in the delivery of health care services, the Hospital Association of New York State (HANYS) supports the proposed legislation and urges its enactment into law.



PRESIDENT - ELECT M. Elsyna Da Simona R.N.C., ANP an Wondhull Piece Northport, N.Y. 11768

TREASURER Sandra F. Shaw R.N.C., ANP AMAT Cooperfield Road Syracuse, N.Y. 13215

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PAST PRESIDENT Francesce C. Hartnell R.N.-C., FNP 59 Brinkerhöft Street Plattsburgh, NY 12901

RENDRANDUN IN SUPPORT

Lombardi, etel. SENATE BILL: 5. 8477 ASSEMBLY BILL: A. 11447 Committee on Rules at request of Eve, stal. AN ACT TO AMEND THE EDUCATION LAW, IN RELATION TO NURSE PRACTITIONERS

The Coslition of Nurse Practitioners, Inc. strongly supports the above mentioned legislation which would amend the education law to permit Registered Professional Nurses, certified by the State Education Department for the advanced practice of nursing, to diagnose illness and physical conditions, perform therapeutic and corrective measures and to prescribe drugs, devices and immunizing agents in collaboration with a licensed physician in accordance with a written practice agreement and written practice protocols. These written practice agreements shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner; sust reflect surrent accepted medical and nursing practice and be filed with the department within 90 days of the commencement of the practice and may be updated periodically. The written agreements must provide for patient record review by the collaborating physician in a timely fashion but in no event less often than every three months.

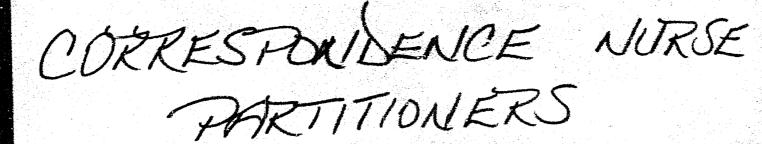
It should be noted that nothing in this bill is to be construed to limit, diminish or change in any way those acts that registered nurses are authorized to perform.

SUPPORT STATEMENT: The Coalition of Nurse Practitioners feels strongly that the legal authorization of department certified or department Alw manelflad Numes Prantitionana will prestly inca

P.U. DUX 144, 1851 4144 (518) 479-3284 CORRESPONDING SECRETARY Trish Thomas, PNP, CNM 1442 Parewood Styd. Schenecisdy, NY 12308 RECORDING SECRETARY Joella C. Biddis, B.N.C., FNP

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MAY 15 EEE



Kathleen P. Wade, RNC, M.A. Women's Health Care Nurse Practitioner 133 East 73 Street New York, N.Y. 10021 (212) 861-9000

May 9, 1988

Philip C. Pinsky 1st Asst. Counsel to the Majority New York State Senate State Capital Room 336M Albany, NY 12247

Dear Mr. Pinsky:

Thank you for the opportunity to discuss proposed legislation which would affect New York State nurse practitioners. In the interest of the public it is essential that any nursing legislation be based on a clear and accurate understanding of contemporary nursing. Rapid changes in health care combined with a badly outdated general perception of professional nursing have resulted in an urgent need for education and clarification.

I have practiced nursing in primary care settings since 1974. In 1975 I completed a nurse practitioner program at Planned Parenthood of New York City. I have practiced in the nurse practitioner role in clinic settings for thirteen years and I have for the past 5 years provided services directly to the public as a nurse practitioner in independent practice. I am also the Education Director of the Romen's Health Care Nurse Practitioner Program, jointly sponsored by S.U.N.Y. Realth Science Center at Brocklyn and Planned Parenthood of New York City. This program has graduated over 200 nurse practitioners and has been registered by the New York State Education Department since its inception in 1980. The program is accredited by the American Nurses Association. As further documentation of primary care skills graduates are tested and individually certified by the NAACOG Certification Corporation as Obstetric/Gynecologic Nurse Practitioners.

In my conversations with various legislators and their staffs and in our conversation as well, I noted several areas which warrant clarification. Overall, it seems that in their eagerness to secure prescriptive privileges some proponents of legislation may have presented an overly pessimistic picture of the status of NPs in New York State.

In contrast to what seems to be a commonly held impression, legislation is not needed to expand the role of the nurse in primary care. The Nurse Practitioner role in primary health care is very well established in New York State and throughout the country. Nursing practice evolves and expands continuously as does medical practice. Nursing care has kept pace with advances in health technology and nurses in primary, secondary and tertiary care commonly play critical and autonomous roles in assessment of the patient's condition, diagnosis of abnormalities and treatment of health problems ranging from minor to life threatening. The development of Nurse Practitioner roles has been paralleled by the establishment of advanced nursing practice roles in coronary care, critical care, and community health. All of these nurses prepare for their roles through advanced education in certificate or master's degree programs and all are eligible for certification as clinical specialists in advanced practice. The evolution of the nurse practitioner role is inseparable from the evolution of other nursing roles. It should also be readily apparent that all nursing roles in primary care including school nurse, public health nurse, hospice nurse, occupational health nurse and others overlap significantly with the nurse practitioner role. Certifying the title nurse practitioner and implying that such primary care services are exclusive to nurse practitioners is absurd and in the opinion of nurses in other primary care roles would severely restrict their practice.

The questions you raised about the scope of Nurse Practitioner diagnosis and the quality of primary health care services provided by nurse practitioners have long since been addressed. More than a decade of research on the nurse practitioner role has repeatedly documented the accuracy of diagnoses made by nurse practitioners, and the appropriateness of treatments, prescriptions, consultations and referral decisions.

Nurse Practitioners have not been found to diagnose outside their scope of practice. Nurse Practitioner practice is focused on health screening, case finding, and preventive services. Care is provided for conditions which are diagnosed by history, physical examination and lab tests. When specialty care is required for diagnosis or treatment the client is referred for care. Taking your example of a client with a suspected brain tumor - a public health nurse. nurse practitioner or physician in general practice would all tentatively label this Rule Out Brain Tumor and refer for definitive diagnosis. CORRESPONDENCE NURSE PARTITIONERS

The acceptance of the NP role is apparent in the widespread and growing employment of NPs in NYS.

The legality of NPs provision of Primary Health Care services was underscored by the 1985 Health Department Regulations which "provided clarification regarding the existing scope of nursing practice as authorized by the New York State Education Department. The Department of Health developed this regulation in cooperation with the State Education department and with consultation from the State Board of Mursing to be sure that it would be consistent with the New York State Education Law and Nursing Practice." (DOH memorandum, April, 1986). Surely practice which was deemed legal in 1985 is still legal in 1988.

One is left with the impression that these supposed "legal" questions are really a smokescreen to cover an effort to award physicians control of other professionals and to assuage physician's fears of competition at the expense of nurses and the public.

