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#91 LEGISLATIVE PROGRAMS

NYSNA

The New York State Nurses Association (NYSNA) is the professional organization for registered nurses in this state with a membership of over 30,000. Since its founding in 1901, the Association has initiated and supported legislative efforts that respond to the needs of society and recognize the responsibilities of the nursing profession.

NYSNA COUNCIL ON LEGISLATION

Susan Fraley, Chairperson, Albany
Phyllis L. Collier, Rochester
Louise Gallagher, Scarsdale
Lori Jennings, Schenectady
Mary Keane, Manhattan
Virginia Kemme, Dewitt
Carole E. Kuzmack, Ava
Juanita Majewski, Eden
Kattie Washington, East Elmhurst

Leadership and coordination of efforts in support of this Program are provided by the NYSNA Council on Legislation and the 19 constituent District Nurses Association.

FOR MORE INFORMATION

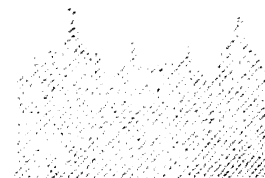
Director, Legislative Program
New York State Nurses Association
2113 Western Avenue
Guilderland, NY 12084
(518)456-5371

New York State
Nurses Association

1989 Legislative Program



The 1989 NYSNA Legislative Program described in this brochure was adopted by the NYSNA Voting Body in October 1988.



New York State Nurses Association
Legislative Program

PROGRAM NOTES

Nursing in New York State
has a Legislative Program that:

- Includes a broad legislative agenda.
- Strengthens NYSNA's visibility on health issues.
- Enhances NYSNA's ability to influence legislative and regulatory processes.

SUCCESS DEPENDS ON YOU

THE NYSNA LEGLINE

TOLL-FREE NUMBER 1-800-724-INFO
For a 3-5 minute update on major state and federal nursing legislation, plus information on action needed by the nursing community, call NYSNA's toll free Leg Line. It's open 24 hours a day, 7 days a week. New message every Tuesday.

1989 Legislative Program

Consumer Advocacy and Health Promotion

NYSNA Monitors and Supports
State and Federal legislative proposals to:

- *Protect* the health of vulnerable populations.
- *Promote* access to health care for all people.
- *Obtain* insurance coverage for preventive health care.
- *Establish* equal rights.
- *Foster* pay equity and comparable worth.
- *Protect* the environment.

Nursing Shortage

NYSNA will work to:

- *Encourage and support* measures to increase state funding for nursing education.
- *Foster* legislative and/or regulatory initiatives to promote recruitment and retention of nurses in New York State.

Nursing Practice

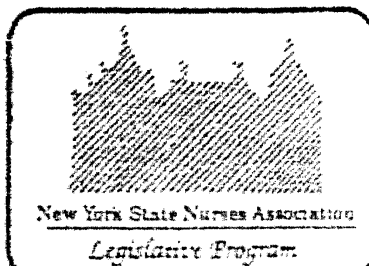
NYSNA will work with consumers, legislators,
and other health organizations to:

- *Standardize nursing education* within institutions of higher learning, maintaining two careers, one professional and one technical. Corresponding titles will be registered professional nurse and associate nurse.
- *Obtain* mandatory third-party reimbursement benefit for all registered professional nurses.
- *Repeal* the exemption clause in the Nurse Practice Act which permits unlicensed personnel to practice professional and practical nursing in institutions coming under the jurisdiction of the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities.
- *Protect* the Nurse Practice Act from inappropriate revision or amendment.

The New York State Nurses Association

#91
LEGISLATIVE
PROGRAMS

#91 LEGISLATIVE PROGRAMS



2115 Western Avenue, Guildersland, New York 12084 (518) 456-5371

Attachment II.

NEWSLETTER FOR DISTRICT LEGISLATIVE COMMITTEE CHAIRS

Vol. 2 No. 1

August 27, 1990

End of Session Report

Thanks to all of the hard work of our members, NYSNA was an active participant in the legislative process.

NYSNA's Legislative Program has been successful on a number of counts this year. We were effective in delivering the Association's position on bills relating to nursing. We were called upon as a resource by many legislators to assist in developing bills. We were asked by the Governor (prior to making his decision to sign or veto bills) to comment on many bills which passed the Legislature.

NYSNA's presence at the Legislature was noticeable due, in large part, to membership involvement in the Legislative Program. Six lobby days provided the opportunity for appointments with dozens of legislators and key staff. Members' correspondence with their representatives allowed for ongoing discussion of issues and positions on bills relating to nursing. Participation in the Health Care for All rally was a great success as nurses stood out in red, demanding to be heard.

A new component of the Legislative Program is a framework (copy attached) for action on bills introduced by the Legislature. The eight-step framework prioritizes bills for analysis and action.

The Legislature recessed on July 2nd, and will not reconvene until after election day. All seats in both the state Senate and Assembly are up for election, as is the office of the Governor. Attached you will find a listing of legislators who will not be seeking reelection.

All bills that were not enacted during the 1989-90 Session must be reintroduced, with new bill numbers, prior to consideration during the 1991 session.

Prior to recess, the Legislature deliberated on more than 10,000 bills. Description and status on bills relating to nursing follow.

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Bills passed by both Houses of the Legislature - 1990

Health Care Proxy, A.7459 Gottfried/S.6176 Tully, preserves a patient's right to determine medical care and treatment, even when incompetent. This law goes into effect January 1991.

Amendment to the Nurse Practice Act, A.8681B Gottfried/S.5504B Donovan, authorizes nurses to carry out the orders of additional practitioners whose licensure includes the authority to prescribe medical regimens. The State Education Department is expected to issue regulations allowing nurses to carry out medical regimens prescribed by state certified nurse practitioners, podiatrists and chiropractors.

Health Services Corps, A.11805A Gottfried/S.8451 Tully, extends the Corps for an additional five years. Without legislative action, the Corps' authority would have expired at the end of this year.

Hospital Reimbursement, A.12143 Gottfried/S.9098 Tully, continues the basic reimbursement methodology for hospitals, encourages delivery of expanded and improved primary care services, provides for health personnel demonstration projects without waiver of licensure, targets funds for labor adjustment for registered nurses, and provides health insurance for children.

The new child health initiative establishes a state subsidized program of private insurance for children. For families whose incomes are below 133% of the federal poverty level, there will be no fee to participate. Children age 0-13 are eligible for coverage which includes basic care and preventive care. An optional services package, including dental, vision, speech and hearing, would be available. Children in families whose incomes are greater than 133% of poverty, but less than 185%, are eligible to subscribe at an annual premium fee of \$25 per child, with a maximum \$100 fee per family. Families without insurance, whose incomes are greater than 185%, would be able to buy-in to the policies at cost, approximately \$360 per year. NYSNA supported the child health initiative as a first step toward universal access to health care for all.

Breast cancer detection and education in schools, A.11819 DiNapoli/S.914 Tully, allows for funding of approved breast cancer detection and education programs to be dedicated toward services provided to adolescent and teen-aged girls in secondary schools.

Start up grants for day care, A.11560 Vann/S.8151 Goodhue, increases the funding available for start up and expansion costs of child day care programs.

Workers' compensation increase, A.8946D Barraro/S.4848 Levy, raises the amounts of workers' compensation from \$300 to \$340 for totally disabled workers, and from \$150 to \$280 for the partially disabled. The new law is designed to close the gap between rates next year, and increase benefits again in 1992.

Child abuse, A.11994 Tallon/S.1129A Nyelex, adds a new element to specific crimes (assault, homicide) to exact stiffer penalties when victims are children under age 11. A repeat child abuser can be sentenced to up to 10 years imprisonment.

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Preventing accidental needle sticks, A.11001B Gottfried/S.8617B Tully, directs the commissioner of Health to promulgate regulations to require the use of needles designed to prevent reuse and accidental puncture in settings that present high risk of exposure to infectious diseases. The law also establishes the Advisory Council on Workplace Infection Prevention.

BILLS NOT ENACTED - 1990

Exempt clause repeal, A.409 Connelly/S.2122 Fadavan, passed the Senate, but did not move out of the Assembly committee.

Entry into practice, A.8343 Nadler/S.5959 Farley, was never placed on a committee agenda for a vote. The value of the baccalaureate degree was emphasized in discussions on nursing scholarship legislation. NYSNA's Board approved the creation of a task force to address strategies relating to standardization of nursing education.

Nursing scholarships. There were many bills proposing scholarships, grants and loan forgiveness programs for nurses. None of these bills were approved by the Legislature due to fiscal constraints. NYSNA was successful in opposing the Governor's proposed elimination of the Regents Nursing Scholarship. NYSNA testified before the Senate Education Committee on scholarships and work paybacks. NYSNA helped draft Senator Tully's legislation, S.3754A and S.2835A, to include advanced nursing practice and advanced education in the bills.

Health care personnel shortage. At NYSNA's request, Senator Tully amended his bill (S.5531A) to remove waiver of professional licensure in health personnel demonstration projects. Assemblyman Gottfried continued to stress the need for waivers of licensure in order to have a comprehensive bill (A.8434A). NYSNA steadfastly opposed this waiver. While the Legislature did not pass these bills, the concept of demonstration projects in health personnel shortage areas was included in the hospital reimbursement bill. The enacted language does not authorize waiver of professional licensure; it provides no relief for health personnel shortages in nursing homes, home care agencies, and community based agencies.

Mandatory third party reimbursement. At NYSNA's request, Assemblyman Nadler prepared substantial amendments (A.6234A) which make technical corrections in the bill to require third party reimbursement for services provided by qualified nurses. Many legislators agreed, at the time the amendments were made, to join in sponsoring the bill. There was no action by the Insurance Committees on this bill or any other third party reimbursement legislation (A.9917A Lasher/S.6578 Velella.)

Non-nurse/direct-entry midwifery, A.4074B Gottfried/S.2794B Farley, was not passed by either house of the Legislature. Proposals and counter-proposals were advanced by NYSNA and the American College of Obstetricians and Gynecologists (District II-New York State). However, no agreement was reached and NYSNA and the Medical Society of the State of New York (MSSNY) remained opposed to the bill. Since the bill would not pass the Senate with the continued opposition of MSSNY, the bill died in Senate Rules. The bill passed the Assembly Ways and Means Committee after much discussion and negative votes by two Democrats and all the Republicans. The Assembly bill then died in the Assembly Rules Committee when it became clear that it could not pass both houses and would pass the Assembly only after lengthy debate.

The following New York state legislators will not seek reelection.

District Nurses Assoc. No.	Legislative District No.*	Legislator	Reason
2	AD132	A. Pinny Cooke	Retiring
6 & 7	SD47 AD115	James Donovan William Sears	Retiring Running for Senate Seat SD47
8 & 9	AD109	Glenn Harris	Retiring
9	SD41 AD97	Jay Rolison Stephen Saland	Retiring Running for Senate Seat SD39
11	AD95	William Larkin	Running for Senate Seat SD39
13	AD61 AD66	William Passannante Mark Alan Siegel	Retiring Retiring
14	SD10	Andrew Jenkins	Convicted of a federal felony
17	SD38 AD92	Eugene Levy Joseph Holland	Deceased Running for Senate Seat SD38

*SD is the Senate district number
AD is the Assembly district number

8/13/90

#91 LEGISLATIVE PROGRAMS

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION 2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

Modify the Work Environment to Promote Nursing Recruitment and Retention

The supply of nurses does not meet the current demand for nursing care. Projections indicate that the situation will become worse in the future. By the year 2000, the need for well-educated, specialized nurses will far exceed the supply. Research findings and state and national study groups indicate that the economic and non-economic factors in the work environment negatively impact on the recruitment and retention of nurses.

To meet the nursing needs of residents, New York State needs to undertake the following activities:

- I. Utilize research findings and recommendations from state and national studies to develop strategies which:
 - A. Assist health care facilities to choose and implement appropriate benefit packages, staffing plans, and scheduling options which promote the retention of nurses.
 - B. Create incentives for health care facilities to eliminate the barriers which prevent nurses from participating in clinical and organizational decision-making.
 - C. Disseminate research findings regarding the benefits and drawbacks of different models for delivering nursing care.
 - D. Foster the adoption of cost-effective alternative models for delivering health care.
- II. Reduce the negative impact of regulatory and legislative initiatives on the recruitment, retention, and utilization of nursing resources.
 - A. Consolidate current rules and regulations affecting health care facilities.
 - B. Eliminate conflicting and repetitive regulations.
 - C. Compare the expected benefits of any new initiative to the anticipated costs which will be experienced at each level of implementation.
 - D. Guidelines for proposed Demonstration Project, Waivers, et al.

-continued-



- 2 -

Checks and Balances System

Criteria for obtaining any waiver:

1. Waiver is necessary for successful implementation of project.
2. Health, safety and general welfare of people receiving health care under such projects will not be impaired by waiver.
3. Waiver will not contravene affected collective bargaining agreements.
4. Waiver will not contravene any rule or regulation affecting licensure of health care professionals.

Process for Obtaining A Waiver:

- I. Waiver of public health law codes, rules and regulations:
 - Step I - Commissioner DOH proposes waiver
 - Step II - Health Personnel Advisory Council approves request
 - Step III - If approved, Commissioner SED approaches Commissioner DOH for concurrence
 - Step IV - If there is concurrence, Commission DOH may proceed to authorize the waiver for demonstration only during the state-funded portion of the project.
- II. Waiver of state education law codes, rules, and regulations:
 - Step I - Commissioner SED proposes waiver
 - Step II - Health Personnel Advisory Council approves request for waiver
 - Step III - If approved, Commissioner SED approaches Commissioner DOH for concurrence.
 - Step IV - If there is concurrence, the Commissioner SED may proceed to authorize the waiver for demonstration only during the State Funded portion of the project.

06/02/89
EJG/bjk

#91 LEGISLATIVE PROGRAMS

PROPOSED
REVISION (NYDA)

AN ACT to amend the public health law and the education law, in relation to health personnel development and repealing article 38 of the public health law, relating to the establishment of a veterans health manpower center

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Article 38 of the public health law is REPEALED and a new article 38 is added to read as follows:

ARTICLE 38

HEALTH PERSONNEL DEVELOPMENT

SECTION 3801. DEFINITION.

3802. RESPONSIBILITIES OF THE COMMISSIONER.

3803. HEALTH WORKPLACE DEMONSTRATION PROGRAM.

3804. HEALTH PERSONNEL TRAINING PROGRAM.

3805. REGULATIONS; STUDY.

3806. HEALTH PERSONNEL ADVISORY COUNCIL.

3807. ANNUAL REPORT.

S 3801. DEFINITION. AS USED IN THIS ARTICLE, "COUNCIL" MEANS THE HEALTH PERSONNEL ADVISORY COUNCIL ESTABLISHED PURSUANT TO SECTION THIRTY-EIGHT HUNDRED SIX OF THIS ARTICLE.

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S 3802. RESPONSIBILITIES OF THE COMMISSIONER. 1. THE COMMISSIONER SHALL, IN CONSULTATION WITH THE COMMISSIONERS OF EDUCATION AND LABOR AND THE COUNCIL, HAVE THE FOLLOWING RESPONSIBILITIES:

(A) TO DESIGNATE SHORTAGE OCCUPATIONS FOR WHICH THE SUPPLY OF HEALTH CARE WORKERS IS INSUFFICIENT TO MEET THE HEALTH CARE DEMANDS OF STATE RESIDENTS ON A STATEWIDE BASIS, BY REGION OR BY TYPE OF HEALTH FACILITY;

(B) TO EXPAND TRAINING OPPORTUNITIES FOR POTENTIAL HEALTH CARE WORKERS, INCLUDING PUBLIC ASSISTANCE RECIPIENTS, UNEMPLOYED PERSONS, PEOPLE RE-ENTERING THE LABOR MARKET OR CHANGING CAREERS, EARLY RETIREES AND HANDICAPPED INDIVIDUALS;

(C) TO FOSTER, PROMOTE AND EXPAND OPPORTUNITIES FOR CAREER ADVANCEMENT AND MOBILITY FOR PERSONS IN HEALTH CAREERS;

(D) TO ESTABLISH AND OPERATE WITHIN THE DEPARTMENT A HEALTH WORKFORCE INFORMATION CENTER TO GATHER AND DISSEMINATE INFORMATION, AND TO ENCOURAGE COOPERATION ON HEALTH WORKFORCE ISSUES; AND

(E) TO PROMOTE EFFORTS TO PROVIDE INFORMATION ON HEALTH CAREERS TO THE GENERAL PUBLIC.

S 3803. HEALTH WORKPLACE DEMONSTRATION PROGRAM. 1. THE COMMISSIONER, IN CONSULTATION WITH THE COUNCIL, IS AUTHORIZED TO ESTABLISH A HEALTH WORKPLACE DEMONSTRATION PROGRAM TO DEVELOP AND EVALUATE MECHANISMS WHICH ENCOURAGE AND IMPROVE THE EFFECTIVE [AND CREATIVE] UTILIZATION OF

THE EXISTING HEALTH WORKFORCE, SUPPORT THE RECRUITMENT AND RETENTION OF HEALTH CARE WORKERS, AND ENHANCE EMPLOYEE SATISFACTION [.]

SUBJECT TO LOCAL COLLECTIVE BARGAINING AGREEMENTS AND APPLICABLE STATE LICENSING LAWS.

2. THE COMMISSIONER SHALL PROVIDE GRANTS TO ELIGIBLE ORGANIZATIONS FOR THE FOLLOWING PURPOSES:

(A) THE UTILIZATION AND EVALUATION OF NEW TECHNOLOGIES THAT HAVE THE POTENTIAL TO IMPROVE THE EFFECTIVENESS OF THE EXISTING HEALTH WORKFORCE;

(B) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF MECHANISMS TO REDUCE THE AMOUNT OF TIME THAT HEALTH PERSONNEL, PARTICULARLY DIRECT CARE CLINICAL STAFF, SPEND MEETING PAPERWORK AND DOCUMENTATION REQUIREMENTS;

(C) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF PROJECTS WHICH ALTER EXISTING STAFF PATTERNS AND THE ORGANIZATIONAL STRUCTURE OF DIRECT CARE CLINICAL STAFF;

[(D) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF MECHANISMS WHICH PROMOTE PATIENTS AND THEIR FAMILIES PARTICIPATING IN PATIENT CARE;] AND

(E) ANY ADDITIONAL PROJECTS CONSISTENT WITH THE PURPOSE OF THIS SECTION, SUBJECT TO THE APPROVAL OF THE COMMISSIONER AND THE COUNCIL.

3. FOR THE PURPOSE OF THIS SECTION, "ELIGIBLE ORGANIZATION" SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING:

(A) HOSPITALS LICENSED UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER;

(B) A HEALTH MAINTENANCE ORGANIZATION LICENSED UNDER ARTICLE FORTY-THREE OF THE INSURANCE LAW OR CERTIFIED UNDER ARTICLE FORTY-FOUR OF THIS CHAPTER;

(C) A CERTIFIED HOME HEALTH AGENCY OR LONG TERM HOME HEALTH CARE PROGRAM CERTIFIED UNDER ARTICLE THIRTY-SIX OF THIS CHAPTER;

(D) LABOR UNIONS WHICH REPRESENT HEALTH CARE WORKERS; AND

(E) A HOSPICE CERTIFIED UNDER ARTICLE FORTY OF THIS CHAPTER.

4. IN APPROVING PROJECTS UNDER THIS SECTION THE COMMISSIONER, IN CONSULTATION WITH THE COUNCIL, SHALL CONSIDER THE FOLLOWING:

(A) THE POTENTIAL FOR REPLICATING THE PROPOSED PROJECTS IN OTHER HEALTH FACILITIES OR HEALTH CARE SETTINGS;

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1 (B) THE EXTENT TO WHICH ORGANIZATIONS SEEKING APPROVAL TO OPERATE A
2 PROJECT UNDER THIS SECTION SOUGHT THE DIRECT PARTICIPATION OF HEALTH
3 CARE WORKERS, AND ANY COLLECTIVE BARGAINING UNIT WHICH REPRESENTS SUCH
4 WORKERS, IN THE DEVELOPMENT OF THE PROPOSAL;

5 (C) THE IMPACT THAT THE PROPOSED PROJECT WOULD HAVE ON THE RECRUIT-
6 MENT AND RETENTION OF HEALTH CARE WORKERS, AND THE EFFECTIVE UTILIZA-
7 TION OF THE EXISTING WORKFORCE;

8 (D) THE EXTENT TO WHICH THE PROPOSED PROJECT WOULD IMPROVE THE
9 QUALITY OF CARE PROVIDED TO PATIENTS; AND

10 (E) ANY OTHER CRITERIA AS ESTABLISHED BY THE COMMISSIONER, CONSISTENT
11 WITH THE PURPOSES OF THIS ARTICLE.

12 5. NOTWITHSTANDING ANY INCONSISTENT PROVISION OF LAW THE
13 COMMISSIONER (WITH RESPECT TO THE PUBLIC HEALTH LAW) AND THE
14 COMMISSIONER OF EDUCATION (WITH RESPECT TO THE EDUCATION
15 LAW) WITH THE APPROVAL OF THE HEALTH PERSONNEL ADVISORY COUNCIL
16 [ARE] IS

17 AUTHORIZED TO WAIVE, MODIFY OR SUSPEND THE RESPECTIVE PROVISIONS OF
18 RULES AND REGULATIONS PROMULGATED PURSUANT TO THIS CHAPTER OR THE EDU-
19 CATION LAW IF BOTH THE COMMISSIONER OR COMMISSIONER OF
20 EDUCATION DETERMINE (S)

21 THAT SUCH WAIVER, MODIFICATION OR SUSPENSION IS NECESSARY FOR THE suc-
22 cessful implementation of a project under this section and provided
23 that the commissioner and commissioner of education determine that the
24 health, safety and general welfare of people receiving health care un-
25 der such projects will not be impaired as a result of such waiver,
26 modification or suspension. Such waivers, modifications or suspensions
27 may be granted for the period of the state funded portion of
28 the demonstration project only. [FOR UP TO TWO YEARS AND
29 MAY BE RENEWED FOR AN ADDITIONAL

30 PERIOD OF UP TO TWO YEARS AT A TIME UPON THE APPROVAL OF THE COMMIS-
31 SIONER OR COMMISSIONER OF EDUCATION.] WAIVERS,
32 MODIFICATIONS OR SUSPEN-

33 SIGNS GRANTED UNDER THIS SECTION MUST BE SPECIFIC TO THE PROJECT AP-
34 PROVED BY THIS SECTION. THE COMMISSIONER OR COMMISSIONER OF EDUCATION
35 MAY, AT HIS DISCRETION, TERMINATE ANY WAIVER, MODIFICATION OR SUSPEN-
36 SION PRIOR TO THE COMPLETION OF A PROJECT APPROVED UNDER THIS SECTION.
37 ANY SUCH WAIVER, MODIFICATION OR SUSPENSION CANNOT
38 CONTRAVENE AN AFFECTED COLLECTIVE BARGAINING AGREEMENT OR
39 ANY RULE OR REGULATION AFFECTING LICENSURE OF HEALTH CARE
40 PROFESSIONALS

41 6. THE COMMISSIONER IS AUTHORIZED TO SEEK FEDERAL COOPERATION, AND,
42 IF APPROPRIATE, SEEK NECESSARY WAIVERS FOR THE SUCCESSFUL IMPLEMENTA-
43 TION OF A PROJECT UNDER THIS SECTION.

44 S 3804. HEALTH PERSONNEL TRAINING PROGRAM. 1. THE COMMISSIONER SHALL,
45 IN CONSULTATION WITH THE COMMISSIONER OF EDUCATION, ESTABLISH A HEALTH
46 PERSONNEL TRAINING PROGRAM TO DEVELOP AND EXPAND EDUCATIONAL PROGRAMS
47 IN HEALTH OCCUPATIONS DESIGNATED BY THE COMMISSIONER, PURSUANT TO SEC-
48 TION THIRTY-EIGHT HUNDRED TWO OF THIS ARTICLE, AS SHORTAGE OCCUPATIONS.

49 2. THE COMMISSIONER OF EDUCATION, IN CONSULTATION WITH
50 THE COMMISSIONER [OF EDUCA-

51 TION]. SHALL MAKE GRANTS TO EDUCATIONAL INSTITUTIONS FOR THE START-UP,
52 DEVELOPMENT AND EXPANSION OF EDUCATION PROGRAMS IN SHORTAGE
53 OCCUPATIONS. GRANTS SHALL BE MADE TO AN EDUCATIONAL INSTITUTION FOR THE
54 FOLLOWING:

55 (A) PLANNING AND DEVELOPMENT OF AN EDUCATIONAL PROGRAM IN A SHORTAGE
56 OCCUPATION;

57 (B) FACULTY AND PROFESSIONAL STAFF RECRUITMENT;

58 (C) CAPITAL IMPROVEMENT; OR

59 (D) OTHER MECHANISMS NECESSARY TO SUPPORT THE EXPANSION OF CAPACITY

48 TO EDUCATE ADDITIONAL STUDENTS IN SHORTAGE OCCUPATIONS.

49 3. IN MAKING GRANTS TO EDUCATIONAL INSTITUTIONS THE COMMISSIONER
50 SHALL CONSIDER THE FOLLOWING:

51 (A) THE EXTENT OF THE SHORTAGE OF AN OCCUPATION WITHIN A PARTICULAR
52 REGION OF THE STATE;

53 (B) THE NUMBER OF ADDITIONAL STUDENTS THAT WILL RECEIVE AN EDUCATION
54 IN A SHORTAGE OCCUPATION; AND

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(C) THE FINANCIAL CONTRIBUTION WHICH THE EDUCATIONAL INSTITUTION WILL MAKE TO SUPPORT THE DEVELOPMENT OR EXPANSION OF AN EDUCATIONAL PROGRAM IN A SHORTAGE OCCUPATION.

S 3605. REGULATIONS; STUDY. 1. THE COMMISSIONER, IN CONSULTATION WITH THE COUNCIL, SHALL ENTER INTO AGREEMENTS WITH ONE OR MORE PERSONS, NOT-FOR-PROFIT CORPORATIONS, OR OTHER ORGANIZATIONS, OTHER THAN A STATE EMPLOYEE, OFFICIAL OR AGENCY, FOR THE PERFORMANCE OF AN EVALUATION OF THE IMPACT OF THE DEPARTMENT OF HEALTH'S AND THE DEPARTMENT OF EDUCATION'S REGULATIONS ON THE SHORTAGE OF HEALTH PERSONNEL. THE EVALUATION SHALL STUDY THE FOLLOWING:

(A) THE IMPACT THAT SPECIFIC REGULATIONS RELATING TO HEALTH CARE FACILITIES AND PROVIDERS HAVE ON INCREASING OR DECREASING CURRENT SHORTAGES OF HEALTH PERSONNEL AND ON INCREASING THE PAPERWORK REQUIREMENTS OF HEALTH CARE WORKERS AND HEALTH FACILITIES;

(B) THE FEASIBILITY OF WAIVING, MODIFYING OR SUSPENDING REGULATIONS WHICH CONTRIBUTE TO THE CURRENT SHORTAGE OF HEALTH PERSONNEL;

(C) THE IMPACT THAT A WAIVER, MODIFICATION OR SUSPENSION WOULD HAVE ON THE QUALITY OF CARE PROVIDED TO PATIENTS; AND

(D) THE FEASIBILITY OF REDUCING PAPERWORK REQUIREMENTS.

2. THE EVALUATION REQUIRED PURSUANT TO THIS SECTION SHALL BE SUBMITTED TO THE GOVERNOR AND LEGISLATURE BY DECEMBER FIRST, NINETEEN HUNDRED NINETY.

[S 3806. HEALTH PERSONNEL ADVISORY COUNCIL. 1. THERE IS HEREBY ESTABLISHED IN THE DEPARTMENT THE HEALTH PERSONNEL ADVISORY COUNCIL, TO BE COMPOSED OF TWENTY-ONE MEMBERS WHO SHALL BE APPOINTED IN THE FOLLOWING MANNER: THREE SHALL BE APPOINTED BY THE TEMPORARY PRESIDENT OF THE SENATE AND TWO BY THE MINORITY LEADER OF THE SENATE; THREE SHALL BE APPOINTED BY THE SPEAKER OF THE ASSEMBLY AND TWO BY THE MINORITY LEADER OF THE ASSEMBLY; ELEVEN SHALL BE APPOINTED BY THE GOVERNOR. THE GOVERNOR SHALL DESIGNATE THE CHAIRMAN OF THE ADVISORY COUNCIL. THE MEMBERS OF THE COUNCIL SHALL BE REPRESENTATIVE OF THE PROVIDERS OF HEALTH CARE, EDUCATORS INVOLVED IN THE TRAINING OF HEALTH CARE WORKERS, COLLECTIVE BARGAINING ORGANIZATIONS WHICH REPRESENT HEALTH CARE WORKERS, AND HEALTH CARE WORKERS.]

S 3806. HEALTH PERSONNEL ADVISORY COUNCIL. THIS COUNCIL SHALL CONSIST OF NINE (9) MEMBERS, THREE (3) APPOINTED BY THE GOVERNOR, THREE (3) APPOINTED BY THE TEMPORARY PRESIDENT OF THE SENATE AND THREE (3) BY THE SPEAKER OF THE ASSEMBLY. SUCH ADVISORY COUNCIL SHALL CONSIST IF REPRESENTATIVES OF AT LEAST THE FOLLOWING: ORGANIZATIONS REPRESENTING HEALTH CARE PROFESSIONALS, HEALTH CARE PROVIDERS AND COLLEGES, VOCATIONAL INSTITUTIONS AND LABOR UNIONS REPRESENTING HEALTH CARE WORKERS.

2. THE ADVISORY COUNCIL SHALL BE RESPONSIBLE FOR ADVISING THE COMMISSIONER WITH RESPECT TO IMPLEMENTATION OF THIS ARTICLE AND SHALL MAKE RECOMMENDATIONS AS TO THE DESIGNATION OF SHORTAGE OCCUPATIONS, AND THE SELECTION OF ORGANIZATIONS OR INSTITUTIONS TO RECEIVE GRANTS AND ADMINISTER PROGRAMS UNDER THIS ARTICLE.

3. THE COUNCIL SHALL MEET AT LEAST THREE TIMES EACH YEAR. MEETINGS MAY BE CALLED BY THE CHAIRMAN, AND SHALL BE CALLED BY HIM AT THE REQUEST OF THE COMMISSIONER.

4. THE MEMBERS OF THE COUNCIL SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES, BUT SHALL BE ALLOWED THEIR ACTUAL AND NECESSARY EXPENSES INCURRED IN PERFORMANCE OF THEIR DUTIES.

S 3807. ANNUAL REPORT. THE COMMISSIONER, IN CONSULTATION WITH THE COUNCIL, SHALL SUBMIT A BIENNIAL REPORT TO THE GOVERNOR AND LEGISLATURE CONCERNING THE IMPLEMENTATION OF THIS ARTICLE. THE REPORT SHALL ALSO PROVIDE AN UPDATE ON PROJECTED DEMAND AND SUPPLY OF HEALTH CARE WORK-

50 ERS, AND EVALUATION OF THE EFFECTIVENESS OF STATE PROGRAMS TO ADDRESS
51 THE SHORTAGE OF HEALTH CARE WORKERS, AND RECOMMENDATIONS FOR FUTURE AC-
52 TION TO MINIMIZE AND ELIMINATE SHORTAGES OF HEALTH CARE WORKERS.

53 S 2. The education law is amended by adding a new article 100 to read
54 as follows:

55 ARTICLE 100
56 HEALTH CAREER HIGH SCHOOLS PROGRAM

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1 SECTION 4950. HEALTH CAREER HIGH SCHOOLS PROGRAM.
2 S 4950. HEALTH CAREER HIGH SCHOOLS PROGRAM. 1. THE COMMISSIONER, IN
3 CONSULTATION WITH THE COMMISSIONER OF HEALTH AND THE HEALTH PERSONNEL
4 ADVISORY COUNCIL ESTABLISHED PURSUANT TO SECTION THIRTY-EIGHT HUNDRED
5 SIX OF THE PUBLIC HEALTH LAW, IS AUTHORIZED TO ESTABLISH THE HEALTH
6 CAREER HIGH SCHOOLS PROGRAM TO ATTRACT STUDENTS TO THE HEALTH CARE
7 FIELD AND TO PROVIDE THEM WITH THE ACADEMIC SKILLS NECESSARY TO ENTER
8 POST-SECONDARY PROGRAMS IN A HEALTH-RELATED FIELD [OR
9 TO ADVANCE IN AN ENTRY-LEVEL HEALTH PROFESSION.]

10 2. THE COMMISSIONER SHALL PROVIDE, WITHIN THE AMOUNTS APPROPRIATED,
11 GRANTS TO UP TO SIX SCHOOL DISTRICTS OR BOARDS OF COOPERATIVE EDUCA-
12 TIONAL SERVICES FOR THE IMPLEMENTATION OF A HEALTH CAREER HIGH SCHOOLS
13 PROGRAM. FUNDS PROVIDED UNDER THIS PROGRAM, WHICH SHALL BE USED FOR
14 START-UP AND DEVELOPMENT COSTS, SHALL BE USED FOR THE FOLLOWING
15 PURPOSES:

16 (A) DEVELOPMENT OF A HEALTH CAREER ORIENTED CURRICULUM;

17 (B) STAFFING, INCLUDING THE HIRING OF GUIDANCE COUNSELORS AND TEACH-
18 ERS TO PROVIDE CAREER AND POST-SECONDARY EDUCATION GUIDANCE;

19 (C) REMEDIAL EDUCATION;

20 (D) PROGRAM EVALUATION, INCLUDING THE DEVELOPMENT OF A PROCEDURE FOR
21 TRACKING STUDENTS THROUGH GRADUATION FROM HIGH SCHOOL AND FURTHER EDU-
22 CATION OR CAREER PLACEMENT; AND

23 (E) ANY OTHER EXPENSES APPROVED BY THE COMMISSIONER, CONSISTENT WITH
24 THE PURPOSE OF THIS SECTION.

25 3. SCHOOL DISTRICTS AND BOARDS OF COOPERATIVE EDUCATIONAL SERVICES
26 RECEIVING GRANTS UNDER THIS PROGRAM SHALL FORM AGREEMENTS WITH HOSPI-
27 TALS, AS DEFINED IN ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW AND
28 POST-SECONDARY INSTITUTIONS, REASONABLY CONVENIENT TO THE SCHOOL DIS-
29 TRICT AND BOARD OF COOPERATIVE EDUCATIONAL SERVICES. SUCH AGREEMENTS
30 SHALL PROVIDE FOR THE FOLLOWING:

31 (A) THE PARTICIPATION OF HOSPITALS IN PROVIDING PAID INTERNSHIPS AND
32 WORK EXPERIENCE FOR STUDENTS ENROLLED IN THE PROGRAM; AND

33 (B) THE DESIGNATION, BY HOSPITALS, OF AN ON-SITE COORDINATOR TO
34 PROVIDE A FORMAL LINKAGE WITH A HEALTH CARE HIGH SCHOOLS PROGRAM.

35 4. PRIORITY FOR THE AWARDED OF GRANTS SHALL BE GIVEN TO PROGRAMS
36 WHICH ARE DESIGNED TO IMPROVE THE OPPORTUNITY FOR MINORITY AND ECONOMI-
37 CALLY DISADVANTAGED STUDENTS TO ENTER THE HEALTH CARE PROFESSION.

38 S 3. This act shall take effect on the first day of January next suc-
39 ceeding the date on which it shall have become a law.

#91 LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

MEMORANDUM

TO: Board of Directors
District Presidents and Executive Directors
District Legislative Committee Chairpersons
Council on Legislation

FROM: E. Joyce Gould, Director, Legislative Program
Bernard T. McCann, Associate Director, Legislative Program

DATE: June 1, 1989

RE: Health Care Personnel Shortage and Prenatal Legislation

Health Care Personnel Shortage

Bills have recently been introduced in each House of the Legislature that deal with the shortage of health care workers. S.5531, introduced May 15th by Senator James Tully, and A.8434, introduced May 24th by the Assembly Committee on Rules, are attached for your review.

It is our opinion that both bills are outgrowths of the Labor Health Industry Task Force Report and are similar in intent although different in their specific recommendations. The substantive recommendations of both bills are favorable. However, the process of implementing some of the recommendations - i.e., the demonstration projects - is problematic.

The Assembly version was unanimously reported out of the Health Committee on May 31st. You will note that the bill has bi-partisan support.

NYSNA has been meeting with Assembly and Senate staff responsible for the bill to help develop compromise language that would alleviate the problematic areas.

The Senate bill is not scheduled for committee agenda at this time. Staff is working directly with Health Committee staff responsible for the bill's language. They have expressed an open desire to receive our suggestions for alternatives.

The Health Department has also requested Association input. Staff is working closely with HANYS and MSSNY in an attempt to present a united position.

New York State Nurses Association, 2113 Western Ave., Guilderland, NY 12084(518)456-5371

Parental Care

Movement toward some form of increased funding for prenatal care is building. NYSNA has issued a Memorandum of Support (previously sent) for A.6343/S4733.

New York state ranks among the lowest states of the nation in the percentage of women receiving early and adequate prenatal care. Intensive care, required for low birth weight babies, continues to be a tremendous financial drain on our state's resources.

The federal government will provide 50% funding for such prenatal programs, if states will accept Federal Medicaid options for expanded maternal and infant health care. The federal match would cover all pregnant women living on incomes at or below 185% percent of poverty level, and, in addition, provide health coverage to all their infants.

It makes good health sense and good financial sense to provide adequate care at the prenatal and postpartum stages. However, in Albany there is a political problem with such initiatives: the possibility that abortions would be funded by some of these monies. This problem has stymied the passage of similar prenatal care legislation in the past two years.

Senator James Tully, Senate Health Committee Chairman, has introduced (May 23rd) an alternative version of the prenatal care bill (attached), which attempts to avoid the problems caused by the abortion issue. NYSNA is cooperating with other organizations that are working with Senator Tully to devise appropriate language.

Staff has been working in conjunction with The Campaign for Health Children, Statewide Youth Advocacy, Inc., the Public Health Association and the State Communities Aid Association. These groups individually and collectively are dedicated to the passage of a comprehensive prenatal care bill. Publicity, their support lies with the Gottfried/Goodhue A.6343/S.4733 bill. Practically, the Tully version, although still somewhat flawed, has a better chance of passage. The flaws are being addressed in negotiations. NYSNA is active in that negotiation process.

/bjk
Attachments

#91 LEGISLATIVE PROGRAMS

STATE OF NEW YORK

5531

1989-1990 Regular Sessions

IN SENATE

May 15, 1989

Introduced by Sens. TULLY, LAVALLE -- read twice and ordered printed,
and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishment of a
Health Care Personnel Shortage Act

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Declaration of legislative findings and intent. The
2 legislature finds and declares that shortages of health workers, such as
3 nurses, occupational therapists, home health aides, personal care work-
4 ers and laboratory workers have reduced access to needed services and
5 threaten to reduce the quality of care.

6 The legislature further finds and declares that financial and regula-
7 tory barriers to recruitment and retention; inadequate educational capa-
8 city in certain occupations; and inefficient utilization of existing
9 health personnel are primary reasons for the shortages.

10 The legislature, therefore, concludes that action by New York state
11 and the health community is essential in order to assure that an ade-
12 quate supply of health personnel exists to provide quality care to the
13 citizens of New York state.

14 S 2. Article 2 of the public health law is amended by adding a new
15 title IV to read as follows:

TITLE IV

HEALTH CARE PERSONNEL SHORTAGE ACT

16
17
18 Section 250. Definitions.

19 251. Health care personnel utilization demonstration program.

20 252. Health occupations development program.

21 S 250. Definitions. The following words or phrases as used in this
22 title shall have the following meanings:

23 1. "Health shortage occupations" shall include:

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[] is old law to be omitted.

LB010878-01-9

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S. 553:

2

1 (a) registered nurses, including nurse practitioners, midwives and
2 clinical specialists;
3 (b) licensed practical nurses;
4 (c) nurses aids, nursing assistants, orderlies, home health aides,
5 personal care workers, and other nursing auxiliaries;
6 (d) physical therapists;
7 (e) occupational therapists;
8 (f) respiratory therapists;
9 (g) radiologic technicians;
10 (h) clinical laboratory technologists and technicians; this includes
11 but is not limited to medical technologists, cytotechnologists, microbi-
12 ology, clinical chemistry, hematology technologists, and laboratory
13 assistants.
14 2. "Eligible providers" shall include:
15 (a) hospitals;
16 (b) certified home health care agencies;
17 (c) long term home health care programs;
18 (d) residential health care facilities; and
19 (e) certified hospices.
20 3. "Eligible institutions" shall include:
21 (a) colleges, vocational institutions and approved programs, as
22 defined in section six hundred one of the education law, which provide
23 study and training in designated shortage occupations;
24 (b) hospitals;
25 (c) residential health care facilities;
26 (d) certified home care agencies; and
27 (e) long term home health care programs.
28 4. "Health care personnel shortage advisory group" shall consist of
29 fifteen members, five appointed by the governor, five by the temporary
30 president of the senate and five by the speaker of the assembly. Such
31 advisory group shall consist of representatives of at least the
32 following organizations representing health shortage occupations,
33 health care providers and colleges, vocational institutions, and ap-
34 proved programs, as defined in section six hundred one of the education
35 law, which provide study and training.
36 § 251. Health care personnel utilization demonstration program. 1. In
37 consultation with the health care personnel shortage advisory group, the
38 commissioner shall establish a health care personnel utilization demon-
39 stration program in regulations approved and adopted by the state hospi-
40 tal review and planning council and for the purpose of studying, test-
41 ing, and evaluating changes in job design and organization of services
42 in health shortage occupations; methods to recruit and retain workers in
43 health shortage occupations; and development of new technologies which
44 have the potential to improve the effectiveness of workers in health
45 shortage occupations.
46 2. The commissioner is directed to:
47 (a) approve twelve health care personnel utilization demonstration
48 programs in consultation with the health care personnel shortage advis-
49 ory group;
50 (b) develop requests for applications for health care personnel utili-
51 zation demonstration programs which eligible providers must complete and
52 submit to the department;
53 (c) subject to the approval of the director of the division of the
54 budget, make adjustments in reimbursement rates to permit eligible
55 providers to implement such demonstration programs;

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3

1 (d) collect and analyze data relating to the supply, demand and utili-
2 zation of workers in health shortage occupations;
3 (e) evaluate the impact of state and federal regulations on the re-
4 ruitment, retention, supply and demand of workers in health shortage
5 occupations; and
6 (f) provide an annual report to the governor and the legislature on
7 the results of the demonstration program.
8 3. In evaluating proposals from eligible providers for demonstration
9 programs the commissioner shall consider the following criteria:
10 (a) the contribution the program could make toward the identification
11 and development of more effective use of designated health shortage oc-
12 cupations;
13 (b) the feasibility of the program to accomplish its intent, both
14 financially and programmatically;
15 (c) the potential of the proposed program to be replicated in other
16 sites and settings;
17 (d) the degree to which the program could contribute to increasing ac-
18 cessibility of needed health services;
19 (e) the extent of shortages in the health occupations benefiting from
20 such program;
21 (f) the degree to which the program expands training and employment
22 opportunities in health shortage occupations; and
23 (g) the degree to which the program expands opportunities for career
24 advancement and mobility for persons in the health industry.
25 4. Notwithstanding any inconsistent provision of law, the commissioner
26 and the commissioner of education are authorized to waive such rules and
27 regulations promulgated pursuant to this chapter or the education law as
28 may be necessary for the implementation of a project under this section
29 and provided that the health, safety and general welfare of people receiv-
30 ing health care under such projects will not be impaired as a result of
31 such waiver.
32 5. The commissioner, in consultation with the health care personnel
33 shortage advisory group shall approve or disapprove a demonstration pro-
34 ject in writing within ninety days of receipt thereof. Any disapproval
35 shall contain a written analysis detailing the reasons for such
36 disapproval.
37 § 252. Health occupations development program. 1. The commissioner
38 shall, in consultation with the commissioner of education and the health
39 care personnel shortage advisory group, establish a health occupations
40 development program in regulations approved by the state hospital review
41 and planning council. Pursuant to such program, within the amounts made
42 available pursuant to subdivision five of this section, funds shall be
43 provided for start up, development, and expansion of educational capa-
44 city and career advancement in health shortage occupations designated
45 pursuant to section two hundred fifty of this title for which there is
46 an insufficient education capacity and/or career mobility.
47 2. The commissioner is directed to:
48 (a) approve health occupations development programs within eligible
49 institutions to cover costs of curriculum development, capital improve-
50 ments, and faculty necessary to support the expansion of educational
51 capacity and promotion of career advancement and mobility in health
52 shortage occupations;
53 (b) develop requests for applications for health occupations develop-
54 ment programs which eligible institutions must complete and submit to
55 the department;
56

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1 (c) provide an annual report to the governor and the legislature on
2 the results of the health occupations development program.
3 3. In evaluating proposals under this section, the commissioner shall
4 consider:
5 (a) the extent of shortages within an occupation within that region of
6 the state and the increase in health services likely to result from the
7 proposal;
8 (b) the degree to which the proposal promotes career advancement and
9 mobility within health shortage occupations; and
10 (c) the degree to which the proposal will affect long term educational
11 capacity in health shortage occupations.
12 4. The commissioner, in consultation with the commissioner of educa-
13 tion and the health care personnel shortage advisory group shall approve
14 or disapprove a program in writing within ninety days of receipt
15 thereof. Any disapproval shall contain a written analysis detailing the
16 reasons for such disapproval.
17 5. A health occupations development program education fund is hereby
18 created for the establishment of state grants to carry out the provi-
19 sions of this section.
20 No expenditures shall be made from this fund without approval from the
21 director of the division of the budget.
22 5. 3. This act shall take effect April 1, 1990, provided, however that
23 the commissioner of health shall take all steps necessary to assure im-
24 plementation by such date.