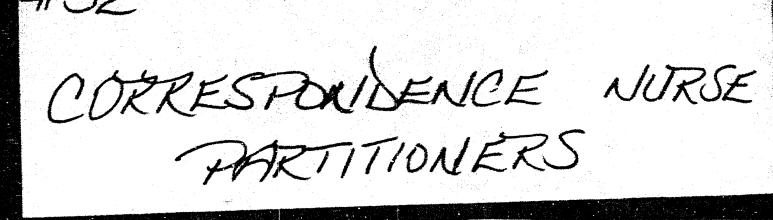
The gap in primary health care which nurse practitioners have sought to fill was created by physician's practice patterns and values. Nurse practitioners are providing health care from a nursing base. The role comes out of a long history of autonomous nursing practice which revolutionized health care in the military, in public health clinics and in the community. The Proposed legislation would re-create NPs as Physicians Assistants. The Physicians Assistant role already exists for the purpose of supporting and assisting the physician's medical practice. The NP role exists for the purpose of meeting the public's health care meeds.

In contrast to physician's assistants, professional nurses and nurse practitioners practice collaboratively with physicians. Nursing and medicine are separate and distinct professions. Nurses are autonomously licensed professionals who serve the public and are directly accountable to the recipients of our care. For nurse practitioners in advanced practice autonomy is essential to collaborative practice, to client advocacy and to accountability. The proposed legislation would deprive nurse practitioners who were without a "mutual practice agreement" with a physician of their right to practice independently and to provide primary care. It would deprive all nurse practitioners of their appropriate collaborative role with medicine.

I think that the bill's sponsors in their concern for 3000 nurse practitioners who provide essential primary healthcare in New York State have been unduly influenced by a small group of NPs whose eagerness to resolve the awkward and anxiety provoking situation around prescriptive privileges have caused them to support unsound legislation. The legislation currently under discussion however, offers no real recognition of nursing expertise and would give physicians total control over nursing services in primary care. In my experience few physicians are willing to enter into mutual practice " agreements and many are part of orginized medicine's campaign against nurse practitioners. The implications of formally shared li bility between a nurse and physician should be apparent to members of the New York State Legislature. Costs of liability insurance quoted to physician's to cover "mutual practice" have been so high as to prevent nurse practitioners from entering practice. In contrast nurse practitioner liability policies even after a mini liability crisis are reasonable and manageable for individual nurse practitioners. Liability issues alone and related costs arising out of the proposed legislation may be sufficient in themselves to effect the extinction of nurse practitioners as direct providers of primary care services.

I would like to urge that an alternative bill be prepared which represents a public advocacy point of view by preserving the NPs autonomy, and direct accountability to the consumer. Nurses in New York State would be grateful if the Senate would bring up for consideration the draft prescriptive privilege bill prepared by the New York State Nurses Association. The bill would not at the outset have the support of the medical society, the 1972 Nurse Practice act did not, and most likely the bill currently under consideration will not either. The interests of the public would however be served by a bill which protects access to nurse practitioner care, preserves the integrity of the nurse practitioner role, and defends the right of all nurses to provide primary health care services which overlap nurse practitioner practice.

Nurse Practitioners are qualified to provide primary care and to treat common health problems. We have done so for more than 20 years. It was in 1965 that nurse practitioners were first formally prepared for the role. Our practice is consistent with the 1972 New York State Nurse Practice Act. Legislation is needed by Nurse Practitioners specifically in the area of prescriptive authority, and such authority is needed by nurses in Article 28 facilities as well as in other settings.



At this time when nurses are increasingly looked to by the public to provide essential primary care services in schools, homes and other settings it is particularly critical to maintain the integrity of New York States' model Nurse Practice Act.

In closing, I would like to again thank you for your careful attention to the implications of this legislation. I hope that we have an opportunity to meet and talk further. In the interim please do not hesitate to contact me if I can be of any assistance.

Sincerely.

Hathleen P. Hade

Kathleen P. Wade, RNC, M.A.



216 WEST 14TH STREET

LEGISLATIVE COMMUNICATION

BARBY PEINSTEIN

# WE OPPOSE

Local 237, Teamsters opposes S.8477, A. 11447 regarding amendments to the education law for nurse practitioners. The nurse practitioner would be required to collaborate with a physician in accordance with practice agreements and written protocols, which would be filed with the State Education Department.

Currently registered professional nurses provide quality cost effective health care services. Nurses provide health care services in occupational health, public health and school settings when a physician is not present as well as in hospitals and other health care agencies. The State of New York should be encouraging nurses to practice rather than discouraging practice through burdensome and unnecessary laws and regulations.

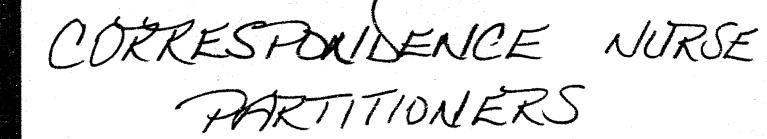
The requirement of S.8477, A.11447 that nurses join in a mutual practice agreement with a physician has resulted in a restraint of trade in other areas of the country. Decreased competition in the health industry will increase costs by increasing health insurance rates It is likely that in areas of the state where there are physician shortages, health care which could be provided by a nurse will be unavailabe because there is no physician with whom a practice agreement can be made.

Further, the requirements for mutual practice agreements will likely create difficulties with liability claims and the cost of liability insurance. The increased cost of liability insurance for both the nurse practitioner and the physician will be passed along to employees and employers through higher health insurance rates.

To encourage cost-effective, accessible health care, Local 237, Teamsters urges defeat of A.11447, S.8477.

# **CITY EMPLOYEES UNION LOCAL 237** International Brotherhood of Teamsters

NEW YORK, N. Y. 10011 924-2000-1-2-3-4 



# association of rehabilitation nurses

NORTHEASTERN NEW YORK CHAPTER

May 20, 1988

RE: OPPOSITION TO NURSE PRACTITIONER BILL, ALLMAT

Dear Member of the Assembly

As president of the Northeastern New York Chapter of the Association of Rehabilitation Nurses, I am writing to voice our opposition to the ammendment of the Nurse Practice Act as proposed in Bill Al1447, the Nurse Practitioner Bill.

Although the intent of this legislation is to expand the nurse's role in diagnosing and treating illnesses and prescribing medications, it would in fact restrict independent nursing practice. Written practice agreements and collaborative practice with physicians is limiting to the Nurse Practice Act as it is currently stated. Also, Article 28 facilities are excluded from this legislation and therefore, these Nurse Practitioners would be unable to use the title Nurse Practitioner. I understand the intent in supporting the bill is to support the profession of nursing, however, this may not be the outcome of this legislation.

The goal of nursing is to recruit and retain bright, intelligent men and women into the profession. This legislation may encourage some nurses, specifically those employed by Article 28 facilities, to actually leave the state of New Mork in order to retain the title of Nurse Practitioner that they have worked so hard to achieve. As stated in the bill only those nurses who have completed the educational requirements and testing can be titled Nurse Practitioner.

Nurses in the field of Rehabilitation are some of the most innovative in terms of career decisions and expansion of the nursing role. This legislation would serve to further fragment nursing and confuse society, who has been very accepting of the Nurse Practitioner role. The limitations of physician sponsors would also prove to be an added burden since most Rehabilitation practitioners function off-site. The end result would be what we have been so desperately trying to avoid, a further nursing shortage, and firther societal confusion.



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Caroline Aco Zalesal

New York State Assembly Albany, NY 12248

June 8, 1988

Dear Member of the Assembly

As a nurse-midwife, I am obviously in favor of the services of nurse practitioners being more available to the citizens of New York. However, I write to you now in opposition to Al1447, known as the nurse-practitioner bill. My concern relates to the lack of a collegial relationship between nurse-practitioners and "collaborating" physicians. The supervising rather than consultative and referral relationship the bill promulgates unduly constrains the practice of nurses who have been certified as a result of successfully completing a recognized educational program and satisfying any other criteria set up by the certifying body. Such consultative and referral relationships rather than supervision are essential to meeting the needs of underserved rural and urban populations; service delivery problems could not be alleviated by the means suggested. The idea that one physician can supervise unlimited numbers of nurse-practitioners, including four off-site (with no distance defined) attributes "supernatural" powers to physicians and puts them in a precarious position vis a mis professional liability risk.

In addition, the bill sets a precedent which is not to be found in situations of family physician/specialist medical practice and thus is discriminatory to the practice of nursing. For example, family practitioners in general do not have privileges to perform cesarean section. Yet they are not required to submit or post the name/s of the general surgeon/s or obstetrician/s who would provide surgical back-up, nor must women at risk of cererean be managed under an obstetrician's supervision. The recognition of limits of skill and knowledge on the part of both family practitioners and nurse-practitioners is handled through use of a double standard and at the expense

MATERNITY CENTER ASSOCIATION

48 EAST 92ND STREET, NEW YORK, N.Y. 10128 + (212) 369-7300

Oppose All447

L. Cowart, R.N. President

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# Florida uses Association

June 21, 1982

Susan J. Fraley, President New York State Nurses' Association 2113 Western Avenue Guilderland, New York 12084

Dear President Fraley,

T accerstand New York State is considering legislation for advanced nursang practice. Florida took that course in 1975 and 1 believe it would be helpful to share our experiences so that some of the problems we have encountered in specific areas can be avoided.

### Joint Committees

In 1975 it seemed very rational that a committee composed of doctors and nurses could agree on what acts of "medical diagnosis and treatment, prescription and operation" were proper to be performed by advanced nurses.

The first problem surfaced at the very first meeting of the committee. The physician and nurse members of the committee were also members of their respective regulatory boards. They had no experience with advanced nurse practitioners, no knowledge of their educational preparation, and as a result, no base from which to draw valid conclusions. In addition, because of their regulatory orientation they took very restrictive positions and focused more on controls than defining allowed practice.

The legislative mandate seemed clear - the role of the committee was to define which acts of medical diagnosis and treatment, prescription and operation were proper to be erformed by nurses. The physician members of the committee however did not agree that it was ever proper for a nurse to perform medical acts. Long years of bitter fighting followed. Members of the committee were pressured heavily by their professional colleagues not to allow "encroachment of the role of the physician". After any meeting at which tentative agreements were reached, the physician members were harrassed by their colleagues so that they came to the next meeting and disclaimed the prior tentative agreements. Two physicians resigned from the committee rather than endure the continued professional and economic pressure.

PARTITIONERS

It is now seven years later. The split between physicians and nurses remains bitter. The committee has reached no substantive decisions. Members of the committee agree in private that it is impossible for them to do so for they cannot anticipate all circumstances, and all conditions. In the long run, it comes down to the individual nurse and physician deciding what is appropriate. In the meantime every legislative section has been disrupted by this issues. All candidates for elected office are screened by the medical and nursing community. Political contributions and endorsements are made or withheld, and campaign workers assigned based on the candidates position on this one issue. Florida legislators are fed up with the conflict, and the pressures it has put upon them.

In retrospect, it is easy to understand why no agreements were reached. The fundamental problem is the attempt to characterize and act as the exclusive profession of one profession even when it is being preformed by someone in another profession. Examples clarify the issue: A dentist makes incisions into the gums, places sutures, and prescribes appropriate medications; all acts which physicians would characterize as medical. Yet the dentist is practicing dentistry, not medicine. His prescriptive ability is defined by statute, not by a committee of physicians and pharmacists. He does not function under the supervision of a physician. In the same way a committee of attorneys does not decide what real estate brokers can do, a committee of psychiatrists does not determine what psychologists can do, nor does a committee of CPA's determine what an accountant can do. In all of these instances the legislature, by statute, defines the scope of practice. It is interesting to note that in all these instances, the professional rivalry persists.

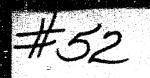
The second fundamental problem is that the committee attempts to define specifics. Decisions, once adopted as rules, apply equally to all practice settings and locations in the state. It quickly became obvious that what was appropriate in a teritiary care urban teaching hospital was totally inappropriate in a primary care maternity clinic in the Everglades. In attempting to legislate the standard of reasonable care the committee removed all discretion on the part of the physicians and nurse practitioners.

Anyone with any experience in medical malpractice areas understands the flexibility of community standards for determining the appropriate methodology for delivering care.

## Written Agreements

The requirement for written agreements arose in Florida from the joint committee and not from the legislature. As regulators, the committee did not believe a collaborative or supervisory relationship existed between physician and nurse unless they could see it and examine it in writing. In short, their

The nurse members, eager to reach agreement, accepted any restrictions imposed by the physicians and were similarly pressured by nurse practitioners. Unfamiliar with the "state of the act", the nurse members were unwilling to allow nurse practitioners to examine patients in the absence of the physician. They wanted to restrict nurse practilioners in performing functions that were currently being done by every public health nurse in the state. The practitioners became enraged by the proposed restrictions and objected to further regulation. No solutions satisfied everyone. A seige mentality developed. At the end of four years no agreements had been reached.



PERTITIONERS

focus was once again on disciplinary enforcement. Again, what seemed logical at first became a disaster. If one accepts the premise that the agreement is not valid or enforceable unless it is in writing, it is a small step to controlling the content of the agreement. And that is where all the prior conflict re-enters.

There is a definite inhibiting effect on physicians. First, the written agreement becomes public record and the physician becomes subject to professional pressure. Second, the standard of reasonable care is eliminated, and a standard of neglegence per se imposed. Failure of a physician or nurse to abide by the letter of the agreement becomes a violation of the statute and subjects the participants to additional liability. Third, the written agreement inhibits practice. The relationship between the parties is a dynamic one that grows and changes as time passes. Unless that agreement is amended monthly, it will never accurately reflect good medical or nursing care. In fact, in Florida it is the physician's who are most upset with the requirement for written agreements.