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SEARCH
00001 A8434
ASSM-NO = A08434
INTRO = 89/05/24
POSTED = 89/05/27
SEN-NO = NONE
TYPE = A
BILL
A8434
TEXT

STATE OF NEW YORK

8434
1989-1990 Regular Sessions
I N A S S E M B L Y
May 24, 1989

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Gottfried, Clark, Schimminger, Griffith, Nagle, Barbaro, Bennett, Brodsky, Canestrari, Catapano, Conners, Daniels, Davis, Dearie, Del Toro, DiNapoli, Dugan, Eve, Gantt, Grannis, Green, Greene, Harenberg, Hill, Hillman, Hinchey, Hoyt, Jacobs, Koppell, Larkin, Lopez, Marshall, Mayersohn, McPhillips, Murtaugh, Nadler, Pfeiffer, Sanders, Serrano, Siegel, Silver, Tallon, Tokasz, Tonko, Weinstein, Winner, Yevoli, Young, Zaleski, Zimmer) -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the education law, in relation to health personnel development and repealing article 38 of the public health law, relating to the establishment of a veterans health manpower center

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Article 38 of the public health law is REPEALED and a new
2 article 38 is added to read as follows:

3 ARTICLE 38

4 HEALTH PERSONNEL DEVELOPMENT

5 SECTION 3801. DEFINITION.

6 3802. RESPONSIBILITIES OF THE COMMISSIONER.

7 3803. HEALTH WORKPLACE DEMONSTRATION PROGRAM.

8 3804. HEALTH PERSONNEL TRAINING PROGRAM.

9 3805. REGULATIONS; STUDY.

10 3806. HEALTH PERSONNEL ADVISORY COUNCIL.

11 3807. ANNUAL REPORT.

12 S 3801. DEFINITION. AS USED IN THIS ARTICLE, "COUNCIL" MEANS THE
13 HEALTH PERSONNEL ADVISORY COUNCIL ESTABLISHED PURSUANT TO SECTION
14 THIRTY-EIGHT HUNDRED SIX OF THIS ARTICLE.

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1 S 3802. RESPONSIBILITIES OF THE COMMISSIONER. 1. THE COMMISSIONER
2 SHALL, IN CONSULTATION WITH THE COMMISSIONERS OF EDUCATION AND LABOR
3 AND THE COUNCIL, HAVE THE FOLLOWING RESPONSIBILITIES:

4 (A) TO DESIGNATE SHORTAGE OCCUPATIONS FOR WHICH THE SUPPLY OF HEALTH
5 CARE WORKERS IS INSUFFICIENT TO MEET THE HEALTH CARE DEMANDS OF STATE
6 RESIDENTS ON A STATEWIDE BASIS, BY REGION OR BY TYPE OF HEALTH FACIL-
7 ITY;

8 (B) TO EXPAND TRAINING OPPORTUNITIES FOR POTENTIAL HEALTH CARE WORK-
9 ERS, INCLUDING PUBLIC ASSISTANCE RECIPIENTS, UNEMPLOYED PERSONS, PEOPLE
10 RE-ENTERING THE LABOR MARKET OR CHANGING CAREERS, EARLY RETIREES AND
11 HANDICAPPED INDIVIDUALS;

12 (C) TO FOSTER, PROMOTE AND EXPAND OPPORTUNITIES FOR CAREER ADVANCE-
13 MENT AND MOBILITY FOR PERSONS IN HEALTH CAREERS;

14 (D) TO ESTABLISH AND OPERATE WITHIN THE DEPARTMENT A HEALTH WORKFORCE
15 INFORMATION CENTER TO GATHER AND DISSEMINATE INFORMATION, AND TO ENCOU-
16 RAGE COOPERATION ON HEALTH WORKFORCE ISSUES; AND

17 (E) TO PROMOTE EFFORTS TO PROVIDE INFORMATION ON HEALTH CAREERS TO
18 THE GENERAL PUBLIC.

19 S 3803. HEALTH WORKPLACE DEMONSTRATION PROGRAM. 1. THE COMMISSIONER,
20 IN CONSULTATION WITH THE COUNCIL, IS AUTHORIZED TO ESTABLISH A HEALTH
21 WORKPLACE DEMONSTRATION PROGRAM TO DEVELOP AND EVALUATE MECHANISMS
22 WHICH ENCOURAGE AND IMPROVE THE EFFECTIVE AND CREATIVE UTILIZATION OF
23 THE EXISTING HEALTH WORKFORCE, SUPPORT THE RECRUITMENT AND RETENTION OF
24 HEALTH CARE WORKERS, AND ENHANCE EMPLOYEE SATISFACTION.

25 2. THE COMMISSIONER SHALL PROVIDE GRANTS TO ELIGIBLE ORGANIZATIONS
26 FOR THE FOLLOWING PURPOSES:

27 (A) THE UTILIZATION AND EVALUATION OF NEW TECHNOLOGIES THAT HAVE THE
28 POTENTIAL TO IMPROVE THE EFFECTIVENESS OF THE EXISTING HEALTH WORK-
29 FORCE;

30 (B) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF MECHANISMS TO
31 REDUCE THE AMOUNT OF TIME THAT HEALTH PERSONNEL, PARTICULARLY DIRECT
32 CARE CLINICAL STAFF, SPEND MEETING PAPERWORK AND DOCUMENTATION REQUIRE-
33 MENTS;

34 (C) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF PROJECTS WHICH
35 ALTER EXISTING STAFF PATTERNS AND THE ORGANIZATIONAL STRUCTURE OF
36 DIRECT CARE CLINICAL STAFF;

37 (D) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF MECHANISMS
38 WHICH PROMOTE PATIENTS AND THEIR FAMILIES PARTICIPATING IN PATIENT
39 CARE; AND

40 (E) ANY ADDITIONAL PROJECTS CONSISTENT WITH THE PURPOSE OF THIS SEC-
41 TION, SUBJECT TO THE APPROVAL OF THE COMMISSIONER AND THE COUNCIL.

42 3. FOR THE PURPOSE OF THIS SECTION, "ELIGIBLE ORGANIZATION" SHALL IN-
43 CLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING:

44 (A) HOSPITALS LICENSED UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER;

45 (B) A HEALTH MAINTENANCE ORGANIZATION LICENSED UNDER ARTICLE FORTY-
46 THREE OF THE INSURANCE LAW OR CERTIFIED UNDER ARTICLE FORTY-FOUR OF
47 THIS CHAPTER;

48 (C) A CERTIFIED HOME HEALTH AGENCY OR LONG TERM HOME HEALTH CARE PRO-
49 GRAM CERTIFIED UNDER ARTICLE THIRTY-SIX OF THIS CHAPTER;

50 (D) LABOR UNIONS WHICH REPRESENT HEALTH CARE WORKERS; AND

51 (E) A HOSPICE CERTIFIED UNDER ARTICLE FORTY OF THIS CHAPTER.

52 4. IN APPROVING PROJECTS UNDER THIS SECTION THE COMMISSIONER, IN CON-
53 SULTATION WITH THE COUNCIL, SHALL CONSIDER THE FOLLOWING:

54 (A) THE POTENTIAL FOR REPLICATING THE PROPOSED PROJECTS IN OTHER
55 HEALTH FACILITIES OR HEALTH CARE SETTINGS;

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1 (B) THE EXTENT TO WHICH ORGANIZATIONS SEEKING APPROVAL TO OPERATE A
2 PROJECT UNDER THIS SECTION SOUGHT THE DIRECT PARTICIPATION OF HEALTH
3 CARE WORKERS, AND ANY COLLECTIVE BARGAINING UNIT WHICH REPRESENTS SUCH
4 WORKERS, IN THE DEVELOPMENT OF THE PROPOSAL;

5 (C) THE IMPACT THAT THE PROPOSED PROJECT WOULD HAVE ON THE RECRUIT-
6 MENT AND RETENTION OF HEALTH CARE WORKERS, AND THE EFFECTIVE UTILIZA-
7 TION OF THE EXISTING WORKFORCE;

8 (D) THE EXTENT TO WHICH THE PROPOSED PROJECT WOULD IMPROVE THE
9 QUALITY OF CARE PROVIDED TO PATIENTS; AND

10 (E) ANY OTHER CRITERIA AS ESTABLISHED BY THE COMMISSIONER, CONSISTENT
11 WITH THE PURPOSES OF THIS ARTICLE.

12 5. THE COMMISSIONER (WITH RESPECT TO THE PUBLIC HEALTH LAW) AND THE
13 COMMISSIONER OF EDUCATION (WITH RESPECT TO THE EDUCATION LAW) ARE
14 AUTHORIZED TO WAIVE, MODIFY OR SUSPEND THE RESPECTIVE PROVISIONS OF
15 RULES AND REGULATIONS PROMULGATED PURSUANT TO THIS CHAPTER OR THE EDU-
16 CATION LAW IF THE COMMISSIONER OR COMMISSIONER OF EDUCATION DETERMINES
17 THAT SUCH WAIVER, MODIFICATION OR SUSPENSION IS NECESSARY FOR THE suc-
18 CESSFUL IMPLEMENTATION OF A PROJECT UNDER THIS SECTION AND PROVIDED
19 THAT THE COMMISSIONER AND COMMISSIONER OF EDUCATION DETERMINE THAT THE
20 HEALTH, SAFETY AND GENERAL WELFARE OF PEOPLE RECEIVING HEALTH CARE UN-
21 DER SUCH PROJECTS WILL NOT BE IMPAIRED AS A RESULT OF SUCH WAIVER,
22 MODIFICATION OR SUSPENSION. SUCH WAIVERS, MODIFICATIONS OR SUSPENSIONS
23 MAY BE GRANTED FOR UP TO TWO YEARS AND MAY BE RENEWED FOR AN ADDITIONAL
24 PERIOD OF UP TO TWO YEARS AT A TIME UPON THE APPROVAL OF THE COMMISS-
25 SIONER OR COMMISSIONER OF EDUCATION. WAIVERS, MODIFICATIONS OR SUSPEN-
26 SIONS GRANTED UNDER THIS SECTION MUST BE SPECIFIC TO THE PROJECT AP-
27 PROVED BY THIS SECTION. THE COMMISSIONER OR COMMISSIONER OF EDUCATION
28 MAY, AT HIS DISCRETION, TERMINATE ANY WAIVER, MODIFICATION OR SUSPEN-
29 SION PRIOR TO THE COMPLETION OF A PROJECT APPROVED UNDER THIS SECTION.

30 6. THE COMMISSIONER IS AUTHORIZED TO SEEK FEDERAL COOPERATION, AND,
31 IF APPROPRIATE, SEEK NECESSARY WAIVERS FOR THE SUCCESSFUL IMPLEMENTA-
32 TION OF A PROJECT UNDER THIS SECTION.

33 S 3804. HEALTH PERSONNEL TRAINING PROGRAM. 1. THE COMMISSIONER SHALL,
34 IN CONSULTATION WITH THE COMMISSIONER OF EDUCATION, ESTABLISH A HEALTH
35 PERSONNEL TRAINING PROGRAM TO DEVELOP AND EXPAND EDUCATIONAL PROGRAMS
36 IN HEALTH OCCUPATIONS DESIGNATED BY THE COMMISSIONER, PURSUANT TO SEC-
37 TION THIRTY-EIGHT HUNDRED TWO OF THIS ARTICLE, AS SHORTAGE OCCUPATIONS.

38 2. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDU-
39 CATION, SHALL MAKE GRANTS TO EDUCATIONAL INSTITUTIONS FOR THE START-UP,
40 DEVELOPMENT AND EXPANSION OF EDUCATION PROGRAMS IN SHORTAGE
41 OCCUPATIONS. GRANTS SHALL BE MADE TO AN EDUCATIONAL INSTITUTION FOR THE
42 FOLLOWING:

43 (A) PLANNING AND DEVELOPMENT OF AN EDUCATIONAL PROGRAM IN A SHORTAGE
44 OCCUPATION;

45 (B) FACULTY AND PROFESSIONAL STAFF RECRUITMENT;

46 (C) CAPITAL IMPROVEMENT; OR

47 (D) OTHER MECHANISMS NECESSARY TO SUPPORT THE EXPANSION OF CAPACITY
48 TO EDUCATE ADDITIONAL STUDENTS IN SHORTAGE OCCUPATIONS.

49 3. IN MAKING GRANTS TO EDUCATIONAL INSTITUTIONS THE COMMISSIONER
50 SHALL CONSIDER THE FOLLOWING:

51 (A) THE EXTENT OF THE SHORTAGE OF AN OCCUPATION WITHIN A PARTICULAR
52 REGION OF THE STATE;

53 (B) THE NUMBER OF ADDITIONAL STUDENTS THAT WILL RECEIVE AN EDUCATION
54 IN A SHORTAGE OCCUPATION; AND

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1 (C) THE FINANCIAL CONTRIBUTION WHICH THE EDUCATIONAL INSTITUTION WILL
2 MAKE TO SUPPORT THE DEVELOPMENT OR EXPANSION OF AN EDUCATIONAL PROGRAM
3 IN A SHORTAGE OCCUPATION.

4 § 3805. REGULATIONS; STUDY. 1. THE COMMISSIONER, IN CONSULTATION WITH
5 THE COUNCIL, SHALL ENTER INTO AGREEMENTS WITH ONE OR MORE PERSONS, NOT-
6 FOR-PROFIT CORPORATIONS, OR OTHER ORGANIZATIONS, OTHER THAN A STATE EM-
7 PLOYER, OFFICIAL OR AGENCY, FOR THE PERFORMANCE OF AN EVALUATION OF THE
8 IMPACT OF THE DEPARTMENT OF HEALTH'S AND THE DEPARTMENT OF EDUCATION'S
9 REGULATIONS ON THE SHORTAGE OF HEALTH PERSONNEL. THE EVALUATION SHALL
10 STUDY THE FOLLOWING:

11 (A) THE IMPACT THAT SPECIFIC REGULATIONS RELATING TO HEALTH CARE
12 FACILITIES AND PROVIDERS HAVE ON INCREASING OR DECREASING CURRENT SHOR-
13 TAGES OF HEALTH PERSONNEL AND ON INCREASING THE PAPERWORK REQUIREMENTS
14 OF HEALTH CARE WORKERS AND HEALTH FACILITIES;

15 (B) THE FEASIBILITY OF WAIVING, MODIFYING OR SUSPENDING REGULATIONS
16 WHICH CONTRIBUTE TO THE CURRENT SHORTAGE OF HEALTH PERSONNEL;

17 (C) THE IMPACT THAT A WAIVER, MODIFICATION OR SUSPENSION WOULD HAVE
18 ON THE QUALITY OF CARE PROVIDED TO PATIENTS; AND

19 (D) THE FEASIBILITY OF REDUCING PAPERWORK REQUIREMENTS.

20 2. THE EVALUATION REQUIRED PURSUANT TO THIS SECTION SHALL BE SUBMIT-
21 TED TO THE GOVERNOR AND LEGISLATURE BY DECEMBER FIRST, NINETEEN HUNDRED
22 NINETY.

23 § 3806. HEALTH PERSONNEL ADVISORY COUNCIL. 1. THERE IS HEREBY ESTA-
24 BISHED IN THE DEPARTMENT THE HEALTH PERSONNEL ADVISORY COUNCIL, TO BE
25 COMPOSED OF TWENTY-ONE MEMBERS WHO SHALL BE APPOINTED IN THE FOLLOWING
26 MANNER: THREE SHALL BE APPOINTED BY THE TEMPORARY PRESIDENT OF THE SEN-
27 ATE AND TWO BY THE MINORITY LEADER OF THE SENATE; THREE SHALL BE AP-
28 POINTED BY THE SPEAKER OF THE ASSEMBLY AND TWO BY THE MINORITY LEADER
29 OF THE ASSEMBLY; ELEVEN SHALL BE APPOINTED BY THE GOVERNOR. THE GOVER-
30 NOR SHALL DESIGNATE THE CHAIRMAN OF THE ADVISORY COUNCIL. THE MEMBERS
31 OF THE COUNCIL SHALL BE REPRESENTATIVE OF THE PROVIDERS OF HEALTH CARE,
32 EDUCATORS INVOLVED IN THE TRAINING OF HEALTH CARE WORKERS, COLLECTIVE
33 BARGAINING ORGANIZATIONS WHICH REPRESENT HEALTH CARE WORKERS, AND
34 HEALTH CARE WORKERS.

35 2. THE ADVISORY COUNCIL SHALL BE RESPONSIBLE FOR ADVISING THE COMMIS-
36 SIONER WITH RESPECT TO IMPLEMENTATION OF THIS ARTICLE AND SHALL MAKE
37 RECOMMENDATIONS AS TO THE DESIGNATION OF SHORTAGE OCCUPATIONS, AND THE
38 SELECTION OF ORGANIZATIONS OR INSTITUTIONS TO RECEIVE GRANTS AND ADMIN-
39 ISTER PROGRAMS UNDER THIS ARTICLE.

40 3. THE COUNCIL SHALL MEET AT LEAST THREE TIMES EACH YEAR. MEETINGS
41 MAY BE CALLED BY THE CHAIRMAN, AND SHALL BE CALLED BY HIM AT THE
42 REQUEST OF THE COMMISSIONER.

43 4. THE MEMBERS OF THE COUNCIL SHALL RECEIVE NO COMPENSATION FOR THEIR
44 SERVICES, BUT SHALL BE ALLOWED THEIR ACTUAL AND NECESSARY EXPENSES IN-
45 CURRED IN PERFORMANCE OF THEIR DUTIES.

46 § 3807. ANNUAL REPORT. THE COMMISSIONER, IN CONSULTATION WITH THE
47 COUNCIL, SHALL SUBMIT A BIENNIAL REPORT TO THE GOVERNOR AND LEGISLATURE
48 CONCERNING THE IMPLEMENTATION OF THIS ARTICLE. THE REPORT SHALL ALSO
49 PROVIDE AN UPDATE ON PROJECTED DEMAND AND SUPPLY OF HEALTH CARE WORK-
50 ERS, AND EVALUATION OF THE EFFECTIVENESS OF STATE PROGRAMS TO ADDRESS
51 THE SHORTAGE OF HEALTH CARE WORKERS, AND RECOMMENDATIONS FOR FUTURE AC-
52 TION TO MINIMIZE AND ELIMINATE SHORTAGES OF HEALTH CARE WORKERS.

53 § 2. The education law is amended by adding a new article 100 to read
54 as follows:

55 ARTICLE 100
56 HEALTH CAREER HIGH SCHOOLS PROGRAM

PAGE-5

1 SECTION 4950. HEALTH CAREER HIGH SCHOOLS PROGRAM.

2 § 4950. HEALTH CAREER HIGH SCHOOLS PROGRAM. 1. THE COMMISSIONER, IN
3 CONSULTATION WITH THE COMMISSIONER OF HEALTH AND THE HEALTH PERSONNEL
4 ADVISORY COUNCIL ESTABLISHED PURSUANT TO SECTION THIRTY-EIGHT HUNDRED
5 SIX OF THE PUBLIC HEALTH LAW, IS AUTHORIZED TO ESTABLISH THE HEALTH
6 CAREER HIGH SCHOOLS PROGRAM TO ATTRACT STUDENTS TO THE HEALTH CARE
7 FIELD AND TO PROVIDE THEM WITH THE ACADEMIC SKILLS NECESSARY TO ENTER
8 POST-SECONDARY PROGRAMS IN A HEALTH-RELATED FIELD OR TO ADVANCE IN AN
9 ENTRY-LEVEL HEALTH PROFESSION.

10 2. THE COMMISSIONER SHALL PROVIDE, WITHIN THE AMOUNTS APPROPRIATED,
11 GRANTS TO UP TO SIX SCHOOL DISTRICTS OR BOARDS OF COOPERATIVE EDUCA-
12 TIONAL SERVICES FOR THE IMPLEMENTATION OF A HEALTH CAREER HIGH SCHOOLS
13 PROGRAM. FUNDS PROVIDED UNDER THIS PROGRAM, WHICH SHALL BE USED FOR
14 START-UP AND DEVELOPMENT COSTS, SHALL BE USED FOR THE FOLLOWING
15 PURPOSES:

16 (A) DEVELOPMENT OF A HEALTH CAREER ORIENTED CURRICULUM;

17 (B) STAFFING, INCLUDING THE HIRING OF GUIDANCE COUNSELORS AND TEACH-
18 ERS TO PROVIDE CAREER AND POST-SECONDARY EDUCATION GUIDANCE;

19 (C) REMEDIAL EDUCATION;

20 (D) PROGRAM EVALUATION, INCLUDING THE DEVELOPMENT OF A PROCEDURE FOR
21 TRACKING STUDENTS THROUGH GRADUATION FROM HIGH SCHOOL AND FURTHER EDU-
22 CATION OR CAREER PLACEMENT; AND

23 (E) ANY OTHER EXPENSES APPROVED BY THE COMMISSIONER, CONSISTENT WITH
24 THE PURPOSE OF THIS SECTION.

25 3. SCHOOL DISTRICTS AND BOARDS OF COOPERATIVE EDUCATIONAL SERVICES
26 RECEIVING GRANTS UNDER THIS PROGRAM SHALL FORM AGREEMENTS WITH HOSPI-
27 TALS, AS DEFINED IN ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW AND
28 POST-SECONDARY INSTITUTIONS, REASONABLY CONVENIENT TO THE SCHOOL DIS-
29 TRICT AND BOARD OF COOPERATIVE EDUCATIONAL SERVICES. SUCH AGREEMENTS
30 SHALL PROVIDE FOR THE FOLLOWING:

31 (A) THE PARTICIPATION OF HOSPITALS IN PROVIDING PAID INTERNSHIPS AND
32 WORK EXPERIENCE FOR STUDENTS ENROLLED IN THE PROGRAM; AND

33 (B) THE DESIGNATION, BY HOSPITALS, OF AN ON-SITE COORDINATOR TO
34 PROVIDE A FORMAL LINKAGE WITH A HEALTH CARE HIGH SCHOOLS PROGRAM.

35 4. PRIORITY FOR THE AWARDED OF GRANTS SHALL BE GIVEN TO PROGRAMS
36 WHICH ARE DESIGNED TO IMPROVE THE OPPORTUNITY FOR MINORITY AND ECONOMI-
37 CALLY DISADVANTAGED STUDENTS TO ENTER THE HEALTH CARE PROFESSION.

38 § 3. This act shall take effect on the first day of January next suc-
39 ceeding the date on which it shall have become a law.

#91

LEGISLATIVE PROGRAMS

STATE OF NEW YORK

5339

1989-1990 Regular Sessions

IN SENATE

May 11, 1989

Introduced by Sens. TULLY, GOODHUE, BRUNO, COOK, FARLEY, JOHNSON, LACK,
E. LEVY, LIBOUS, LOMBARDI, MALTESE, MARCHI, McHUGH, PADAVAN, ROLISON,
SEWARD, SHEPPER II, SKELOS, SPANO, STAFFORD, TRUNZO, VELELLA, VOLKER
-- read twice and ordered printed, and when printed to be committed to
the Committee on Health

AN ACT to amend the public health law and the social services law, in
relation to eligibility for prenatal care

The People of the State of New York, represented in Senate and Assem-
bly, do enact as follows:

- 1 Section 1. Subdivision J of section 2521 of the public health law, as
2 added by chapter 822 of the laws of 1987, is amended to read as follows:
3 J. "Eligible service recipient" means a pregnant, low-income woman,
4 who is not otherwise eligible for medical assistance and who does not
5 have private health insurance or whose health insurance does not provide
6 full coverage for prenatal services authorized pursuant to section
7 twenty-five hundred twenty-two of this title, and whose income is one
8 hundred eighty-five percent or less of the non-farm federal poverty
9 level. Pregnant women eligible pursuant to this subdivision shall con-
10 tinue to be eligible for assistance, without regard to any change in in-
11 come of the family of which they are a member, through the end of the
12 month in which a sixty day period which begins on the last day their
13 pregnancy shall end.
14 § 2. Paragraph (i) of subdivision 1 of section 2522 of the public
15 health law, as added by chapter 822 of the laws of 1987, is amended and
16 two new paragraphs (j) and (k) are added to read as follows:
17 (i) assistance with transportation services for prenatal care ser-
18 vices, at a reasonable cost as determined by the commissioner; and
19 (j) labor or delivery services; and
20 (k) post-partum service.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
{ } is old law to be omitted.

LBD08504-04-9

#91 LEGISLATIVE PROGRAMS

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2

1 § 3. The social services law is amended by adding a new section 364-1
2 to read as follows:

3 § 364-1. Prenatal care and assistance program. The commissioner is
4 authorized and directed to apply for any waivers under federal law and
5 regulation, within ninety days of the effective date of this section,
6 which are necessary to utilize medical assistance funds to pay for ser-
7 vices provided in accordance with the prenatal care assistance program
8 established pursuant to title two of article twenty-five of the public
9 health law, notwithstanding any inconsistent provision of law, the com-
10 missioner, subject to the approval of the state director of the budget,
11 may authorize the utilization of medical assistance funds to pay for
12 services provided under the prenatal care assistance program established
13 pursuant to title two of article twenty-five of the public health law so
14 long as federal financial participation is available for such services.
15 Expenditures made pursuant to this section shall be deemed payments for
16 medical assistance for needy persons and shall be subject to reimburse-
17 ment by the state in accordance with the provisions of paragraph (1) of
18 subdivision one of section three hundred sixty-eight-a of this title.

19 § 4. Subdivision 4 of section 366 of the social services law is
20 amended by adding a new paragraph (a) to read as follows:

21 (a) (1) Infants younger than one year who are not otherwise eligible
22 for medical assistance and whose families have incomes equal to or less
23 than one hundred eighty-five percent of the federal poverty level for a
24 family of the same size as the family that includes the infants shall be
25 eligible for medical assistance as provided in subparagraph three of
26 this paragraph. For purposes of this paragraph, family income shall be
27 determined by use of the same methodology used to determine eligibility
28 for aid to dependent children benefits.

29 (2) For purposes of this paragraph, resources available to families of
30 infants younger than one year shall not be considered nor required to be
31 applied toward the payment or part payment of the cost of medical as-
32 sistance care and services available under this paragraph.

33 (3) Infants shall be eligible for all medical assistance care and ser-
34 vices authorized pursuant to section three hundred sixty-five-a of this
35 title. In the case of an eligible infant who is receiving medically
36 necessary inpatient services for which medical assistance is provided on
37 the date the infant attains one year, and who, but for attaining such
38 age, would remain eligible for medical assistance under this paragraph,
39 the infant shall continue to remain eligible until the end of the stay
40 for which inpatient services are furnished.

41 § 5. Subdivision 1 of section 368-a of the social services law is
42 amended by adding a new paragraph (1) to read as follows:

43 (1) Notwithstanding any other provision of law, reimbursement for the
44 care and services provided to those persons eligible pursuant to title
45 two of article twenty-five of the public health law and paragraph (m) of
46 subdivision four of section three hundred sixty-six of this title shall
47 be one hundred per centum after first deducting therefrom any federal
48 funds properly received or to be received on account thereof.

49 § 6. This act is to remain in effect as long as federal participation
50 is available for expenditures made for the programs conducted pursuant
51 to the provisions of this act.

52 § 7. The commissioner of social services shall adopt and amend as
53 necessary rules and regulations to effectuate the provisions and pur-
54 poses of this act and shall waive any provisions of section 366, 367-b
55 or 368-a of the social services law or any regulations of the department

S. 5339

3

of social services when such action is necessary to promote the objec-
tives of this act.

§ 8. This act shall take effect immediately; provided, however, that
the provisions of sections one and two of this act, amending sections
2521 and 2522 of the public health law, shall take effect when there ex-
ists an agreement by the United States to participate in the payment for
services required pursuant to such sections; and provided further, how-
ever, that section four of this act amending section 366 of the social
services law shall take effect 90 days after the effective date of this
act, provided that prior to such effective date for such section four
the commissioner of social services shall promulgate rules and regula-
tions necessary to effectuate the provisions of such section four and
provided further that there exists an agreement by the United States to
participate in the payment for services required pursuant to such sec-
tion four.

#91 LEGISLATIVE PROGRAMS

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION 2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

June 13, 1989

Senator Velmanette Montgomery
Room 608
Legislative Office Building
New York State Senate
Albany, NY 12247

Dear Senator Montgomery:

RE: S.5663, S.5664, S.5665

We thank you for your letter of May 22, 1989 in which you asked for our comments on the above numbered bills that you recently introduced. Each of the bills represents different method for dealing with the nursing shortage. The following are comments and positions on each bill.

1. S.5663, AN ACT in relation to providing for a special study of the retirement benefits available in the health care industry.

Before you introduced this bill our office worked in conjunction with the Senate Minority Leader's staff by reviewing the draft legislation. After our review we communicated suggestions to Mary DeRose for additions to the draft bill. The study of Health Industry pensions was a Recommendation of the Labor Health Industry Task Force.

The New York State Nurses Association represents thousands of nurses for collective bargaining. One of the major problems encountered in contract negotiations for nurses is the general weakness of pensions in the health care industry. In the past, nurses rarely stayed in one system long enough to collect a pension. Those times have changed. People vest in most pension plans after five years. Nurses become very interested in their pensions from the first day of employment. The Association has heard for years that pensions were a priority for many nurses. Your efforts to study a way to allow transferability and improvement are long over due.



Senator Velmanette Montgomery
June 13, 1989
Page 2

The Association, in conjunction with a limited number of employers, has helped create the New York State Nurses Association Pension and Benefits Fund. This Taft-Hartley pension plan allows employees to move from one participating employer to another. We would hope that the Study would take advantage of the experience of the Pension Fund.

The New York State Nurses Association supports S.5663. Please find attached our Memorandum of Support.

2. S.5664, AN ACT extending the family practice residency training programs in New York State hospitals to nurse practitioners and nurse midwives.

The simple fact that there is a need for more nurse practitioners and nurse midwives makes this bill necessary. When one considers that there are only 293 nurse midwives in New York State and that there are currently over 70 open positions indicates that the time to act is now.

Both nurse midwives and nurse practitioners are cost effective providers of quality health care. Recruiting greater numbers of students to enter these specialities can be enhanced by special scholarships. We applaud your efforts.

The area of nursing scholarships has been virtually overlooked by the 1989 New York Legislature. The New York State Nurses Association believes it is time to act on nursing scholarships because every day of delay keeps someone out of nursing. One problem that faces the legislature is the variety of scholarship programs that already exist. Which ones should be expanded? Please find enclosed a recent letter addressed to Assemblyman Edward C. Sullivan, Chairman of the Assembly Higher Education Committee. This letter outlines the position of the Association on all Nursing Scholarships. Nursing scholarships should be addressed in a comprehensive proposal rather than taking only existing programs and adding to one, subtracting from another.

Thus, while we can only support your efforts under S.5664, we believe a better solution would be the one outlined in the letter to Assemblyman Sullivan.

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PROGRAMS

Senator Velmanette Montgomery
June 13, 1989
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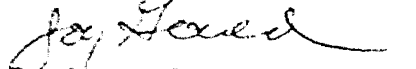
3. S.5665, AN ACT to amend the public health law, in relation to including voluntary not-for-profit and public hospitals and nursing homes within the New York State Health Service Corps program.

This bill is another example of a nursing scholarship/loan forgiveness program. Currently it is limited to state operated and affiliated facilities. The aim of the law is to provide an incentive for health care workers to become employed in areas of greatest shortages. Today many of the state's voluntary hospitals and nursing homes face critical shortages of personnel. The New York State Labor-Health Industry Task Force on Health Care Personnel recommended expansion of the New York State Health Service Corps program. NYSNA agrees with this recommendation. However, like our position with S.5664, we believe that a comprehensive approach is in order. There are other bills proposed in this session of the legislature that would expand the Service Corps to other areas, such as Health Maintenance Organizations and AIDS Centers.

Thus, while we can only support your efforts, we believe a better solution would be the one outlined in the letter to Assemblyman Sullivan.

Again we thank you for requesting our comments. We hope that you will continue your very good work on behalf of health care in general and nursing in particular. If there are any questions about our recommendations please feel free to contact the undersigned.

Sincerely,



E. Joyce Gould, MSN, RN
Director
Legislative Program



Bernard T. McCann, Esquire
Associate Director
Legislative Program

EJG/BTM/cjp
Encs.

#91 LEGISLATIVE PROGRAMS

AGENDA #12

NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

March 30-31, 1989

The Council on Legislation met on February 2, 1989. The primary agenda items concerned preparing lobbying strategies for the 1989 session. The Council recommended the initiation of a Campaign to Eliminate the Nursing Shortage and Guarantee Quality Patient Care. A significant amount of time was devoted to brainstorming about how to activate diverse groups to support the lobbying campaign to eliminate the nursing shortage.

The Council on Legislation met briefly on February 26, 1989 to finalize details and assignments related to the Legislative Workshops and Reception.

I. LEGISLATIVE SEMINAR AND RECEPTION

A. The Legislative Seminar

The Legislative Seminar on February 26 - 27, 1989 was a programmatic and financial success. Written evaluations of the program and verbal reports indicated that members enjoyed the expanded format. A total of 119 nurses registered for one or more events during the two day program.

B. The Press Conference

The Press Conference on February 27, 1989 to launch the Campaign to Eliminate the Nursing Shortage and Guarantee Quality Patient Care attracted the attention of newspapers, radio and television stations. NYSNA President Hunter was interviewed for several TV and radio stations. Other NYSNA leaders also were interviewed and quoted in local newspapers. Follow up requests from the media were addressed.

C. The Legislative Reception

The Legislative Reception on February 27, 1989 was a time for enthusiastic interaction between constituent nurses and their respective legislators. A total of 20 Senators, 82 Assemblymen and women, and 137 legislative aides attended the reception.

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LEGISLATIVE PROGRAMS

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II. STATUS OF 1989 LEGISLATIVE PROGRAM

A. Third Party Reimbursement

There is great interest in the Assembly in introducing a bill for mandatory third party reimbursement for nurses. Negotiations are now in process to identify prime sponsors.

B. Exempt Clause Repeal

Assembly and Senate versions of this bill have been introduced. The Assembly version is now in the Ways and Means Committee. Historically, this is the Committee which has not passed the Exempt Clause Repeal bill. NYSNA Legislative Program staff are working closely with 3 RN undergraduate and graduate students in the Professional Association Learning Experience (PALE) Program to gather more information so that new approaches to this bill can be devised. A prime focus of this exploration will be addressing past arguments raised by the Assembly Ways and Means Committee and identifying new avenues to pursue in building coalitions to support this bill. Bill number A409. A similar bill has been introduced in the Senate, S2122. The difference in the two bills will have to be worked out.

C. Nursing Shortage

On February 27, 1989, NYSNA launched a major lobbying Campaign to Eliminate the Nursing Shortage and Guarantee Quality Patient Care. The focus of this campaign is two-fold: first, to declare that it is time NOW for a broad coalition of consumers and health care providers to join nurses in taking decisive action to address the factors causing the nursing shortage; second, to establish NYSNA as the clearing-house for all efforts to address the nursing shortage in New York State. NYSNA will advocate short-range solutions such as scholarships and increased salaries as well as long range strategies to promote professional practice in the work environment. Such strategies will include education within institutions of higher learning to prepare for a professional career ladder, meet patient needs, and obtain commensurate rewards.

The Arden House Consortium will provide the direction for this Campaign. The reports from national groups such as the DHHS Secretary's Commission on Nursing and the National Commission on Nursing Implementation Project (NCRIP) will be utilized as appropriate.

#91 LEGISLATIVE PROGRAMS

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The first step in the Campaign is a public awareness event to inform everyone about the severity of the problem and demonstrate that nurses are united in addressing this problem. During the week of March 20 - 24th, thousands of "Band-Aid Grams" will arrive on the desks of elected officials. The message is: "The nursing shortage hurts, a band-aid is not enough".

Each month, NYSNA will orchestrate a new event to mobilize people and resources to address a particular aspect of the nursing shortage. The April 1989 event will seek to obtain the official support and involvement in this campaign of a wide-range of nursing organizations.

Legline, Report, district legislative committee chairs, members of the Delegate Assembly, CNP legislative liaisons, and Consumer Advisory Council members will be the key means or contacts for disseminating Campaign information to NYSNA members and the public.

Success depends on the active involvement of every NYSNA member.

D. Resolution on Pre-Natal Care

As part of the PALE Program, an RN in the upper division program at SUNY New Paltz is gathering information and collaborating with the Parent-Child Health Nursing Clinical Practice Unit. NYSNA Legislative Program staff have already emphasized NYSNA's support for access to pre-natal care to leaders in both parties of both houses, the Governor's staff, and Legislative Staff Counsel in the Department of Health. NYSNA Legislative Program staff review all new bills to identify any which relate to pre-natal care. The budget proposals have been analyzed in relationship to support for pre-natal care. NYSNA will actively pursue participation in coalitions whose stands are consistent with NYSNA's position on access to pre-natal care.

E. Resolution on Homelessness

As part of the PALE Program an RN in the upper division program at SUNY New Paltz is gathering information and collaborating with the Council on Human Rights and the Community Health Nursing Clinical Practice Unit. NYSNA's Legislative Program staff have already emphasized NYSNA's support for services to the homeless to leaders in both parties of both houses, the Governor's staff, and Legislative Counsel in the

#91 LEGISLATIVE PROGRAMS

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Department of Health. NYSNA Legislative Program staff reviews all new bills to identify any which relate to the homeless. The budget proposals have been analyzed in relationship to support for services for the homeless. NYSNA will actively pursue participation in coalitions whose stands are consistent with NYSNA's position on the homeless.

F. Resolution on Private Practice

NYSNA Legislative Program staff have collected information on this topic. The law and regulations have been analyzed. The next step will be to initiate discussions with the appropriate parties.

G. Midwifery

NYSNA Legislative Program staff have collected background information on this topic. The focus is now on identifying the key players and the issues resulting in their move to initiate legislation which would establish midwifery as a separate profession without receiving licensure as a registered nurse. Bill numbers are A4074 and S2794.

H. Standardization of Nursing Education

Based on discussion with prime sponsors, the NYSNA Legislative Program is conducting further analysis of the political environment to determine relevant factors. Involvement in resolving the budget deficit and establishing the new power base in the Senate has required the full attention of these bill sponsors. Once the budget is settled, attention can be devoted to other issues. At that time, we anticipate reintroduction of the bill. At present, NYSNA staff are working on this topic within the context of the Nursing Shortage Campaign. (See C)

I. Budget Priorities

NYSNA has worked with the Hospital Association of New York State (HANYS) and other groups to focus attention on human service needs. NYSNA has also supported HANYS' request for release of promised monies to meet the costs of rising personnel costs in hospitals, nursing homes, and community home health agencies.

Handwritten note:
Send me back 1974
1974-1975 bill
A4074 - 1974-1975
community health
nursing shortage

#91 LEGISLATIVE PROGRAMS

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III. COMMUNICATION WITH MEMBERS

A. LegLine

The new message every week on LegLine has attracted many additional callers. In November 1988, there was an average of 7 calls per week. By the end of February, just three months after starting the weekly message, calls averaged 40 per week. The call is toll free: 1-800-724-INFO (4636).

B. Appointments

Legislative Program Staff have the following appointments:

March 6	-Lobby Day for Students of Mt. St. Mary College and District #16
March 14	-District #19
March 15	-SUNY at Stony Brook
March 20	-District #2
March 30	-District #14
April 18	-Erie County Medical Center Council of Nursing Practitioners
April 18	-Rochester Visiting Nurse Association, Council of Nursing Practitioners
April 19	-Lobby Day for Utica College of Syracuse University
April 20	-District #15
April 25	-Lobby Day for Districts 4 & 9
May 2	-Lobby Day for students at Dominican College, SUNY New Paltz, and Utica College.
May 3	-Health and Hospitals Corporation, Councils of Nursing Practitioners, Executive Council
May 3	-Regional Program for Councils of Nursing Practitioners in Capital Region.

#91

LEGISLATIVE PROGRAMS

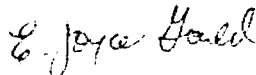
-6-

May 4	-Queens Hospital Council of Nursing Practitioners.
May 9 & 10	-Nurse of Distinction Conference
May 24	-Regional Program for Councils of Nursing Practitioners in North Country.
June 6	-Regional Program for Councils of Nursing Practitioners in Buffalo area.

Legislative Program staff is available to meet with DNAs and other interested groups.

IV. COALITION BUILDING ACTIVITIES

The Legislative Program staff continues to actively pursue involvement in a number of groups. Recent contacts include: Hospital Association of New York State, Medical Society of the State of New York, New York Association of Homes and Services for the Aging, Health Policy and Administration Consortium of the Capital Area.



E. Joyce Gould, Director
Legislative Program



Bernard T. McCann, Associate Director
Legislative Program

COUNCIL ON LEGISLATION

Susan Fraley, Chairperson
Phyllis L. Collier
Louise Gallagher
Lori Jennings
Mary Keane
Virginia Kemme
Carole E. Kuzmack
Juanita Majewski
Kattie Washington

3/7/89
EJG/BTM/cjp

#91 LEGISLATIVE PROGRAMS

SUNDAY FEBRUARY 26, 1989

PROGRAM
LE CONTACT HOURS

A reception and banquet are included in this seminar.

BUILDING BLOCKS OF POWER

Pat Ford-Roegner, MSW, RN
Director, Political Education
American Nurses Association
Washington DC Office

This presentation will describe how nursing actions in Washington and throughout the country are increasing nursing's political clout.

After attending the seminar, participants will be able to:

- 1) Identify the purpose of building coalitions.
- 2) Define two methods used to create coalitions.
- 3) Describe the process for gaining legislative influence.

WORKSHOP FEES

February 26

Dinner and Keynote Speaker \$35.00
Keynote Speaker Only 10.00

February 27

Workshops (2) \$40.00

February 26 & 27

20% Discount Package Price \$60.00

REGISTRATION DEADLINE FEBRUARY 21, 1989

HOTEL INFORMATION

A block of rooms has been reserved at the Albany Hotel. Single: \$80.00 Double: \$90.00. To make reservations please call the Hotel directly at 518/462-6611 before February 10, 1989. Following this date, rooms will be based on availability only and the conference rate cannot be guaranteed.

For Further Information
518/456-5371

MONDAY FEBRUARY 27, 1989

PROGRAM
LE CONTACT HOURS

9am - 10:30am

Choice of one workshop

POWER TICS

Bernard T. McCann, Esq.
Associate Director, Legislative Program
New York State Nurses Association

This seminar is designed to provide you with the ideas and activities which can enhance your power and image at work and in your community.

THE ART OF COMPROMISE

Panel Presentation
Donald J. Boyle, Moderator
Senior Partner
Donald J. Boyle Consultants

A panel presentation of representatives from the legislative and executive branches of government and special interest groups will share their views on a health issue. Discussion will center on agreeing on modifications which will result in legislation.

10:45am - 12:15pm

Choice of one workshop

CREATING GRASSROOTS ACTION

Judy Leavitt, MEd, RN
President
New York State Nurses for Political Action
Joyce Gould, MSN, RN
Director, Legislative Program
New York State Nurses Association

This presentation and discussion will focus on energizing nurses to participate in grassroots political networks by building on nursing's strengths and utilizing available resources.

THE ART OF COMPROMISE

(Repeated. See Description Above.)

FOR OFFICE USE ONLY
ID CODE WFO Amt. Pgt. Name Date

NYSNA LEGISLATIVE WORKSHOP REGISTRATION FORM

NAME _____

ADDRESS _____

PHONE WORK () _____ HOME () _____

I will attend the following:

NYSNA MEMBER NON-MEMBER

February 26 Banquet & Keynote Address Fee: \$35.00

February 26 Keynote Address Only Fee: \$10.00

February 27 Workshops (Please indicate which below) Fee: \$40.00

9am - 10:30am PowerTics The Art of Compromise

10:45am - 12:15pm Creating Grassroots Action The Art of Compromise

February 26 and 27 Banquet & Workshops (Please indicate workshop choices above) Fee: \$60.00

Enclosed is my check or money order for \$ _____ Make payable to the New York State Nurses Association.
Mail to: NYSNA, 2113 Western Avenue, Guilderland, NY 12084. Please register by February 21, 1989.

#91 LEGISLATIVE
PROGRAMS



Legislative Program
New York State Nurses Association

NYSNA LEGISLATIVE WORKSHOP / FEBRUARY 26 & 27, 1989 / ALBANY HILTON, ALBANY, NY
LEARN HOW TO LOBBY / INCREASE YOUR POWER / ENHANCE THE IMAGE OF NURSING

#91

LEGISLATIVE PROGRAMS

Do You Know How NYSNA Decides To Support or Oppose Legislation?

Here's How It's Done*

Approximately 10,000 bills are introduced at each session of the New York State Legislature. NYSNA's Legislative Program selects relevant bills, compares them to NYSNA Voting Body resolutions, position statements, Board of Directors' actions, and the Association's current legislative agenda and then assigns them to one of the categories outlined below. Decisions about the intensity of NYSNA involvement are based on the degree of impact legislation will have on nursing practice or consumer access to care, and are influenced by the need to set priorities for expending Association resources. Because so many bills are introduced each session, most will fall into Categories 5 and 6.

You Can Participate

If you are interested in an issue, let the Legislative Program know. We welcome your participation and expertise. We will gladly send you background information and, if available, NYSNA position statements. In turn, you can help us by sharing your information and point of view, by helping to inform your colleagues about issues of concern, and by active lobbying.

CATEGORY	CRITERIA	ACTIONS
1. Intense Support	Content of legislation in-line with NYSNA's current legislative priorities.	Develop lobbying strategy. Activate NYSNA members. Actively lobby legislators.
2. Active Support	Legislation important but not a NYSNA top priority; or topic a priority but method of achieving goal not optimal.	Memorandum of support. Inform members via Legline, Lobby Day, Report.
3. Support	Content relevant to NYSNA legislative program, but not a current priority.	Memorandum of support. Respond to questions from members and others.
4. Support With Reservation	Topic a NYSNA priority, but proposal has serious flaws, which NYSNA cannot support due to content, competing constituency or conflicts with other proposed legislation.	Letter or qualified memorandum of support that endorses intent but notes areas we do not support and recommends changes. Respond to questions from members and others. May (rarely) involve active lobbying.
5. Monitor	Content of interest to RNs, but not a current priority.	Track legislation. Respond to questions. May include informing members, facilitating further discussions or, if bill becomes law, a targeted mailing.
6. Study (Bills temporarily assigned to this category while they are under review).	Content relevant to nursing, but review incomplete.	Obtain added information. Analyze bill. Evaluate need and potential for amending bill.
7. Oppose	Content inconsistent with NYSNA position, but legislation not a serious threat to nursing practice or consumer access to care.	Memorandum of opposition Respond to questions from members and others.
8. Intensely Oppose	Legislation poses a serious threat to NYSNA goals.	Memorandum of opposition. Develop strategy to defeat bill. Activate NYSNA members. Actively lobby.

*This framework for dealing with legislative proposals was approved by the Board of Directors March 29, 1990.

#91 LEGISLATIVE PROGRAMS

Madeline A. Naegle, PhD, RN, FAAN
President



NEW YORK STATE NURSES ASSOCIATION

2113 Western Avenue, Guilderland, New York 12084-9501

TEL. (518) 456-5371 FAX # (518) 456-0697

Legislative Program

Coalition Building Activities
(1989 and 1990)

COALITIONS

NYSNA is an active participant in the following coalitions:

1. Campaign for Healthy Children

Statewide Youth Advocacy and the American Academy of Pediatrics, Region II - New York State have organized a large network of consumer, advocacy, and provider groups to improve health care for children in New York state. In 1989, the key legislative activity was the successful drive to expand access to prenatal care. In 1990, the legislative activity was directed toward creating a child health insurance program; this coverage was achieved as part of the hospital reimbursement legislation.

2. Health Care for All Campaign

Citizen Action, a grass roots community group, has been a chief organizer of this effort to achieve universal health care in New York state. The coalition includes senior groups, unions, and community groups; the hospital associations have participated in their activities.

3. Committee for a Healthy New York

The Medical Society of the State of New York has convened this group to address common concerns regarding the regulatory system affecting New York state health providers. Members include: Hospital Association of New York State, Home Care Association of New York, New York Association of Homes and Services for the Aging, New York Health Care Facilities Association and New York State Nurses Association.

4. Center for Women in Government

This organization developed a conference on nurses and public policy. NYSNA is a member of the Advisory Committee. The Center is planning some activities as follow up to the conference.

NETWORKING

NYSNA participates in the following informal groups to share information and identify opportunities for mutual support.

Constituent of The American Nurses Association



Attachment IV

Martha L. Orr, MA, RN
Executive Director

-2-

1. Health Care Lobbyists

The NYSNA Legislative Program was the catalyst in the development of monthly networking meetings of lobbyists in Albany representing health care providers and professionals.

2. Public Employee Conference (PEC)

This organization consists of approximately 30 labor organizations with combined membership of more than one million public employees. The NYSNA Legislative Program participates in the development and implementation of PEC's legislative agenda.

3. Title VIII Professionals

NYSNA's Nursing Practice and Services Program convened this group of organizations representing the health professionals licensed under Title VIII of the Education Law. The purpose has been to share mutual concerns. The NYSNA Legislative Program has participated in this group to describe the attempts to create statutory authority to waive licensure requirements as part of the strategy to address the health personnel shortage.

4. Nursing Specialty Groups

The Board of directors with the leadership of President Naegle invited a number of specialty nursing groups in New York state to a meeting in June 1990. Thirteen groups sent representatives. Part of the agenda included an opportunity for the NYSNA Legislative Program to describe the non-nurse midwifery legislation and the attempts to create statutory authority to waive licensure requirements as part of the strategy to address the health personnel shortage.

5. Consumer Groups

In December 1989 the NYSNA Consumer Advisory Commission (CAC) invited a number of consumer groups based in the Albany area to a luncheon meeting to share information and identify opportunities for mutual support. The CAC asked the Council on Legislation to participate in that event. One of the common interests shared by the nine organizations which attended was long term care. The CAC is planning a follow up meeting for October 11, 1990. The invitation list will be expanded to include provider groups as well as consumer groups with the purpose of developing a coalition to advocate for long term care in New York state.

6. Labor Lobbyists

The AFL-CIO orchestrates a weekly meeting for all labor lobbyists. The meetings are weekly during the legislative session. A member of NYSNA's Legislative Program staff attends these meetings. The purpose of the meetings is to share information about current bills and issues of interest to organized labor.

#91 LEGISLATIVE PROGRAMS

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CONTACTS

NYSNA Legislative Program staff has worked with many different groups on one or more legislative issues:

NYS Association of School Nurses
NYS Association of Nurse Anesthetists
Coalition of Nurse Practitioners - NYS
National Association of Social Workers - NYS Chapter
American Physical Therapy Association - NYS Chapter
American Occupational Therapy Association - NYS Chapter
Medical Society of the State of New York
Hospital Association of New York State
American College of Obstetricians and Gynecologists
New York State Psychiatric Association
New York State Clinical Psychologists
Home Care Association of New York State
New York State Association of Health Care Providers
New York State Health Facilities Association
New York Association of Homes and Services for the Aging
State Communities Aid Association
Statewide Youth Advocacy
Citizen Action of New York State
Family Planning Advocates
New York State Public Health Association
Public Employees Conference (PEC)
Public Employees Federation (PEF)
Local 1199
DC37
SEIU
Health Systems Agency of Northeastern New York
League of Women Voters of New York State

8/90

#91 LEGISLATIVE PROGRAMS

The Campaign for Healthy Children

A joint project of
American Academy of Pediatrics
District II (New York State)
and
Statewide Youth Advocacy, Inc.

71 Columbia Street
Albany, New York 12210
(518) 436-3525

MATERNAL AND INFANTS' HEALTH NEEDS CRY FOR MAJOR INVESTMENTS

New York State continues to rank among the worst states in the nation in the percentage of women receiving early and adequate prenatal care. Infant mortality rates are rising in New York City for the first time in 13 years. The expense of intensive neonatal care continues to rise, now topping \$90,000 for one low birthweight infant.

We know what works. We can make a difference. The Federal government will even help pay for the services we need in this state.

New York is one of only four states that have not taken advantage of the Federal Medicaid options for expanded maternal and infant health care. We could be drawing down a fifty percent federal financial match, covering all pregnant women living on incomes at or below 185 percent of poverty, and providing health coverage to all their infants.

New York has taken a small step in the right direction through its Prenatal Care Assistance Program (PCAP) but this is fully state funded and has a number of drawbacks. Although effective in what it does, PCAP does not provide coverage for labor and delivery costs. These women either become Medicaid eligible by incurring enough health care costs, or their care is covered by the Bad Debt and Charity Care pool. Either way the state and the counties are paying for this care. PCAP does not cover infants at all. Those infants requiring intensive care at birth generally become Medicaid eligible and the state and localities end up paying these high costs as well.

If the state is going to invest in the health of pregnant women and their infants, it makes sense to be paying for care as early as possible, to help prevent the more costly interventions after birth, including intensive neonatal care, rehospitalization and the lifelong costs of disabilities.

All humane and logical conclusions point to the need to expand access to maternal and infant health care. The most cost effective way of doing this is to adopt legislation to take full advantage of available Federal matching funds; S.4733 / A.6343 does just that.

WE URGE THE STATE TO TO ADOPT THE FEDERAL MEDICAID OPTIONS FOR MATERNAL AND INFANT HEALTH CARE AND ACT IMMEDIATELY AND FAVORABLY ON S.4733 / A.6343.

Working to secure access to comprehensive health care for the children of New York State.

American Academy of Pediatrics, District II
David Annunziato, M.D., F.A.A.P.
Chairman

Louis Z. Cooper, M.D., F.A.A.P.
Alternate Chairman

Statewide Youth Advocacy, Inc.
Eve E. Brooks
Executive Director

Anne Erickson
Campaign Coordinator



Martha L. Orr, MN, RN
Executive Director

Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

MEMORANDUM OF SUPPORT

A.6343

S.4733

AN ACT to amend the social services law, in relation to medical assistance to eligible pregnant women, infants and children.

The New York State Nurses Association supports S.4733 which would extend available medical assistance to pregnant women for ambulatory prenatal care.

In this time of escalating health care costs, a program that works toward wellness will have beneficial implications for society. NYSNA, at its 1988 Annual Convention, voted to urge the state to institute viable prenatal care programs. This bill would provide care to the pregnant woman from time of application on through the sixtieth day after delivery. If, at application, a woman is determined to meet income level restrictions she will have care provided, at least, until eligibility is finally determined or 45 days from initial application. This presumption clause will allow for necessary initial care immediately to many people.

For these reasons the New York State Nurses Association strongly supports S.4733 and urges its adoption.

5/18/89



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LEGISLATIVE PROGRAMS

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2112 Western Avenue, Guilderland, N.Y. 12084, (518) 458-5371

LEGISLATIVE ALERT

The 1988 Voting Body of NYSNA recognized the need for free prenatal care for all women.

New York has a new legislative initiative to provide prenatal care to a larger group of pregnant women. The bills are S.4733/A.6343, the Healthy Mother/Healthy Children Legislation. NYSNA will be working with a number of other organizations throughout the state to assure that more pregnant women will have access to early prenatal care.

Here is what you can do:

1. Volunteer to participate in a legislative liaison team working for Healthy Mothers/Healthy Children in your county. Karen White at Statewide Youth Advocacy, Inc. is Coordinating this activity. To participate, call her immediately at (518) 436-8525.
2. Write a letter to your state Senator and Assemblyman urging them to vote for S.4733/A.6343. Send your letter between Mother's Day (May 14) and Father's Day (June 18.)
3. Make an appointment to visit your state Senator and Assemblyman to educate them about the benefits of early prenatal care, including the vital services nurses and nurse midwives contribute to improving the health of pregnant women and babies.
4. Send copies of your letters and any responses you receive from legislators to NYSNA Legislative Program Staff and Statewide Youth Advocacy, Inc.
5. During the week of May 29 to June 9, send a letter to Senate Majority Leader Marino and Assembly Speaker Miller urging them to support S.4733/A.6343.

Call your County Board of Elections to get the name of your state Senator and Assemblyman. The address for state Senators is: New York State Senate, Albany, NY 12247. The address for state Assemblymen is New York State Assembly, Albany, NY 12248.

5/17/89



#91 LEGISLATIVE PROGRAMS

Martha L. Orr, M.N., RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION

2113 Western Avenue, Guildford, N.Y. 12084, (518) 456-8371

LEGISLATIVE ALERT

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5/17/89



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LEGISLATIVE PROGRAMS

NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE ADVISORY COUNCIL

LEGISLATIVE PROGRAM

May 19, 1989

I. LOBBY DAYS

- A. Two lobby days were held (April 25 and May 2). Two NYSNA Districts and four schools of nursing participated. These programs included an orientation to the political process and information about the Campaign to Eliminate the Nursing Shortage. About 100 registered nurses and/or student nurses attended the two programs.

II. STATUS OF 1989 LEGISLATIVE PROGRAM

A. Third Party Reimbursement

A06234 Nadler/Gottfried

TITLE: Requires group health policies and Medical Indemnity/Health Service Corporations to provide third party reimbursement for services of registered professional nurses.

SUMMARY: Amend Insurance Law

Requires group health policies and Medical Indemnity Corporation and Health Service Corporation contracts to provide third party reimbursement for services within the lawful scope of practice of duly licensed registered professional nurses without the need for a request for such coverage from the contract holder or subscriber, as now required; thereby makes such provisions standard rather than optional.

STATUS: 03/07/89 referred to Insurance Committee in Assembly.

COMMENT: This bill was introduced at the request of NYSNA

B. Exempt Clause Repeal

A.00409 Connelly (MS) Same as S.02122 Padavan (MS)

TITLE: Excludes services of attendants in certain residential care centers for adults, community residences and family care homes.

SUMMARY: Amend the Education Law

Repeals current exemption clause but establishes new exemption which excludes from requirements of nursing licensure, services of attendants in residential care centers for adults, family care homes and certain community residences operated or licensed by OMRDD or OMH. Means that large treatment facilities have to abide by Nurse Practice Act.

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STATUS: 01/04/89 referred to Higher Education Committee
02/15/89 reported referred to Ways and Means Committee
SAME AS S02122 LAST ACTION: 03/15/89 referred to Ways
and Means Committee in Assembly
COMMENT: This bill is same as 1987-88 Legislative
Session. It was introduced at the request of NYSNA.

C. Nursing Shortage

1. Report on Band-Aid Campaign and Follow-up

Legislators report that they received many "band-aid grams." They seemed to think this method of focusing attention on the nursing shortage was clever and effective. Some nurses have sent follow-up letters to outline specific measures which will be more than a band-aid approach to solving the nursing shortage. These letters need to emphasize that there are other problems beside entry level salaries.

2. Phase II Uniting Nurses

Nursing wields more political clout when nurses show a united front. To help nurses in New York achieve greater unity, NYSNA plans to reach out to all organized groups of nurses and to offer the Association as a clearinghouse for ideas and initiatives to strengthen the profession.

If you are a member of a nursing speciality group, encourage that organization to support the Campaign to Eliminate the Nursing Shortage and Guarantee Quality Patient Care.

What does this support mean? It means:

- . Nurses working together to improve consumer access to care,
- . Nurses working together to improve their work environment,
- . Nurses working together to solve the nursing shortage.

Why is this support important?

Only by working together can nurses assure that the profession will be able to deliver quality patient care now and in the twenty-first century.

Get in touch with other organized groups of nurses in your area. Ask them to join this campaign and help strengthen the profession. Then send the NYSNA

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Legislative Program staff the name of any organizations you contacted, including the names of any individuals you spoke to. Remember, nursing unity means nursing strength.

3. Nursing Scholarships and Loan Forgiveness

A02301 Tedisco

TITLE: Establishes a baccalaureate and associate nursing assistance program

SUMMARY: Add to Education Law

Creates a baccalaureate and associate nursing assistance program to provide loans to person in pursuit of a nursing degree at a college or university in the state. Provides for loans and loan forgiveness program.

STATUS: 01/26/89 referred to Higher Education Committee in Assembly

COMMENT: NYSNA filed a Memo of Support

S.02835 Tully Same as A00693 Gottfried

TITLE: Increases regents professional education awards in nursing

SUMMARY: Amend Education Law

Increases the number of regents professional education in nursing scholarships from eight hundred to sixteen hundred and increases the amounts thereof from \$200 to \$300.

STATUS: 02/27/89 referred to Higher Education Committee

SAME AS A.06936 LAST ACTION: 03/28/89 referred to Higher Education Committee in Assembly

COMMENT: NYSNA filed a Memo of Support

S02836 Tully Same as A06935 Gottfried

TITLE: Authorizes counties to establish awards for professional education in nursing

SUMMARY: Amend Education Law

Authorizes each county of the state outside New York City to establish awards for professional education in nursing. Adds nursing to the list of eligible professions. Requires service in the county providing the award.

STATUS: 02/27/89 referred to Higher Education

LAST ACTION: 03/28/89 referred to Higher Education in Senate

COMMENT: NYSNA filed a Memo of Support

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A.06934 Gottfried Same as S.03754 Tully

SUMMARY: Add to Education Law

Establishes a regents nurse loan forgiveness program which shall award 50 awards per year in an amount not exceeding \$5,000.

STATUS: referred to Higher Education Committee in Assembly

COMMENT: NYSNA filed a Memo of Support

A.03292 Kelleher

TITLE: Creates regents scholarships for all nursing students; repealer

SUMMARY: Amend Education Law

Provides for a two year scholarship for all persons attending an institution in pursuit of professional registration as a nurse. Covers all tuition costs.

STATUS: 02/13/89 referred to Higher Education in Assembly

A.06754 Nagle (MS)

TITLE: Establishes a regents nursing loan forgiveness program

SUMMARY: Amend Education Law

Establishes a regents nursing loan forgiveness program for the making of annual awards to nurses who agree to practice nursing in areas designated as having a shortage of nurses.

STATUS: 03/28/89 referred to Higher Education in Assembly

S.00787 LaValle

TITLE: Increases amount of regents college scholarships and regents professional education in nursing scholarships; appropriation.

SUMMARY: Amend Education Law

Increases the amount of regents college scholarships and regents professional education in nursing scholarships from \$250 to \$500 per academic year beginning with the 1988-89 academic year; appropriates \$3,500,000 therefor.

STATUS: 01/17/89 referred to Higher Education in Senate.

D. Resolution on Prenatal Care

1. The Governor's budget included funding to maintain the Prenatal Care Assistance Program (PCAP) at its previous funding levels.
2. Letters have been sent out to a number of organizations which are involved in care of women and children to elicit which groups are actively involved

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with promoting access to prenatal care. This will be used to direct coalition building activities to coordinate NYSNA's efforts with those of other groups.

3. A.06343 Gottfried (MS) Same as S.04733 Goodhue (MS)
TITLE: Amend Social Services Law
Provide Medical Assistance for Pregnant Women, Infants and Children.
SUMMARY: This bill would expand Medicaid eligibility for many of the state's most medically vulnerable and underserved individuals. This bill will enable New York to take advantage of a recently enacted Federal Medicaid expansion option. If enacted, this would bring in federal and local dollars to add to the state's share of the cost. This program will provide a wider array of services to many more women than are currently served by the New York Prenatal Care Assistance Program (PCAP).

The aim of this Legislation is consistent with the 1988 NYSNA Resolution on Free Prenatal Care for All Women. A coalition of organizations including Statewide Youth Advocacy, Academy of Pediatrics and the League of Women Voters is planning a statewide grassroots lobbying campaign between Mother's Day (May 14) and Father's Day (June 18) to support the passage of this bill.

*NYSNA
Postcard
action* *

In the past, the major deterrent to the passage of this bill has been the lack of Senate sponsors and concern that the full range of Medicaid services was covered, including abortion. This bill targets ambulatory prenatal care for a pregnant women as the only service covered during the forty-five day presumed eligibility period created solely for pregnant women. This period of presumed eligibility is designed to provide access to prenatal care while a final determination is made regarding eligibility for medical assistance under the special eligibility provisions for pregnant women and infants set at 185% of federal poverty level.

NYSNA and ANA are on record with statements in support of access to health care services.

STATUS: A.06343 referred to Social Services Committee in Assembly on 3/15/89.
S.04733 referred to Social Services Committee in Senate on 4/11/89

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E. Resolution on Homelessness

Information has been collected about the factors that contribute to homelessness. The state budget addresses only the housing needs of the homeless. NYSNA has been searching out other groups which are concerned about and involved in addressing the needs of the homeless. With this information, NYSNA will be able to effectively direct its activities in building coalitions to address the health care needs of the homeless.

F. Resolution on Private Practice

NYSNA Legislative Program staff have discussed the issues with the appropriate organizations. The next step will be to negotiate a viable approach to enact the intent of this resolution.

G. Midwifery

1. S.01809-A Farley Same as A.02842-A Gottfried (MS)
TITLE: Provides for disability benefits while under the care of a nurse midwife.

SUMMARY: Amend Workers Compensation Law Provides for disability benefits while under the care of a nurse midwife: provides that proof of claim may include statement of disability from attending certified nurse midwife and makes provisions regarding examinations by certified nurse midwife.

STATUS: 02/01/89 referred to Labor
04/04/89 1st report with amendments Calendar 470
04/04/89 print number 1809A
04/05/89 2nd report calendar
04/06/89 advanced to third reading

SAME AS A.02842-A LAST ACTION: 05/02/89 reported referred to Ways and Means Committee in Assembly
COMMENT: NYSNA supports this Legislation.

2. NYSNA Legislative Program staff have had many discussions with nurse midwives and other key leaders regarding Bills A.04074 and S.02794 which would establish midwifery as a separate profession without receiving licensure as a registered nurse. NYSNA staff's investigation has revealed that significant constraints exist which hamper the practice of midwifery in New York. Burdensome regulations and the lack of prescription privileges coupled with the nursing shortage have led midwives to seek this particular legislative resolution.

*congressional
regulations
etc.*

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H. Standardization of Nursing Education

Senator Farley and Assemblyman Nadler have agreed to prime-sponsor these bills again this year. The bills are currently being drafted and will be introduced soon. The overwhelming involvement with budget issues delayed the introduction of these bills until this part of the session.

I. State Budget

On March 31, 1989, the Board of Directors approved a Position Statement on the 1989-90 State Budget. This statement was delivered to all legislators and was printed in the April issue of Report. (See Attachment I.)

J. Other Legislation of Interest to Nurses

A.07322 Grannis (MS) Same as S.01169-A Gold

TITLE: Restricts smoking in public indoor areas and work places

SUMMARY: Amend Public Health Law

Restricts smoking in taxicabs, limousines, schools, hospitals, residential health care facilities licensed by the state, arenas, auditoriums, clubhouses, court-houses, elevators, restrooms, waiting rooms, waiting areas, ticketing areas, enclosed areas containing a swimming pool, food markets, stores, banks and commercial establishments and otherwise restricts smoking in public indoor areas and workplaces. Governor's Program Bill. Supported by New York State Public Health Association.

STATUS: 03/28/89 referred to Health Committee in Assembly and Senate

A.06535 Nagle (MS)

TITLE: Creates a Nursing Advisory Board to advise the Health Department on pending legislation and regulations effecting the nursing profession.

SUMMARY: Add to Public Health Law

Creates a five member nursing advisory board to advise the Department of Health when engaged in the consideration, development, and implementation of laws or regulations concerning the nursing profession.

STATUS: 03/23/89 referred to Health Committee in Assembly

NY State Public Health Association

#91 LEGISLATIVE PROGRAMS

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A.01527 Lopez (MS)

TITLE: Dictates that no education degree program in which a parent is enrolled shall be considered in determining eligibility for children's day care services.

SUMMARY: Amend Social Service Law

Provides that the education degree program in which a parent is enrolled shall not be a factor for consideration in determining eligibility for children's day care services.

STATUS: 01/17/89 referred to Children and Families Committee in Assembly

A.05376 Nadler (MS) Same as S.03440 E. Levy

TITLE: Prohibits use of title "doctor" in selling drugs, devices or medical services without disclosing field in which doctorate is held.

SUMMARY: Amend General Business Law

Prohibits the fraudulent use of the title "doctor" in promoting drugs, devices, cosmetics or medical services, by requiring disclosure of the field in which the doctorate is held and allows an injunction to be obtained enjoining any actual or threatened isolation without requiring proof that any person has in fact been deceived or misled thereby.

COMMENT: NYSNA has issued Memos of Support for this Legislation in the last Legislative Session (1987-88) and in this current session.

STATUS: Passed both Houses

Signed on 4/21/89 by the Governor as Chapter 65 of the Laws of 1989.

S.04719 Lack Same as A.07945 Rules (Barbaro)

TITLE: Increases unemployment insurance benefits, provides for supplemental contributions, allows manual workers to be paid semi-monthly, increases disability benefits

SUMMARY: Amend Worker's Compensation Law

Increases the maximum unemployment insurance benefit rates, sets the minimum wage necessary to be eligible for such benefits at 21 times the state minimum wage, reforms the provisions relating to supplemental contributions, allows the commissioner to authorize certain employers to pay manual workers semi-monthly and increases the disability benefits maximum. Governor's Program Bill.

STATUS: Passed both Houses

Signed 4/13/89 by Governor as Chapter 38 of the Laws of 1989

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K. Hospital Reimbursement

A.04445 Gottfried Same as S.03048 Tully

TITLE: Provides a retroactive adjustment in labor component for hospital reimbursement

SUMMARY: Amend Public Health Law

Provides a retroactive adjustment in the labor component for reimbursement for hospitals, residential health care facilities, home health care and diagnostic and treatment center reimbursement.

STATUS: 03/02/89 referred to Health

03/07/89 reported and committed to Finance Committee in Senate

03/14/89 reported referred to Ways and Means Committee in Assembly

COMMENT: In order to move forward in the legislative process, this bill will need to be amended in light of the budget and the Governor's approval of releasing promised funds to hospitals, nursing homes, and home care agencies. The initiative for amendments, if any, will have to come from the associations directly affected: hospitals, home care agencies, nursing homes, and diagnostic and treatment centers.

L. AIDS

A.02551 Schmidt (MS)

TITLE: Requires that examinations and serological tests for AIDS be given to applicants for marriage licenses

SUMMARY: Add to Domestic Relations Law

Requires examination and serological test for Acquired Immune Deficiency Syndrome (AIDS) before marriage on same basis as Syphilis test formerly required.

STATUS: 01/30/89 referred to Health Committee in Assembly

COMMENT: NYSNA filed a Memo of Opposition after a request from the AIDS Advisory Committee

A.03287 Hevesi (MS)

TITLE: Allows hospital patients to designate their own blood donors

SUMMARY: Amend Public Health Law

Requires hospitals and blood banks to allow patients to designate blood donors; provides for informed consent for donor and recipient; limits liability of hospitals and blood banks except for negligence in collection, processing, and storage; allows donors to refuse to donate confidentially; provides for screening of blood; unused designated donor blood is the property of the hospital or blood bank.

STATUS: 02/13/89 referred to Health Committee in Assembly

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S.01171 Gold
TITLE: Relates to hospital patient's designation of blood donor
SUMMARY: Add S.02805-o, Public Health Law Provides that every hospital must permit patients to designate their own blood donor through procedures in place for the collection and distribution of blood.
STATUS: 01/23/89 referred to Health Committee in Senate
COMMENT: NYSNA filed a Memo of Opposition after request from Red Cross.

M. Medical Assistants

The New York Society of Medical Assistants is seeking legislative recognition of the role of medical assistants. Medical assistants are individuals who assist physicians with office management and clinical procedures at a level comparable to a nurse's aide. NYSNA Legislative Program staff are currently working with members of the medical assistants' group to revise A.06806 so that it will accurately reflect the appropriate practice role and educational preparation for medical assistants. The Medical Society of the State of New York (MSSNY) is supporting the medical assistants in their attempt to establish legislative recognition of medical assistants.

N. Lyme Disease

A.05386 Brodsky Same as S.03437 LaValle
TITLE: Includes Lyme Disease as an occupational disease
SUMMARY: Amend Worker's Compensation Law Includes Lyme disease as an occupational disease
STATUS: 03/07/89 referred to Labor Committee 05/02/89 reported referred to Ways and Means Committee in Assembly
COMMENT: NYSNA filed a Memo of Support

III. HEARINGS

- A. Assemblyman Peter M. Sullivan (R-Westchester) has been appointed the Chairman of the Assembly Republican Task Force on the Hospital Crisis in New York state. This Task Force has been holding a series of four public hearings across the state.

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LEGISLATIVE PROGRAMS

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B. NYSNA has testified at each of the hearings:

1. March 27, 1989 - White Plains - Testimony presented by District 16 President, Susan Apold Giampietro.
2. April 13, 1989 - Rochester - Testimony presented by District 2 President, Jan Volland.
3. April 27, 1989 - New York City - Testimony presented by NYSNA staff member, Mary Eileen Scherbner. (Personal commitments prevented NYSNA member, Betsy Todd, and District 13 Legislative Committee Chairperson, Barbara Svitlik, from testifying as originally planned.)
4. May 17, 1989 - Albany - Testimony will be presented by Pam Stressel, District 9 Legislative Committee Chairperson; Evan Pritchard, member of NYSNA Consumer Advisory Council; and, Kate Brady, District 10 Legislative Committee Chairperson.

IV. MONITORING LEGISLATION

NYSNA subscribes to an on-line computerized data base which includes all actions of the legislature. Furthermore, NYSNA Legislative Program staff review the daily reports of all bills which are introduced into the legislature. Copies of bills that are of interest to nurses are obtained and filed in NYSNA's office. This year we are also tracking these same bills using the computerized data base. Attachment II, Subject Chart, indicates the wide range of topics which we are following. In all, more than 200 bills have been identified as having actual or potential interest to the members of NYSNA.

V. COMMUNICATION WITH MEMBERS


- A. LegLine continues to be used by members as a source of information. Calls average between 40 - 50 per week. The call is toll-free: 1-800-724-INFO (4636).
- B. In addition to the appointments listed in the March 15, 1989 "Report to the Advisory Council," Legislative Program staff are scheduled to attend a District 8 meeting on May 11, 1989.

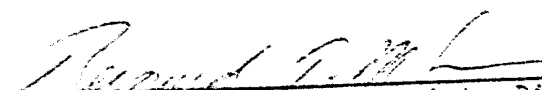
#91 LEGISLATIVE PROGRAMS

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VI. COALITION BUILDING ACTIVITIES

The Legislative Program staff continues to actively pursue involvement in a number of groups. Recent contacts include: New York State Public Health Association, Public Employee Conference, Nurse of Distinction Advisory Committee, Industrial Relations Research Association, Network of Psychiatric Clinical Nurse Specialists, New York Association of Homes and Services for the Aging, Home Care Association of New York State, New York State Association of Health Care Facilities, and New York State Association of Nurse Anesthetists.


E. Joyce Gould, Director
Legislative Program


Bernard T. McCann, Associate Director
Legislative Program

5/9/89
EJG/BTM/cjp

Attachment I

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084. (518) 456-5371

Position Statement on 1989-90 State Budget

New York state has a long and proud history of caring for the health, social, emotional and educational needs of its residents. Since 1901, the New York State Nurses Association (NYSNA) has worked to assure that all residents of the Empire State receive adequate health care. NYSNA agrees with Governor Cuomo that "government, properly understood and prudently exercised, can help people improve the condition of their lives."

Therefore, NYSNA urges the Governor and Legislature to adopt a budget which addresses the human needs of all New Yorkers. NYSNA advocates that the budget provide adequate funding to meet the needs of the frail, the elderly, the young, disabled, and the medically indigent. Specific consideration is needed to provide:

- Health care, housing, and support services for the homeless
- Prenatal care for all women regardless of financial status
- Adequate reimbursement for health care facilities to meet rising costs of providing health care
- Adequate reimbursement for health care facilities to provide appropriate funding for nursing services
- Appropriate funding to expand the availability of day care services
- Long term care services for the chronically ill
- Drug and alcohol prevention and treatment services

NYSNA urges the Governor and Legislature to consider all options in deciding how to generate adequate revenues to fund these essential human services. Suggested options include: delaying tax cuts, repealing tax cuts, and generating new revenues.

NYSNA urges the Governor and Legislature to act in accordance with the following principles:

- Utilize all tax structures to assure that those most able to pay contribute a fair share and those least able to pay are taxed proportionately less.
- Develop an equitable fee structure when increasing any fees or creating new fees.

Approved by the Board of Directors, March 31, 1989.

3/31/89



#91 LEGISLATIVE PROGRAMS

Attachment II

NEW YORK STATE NURSES ASSOCIATION

LEGISLATIVE PROGRAM

Subject Chart of
Bills of Interest 1989

AGING

Eldercare
General

ALLIED HEALTH PROFESSIONS

Personal Care Service
Physical Therapy
Physicians
Podiatry
Psychologists
Medical Assistants
Optometry
Acupuncture

CHILDREN

Abuse
Daycare
General
Medical (Disabled Children)

CONSUMER PROTECTION

Hazardous Toys
General

DEATH

General

DISEASE

General
AIDS

DRUGS

Testing
General
Prescriptive

EDUCATION

General
Early Childhood
Licensing Exams
Licensure (Other Programs)

ENVIRONMENTAL

Clean Air
Radon
General

HEALTH

General
Insurance
Health Systems Agency
Health and Hospital Corp.
Home Care
Rural
Public
Medical Assistance

HOMELESS

Homesteading
Housing
General
Tenant Protection

HOSPITALS

Outpatient
Discharge
Emergency Room
General

LABOR

General
Civil Service
PERB
Public Employee Organization
Retirement
Workmen's Compensation

Long Term Care

General

Mental Health

General

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MISCELLANEOUS

Election Law
County Specific
Minorities/Hispanics
Patient Abuse
Professional Misconduct
Welfare

NYSNA

Exempt
Entry
Third Party Reimbursement

NURSING

Scholarships
Education
Entrepreneurs
General
Midwives
School Nurses

PRENATAL

Medicaid
General

REIMBURSEMENT

DRG/RUG
Ambulatory

RESIDENTIAL HEALTH CARE

General
Financing

WOMEN'S ISSUES

Equal Rights
Mammography Insurance

5/8/89

#91 LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

MEMORANDUM

TO: Board of Directors
District Presidents and Executive Directors
District Legislative Committee Chairpersons
Council on Legislation

FROM: E. Joyce Gould, Director, Legislative Program
Bernard T. McCann, Associate Director, Legislative Program

DATE: June 1, 1985

RE: Health Care Personnel Shortage and Prenatal Legislation

Health Care Personnel Shortage

Bills have recently been introduced in each House of the Legislature that deal with the shortage of health care workers. S.5531, introduced May 15th by Senator James Tully, and A.8434, introduced May 24th by the Assembly Committee on Rules, are attached for your review.

It is our opinion that both bills are outgrowths of the Labor Health Industry Task Force Report and are similar in intent although different in their specific recommendations. The substantive recommendations of both bills are favorable. However, the process of implementing some of the recommendations - i.e., the demonstration projects - is problematic.

The Assembly version was unanimously reported out of the Health Committee on May 31st. You will note that the bill has bi-partisan support.

NYSNA has been meeting with Assembly and Senate staff responsible for the bill to help develop compromise language that would alleviate the problematic areas.

The Senate bill is not scheduled for committee agenda at this time. Staff is working directly with Health Committee staff responsible for the bill's language. They have expressed an open desire to receive our suggestions for alternatives.

The Health Department has also requested Association input. Staff is working closely with HANYS and HSSNY in an attempt to present a united position.

New York State Nurses Association, 2113 Western Ave., Guilderland, NY 12084(518)456-5371

- 2 -

Parental Care

Movement toward some form of increased funding for prenatal care is building. NYSNA has issued a Memorandum of Support (previously sent) for A.6343/S4733.

New York state ranks among the lowest states of the nation in the percentage of women receiving early and adequate prenatal care. Intensive care, required for low birth weight babies, continues to be a tremendous financial drain on our state's resources.

The federal government will provide 50% funding for such prenatal programs, if states will accept Federal Medicaid options for expanded maternal and infant health care. The federal match would cover all pregnant women living on incomes at or below 185% percent of poverty level, and, in addition, provide health coverage to all their infants.

It makes good health sense and good financial sense to provide adequate care at the prenatal and postpartum stages. However, in Albany there is a political problem with such initiatives: the possibility that abortions would be funded by some of these monies. This problem has stymied the passage of similar prenatal care legislation in the past two years.

Senator James Tully, Senate Health Committee Chairman, has introduced (May 23rd) an alternative version of the prenatal care bill (attached), which attempts to avoid the problems caused by the abortion issue. NYSNA is cooperating with other organizations that are working with Senator Tully to devise appropriate language.

Staff has been working in conjunction with The Campaign for Health Children, Statewide Youth Advocacy, Inc., the Public Health Association and the State Communities Aid Association. These groups individually and collectively are dedicated to the passage of a comprehensive prenatal care bill. Publicity, their support lies with the Gottfried/Goodhue A.6343/S.4733 bill. Practically, the Tully version, although still somewhat flawed, has a better chance of passage. The flaws are being addressed in negotiations. NYSNA is active in that negotiation process.

/bjk
Attachments

#91 LEGISLATIVE PROGRAMS

STATE OF NEW YORK

5531

1989-1990 Regular Sessions

IN SENATE

May 15, 1989

Introduced by Sens. TULLY, LAVALLE -- read twice and ordered printed,
and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishment of a
Health Care Personnel Shortage Act

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Declaration of legislative findings and intent. The
2 legislature finds and declares that shortages of health workers, such as
3 nurses, occupational therapists, home health aides, personal care work-
4 ers and laboratory workers have reduced access to needed services and
5 threaten to reduce the quality of care.

6 The legislature further finds and declares that financial and regula-
7 tory barriers to recruitment and retention; inadequate educational capa-
8 city in certain occupations; and inefficient utilization of existing
9 health personnel are primary reasons for the shortages.

10 The legislature, therefore, concludes that action by New York state
11 and the health community is essential in order to assure that an ade-
12 quate supply of health personnel exists to provide quality care to the
13 citizens of New York state.

14 § 2. Article 2 of the public health law is amended by adding a new
15 title IV to read as follows:

TITLE IV

HEALTH CARE PERSONNEL SHORTAGE ACT

18 Section 250. Definitions.

19 251. Health care personnel utilization demonstration program.

20 252. Health occupations development program.

21 § 250. Definitions. The following words or phrases as used in this
22 title shall have the following meanings:

23 1. "Health shortage occupations" shall include:

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
[] is old law to be omitted.