In summation, I would tell you that the small gains for nurse practitioners obtained by our legislation has not been worth the cost to legislators, physicians, nurses or the citizens of Florida.

I hope by sharing our experiences you can reach a more reasoned course of

action.

Sincerely

Virginfa C. Haggerty, R.N., Executive Director

VH/kd

... i owart. R.N. President

18 N. S. IN

Susan J. Fraley, President New York State Nurses' Association 2113 Western Avenue Guilderland, New York 12084

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June 21, 1982

RESPONDENCE NURSE PARTITIONERS

The nurse members, eager to reach agreement, accepted any restrictions imposed by the physicians and were similarly pressured by nurse practitioners. Unfamiliar with the "state of the act", the nurse members were unwilling to allow nurse practitioners to examine patients in the absence of the physician. They wanted to restrict nurse practitioners in performing functions that were currently being done by every public health nurse in the state. The practitioners became enraged by the proposed restrictions and objected to further regulation. No solutions satisfied everyone. A seige mentality developed. At the end of four years no agreements had been reached.

It is now seven years later. The split between physicians and nurses remains bitter. The committee has reached no substantive decisions. Members of the committee agree in private that it is impossible for them to do so for they cannot anticipate all circumstances, and all conditions. In the long run, it comes down to the individual nurse and physician deciding what is appropriate. In the meantime every legislative coopien has been disrupted by this issues. All candidates for elected office are screened by the medical and nursing community. Political contributions and endorsements are made or withheld, and campaign workers assigned based on the candidates position on this one issue. Florida legislators are fed up with the conflict, and the pressures it has put upon them.

In retrospect, it is easy to understand why no agreements were reached. The fundamental problem is the attempt to characterize and act as the exclusive profession of one profession even when it is being preformed by someone in another profession. Examples clarify the issue: A dentist makes incisions into the gums, places sutures, and prescribes appropriate medications; all acts which physicians would characterize as medical. Yet the dentist is practicing dentistry, not medicine. His prescriptive ability is defined by statute, not by a committee of physicians and pharmacists. He does not function under the supervision of a physician. In the same way a committee of attorneys does not decide what real estate brokers can do, a committee of psychiatrists does not determine what psychologists can do, nor does a committee of CPA's determine what an accountant can do. In all of these instances the legislature, by statute, defines the scope of practice. It is interesting to note that in all these instances, the professional rivalry persists.

The second fundamental problem is that the committee attempts to define specifics. Decisions, once adopted as rules, apply equally to all practice settings and locations in the state. It quickly became obvious that what was appropriate in a teritiary care urban teaching hospital was totally inappropriate in a primary care maternity clinic in the Everglades. In attempting to legislate the standard of reasonable care the committee removed all discretion on the part of the physicians and nurse practitioners.

Anyone with any experience in medical malpractice areas understands the flexibility of community standards for determining the appropriate methodology for delivering care.

### Written Agreements

The requirement for written agreements arose in Florida from the joint committee and not from the legislature. As regulators, the committee did not believe a collaborative or supervisory relationship existed between physician and nurse unless they could see it and examine it in writing. In short, their

focus was once again on disciplinary enforcement. Again, what seemed logical at first became a disaster. If one accepts the premise that the agreement is not valid or enforceable unless it is in writing, it is a small step to controlling the content of the agreement. And that is where all the prior conflict re-enters.

There is a definite inhibiting effect on physicians. First, the written agreement becomes public record and the physician becomes subject to professional pressure. Second, the standard of reasonable care is eliminated. and a standard of neglegence per se imposed. Failure of a physician pr nurse to abide by the letter of the agreement becomes a violation of the statute and subjects the participants to additional liability. Third, the written agreement inhibits practice. The relationship between the parties is a dynamic one that grows and changes as time passes. Unless that agreement is amended monthly, it will never accurately reflect good medical or nursing care. In fact, in Florida it is the physician's who are most upset with the requirement for written agreements.

In summation, I would tell you that the small gains for nurse practitioners obtained by our legislation has not been worth the cost to legislators, physicians, nurses or the citizens of Florida.

I hope by sharing our experiences you can reach a more reasoned course of action.

VH/kd

Sincerely Virginfa C. Haggert Executive Director

RESPONDENCE NURSE PARTITIONERS

# American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Margretta M. Styles, Ed.D., R.N., FAAN President

> Judith A. Ayan, Ph D. A N Executive Ovrector

Wasnington Office 1101 14in Suger NW Some 200 Washington, D.C. 20005 (202) 789-1800 -093 

2420 Pershing Road, Kansas City, Missouri 64108

Margieria M. Styles, Ed.D., R.N., EAAN President

> Judith A Rean Ph.D. R.N. Executive Director

June 2, 1988

The Honorable Tarky J. Lombardi, Jr. New York State Senate Legislative Office Building, Room 612 Albany, New York 12247

Dear Mr. Lombardi:

The American Nurses' Association (ANA), which represents 188,000 nurses from 53 constituent state members, is strongly opposed to A.11447/S.8477 which is an Act intended to amend the New York State education law in relation to nurse practitioners.

ANA's function, as the professional society for nursing, is to foster high standards of nursing practice. For over three decades, the American Nurses' Association has enunciated certain principles for legislation that would provide the best possible protection of the public health and welfare. ANA has particular concern about the arrangements that are implemented by various states to regulate the practice of nursing. ANA has a long-standing policy that advanced nursing practice is regulated by the profession.

ANA's policies on legal regulation of nursing practice are guided by two premises. The first is that protecting the health and welfare of the public is the foundation of any legislation regulating the practice of nursing. The second premise is that the public's health and welfare should be protected with a minimum amount of governmental regulation and professional regulation of the practice of nursing should be recognized. Legislation for licensing nurses should contain only provisions that bear a direct and substantial relationship to the protection of the public health and safety.

The law therefore should not provide for recognition or regulation of advanced nursing practice. More appropriately, the professional society should regulate advanced nursing practice through professional certification of practitioners, peer review and other means which demonstrate that the advanced practitioner is competent to practice in such a role according to professional standards. Certification of specialists in nursing practice is a judgment made by the profession, upon review of an array of evidence exacined by a selected panel of nurses who are themselves specialists and who represent the area of specialization.