LBD10878-01-9

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- 1 (a) registered nurses, including nurse practitioners, midwives and
- 2 clinical specialists;
- 3 (b) licensed practical nurses;
- 4 (c) nurse aids, nursing assistants, orderlies, home health aides,
- 5 personal care workers, and other nursing auxiliaries;
- 6 (d) physical therapists;
- 7 (e) occupational therapists;
- 8 (f) respiratory therapists;
- 9 (g) radiologic technicians;
- 10 (h) clinical laboratory technologists and technicians; this includes
- 11 but is not limited to medical technologists, cytotechnologists, microchi-
- 12 ology, clinical chemistry, hematology technologists, and laboratory
- 13 assistants.
- 14 2. "Eligible providers" shall include:
- 15 (a) hospitals;
- 16 (b) certified home health care agencies;
- 17 (c) long term home health care programs;
- 18 (d) residential health care facilities; and
- 19 (e) certified hospices.
- 20 3. "Eligible institutions" shall include:
- 21 (a) colleges, vocational institutions and approved programs, as
- 22 defined in section six hundred one of the education law, which provide
- 23 study and training in designated shortage occupations;
- 24 (b) hospitals;
- 25 (c) residential health care facilities;
- 26 (d) certified home care agencies; and
- 27 (e) long term home health care programs.
- 28 4. "Health care personnel shortage advisory group" shall consist of
- 29 fifteen members, five appointed by the governor, five by the temporary
- 30 president of the senate and five by the speaker of the assembly. Such
- 31 advisory group shall consist of representatives of at least the
- 32 following: organizations representing health shortage occupations,
- 33 health care providers and colleges, vocational institutions, and ap-
- 34 proved programs, as defined in section six hundred one of the education
- 35 law, which provide study and training.
- 36 § 251. Health care personnel utilization demonstration program. 1. In
- 37 consultation with the health care personnel shortage advisory group, the
- 38 commissioner shall establish a health care personnel utilization demon-
- 39 stration program in regulations approved and adopted by the state hospi-
- 40 tal review and planning council and for the purpose of studying, test-
- 41 ing, and evaluating: changes in job design and organization of services
- 42 in health shortage occupations; methods to recruit and retain workers in
- 43 health shortage occupations; and development of new technologies which
- 44 have the potential to improve the effectiveness of workers in health
- 45 shortage occupations.
- 46 2. The commissioner is directed to:
- 47 (a) approve twelve health care personnel utilization demonstration
- 48 programs in consultation with the health care personnel shortage advis-
- 49 ory group;
- 50 (b) develop requests for applications for health care personnel utili-
- 51 zation demonstration programs which eligible providers must complete and
- 52 submit to the department;
- 53 (c) subject to the approval of the director of the division of the
- 54 budget, make adjustments in reimbursement rates to permit eligible
- 55 providers to implement such demonstration programs;

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3

1 (d) collect and analyze data relating to the supply, demand and utili-
2 zation of workers in health shortage occupations;
3 (e) evaluate the impact of state and federal regulations on the re-
4 crutment, retention, supply and demand of workers in health shortage
5 occupations; and
6 (f) provide an annual report to the governor and the legislature on
7 the results of the demonstration program.
8 4. In evaluating proposals from eligible providers for demonstration
9 programs the commissioner shall consider the following criteria:
10 (a) the contribution the program could make toward the identification
11 and development of more effective use of designated health shortage oc-
12 cupations;
13 (b) the feasibility of the program to accomplish its intent, both
14 financially and programatically;
15 (c) the potential of the proposed program to be replicated in other
16 sites and settings;
17 (d) the degree to which the program could contribute to increasing ac-
18 cessibility of needed health services;
19 (e) the extent of shortages in the health occupations benefiting from
20 such programs;
21 (f) the degree to which the program expands training and employment
22 opportunities in health shortage occupations; and
23 (g) the degree to which the program expands opportunities for career
24 advancement and mobility for persons in the health industry.
25 5. Notwithstanding any inconsistent provision of law, the commissioner
26 and the commissioner of education are authorized to waive such rules and
27 regulations promulgated pursuant to this chapter or the education law as
28 may be necessary for the implementation of a project under this section
29 and provided that the commissioner and the commissioner of education
30 determine that the health, safety and general welfare of people receiv-
31 ing health care under such projects will not be impaired as a result of
32 such waiver.
33 5. The commissioner, in consultation with the health care personnel
34 shortage advisory group shall approve or disapprove a demonstration pro-
35 ject in writing within ninety days of receipt thereof. Any disapproval
36 shall contain a written analysis detailing the reasons for such
37 disapproval.
38 § 252. Health occupations development program. 1. The commissioner
39 shall, in consultation with the commissioner of education and the health
40 care personnel shortage advisory group, establish a health occupations
41 development program in regulations approved by the state hospital review
42 and planning council. Pursuant to such program, within the amounts made
43 available pursuant to subdivision five of this section, funds shall be
44 provided for start up, development, and expansion of educational capa-
45 city and career advancement in health shortage occupations designated
46 pursuant to section two hundred fifty of this title for which there is
47 an insufficient education capacity and/or career mobility.
48 2. The commissioner is directed to:
49 (a) approve health occupations development programs within eligible
50 institutions to cover costs of curriculum development, capital improv-
51 ements, and faculty necessary to support the expansion of educational
52 capacity and promotion of career advancement and mobility in health
53 shortage occupations;
54 (b) develop requests for applications for health occupations develop-
55 ment programs which eligible institutions must complete and submit to
56 the department;

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1 (c) provide an annual report to the governor and the legislature on
2 the results of the health occupations development program.
3 3. In evaluating proposals under this section, the commissioner shall
4 consider:
5 (a) the extent of shortages within an occupation within that region of
6 the state and the increase in health services likely to result from the
7 proposal;
8 (b) the degree to which the proposal promotes career advancement and
9 mobility within health shortage occupations; and
10 (c) the degree to which the proposal will affect long term educational
11 capacity in health shortage occupations.
12 4. The commissioner, in consultation with the commissioner of educa-
13 tion and the health care personnel shortage advisory group shall approve
14 or disapprove a program in writing within ninety days of receipt
15 thereof. Any disapproval shall contain a written analysis detailing the
16 reasons for such disapproval.
17 5. A health occupations development program education fund is hereby
18 created for the establishment of state grants to carry out the provi-
19 sions of this section.
20 No expenditures shall be made from this fund without approval from the
21 director of the division of the budget.
22 § 3. This act shall take effect April 1, 1990, provided, however that
23 the commissioner of health shall take all steps necessary to assure im-
24 plementation by such date.

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SEARCH

00001 A8434

ASSN-NO * A08434

INTRO * 89/05/24

POSTED * 89/05/27

SEN-NO * NONE

TYPE * A

BILL

A8434

TEXT

STATE OF NEW YORK

8434

1989-1990 Regular Sessions

IN ASSEMBLY

May 24, 1989

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Gottfried, Clark, Schimminger, Griffith, Nagle, Barbaro, Bennett, Brodsky, Canevari, Catapano, Conners, Daniels, Davis, Dearie, Del Toro, DiNapoli, Dugan, Eves, Gantt, Grannis, Green, Greene, Harenberg, Hill, Hillman, Hinchey, Hoyt, Jacobs, Koppell, Larkin, Lopez, Marshall, Mayersohn, McPhillips, Murtaugh, Nadler, Pfeffer, Sanders, Serrano, Siegel, Silver, Tallon, Tokasz, Tonko, Weinstein, Winner, Yevoli, Young, Zaleski, Zimmer) -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the education law, in relation to health personnel development and repealing article 38 of the public health law, relating to the establishment of a veterans health manpower center

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Article 38 of the public health law is REPEALED and a new
2 article 38 is added to read as follows:

3 ARTICLE 38

4 HEALTH PERSONNEL DEVELOPMENT

5 SECTION 3801. DEFINITION.

6 3802. RESPONSIBILITIES OF THE COMMISSIONER.

7 3803. HEALTH WORKPLACE DEMONSTRATION PROGRAM.

8 3804. HEALTH PERSONNEL TRAINING PROGRAM.

9 3805. REGULATIONS; STUDY.

10 3806. HEALTH PERSONNEL ADVISORY COUNCIL.

11 3807. ANNUAL REPORT.

12 S 3801. DEFINITION. AS USED IN THIS ARTICLE, "COUNCIL" MEANS THE
13 HEALTH PERSONNEL ADVISORY COUNCIL ESTABLISHED PURSUANT TO SECTION
14 THIRTY-EIGHT HUNDRED SIX OF THIS ARTICLE.

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1 S 3802. RESPONSIBILITIES OF THE COMMISSIONER. 1. THE COMMISSIONER
2 SHALL, IN CONSULTATION WITH THE COMMISSIONERS OF EDUCATION AND LABOR
3 AND THE COUNCIL, HAVE THE FOLLOWING RESPONSIBILITIES:

4 (A) TO DESIGNATE SHORTAGE OCCUPATIONS FOR WHICH THE SUPPLY OF HEALTH
5 CARE WORKERS IS INSUFFICIENT TO MEET THE HEALTH CARE DEMANDS OF STATE
6 RESIDENTS ON A STATEWIDE BASIS, BY REGION OR BY TYPE OF HEALTH FACIL-
7 ITY;

8 (B) TO EXPAND TRAINING OPPORTUNITIES FOR POTENTIAL HEALTH CARE WORK-
9 ERS, INCLUDING PUBLIC ASSISTANCE RECIPIENTS, UNEMPLOYED PERSONS, PEOPLE
10 RE-ENTERING THE LABOR MARKET OR CHANGING CAREERS, EARLY RETIREES AND
11 HANDICAPPED INDIVIDUALS;

12 (C) TO FOSTER, PROMOTE AND EXPAND OPPORTUNITIES FOR CAREER ADVANCE-
13 MENT AND MOBILITY FOR PERSONS IN HEALTH CAREERS;

14 (D) TO ESTABLISH AND OPERATE WITHIN THE DEPARTMENT A HEALTH WORKFORCE
15 INFORMATION CENTER TO GATHER AND DISSEMINATE INFORMATION, AND TO ENCOU-
16 RAGE COOPERATION ON HEALTH WORKFORCE ISSUES; AND

17 (E) TO PROMOTE EFFORTS TO PROVIDE INFORMATION ON HEALTH CAREERS TO
18 THE GENERAL PUBLIC.

19 S 3803. HEALTH WORKPLACE DEMONSTRATION PROGRAM. 1. THE COMMISSIONER,
20 IN CONSULTATION WITH THE COUNCIL, IS AUTHORIZED TO ESTABLISH A HEALTH
21 WORKPLACE DEMONSTRATION PROGRAM TO DEVELOP AND EVALUATE MECHANISMS
22 WHICH ENCOURAGE AND IMPROVE THE EFFECTIVE AND CREATIVE UTILIZATION OF
23 THE EXISTING HEALTH WORKFORCE, SUPPORT THE RECRUITMENT AND RETENTION OF
24 HEALTH CARE WORKERS, AND ENHANCE EMPLOYEE SATISFACTION.

25 2. THE COMMISSIONER SHALL PROVIDE GRANTS TO ELIGIBLE ORGANIZATIONS
26 FOR THE FOLLOWING PURPOSES:

27 (A) THE UTILIZATION AND EVALUATION OF NEW TECHNOLOGIES THAT HAVE THE
28 POTENTIAL TO IMPROVE THE EFFECTIVENESS OF THE EXISTING HEALTH WORK-
29 FORCE;

30 (B) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF MECHANISMS TO
31 REDUCE THE AMOUNT OF TIME THAT HEALTH PERSONNEL, PARTICULARLY DIRECT
32 CARE CLINICAL STAFF, SPEND MEETING PAPERWORK AND DOCUMENTATION REQUIRE-
33 MENTS;

34 (C) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF PROJECTS WHICH
35 ALTER EXISTING STAFF PATTERNS AND THE ORGANIZATIONAL STRUCTURE OF
36 DIRECT CARE CLINICAL STAFF;

37 (D) THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF MECHANISMS
38 WHICH PROMOTE PATIENTS AND THEIR FAMILIES PARTICIPATING IN PATIENT
39 CARE; AND

40 (E) ANY ADDITIONAL PROJECTS CONSISTENT WITH THE PURPOSE OF THIS SEC-
41 TION, SUBJECT TO THE APPROVAL OF THE COMMISSIONER AND THE COUNCIL.

42 3. FOR THE PURPOSE OF THIS SECTION, "ELIGIBLE ORGANIZATION" SHALL IN-
43 CLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING:

44 (A) HOSPITALS LICENSED UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER;

45 (B) A HEALTH MAINTENANCE ORGANIZATION LICENSED UNDER ARTICLE FORTY-
46 THREE OF THE INSURANCE LAW OR CERTIFIED UNDER ARTICLE FORTY-FOUR OF
47 THIS CHAPTER;

48 (C) A CERTIFIED HOME HEALTH AGENCY OR LONG TERM HOME HEALTH CARE PRO-
49 GRAM CERTIFIED UNDER ARTICLE THIRTY-SIX OF THIS CHAPTER;

50 (D) LABOR UNIONS WHICH REPRESENT HEALTH CARE WORKERS; AND

51 (E) A HOSPICE CERTIFIED UNDER ARTICLE FORTY OF THIS CHAPTER.

52 4. IN APPROVING PROJECTS UNDER THIS SECTION THE COMMISSIONER, IN CON-
53 SULTATION WITH THE COUNCIL, SHALL CONSIDER THE FOLLOWING:

54 (A) THE POTENTIAL FOR REPLICATING THE PROPOSED PROJECTS IN OTHER
55 HEALTH FACILITIES OR HEALTH CARE SETTINGS;

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1 (B) THE EXTENT TO WHICH ORGANIZATIONS SEEKING APPROVAL TO OPERATE A
2 PROJECT UNDER THIS SECTION SOUGHT THE DIRECT PARTICIPATION OF HEALTH
3 CARE WORKERS, AND ANY COLLECTIVE BARGAINING UNIT WHICH REPRESENTS SUCH
4 WORKERS, IN THE DEVELOPMENT OF THE PROPOSAL;

5 (C) THE IMPACT THAT THE PROPOSED PROJECT WOULD HAVE ON THE RECRUIT-
6 MENT AND RETENTION OF HEALTH CARE WORKERS, AND THE EFFECTIVE UTILIZA-
7 TION OF THE EXISTING WORKFORCE;

8 (D) THE EXTENT TO WHICH THE PROPOSED PROJECT WOULD IMPROVE THE
9 QUALITY OF CARE PROVIDED TO PATIENTS; AND

10 (E) ANY OTHER CRITERIA AS ESTABLISHED BY THE COMMISSIONER, CONSISTENT
11 WITH THE PURPOSES OF THIS ARTICLE.

12 5. THE COMMISSIONER (WITH RESPECT TO THE PUBLIC HEALTH LAW) AND THE
13 COMMISSIONER OF EDUCATION (WITH RESPECT TO THE EDUCATION LAW) ARE
14 AUTHORIZED TO WAIVE, MODIFY OR SUSPEND THE RESPECTIVE PROVISIONS OF
15 RULES AND REGULATIONS PROMULGATED PURSUANT TO THIS CHAPTER OR THE EDU-
16 CATION LAW IF THE COMMISSIONER OR COMMISSIONER OF EDUCATION DETERMINES
17 THAT SUCH WAIVER, MODIFICATION OR SUSPENSION IS NECESSARY FOR THE suc-
18 CESSFUL IMPLEMENTATION OF A PROJECT UNDER THIS SECTION AND PROVIDED
19 THAT THE COMMISSIONER AND COMMISSIONER OF EDUCATION DETERMINE THAT THE
20 HEALTH, SAFETY AND GENERAL WELFARE OF PEOPLE RECEIVING HEALTH CARE UN-
21 DER SUCH PROJECTS WILL NOT BE IMPAIRED AS A RESULT OF SUCH WAIVER,
22 MODIFICATION OR SUSPENSION. SUCH WAIVERS, MODIFICATIONS OR SUSPENSIONS
23 MAY BE GRANTED FOR UP TO TWO YEARS AND MAY BE RENEWED FOR AN ADDITIONAL
24 PERIOD OF UP TO TWO YEARS AT A TIME UPON THE APPROVAL OF THE COMMISS-
25 SIONER OR COMMISSIONER OF EDUCATION. WAIVERS, MODIFICATIONS OR SUSPEN-
26 SIONS GRANTED UNDER THIS SECTION MUST BE SPECIFIC TO THE PROJECT AP-
27 PROVED BY THIS SECTION. THE COMMISSIONER OR COMMISSIONER OF EDUCATION
28 MAY, AT HIS DISCRETION, TERMINATE ANY WAIVER, MODIFICATION OR SUSPEN-
29 SION PRIOR TO THE COMPLETION OF A PROJECT APPROVED UNDER THIS SECTION.

30 6. THE COMMISSIONER IS AUTHORIZED TO SEEK FEDERAL COOPERATION, AND,
31 IF APPROPRIATE, SEEK NECESSARY WAIVERS FOR THE SUCCESSFUL IMPLEMENTA-
32 TION OF A PROJECT UNDER THIS SECTION.

33 S 3804. HEALTH PERSONNEL TRAINING PROGRAM. 1. THE COMMISSIONER SHALL,
34 IN CONSULTATION WITH THE COMMISSIONER OF EDUCATION, ESTABLISH A HEALTH
35 PERSONNEL TRAINING PROGRAM TO DEVELOP AND EXPAND EDUCATIONAL PROGRAMS
36 IN HEALTH OCCUPATIONS DESIGNATED BY THE COMMISSIONER, PURSUANT TO SEC-
37 TION THIRTY-EIGHT HUNDRED TWO OF THIS ARTICLE, AS SHORTAGE OCCUPATIONS.

38 2. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCA-
39 TION, SHALL MAKE GRANTS TO EDUCATIONAL INSTITUTIONS FOR THE START-UP,
40 DEVELOPMENT AND EXPANSION OF EDUCATION PROGRAMS IN SHORTAGE
41 OCCUPATIONS. GRANTS SHALL BE MADE TO AN EDUCATIONAL INSTITUTION FOR THE
42 FOLLOWING:

43 (A) PLANNING AND DEVELOPMENT OF AN EDUCATIONAL PROGRAM IN A SHORTAGE
44 OCCUPATION;

45 (B) FACULTY AND PROFESSIONAL STAFF RECRUITMENT;

46 (C) CAPITAL IMPROVEMENT; OR

47 (D) OTHER MECHANISMS NECESSARY TO SUPPORT THE EXPANSION OF CAPACITY
48 TO EDUCATE ADDITIONAL STUDENTS IN SHORTAGE OCCUPATIONS.

49 3. IN MAKING GRANTS TO EDUCATIONAL INSTITUTIONS THE COMMISSIONER
50 SHALL CONSIDER THE FOLLOWING:

51 (A) THE EXTENT OF THE SHORTAGE OF AN OCCUPATION WITHIN A PARTICULAR
52 REGION OF THE STATE;

53 (B) THE NUMBER OF ADDITIONAL STUDENTS THAT WILL RECEIVE AN EDUCATION
54 IN A SHORTAGE OCCUPATION; AND

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1 (C) THE FINANCIAL CONTRIBUTION WHICH THE EDUCATIONAL INSTITUTION WILL
2 MAKE TO SUPPORT THE DEVELOPMENT OR EXPANSION OF AN EDUCATIONAL PROGRAM
3 IN A SHORTAGE OCCUPATION.

4 § 3805. REGULATIONS; STUDY. 1. THE COMMISSIONER, IN CONSULTATION WITH
5 THE COUNCIL, SHALL ENTER INTO AGREEMENTS WITH ONE OR MORE PERSONS, NOT-
6 FOR-PROFIT CORPORATIONS, OR OTHER ORGANIZATIONS, OTHER THAN A STATE EM-
7 PLOYEE, OFFICIAL OR AGENCY, FOR THE PERFORMANCE OF AN EVALUATION OF THE
8 IMPACT OF THE DEPARTMENT OF HEALTH'S AND THE DEPARTMENT OF EDUCATION'S
9 REGULATIONS ON THE SHORTAGE OF HEALTH PERSONNEL. THE EVALUATION SHALL
10 STUDY THE FOLLOWING:

11 (A) THE IMPACT THAT SPECIFIC REGULATIONS RELATING TO HEALTH CARE
12 FACILITIES AND PROVIDERS HAVE ON INCREASING OR DECREASING CURRENT SHOR-
13 TAGES OF HEALTH PERSONNEL AND ON INCREASING THE PAPERWORK REQUIREMENTS
14 OF HEALTH CARE WORKERS AND HEALTH FACILITIES;

15 (B) THE FEASIBILITY OF WAIVING, MODIFYING OR SUSPENDING REGULATIONS
16 WHICH CONTRIBUTE TO THE CURRENT SHORTAGE OF HEALTH PERSONNEL;

17 (C) THE IMPACT THAT A WAIVER, MODIFICATION OR SUSPENSION WOULD HAVE
18 ON THE QUALITY OF CARE PROVIDED TO PATIENTS; AND

19 (D) THE FEASIBILITY OF REDUCING PAPERWORK REQUIREMENTS.

20 2. THE EVALUATION REQUIRED PURSUANT TO THIS SECTION SHALL BE SUBMIT-
21 TED TO THE GOVERNOR AND LEGISLATURE BY DECEMBER FIRST, NINETEEN HUNDRED
22 NINETY.

23 § 3806. HEALTH PERSONNEL ADVISORY COUNCIL. 1. THERE IS HEREBY ESTA-
24 BISHED IN THE DEPARTMENT THE HEALTH PERSONNEL ADVISORY COUNCIL, TO BE
25 COMPOSED OF TWENTY-ONE MEMBERS WHO SHALL BE APPOINTED IN THE FOLLOWING
26 MANNER: THREE SHALL BE APPOINTED BY THE TEMPORARY PRESIDENT OF THE SEN-
27 ATE AND TWO BY THE MINORITY LEADER OF THE SENATE; THREE SHALL BE AP-
28 POINTED BY THE SPEAKER OF THE ASSEMBLY AND TWO BY THE MINORITY LEADER
29 OF THE ASSEMBLY; ELEVEN SHALL BE APPOINTED BY THE GOVERNOR. THE GOVER-
30 NOR SHALL DESIGNATE THE CHAIRMAN OF THE ADVISORY COUNCIL. THE MEMBERS
31 OF THE COUNCIL SHALL BE REPRESENTATIVE OF THE PROVIDERS OF HEALTH CARE,
32 EDUCATORS INVOLVED IN THE TRAINING OF HEALTH CARE WORKERS, COLLECTIVE
33 BARGAINING ORGANIZATIONS WHICH REPRESENT HEALTH CARE WORKERS, AND
34 HEALTH CARE WORKERS.

35 2. THE ADVISORY COUNCIL SHALL BE RESPONSIBLE FOR ADVISING THE COMMIS-
36 SIONER WITH RESPECT TO IMPLEMENTATION OF THIS ARTICLE AND SHALL MAKE
37 RECOMMENDATIONS AS TO THE DESIGNATION OF SHORTAGE OCCUPATIONS, AND THE
38 SELECTION OF ORGANIZATIONS OR INSTITUTIONS TO RECEIVE GRANTS AND ADMIN-
39 ISTER PROGRAMS UNDER THIS ARTICLE.

40 3. THE COUNCIL SHALL MEET AT LEAST THREE TIMES EACH YEAR. MEETINGS
41 MAY BE CALLED BY THE CHAIRMAN, AND SHALL BE CALLED BY HIM AT THE
42 REQUEST OF THE COMMISSIONER.

43 4. THE MEMBERS OF THE COUNCIL SHALL RECEIVE NO COMPENSATION FOR THEIR
44 SERVICES, BUT SHALL BE ALLOWED THEIR ACTUAL AND NECESSARY EXPENSES IN-
45 CURRED IN PERFORMANCE OF THEIR DUTIES.

46 § 3807. ANNUAL REPORT. THE COMMISSIONER, IN CONSULTATION WITH THE
47 COUNCIL, SHALL SUBMIT A BIENNIAL REPORT TO THE GOVERNOR AND LEGISLATURE
48 CONCERNING THE IMPLEMENTATION OF THIS ARTICLE. THE REPORT SHALL ALSO
49 PROVIDE AN UPDATE ON PROJECTED DEMAND AND SUPPLY OF HEALTH CARE WORK-
50 ERS, AND EVALUATION OF THE EFFECTIVENESS OF STATE PROGRAMS TO ADDRESS
51 THE SHORTAGE OF HEALTH CARE WORKERS, AND RECOMMENDATIONS FOR FUTURE AC-
52 TION TO MINIMIZE AND ELIMINATE SHORTAGES OF HEALTH CARE WORKERS.

53 § 2. The education law is amended by adding a new article 100 to read
54 as follows:

55 ARTICLE 100
56 HEALTH CAREER HIGH SCHOOLS PROGRAM

PAGE-5

1 SECTION 4950. HEALTH CAREER HIGH SCHOOLS PROGRAM.

2 § 4950. HEALTH CAREER HIGH SCHOOLS PROGRAM. 1. THE COMMISSIONER, IN
3 CONSULTATION WITH THE COMMISSIONER OF HEALTH AND THE HEALTH PERSONNEL
4 ADVISORY COUNCIL ESTABLISHED PURSUANT TO SECTION THIRTY-EIGHT HUNDRED
5 SIX OF THE PUBLIC HEALTH LAW, IS AUTHORIZED TO ESTABLISH THE HEALTH
6 CAREER HIGH SCHOOLS PROGRAM TO ATTRACT STUDENTS TO THE HEALTH CARE
7 FIELD AND TO PROVIDE THEM WITH THE ACADEMIC SKILLS NECESSARY TO ENTER
8 POST-SECONDARY PROGRAMS IN A HEALTH-RELATED FIELD OR TO ADVANCE IN AN
9 ENTRY-LEVEL HEALTH PROFESSION.

10 2. THE COMMISSIONER SHALL PROVIDE, WITHIN THE AMOUNTS APPROPRIATED,
11 GRANTS TO UP TO SIX SCHOOL DISTRICTS OR BOARDS OF COOPERATIVE EDUCA-
12 TIONAL SERVICES FOR THE IMPLEMENTATION OF A HEALTH CAREER HIGH SCHOOLS
13 PROGRAM. FUNDS PROVIDED UNDER THIS PROGRAM, WHICH SHALL BE USED FOR
14 START-UP AND DEVELOPMENT COSTS, SHALL BE USED FOR THE FOLLOWING
15 PURPOSES:

16 (A) DEVELOPMENT OF A HEALTH CAREER ORIENTED CURRICULUM;

17 (B) STAFFING, INCLUDING THE HIRING OF GUIDANCE COUNSELORS AND TEACH-
18 ERS TO PROVIDE CAREER AND POST-SECONDARY EDUCATION GUIDANCE;

19 (C) REMEDIAL EDUCATION;

20 (D) PROGRAM EVALUATION, INCLUDING THE DEVELOPMENT OF A PROCEDURE FOR
21 TRACKING STUDENTS THROUGH GRADUATION FROM HIGH SCHOOL AND FURTHER EDU-
22 CATION OR CAREER PLACEMENT; AND

23 (E) ANY OTHER EXPENSES APPROVED BY THE COMMISSIONER, CONSISTENT WITH
24 THE PURPOSE OF THIS SECTION.

25 3. SCHOOL DISTRICTS AND BOARDS OF COOPERATIVE EDUCATIONAL SERVICES
26 RECEIVING GRANTS UNDER THIS PROGRAM SHALL FORM AGREEMENTS WITH HOSPI-
27 TALS, AS DEFINED IN ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW AND
28 POST-SECONDARY INSTITUTIONS, REASONABLY CONVENIENT TO THE SCHOOL DIS-
29 TRICT AND BOARD OF COOPERATIVE EDUCATIONAL SERVICES. SUCH AGREEMENTS
30 SHALL PROVIDE FOR THE FOLLOWING:

31 (A) THE PARTICIPATION OF HOSPITALS IN PROVIDING PAID INTERNSHIPS AND
32 WORK EXPERIENCE FOR STUDENTS ENROLLED IN THE PROGRAM; AND

33 (B) THE DESIGNATION, BY HOSPITALS, OF AN ON-SITE COORDINATOR TO
34 PROVIDE A FORMAL LINKAGE WITH A HEALTH CARE HIGH SCHOOLS PROGRAM.

35 4. PRIORITY FOR THE AWARDING OF GRANTS SHALL BE GIVEN TO PROGRAMS
36 WHICH ARE DESIGNED TO IMPROVE THE OPPORTUNITY FOR MINORITY AND ECONOMI-
37 CALLY DISADVANTAGED STUDENTS TO ENTER THE HEALTH CARE PROFESSION.

38 § 3. This act shall take effect on the first day of January next suc-
39 ceeding the date on which it shall have become a law.

#91

LEGISLATIVE

PROGRAMS

STATE OF NEW YORK

539

1985-1986 Regular Sessions

IN SENATE

May 11, 1985

Introduced by Sens. TULLY, DOORNYE, BRUNO, COOK, FARLEY, JOHNSON, LACK, ...

AN ACT to amend the public health law and the social services law, in relation to eligibility for prenatal care.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivision 3 of section 2521 of the public health law, as added by chapter 822 of the laws of 1987, is amended to read as follows:
3. "Eligible service recipient" means a pregnant, low-income woman, who is not otherwise eligible for medical assistance and who does not have private health insurance or whose health insurance does not provide full coverage for prenatal services authorized pursuant to section twenty-five hundred twenty-two of this title, and whose income is one hundred eighty-five percent or less of the non-fair federal poverty level. Pregnant women eligible pursuant to this subdivision shall continue to be eligible for assistance without regard to any change in income of the family of which they are a member, through the end of the month in which a sixty day period which begins on the last day in that pregnancy shall end.
§ 2. Paragraph (i) of subdivision 1 of section 2522 of the public health law, as added by chapter 822 of the laws of 1987, is amended and two new paragraphs (j) and (k) are added to read as follows:
(i) assistance with transportation services for prenatal care services, at a reasonable cost as determined by the commissioner; and
(j) labor of delivery services; and
(k) post-partum services.

EXPLANATION--Matter in italics (underlined) in new matter in brackets [] is old law to be omitted. L8008504-04-9

#91 LEGISLATIVE PROGRAMS

S. 5339

1 § 3. The social services law is amended by adding a new section 364-1
2 to read as follows:
3 § 364-1. Prenatal care and assistance program. The commissioner is
4 authorized and directed to apply for any waivers under federal law and
5 reimbursement, within ninety days of the effective date of this section,
6 which are necessary to utilize medical assistance funds to pay for ser-
7 vices provided in accordance with the prenatal care assistance program
8 established pursuant to title two of article twenty-five of the public
9 health law. Notwithstanding any inconsistent provision of law, the com-
10 missioner, subject to the approval of the state director of the budget,
11 may authorize the utilization of medical assistance funds to pay for
12 services provided under the prenatal care assistance program established
13 pursuant to title two of article twenty-five of the public health law so
14 long as federal financial participation is available for such services,
15 expenditures made pursuant to this section shall be deemed payments for
16 medical assistance for needy persons and shall be subject to reimburse-
17 ment by the state in accordance with the provisions of paragraph (1) of
18 subdivision one of section three hundred sixty-eight-a of this title.
19 § 4. Subdivision 4 of section 366 of the social services law is
20 amended by adding a new paragraph (m) to read as follows:
21 (m) (1) Infants younger than one year who are not otherwise eligible
22 for medical assistance and whose families have incomes equal to or less
23 than one hundred eighty-five percent of the federal poverty level for a
24 family of the same size as the family that includes the infants shall be
25 eligible for medical assistance as provided in subparagraph three of
26 this paragraph. For purposes of this paragraph, family income shall be
27 determined by use of the same methodology used to determine eligibility
28 for aid to dependent children benefits.
29 (2) For purposes of this paragraph, resources available to families of
30 infants younger than one year shall not be considered nor required to be
31 applied toward the payment or part payment of the cost of medical as-
32 sistance care and services available under this paragraph.
33 (3) Infants shall be eligible for all medical assistance care and ser-
34 vices authorized pursuant to section three hundred sixty-five-a of this
35 title. In the case of an eligible infant who is receiving medically
36 necessary inpatient services for which medical assistance is provided on
37 the date the infant attains one year, and who, but for attaining such
38 age, would remain eligible for medical assistance under this paragraph,
39 the infant shall continue to remain eligible until the end of the stay
40 for which inpatient services are furnished.
41 § 5. Subdivision 1 of section 368-a of the social services law is
42 amended by adding a new paragraph (1) to read as follows:
43 (1) Notwithstanding any other provision of law, reimbursement for the
44 care and services provided to those persons eligible pursuant to title
45 two of article twenty-five of the public health law and paragraph (m) of
46 subdivision four of section three hundred sixty-six of this title shall
47 be one hundred per centum after first deducting therefrom any federal
48 funds properly received or to be received on account thereof.
49 § 6. This act is to remain in effect as long as federal participation
50 is available for expenditures made for the programs conducted pursuant
51 to the provisions of this act.
52 § 7. The commissioner of social services shall adopt and amend as
53 necessary rules and regulations to effectuate the provisions and pur-
54 poses of this act and shall waive any provisions of section 366, 367-b
55 or 368-a of the social services law or any regulations of the department

S. 5339

1 of social services when such action is necessary to promote the objec-
2 tives of this act.
3 § 8. This act shall take effect immediately; provided, however, that
4 the provisions of sections one and two of this act, amending sections
5 2521 and 2522 of the public health law, shall take effect when there ex-
6 ists an agreement by the United States to participate in the payment for
7 services required pursuant to such sections; and provided further, how-
8 ever, that section four of this act amending section 366 of the social
9 services law shall take effect 90 days after the effective date of this
10 act, provided that prior to such effective date for such section four
11 the commissioner of social services shall promulgate rules and regula-
12 tions necessary to effectuate the provisions of such section four and
13 provided further that there exists an agreement by the United States to
14 participate in the payment for services required pursuant to such sec-
15 tion four.

#91 LEGISLATIVE PROGRAMS

NEW YORK STATE SENATE

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

HOUSE OF REPRESENTATIVES

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

HOUSE OF REPRESENTATIVES

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

COUNTIES: Allegany, Chautauque, Chemung, Seneca, Steuben,
Warren, Cattaraugus, Tompkins

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

100 STATE SENATE BUILDING
ALBANY, NEW YORK 12247

COUNTIES: Wyoming, Cattaraugus, Erie, Livingston, Ontario

#91 LEGISLATIVE PROGRAMS

John J. LaFalce (D) - District 32
2387 Rayburn House Office Building
Washington, DC 20515

1304 Federal Office Building
Buffalo, NY 14202
716-846-4056

COUNTIES: Niagara, Orleans, Erie, Monroe

Henry J. Nowak (D) - District 33
2240 Rayburn House Office Building
Washington, DC 20515
202-275-3306

212 D. Courthouse
Buffalo, NY 14202
716-843-4131

COUNTY: Erie

Louise M. Slaughter (D) - District 36
1513 Longworth House Office Building
Washington, DC 20515
202-225-3615

311 Federal Building
Rochester, NY 14614
716-232-4850

COUNTIES: Genesee, Livingston, Monroe, Ontario

11/88
CLC

#91 - LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

MEMORANDUM

TO: Board of Directors
Past Presidents of NYSNA
District Presidents
Consumer Advisory Council
Delegates Assembly
NYS Legislative Liaisons
NYSNA Staff
Council on Legislation
District Legislative Committee Chairs

FROM: E. Joyce Gould and Bernard T. McCann

DATE: March 30, 1989

RE: Follow-up letters for the BAND-AID PROTEST

Many of you have been hard at work organizing nurses and others to participate in the Band-Aid Protest.

In addition to the thousands of Band-Aids which are now on their way to Albany, we need to send letters to the same elected officials asking them to take steps to solve the nursing shortage.

The "Band-Aid Grams" are an attention-getting device. Now it's time to give elected officials our message.

We know what needs to be done.

Let's do it!

Ask the Governor and Legislators to support short, intermediate and long range strategies to resolve the nursing shortage. We need a comprehensive strategy which integrates the ideas from policy makers and health care providers to redesign the health care system so it meets the needs of patients.

(continued)

Page 2
March 30, 1989

Here's what you can do:

- Write a one-page letter to the Governor, State Senator and Assemblyman. Include a personal experience related to the nursing shortage.
- Urge elected officials to take action. Ask your legislator to help us gather together all groups necessary to develop the long term solution for the nursing shortage.
- Encourage legislators to use NYSNA as a clearinghouse for all ideas related to the nursing shortage.
- Send a copy of your letters to the NYSNA Legislative Program staff.
- Ask other nurses to write letters to the Governor and the legislators about solving the nursing shortage.
- Encourage more people to send "Band-Aid Grams."

Use the attached list for ideas to write your own letters. A sample letter is enclosed to use as a guideline. However, it is best if you write about the nursing shortage in your own words.

Send your letters to:

Governor Mario Cuomo	State Senator _____	Assemblyman _____
Executive Chamber	NYS Senate	NYS Assembly
The Capital	Albany, NY 12247	Albany, NY 12248
Albany, NY 12224		

If you don't know the name of your State Senator and Assemblyman, call your local County Board of Elections. The phone number of the Board of Elections is in your local phone book under your county name.

#91 LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

THE NURSING SHORTAGE - IT HURTS

Use the following ideas to write your own letters to your elected officials. The following list is just a sample of the many facets of the nursing shortage.

The Problem

- The shortage of RNs is due to a rising demand for nurses, coupled with a sharp decline in new entrants into the profession.
- Nurses are not fleeing the profession. There are more RNs today than ever before: 2 million nationwide, and over 220,000 in New York State.
- More nurses are needed today to care for a changing patient population that includes more elderly citizens, and more patients who 15 years ago would have died, but thanks to medical technology now survive and need intensive nursing care.
- Registered nurses deliver over 90% of all hospital care. Without nurses, there can be no hospitals.
- Since 1983 enrollment in RN programs has declined 30% nationally, and 27% in New York.
- In 1972 hospitals used 50 RNs to care for 100 patients. By 1985 that has increased to 96 RNs per 100 patients, an increase of 92%.

How Government Can Help

- Increase scholarships for nursing education.
- Develop adequate reimbursement formulas for hospitals, nursing homes and home care organizations to promote the recruitment and retention of nurses.
- Assure that adequate support staff are available so nurses can be at the bedside instead of doing non-nursing functions.
- Create incentives for hospitals, nursing homes, and home care agencies to develop career ladders which utilize clinical competence and provide commensurate rewards.
- Mandate third party reimbursement benefits for all registered professional nurses.

For a comprehensive analysis of the factors contributing to the shortage and strategies to resolve the nursing shortage, please review NYSSNA's report of the Arden House Conference on Recruitment and Retention in Nursing (1987) and the Report of the Arden House Consortium (1988).

3/30789

New York State Nurses Association, 2113 Western Ave., Guilderland, NY 12084(518)456-5371

SAMPLE LETTER

Use this sample as a guideline. It is most effective if you write the letter in your own words.

Your Address _____

Date _____

The Honorable _____

Dear Senator _____:

As a constituent, I am very concerned about the current crisis in our health care system. The nursing shortage is a very severe problem. The time for task forces and commissions to study the problem is over.

Although some progress in entry level salaries for nurses has been made, it is not enough. It is time for health policy makers and health care providers to sit down to design a realistic plan of action to address the multiple factors which contribute to this shortage.

As a registered nurse, I am concerned that there are not enough support staff to do the non-nursing tasks. Someone else needs to answer the phone or deliver the meal trays so registered nurses have time to give the high-tech nursing care needed today.

I urge you to work with the New York State Nurses Association which has offered itself as a clearinghouse for addressing the nursing shortage. The united effort of all health care groups is needed to assure that appropriate nursing care is available for all New Yorkers when they need it.

Sincerely,

Your Name
(Be sure to put "RN" after
your name)

Remember to send a copy of your letter to the Legislative Program at the New York State Nurses Association, 2113 Western Avenue, Guilderland, NY 12084.

#91 LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

THE NURSING SHORTAGE HURTS



A BAND-AID IS NOT ENOUGH!

BAND-AID PROTEST

The first step in the Campaign to Eliminate the Nursing Shortage and Guarantee Quality Patient Care is one that you and every nurse can participate in. It is your Band-Aid Protest.

PURPOSE OF THIS PROTEST: To create public awareness that:

- Nurses are united
- Nurses are determined to solve the shortage by making fundamental changes in the health care system.
- Nurses are opposed to the Band-Aid approach to health care.

HERE'S WHAT YOU CAN DO:

1. Get 1 other nurse to send a Band-Aid Gram.
2. Get 5 other people to send a Band-Aid Gram. Think about the other people you know:

Friends	Neighbors	Senior Citizen Groups
Parents	Patients	Hospital Administrators
Relatives	Church Groups	Bowling League
3. Mail these Band-Aid Grams to Albany during the week of March 15-20, 1989. (See attached instructions.)

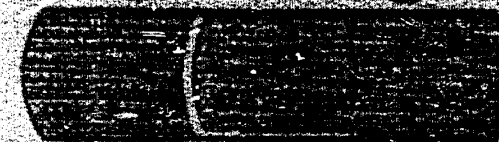
ENVISION THOUSANDS OF BAND-AID GRAMS ARRIVING ON THE DESKS OF OUR STATE LEADERS DURING THE WEEK OF MARCH 20-24, 1989. DISPLAY NURSING'S POWER AND DETERMINATION TO ATTACK THE MULTIPLE FACTORS CAUSING THE NURSING SHORTAGE!

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12064, (518) 456-5371



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

THE NURSING SHORTAGE HURTS



A BAND-AID IS NOT ENOUGH!

GUIDELINES FOR BAND-AID GRAM

LET NEW YORK STATE LEADERS KNOW THAT THERE IS DETERMINATION TO ATTACK THE MULTIPLE FACTORS CAUSING THE NURSING SHORTAGE.

1. Stick a Band-Aid at the top of a piece of paper.
2. In your own handwriting, write:

THE NURSING SHORTAGE HURTS!
A BAND-AID IS NOT ENOUGH.

SIGN YOUR NAME
(Write "RN" after your name if you are RN)
YOUR HOME ADDRESS

3. Make 3 Band-Aid Grams.
4. Send 1 Band-Aid Gram to each of the following:

Governor Mario Cuomo	State Senator _____	Assemblyman _____
Executive Chamber	NYS Senate	NYS Assembly
The Capital	Albany, NY 12247	Albany, NY 12248
Albany, NY 12224		

If you don't know the name of your State Senator and Assemblyman, call your local County Board of Elections. The phone number of the Board of Elections is in your local phone book under your county name.

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12064, (518) 456-5371

#91 LEGISLATIVE PROGRAMS

Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

February 23, 1989

MEMORANDUM TO: Board of Directors
Past Presidents of NYSNA
District Presidents
Executive Advisory Council
Delegates Assembly
Legislative Liaisons
NYSNA Staff

FROM: Susan Freley
Chairperson, Council on Legislation

NYSNA Launches Campaign to Eliminate Nursing Shortage

THE NURSING SHORTAGE
HURTS

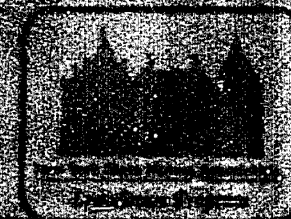


A BAND-AID IS
NOT ENOUGH!
IMMEDIATE ACTION NEEDED!

NOW IS THE TIME TO ACTIVATE ALL NETWORK AND PHONE TREES. REACH OUT TO ALL NURSES, CONSUMERS, AND OTHER HEALTH CARE PROFESSIONALS. DISPLAY NURSING'S POWER AND DETERMINATION TO ATTACK THE MULTIPLE FACTORS CAUSING THE NURSING SHORTAGE! SUCCESS DEPENDS ON YOU!

THE THREE NYSNA OFFICES HAVE A SUPPLY OF "GUIDELINES FOR BAND-AID CARE." PLEASE COPY AND DISTRIBUTE THIS INFORMATION.

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Glenside, N.Y. 12064, (518) 458-5371



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

NYSNA Launches Campaign to Eliminate Nursing Shortage

The need for swift action to alleviate the nursing shortage and insure appropriate patient care is evident in every corner of New York State and has been documented by numerous studies.

For over two years now nurses have struggled to care for patients in the face of short-staffing, inadequate support personnel, lack of supplies, and limited opportunities to influence their own work environments. While nurses have endured these hardships, various task forces and commissions have studied the problem and come up with solutions nurses have been recommending for years: higher salaries, better benefits, career ladders, better non-nursing duties, and a more collaborative healthcare environment - to name just a few.

Although some progress has been made, it is not enough. The problem persists, and the time for studies and analyses and recommendations is past.

• We know what needs to be done.

• It's time for action.

NYSNA intends to initiate that action with a Campaign to Eliminate the Nursing Shortage.

What is this campaign about?

- It's about insuring that all patients in New York receive appropriate nursing care.
- It's about creating a health care system that will make wise use of nurses' knowledge and skills.
- It's about providing nurses with a work environment and a professional role that will retain today's nurses and recruit new ones to meet the projected need for RNs into the 21st century.

2/22/89

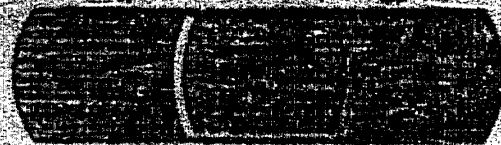
NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Glenside, N.Y. 12064, (518) 458-5371

#9! LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

THE NURSING SHORTAGE HURTS



A BAND-AID IS NOT ENOUGH!

ORGANIZING A BAND-AID PROTEST

Get Prepared:

1. Take with you a supply of envelopes, papers, Band-Aids, stamps, phone numbers of your County Board of Elections, and NYSNA's "Guidelines for Band-Aid Grams" (included in this packet of information).
2. Make a list of all the hospitals, nursing homes, schools of nursing, senior citizen groups and other groups you know in your community that may participate.
3. Make a list of all the nursing meetings which will occur between now and March 20, 1989 that your volunteer may attend.

Get Organized:

4. Ask 5 people to help you contact one person who is a part of each of the organizations and/or meetings you have listed in numbers 2 and 3 above ask them to (a) get invited to meetings or, if none are scheduled; (b) get in contact with organization representatives who will then involve their group. Give the Representative steps 4 & 5.

At Meetings:

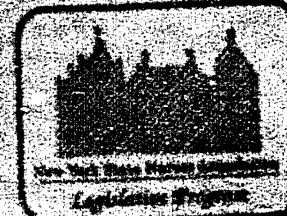
5. At the start of any meeting, ask people to make Band-Aid Grams. If you have supplies ready, they are more likely to complete them. (They will appreciate your efforts and be glad to reimburse you for the cost of the supplies you provide.) Collect these Band-Aid Grams and send them between March 15 and 20, 1989.

Individual Contacts:

6. Phone nursing colleagues, friends and relatives to ask them to make a Band-Aid Gram. (Most people have the supplies in house.) The message is short enough that they can copy it down while you tell them.
7. Ask each person who makes a Band-Aid Gram to get three other people to send Band-Aid Grams.

SUCCESS DEPENDS ON YOU!

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilford, N.Y. 12064, (518) 456-5371



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

THE NURSING SHORTAGE HURTS



A BAND-AID IS NOT ENOUGH!

BAND-AID PROTEST

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PURPOSE OF THIS PROTEST: To create public awareness that:

- Nurses are united
- Nurses are determined to solve the shortage by making fundamental changes in the health care system.
- Nurses are opposed to the Band-Aid approach to health care.

HERE'S WHAT YOU CAN DO:

1. Get 1 other nurse to send a Band-Aid Gram.
2. Get 5 other people to send a Band-Aid Gram. Think about the other people you know:

Friends	Neighbors	Senior Citizen Groups
Parents	Patients	Hospital Administrators
Relatives	Church Groups	Bowling League
3. Mail these Band-Aid Grams to Albany during the week of March 15-20, 1989. (See attached instructions.)

ENVISION THOUSANDS OF BAND-AID GRAMS ARRIVING ON THE DESKS OF OUR STATE LEADERS DURING THE WEEK OF MARCH 20-24, 1989. DISPLAY NURSING'S POWER AND DETERMINATION TO ATTACK THE MULTIPLE FACTORS CAUSING THE NURSING SHORTAGE!

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilford, N.Y. 12064, (518) 456-5371

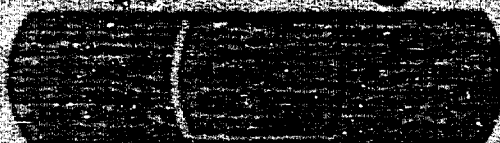
#91 LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

THE NURSING SHORTAGE

HURTS



A BAND-AID IS NOT ENOUGH!

GUIDELINES FOR BAND-AID GRAM

LET NEW YORK STATE LEADERS KNOW THAT THERE IS DETERMINATION TO ATTACK THE MULTIPLE FACTORS CAUSING THE NURSING SHORTAGE.

1. Stick a Band-Aid at the top of a piece of paper.
2. In your own handwriting, write:

THE NURSING SHORTAGE HURTS!
A BAND-AID IS NOT ENOUGH.

SIGN YOUR NAME
(Write "RN" after your name
if you are RN)
YOUR HOME ADDRESS

3. Make 3 Band-Aid Grams.
4. Send 1 Band-Aid Gram to each of the following:

Governor Mario Cuomo
Executive Chamber
The Capital
Albany, NY 12224

State Senator _____
NYS Senate
Albany, NY 12247

Assemblyman _____
NYS Assembly
Albany, NY 12248

If you don't know the name of your State Senator and Assemblyman, call your local County Board of Elections. The phone number of the Board of Elections is in your local phone book under your county name.

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 458-5371

#91 LEGISLATIVE PROGRAMS



New York State Nurses Association

Legislative Program

2113 Western Avenue, Guilderland, New York 12084 (518) 456-5371

NEW YORK STATE NURSES ASSOCIATION
Annual Legislative Workshops/Reception

AGENDA

Sunday, February 26, 1989

- 6:00 p.m. Registration and Cocktails
- 7:00 p.m. Dinner
- 8:00 p.m. Keynote: Pat Ford-Roegner, MSN, RN

Monday, February 27, 1989

- 8:30 a.m. Registration
- 9:00 a.m. Workshops:
 - (a) Powertics
 - (b) The Art of Compromise (To be repeated)
- 10:45 a.m. Workshops
 - (a) Creating Grassroots Action
 - (b) The Art of Compromise
- 12:15 p.m. Lunch (On your own)
- 12:45 p.m. Press Conference
- 2:00 p.m. Lobbying - LOB State Street Entrance overlooking the Well
- 2:15 p.m. Lobby Legislators
- 3:30 - 4:00 p.m. Hearing Room B 2nd Floor LOB
Lobbying participants review findings from lobbying.
- 5:00 - 7:00 p.m. Legislative Reception
Albany Room

2/15/89
/gad

#91 LEGISLATIVE PROGRAMS

Get

Know the people

What state is that the world is at

Go to the library

Read the news

Go shopping

Write the letter of introduction

Get what you want

1) Skating

2) Judo

3) Snow what if you're better than you are

Develop the work

Go over the legal

What are the states that are in the world?

What is the legislative

What are the states that are in the world?

What are the

What are the states that are in the world?

Business and Professional

What

Journal and the news

6:37

Getting back about what security

#91 LEGISLATIVE PROGRAMS

POWERTICS
February 27, 1989

Program Evaluation

Instructions: Please complete the following statement by circling the one number that best describes your rating.

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
1. The extent to which the program met the objectives was:				
a) Describe the power of political activity.	1	2	3	4
b) List two ways to become involved in politics.	1	2	3	4
2. The extent to which my personal objectives were met is:	1	2	3	4
3. The teaching effectiveness of the speaker was:	1	2	3	4
4. The speaker's method of presentation was:	1	2	3	4
5. The extent of practical value of the content was:	1	2	3	4
6. Extent of attainment of the Program objectives was:	1	2	3	4
7. The physical facilities of the meeting room(s) were:	1	2	3	4
8. Overall, the program was:	1	2	3	4

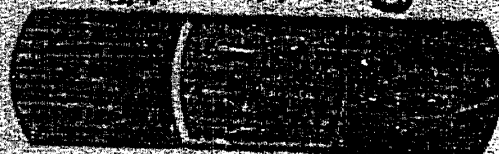
COMMENTS:

#91 LEGISLATIVE PROGRAMS



Campaign to Eliminate Nursing Shortage & Guarantee Quality Patient Care

THE NURSING SHORTAGE HURTS



A BAND-AID IS NOT ENOUGH!

ORGANIZING A BAND-AID PROTEST

Get Prepared:

1. Take with you a supply of envelopes, papers, Band-Aids, stamps, phone numbers of your County Board of Elections, and NYSNA's "Guidelines for Band-Aid Grams" (included in this packet of information).
2. Make a list of all the hospitals, nursing homes, schools of nursing, senior citizen groups and other groups you know in your community that may participate.

Get Organized:

3. Make a list of all the nursing meetings which will occur between now and March 20, 1989 that your volunteer may attend.
4. Ask 5 people to help you contact one person who is a part of each of the organizations and/or meetings you have listed in numbers 2 and 3 above ask them to (a) get invited to meetings or, if none are scheduled; (b) get in contact with organization representatives who will then involve their group. Give the Representative steps 4 & 5.

At Meetings:

5. At the start of any meeting, ask people to make Band-Aid Grams. If you have supplies ready, they are more likely to complete them. (They will appreciate your efforts and be glad to reimburse you for the cost of the supplies you provide.) Collect these Band-Aid Grams and send them between March 15 and 20, 1989.
6. Phone nursing colleagues, friends and relatives to ask them to make a Band-Aid Gram. (Most people have the supplies in house.) The message is short enough that they can copy it down while you tell them.
7. Ask each person who makes an Band-Aid Gram to get three other people to send Band-Aid Grams.

Individual Contractors:

SUCCESS DEPENDS ON YOU!

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 458-5371

The Dignity of Nursing



The American ideal of a doctor—kindly, caring, reassuring Dr. Welby—was essentially a nurse

Lytton Strachey dipped his pen in the acid of his malice in order to etch word sketches of "Eminent Victorians." However, one of his subjects proved impervious to his considerable powers of disparagement. She was Florence Nightingale, the founder of nursing as a modern profession. Strachey, unable to suppress an emotion strange to him—admiration—wrote that in the filth and carnage of the Crimean War she was "a rock in the angry ocean." She profoundly influenced hospital construction and management and nurses' education. Amazing, said Strachey, for someone who was "merely a nurse."

Well. A nurse is a remarkable social artifact, and there are not nearly enough nurses, in part because of backward attitudes packed into phrases like "merely a nurse." Today's nursing shortage is not just another crisis *de jour*. By the end of this century—in just 12 years—the demand for nurses will be double the supply. Fourteen percent of hospitals in large urban areas and 9 percent in small urban areas are delaying admissions because of the shortage. The shortage has strange aspects. More nurses are needed because Americans are healthy longer. And although we have more nurses than ever—about 2 million—more are needed because people are sicker when admitted to hospitals.

The advance of medicine and public health accelerated in the late 19th century with improved control of infectious diseases. Then the 20th century's characterizing phenomenon—war—brought progress in surgery and trauma control. Next came rapid strides in diagnosis and pharmacology. Today, and partly as a result of these advances, the most pressing medical problem is care for the chronically ill. This usually requires intense application of nursing skills. And because demography is destiny, we know that the need will intensify. The number of Americans 85 or older is rising six times as fast as the rest of the population.

Important basic needs of the chronically ill are emotional and social. But the intense specialization and technological emphasis of modern medicine have diminished the ability and willingness of doctors—once upon a time they were esteemed for their "bedside manner"—to satisfy such needs. The American ideal of a doctor—kindly, caring, reassuring Dr. Welby—was, says Lucille Joel, essentially a nurse. She is one. She also is a Rutgers professor and a forceful advocate of the proposition that nursing should be accorded the dignity of a profession parallel to that of doctors.

The crux of today's deteriorating physician-nurse rela-

tions is that many physicians cannot understand, or will not accept, that nurses can, should and want to do more than carry out doctors' orders. Nurses should be regarded by physicians more as complementary and less as subordinate professionals. Physicians are an episodic presence in the life of a patient. Nurses control the environment of healing. Assisting the rehabilitation of a stroke victim or monitoring and coping with chronic disease is essentially a nurse's, not a physician's function. A nurse—a mere nurse—supervises complex technologies, dispenses information and health education and strives for a holistic understanding of patients' needs, which include empathy.

For various reasons, ranging from AIDS (in New York City AIDS patients occupy about 5 percent of all hospital beds) to the use of toxic substances in treatments, nursing is still a dangerous profession. It also is increasingly demanding, physically and emotionally. Most people in hospitals are hurting and frightened and their families are in distress. This is increasingly true because, for cost-containment reasons, hospitals are increasingly reluctant to admit people unless they are quite ill. More and more patients are older and sicker and require more nursing. There is an 85 percent higher ratio of nurses to patients than 12 years ago. Then there were 58 per 100 patients, now there are 91 (spread over three shifts).

Patients progress quicker when they can get ample assistance in walking, eating and other elemental matters when they need it. Because of the nursing shortage many patients either take longer to heal or are discharged feeling more unwell than they would if given needed nursing. Furthermore, cost-cutting hospitals are trimming the staff (ward clerks, secretaries, transport and laboratory aides) that supports nurses, who now do extra duties. Nurses are paying a price for their reputation for versatility and dependability.

Sensibilities required: The nursing profession has a supply-side tradition of generating a high flow of highly motivated nurses and not worrying about retention. However, the emancipation of women, opening careers to talents, has enlarged women's choices while making nursing, a female-dominated profession (only 3 percent are male), less attractive to young women. There are, Joel believes, severe limits to the ability to attract male nurses, partly because of the difference between the sensibilities required for nursing and those produced by the socialization of men.

Nurses' salaries are low, starting, on average, at \$21,000, and the ceiling can be hit in less than seven years. Many 20-year nurses make less than \$30,000. An attorney in private practice can reasonably hope to increase his or her salary more than 200 percent in a career. A nurse can expect an increase of less than 40 percent. Add to monetary deprivation the denial of the psychological income of status, respect and intellectual growth and you have a recipe for a shortage.

Nightingale set a tone of brisk practicality for the nursing profession when she noted dryly that whatever else can be said of hospitals, this must be said: they should not spread disease. They should not be dangerous places, but they are becoming more so because of society's neglectfulness regarding nurses. Such neglect can have consequences for you, mortal reader. "If we live long enough, something wears out. I don't care how much oatmeal you eat," says Joel, viewing the columnist's breakfast with as much distaste as he does. The nursing profession must be nurtured with financial and emotional support. Otherwise, someday when you are in a hospital and are in pain or other need you will ring for a nurse and she will not come as soon, or be as attentive, as you and she would wish. And the chances are, aging reader, that the day will come when you will ring.

#91 LEGISLATIVE PROGRAMS

BUSINESS CARDS

A tool to increase your network of friends and colleagues.
A power statement about your professional position.
Who should carry business cards?
Everyone!

Suggested contents of a business card--

Your Name, RN
Title (if desired)
Address
Telephone Number
Logo (if appropriate)

You might want to have several business cards--
One for work (put telephone number on card only,
if you can be called at work)
One for yourself, as an individual, with home address and telephone
One for your NYSNA job

TIPS ON USING BUSINESS CARDS

Keep those cards handy. Be prepared to network wherever you go. Put a few cards in each handbag, your briefcase, the pocket of each suit jacket; then you will always be ready for active networking. You can also get a card case to keep them handy. Don't leave home without a handy supply of cards to advertise yourself as a professional.

Give your business cards to:

Family/friends	Your alumni association
People you meet at parties	People at your church
Your lawyer	Merchants and tradesman you do business with
Your real estate agent	Your patients
Your hairdresser	Your supervisor
Your legislator	Your NYSNA District President
A newspaper reporter	NYSNA's Legislative Program Director
An advertising agent	Your neighbors
Your co-workers/classmates	Your local Town Watch group
Your faculty/students	Your committeeman or
People you meet at the PTA	committeewoman
Members of your club organization	
Your community association president	

OTHER USES FOR YOUR BUSINESS CARDS

- * Place your card on bulletin boards at your local supermarket.
- * Enter a drawing for a free lunch at your local restaurant.
- * Place your card on bulletin boards at your church.
- * Place your card on bulletin boards at your condo complex.
- * Give a new graduate a gift with his/her new credentials.

RESOURCES FOR NETWORKING-HOW TO NETWORK

Welch, Mary Scott. Networking-The Great New Way for Women To Get Ahead. New York: Warner Books, 1980.
Kleiman, Carol. Women's Networks. New York: Ballantine Books, 1980.

See examples next page.

#91 LEGISLATIVE PROGRAMS

EXAMPLES OF BUSINESS CARDS

JILL RENGARD, R.N.
Staff Nurse

ICU
Anytown Hospital

Anytown, NY
518-456-8947

SUSAN RIGBY, R.N., B.S.N.

4646 Sure Street
Anytown, NY 12205 518-621-8197

(Put your work phone here
only if you can receive
calls at work.)

JOAN MORGAN, R.N., C., M.S.N.
Diabetes Specialist

Medical Clinic
County Health Dept.
Anytown, NY

1421 Curve Street
Anytown, NY
518-456-8947 (H)

LOIS BARNARD, R.N.
President
District #18, NYSNA

2119 West Avenue
Anytown, NY 19137 518-456-8947

(Work address but home phone.)

#91 LEGISLATIVE PROGRAMS



BUSINESS CARD OFFER FOR NYSNA MEMBERS

If you are in need of reasonably priced business cards NYSNA might be able to help. For \$30 NYSNA will provide you with 500 cards printed in black and bright blue ink with your name, title, business address, phone number, and our new NYSNA logo. To order, return the form below with payment. Please allow four weeks for delivery. Call Susan Mauro for further information (518) 456-5371.

BUSINESS CARD ORDER FORM
 Please print the information as you wish it to appear on your card.

Name _____
 Credentials _____
 Title _____
 Business Name _____
 Business Address _____
 Phone # _____ Social Security # _____

Enclosed is my payment of \$ _____
 Mail to: NYSNA, Organization Services,
 2113 Western Ave., Guilford, NY 12084

For Cards Use Only
 Code _____
 ID _____
 SD _____

LOBBYING YOUR LEGISLATOR

WORKSHEET

NAME OF LEGISLATOR LOBBIED _____ DATE VISITED _____ DISTRICT/SCHOOL _____
 VISITED BY _____

TOPIC DISCUSSED:	SUPPORT (CHECK ONE FOR EACH BILL DISCUSSED)			COMMENTS/RECOMMENDED FOLLOW-UP OR INFORMATIONAL MATERIALS REQUESTED
	Posi- tive	Nega- tive	Uncer- tain	
<input type="checkbox"/> NURSING SHORTAGE				
<input type="checkbox"/> MANDATORY THIRD PARTY REIMBURSEMENT FOR NURSES				
<input type="checkbox"/> OTHERS				

/cl
 revised 2/08/89

#91

LEGISLATIVE
PROGRAMS

9590—CSC—4/88

NEW YORK STATE BOARD OF ELECTIONS

ONE COMMERCE PLAZA
ALBANY, NEW YORK 12260

1988 Roster — County Election Boards of the State of New York

- ALBANY**—Court House, Albany, N.Y. 12207
Area Code 518: 445-7591
Raymond J. Kinley (D) Comm., Albany
George P. Scaringe (R) Comm., Albany
- ALLEGANY**—County Court House, Belmont, N.Y. 14813
Area Code 716: 268-7612
James Cretekos (D) Comm., Wellsville
Larry Wilson (R) Comm., Houghton
- BROOME**—44 Hawley St., Govt Plaza, P.O. Box 1766
Binghamton, N.Y. 13902
Area Code 607: 772-2172
Gregory A. Gates (D) Comm., Binghamton
Robert N. Neilsen (R) Comm., Binghamton
- CATTARAUGUS**—County Bldg., Little Valley, N.Y. 14755
Area Code 716: 938-9111
Don Milligan (D) Comm., Perryburg
Richard A. Pfeiffer (R) Comm., Allegany
- CAYUGA**—Court House, Genesee St., Auburn, N.Y. 13021
Area Code 315: 253-1285
Jean A. Longo (D) Comm., Auburn
Richard G. Paulino (R) Comm., Auburn
- CHAUTAUQUA**—Gerace Office Bldg., Mayville, N.Y. 14757
Area Code 716: 753-7111
Joseph Porpiglia (D) Comm., Dunkirk
Terry Niebel (R) Comm., Dunkirk
- CHEMUNG**—425-447 Pennsylvania Ave., Elmira, N.Y. 14904
Area Code 607: 737-5475
Vincent J. Spallone (D) Comm., Elmira
William S. Woodhull (R) Comm., Elmira
- CHENANGO**—County Office Bldg., Norwich, N.Y. 13815
Area Code 607: 335-4504
G. Richard Ryan (D) Comm., Norwich
Jane A. Eccleston (R) Comm., Norwich
- CLINTON**—Govt Center, 137 Margaret St., Plattsburgh, N.Y. 12901
Area Code 518: 565-4740
Daniel R. Mitchell (D) Comm., Plattsburgh
Arthur L. Breyette (R) Comm., Plattsburgh
- COLUMBIA**—401 State St., Hudson, N.Y. 12534
Area Code 518: 828-3115
Richard C. McGivney (D) Comm., Stuyvesant
Glenn C. Wallace (R) Comm., Kinderhook
- CORTLAND**—County Office Bldg., 60 Central Ave., Box 5590,
Cortland, N.Y. 13045-0196
Area Code 607: 753-5032
Charlotte M. Bahou (D) Comm., Cortland
Anne H. Eves (R) Comm., Cortland
- DELAWARE**—County Highway Bldg., 3 Gallant Ave., Delhi, N.Y.
13753
Area Code 607: 746-2315
Evelyn O. Fitch (D) Comm., Delhi
F.G. Oles (R) Comm., Andes
- DUTCHESS**—47 Cannon Street, Poughkeepsie, N.Y. 12601
Area Code 914: 431-2473
Walter R. Jablonski (D) Comm., Poughkeepsie
Joseph V. Pollucci (R) Comm., Wappingers Falls
- ERIE**—134 W. Eagle Street, Buffalo, N.Y. 14202
Area Code 716: 846-8891
Edward J. Mahoney (D) Comm., Buffalo
Philip D. Smolinski (R) Comm., Buffalo
- ESSEX**—County Court House, Elizabethtown, N.Y. 12932
Area Code 518: 873-6301
Edward Hatch (D) Comm., Willsboro
Eugene F. Williams (R) Comm., Port Henry
- FRANKLIN**—63 West Main St., Malone, N.Y. 12953
Area Code 518: 483-6767
Hilda St. Hilaire (D) Comm., Bombay
Eunice Fairchild (R) Comm., N. Bangor
- FULTON**—County Bldg., Johnstown, N.Y. 12095
Area Code 518: 762-0526
Louis Nicoiella (D) Comm., Gloversville
William M. Davis (R) Comm., Johnstown
- GENESEE**—The County Court House, P.O. Box 284, Batavia, N.Y.
14020-0284
Area Code 716: 344-2550
Francis C. Repecci (D) Comm., Batavia
M. Lillian Rice (R) Comm., Batavia
- GREENE**—348 Main St., Catskill, N.Y. 12414
Area Code 518: 943-4191
Lawrence Palmateer (D) Comm., Athens
Frank DeBenedictus (R) Comm., Catskill
- HAMILTON**—County Bldg., Lake Pleasant, N.Y. 12108
Area Code 518: 548-4684
Charles Wight (D) Comm., Wells
Nancy Meixner (R) Comm., Lake Pleasant
- HERKIMER**—P.O. Box 527, Herkimer, N.Y. 13350
Area Code 315: 867-1102
Ann D. McCann (D) Comm., Herkimer
Mary L. Smith (R) Comm., West Winfield
- JEFFERSON**—175 Arsenal Street, Watertown, N.Y. 13601
Area Code 315: 785-3027
Marsha J. Barton (D) Comm., Chaumont
William J. McClusky (R) Comm., Watertown
- LEWIS**—Court House, Lowville, N.Y. 13367
Area Code 315: 376-5329 or 5342
Diane M. Gaiasso (D) Comm., Lowville
Karen M. McVoy (R) Comm., Lowville
- LIVINGSTON**—4223 Lakeville Road, Genesee, N.Y. 14454
Area Code 716: 243-4200
Barrett Quirk (D) Comm., Genesee
Stanley Gutowski (R) Comm., Genesee
- MADISON**—County Office Bldg., Wampsville, N.Y. 13163
Area Code 315: 366-2231
Margaret T. Costello (D) Comm., Cazenovia
Shirley Pooley (R) Comm., Bridgeport
- MONROE**—39 Main St. W., Rochester, N.Y. 14614
Area Code 716: 428-4550
Marguerite L. Toole (D) Comm., Rochester
Ronald Starkweather (R) Comm., Rochester
- MONTGOMERY**—Old Court House, Railroad St., Fonda, N.Y.
12068
Area Code 518: 853-3431
Albert V. Mancini (D) Comm., Amsterdam
William Albertin, Jr. (R) Comm., Florida
- NASSAU**—New Administration Bldg., 400 Co. Seat Rd., Minerva,
N.Y. 11501
Area Code 516: 535-2411
Walter B. Lowenstein (D) Comm., Jericho
Sinita Walker (R) Comm., W. Hempstead
- NEW YORK CITY**
- MANHATTAN** Borough Office — 131 Varick St., N.Y. 10013
Area Code 212: 924-1860
Betty Dolan, New York City Executive Director, New York
Alice Sachs (D) Comm., New York
Vincent Cuttita (R) Comm., New York

#91

LEGISLATIVE

PROGRAMS

- BRONX Borough Office**—1780 G. Concourse, Bronx, N.Y. 10452
Area Code 212: 299-9617
Vacant (D) Comm.
Robert S. Black (R) Comm., Bronx
- KINGS CO. Borough Office**—345 Adams St., Brooklyn, N.Y. 11201
Area Code 718: 572-2441
James F. Bass (D) Comm., Brooklyn
Rosemary A. Millus (R) Comm., Brooklyn
- QUEENS CO. Borough Office**—42-16 West St., Queens Plaza
L.I.C. 11101
Area Code 718: 392-8989
Anthony Sadowski (D) Comm., Richmond Hill
Vacant (R) Comm.
- RICHMOND CO. Borough Office**—25 Hyatt St., S.I., N.Y.
10301
Area Code 718: 727-4300
Gertrude Strohm (D) Comm., Staten Island
Ferdinand C. Marchi (R) Comm., Staten Island
- NIAGARA—Co. Office Bldg.**, 59 Park Ave., Lockport, N.Y. 14094
Area Code 716: 439-6122
Douglas O. Jayne (D) Comm., North Tonawanda
Lucille L. Britt (R) Comm., Gasport
- ONEIDA—800 Park Avenue**, Utica, N.Y. 13501
Area Code 315: 798-5765
Angela Pedone Longo (D) Comm., Utica
Janet Havel (R) Comm., Utica
- ONONDAGA—Civic Center**, 421 Montgomery St., 15th Floor,
Syracuse, N.Y. 13202
Area Code 315: 425-3312
Richard A. Romeo (D) Comm., Syracuse
John D. Kinsella (R) Comm., Syracuse
- ONTARIO—County Office Bldg.**, 120 N. Main St., Canandaigua,
N.Y. 14424
Area Code 716: 396-4005
Mary Salotti (D) Comm., Geneva
Sally Dwyer (R) Comm., Victor
- ORANGE—25 Court Lane**, Goshen, N.Y. 10924
Area Code 914: 294-5488 & 294-5151
Burt C. Cortright (D) Comm., Montgomery
Shirley A. Jensen (R) Comm., Goshen
- ORLEANS—County Office Bldg.**, 14016 Rt. 31, Albion, N.Y. 14411
Area Code 716: 589-7004
Angelo A. Ricci (D) Comm., Albion
Robert E. Batt (R) Comm., Albion
- OSWEGO—46 E. Bridge St.**, Oswego, N.Y. 13126
Area Code 315: 349-8350, 8351
Joanne Brace (D) Comm., Oswego
Paula Prior (R) Comm., Phoenix
- OTSEGO—County Office Building**, 197 Main St., Cooperstown,
N.Y. 13326
Area Code 607: 547-4247
Henry Nichols (D) Comm., Cooperstown
John L. Arnold (R) Comm.
- PUTNAM—179 E. Lake Blvd.**, Mahopac, N.Y. 10541
Area Code 914: 628-0498
Robert J. Bennett (D) Comm., Carmel
John J. Dunford (R) Comm., Brewster
- RENSSELAER—Court House**, Troy, N.Y. 12180
Area Code 518: 270-4070
Thomas W. Wade (D) Comm., Troy
Henry G. Tutunjan (R) Comm., Troy
- ROCKLAND—18 New Hempstead Road**, New City, N.Y. 10956
Area Code 914: 638-5172
Sandra Lefever (D) Comm., Stony Point
Shirley Huested (R) Comm., Blauvelt
- ST. LAWRENCE—Court House**, Rm. 100 Court Street, Canton,
N.Y. 13617
Area Code 315: 379-2202
Robin St. Andrew (D) Comm., Canton
Jacqueline White (R) Comm., Canton
- SARATOGA—50 W. High St.**, Ballston Spa, N.Y. 12020
Area Code 518: 885-5381
Marian T. DeVecchio (D) Comm., Saratoga Springs
Joseph F. Scanton (R) Comm., Saratoga Springs
- SCHENECTADY—612 State Street**, Schenectady, N.Y. 12307
Area Code 518: 382-3236
William A. Mahoney (D) Comm., Schenectady
Salvatore J. Longo (R) Comm., Schenectady
- SCHOHARIE—Court House**, Schoharie, N.Y. 12157
Area Code 518: 295-8388
Clifford C. Hay (D) Comm., Cobleskill
Lewis E. Wilson (R) Comm., Cobleskill
- SCHUYLER—County Bldg.**, 9th & Franklin, Watkins Glen, N.Y.
14891
Area Code 607: 535-2590
C. Earl Givin, Jr. (D) Comm., Burdette
C. Edward Coon (R) Comm., Beaver Dam
- SENECA—9 E. River St.**, Waterloo, N.Y. 13165
Area Code 315: 539-5063
Nicholas J. Carallo (D) Comm., Waterloo
Francis P. Turkett (R) Comm., Seneca Falls
- STEUBEN—3 E. Pultenev Sq.**, Bath, N.Y. 14810
Area Code 607: 776-9631
Joseph J. Sweet (D) Comm., Bath
Barbara McKinley (R) Comm., Bath
- SUFFOLK—Yaphank**, N.Y. 11980
Area Code 516: 924-4300
George Wolf (D) Comm., Deer Park
William J. Canary, Jr. (R) Comm., Babylon
- SULLIVAN—Government Center**, 100 North Street, Monticello,
N.Y. 12701
Area Code 914: 794-3000
Timothy E. Hill (D) Comm., Woodbourne
Jerome E. Bullock (R) Comm., Loch Sheldrake
- TIOGA—County Office Bldg.**, 56 Main Street, Owego, N.Y. 13827
Area Code 607: 687-0100
Marie Fuller (D) Comm., Owego
Catherine T. Clement (R) Comm., Newark Valley
- TOMPKINS—Court House Annex**, 128 E. Buffalo St., Ithaca, N.Y.
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Marion Gillespie (R) Comm., Ithaca
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Harry Castiglione (D) Comm., Kingston
Peter J. Savago (R) Comm., Kingston
- WARREN—Warren Co. Municipal Center**, Lake George, N.Y.
12845
Area Code 518: 761-6456
Michael H. Farenell (D) Comm., Glens Falls
Robert Allen (R) Comm., Glens Falls
- WASHINGTON—Upper Broadway**, Fort Edward, N.Y. 12528
Area Code 518: 747-5122
Shirley A. Caruso (D) Comm., Fort Edward
Sandra B. Lufkin (R) Comm., Argyle
- WAYNE—Montezuma St. Ext.**, P.O. Box 636, Lyons, N.Y. 14489
Area Code 315: 946-9747
Milton H. Elzefon (D) Comm., Newark
Leo J. Jenkins (R) Comm., Clyde
- WESTCHESTER—134 Court St.**, White Plains, N.Y. 10601
Area Code 914: 285-5700
Marion B. Oldi (D) Comm., Yonkers
Antonia D'Apice (R) Comm., Yonkers
- WYOMING—5224 Dundy Rd.**, Warsaw, N.Y. 14569
Area Code 716: 786-8931
Harold C. Parker (D) Comm., Perry
Herbert A. Toal (R) Comm., Pavilion
- YATES—County Bldg.**, Court St., Penn Yan, N.Y. 14527
Area Code 315: 536-4043
Robert J. Fitzpatrick (D) Comm., Penn Yan
Joyce Durham (R) Comm., Penn Yan

#91 LEGISLATIVE PROGRAMS

POLITICAL ORGANIZING: RESOURCES

Resources available from the ANA WASHINGTON OFFICE

ANA Political Media Handbook

Women and the Vote - flyers

Nursing Fact and Figures- a description of nursing, demographics, employment patterns, etc.

How a Bill Becomes Law- with diagrams

Committees of Congress and their Jurisdiction

Testifying- points to consider

Absentee ballot information

Enactment of a Law - Procedural Steps in the Legislative Process- very detailed

National Nursing Health Policy Agenda

N-CAP Brochure

The Political Nurse

Capital Update

Fact Sheets on the Budget and Appropriations

Voting Records of Members of the House of Representatives and Senate

"Making a Difference" - slide tape made by the National Women's Education Fund - generic politics is fun and it works to achieve association goals.

"Fundraising Events: Making Womanpower Profitable" - National Women's Political Caucus

Tips on Conducting a Fundraising Challenge - flyer

Voter Registration information - Women's Vote Project

Legislative Agenda- 99th Congress

Legislative and Regulatory Priorities - 99th Congress

Congressional District Coordinators Workbook

"Nurses, Politics and Public Policy" - video tape (Available from SNA)

1985 Health Legislation Fact Sheets

Resources available from the ANA KANSAS CITY OFFICE

The Nursing Practice Act - Suggested State Legislation

State Legislative Report

Third-Party Reimbursement Legislation for Services of Nurses: A Report of Changes in State Health Insurance Laws, 1983.

#91 LEGISLATIVE PROGRAMS

- 2 -

Update on Third-Party Reimbursement Laws - memo prepared by ANA staff,
May 16, 1985

Nurse Practitioners: A Review of the Literature 1965-1982, 1983

Other Resources:

Bagwell, M. and Clements, S. A Political Handbook for Health Professionals.
Little, Brown and Company, Boston, 1985.

Barone, M. and Ujifusa, G. The Almanac of American Politics 1986.
National Journal, Washington, D.C. 1985.

Duffy, D and Murphy, E.. Everyday Use of Politics in Nursing. (video
tape - 24 minutes) JB Lippincott Company, Philadelphia, 1985.

Mason, D.J. and Talbott, Eds. The Political Action Handbook for Nurses.
Addison Wesley Publishing Company, Inc., Menlo Park, California, 1985.

9/5/85

#91 LEGISLATIVE PROGRAMS

AGENDA #12(a)

THE NEW YORK STATE NURSES ASSOCIATION
Report to the Board of Directors

Legislative Program
(Program)

March 30-31, 1989
(Date of Board Meeting)

Organizational Unit or Person Requesting Action:

Council on Legislation

Action Requested:

Adoption of Position Statement on 1989-90 State Budget.

Background and/or rationale for request:

In light of severe state budget deficits, there is intense debate about priorities for government funding. The budget debate also includes how to generate additional revenues to meet the projected shortfall in income. As one part of advancing the NYSNA 1989 Legislative Agenda, it is necessary to declare NYSNA's position regarding generating revenue and priorities for budget allocations.

If Applicable: Anticipated Financial Impact:
(Please explain in detail.)

NONE - Lobbying for position statement will be part of regular program activities.

Use additional paper if necessary.

WLO/ker
12/4/87

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

NEW YORK STATE NURSES ASSOCIATION

Position Statement on 1989-90 State Budget

New York state has a long and proud history of caring for the health, social, emotional and educational needs of its residents. Since 1901, the New York State Nurses Association (NYSNA) has worked to assure that all residents of the Empire State receive adequate health care. NYSNA agrees with Governor Cuomo that "government, properly understood and prudently exercised, can help people improve the condition of their lives."

Therefore, NYSNA urges the Governor and Legislature to adopt a budget which addresses the human needs of all New Yorkers. NYSNA advocates that the budget provide adequate funding to meet the needs of the frail, the elderly, the young, disabled, and the medically indigent. Specific consideration is needed to provide:

- Health care, housing, and support services for the homeless
- Prenatal care for all women regardless of financial status
- Adequate reimbursement for hospitals to meet rising personnel costs
- Appropriate funding to expand the availability of day care services
- Long term care services for the chronically ill
- Drug and alcohol prevention and treatment services

NYSNA urges the Governor and Legislature to consider all options in deciding how to generate adequate revenues to fund these essential human services. Options include: delaying tax cuts, repealing tax cuts, and generating new revenues.

NYSNA urges the Governor and Legislature to act in accordance with the following principles:

- Utilize all tax structures to assure that those most able to pay contribute a fair share and those least able to pay are taxed proportionately less.
- Develop an equitable fee structure when increasing any fees or creating new fees.

3/20/89



#91 LEGISLATIVE PROGRAMS

How a bill becomes a law and how you can help

Stated in the simplest of terms the job of the Senate is to work with the Assembly and the Governor to enact, amend or repeal statutes which make up the body of laws within which we live. This involves drafting, discussing and approving bills and resolutions.

This brochure is intended to help you better understand the process, and more important, to help you identify those points where your contribution is important — and sometimes crucial.

The text is keyed to the diagram which shows the process in a simplified flow chart from "Idea" to "Law". At any step in the process, participation by a citizen or group of citizens is as easy as making a call, writing a letter, or signing a petition being sent to your Senator, any other legislator or the Governor.

Idea

This is the starting point in the process, and the first point at which the citizen has a chance to have a say in the writing or rewriting of law.

Subjects of legislation are as varied as the range of human activities. Someone once said that legislation deals with birth and marriage and death, and everything in between.

Ideas for legislation come from many sources. A Senator may have an idea. One of his or her consultants may point out a need. A State official may propose a change. An organization may espouse a cause which requires a change in the law. There is no monopoly on ideas for legislation.

Often, one person's idea on how to solve a problem has resulted in good legislation to help solve the problems of many people.

Bill Drafting

Once an idea for a new law has been settled on, it must be put into bill form before it can be considered by the Senate. The actual drafting of legislation requires a specialized type of legal training, and is usually done by the staff of the Legislative Bill Drafting Commission.

Sometimes, however, an interest group may have its own attorneys draft a bill, and lawyers working in various state agencies and the executive branch often submit their ideas for legislation in bill form.

Introduction

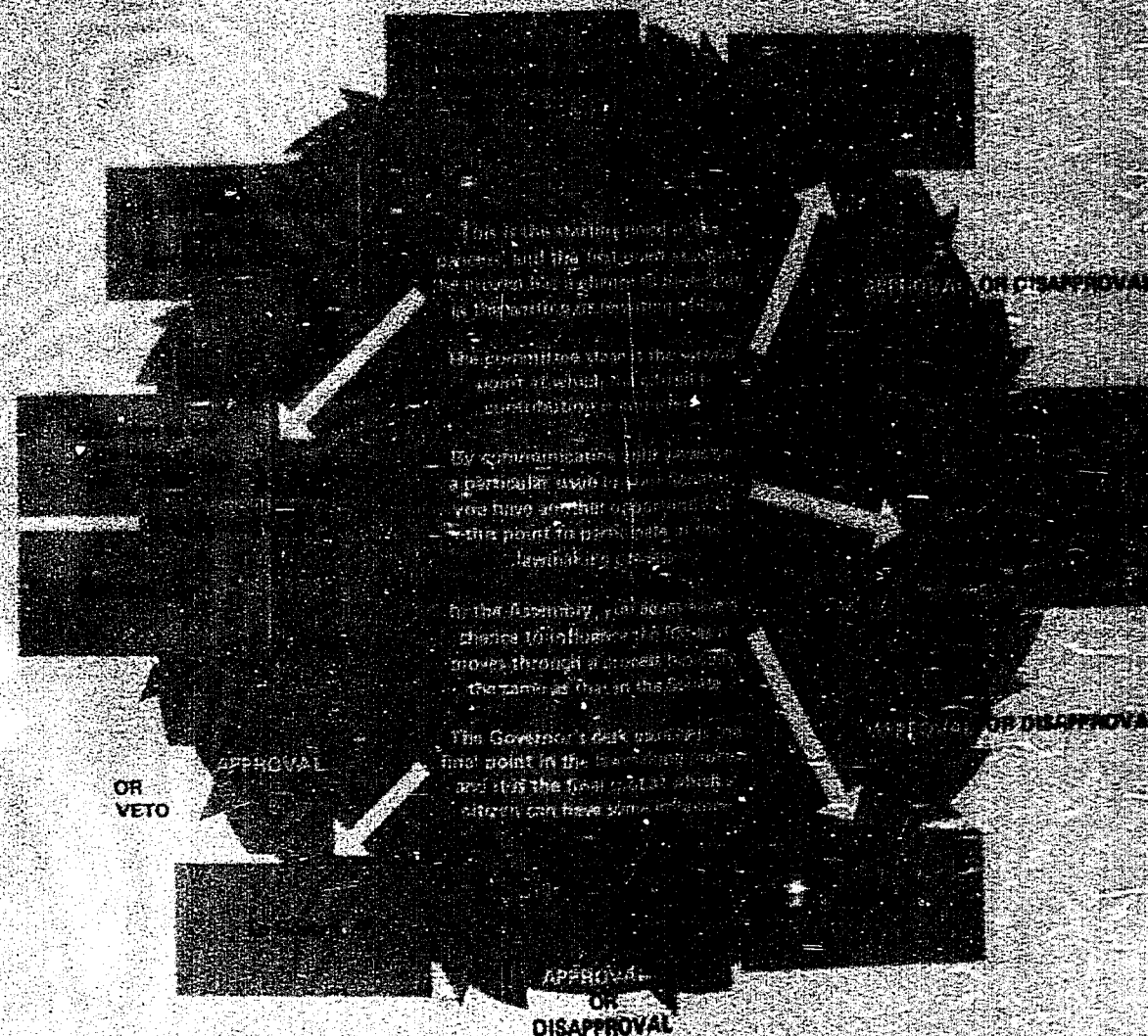
No law may be enacted in New York State unless it has been adopted by the Legislature in bill form. And to be adopted, it must first be introduced. With a single exception, bills can be introduced only by legislators or by standing committees of the Senate and Assembly. That exception is the Executive Budget, which is submitted directly by the Governor.

On introduction in the Senate, a bill goes to the Introduction and Revision Office, where it is examined and corrected, given a number, sent to the appropriate standing committee, entered into the Senate computer, deemed to have had its first and second reading and printed.