June 2, 1988

The Honorable Richard N. Gottfried Assembly Majority Leader New York State Assembly Legislative Office Building, Room 941 Albany, New York 12248

Dear Mr. Gottfried:

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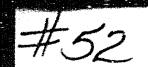
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American Nurses' Association, Inc. (816) 474-5720



Washington Office 1101 14th Street, N.W. Suite 200 Washington DC 20005 (202) 789-1500





RESPONDENCE NURSE PARTITIONERS

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10103, 384 1860

# American Nurses' Association, Inc.

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Margreita M. Stylers, Ed.D., P.N., FAAN Prokitan

> Judith & Rught Phill R N Ereculive Director

June 2, 1988

The Honorable Warren M. Anderson Senate Majority Leader New York State Senate Legislative Office Building, Room 3306 Albany, New York 12247

Bear Mr. Anderson:

The American Nurses' Association (ANA), which represents 188,000 nurses from 5E constituent state members, is strongly opposed to A.11447/S.8477 which is an Act intended to amend the New York State education law in relation to nurse practitioners.

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# American Nurses' Association, Inc. 2420 Pershing Road, Kansas City, Missouri 64108

Marchelle M. Schwy, ESD, R.M. FAAN Dras name

> Judin & Rean PhO RN Fiendar Diector

June 2. 1988

The Honorable Melvin Miller Speaker, New York State Assembly Legislative Office Building, Room 932 Albany, New York 12248

Dear Mr. Miller:

The American Murses' Association (ANA), which represents 133,000 nurses from 53 constituent state members, is strongly opposed to A.11447/S.8477 which is an Act intended to amend the New York State education law in relation to purse practitioners.

ANA's function, as the professional society for nursing, is to foster high standards of nursing practice. For over three decades, the American Nurses' Association has enunciated certain principles for legislation that would provide the best possible protection of the public health and welfare. ANA has particular concern about the arrangements that are implemented by various states to regulate the practice of nursing. ANA has a long-standing policy that advanced nursing practice is regulated by the profession.

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(816) 474-5720



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#52 CORRESPONDENCE NURSE PARTITIONERS

To regulate advanced nursing practice through the law and specify the scope of advanced practice of nursing could serve to restrict nursing practice of those regulated as well as all others not regulated. As is true in all professions, nursing is dynamic rather than static. As new needs and demands are placed upon nursing, and as a consequence of nursing research, the scope of nursing practice may change and expand.

-2.

ANA is opposed to amending section 6902 of the education law by adding the new proposed subdivision three addressing advanced nursing practice. It is not necessary for the law to be amended to authorize advanced practice for nurses in a specialty area. The functions performed by nurse specialists are covered within their scope of practice as defined by the nurse practice act. Because specialists in nursing practice hold licenses in the state in which they practice, they are subject to the legal constraints and external (ourside the profession) regulations that apply under the nursing practice act. Additionally, ANA recognizes that the public needs clear evidence that a nurse who claims to be a specialist does indeed have expertise of a particular kind. The profession of nursing has a social obligation to the public to satisfy that need, which it does by means of certification of specialists and by accreditation of the graduate programs that educate specialists in nursing practice.

I especially want to share with you that in other states where legislation has been put in place to address the practice of nurse practitioners, nurses have found these statutes to be more harmful than helpful to the overall welfare of nurses and the public they serve. As a matter of fact, ANA has been asked to assist many of these other states to rescind or amend the legislation which they have ultimately found to be restrictive and unworkable. The legislation which sought to support the practice of nurse practitioners actually has been found to restrict their practice and, in addition, restrict the practice of other nurses as well. All nurses, in addition to nurse practitioners, are currently formulating nursing diagnoses and treating patients within the scope of their education. No nurse in New York State has been prosecuted for practicing as a nurse practitioner. A.11447/S.8477 implies that diagnosing, treating and performing therapeutic measures are not encompassed in the current scope of nursing practice. By implication, and despite the disclaimer clause, ascribing specific activities only to nurse practitioners narrows the scope of practice of other nurses. The restrictions placed on the practice of the purse practitioner through this bill imply that nurses are not professionally equipped to function without rigid physician oversight. The bill implies that the nurse practitioner is not credible enough to recognize his or her individual practice limitations or to refer patients to physicians when necessary. The section of this bill which authorizes prescriptive privilege is overly restrictive, cumbersome and limited to very few nurse practitioners in New York State.

It is also important to consider the impact A.11447/S.8477 will have on liability insurance coverage especially during this time when there is much change occurring in the insurance industry and rates are ever increasing for obtaining insurance coverage. The linking of nurse practitioners to

physicians in strict collaborative practice with written practica agreements and written protocols will increase the liability of each practitioner and the insurance cost of both.

-3-

Nurse practitioners currently serve as cost effective providers of primary care services to otherwise underserved populations. By requiring a formal relationship between the nurse practitioner and physician, this bill will cade to physicians' control over access to the services of these nurse practitioners. Placing the physician in the position of gatekeeper to nurse practitioner services will increase the overall cost of health care.

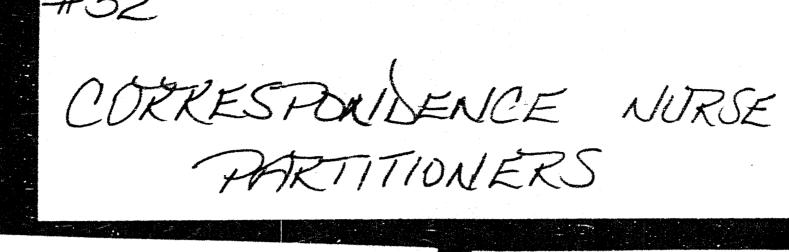
As president of the American Nurses' Association, I strongly urge you to vote in opposition of A.11447/S.8477, as it is the responsibility of the professional society to regulate specialty nursing practice. Great efforts are being directed at this time toward recruitment and retention of nurses in order to reverse the critical nursing shortage which exists. The impact of legislation such as A.11447/S.8477 which severely diminishes independent practice will only serve to decrease the attractiveness of the nursing profession.

Again, I urge you to vote in opposition of A.11447/S.8477. Thank you.

Sincerely.

Margatha le Shiples Margretta M. Styles President

MMS:SSM:dp:034 06/02/88





12 Center Street P.O. Box 477 Spencer, N.Y. 14883 (607) 589-6211

Patricia M. Edburgh, M.D.

JEH



# Candor Family Care Center

March 18, 1986

Juanita Hunter, R.N., Ed.D. President, New York State Nurses Association 2113 Western Avenue Guilderland, New York 12084

Dear Dr. Hunter:

This letter is written in support of the proposal to ammend New York State law to allow nurse practitioners prescriptive privileges. For the past 11 years I have been Medical Director of the Candor Family Care Center, located in a rural under-served area of Tioga County, New York. Our office has had a nurse practitioner on staff from its inception in 1977. My experience also includes working with nurse practitioners in a family practice residency program in Johnson City, New York and having my own children cared for by murse practitioners in another office.