(Incidentally, "first reading", "second reading" and "third reading" are terms which linger in the legislative vocabulary from the days when each bill was read aloud in full in public session three times before final action could be taken.)

Committee Action

Just as we engage specialists for specialized problems such as legal or medical advice, so does the Senate engage specialists to study legislation. These specialists are members of standing Committees, who evaluate bills and decide whether to



"report" them (send them) to the Senate floor for a final decision by the full membership. A committee agenda is issued each week listing the bills and issues each Senate committee will handle the following week. Committees often hold public hearings on bills to gather the widest possible range of opinion.

The committee stage is the second point at which the citizen's contribution is important. An expression of opinion on a proposed bill can be sent directly to the committee chairman, or it can

be sent to your local Senator for relay to the committee members.

The committee system acts as a filter through which the large number of bills introduced each session must pass before they can be considered, and the system also acts as a sieve to sift out undesirable or unworkable bills.

After consideration, the committee may report the bill to the full Senate for consideration, it may amend the bill, or it may reject it.

#91 LEGISLATIVE PROGRAMS

The Calendar

The Daily Calendar is the agenda for Senate sessions, and contains those measures which have come through the committee process. Bills take their place in order as they are reported from committees, and at this point are referred to by their Calendar Number. Generally a bill is placed on the Calendar in the Order of First Reading section, and is advanced to the Order of Third Reading in succeeding session days. This process of having a bill on the Calendar for three days allows additional time for your reaction, against or for, a bill. In special cases a bill may go directly to Third Reading, if all Senators agree.

Each bill has to be on the Senators' desks for three days before it can be voted on, unless the Governor authorizes and the Senate accepts a Message of Necessity for a certain bill.

When bills reach the Order of Third Reading, they become ready for a final vote. If the sponsor of a bill realizes at this point that his bill may not have enough support for passage, or has a defect which may require an amendment, he may ask that it be laid aside, returned to committee for further study, or "starred" (placed in an inactive file). The Majority Leader also may ask that a bill be starred. Once starred, it cannot be acted on until one day after removal of the star.

When the bill comes for consideration on the Order of Third Reading, it is subject to debate, discussion or explanation.

By communicating your views on a particular issue to your Senator, you have another opportunity at this point to participate in the lawmaking process.

After explanation, discussion or debate, a vote is taken. If a majority of the Senators approve, the bill is sent to the Assembly.

In the Assembly, you again have a chance to influence the bill as it moves through a process basically the same as that in the Senate. It is referred to a committee for discussion, and if approved there it goes to the full membership for a vote.

If the bill is approved in the Assembly without amendment, it goes on to the Governor.

However, if it is changed, it is returned to the Senate for concurrence in the amendments.

Often when a bill is on the Order of Third Reading, an identical bill will arrive after having been approved by the Assembly. In this case the Assembly bill is substituted for the Senate measure, since they are identical, and the bill bearing the Assembly number is approved and sent back to the Assembly to be sent to the Governor. If an Assembly bill is amended by the Senate, it is returned to the Assembly for concurrence.

(The reverse procedure is followed if the Senate first passes a bill identical to an Assembly measure or if the Assembly amends a Senate bill.)

The Governor

While the Legislature is in session, the Governor has ten days (not counting Sundays) to sign or veto bills passed by both houses. If he signs the bill it becomes law. If he doesn't sign it within ten days, it still becomes law. But if he disapproves, he may veto the bill within ten days and must return it to the house where it originated with a statement explaining his reason. This is not the final step, however, because the bill can be put into effect over the Governor's objections if two-thirds of the members of each house vote to override his veto. This rarely happens.

Appropriation bills submitted by the Governor do not have to be signed by him unless they are increased by the Legislature. Appropriations for the Legislature and the Judiciary require the Governor's signature.

After final adjournment of the session, the Governor has 30 days during which to sign or veto bills, and a different set of rules applies. In this case Sundays are included in the 30-day span, and any bill he does not sign is automatically vetoed. This "pocket veto" is rarely used.

The Governor's desk usually is the final point in the lawmaking process, and it is the final spot at which a citizen can have some influence. Before he signs or vetoes a bill, the Governor seeks advice from experts and those affected. Your advice also is important at this point, just as it is at every point along the way.



This brochure is your manual to the legislative process as it functions in the New York State Senate. It is intended to help you understand how an idea is transformed into a law, and the part that you as a citizen can play in this process.

Senator Anthony M. Mastello
58th Senate District

How a bill becomes a law and how you can help

Senator Anthony M. Mastello
New York State Senate

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION AGENDA #12

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

January 26 and 27, 1989

The Council on Legislation met on November 16, 1988. The primary agenda item was planning for the Legislative seminar and workshops to be presented in conjunction with the February Legislative reception.

I. LEGISLATIVE SEMINAR AND RECEPTION

This year the Council on legislation is sponsoring an expanded legislative seminar workshop and reception on February 26-27, 1989.

- A. There will be a keynote speaker and dinner on Sunday, February 26. This program will be held at the Hilton Hotel and will feature Pat Ford-Roegner from the ANA Washington office talking about "Building Blocks of Power".
- B. The workshops on Monday morning from 8:30 a.m. to 12:15 p.m. will be supported by the workshop fees.
- C. Workshop attendees and NYSNA leaders will be invited to lobby on Monday afternoon, February 27.
- D. The Legislative Reception is set for February 27. Invitations to legislators and the Governor were mailed in mid-January. Letters of invitation to District President's and Executive Directors, District Legislative Committees and NYSNA Organizational Unit leadership were mailed in January.

II. STATUS OF 1989 LEGISLATIVE PROGRAM

- A. Following the approval by the NYSNA 1988 voting body, the official 1989 NYSNA Legislative Program was delivered and discussed with the staff of prime Assembly and Senate sponsors.
- B. The Council on Legislation reviewed and reconfirmed its commitment to a broad legislative agenda at its meeting on November 16, 1988.
- C. The Council discussed ways to continue efforts to build consensus for the standardization of nursing education proposal.
- D. The 1989 Legislative Program is available in an easy to read brochure which will be widely distributed.

III. NURSE PRACTITIONER LAW REGULATIONS

The State Education Department has promulgated regulations for the nurse practitioner law. Nursing Practice and Services is following the implementation of this law and will discuss it further in their report.

IV. COMMUNICATION WITH MEMBERS

- A. LegLine now has a new message every Tuesday to encourage members to call regularly for information. The call is toll free. The number is 1-800-724-INFO (4634).
- B. Legislative Program staff is available to meet with DNA's and other interested groups. The following appointments have already been made:

Delegate Assembly	-	January 5, 1989
District 1	-	January 7, 1989
District 13	-	January 9, 1989
District 3	-	February 7, 1989
NYC Inter-Regional Meeting	-	February 9, 1989
HHC Executive Committee	-	March 1, 1989
District 17	-	March 5, 1989

- C. There will be a designated space in each issue of Report about the Legislative Program. A logo for the Legislative Program will be used consistently, with the by-line "LegPower", to enable members to quickly locate information about the Legislative Program. A regular feature in this space will be a list of activities to encourage member participation. The new format will begin with the February issue of Report.

V. FEDERAL LEGISLATION

- A. On November 4, the President signed into law a bill authorizing AIDS treatment and testing programs.
- B. On November 4, the President signed into law the "Health Omnibus Program Extension Act" (HOPE) which reauthorizes the Nurse Education Act (NEA). Undergraduate nursing education programs are targeted for increased financial support.
- C. On November 15, the President signed into law a bill authorizing construction of a memorial honoring women Vietnam Veterans.
- D. On November 15, the President signed into law a bill which allows an additional one-year extension of H-1 temporary status visas for nurses who file an appeal of the denial extension.

#91 LEGISLATIVE PROGRAMS

VI. COALITION BUILDING ACTIVITIES

Legislative Program staff is actively pursuing involvement in a number of groups: Home Health Care Association, Long Term Care Coalition, Public Health Association, Public Employees Conference, and The Campaign for Healthy Children.

By 5 Perinatal Assoc.

E. Joyce Gould, MSN, RN

E. Joyce Gould, MSN, RN
Director
Legislative Program

Council on Legislation

Susan Fraley, Chairman
Phyllis L. Collier
Louise Gallagher
Lori Jennings
Mary Keane
Virginia Kemme
Carole E. Kuzmack
Juanita Majewski
Kattie Washington

EJG/g
1/9/89

#91 LEGISLATIVE
PROGRAMS

AGENDA #12(a)

THE NEW YORK STATE NURSES ASSOCIATION

ADDENDUM TO THE

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

January 26-27, 1989

Re: Resolution on Free Prenatal Care for All Women

- I. This Resolution was discussed with the Council on Legislation at its November 16, 1988 meeting.
- II. During the 1987-88 Legislative Session, NYSNA followed several bills related to Pre-Natal Care. Only five (5) of those bills addressed access to prenatal care.
 - A. At the request of the Governor, A07949 was introduced by the Committee on Rules. This bill proposed the establishment of a statewide universal access program of prenatal, delivery and post-partum care services for low income pregnant women to be administered under contract by one or more health insurance organizations. It includes provisions for eligibility criteria and proposed an appropriation of \$1 million to cover the cost of the program. The bill was referred to the Health Committee of the Assembly on January 6, 1988. There was no subsequent activity on this bill.
 - B. There were three different bills introduced to amend the Social Services law in relation to eligibility for medical assistance for pregnant women. The bills were: A03634, A08147, A09774. The last two were referred to the Committee on Social Services. The first bill, A03634, was amended and passed by the Committee on Social Services, the Committee on Ways and Means and the Committee on Rules. It passed the Assembly but died in the Senate. These bills extended Medicaid coverage to eligible women for sixty days after delivery and extended medical assistance for young children.
 - C. One bill was introduced to address the pre-natal and post-natal care of a particular group. A04676 proposed a program of pre-natal and post-natal care for inmates of correctional facilities; it also proposed the establishment of standards for such a program and payment for such care. A criminal sanction impact was included. The bill was referred to the Committee on Corrections on January 6, 1988.

#91 LEGISLATIVE PROGRAMS

III. Since November 1988, NYSNA is an active participant of two statewide groups who are interested in improving the health status of children and pregnant women.

- A. The New York State Public Health Association has long been active in advocating universal access to prenatal care. NYSNA will participate in this group's contemplation of the appropriate legislative initiatives regarding prenatal care.
- B. The Statewide Task Force on Healthy Children is sponsored by the Statewide Advocacy for Youth and the State Association of Pediatricians. This multipurpose group plans to address prenatal care as part of its agenda.

IV. The Governor's 1989 Budget proposal released on January 18, 1989 includes \$30.4 million for the Prenatal Care Assistance Program to ensure that 31,500 women have access to necessary prenatal care. These funds are targeted to women who exceed the financial eligibility criteria for Medicaid but do not have adequate funding for prenatal care.

V. On January 19, 1989, Legislative Program staff met with the Governor's staff to emphasize NYSNA's concern for and support of free and appropriate prenatal health care for all women.

VI. An RN student at SUNY New Paltz has expressed interest in working with NYSNA staff, the Council on Legislation and the Parent-Child Health Nursing Clinical Practice Unit to assist in gathering information and designing an action plan for NYSNA to implement the Resolution on Free Prenatal Care for All Women. This student experience meets the requirements NYSNA's Professional Association Learning Experience (PALE) program. The student will complete this project as part of a senior level BSN clinical course titled, Professional Nursing Practice in Societal Health. The Clinical starts the week of February 13th and ends the week of May 8th. The Director of NYSNA's Legislative Program will supervise this activity.

E. Joyce Gould, MSN, RN

E. Joyce Gould, MSN, RN
Director
Legislative Program

Council on Legislation
Susan Fraley, Chairperson
Phyllis L. Collier
Louise Gallagher
Lori Jennings
Mary Keane
Virginia Kemme
Carol E. Kuzmack
Juanita Majewski
Kattie Washington

EJG/bjk
1/23/89

#91 LEGISLATIVE PROGRAMS

AGENDA #12(b)

THE NEW YORK STATE NURSES ASSOCIATION

ADDENDUM TO THE

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

January 26-27, 1989

Re: Resolution on Homelessness

- I. This Resolution was discussed with the Council on Legislation at its November 16, 1988 meeting.
- II. During the 1987-88 Legislative session, NYSNA followed bill A08694. This bill sought to establish the homeless intervention and prevention program within the department of social services to provide services, assistance and representation to needs and homeless persons. It was referred to ways and means on February 24, 1988.
- III. There was much activity by both the Legislative and Executive branches during the 1987-88 session to promote adequate housing for all New Yorkers.
- IV. The Governor's 1989 Budget proposal released on January 17, 1989, describes two existing programs for combating homelessness: The Housing Trust Fund and the Affordable Housing Corporation. The Housing Trust Fund (HTF) and Affordable Housing Corporation (AHC) worked together on 280 projects totaling \$114 million in 1988. The budget in 1989 will add \$50 million in new appropriations.
 - A. The Housing Finance Agency and the State of New York Mortgage Agency have developed new ways to integrate their programs to finance low income housing.
 - B. The Report of the Governor's Housing Trust Fund chaired by Lt. Governor Lundine and Harry W. Albright, Jr., Chairman and CEO of Dime Savings Bank, contains concrete and practical recommendations for improving New York's housing delivery system. It provides framework for many of the budget proposals.
 - 1) \$11 million for the Public Housing Modernization Program.
 - 2) \$34.6 million to correct problems in the Mitchell-Lama housing infrastructure.
 - 3) Maintain Infrastructure Trust Fund at \$326 million.

- 4) Continue \$50 million for Housing Trust Fund and Affordable Housing Corporation.
- 5) Conduct new housing need surveys and housing authority reports.
- C. The Budget proposals propose many activities and funding to combat the problem of homelessness.
 - 1) Create concept of Tier II family shelter. These are designed as an alternative to welfare hotels.
 - 2) Infrastructure Trust Fund -- \$85 million. State will develop 1500 permanent housing units for NYC families living in emergency shelters.
 - 3) \$8.6 million for joint State/NY City Facilities Development Plan -- a multi year effort to develop 3400 new single room occupancy housing units for homeless individuals now living in congregate shelters.
 - 4) \$20 million Homeless Housing and Assistance Program (HHAP) -- the state's primary capital financing vehicle for both permanent and emergency shelter.
 - 5) \$2 million for the Housing Demonstration program which supports such local initiatives as revolving loans, funds or housing.
 - 6) \$2 million for the Rehousing Assistance Program - a case management and supportive services program that helps more families from Welfare hotels to find permanent housing.
 - 7) \$1 million to support local homeless prevention programs -- including legal advocacy services to help prevent unlawful or unnecessary evictions.
 - 8) Proposed residential care alternative to serve AIDS patients who would otherwise be forced to remain in hospitals or live in shelters for the homeless.
- V. On January 19, 1989, Legislative Program staff met with the Governor's staff to emphasize NYSNA's concern for the homeless and to echo our support for the Governor's emphasis on the plight of the homeless in his State of the State Address and 1989 budget.

#91 LEGISLATIVE PROGRAMS

- VI. Four RN students at SUNY New Paltz have expressed interest in participating in NYSNA's Professional Association Learning Experience (PALE) program. They have expressed a desire to participate in Legislative Program activities. The Director of the Legislative Program plans to involve one or more of these students in designing strategies for NYSNA to advocate for comprehensive solutions to the housing and health needs of the homeless. The BSN clinical course is titled Professional Nursing Practice in Societal Health. The clinical starts the week of February 13th and ends the week of May 8th.

E. Joyce Gould MSN, RN

E. Joyce Gould, MSN, RN
Director
Legislative Program

Council on Legislation

Susan Fraley, Chairperson
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Kattie Washington

EJG/bjk
01/23/89

#91 LEGISLATIVE PROGRAMS

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Gulicherland, N.Y. 12064, (518) 456-5371

MEMORANDUM OF OPPOSITION

A. 11447

S. 8477

An Act to amend the education law, in relation
to nurse practitioners.

The New York State Nurses Association is strongly opposed to A11447, S8477 which provides for a third category of nurse, titled nurse practitioner, in the nurse practice act. [The other two categories are registered professional nurse and licensed practical nurse.] The nurse practitioner would be authorized to diagnose illness and physical conditions and perform therapeutic and corrective measures, but only in collaboration with a physician and in accordance with written practice agreements and written protocols. Currently, nurse practitioners are performing those activities under the existing nurse practice act - without those restrictions - and have been doing so for many years competently and safely.

A11447, S8477 provides for prescriptive authority for nurse practitioners, but only under the same restrictive conditions. A11447, S8477 would restrict the use of the title "nurse practitioner" to those nurses certified under the bill. None of the provisions of the bill would apply to Article 28 facilities (hospitals, nursing homes and various outpatient facilities).

NYSNA strongly opposes the bill for the following reasons:

1. All nurses, in addition to nurse practitioners, are currently diagnosing and treating patients within the scope of their education and training. No nurse in New York State has been prosecuted for practicing as a nurse practitioner. This bill 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.

2. The restrictions placed on the practice of the nurse practitioner through this bill imply that nurses are not professionally equipped to function without rigid physician oversight. The bill implies that the nurse practitioner cannot be trusted to recognize her individual practice limitations or to refer patients to physicians when necessary.

3. The bill does not apply to Article 28 facilities where most nurse practitioners practice. This bill therefore will deny the opportunity to obtain prescriptive privilege to the majority of nurse practitioners who may wish to seek it despite the restrictive conditions in the bill.



#91

LEGISLATIVE PROGRAMS

-2-

4. Since only a nurse certified under the bill can use the title "nurse practitioner," nurse practitioners currently practicing in other than Article 28 facilities who elect not to apply for certification under this bill will be required to relinquish that title. The vast majority of these nurses are nurse practitioners certified by the American Nurses Association or other national certifying body. That indeed will deny many nurse practitioners a hard won professional achievement and restrict their freedom to practice as they now do.

5. Areas of specialty practice should not be defined in law. Rather, a professional practice act should define that profession in broad terms and distinguish it from other professions. This allows professions to adjust scopes of practice in keeping with new advances in science and technology. Describing speciality areas of practice within a practice act invariably restricts practice because of the normal and natural overlaps and shared scopes of practice among specialties.

6. Linking the nurse practitioner to physicians in strict collaborative practice with written practice agreements and written protocols will increase the liability of each practitioner and the insurance costs to both.

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

States that have nurse practitioner laws requiring such strict collaboration have found them to be unworkable. These states have begun to rescind or amend the legislation.

In summary, the legislation that seeks to support the practice of nurse practitioners actually restricts that practice and, in addition, restricts the practice of other nurses. The section of the legislation that authorizes diagnosis of illness and physical conditions is unnecessary. The section authorizing prescriptive privilege is overly restrictive, cumbersome and limited to very few nurse practitioners. At a time of a critical nursing shortage, when great efforts are being directed toward recruitment and retention of nurses, the impact of legislation which severely diminishes independent practice will only serve to lessen the attractiveness of the nursing profession.

For all these reasons NYSNA urges defeat of A11447, S8477.

#91 LEGISLATIVE
PROGRAMS

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
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LEGISLATIVE ALERT

The nurse practitioner bill (S8477, A11477) passed the Senate on June 22, 1988. The vote was 45 - 12.

Those voting against the bill (in support of NYSNA) were: Senators Farley, Hoffman, Kehoe, Kuhl, LaValle, E. Levy, Padavan, Perry, Schermerhorn, Soloman, Stachowski, Quattrociochi. Excused and not voting were Connor, Jenkins, and Onorato.

LOBBYING ACTIVITY MUST NOW BE CONCENTRATED ON THE ASSEMBLY

A11447 is expected to be voted on in Codes Committee and Ways and Means Committee (lists enclosed) Tuesday, June 28 and Wednesday, June 29.

URGENT

Visit, telegraph or telephone the following members of the Assembly urging a NO vote on A11447.

Speaker of the Assembly, Melvin Miller
Majority Leader, James Tallon
Chairman of Codes Committee, Sheldon Silver
Chairman of Ways & Means, Saul Weprin
Your own Assemblyperson

New York State Assembly
Albany, NY 12248
(518) 455-4100

A11447 MUST BE STOPPED!

Its negative impact on the interpretation of existing nursing practice will be far reaching!

6/23/88



#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

1988

ASSEMBLY WAYS & MEANS COMMITTEE

NAME	LEG DIST.	COUNTIES	NYSNA DIST.
CHAIR - SAUL WEPRIN (D)	24	Queens	14
I. William Bianchi (D)	3	Suffolk	19
John C. Cochrane-Ranking(R)	8	Suffolk	19
Robert D'Andrea (R)	108	Saratoga, Warren	9
Angelo DelToro (D)	68	New York	13
Eileen C. Dugan (D)	52	Kings	14
Arthur O. Eve (D)	141	Erie	1
Alexander "Pete" Grannis(D)	65	New York	13
Edward Griffith (D)	40	Kings	14
Paul E. Harenberg (D)	5	Suffolk	19
R. Stephen Hawley (R)	137	Orleans, Genesee, Monroe	1,2
Alan G. Hevesi (D)	28	Queens	14
William B. Hoyt (D)	144	Erie	1
G. Oliver Koppell (D)	80	Bronx	13
Ivan C. Lafayette (D)	34	Queens	14
Joseph R. Lentol (D)	50	Kings	14
George H. Madison (R)	22	Nassau	14
Hyman Miller (R)	121	Onondaga	4
Jerrold Nadler (D)	67	New York	13
H. Robert Nortz (R)	114	Jefferson, Lewis	6
George Pataki (R)	91	Putnam, Westchester	12,16
		Rockland, Orange	17,18
Roger J. Robach (D)	134	Monroe	2
Robin L. Schimminger (D)	140	Erie	1
Jose E. Serrano (D)	73	Bronx	13
John B. Sheffer II (R)	142	Erie	1
Mark Alan Siegel (D)	66	New York	13
Sheldon Silver (D)	62	New York	13
Robert A. Straniere (R)	60	Richmond	13
Albert Vann (D)	56	Kings	14
George H. Winner, Jr. (R)	126	Chemung, Schuyler	3
Lewis J. Yevoli (D)	13	Nassau	14

(See Other Side For List Of Codes Committee Members)

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

1988

ASSEMBLY CODES COMMITTEE

NAME	LEG DIST.	COUNTIES	NYSNA DIST.
CHAIR - SHELDON SILVER (D)	62	New York	13
James F. Brennan (D)	51	Kings	14
Richard L. Brodsky (D)	86	Westchester	16
Gordon W. Burrows (R)	84	Westchester	16
Angelo DelToro (D)	68	New York	13
Daniel L. Feldman (D)	45	Kings	14
George Friedman (D)	72	Bronx	13
Robert J. Gaffney (R)	4	Suffolk	19
Dov Hikind (D)	48	Kings	14
Robert L. King (R)	130	Monroe, Wayne	2
Joseph R. Lentol (D)	50	Kings	14
George H. Madison (R)	22	Nassau	14
Clarence Norman, Jr. (D)	43	Kings	14
Arnold W. Proskin (R)	103	Albany, Saratoga	9
Stephen M. Saland (R)	97	Dutchess	14
Robin Schimminger (D)	140	Erie	1
Larry Seabrook (D)	82	Bronx	13
Helene Weinstein (D)	41	Kings	14
Gregory P. Young (D)	88	Westchester	16
Terrence M. Zaleski (D)	83	Westchester	16

(See Other Side For List Of Ways and Means Committee Members)

cjp
6/23/88

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION

2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

LEGISLATIVE ALERT

GOOD NEWS & BAD NEWS

The senate continues to delay action on the nurse practitioner bill (S8477).

That means the letters and phone calls to the full senate, especially the leadership must continue.

The Assembly Higher Education Committee passed the bill (A11447) on 6/1/88.

The vote was 13 to 8. ALL Republicans and one Democrat (Sam Colman) voted with NYSNA. The bill now goes to Ways and Means Committee.

Action Needed

VISIT, WRITE, TELEPHONE members of Ways and Means Committee (list enclosed) and Speaker of the Assembly, Melvin Miller, stating your opposition to A11447.

New York State Assembly
Albany, New York 12248
Telephone (518) 455-4100

VISIT, WRITE, TELEPHONE Senate especially Majority Leader, Warren Anderson, Senator Lombardi and your own senator stating your opposition to S8477.

New York State Senate
Albany, New York 12247
Telephone (518) 455-2800

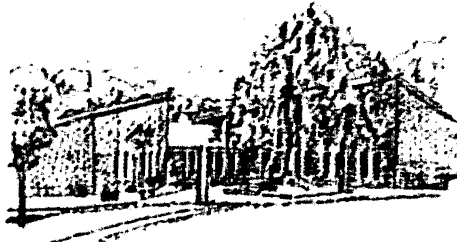
Bill supporters are lobbying intensely
so voices in opposition are CRITICAL!

6/2/88



#91 LEGISLATIVE PROGRAMS

Mertha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 458-5371

LEGISLATIVE ALERT

The NURSE PRACTITIONER BILL (A11447,S8477)
passed the Assembly with a vote of 82 to 54.

THE BILL NOW GOES TO THE GOVERNOR

Once a bill is sent to the Governor, he has ten days to sign it.

This is our LAST CHANCE to defeat a bill that will destroy
the progress we have made in making nursing an independent
profession.

It's Imperative To Take Action NOW!

Write or Telegraph and Call the Governor

IMMEDIATELY

Governor Mario Cuomo
Executive Chamber
The Capitol
Albany, NY 12224
(518) 474-8390

Stress in your communication that the bill:

Restricts the practice of ALL nurses,
including nurse practitioners

Will lessen, not increase patient access
to health care

Will increase the cost of health care

7/1/88



#91 LEGISLATIVE PROGRAMS

Nine Reasons to OPPOSE S8477

1. All RNs are now legally entitled to diagnose and treat patients. No nurse in New York has been prosecuted for practicing as a nurse practitioner, but this bill implies that diagnosing, treating and performing therapeutic measures are not encompassed in the current scope of nursing practice.
2. The bill implies that nurses are not professionally equipped to function without rigid physician oversight, and that a nurse practitioner cannot be trusted to recognize her practice limitations or to refer patients to physicians when necessary.
3. The bill excludes nurse practitioners who work in Article 29 facilities.
4. Nurse practitioners who are now in private practice will be able to continue using the title "nurse practitioner" only if they become certified under the provisions of this bill and practice under physician control.
5. Areas of speciality practice should not be defined in law. Doing so inhibits the profession from adjusting scopes of practice in keeping with advances in science and technology.
6. Linking the nurse practitioner to physicians will increase the liability of each practitioner and the insurance costs to both.
7. Nurse practitioners are now cost effective providers of primary care services to underserved populations. By requiring a formal relationship between the nurse and the physician, this bill will cede control to the physician and increase the overall costs of health care.
8. States that have previously enacted similar legislation have found it unworkable, and have begun to rescind or amend the laws.
9. Legislation that diminishes independent practice will lessen the attractiveness of the profession at a time when all efforts must be spent to encourage recruitment.

#91 LEGISLATIVE PROGRAMS

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

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7/1/88



#91

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3. The bill excludes nurse practitioners who work in Article 28 facilities.
4. Nurse practitioners who are now in private practice will be able to continue using the title "nurse practitioner" only if they become certified under the provisions of this bill and practice under physician control.
5. Areas of speciality practice should not be defined in law. Doing so inhibits the profession from adjusting scopes of practice in keeping with advances in science and technology.
6. Linking the nurse practitioner to physicians will increase the liability of each practitioner and the insurance costs to both.
7. Nurse practitioners are now cost effective providers of primary care services to underserved populations. By requiring a formal relationship between the nurse and the physician, this bill will cede control to the physician and increase the overall costs of health care.
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#91 LEGISLATIVE PROGRAMS

STATE OF NEW YORK

S. 8477

A. 11117

SENATE—ASSEMBLY

May 12, 1988.

IN SENATE -- Introduced by Sens. LOMBARDI, BARTOSIEWICZ, BERNSTEIN, BRUNO, COOK, DUNNE, FLOSS, GOLD, GOODHUE, GOODMAN, JENKINS, JOHNSON, KORN, MARCHI, MONTGOMERY, OHRENSTEIN, PATERSON, SCHERMERHORN, SKELOS, VELELLA -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education

IN ASSEMBLY -- Introduced by COMMITTEE ON RULES -- (at request of M. of A. Eya, Gottfried, E. C. Sullivan, Tallon, Marshall, Daniels, Green, Murtaugh, Ortloff) -- read once and referred to the Committee on Higher Education

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

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section six thousand nine hundred two of the education law
2 is amended by adding a new subdivision three to read as follows:
3 1. (a) The practice of registered professional nursing by a nurse
4 practitioner, certified under section six thousand nine hundred ten of
5 this article, may include the diagnosis of illness and physical condi-
6 tions and the performance of therapeutic and corrective measures within
7 a specialty area of practice, in collaboration with a licensed physician
8 qualified to collaborate in the specialty involved, provided such ser-
9 vices are performed in accordance with a written practice agreement and
10 written practice protocols. The written practice agreement shall include
11 explicit provisions for the resolution of any disagreement between the
12 collaborating physician and the nurse practitioner regarding a matter of
13 diagnosis or treatment that is within the scope of practice of both. To
14 the extent the practice agreement does not so provide, then the colla-
15 borating physician's diagnosis or treatment shall prevail.
16 (b) Prescriptions for drugs, devices and immunizing agents may be is-
17 sued by a nurse practitioner, under this subdivision and section six
18 thousand nine hundred ten of this article, in accordance with the prac-
19 tice agreement and practice protocols. The nurse practitioner shall ob-

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
() is old law to be omitted.

LBD14931-03-8

S. 8477

2

A. 11467

1 tain a certificate from the department upon successfully completing a
2 program including an appropriate pharmacology component, or its equiva-
3 lent, as established by the commissioner's regulations, prior to
4 prescribing under this subdivision. The certificate issued under section
5 six thousand nine hundred ten of this article shall state whether the
6 nurse practitioner has successfully completed such a program or equiva-
7 lent and is authorized to prescribe under this subdivision.

8 (c) Each practice agreement shall provide for patient records review
9 by the collaborating physician in a timely fashion but in no event less
10 often than every three months. The names of the nurse practitioner and
11 the collaborating physician shall be clearly posted in the practice set-
12 ting of the nurse practitioner.

13 (d) The practice protocol shall reflect current accepted medical and
14 nursing practice. The protocols shall be filed with the department
15 within ninety days of the commencement of the practice and may be up-
16 dated periodically. The commissioner shall make regulations establishing
17 the procedure for the review of protocols and the disposition of any is-
18 ssues arising from such review.

19 (e) No physician shall enter into practice agreements with more than
20 four nurse practitioners who are not located on the same physical pre-
21 mises as the collaborating physician.

22 (f) Nothing in this subdivision shall be deemed to limit or diminish
23 the practice of the profession of nursing as a registered professional
24 nurse under this article or any other law, rule, regulation or certifi-
25 cation, nor to deny any registered professional nurse the right to do
26 any act or engage in any practice authorized by this article or any
27 other law, rule, regulation or certification.

28 (g) The provisions of this subdivision shall not apply to any activity
29 authorized, pursuant to statute, rule or regulation, to be performed by
30 a registered professional nurse in a hospital as defined in article
31 twenty-eight of the public health law.

32 § 2. Such law is amended by adding a new section six thousand nine
33 hundred ten to read as follows:

34 § 6910. Certificates for nurse practitioner practice. 1. For issuance
35 of a certificate to practice as a nurse practitioner under subdivision
36 three of section six thousand nine hundred two of this article, the ap-
37 plicant shall fulfill the following requirements:

38 (a) Application: file an application with the department;

39 (b) License: be licensed as a registered professional nurse in the
40 state;

41 (c) Education: (i) have satisfactorily completed educational prepara-
42 tion for provision of these services in a program registered by the
43 department or in a program determined by the department to be the
44 equivalent; or

45 (ii) submit evidence of current certification by a national certifying
46 body, recognized by the department; or

47 (iii) meet such alternative criteria as established by the
48 commissioner's regulations;

49 (d) Fees: pay a fee to the department of fifty dollars for each ini-
50 tial certificate authorizing nurse practitioner practice in a specialty
51 area and a triennial registration fee of thirty dollars. Registration
52 under this section shall be coterminous with the nurse practitioner's
53 registration as a professional nurse.

54 2. Only a person certified under this section shall use the title
55 "nurse practitioner".

#91

LEGISLATIVE PROGRAMS

S. 8477

3

A. 11447

1 2. The provisions of this section shall not apply to any act or prac-
2 tice authorized by any other law, rule, regulation or certification.

3 4. The provisions of this section shall not apply to any activity
4 authorized, pursuant to statute, rule or regulation, to be performed by
5 a registered professional nurse in a hospital as defined in article
6 twenty-eight of the public health law.

7 5. The commissioner is authorized to promulgate regulations to imple-
8 ment the provisions of this section.

9 § 3. This act shall take effect on the first day of April in the year
10 next succeeding the date on which it shall have become a law, except
11 that the commissioner of education is authorized to make regulations and
12 take any other appropriate actions to prepare for the implementation of
13 the provisions of this act prior to such date.

#91 LEGISLATIVE PROGRAMS

Nine Reasons to OPPOSE S8477

- All RNs are now legally entitled to diagnose and treat patients. No nurse in New York has been prosecuted for practicing as a nurse practitioner, but this bill implies that diagnosing, treating and performing therapeutic measures are not encompassed in the current scope of nursing practice.
- The bill implies that nurses are not professionally equipped to function without rigid physician oversight, and that a nurse practitioner cannot be trusted to recognize her practice limitations or to refer patients to physicians when necessary. *we have to start somewhere! they don't even allow us this now.*
- The bill excludes nurse practitioners who work in Article 28 facilities. *state facilities already provide clauses to cover these nurses.*
- Nurse practitioners who are now in private practice will be able to continue using the title "nurse practitioner" only if they become certified under the provisions of this bill and practice under physician control. *SO there has to be some basic standards, i.e. masters degree, Pharmacology etc...*
- Areas of speciality practice should not be defined in law. Doing so inhibits the profession from adjusting scopes of practice in keeping with advances in science and technology. *If you read the bill, it makes no definition of specialties.*
- Linking the nurse practitioner to physicians will increase the liability of each practitioner and the insurance costs to both. *O.S. every other state does it that way. There have been 11 suits brought against nps nation wide to date.*
- Nurse practitioners are now cost effective providers of primary care services to underserved populations. By requiring a formal relationship between the nurse and the physician, this bill will cede control to the physician and increase the overall costs of health care. *NOT in NY - there are NO nps practicing independent. e medical rights for Rx etc*
- States that have previously enacted similar legislation have found it unworkable, and have begun to rescind or amend the laws. *Amend - that's the key - we need to start some basic laws allowing us to practice.*
- Legislation that diminishes independent practice will lessen the attractiveness of the profession at a time when all efforts must be spent to encourage recruitment.

The way the act is written, if medical nps etc. are in our bill this is nothing to do with this

decide A yourself - read the Bill

Julie

Martha L. Orr, MN, RN
Executive Director



Constituent of The American Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 458-8371

LEGISLATIVE ALERT

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THE BILL NOW GOES TO THE GOVERNOR

Once a bill is sent to the Governor, he has ten days to sign it.

This is our LAST CHANCE to defeat a bill that will destroy the progress we have made in making nursing an independent profession.

It's Imperative To Take Action NOW!

Write or Telegraph and Call the Governor IMMEDIATELY

Governor Mario Cuomo
Executive Chamber
The Capitol
Albany, NY 12224
(518) 474-8390

*How's
If ANA would get together, their act...*

Stress in your communication that the bill:

Restricts the practice of ALL nurses, including nurse practitioners

Will lessen, not increase patient access to health care

Will increase the cost of health care

They want realize that NP's need some legal support to function as advanced practitioners

NP's already have Rx privileges & they have

nowhere the knowledge that NP's have in nursing issues! If anyone would like a copy of the bill please let me know, so you can read it yourself & make up your own mind. ANA is quibbling over a words in it - B.S.



Julie

#91 LEGISLATIVE PROGRAMS

1983

~~June~~

I'm just familiar with the nurse practice bill and just finished reading your comments. It's too late to do anything now since I was signed into law last week.

I do think that you may have some mis understanding about the bill. In having some one from NY SNA to answer your comments.

It may help you to see why this bill may not have been the right one for nursing. You also must understand that NY SNA is not against a bill to protect NY but they wanted a bill that would not harm nursing.

~~Wanda~~

Juanita would you answer to this
Thanks -- Send it to me
Wanda

#91 LEGISLATIVE PROGRAMS

REVISED AGENDA #9

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

July 14, 1988

*Committee to Study Nurse Practitioner Act
impair
impair on NYSNA
more applicable
Practice Bill*

The Council on Legislation met once, June 7, 1988, since the May 18-19 Board meeting. The meeting was held in the State Capitol so that members could lobby against the Nurse Practitioner Bill, S.8477, A.11447. The second purpose of the meeting was to begin planning for the development of a 1989 Legislative Program, particularly as it relates to the Entry Into Practice Bill.

I. STATUS OF THE NURSE PRACTITIONER BILL, S.8477, A.11447

The bill was signed into law by Governor Mario Cuomo on Monday, July 11. A Governor's counsel staff member, Herman Fernandez, told NYSNA on Tuesday, July 12, that NYSNA's arguments against the bill were presented to the Governor, but that his decision to approve the bill was a result of support groups who said the bill would bring needed health care services by nurse practitioners to the underserved urban and rural areas. The law goes into effect April 1, 1989. Registration of nurse practitioners will be coterminous with the nurse practitioner's registration as a professional nurse. The State Education Department is authorized in the new law to prepare regulations for its implementation.

II. STATUS OF THE ENTRY INTO PRACTICE LEGISLATION

No action was taken by the 1988 Legislature on S.2684A, A.3574A.

III. STATUS OF BILL INTRODUCED TO PROVIDE SCHOLARSHIPS OR LOANS FOR NURSING EDUCATION

Most of the several scholarship/loan bills introduced this year have been held because of the 900 million dollar state budget deficit. It is not known at this time whether any of the bills will pass.

IV. RECOMMENDATION FOR A MAJOR CONFERENCE ON ENTRY INTO PRACTICE

The council recommends to the Board of Directors that a major conference on Entry Into Practice be held prior to the 1988 Convention and, if possible, prior to the council's development of a proposed 1989 Legislative Program. NYSNA's commitment to Entry Into Practice would be a given, with the purpose of the conference to reach unification on the details and to proceed with implementation.

*Albany Bulletin
July 63*

-2-

V. NURSE OF DISTINCTION AWARD STEERING COMMITTEE MEETING

Janet Mance represented NYSNA at the July 7, 1988 meeting to begin planning for the New York State Legislature Nurse of Distinction Award Program. The Steering Committee appointed Regional Peer Review Committee Chairpersons, approved a timetable, a fact sheet about the program, a nomination form and began planning for the May 10, 1989 conference.

Janet P. Mance
Janet P. Mance, MN, RN
Director
Legislative Program

Council on Legislation
Jean B. Heady, Chairman
Josephine Bolus
Susan Fraley
Louise Gallagher
Carole Kuzmack
Juanita Majewski
Carol Morris
Janice Volland
Kattie Washington

JPM/ker
7/13/88

Attachments

#91 LEGISLATIVE PROGRAMS

NURSE OF DISTINCTION AWARD

STEERING COMMITTEE

Greater NY I

Patricia Anvaripour
Planning Associate in Nursing
Mt. Sinai Hospital
One Gustave Levy Place
New York, NY 10029
(212) 241-7915

Margaret Music
Nursing Recruitment Office
Memorial Hospital
Northern Blvd.
Albany, NY 12204
(518) 471-3202

Greater NY II

Dr. Carol Brooks
Long Island Jewish Med. Ctr.
Home: 2 Highfield Avenue
Port Washington, NY 11050
(718) 470-7801

Pura Pantojas *Long Island Region*
Deputy Director for Nursing
SUNY Stonybrook University
Hospital
Room T14-138
Stoneybrook, NY 11794-7710
(516) 444-2780

Central NY Region

Grace Chickadonz, Dean
College of Nursing
Syracuse University
426 Ostern Avenue
Syracuse, NY 13244-3240
(315) 423-2141

Allison Van Putte *Finger Lakes Region*
Interim Associate Dean for
Nursing Practice
University of Rochester
601 Elmwood Avenue
Rochester, NY 14642
(716) 275-3455

Northern West Region

Linda Jarrett
Coordinator Patient Services
New Paltz Nursing Home
P.O. Box 909
1 Jansen Road
New Paltz, NY 12561
(914) 255-0830

Elfrida Russell *Western NY Region*
Director of Home Care Services
24 Rhode Island St. Nursing Home
24 Rhode Island Street
Buffalo, NY 14213
(716) 883-7911

Janet Mance
Director, Legislative Program
NYS Nurses Association
2113 Western Avenue
Guilderland, NY 12034
(518) 456-5371

Carolyn Scanlon
Hospital Association of NYS
74 North Pearl Street
Albany, NY 12207
(518) 434-7600

North-Eastern NY Region

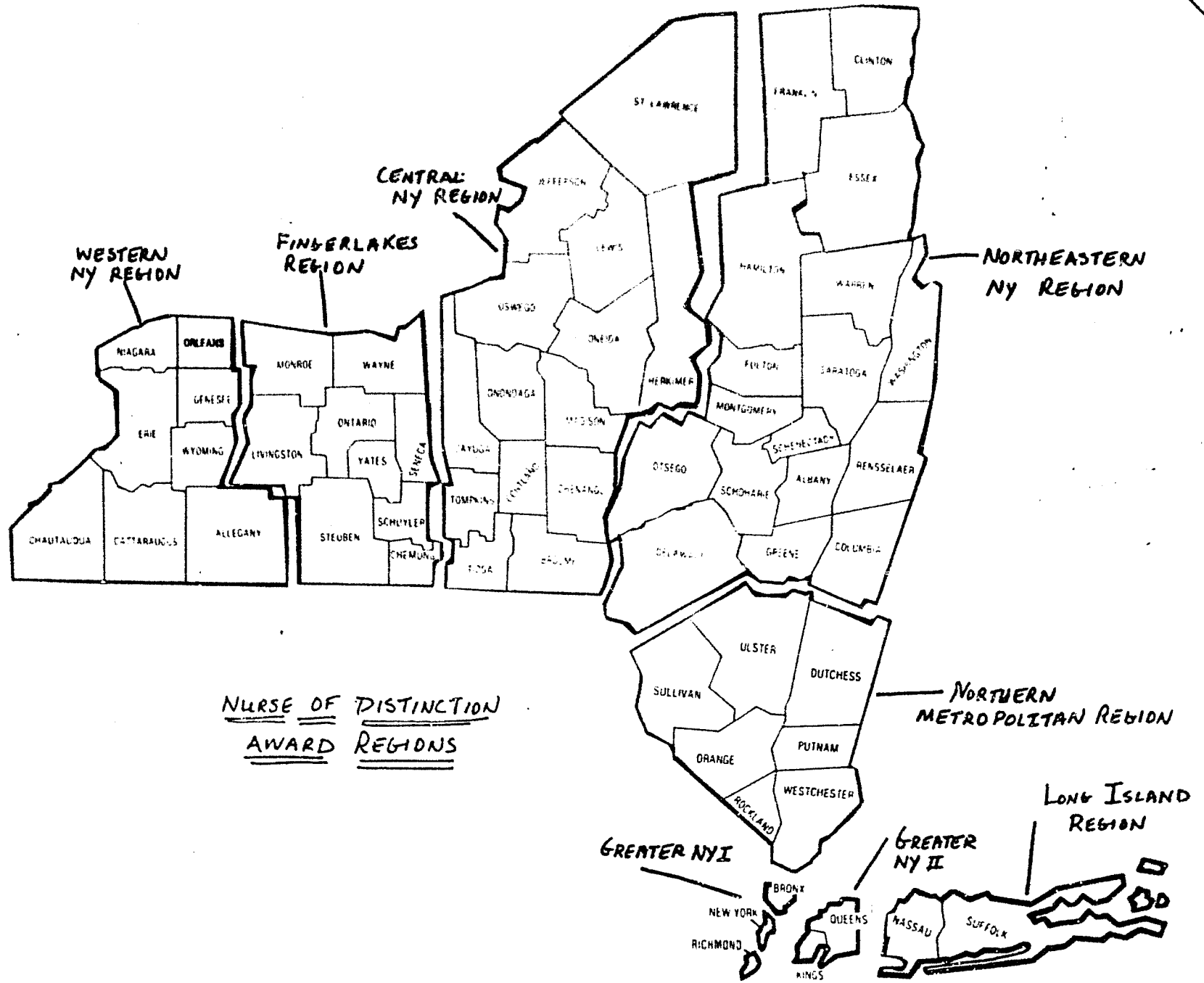
Diane McDonald
Vice President for Nursing
Albany Medical Center
New Scotland Avenue
Albany, NY 12208
(518) 445-3474

NEW YORK STATE LEGISLATURE'S NURSE OF DISTINCTION AWARD

Timetable

July 7, 1988	Convene first Steering Committee meeting.
July - September	Select Regional Peer Review Committees.
September 1, 1988	Mail program materials (brochure, poster, communication plan) to health organizations and associations.
October 1, 1988	Mail nomination form to health organizations and associations.
November 15, 1988	Mail reminder to organizations, associations and steering committee.
January 15, 1989	Deadline for submission of nomination forms.
February 8 - March 15, 1989	Certificates mailed to all nominees; Regional Peer Review Committees meet to select regional nominees.
April 1, 1989	Announcement of eight regional winners.
April 1 - May 1 ^{April 15} , 1989	Statewide Selection Committee meeting to select Statewide winner.
May 10, 1989	All nominees honored at conference; Statewide winner announced.

#91 LEGISLATIVE PROGRAMS



NURSE OF DISTINCTION
AWARD REGIONS

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION
COUNCIL ON LEGISLATION

June 7, 1988
12:00 - 2:00 p.m.

AGENDA

- I. Call to Order
- ✓II. Review of Minutes of Meeting on April 26, 1988
- III. Review of Lobbying Activities in Opposition to A.11447, S.8477
- ✓IV. Review of Materials in Folder
- V. Status of 1988 Legislative Program and [Analysis]
- VI. Beginning Planning for 1989 Program
- VII. Date of Next Meeting
- VIII. Adjournment

Report on response of members (relates to prescriptions) (discussed)

Entry Description of International Nurses

Year Statutes Supplemental to Code 2000

Current Report of C.C. 39 AD Educators

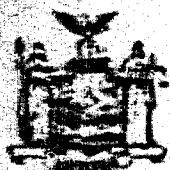
Att. ch. 10/88

Report on meeting & report of all levels of nurses

Report on entry - before committee

input about title

#91 LEGISLATIVE PROGRAMS



RICHARD N. GOTTFRIED
64th Assembly District
Room 622
Legislative Office Building
Albany, New York 12248
(518) 485-4861
Room 1811
270 Broadway
New York, New York 10007
(212) 385-8842

THE ASSEMBLY STATE OF NEW YORK ALBANY

April 29, 1988

CHAIRMAN
Committee on Health
SECRETARY
Manhattan Delegation
COMMITTEES
Rules
Higher Education
Insurance
Tourism, Arts & Sports
Social Services
Majority Steering Committee

Dear Friend:

As Chairman of the Assembly Health Committee, I am pleased to provide you with highlights from the 1988-89 New York State Budget as it relates to various health issues. As you may know, this has been an unusually difficult Budget year for New York. Many worthwhile, even vital, programs could not be funded at levels many of us felt were necessary. Nevertheless, we were successful in securing funding for many programs which will improve and protect the public's health and enhance access to health care. Listed below are the highlights of the State Budget relating to health, by program title, showing the appropriation, any change from the previous fiscal year or the Governor's request and a brief description of the item.

IMPROVING ACCESS TO HEALTH CARE

School Health Program--\$4 million, an increase of \$1 million from last year, for contracts with health facilities and other providers to provide comprehensive preventive and primary health care services through school-based clinics. Additional monies will enrich existing programs and fund new projects in high risk areas.

Family Planning Clinics--\$12 million, an increase of \$1 million from last year, for grants to family planning clinics to offset cost increases and cuts in Federal funding.

Rape Crisis Centers--\$1.05 million, an increase of \$550,000 above the Governor's request, for DOH grants to rape crisis centers which provide supportive services to victims of rape and to continue prevention programs to reduce the incidence of rape.

Family Practice Residency Program--\$5 million, an increase of \$1 million from last year and \$2.5 million above the Governor's request, for grants to teaching hospitals that have residency programs, to promote the training of primary care physicians who frequently work in underserved areas. The increase requires an implementing statute before it can be spent.

- 2 -

Home Health Care Services Grants--\$4.5 million, an increase of \$1.7 million from last year, for grants to home health care agencies to expand and enhance services. The increase requires an implementing statute before it can be spent.

Primary Health Care Services Initiative Program (PHCSIP)--\$5 million, the same as last year, for grants to health facilities to ensure the availability and accessibility of primary health care services to the medically indigent in underserved areas.

Rural Health Diversification Program--\$1 million, the same as last year, as an addition to the PHCSIP, for grants to rural health care providers for diversification and expansion of care, including geriatric services, long term care and primary care in rural areas.

Rural Health Care Services Grants--\$1 million was added by the Legislature for special grants for the diversification, expansion or improvement of rural health care services to assist rural providers in responding to the need for additional health care services.

Implementation of Cooperative Programs and Networks for Health Care--\$700,000 was added by the Legislature for services related to the implementation of cooperative programs and networks for health care primarily in underserved rural areas. An additional \$267,300 is provided for grants related to the development of rural health pilot projects.

"Swing Bed" Demonstration Project--\$900,000 was added by the Legislature for grants to acute care hospitals in rural areas to cover demonstration projects that temporarily change the status of acute care beds to allow these beds to be used for non-acute care. The grants are made available to the hospitals to cover the costs associated with the provision of various services, such as skilled nursing care, hospice, geriatric care, respite care, self care, and related support services.

Rural Health Training and Research Institutes--\$200,000 was added by the Legislature to the budget of the State Education Department to meet the continuing educational needs of health care providers in rural areas.

Health Personnel in Rural Areas--\$318,000 was added by the Legislature for the costs of operating model programs for recruitment, retention and clinical training of health personnel and physicians in rural areas.

NUTRITION PROGRAMS

Supplemental Nutrition Assistance Program (SNAP)--\$58.1 million, an increase of \$9.1 million from last year, for nutrition assistance to lower-income people. Funds for the

#91 LEGISLATIVE PROGRAMS

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program are distributed as follows: \$14.22 million for the elderly; \$35.8 million for pregnant women, infants and children; and, \$8.08 million for the homeless.

Nutrition Outreach--\$900,000, an increase of \$400,000 from last year, for grants to community-based organizations for outreach and enrollment of eligible individuals and families into nutrition programs, particularly Federally-funded programs.

Nutrition Program Study--\$150,000 was added by the Legislature for an outside audit and evaluation of nutritional services. The study will examine the relationship between existing nutrition programs, and the utilization, access to, availability of, and referral to Federal food programs.

IMPROVING THE PUBLIC HEALTH

State Aid to Local Health Departments--\$100.6 million, an increase of \$18.5 million above last year, for increased State assistance to local health departments which engage in various public health activities.

Hypertension Prevention Programs--\$2 million, an increase of \$1 million above the Governor's request, for grants to health facilities to provide screening, preventive education and treatment of high blood pressure.

State Aid for Immunization Programs--\$1.33 million, an increase of \$500,000, for State assistance to local health departments for the costs associated with immunizing children from certain diseases.

Prenatal Care Assistance Program (PCAP)--\$22.2 million, an increase of \$1.2 million, for PCAP which was established last year. These funds will reimburse providers for delivering prenatal care to pregnant women with income levels at or below 185% of the poverty level. Funds are also available for developing and expanding projects in under-served areas, supporting locally-based outreach and education activities and for program administration.

Lyme Disease--\$693,000, an increase of \$610,000, for a major expansion of activities related to research on the disease, improving detection, preventing its spread, and the treatment of Lyme Disease and other tick-borne illnesses. The Commissioner of Health is authorized to establish a Tick-Borne Disease Institute to manage the State's response to this public health threat. For additional information a report entitled Lyme Disease: A Clear and Present Danger prepared by the Committee is available upon request.

Federal Block Grants--\$850,000, the same as last year, to supplement the Maternal and Child Health Services Block Grant and the Preventive Health and Health Services Block Grant.

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These funds are provided to maintain the programs funding base at a time when the Federal government is reducing appropriations for these programs.

Sudden Infant Death Syndrome Centers--\$180,000, an increase of \$60,000 above the Governor's request, for research grants to establish the cause and methods of preventing sudden infant death.

Cystic Fibrosis Program--\$275,000, the same as last year, for assistance to individuals with cystic fibrosis in the purchase of health insurance coverage.

State Aid to Laboratories--\$9.6 million, an increase of \$1.87 million, for State assistance to localities for laboratory costs.

Alzheimer's Disease Programs--\$600,000, an increase of \$300,000 above the Governor's request, for grants to organizations which provide supportive services to persons with Alzheimer's Disease and their families and for grants to Alzheimer's Disease Assistance Centers to perform diagnosis, assessment, case management and referral for individuals with the disease.

ENVIRONMENTAL AND OCCUPATIONAL HEALTH

Occupational Disease Clinics--\$2 million, an increase of \$1 million above last year's funding level, for grants for the continued operation or implementation of occupational health clinics in six sites throughout the State. These clinics will provide detection and diagnosis of occupational disease, referral for treatment, worksite disease prevention and educational services for health care providers.

Agricultural Occupational Disease Center--\$510,000 was added by the Legislature for the establishment of an occupational health center targeted at agricultural workers. The establishment of the center, which will be located at Bassett Hospital in Cooperstown, will require implementing legislation.

Regulation of Domestic Water Treatment Units--\$180,000 was added by the Legislature to allow the State Health Department to establish a program to regulate water treatment units. Funds for this program are contingent upon enactment of implementing legislation.

AIDS-RELATED PROGRAMS

The Legislature was successful in adding over \$10 million for the expansion of AIDS prevention and education (especially for minority and high-risk groups), testing and counseling.

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services to people with AIDS, HIV-related illnesses and HIV infection, drug treatment, etc. The enclosed statement issued by Assembly Speaker Mel Miller outlines this package.

MISCELLANEOUS

EMS Personnel Training--\$3.5 million, an increase of \$500,000 above last year's funding level, for the training of EMS personnel.

Governor's Task Force on Life and the Law--\$200,000, the same as last year, for the operation of the Task Force, which develops recommendations for public policy on a range of issues arising from advances in medical technology.

Medical Malpractice Study--\$1 million, the same as last year, for the continuation of funding for the Harvard Study to assess the incidence of medical malpractice in the State and to recommend changes in the current tort system.

Health Systems Agencies (HSA's)--\$1.775 million. This represents the same funding level as last year, but only for the first quarter of the fiscal year. Further discussions are taking place to ensure that adequate funds are appropriated to HSA's to permit their continued operation.

Home Health Aides and Personal Aides Training--\$2 million was added by the Legislature for grants for the recruitment, instruction and subsidization of training for home health aides and personal aides.

Long Island Health Systems Management Regional Office--\$500,000 was added by the Legislature for the establishment of a State Health Department Regional Office on Long Island.

OUTSTANDING ISSUES

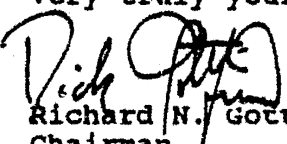
Many important programs were regrettably not included in the Budget. However, two programs have been identified as priorities by the Assembly and I am hopeful that action can be taken on these issues prior to the end of the session. These are:

Medicaid Eligibility Increase--Last year the Assembly passed legislation which would raise Medicaid eligibility levels for larger households to approximate the Federal poverty level and would allow for automatic adjustments of Medicaid eligibility levels to keep pace with changes in the poverty level. Unfortunately, the Senate failed to act on this proposal. Money has been included in the 1988-89 State Budget for an expansion of the Medicaid program and negotiations on the issue are continuing.

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Hospital Outpatient Clinic Cap--I have introduced legislation, A.9397, which would raise, from \$60 to \$75, the cap on Medicaid rates of payment for outpatient clinic visits. The current cap, which hasn't been raised since 1981, results in a revenue shortfall of tens of millions of dollars for hospitals throughout the State.

As always, I welcome your comments on these or other health issues of importance to you. Should you need further information on any of these Budget items, I would be glad to assist you.

Very truly yours,

Richard N. Gottfried
Chairman
Assembly Committee on Health

RNG/lmd
427health

#91 LEGISLATIVE PROGRAMS

State of New York Legislative Resolution

Senate No. 307

BY: Senator Donovan



COMMENDING the New York State Nurses Association

WHEREAS, In the course of the evolving development of this Empire State, if the ingredients of shared concern and responsive endeavor combine in the symmetry of nursing commitment, there have emerged among the salient associations of the State of New York, certain facilities which warrant special recognition; and

WHEREAS, It is the sense of this Legislative Body to commend an organization of such keen and telling manner, the New York State Nurses Association; and

WHEREAS, The New York State Nurses Association is the New York affiliate of the American Nurses Association; and

WHEREAS, Resonant with a constancy of theme, since its founding in nineteen hundred one, the New York State Nurses Association has so demonstrably labored for the positive and salutary definition of the nursing profession in this Empire State; and

WHEREAS, The New York State Nurses Association is comprised of eighteen District Nurses Associations which are regional, having, in turn, the subsequent Clinical Practice Units:

- Community Health Nursing;
- Gerontology Nursing;
- Medical-Surgical Nursing;
- Parent-Child Health Nursing;
- Psychiatric Mental Health Nursing; and
- School Health Nursing; and

WHEREAS, The New York State Nurses Association has the following Functional Units:

- Deans, Directors and Faculty of Nursing Education Programs;
- Direct Care Practitioners;
- Directors, Associates and Assistants - Nursing Practice and Services;
- Primary Care Practitioners; and
- Providers of Continuing Education/Staff Development; and

WHEREAS, The New York State Nurses Association has the following Councils:

- Consumer Advisory Council;
- Council on Continuing Education;
- Council on Ethical Practice;
- Council on Human Rights;
- Council on Nursing Education;

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Council on Nursing Practice; and

Council on Nursing Research; and

WHEREAS, The New York State Nurses Association has the following special committees:

Awards Committee;

Task Force on Alcohol and Substance Abuse in the Profession of Nursing; and

Task Force on Establishing a Delegates Assembly of Nurses Represented for Collective Bargaining Purposes; and

WHEREAS, It is the sense of this Legislative Body that those who give positive definition to the profile and disposition of nursing, do so profoundly strengthen our shared commitment to the preservation and enhancement of human dignity; and

WHEREAS, Through its long and sustained commitment to the perception of nursing as a professional and defined endeavor, the New York State Nurses Association has so demonstrably advanced that spirit of united purpose and consanguinity which is the unalterable manifestation of our American experience; now, therefore, be it

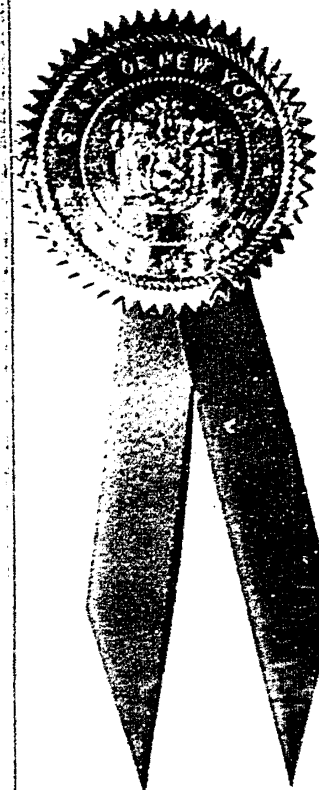
RESOLVED, That this Legislative Body pause in its deliberations and most joyously commend the New York State Nurses Association, fully confident that the New York State Nurses Association has so truly enhanced our shared commitment to the efflorescence of human dignity; and be it further

RESOLVED, That a copy of this Resolution, suitably engrossed, be transmitted to Janet Mance, Legislative Director, New York State Nurses Association, 2113 Western Avenue, Guilderland, New York 12084.

ADOPTED IN SENATE ON
February 1, 1988

By order of the Senate,

Stephen F. Sloan, Secretary



#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

March 5 - 6, 1987

The Council on Legislation met once since the January 7 and 8, 1987 Board of Directors meeting. That meeting was held on February 9 in conjunction with the annual Legislative Reception.

I. STATUS OF THE 1987 LEGISLATIVE PROGRAM BILLS

- A. The Exempt Clause Repeal Bill (S.1343) was reported out of the Senate Education Committee on February 3 and was passed by the Senate 48 to 9 on February 10. The Assembly companion bill is not yet printed.
- B. The Entry Into Practice Bill is being circulated for co-sponsorship in both the Senate and Assembly and is expected to be printed as a uni-bill within the next several days.

II. STATUS OF THE NURSE REGENTS SCHOLARSHIP/NURSING PRACTICE BILL

A.1412, S.1314, identical to last session's bill (A.11211-C, S.9397-B) was introduced on January 21. NYSNA has issued a memorandum of opposition and is working with Senate leadership on the issue of prescriptive privileges for nursing. At this time lobbying efforts are directed toward opposing action on A.1412, S.1314. The bill is assigned to the Assembly Higher Education Committee and the Senate Education Committee.

III. REIMBURSEMENT FOR MENTAL HEALTH SERVICES

NYSNA is among the professional groups working with the Insurance Department regulations that would include mental health care benefits in routine health benefit coverage. Currently, such coverage is an insurance option. NYSNA has mailed a questionnaire to approximately 200 psychiatric clinical nurse specialists to seek information on the services provided by nurses. The data will be shared with the Insurance Department.

IV. 1987 LEGISLATIVE RECEPTION

The annual Legislative Reception was held on Monday, February 9, from 5:00 p.m. to 7:00 p.m. in the Albany Room of the Legislative Office Building in Albany. A pre-reception Legislative Conference was held from 2:00 to 4:00 p.m. in Hearing Room B.

Approximately 30 nurses attended the pre-reception conference and 51 attended the reception. Approximately 116 legislators and 131 legislative aides attended the reception.

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V. LOBBY DAYS

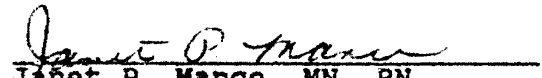
As of February 19, 1987 the following Lobbying Days have been scheduled:

March 3	District 14
March 24	SUNY Downstate Graduate Nursing Students Mt. St. Mary's Senior Nursing Students
March 31	Hartwick College Nursing Students
April 7	District 5
April 28	District 3
May 5	District 2
May 13	Dominican College Nursing Students

Lobby Days have received NYSNA continuing education approval. An individual nurse may apply for and receive upon completion of the requirements, 4 contact hours.

VI. HEARINGS

NYSNA testimony on "Geriatric Education" was given by Karen Ballard on February 3, 1987 and NYSNA testimony on proposed "Do Not Resuscitate" legislation was given by Beverly Ianuzi on February 12, 1987.


Janet P. Mance, MN, RN
Director, Legislative Program

COUNCIL ON LEGISLATION

Margaret Hardie, Chairman
Josephine Bolus
Jerold S. Cohen
Jean Heady
Judith Lynch
Juanita Majewski
Carol Morris
Greta Trotman-Jones
Janice Volland

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2/20/87

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

11

LEGISLATIVE PROGRAM

January 7 and 8, 1987

The Council on Legislation held its first meeting since the 1986 Convention on December 15, 1986. That meeting was held in conjunction with the 1986 Legislative Workshop.

I. STATUS OF THE 1987 LEGISLATIVE PROGRAM

January 7, 1987 marks the opening of a new two year legislature. All Bills must be newly introduced. Bill sponsors must be recontacted, bills renumbered and reprinted. Gearing up for re-introduction of the Entry Into Practice Bill, the Exempt Clause Repeal Bill and a Prescriptive Privilege Bill is underway. All supporting documentation for the legislation and memoranda of support are under review and will be revised and updated as necessary.

II. LEGISLATIVE WORKSHOP


The Legislative Workshop sponsored by the Council on Legislation was held at the Desmond Americana, Colonie, New York on December 15, 1987. Invitations were sent to NYSNA Board Members, District Presidents and Executive Directors, and Chairpersons of District Legislative Committees. 42 people attended and contributed to expanding and improving the NYSNA/DNA Lobbying Network.

III. 1987 LEGISLATIVE RECEPTION

The annual Legislative Reception is scheduled for Monday, February 9 from 5:00 p.m. to 7:00 p.m. in the Albany Room of the Legislative Office Building in Albany. A pre-reception Legislative Conference will be held from 2:00 to 4:00 p.m. in Hearing Room B.

IV. HEARINGS

NYSNA Testimony on the 1987 Update and Progress on the Report for the Five Year Comprehensive Plan: Mental Health Services was provided by Leslie Brower, MS, RN, Chairman of the Psychiatric-Mental Health Nursing Clinical Practice Unit.


Janet P. Mance, MN, RN
Director, Legislative Program

Council on Legislation
Margaret Hardie, Chairman
Josephine Bolus
Jerold S. Cohen
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#91

LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

May 27, 1987

I. PUBLIC HEARING

A Legislative public hearing on current proposals to amend the Nurse Practice Act is scheduled for May 20, 1987 in Albany. The hearing will be held jointly by the Assembly Higher Education Committee, the Assembly Health Committee, the Senate Education Committee and the Senate Health Committee and will begin at 10 a.m. in Hearing Room B of the Legislative Office Building. The purpose of the Hearing is "to examine proposed legislation revising the Nurse Practice Act as it relates to patient population, health care needs and nursing supply".

II. STATUS OF THE 1987 LEGISLATIVE PROGRAM

The Exempt Clause Repeal Bill is the only bill on which action has thus far been taken. S.1343 passed the Senate on February 10. The Assembly companion bill has been amended to correct technical inconsistencies with S.1343. The Assembly bill is now A.5508-A. Co-sponsors also appear on the A version.

III. LOBBY DAYS

The following Lobby Days have occurred to date during this legislative session:

Date	Group	No. of Nurses
March 3	District #14	56
March 10	District #16	14
March 17	Hartwick College	41
March 24	SUNY Health Science Center at Brooklyn	16
March 24	Mt. St. Mary's College	52
March 31	District #9	7
April 7	District #4	30
April 7	District #5	89
April 7	District #7	6
April 28	District #3	21
May 5	District #2	11

Lobby Days yet to take place are:

May 13 Dominican College

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IV. MINORITY FOCUS GROUP

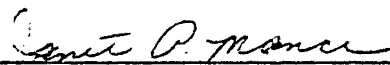
A meeting of the Minority Focus Group, a group of minority nurses which was organized as part of the special Entry Into Practice project, was held on April 28, 1987. The group is chaired by President-elect, Juanita Hunter. Meetings with minority legislators were scheduled for that day. The group also drafted a counter-memorandum to the memo of opposition to the Entry Into Practice Bill from the National Black Nurses Association.

V. PUBLIC HEARINGS

On March 24, NYSNA provided testimony in Albany on the State Health Plan. The Testimony primarily addressed the Nurse Practitioner issue and the Exempt Clause Repeal Bill. NYSNA is preparing to present testimony on the health care needs of persons with AIDS and AIDS Related Complex (ARC) on May 22 and on proposed legislation to license midwives on May 15.

VI. FEDERAL LEGISLATION

The Medicare Community and Ambulatory Care Act of 1987, H.R.1161 was introduced by Congressman Gephardt on February 19, 1987 and S.1010 was introduced on April 10 by Senator Chaffee. ANA has requested SNA's to assist in lobbying efforts by writing or calling New York State Senators and Congressmen. Thus far Congressman Biaggi, Hochbrueckner, Horton, LaFalce, Rangel, Scheuer and Solarz have signed on as co-sponsor.


Janet P. Mance, MN, RN
Director, Legislative Program

COUNCIL ON LEGISLATION

Margaret Hardie, Chairman
Josephine Bolus
Jerold S. Cohen
Jean Heady
Judith Lynch
Juanita Majewski
Carol Morris
Greta Trotman-Jones
Janice Volland

JPM/cl
5/5/87

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

Report to the Board of Directors

Legislative Program
(Program)

September 17-18, 1987
(Date of Board Meeting)

Organizational Unit or Person Requesting Action:

Council on Legislation

Action Requested:

Approval of Legislative Program for 1988

In direction another confusing area

*[Explain of Council - how to implement
arrange closer help]*

LOOK AT WHOLE STATE

PRO CON

Background and/or rationale for request:

The Association's legislative program as approved by the NYSNA's Board of Directors is presented to the voting body for adoption at its annual convention.

*HOW TO BRING ABOUT CHANGE
[LEADER] [PROGRESS]*

*do not know how to proceed
[Discussion]*

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

September 17-18, 1987

The Council on Legislation held its first meeting since May 19, 1987 on September 1, 1987. The primary agenda item was to develop a proposed NYSNA Legislative Program for 1988. The Council also had a conference call on September 16, 1987 since a quorum was not present on September 1.

I. REVIEW OF THE 1987 LEGISLATIVE PROGRAM

A. The Entry Into Practice Bill (S.2684, A.3574)

The Entry Into Practice bill was held in the Assembly Higher Education Committee on May 27 with a vote of 14 to 16. No action on the bill was taken in the Senate.

B. The Exempt Clause Repeal Bill (S.1343, A.5508-A)

The Exempt Clause Repeal bill passed the Senate on February 10 but died in the Assembly Ways and Means Committee.

C. The Nurse Practitioner Bill (A.30008 and Chapter Amendment A.8553)

The Nurse Practitioner bill passed the Assembly on July 9 but died in the Senate Rules Committee.

II. PROPOSED 1988 LEGISLATIVE PROGRAM WITH RATIONALE (See Attached)

III. OTHER LEGISLATIVE ACTIVITIES FOR 1987-1988

A. Legislative Reception

All Council members except one who was absent from both the September 1 meeting and the conference call strongly recommended holding a Legislative Reception early in 1988. The Council was asked to respond to the Board of Director's request to provide a cost/benefit analysis. All were adamant that the visibility provided the NYSNA at the reception and the relaxed setting for nurse/legislator interchange was invaluable and should be continued.

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LEGISLATIVE PROGRAMS


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B. Legislative Workshop

The Council members recommend regional or district workshops instead of one workshop held in Albany. The purpose is to reach more nurses, especially if the Legislative Program for 1988 focuses on the Entry Into Practice bill. The participation of Council members, NYSNA board members, DNA leadership and other appropriate NYSNA members is requested.

C. Lobby Days

The Council recommends continuation of district Lobby Days and, in addition, a state-wide Lobby Day to be held in Albany possibly during National Nurse Week.



Janet P. Mance, MN, RN
Director, Legislative Program

Council on Legislation

Margaret Hardie, Chairperson
Josephine Bolus
Jerold S. Cohen
Jean B. Heady
Juanita Majewski
Carol Morris
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Janice Volland

JPM/cl
9/17/87

Attachment:

Proposed 1988 Legislative Program with Rationale

#91 LEGISLATIVE PROGRAMS

NEW YORK STATE NURSES ASSOCIATION

1988 Legislative Program

Enact entry into practice legislation which upgrades and standardizes nursing education within institutions of higher learning, maintaining the two existing careers, registered professional nurse and licensed practical nurse.

The Legislation shall encompass the following principles:

- Entry into professional nursing practice will be at the minimum of the baccalaureate level.
- The legal definition of professional nursing will be "diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and well-being."
- Entry into licensed practical nursing will be at the associate degree level.
- The legal definition of licensed practical nursing will be "executing functions in the treatment of human responses to actual or potential health problems within the framework of case finding, health teaching, health counseling and provision of supportive and restorative care, in keeping with a nursing regimen established by a licensed or otherwise legally authorized registered professional nurse."
- A grandfather mechanism will protect all registered professional nurses and licensed practical nurses licensed prior to the date the bill becomes law.

Protect the Nurse Practice Act from inappropriate revision or amendment:

- Preserve the integrity of the Act.
- Protect the scope of practice of all nurses.
- Continue to affirm registered professional nurses' authority to provide primary health care services.
- Maintain a single legal title for the practice of professional nursing.
- preserve the profession's authority to identify specialty practice, titles and credentials through certification and other voluntary self-regulatory activities.

#91 LEGISLATIVE PROGRAMS

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Monitor and influence state and federal legislative proposals affecting health care issues, the public good and the nursing profession. Current support includes but is not limited to equal rights, pay equity and comparable worth, protection of the health of vulnerable populations, and efforts to control domestic violence.

JPM/cl
9/1/87

91 LEGISLATIVE PROGRAMS

NEW YORK STATE NURSES ASSOCIATION

Rationale

The New York State Nurses Association Council on Legislation recommends to the Board of Directors a legislative program for 1988 that will:

- (a) Focus on the Association's single overriding priority - Entry Into Practice legislation
- (b) Emphasize the essential elements of the Entry Into Practice Bill
- (c) Embody the continuing mandate to protect the Nurse Practice Act from inappropriate revision or amendment
- (d) Continue to monitor and influence other state and federal legislation affecting nursing

Although the Council recommends withholding in 1988 the introduction of other legislative proposals pertaining to critical issues in nursing such as repeal of the exemption clause, mandatory direct reimbursement for nursing services and prescriptive privileges for nurses, the Council stresses its commitment to pursuing those legislative goals when the groundwork for securing their passage has been laid.

The New York State Nurses Association's Legislative Program has historically sought to influence a broad range of legislative issues important in improving the quality of nursing care and the public's access to nursing care. In recent years the Association has sought to meet its obligations to the public through a multifaceted legislative program. However, the legislative community has repeatedly demonstrated reluctance to act on a broad based program that does not explicitly identify one priority. When confronted with several apparently compelling improvements, the issue which is of overriding importance and which undergirds all others has not been recognized as the Association's primary goal.

#91 LEGISLATIVE PROGRAMS

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Clearly, as identified in the Association's Action Plan and the 1987 Arden House Conference, the upgrading and standardization of nursing education is the Association's priority. Years of study of the nursing profession, both internal and external; the current inability of the profession to recruit into the profession; and the shortage of nurses prepared to practice with the knowledge base required in today's health care environment, all testify to the need for improved and standardized nursing education. There are more nurses practicing today than ever before - yet the demand grows, especially for highly trained professional nurses. The need for a well-prepared technical nurse is evidenced by the movement to fill the gap with unlicensed personnel. This downward substitution of health care personnel is an immediate and serious threat to safe care in all health care settings.

The lack of a standardized, collegiate based education for professional and technical nurse education has proved to be a major obstacle in achieving passage of the Association's other legislative issues. Legislators, and indeed the public they represent, remain uncertain about the competence and qualifications for professional responsibility, recognition and reimbursement of a group with diverse preparation.

For example, the Association's 10-year struggle to obtain a make-available third party reimbursement law was opposed vigorously by groups who argued that nurses were not qualified by education and training to receive direct reimbursement and that nursing education was too varied to prepare a practitioner with definable skills. Obtaining passage of a mandated third party law is extremely unlikely without upgrading and standardizing nursing education.

#91 LEGISLATIVE PROGRAMS

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Further, prescriptive privilege legislation is challenged because all nurses do not have a broad, standard educational base with predictable science and pharmacological course work.

Efforts to remove the exemption clause in the Nurse Practice Act which allows unlicensed personnel to practice nursing in OMH and OMRDD facilities have been effectively hampered by those who counter that the simultaneous move to pass the Entry Into Practice legislation indicates that nurses, especially LPNs are inadequately trained - and no better trained than the OMH and OMRDD attendants.

The Entry Into Practice bill first introduced in 1976 incorporated several changes in the existing Nurse Practice Act in addition to the educational requirements for the professional and technical nurse. One was the change in title from registered professional nurse to nurse and licensed practical nurse to associate nurse. The change in titles has caused considerable controversy among nurses and misunderstanding among the public. Attention to revised titles has diverted attention from the basic principle underlying the Entry Into Practice proposal - that of upgrading and standardizing educational preparation for the two licensed nursing careers. In recognition of that fact the New York State delegation at the 1985 ANA convention urged ANA to maintain the title licensed practical nurse for the second career. The ANA House of Delegates failed to heed the New York State experience and adopted instead the associate nurse title. They did vote to maintain the title registered nurse for the professional career. Regrettably the proposed title "associate nurse" has created confusion regarding whether the future entry level for professional nursing will or should be the associate

#91 LEGISLATIVE PROGRAMS

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degree in nursing. It is imperative that this confusion be dispelled and that emphasis be placed on the principle aim of the legislation. Leaving the titles in place as they now exist will serve to clarify that aim and reassure nurses who now practice under the current titles.

Inclusion of the legal definition of the registered professional nurse and the licensed practical nurse in the 1988 legislative proposal will reaffirm the Association's commitment to maintaining an independent role for the registered professional nurse and a dependent role for the licensed practical nurse.

In summary, the upgrading and standardization of nursing education must be achieved. It is absolutely essential not only to resolve the problem of recruitment and retention into nursing, but to enable the Association's other legislative goals to be taken seriously.

Focusing the 1988 NYSNA Legislative Program on the attainment of that goal will provide a unifying issue for the nursing community -- for only then can achievement of all the other important improvements in the public's access to quality nursing care be accomplished.

JPM/cl
9/10/87

#91 LEGISLATIVE PROGRAMS

AGENDA # 10(a)

THE NEW YORK STATE NURSES ASSOCIATION

Report to the Board of Directors

Legislative Program
(Program/Dept./Individual/Unit)

September 15 & 16, 1988
(Date of Board Meeting)

Action Requested:

Approval of proposed 1989 Legislative Program

Background and/or rationale for request:

A Legislative Program was proposed by the Council on Legislation on September 7, 1988. The Board must take action on the program so that it can be presented to the voting body at the October NYSNA Convention.

If Applicable: Anticipated Financial Impact:
(Please explain in detail.)

Use additional paper if necessary.

MLO/ter
2/24/88

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

September 15 & 16, 1988

The Council on Legislation met on September 7, 1988. The primary agenda item was preparation of a proposed Legislative Program for 1989 (see attached).

I. STATUS OF BILLS INTRODUCED TO PROVIDE SCHOLARSHIPS OR LOANS FOR NURSING EDUCATION

The New York State Budget, approved on April 1, 1988, included an additional \$999,000 for the Health Services Corps which adds 50 to 80 scholarships for health care professionals. The budget also added monies to the Regents Professional Opportunity Scholarship Program which increases the number of scholarships from 15 to 220. The Health Services Corps program was also amended to expand the "eligible" institutions where scholarship recipients can "pay back" their services obligation.

Governor Cuomo's Liberty Scholarship program was combined in a bill with increases in the Tuition Assistant Program (TAP). The new maximum TAP awards for first time undergraduate financially dependent freshmen will increase to \$3,650. The award for 1990-1991 will be \$4,125. There are also increases for emancipated freshmen and increases in income eligibility ceilings.

A10166-A, S7853 became Chapter 439 of the Laws of 1988 on July 29, 1988. The law increases the number of Regents Health Care Professional Opportunity Scholarships and Regents Professional Opportunity Scholarships. It extends the scholarship program until 1991-1992 and provides that loan forgiveness awards not awarded as such be awarded as Professional Opportunity Scholarships. It also increases from 50 to 80 such regents physician loan forgiveness awards.

#91 LEGISLATIVE PROGRAMS

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II. CONFERENCE ON ENTRY INTO PRACTICE FOR UNIFICATION AND IMPLEMENTATION

Eighty nursing leaders from across the state attended the August 22 & 23, 1988 Conference on Entry Into Practice. Karen MacDonald, Executive Director, North Dakota Board of Nursing was keynote speaker. Brief perspectives on Entry Into Practice were provided by Judy Broad, Kattie Washington, Anita Ogden, Lenora McClean, Anna James, Edna Lauterbach, Jackie Perley and Carolyn Goetze.

The purpose of the Conference was to explore related controversial issues and reach consensus on the approach to achieving the upgrading and standardization of nursing education.

The result of the work group option selection was consensus on two careers and the title Registered Professional Nurse for the baccalaureate prepared nurse. There was an even split on title preference for the associate degree prepared nurse - the two choices being Licensed Practical Nurse and Associate Nurse.

Other recommendations from the work groups include:

1. Consider mechanisms for career mobility
2. Explore feasibility of changing educational requirements through regulation
3. Convene a task force of representatives from other nursing organizations
4. Continue consensus building with the New York State Associate Degree Nursing Council and the Council of Deans of Nursing, Senior Colleagues and Universities in New York State
5. More clearly differentiate the two scopes of Practice
6. Expand communication on Entry Into Practice to nurses and the public

III. REGULATIONS FOR THE IMPLEMENTATION OF CHAPTER 257 OF THE LAWS OF 1988 (NURSE PRACTITIONER LAW)

NYSNA is one of several professional organizations and groups asked to participate in the preparation of regulations for the new law. Representing NYSNA are Janet Mance, Mary Eileen Callan and Kathleen Wade. The first meeting was held August 2, 1988. The second meeting is scheduled for September 20. The State Education Department is expected to hold a hearing on the proposed regulations prior to their adoption on April 1, 1989.

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IV. RECOMMENDED LEGISLATIVE ACTIVITIES FOR 1989

The Council on Legislation recommends that the 1989 Legislative Reception scheduled for February 27 be expanded to include workshop activities. A dinner meeting with a speaker is proposed Sunday evening, February 26, with workshop activities scheduled for the following morning. Visit to legislators would take place Monday afternoon followed by the reception Monday evening.

*Janet P. Mance
Director
Legislative Program*

Janet P. Mance
Janet P. Mance, MN, RN
Director
Legislative Program

Council on Legislation
Jean E. Heady, Chairman
Josephine Bolus
Susan Fraley
Louise Gallagher
Carole Kuzmack
Juanita Majewski
Carol Morris
Janice Volland
Kattie Washington

JPM/ejp
9/9/88

Attachments

#91

LEGISLATIVE PROGRAMS

NEW YORK STATE NURSES ASSOCIATION

Proposed 1989 Legislative Program

Monitor and influence state and federal legislative proposals affecting health care issues, the public good and the nursing profession. Current support includes but is not limited to

- . protection of the health of vulnerable populations
- . promotion of access to health care for all people
- . obtaining insurance coverage for preventive health care
- . equal rights
- . pay equity and comparable worth
- . environmental clean-up and protection

Standardization of nursing education within institutions of higher learning maintaining two careers, one at the baccalaureate entry level and one at the associate degree entry level.

Repeal of the exemption clause in the Nurse Practice Act which permits unlicensed personnel to practice professional and practical nursing in institutions coming under the jurisdiction of the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities.

Protect the Nurse Practice Act from inappropriate revision or amendment.

- . Preserve the integrity of the Act
- . Protect the scope of practice of all nurses
- . Continue to affirm registered professional nurses' authority to provide primary health care services
- . Promote the profession's authority to identify specialty practice, titles and credentials through certification and other voluntary self-regulatory activities.

Encourage and support measures to increase state funding for nursing education.

Foster legislative and/or regulatory initiatives to promote recruitment and retention of nurses in New York State.

- . Secure control of nursing practice in all health care settings by professional nurses
- . Promote actions that will improve the working conditions for all nurses to insure that patients receive the safe professional care of high quality to which they are entitled.

Handwritten notes:
 11/11/88
 professional
 technical
 registered
 professional
 associate
 associate

#91 LEGISLATIVE PROGRAMS

12(c)

Martha L. Orr, M.H. RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

MEMORANDUM

TO: Council on Legislation
FROM: Executive Committee
Psychiatric Mental Health
Clinical Practice Unit
RE: Third-Party Reimbursement

It is now two and a half years since the "make available" legislation for third-party reimbursement for nurses in New York State became effective. The experience of nurses in psychiatric-mental health private practice in receiving reimbursement has been poor to fair.

This Executive Committee believes that it is now time to seriously consider moving towards obtaining mandatory legislation for reimbursement of direct nursing services. Therefore, we request that the Council on Legislation consider this type of legislation for inclusion in the legislative agenda which will be presented to the 1987 NYSNA Voting Body.

KAB/kac
8/31/87

cc: Executive Committee
Psychiatric-Mental Health
Clinical Practice Unit
Leslie Brower, Chairman
L. Sharon Shisler, Vice Chairman
Kathleen Plum, Member at Large



#91 LEGISLATIVE PROGRAMS

AGENDA #10

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

May 18-19, 1988

The Council on Legislation met once, April 26, 1988 since the March 17-18 Board meeting. Following the Council Meeting members visited their legislators to lobby for the Association's legislative program.

I. STATUS OF THE ENTRY INTO PRACTICE BILL AND THE ENTRY IMPLEMENTATION PLAN

A. The Entry Into Practice Bill, S.2684-A, A.3574-A is assigned to the Assembly Higher Education Committee and the Senate Education Committee. District Nurses Associations and NYSNA members have been urged to lobby the two committees, their own legislators and the legislative leadership.

B. The following Lobby Days have been held since the March Board Meeting:

March 22	Districts 4 and 9
March 29	Student nurses from State University at New Paltz
April 20	Student nurses from State University at Syracuse
April 26	District 3 Student nurses from State University at New Paltz Student nurses from Mount Saint Mary's School of Nursing in Newburgh
May 3	District 17 Student nurses from Dominican College and student nurses from Utica College
May 17	District 2

C. Legislative program meetings were held with the Erie County Council of Nursing Practitioners (March 24), District 14 (March 22), and with graduate nursing students at Russell Sage College (April 12).

D. A meeting of the ADN Faculty Focus Group was held on April 18. The Group plans to contact NYSNA members who are ADN faculty to solicit support for the legislation.

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- E. Efforts are underway to establish meeting dates for the NYSNA Minority Focus Group with the Legislative Black and Puerto Rican Caucus.
- F. Efforts are underway to establish a meeting between NYSNA representatives and DC37 Leadership. DC37 had to cancel a previously set meeting.

II. STATE FUNDING FOR NURSING EDUCATION

The New York State 1988-1989 State Budget passed with the inclusion of the additional \$999,000 for the Health Service Corps, bringing the total allocation for the Corps to \$4,000,000, adding 80 to 100 new scholarships.