It is clear that the inability to write prescriptions hampers these practitioners in the application of their appropriately and adequately learned skills and art. The necessity for physician prescriptions signature impedes the care of patients, especially when there is no physician in the same office at the time patients are seen. This situation occurs commonly in medical offices in under-served or rural areas, where nurse practitioners and other non-physician practitioners (such as physician's assistants) can have a significant impact on improving access to health care.

There is no question in my mind that properly trained and qualified norse practitioners have the knowledge needed for diagnosing and prescribing redictors for the vajority of common medical problems. I would suspect that the incidence of adverse effects from prescriptions from nurse practitioners would be certainly no higher, and possibly lever, than those from prescriptions written by physicians. It is especially verify to know that physician's assistants, who usually have less redical training that surge coefficients, are allowed prescriptive privileges in this state, while here practitioners are tot. This seems particularly inequitable and inapprepriate in a state with significant direct primary care needs.

In conclusion, it is my opinion that the New York finite legislature should consider and pass legislation allowing properly qualified curve practitioners to write prescupience for their patients. This ammendation of the education law should facilitate consects to primary health care and thus improve the health of New York Fiste concern. Schedularly in the areas of greatest need.

Sincerely.

Marse, M

Neil K. Hall, M.D. Nedical Director Candor Family Care Center NKH:dll 54 Main Street • Candor • New York • 13743 • 500 659-0000

April 5, 1988

Juanita Hunter, R.N., Ed. D President, New York State Nurses Assoc. 2113 Western Ave. Guilderland, NY 12084

Dear Dr. Hunter:

I have a nurse practitioner working for me who has made me aware of the legislation proposed to allow prescription privileges for nurses of appropriate training. I am aware that one bill had been introduced last year, that one is being introduced this year and that the New York State Nurses Association has been working on a draft, also.

I do support such legislation as it allows nurse practitioners or nurse clinicians to work within the scope of their training without necessary duplication of effort and paper work. I definately do not fear any of the nurse practitioners that I have worked with abusing the privilege of writing the prescriptions for whatever is in their competence to diagnose and treat.

Sincerely.

O. Elenge

Patricia M. Edburgh, M.D. PME:db

Medical Director

Steven A. Radi, M.D.

Neil K. Hall, M.D.

JEH

David E. Kwiatkowski, M.D.

PARTITIONERS

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UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY MEDICINE FROGRAM

February 8, 1988

Juanita Funter, R.N., Ed.D. President, New York State Nurses Assoc. 2113 Western Ave. Guilderland, NY 12084

Dear Dr. Hunter:

I am a family physician and currently serve as Acting Chairman for the Department of Family Medicine at the University of Rochester School of Medicine and Dentistry and Highland Hospital. I have reviewed the Nurse Practitioner legislation from the 1987 session (A.30008) and your association's position statement regarding prescriptive privilege legislation for nurses. I wish to express my strong support for the principles outlined in the Association's philosophy regarding prescriptive privileges for nurses.

I have worked with Nurse Practitioners for over ten years and see no advantage in restricting them from full independent practice. In fact, many components of A.30008 would significantly decrease access to nurse practitioner services for the citizens of New York State, a problem compounded by the fact that Nurse Practitioners predominantly serve the socially and economically disadvantaged.

Like myself, most physicians are increasingly pre-occupied with the business and practice of clinical medicine. Additional close supervision (e.g. record review) severely limits the potential for a productive relationship with nurse clinicians. Nurses and physicians have worked together for years without a statute and I'm sure this arrangement will continue with each professional being responsible for him/her self.

February 8, 1988 Page 2

Please inform legislators that there are many physicians, like myself, who would oppose a bill that would restrict the effective delivery of health care while imposing unnecessary regulations on this essential sector of the health professions.

Sincerely yours,

John Clerkins, in

John C. Dickinson, M.D. Acting Chairman, Dept. of Family Medicine

JCD/jb



TRRESPONDENCE NURSE PARTITIONERS

TLA

Joseph Mancini, M.D. 129 Rogers Parkway Rochester, NY 14617 (716) 266-4473

February 26, 1988

Juanita Hunter, R.N., Ed.D. President, New York State Nurses Assoc. 2113 Western Avenue Guilderland, NY 12084

Dear Dr. Hunter,

I am a family physician currently in private practice. I have reviewed the Nurse Practitioner legislation from 1987 (A.30008) and the New York State Nurses Association's position statement regarding prescriptive privilege legislation. I find the components of A.30008 unacceptable and strongly believe that any nursing legislation, prescriptive or otherwise should be without physician responsibility.

I have worked with Nurse Practitioners for a number of years in various settings, and find them sufficiently qualified to practice as independent providers of health care. I often collaborate with nurses in providing health care to clients that is complimentary. Nurses and physicians have been doing this for years without a statute mandating it. To require collaboration in a statute and to further require a written agreement and record reviews would be ludicrous to expect of a professional, much less cumbersome and unmangeable. Frankly, physicians do not have the same time to fulfill such requirements and would find it "draining" to be employed with Nurse Practitioners.

Nurses have obviously worked for decades to establish nursing as an independent profession and to expand the type of health care provided to consumers. Please do not allow a regression in these advancements.

Joseph Mancini, M.D.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

February 22, 1988

Jaunita Hunter, R.N., Fd.D. President, New York State Nurses Assoc. 2113 Western Ave. Guilderland, NY 12084

Dear Dr. Hunter:

I have recently learned that further legislation is pending in Albany regarding the prescriptive privileges of nurse practitioners. In my position as faculty member at the University of Rochester Family Medicine Program and my previous private practice, I have had the privilege of working in the primary care arena with many competent capable mid-level practitioners such as nurse practitioners and physician's assistants. During the past eight years of this association, it has become clear to me that there exists no advantage to the citizens of New York in restricting nurse practitioners from full independent practice. In fact, many components of A.30008 would significantly decrease patient access to nurse practitioner services. Please add my voice to those who would oppose such a bill unecessarily regulating this essential sector of primary care.

Sincerely,

Paula. Japon

Paul A. Rapoza, Instructor and Fellow Dept. of Family Medicine

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CORRESPONDENCE NURSE PARTITIONERS

JKH

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES 40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

CEBAR A PERALES

BARBARA SAEOL Eucovers Deputy Commonser

February 237 1988

Martha L. Orr Executive Director New York State Nurses Association 2113 Western Avenue Guilderland, New York 12084

Dear Ms. Orr:

Thank you for your invitation to address the New York State Nurses Association Convention on October 16 at the Concord Hotel in Kiamesha Lake, New York. I would be pleased to deliver the keynote address and welcome the opportunity to participate in your Convention.

I look forward to hearing from you regarding the Convention theme and program topics your membership will be discussing. Thank you again for your kind invitation.

Sincerely,

Indele Der Barbara J. Sabol

Executive Deputy Commissioner





Juanita Hunter, R.N., Ed.D President, New York State Nurses Association 2113 Western Avenue Guilderland, New York 12084

Dear Dr. Hunter:

I am a family physician currently practicing in a neighborhood health center in Rochester. I have reviewed the Nurse Practitioner legislation (A.30008) from 1987, the New York State Association's position statement regarding prescriptive privileges for nurses and the Medical Society's opposition statement to A.30008. I must tell you, I strongly concur with the Nurses Association's philosophy for prescriptive privileges.

I have worked with Nurse Practitioners for years and have concluded that they provide a unique service to consumers, that is not provided by other health professionals, including physicians. Nurse Practitioner have been providing this service without mandated collaboration and seek consultation from other professionals when needed. This is similar to my practice to seek consultation from specialist, including nurse practitioners, when necessary.

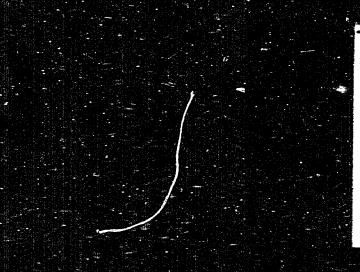
I am adamanbly opposed to the Medical Society's position to mandate physician involvement which is not only inappropriate but unwieldy and burdensome to the physician and nurse practitioner both. Please share my concern with legislators and initiate a simple and broad bill to erowide prescriptive privileges for nurses.

JEN

- Woodward Health Center 480 Genesee Street Rochester, New York 14811 (716) 436-3040
- Brown Square Health Center 175 Lyell Avenue Rochester, New York 14608 (716) 254-6480

February 12, 1988

Stangroly Secondary M. C.



CORRESPONDENCE NURSE PARTITION ERS

Eleven new courses will be phased into the curriculum as student demand for them occurs. Students may also take advantage of the larger UCLA campus to enroll in courses that pertain to their norsing focus. In addition, the school has alfiliation agreements with more than 100 community agencies where nurses gain clinical experience.

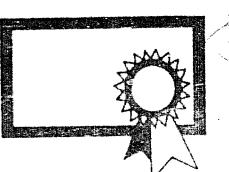
"Having a doctoral program means the School will have a stronger research hase, and there's no doubt it will attract a high caliber of new faculty and students with enthusiasm for scholarship, as well as commitment to their profession." Dr. Lindsey said.

"The research generated by the students in a program like this is important, too, because it's a way of demonstrating to everyone that what nurses do is beneficial to the patient." said Dr. Jacquelyn Flaskerud, associate professor and chair of the faculty. "Research helps to identify what part of patient care is ours and how our actions and judgments make a difference."

Those interested in the School of Nursing doctoral program can write for information or an application to: Assistant Dean, Dr. Jean Kerr, UCLA School of Nursing, Louis Factor Building, Los Angeles, CA 90024.

## You Have a Date

eb. 19, at 6 p.m. The School of Nursing Annual Fund reception will be held in the Founders Room of the James West Center on campus. The event recognizes contributors of \$100 or more to the fund, as well as special friends and donors of the School. It will also be an opportunity for The Annual Fund members to meet the new dean. Dr. Ada Lindsey.



# Student Wins Cancer Society Scholarship

ancy Ohanian, a second-year master's student, was one of 20 graduate nursing students across the country to win an American Cancer Society (ACS) scholarship this fall for studies in cancer nursing. She will receive a stipend of \$8,000 per year for a maximum of two years.

Ohanian is enrolled in the pediatric clinical nursing specialty and currently working on her thesis, "The Informational Needs of Children with Cancer and their Parents," under the direction of Dr. Anayis Derdiarian, assistant professor of medical-surgical nursing. She plans a career as a clinical nurse specialist in pediatric oncology in the Los Angeles area.

ACS offers scholarships annually to graduate students who are preparing to be teachers of cancer nursing or clinical specialists in cancer nursing. Scholarships are also available to doctoral students in nursing or a related science. Doctoral scholarships are funded for up to four years at \$8,000 per year.

Applications for 1987-88 are available from oncology faculty and ACS at 90 Park Ave., New York, New York 10016, The deadline for submission is March 16, 1987.

# Nurses' Dispensing Authority Expanded

A new state law, signed by Gov. George Deukmejian on July 24, allows rurses to "dispense" or "furnish" drugs or devices under certain circumstances.

The law, which took effect Jan. 1, 1987, permits a registered nurse to dispense drugs or devices on the order of a physician, when the nurse is functioning within a licensed, nonprofit community or free clinic, governmentally operated clinic or any clinic operated by a federally recognized Indian tribe. The nurse must be providing routine health care or family planning services.

Protocols developed by the nurse practitioner and physician will govern procedures for furnishing the drugs or devices, which do not include narcotics. The physician does not have to be present, but should be available by phone, during the patient's examination, according to a special legislative report by the California Coalition of Nurse Practitioners (CCNP).

Only nurses who have met certain requirements, such as completing a special pharmacology course and an internship, will qualify for this added dispensing or furnishing privilege. Then the California Board of Registered Nurses will issue certification numbers to qualified nurses and NPs, reported Lisa Ashley, R.N., P.N.P., governmental relations director for the CCNP.

"Laws like this one are currently in effect in 17 other states. So this is a welcome step toward more autonomy for nurses in California," said Ashley, "But people will be watching us very carefally."

RESPONDENCE NURSE

TRITIONERS

THE NEW YORK STATE NURSES ASSOCIATION

ACENIA #17

REPORT TO THE BOARD OF DIRECTORS

COUNCIL ON HUMAN RIGHTS

January 26-27, 1989

The Council on Human Rights held its first meeting on November 21, 1988. Future meetings are planned for February, April and September.

I. CONVENTION PLANS

The Council reviewed the evaluations from the 1988 NYSNA Convention, the results of the Council questionnaire, and the Voting Body actions.

- The Council booth was well located in the registration area. Conferees Α. demonstrated an enthusiastic interest in the several bibliographies made available by the Council.
- One hundred and seventy-three (173) questionnaires were returned. The Β. groups eliciting the most concern or interest by the participants were (1) Homeless, (2) Elderly, and (3) Medically Indígent.

There was also interest in a workshop related to cultural diversity and/or non-traditional students.

## C. Voting Body Resolutions

The Council is eager to collaborate with the Council on Nursing Practice and the Community Health Nursing Clinical Practice Unit to implement the resolution on homelessness.

D. 1989 Convention Plans

The Council is interested in sponsoring a pre-Convention workshop and sensitization program related to Cultural Diversity in the Curriculum and in the Student Body.

The Council is also interested in co-sponsoring any programs related to homelessness, the elderly, or on the overall issue of poverty and its relationship to nursing and health care.

The Council booth will highlight the activities and interests of the Council.

II. COUNCIL ON HUMAN RIGHTS GOALS FOR 1988-1989

The Council reviewed and reaffirmed goals remaining from 1987-1988.

- The Council will continue to work on recruitment and retention Α. of ethnically diverse individuals into the nursing profession.
- Β. The Council will promote increased awareness of optimal nursing practice environments.
- C. The Council will continue to influence the development of content related to cultural diversity in the curriculum and will consider development of a sensitization program for nursing faculty working with non-traditional students.



140 TRRESPONDENCE NURSE PARTITIONERS

-2-

The following goals were added:

- D. The Council will collaborate with other NYSNA structural units to facilitate nursing and health care for the homeless, the elderly and the medically indigent.
- E. The Council will develop liaison relationships with members of ethnic nursing organizations (e.g. Black Nurses Association, Hispanic Nurses Association and the Philippine Nurses Association).
- F. The Council will contact the ANA Cabinet on Human Rights to ascertain their goals and interest and offer to assist or collaborate in national and international human rights concerns as appropriate.

lizabeth Carter Deputy Director

COUNCIL ON HUMAN RIGHTS

Kathleen Colling, Chairperson Carolyn Braddock Barbara May Juanita Taylor Claude Willis

EC:k 1-9-89 THE NEW YORK STATE NURSES ASSOCIATION

Council on Ruman Rights

NYSNA New York City Office One Madison Avenue New York, NY

September 23, 1988

## MINUTES

I. CALL TO URDER

The meeting was called to order at 10:00 a.m. by Dr. Kathleen Colling, Chairperson.

II. ATTENDANCE

Present Kathleen Colling

# Absent

Dorothy Ramsey Claude Willis

# Barbara May

# Staff

Elizabeth Carter, Deputy Director

III. MINUTES - June 24, 1988

Correct page 2, B. 2., paragraph 3, by deleting the entire sentence.

The minutes were accepted as corrected.

IV. NYSNA 1988 CONVENTION

A. Council Booth

- additions were suggested.
- 2. Staffing schedule The Council members present reviewed the Exhibit times:

# Monday, October 17

Set-up: K. Coiling, D. Ramsey, C. Willis 8:00 a.m. - 2:00 p.m.: Kathleen Colling

# Tuesday, October 18

1:00 - 4:30 p.m.: Claude Willis, Dorothy Ramsey 7:00 - 8:00 p.m.: Kathleen Colling

The other Council members will be asked to assist in the remaining time periods.

TYM

Carolyn Braddock

1. The Council reviewed the bibliographies and handouts. Several



RESPONDENCE NURSE PARTITIONERS

3. Minority Nursing Associations

Elizabeth Carter reported that follow-up phone calls have been made to the associations with some success. Dorothy Ramsey will pursue contact with the National Black Nurses Association.

B. Questionnaire on Cultural Diversity

The Council developed a brief questionnaire to be included in the Convention packets. (See attached)

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- V. CULTURAL DIVERSITY IN THE CURRICULUM
  - A. Sensitivity Workshop

If the Convention questionnaire indicates broad interest for such workshops, the Council will develop the necessary materials.

B. Deans and Directors of Senior Colleges and Universities in New York State

The next meeting is on October 7, 1988 at New York University. The Council has been invited to participate at 1:00 p.m. Elizabeth Carter and Dorothy Ramsey will attend.

Specifically, the Council wishes to :

- 1. encourage the integration of concepts and content related to culturally diverse clients throughout every nursing curriculum: and
- 2. elicit the interest in faculty workshops related to working with culturally diverse or non-traditional students.
- VI. CONFERENCE ON ENTRY INTO PRACTICE FOR UNIFICATION AND IMPLEMENTATION

Kathleen Colling and Claude Willis discussed their participation in this conference. There continues to be consensus on the two careers in nursing at the baccalaureate and associate degree levels.

Consensus is lacking on the title and scope of practice for the associate degree prepared nurse.

NYSNA will continue to pursue the goal of legislation for entry into practice.

There was some belief that nursing's unified opposition to the AMA, RCT proposal may be an avoidance of the more difficult entry into practice concerns.

VII. RESOLUTION ON IMPROVEMENT OF WORKING CONDITIONS OF REGISTERED PROFESSIONAL NURSES

The Council reviewed the work of the past year on this resolution and concluded that they would continue at least one outstanding activity, the development of a brochure for nurses and students of nursing in the assessment and selection of a practice environment.

VIII. FOLLOW-UP OF THE ARDEN HOUSE CONSORTIUM REPORT

The Council commended the Consortium for its work and hopes to utilize the Elements of An Ideal Practice Environment in a brochure for nurses and student nurses.

- 1X. COUNCIL ON HUMAN RIGHTS GOALS FOR 1988-1989
  - A. The Council will continue to work on recruitment and retention of ethnically diverse individuals into the nursing profession.
  - B. The Council will promote increased awareness of optimal nursing practice environments.
  - The Council will assess needs and concerns of members (through the Convention questionnaire) to provide future directions for the Council.
  - D. The Council will continue to influence the development of content related to cultural diversity in the curriculum and will consider development of a sensitization program for nursing faculty working with non-traditional students.
- Z. OTHER

  - B. The Council reviewed a letter from a SUNY Binghamton nursing student related to day care legislation. (See attached) The Council will Social Services funding of day care
  - C. The Council noted with regret that this was the last meeting for Dorothy Ramsey. They wished her well and offered support for ber future goals.
- XI. ADJOURNMENT

The meeting was adjourned at 1:00 p.m.

KC:EC:k 10-3-88

Attachments



-3-

E. The Council will consider these goals and others at their fall meeting.

A. The Council reviewed the Annual Report to be presented at Convention.

request the Council on Legislation to look int: the inequities in the

Kathlien Collins J

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THE NEW YORK STATE NURSES ASSOCIATION

ATTACHMENT

Council on Human Rights

Convention 1988

## ASSESSMENT QUESTIONNAIRE

Directions:

The NYSNA Council on Human Rights is interested in soliciting input from NYSNA membership in order to plan for future programs. Please complete the following questionnairs and return to:

- the box in the Registration Area
- the Council on Human Rights Booth
- mail directly to NYSNA. 2113 Western Avenue. Guilderland, NY 12084

Thank you very much for your assistance.

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or

. . . . .

Nurses have expressed interest in the human rights of many groups in our society. ۱. Please indicate your degrae of personal and professional concern for the following groups.

		HIGH	MEDIUM	LOW
Α.	Migrant Workers			
в.	Homeless			
C.	New Immigrants			······································
D.	Culturally Diverse Clients			
	Medically Indigent			
F.	Single-Parent Mothers/Fathers			-
G.	Elderly			
н.	Youth			
1.	AIDS Clients/Families			
J.	Other Groups (Please indicate)		. <u></u>	
		<del>.</del>		

2.

The Council on Human Rights has considered the development of workshop materials related to educating culturally diverse and/or non-traditional nursing students.

Would you be interested in attending such a workshop?

Yes

No \_\_\_\_\_