The budget also contained an allocation of \$1.9 million to fund 220 Regents Professional Opportunity Scholarships (the number in 87/88 was 15 scholarships). The \$5,000/year scholarships are provided to students enrolled in an educational program that prepares for any of the 31 licensed professions. Legislation S.7853, A.10166 which details the implementation must also pass the legislature and be signed by the governor.

An update of bills which have been introduced to provide scholarships and loans for nursing students and grants to nursing education programs is attached.

III. PRESCRIPTIVE PRIVILEGE LEGISLATION

No prescriptive privilege legislation has been agreed upon by the Senate and Assembly at this time.

IV. EXEMPT CLAUSE REPEAL BILL MEETING

A meeting to explore the existing opposition to the Exempt Clause Repeal Bill was held on April 20. The following individuals participated:

Verna Bellotti, RN	Chief of Services Pilgrim Psychiatric Center
Harriet Brathwaite, RN, MS	Asst. Professor of Nursing Long Island University
Shirley LeClair, RN	Rochester Psychiatric Center, Rochester

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Willa Doswell, PhD, RN

Associate Director of
Nursing Research/Q. A.
NYC Health & Hospitals
Corporation, New York
& member NYSNA Council
on Research

Elizabeth Salerno, RN

Director of Professional
Development, Office of
Mental Health

Josephine DiBlasio, RN
Mary Kirchgraber

Office of Mental Health
Ways & Means Analyst for
Mental Health

Don Johnson

Ways & Means Analyst for
Mental Retardation
NYSNA staff

Janet P. Mance, MN, RN

The Ways & Means Staff reiterated their opposition to the Bill saying that they needed documentation that removing the exemption clause would improve the quality of care. They also stated that OMH & OMRDD would need assurance that financial liability due to noncompliance would not occur if nurses are unavailable to hire.

A lively and intense discussion resulted on the following recommendations:

1. Shirley LeClair and Jo DiBlasio will identify any existing applicable studies, research, documentation.
2. Another meeting for the nurses who attended will be set to review that information and determine a further course of action.

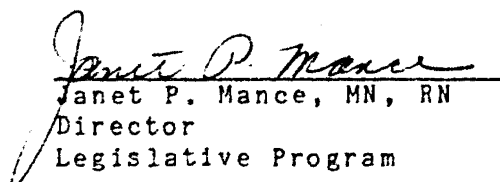
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V. SENATOR LOMBARDI/SENATOR LAVALLE MEETING ON THE NURSING SHORTAGE

Following the March 16th meeting at which President Hunter and Janet Mance, NYSNA staff, represented NYSNA, Senator Lombardi requested a meeting with Janet Mance to discuss his proposal for nurse recognition through state-wide nurse achievement awards and a two day conference on nursing issues to be held in May of 1989. He has asked the NYS Hospital Association to set up the two day conference and he is seeking funding for the entire proposal from a variety of sources, including NYSNA. NYSNA has been assured of opportunity for significant input throughout. NYSNA has urged that the program be structured to avoid the appearance of patronizing nurses. The proposal will be presented at the second meeting set for May 10th 1988 at which Senator Lombardi will seek additional input. A statement will then be released to the press.


Janet P. Mance, MN, RN
Director
Legislative Program

Council on Legislation
Jean B. Heady, Chairman
Josephine Bolus
Susan Fraley
Louise Gallagher
Carole Kuzmack
Juanita Majewski
Carol Morris
Janice Volland
Kattie Washington

JPM/dah
4/28/88

#91 LEGISLATIVE PROGRAMS

PREPARED BY THE NEW YORK STATE NURSES ASSOCIATION

PROVISIONS OF NURSING SCHOLARSHIP/LOANS BILLS*

1988 SESSION

<u>Legislation/ Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.6819-A Senator Donovan, Tully "Nursing Career Opportunity Scholar- ships"	100 Associate Full-time 100 Associate Part-time 100 BSN Full-time 100 BSN Completion 50 Graduate Nursing Full-time 50 Graduate Nursing Part-time 500 Total each year for four years	\$5,000/student Full-time; \$3,500/ student Part-time or if less the cost of tuition, books, fees, uni- forms, supplies, travel	\$1,560,000	New York State resident enrolled in a Public or independent program of nursing leading to AD, BS, MS Priority of Awards - unrepresented minority - LPN or degree in re- lated field - individuals from judi- cial district that will achieve equal distri- bution Recipient must serve two years in nursing for each annual award or payback twice monies granted with interest \$1000 fine for failure to report as re- quired (cancel obliga- upon death or unusual circumstances)	Effective August 1, 1988

* Only bills specific to nursing are included in this document. Additional scholarship/loan bills have also been introduced that addresses all college students.

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<u>Legislation/ Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.6722 Senator Levy, E. A. 14 12 Assembly- man Eve Regents Profes- sional Nursing Opportun- ity Scholar- ships	100 for 1989/1990 250 for 1990/1991 400 for 1991/1992 and annually thereafter	up to \$1,000/year if economically disadvantaged but no less than \$500		Resident of New York "en- gaged in an approved course... leading to reg- istration as a profes- sional nurse" A. Priority: 1. reside in medically underserved area 2. economically disad- vantaged (meet re- quirements of oppor- tunity programs) B. 1/3 of recipients shall be rural residents-1/3 members of minority C. Written agreement to practice nursing in a public or other hospi- tal, certified home health agency, HMO or other health care facility located in a designated medically underserved area or serving a dispropor- tionate number of low - income patients for 9 months per annual scholarship but no less than 18 months.	The 800 Regents Pro- fessional Education in Nursing Scholar- ships now awarded on same basis as Regents College Scholarships to students completing high school shall be awarded prior to 1989/90 After 1989-1990 only 400 will be awarded annually 1990/91 no county shall be awarded less than 50 per centum awarded in 1972/73 Opportunity Scholar- ships end on June 30, 1993 and origi- nal Regents Profes- sional Nursing Scholarships resume

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<u>Legislation/ Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.8252 Senator LaValle	(current laws provides for 25,000 to be awarded each year by county as Regents Col- lege Scholarships)	Increases award from \$250/year to \$500/year.	\$3,500,000	If the recipient fails to meet service re- quirements twice the amount of the award plus interest must be returned to the state within 5 years. Obli- gation waived upon death or in unusual circumstances. \$1,000 fine imposed for failure to report as required.	Program is already in existence -total number awarded 1984-85 - 1,759 1985-86 - 1,770 1986-87 - 1,754 -no payback required
A.11317 Rules Committee	(current law provides for 800 to be awarded each year by county for Professional Education in Nursing)			(no changes in method of allocation: (i.e. -high school senior -dependent on rank order on SAT/ACT test -must take a nurse course in the year receiving the award -no service payback)	Effective in 1988-1989 school year
Regents College Scholar- ships					
Regents Profes- sional Education in Nursing					

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<u>Legislation/ Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.7378 Senator Tully A.9579 Assembly- man Kremer Regents Profes- sional Education in Nursing Scholar- ships	Increases the number of existing Regents Pro- fessional Education in Nursing Scholarships from 800 to 1600	Increases award from \$200-\$500 to \$350- \$1000 based on need each year while en- rolled in an approved course of study lead- ing to registration as a professional nurse		No changes in method of allocation: (i.e.: high school senior must take a nursing course in the year receiving award dependent on rank order on SAT/ACT scores	Total number awarded 1984/85 - 1,759 1985-86 - 1,770 1986-87 - 1,754 No pay back required
S.7853-A Senator LaValle A.10166-A Assembly- man Eve Regents Profes- sional Opportunity Scholar- ships (Formerly S.6357A A.10166)	220 Grants. Professions chosen to be included are deter- mined by State Educa- tion Department each year	up to \$5,000/year for four years for tuition, fees, lab- oratory expenses, transportation, room and board	(N.B. 1.9 mil- lion was provided in the NYS 1988/ 1989 Budget, but this bill must also pass to provide details for awarding scholarships and to extend sunset pro- visions.)	- Economically disadvan- taged - Members of under-repre- sented minority - Practice 12 months/ annual award in the profession in New York State or repay If the recipient fails to meet service re- quirements twice the amount of the award plus interest must be returned to the state within 5 years. Obli- gation waived upon death or in unusual circumstances. \$1,000 fine imposed for failure to report as required.	In 1986-1987, 15 grants were to stu- dents enrolled in nursing, but none (0) in '85/86', '87/88'. Grants were given to PT, Optometry, Dental Hygiene, Chiropractic, Podiatry & Veterinary Medicine. Number granted to all pro- fessions: 1985/86 - 15 1986/87 - 59 1987/88 - 15 Bill did not pass in 1987.

#91 LEGISLATIVE PROGRAMS

Legislation/ Sponsor	Number of Scholarships	Dollars/ Student	Total Dollars	Requirements	Comments
Governor's Budget Proposal: Health Service Corps	Dependent on budget allocation, amount given to each student, and professions chosen to be included in the program by OMH, OMRDD and DOCS based on pro- jected staffing needs	up to \$15,000/year for two years (\$8,000 actual award average for nurses 86-87; 87-88)	Expands program by \$999,000 to \$4 mil- lion.	<p>Recipient must:</p> <ul style="list-style-type: none"> - be within 24 months of graduation as a nurse, P.A., dental hygienist, O.T., speech-language pathologist, audiologist, PT or such other health professional who is determined by the commissioner to be needed by voluntary not-for-profit and state operated facilities. -U.S. citizen -Be eligible for licensure in a profession <p>Recipient must practice 18 months in OMRDD, DOCS or OMH facility for each annual award received or return the award with interest and pay a penalty.</p>	In '86/87, 173 Grants were provided to students preparing for the health professions. Students in nursing received 77 (44%). The proposed budget should increase the number of scholarship/loans by 50-80. (Approximately 22-35 new grants for nursing students can be expected).
S.7847 Senator Lombardi A.10679 Assem- blyman Gottfried	See above for current law	See above for current law	See above for current law	<p>Recipient must</p> <ul style="list-style-type: none"> - be within 24 months of graduation as a nurse, P.A. dental hygienist, O.T., speech-language pathologist, audiologist, PT, <u>MIDWIFE</u> or such other health professionals who the commissioner determines are needed by <u>ELIGIBLE</u> institutions 	<u>"ELIGIBLE</u> institutions include facilities operated by DCS, OMH, OMRDD; non profit agencies certified by OMH, OMRDD, CBVH; voluntary not-for-profit Article 28 facilities which have a critical shortage and serve the medically indigent and medicaid eligible persons.

PASSED

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<u>Legislation Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
					or in the case of midwives, voluntary not-for-profit Article 28 facilities which serve the medically indigent and medicaid. Name of program changed from Health Services Corps to Health <u>SERVICE</u> Corps.

NOTE - Governor's State of the State Message to the Legislature, January 6, 1988, included the statement, "The Office of Mental Health (OMH) Budget will include funds to purchase courses leading to nursing credentials from community colleges and other educational institutions, and we will ... assure that employees will have time to attend the courses." However, the Office of the Budget and OMH disagree about whether or not the Governor's budget includes monies for this program. The approximately \$300,000 allocated in nonpersonal services is considered by the Office of the Budget to be used for the Governor's stated purpose, OMH says the money is for continuing education of staff. The Office of the Budget and OMH will determine how the money will be spent.

This proposal sounds similar to a current program, COPREP (Career Opportunity Preparation & Recruitment Education Program), in OMH and ONPDD designed to prepare direct care staff (i.e. Mental Health Therapy Aide, dietary aids, etc.) as Physical Therapy assistants and Occupational Therapy assistants; both require an associate degree. The second year of the 3 year demonstration program, COPREP, was funded by 1988-89 SUNY budget.

<u>Legislation Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.7379 Senator Tully A.9578 Assembly- man Kremer	50/year	Repays loans for 2 consecutive years/person amount* equal to total of the school student loan expense or \$5,000 which ever is less		Award disbursed at beginning of each of the required terms of service specified in the service contract	Effective April next after it becomes law

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LEGISLATIVE PROGRAMS

<u>Legislation/ Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
Regents Nurse Loan Forgiveness		(* i.e., cumulative total of the annual student loans covering the cost of attendance at an undergraduate institution and/or graduate school and interest paid or due on student loans)			
A. 10240 Assembly- man Tedisco Baccalaureate and Associate Nursing As- sistance Program	no number stated in bill	-up to \$4,500 for full-time study (up to \$2,500 for living expenses and up to \$2,500 for tuition and fees) -up to \$2,500 for tuition and fees for part-time students	no appro- priations in bill	Requirements -enrolled in an approved academic program -legal resident of NY for 1 year -in need of financial assistance -enrolled in a 4 year or 2 year academic program leading to a degree in nursing -loan and interest must be repaid if student withdraws or fails -a nurse may repay loan through 1 year of employment as a nurse in NYS for each year the loan was received for full-time study or through 6 months of employment as a nurse in NYS for each year loan was received for part-time study	"Approved institution" is a college or university which has NLN accreditation for 2 and 4 year degree programs in nursing.

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<u>Legislation Sponsor</u>	<u>Number of Scholarships</u>	<u>Dollars/ Student</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.7339 Sen- tor Tully	Authorizes counties to establish awards for professional study of nursing. (Law already author- izes counties to establish awards for professional study in medical, dental, optometry or veterinary medicine.	fixed by the county		Conditioned upon the promise that awardees practice in the profession in such county for a period fixed by the county.	
A.9513 Assem- blymen Kremer					

#91 LEGISLATIVE PROGRAMS

PREPARED BY THE NEW YORK STATE NURSES ASSOCIATION

GRANTS FOR NURSING EDUCATION

1968 SESSION

<u>Legislation/ Sponsor</u>	<u>Grant</u>	<u>Dollars/ Program</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.6818 Senator Donovan	Grants to institutions which offer ADN, BSN, MSN for the purpose of improving, strengthening or expanding programs to alleviate the shortage may include: <ul style="list-style-type: none"> - increasing student retention - easing the transition from education to practice - providing articulation between levels - providing education opportunities in underserved areas - designing and implementing curriculum for non-traditional students - providing new delivery formats - developing or expanding nurse practitioner programs at the graduate level 	At least one program in each Regents region will be funded for not more than 5 years unless the program demonstrates success in increasing the pool of nurses	\$860,000	Institution or Consortia must submit plan. Application for funding submitted to the department Reports must be submitted as requested by the Commissioner	Grants to public and independent colleges and universities which offer professional nursing education programs in order to increase the supply of RN's by altering curricula to expand pool of applicants; to retain currently enrolled or to foster better articulation between levels

#91 LEGISLATIVE PROGRAMS

<u>Legislation/ Sponsor</u>	<u>Grant</u>	<u>Dollars/ Program</u>	<u>Total Dollars</u>	<u>Requirements</u>	<u>Comments</u>
S.6857 Senator Donovan Enrollment Grants to Profes- sional Nursing Programs	Grants awarded to each non-public institution offering an approved program in nursing to increase the participation, retention and graduation from nursing education programs in New York State	<ol style="list-style-type: none"> For each additional student over the previous year enrollment: \$350 per student in Associate Degree Programs \$700 per student in Baccalaureate Programs \$500 per student in Master's of Science Programs For each additional graduate over the previous year's number of graduates: \$650/Associate Degree \$1,300/Bachelor's of Science \$1,000/Master's of Science 	\$1,035,000	<p>Submit reports or documents required to carry out purpose of the law</p> <p>The Commissioner shall review institutions to evaluate the effectiveness of the institution's recruitment and retention programs</p>	Takes effect immediately
5/03/88					

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

Council on Legislation

MINUTES

The Sign of the Tree Restaurant
Albany, New York
April 26, 1988

The meeting was called to order by Chairman, Jean Heady at 11:40 a.m.. The Council met prior to and during lunch, adjourning at 1:45 to lobby.

Attendance:

Present: Jean Heady, Chairman
Louise Gallagher
Carole Kuzmack
Juanita Majewski
Kattie Washington

Left the meeting at
1 p.m. to lobby

Absent: Josephine Bolus
Susan Fraley
Carol Morris

Staff: Janet P. Mance, Director, Legislative Program

I. REVIEW OF MINUTES OF FEBRUARY 2, 1988 MEETING

Juanita Majewski moved that the minutes be approved as circulated.

Chairman Heady asked that the agenda be reordered so that the members could be apprised of new information before they adjourned to lobby.

II. POSSIBLE NURSE PRACTITIONER LEGISLATION/STRATEGIES

Ms. Heady asked staff to update the council. Ms. Mance reported that no agreement has yet been reached between the senate and assembly on nurse practitioner bill language. The Association's strategy is to attempt to influence those legislators involved in the negotiations, namely Assemblyman Gottfried, Assemblyman Eve, Assemblyman Sullivan, Senator Lombardi and Senator Anderson. Ms. Heady reported on her participation in the meeting with Senator Lombardi. He continues to see nurse practitioners in a physician's assistant role.

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III. REPORT ON EXEMPT CLAUSE REPEAL BILL MEETING/STRATEGIES

Ms. Heady asked Ms. Mance to report. Ms. Mance identified the participants and described the lively debate that occurred. Ways and Means staff reiterated their request for documentation that removing the exemption clause will improve the quality of care. The nurses attending the meeting will meet together to proceed with the Ways & Means request. Ms. Heady asked that the minutes of the Exempt Clause Repeal Bill Meeting be sent to the Council members.

IV. ACTIVITIES RE: OTHER STATE LEGISLATION

(a) Nursing scholarships/loans

Ms. Heady directed the Council members to the summary in their folders. Members were asked to lobby for scholarships & loans for nursing in general, emphasizing that money in adequate amounts must be made available and that pay-backs must be reasonable. Ms. Heady asked that copies of the bills be sent to all Council members.

(b) Other

Ms. Heady directed the Council members to the material in their folders about midwifery legislation. Ms. Heady asked that staff communicate to those supporting such legislation who might be unaware of the dangers of having a mixed board (includes two physicians and a pharmacist) set their educational standards.

V. ACTIVITIES RE: FEDERAL LEGISLATION

Ms. Heady directed the Council members to copies of the recent issues of Capital Update and asked them to review and take action as necessary.

VI. UPDATE ON HEALTH DEPARTMENT HEARINGS

Ms. Heady announced that she would be testifying at the Syracuse hearing. She asked others to report if they had attended the Long Island or New York City hearing. Ms. Washington briefly described the New York City hearing which was not well attended by nurses. Nurses who did testify, however, by in large supported NYSNA's position. Testimony at the Long Island hearing strongly supported NYSNA's position.

#91 LEGISLATIVE PROGRAMS

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VII. BRIEFING ON LOMBARDI/LAVALLE MEETING

Ms. Heady asked Ms. Mance to report. Ms. Mance reported on the March 16th meeting called by Senator Lombardi and LaValle to address the nursing shortage. President Hunter and Janet Mance represented NYSNA. Jerold Cohen, member of NYSNA Board of Directors, had been invited by Senator LaValle as a nurse leader from Long Island. No decisions were made at the end of the meeting, but subsequently Senator Lombardi telephoned NYSNA to reveal his proposal for nurse recognition. A second meeting is set for May 10. The Council members conveyed their opinion that Senator Lombardi's proposal could distress nurses if it appeared condescending and patronizing.

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IX. OTHER ITEMS/NEXT MEETING

Because of the appointments with legislators no other items were discussed, nor was the next meeting date set.

X. ADJOURNMENT

Ms. Heady adjourned the meeting at 1:45 p.m.

JH:JPM/dah
5/4/88

#91 LEGISLATIVE PROGRAMS

THE NEW YORK COUNTIES REGISTERED NURSES ASSOCIATION, INC.

DISTRICT 13 OF THE NEW YORK STATE NURSES ASSOCIATION

200 PARK AVENUE SOUTH • NEW YORK, N.Y. 10003

TELEPHONE
(212) 673-7110

May 17, 1988

Dr. Juanita Hunter, RN
President
NYSNA
2113 Western Avenue
Guilderland, NY 12084

Dear Juanita:

At its May 11th meeting, the Board of Directors of the New York Counties Registered Nurses Association, District 13, discussed your column in the March-April 1988 Report. We are pleased with your interest in having constituents respond to your columns and want to share our discussion with you. The colloquy reflected both our own thoughts and those of some of our members.

Our discussion centered around the legislative program and process of NYSNA. You noted in your column that some legislators had voted against NYSNA's position on the nurse practitioner legislation because they "... were unaware that NYSNA had opposed the bill or that potential negative implications for nurses could result from enactment of the bill." While we acknowledge that volunteer members have an important role to play in educating legislators about NYSNA's position, it is our view that the primary responsibility for educating legislators about NYSNA's positions or for mobilizing volunteers to do so ought to lie with the Association's lobbyists.

Specifically, we would ask how accountability within NYSNA is ensured. We have noted that only one piece of legislation that has been part of the official NYSNA Legislation Program has passed in the 16 years since the 1972 Nurse Practice Act and it presently appears that this record will not improve before 1989.

It is our impression that this is a matter of both process and content. The process part relates to the effectiveness of our lobbying effort. The content part relates to a legislative program that has become single-issued, and one that legislators have noted to be too self-interested in its focus.

We, therefore, urge that the Association consider the following:

1. Evaluate the extent of the in-house accountability for the Association's lack of progress on its legislative agenda.
2. Develop a legislative program that demonstrates a concern for important broader health care issues that will provide a meaningful platform for nursing to imitate, build and participate in coalitions that we can later turn to for support on specific "nursing" bills.
3. Develop a longterm plan for securing passage for "entry into practice" legislation that acknowledges that the current political climate in New York is not supportive of passage of this legislation; that instead recognizes the opportunity to secure passage of other legislation of importance to nursing; and that recognizes the opportunity inherent in the latter to build a support base for future entry legislation with non-nursing and nursing groups.

Members of the NYCRNA Board of Directors have been receiving an increasing number of complaints from our members regarding the NYSNA Legislative Program. Our own Committee on Legislation has struggled this year and has been unable to mobilize our members to action. While there are several reasons for this, one reported reason has been that our members are feeling that lobbying for entry is futile, given the current shortage of nurses. Additionally, there is a growing concern about continuing to lobby against the only prescriptive privileges bill when NYSNA has not come forth with an alternative bill. This issue has been compounded by the recent decision of the state's nurses midwives to push for legislation eliminating the nursing prerequisite to midwifery and establishing a separate Board of Midwifery, with one reason for this move being that the larger nursing community has not been able to secure passage of a prescriptive privileges bill.

#91 LEGISLATIVE PROGRAMS

It seems clear that a fresh look at the legislative program and process is imperative. We believe that you and the NYSNA Board of Directors can lead such an effort and we would be pleased to assist the Board in this effort.

We thank you for your invitation to respond to these and other important issues confronting the nursing community today. We look forward to hearing from you.

Sincerely,



Dr. Diana J. Mason, RN, C
President

cc: Sadie Smalls
Madeline Naegle
Dorothy Williams
Miriam Gonzalez
William Donovan
Martha Orr

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

Council on Legislation

MINUTES

The Sign of the Tree Restaurant
Albany, New York
April 26, 1988

The meeting was called to order by Chairman, Jean Heady at 11:40 a.m.. The Council met prior to and during lunch, adjourning at 1:45 to lobby.

Attendance:

Present: Jean Heady, Chairman
Louise Gallagher
Carole Kuzmack
Juanita Majewski
Kattie Washington

Left the meeting at
1 p.m. to lobby

Absent: Josephine Bolus
Susan Fraley
Carol Morris

Staff: Janet P. Mance, Director, Legislative Program

I. REVIEW OF MINUTES OF FEBRUARY 2, 1988 MEETING

Juanita Majewski moved that the minutes be approved as circulated.

Chairman Heady asked that the agenda be reordered so that the members could be apprised of new information before they adjourned to lobby.

II. POSSIBLE NURSE PRACTITIONER LEGISLATION/STRATEGIES

Ms. Heady asked staff to update the council. Ms. Mance reported that no agreement has yet been reached between the senate and assembly on nurse practitioner bill language. The Association's strategy is to attempt to influence those legislators involved in the negotiations, namely Assemblyman Gottfried, Assemblyman Eve, Assemblyman Sullivan, Senator Lombardi and Senator Anderson. Ms. Heady reported on her participation in the meeting with Senator Lombardi. He continues to see nurse practitioners in a physician's assistant role.

JKH
CORRECTED
COPY

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III. REPORT ON EXEMPT CLAUSE REPEAL BILL MEETING/STRATEGIES

Ms. Heady asked Ms. Mance to report. Ms. Mance identified the participants and described the lively debate that occurred. Ways and Means staff reiterated their request for documentation that removing the exemption clause will improve the quality of care. The nurses attending the meeting will meet together to proceed with the Ways & Means request. Ms. Heady asked that the minutes of the Exempt Clause Repeal Bill Meeting be sent to the Council members.

IV. ACTIVITIES RE: OTHER STATE LEGISLATION

(a) Nursing scholarships/loans
Ms. Heady directed the Council members to the summary in their folders. Members were asked to lobby for scholarships & loans for nursing in general, emphasizing that money in adequate amounts must be made available and that pay-backs must be reasonable. Ms. Heady asked that copies of the bills be sent to all Council members.

(b) Other

Ms. Heady directed the Council members to the material in their folders about midwifery legislation. Ms. Heady asked that staff communicate to those supporting such legislation who might be unaware of the dangers of having a mixed board (includes two physicians and a pharmacist) set their educational standards.

V. ACTIVITIES RE: FEDERAL LEGISLATION

Ms. Heady directed the Council members to copies of the recent issues of Capital Update and asked them to review and take action as necessary.

VI. UPDATE ON HEALTH DEPARTMENT HEARINGS

Ms. Heady announced that she would be testifying at the Syracuse hearing. She asked others to report if they had attended the Long Island or New York City hearing. Ms. Washington briefly described the New York City hearing which was not well attended by nurses. Nurses who did testify, however, by in large supported NYSNA's position. Testimony at the Long Island hearing strongly supported NYSNA's position.

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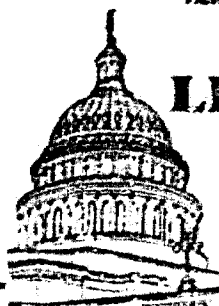
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LEGISLATIVE NETWORK FOR NURSES

JKH

NURSING "SUMMIT" MAY 5.....1
AIDS BILL PASSES SENATE.....2
VA NURSES GET BONUS.....2
TECHNOLOGY-DEPENDENT CHN.....3
MANDATORY ASSIGNMENT.....4
VA PASSES HEROIN LAW.....5

VOLUME 5, NUMBER 9 • MAY 13, 1988

P.O. BOX 44071, L'ENFANT PLAZA S.W. • WASHINGTON, D.C. 20026

NURSING "SUMMIT" ON MAY 5 SHOWS UNITY

Hosting Tri-Council Chairman, Sister Rosemary Donley, PhD, RN, President of the National League for Nursing (NLN), welcomed representatives of over 30 national nursing organizations to a nursing "summit" meeting at the American Nurses Association's Washington, DC office on May 5. The participants drafted a document on "Short Term Strategies to Resolve the Nursing Shortage." The American Medical Association's proposal for registered care technicians (RCT) was one of the options discussed. (See LNN 5(8), p.7)

The nursing strategy document states, "The surging demand for nurses, a major factor in the shortage, provides evidence that efficient, effective utilization of qualified, experienced registered and licensed practical nurses is needed to preserve quality of care within the limits of cost containment." The nursing organizations present showed a remarkable unity of purpose and quickly came to consensus on the strategies.

To obtain information, copies of documents, and to list your organization's support on the strategy document, call Karen O'Connor, American Nurses Association, (816) 474-5720.

PEPPER/ROYBAL LONG TERM HOME CARE BILL MOVING IN HOUSE

According to two nurse staffers on the House of Representative's Select Committee on Aging, Yvonne Santa Anna, MSG, RN, and Carole Jennings, PhD, RN, HR 3436, the Long Term Home Care bill is ready for consideration on the House floor in early May. Reps. Pepper (D-FL) and Roybal's (D-CA) legislation provides Medicare coverage of comprehensive long term home care services for chronically ill elderly, children and disabled individuals.

Information on benefits, eligible persons, quality assurance programs, cost controls and financing provisions are all available from the Aging Committee's office, (202) 226-3375.

Santa Anna and Jennings state, "This legislation will assist in shifting long term care from an institutional setting to the more humane home care setting. Home care offers an oasis for nurses, allowing more autonomy, authority, and responsibility. Nurses can validate their worth by providing quality services to clients."

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OCCUPATIONAL HEALTH NURSES ANNOUNCE ATTACK ON AIDS

The American Association of Occupational Health Nurses (AAOHN) has announced a two-pronged attack on AIDS in the workplace. AAOHN is calling on the Federal Occupational Safety and Health Administration (OSHA) to "issue a permanent generic standard for blood-borne diseases, such as HIV/AIDS and hepatitis B, to protect health care and other workers from potential exposure." AAOHN announced further that it has developed a three-part resource guide to provide information and to assist the occupational health nurse in developing sound workplace policies and procedures for dealing with HIV/AIDS. For further info, call Paul Ryan, (404) 262-1162 or 800-241-8014.

COMPREHENSIVE AIDS BILL PASSES SENATE

For the first time, Congress has passed a bill that attempts to address all aspects of AIDS. S.1220, Senator E. Kennedy's (D-MA) "Comprehensive AIDS Research, Information and Care Act" declares AIDS to be a "public health emergency" and contains provisions dealing with research, education and health care.

The bill would authorize a total of about \$1 billion to combat problems associated with AIDS, including \$35 million for training health care personnel. It would provide funds for research personnel at the National Institutes of Health (NIH), the Centers for Disease Control (CDC) and the Food and Drug Administration (FDA). \$150 million would be authorized for public information programs and a similar amount would go to the states for education and prevention efforts. More than \$200 million would be allocated for the care and treatment of people with AIDS.

This AIDS bill is unusual in several ways. First, it is comprehensive, it does not address AIDS from one isolated perspective or another; it attempts to take on the whole picture. Second, S. 1220 has a good chance of becoming law. It had bipartisan support in the Senate. The House is expected to pass it, and the President is expected to sign it.

VETERANS ADMINISTRATION ADDRESSES NURSE SHORTAGE

In order to recruit and retain nurses at Veterans Administration (VA) health care facilities, that agency may be able to offer FN's pay bonuses if a House-passed bill becomes law. It would authorize over a four-year period bonuses of as much as \$16,000 for individual nurses. The bill, HR 2616, is an omnibus veterans health bill similar to the Senate bill, S. 9, that passed last year. These two bills must now be reconciled. HR 2616 includes provisions to set up pilot programs offering community-based residential care to veterans who are homeless and chronically mentally ill, and would extend an existing law to provide adult day care services to vets. It also mandates AIDS testing for high-risk veterans, including those under 40 years old. For info: Nurses Organization of Veterans Administration, (703) 556-9222.

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CONGRESS RECEIVES REPORT ON TECHNOLOGY-DEPENDENT CHILDREN

The Task Force on Technology-Dependent Children delivered its final report, Fostering Home and Community-Based Care for Technology-Dependent Children to the Congress and the Department of Health and Human Services (HHS) last month, making recommendations on the care appropriate for children who must depend on routine use of life-saving medical devices. They point to a shortage of alternative care sites and appropriately trained physicians and nurses as severe problems for technology-dependent children.

Task Force Chairman Robert Ketrick, MD, stated "The guiding principle that pervaded the work of the Task Force from our first meeting to the last is that all technology-dependent children should have an opportunity for family-centered, coordinated, community-based care." It is estimated that between 2,300 and 17,000 children are dependent on life saving technologies, including ventilators and other devices.

The Task Force, created in 1986 by congressional mandate, was given two specific charges: (1) Identify barriers to appropriate care in a home or community setting that meets the special needs of technology-dependent children; and (2) Recommend changes in the provision and financing of health care in private and public health care programs, in order to provide home and community-based alternatives to the institutionalization.

Among barriers identified were

- lack of universal access to financing appropriate care for families with technology-dependent children
- health insurance policies that exclude coverage for maternal & prenatal care, benefits for newborn infants, in-home care, and durable medical equipment
- inadequate levels of support in state Medicaid programs
- inadequate commitment of states to maternal and prenatal care for low-income women.

The Task Force defined "appropriate care" as the type and amount of specialized care required by the technology-dependent child to maintain life support and provide an environment conducive to growth and development. Such appropriate care should be documented and managed through the use of an individualized plan, developed by a team which includes parents or gaurdians.

In the area of financing, the report presented three options:

1. Expand the role of state Medicaid agencies to serve as "case managers" for all technology-dependent children, in order to assure proper support using both public and private sources.
2. Create a consortium of private health insurers, administered by insurance companies and overseen by HHS, to both finance and coordinate delivery of services.
3. Improve coverage under existing Medicaid authority.

Copies of the report are available by calling (202) 245-0070.

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LNN - MAY 13, 1988

PREVENTIVE ROLE RECOMMENDED TO ENSURE HEALTHY CHILDREN

A recently released report, Healthy Children: Investing in the Future, recommends the Congress examine preventive options to ensure healthy children. Prepared by the Office of Technology Assessment (OTA), at the request of the House Energy and Commerce Committee and the Senate Labor and Human Resources Committee, the OTA suggests that preventive strategies, even those approaches that are initially expensive, may have payoffs in improved health, lower medical care costs, or both, that make them worth the expense.

Options for Congress outlined in the report include

- Mandate Medicaid coverage for all pregnant women below the federal poverty limit
- Require states to shorten the waiting period for Medicaid eligibility for pregnant women and simplify federal forms
- Use grant funds to encourage states to develop coordinated newborn screening programs
- Fund with federal dollars experiments and evaluations of home visitor programs in populations at high risk for low birth weight or child maltreatment or other injuries
- Require states to pay higher physician fees under Medicaid.

The report summary is available from OTA at (202) 224-8996. The full report is available from Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325. Stock #052-003-01081-0. Cost is \$13.00.

STATES CONSIDERING MANDATORY ASSIGNMENT LAWS

Several states are considering enacting "mandatory assignment" laws for physicians who treat Medicare patients following the successful enactment of such a law in Massachusetts. Enacted in late 1985, the Massachusetts mandatory assignment law requires physicians treating Medicare patients to accept as full payment the reimbursement rates the program deems "reasonable." Without a mandatory assignment law on the books, physicians can charge Medicare patients the difference between what Medicare reimburses and their own fee. This practice is known as "balance billing." The American Medical Association and the state medical society immediately took the state to court over the law, but were defeated in the Supreme Court in October of 1987.

According to State Health Notes, at least 10 states are considering similar laws. California, Florida, Illinois, Indiana, Minnesota and New Jersey are considering bills that tie mandatory assignment to physician license renewal. Mississippi is considering a bill that would deem failure to accept assignment as "unprofessional conduct." A Colorado bill would call it "a deceptive trade practice" if fewer than 85% of the county physicians accept assignment voluntarily.

The state of Virginia has passed a resolution thanking physicians who accept assignment, and urging more to do the same.

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VIRGINIA LEGISLATURE APPROVES HEROIN FOR PALLIATIVE USE

At a bill-signing ceremony last month at the University of Virginia Medical Center, Virginia governor Gerry Baliles signed into law a bill to permit the use of diacetylmorphine, or heroin, for the treatment of pain in terminally ill cancer patients. Although the issue of medical heroin use usually draws controversy, Phoebe Orebaugh, the bill's sponsor said it was a "Mom and apple pie issue, and it was risky not to vote for it."

The Virginia law makes a paper change in the practices of physicians treating cancer patients. A change in the federal law governing controlled substances would be required for the state law to go into effect. Orebaugh says she knows of only one other state--New Jersey--that has enacted legislation to legalize heroin for cancer patients' use. The New York legislature has a similar bill pending.

A change in the federal law governing heroin use was seriously considered in the US Congress in 1984, but quickly became controversial and was strongly defeated on the House floor. It had the backing of the American Nurses Association, but was opposed by the American Medical Association.

There are many who remain unconvinced about the wisdom of legalizing heroin as a painkiller. They believe there are sound medical arguments against passing these bills. They say the problem does not lie with the inefficacy of currently available drugs such as morphine and other pain management technology--rather, the problem is that physicians treating patients in pain aren't adequately trained in pain management techniques. More appropriate than changing drug laws, opponents believe, would be local and national efforts at educating health care providers in managing pain. In fact, two bills emphasizing pain management, recently have been introduced in the Virginia legislature, following debate on the heroin bill, HB 494. One passed, allowing physicians in Virginia to exceed recommended dosages for patients in intractable pain.

Orebaugh, who is a French teacher in a Virginia school as well a state delegate, says she first became interested in the issue of treatment for cancer pain when her brother-in-law died from cancer three years ago. She calls it a "horrible death," and recalls that he suffered a great deal of pain. At the time, she was aware that heroin was considered by some to be a more effective drug for cancer pain than those available and routinely used in the US; but it was later that she did the research that lead her to introduce HB 494 in the 1988 legislative session.

To obtain information from the American Nurses Association on this issue at the federal level, call (202) 789-1800. The Oncology Nursing Society (ONS) also has taken positions on various bills at the federal level. Call Pearl Moore, Executive Director, ONS, Pittsburgh, PA, at (412) 921-7373.

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LNN - MAY 13, 1988

TV ACTRESS, SUSAN SULLIVAN, JOINS THURMOND & CONYERS TO ANNOUNCE ALCOHOL WARNING LABEL BILL

The heat on the war on drugs was turned up when Senator Strom Thurmond (R-SC) and Rep. John Conyers, Jr. (D-MI) announced their legislation to require the alcohol industry to place health warning labels on all alcohol beverage containers.

Susan Sullivan, star of CBS's "Falcon Crest," who is personally involved with adult children of alcoholics issues, endorsed the Thurmond-Conyers bill and underscored the struggles of alcoholic households. "His bill offers a tangible life-saving benefit for millions of American families. The time is long overdue for secrets about alcohol to become public information."

Information for individuals and organizations wishing to join a new national coalition of over 60 leading health and safety groups should call Bill Bronrott (202) 429-0515 or Pat Taylor (202) 332-9110. National Council on Alcoholism, Inc. is located at 1511 K St., NW, Washington, DC 20005. Phone: (202) 737-8122

Coalition meetings are open to all. Call any of the above numbers if you are interested in attending.

KOOP TO CALL NICOTINE ADDICTIVE DRUG

An upcoming report by Surgeon General C. Everett Koop will declare that nicotine is an addictive drug, the head of the federal Office of Smoking and Health announced on May 4, 1988.

Government officials have been saying for years that nicotine is an addictive drug "just like cocaine, just like heroin and other drugs that people commonly accept as addicting," Dr. Ronald M. Davis stated on CBS News "Face the Nation."

Davis noted that the 1986 Surgeon General's report that documented the hazards of passive smoking accelerated the trend toward restricting or banning smoking in public places and in the workplace. That report triggered the recent ban on smoking on commercial airplane flights that last two hours or less.

MORE FREE CARE FOUND AT NONPROFIT HOSPITALS

Nonprofit hospitals provide "substantially more" free care than for-profit ones, despite national surveys suggesting that little difference exists according to the New England Journal of Medicine.

The findings have many implications for several current policy disputes. Some members of Congress, including Rep. Fortney H. (Pete) Stark (D-CA), chairman of the House Ways and Means Subcommittee on Health, have suggested taking tax-free status from nonprofit hospitals that fail to provide a high level of charity care. The study was conducted by Lewin and Associates, a policy analysis firm in Washington, DC.

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ANNUAL AGING AMERICA REPORT RELEASED

The Senate Special Committee on Aging released recently its annual report on Aging America. Starting with the fact that the portion of the US population over age 65 is its fastest growing segment, the nearly 200-page report outlines the status of elderly Americans within the US in comparison to other countries. It contains basic statistical information on size and growth of the older population, economic status, retirement trends and labor force information, health status and services utilization.

The report demonstrates the following claims

- Out-of-pocket expenses for the elderly are now the same as they were before Medicare and Medicaid were enacted. In 1984 the average was \$1059 annually, or 15% of their income
- One in four elderly have at least a mild degree of functional disability, but the chance of becoming disabled increases with age
- Although most older people have at least one chronic condition, 7 of 10 of non-institutionalized elderly describe their health as good or excellent compared to others their age.

Aging America is available to the public from the Special Committee on Aging, US Senate, Washington DC 20510. (202)224-5364

UPDATE ON WOMEN AND LONG TERM CARE

Most of the care provided to elderly people who are disabled is provided "informally." Caregivers are friends, family members, or other relatives. To a large extent, the caregivers are women. According to the congressional report Aging America, "more than one-third of all elderly disabled men living in the community in 1982 were cared for by their wives, while only one in 10 elderly disabled women were cared for by their husbands."

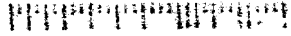
Of the informal caregivers interviewed for a 1982 Long Term Care Survey, 64% had provided care for a least one year; 80% were involved in caregiving activities 7 days a week, and the average time spent caring for the elderly person was 4 hours per day. About 21% of those with jobs had reduced their hours to provide care, 19% had taken leave without pay; 29% had rearranged work schedules, and 9% of the 2.2 million caregivers had quit jobs.

Data compiled by the 1982 Long Term Care Survey and presented below demonstrates that the majority of the burden of long term care for the elderly falls on women in this country.

Distribution of Informal Caregivers by Relationship to Elderly Care Recipient

Women		Men	
Wives	23%	Husbands	13%
Daughters	29%	Sons	8%
Other females	20%	Other males	7%
Totals	72%		28%

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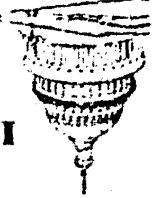
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LEGISLATIVE NETWORK FOR NURSES



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LNN - MAY 13, 1988

NURSING EDUCATION ACT (S.2231) Letters and phone calls are needed NOW to request your legislators to reauthorize the Nursing Education Act. The Senate's bill asks for \$94 million, and the House bill asks for \$90 million. Cite examples of the need for nurses in your hospital or agency to give appropriate nursing care to your patients. **Info:** Hurdis Griffith (703) 847-0169.

*****POSITION AVAILABLE NOW*****
FRONTIER NURSING SERVICE

Challenging opportunities for a family nurse practitioner exist in district clinics at the Frontier Nursing Service (FNS). FNPs have been providing primary care to a rural population for over 60 years. Located in southeastern Kentucky, in the midst of the Daniel Boone National Forest, FNS provides a decentralized system of health care through a 40-bed hospital, four district clinics, home health agency and school of midwifery and family nursing. We offer a creative and personal approach to health care in a unique practice setting. If you are interested in a fulfilling position with broad scope of practice, please send your resume or further inquiries to: Heidi Sulis, MPH, Frontier Nursing Service, General Delivery, Wendover, KY 41775.

#91 LEGISLATIVE PROGRAMS

Juanita K. Hunter, R.N., Ed.D, President
THE NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518)456-5371

May 27, 1988

Senator Anthony Masiello
New York State Senate
Room 306
Albany, NY 12248

Dear Senator Masiello:

As per your request, I am forwarding to you the position of the New York State Nurses Association regarding S8447.

Please be aware that we are committed to appropriate legislation and/or regulation which would authorize qualified nurses to prescribe medications. However, S8447 is not the answer.

The financial implications of this bill alone should merit disapproval; however, the greater concern is that nursing practice would be restricted, physician control of nursing practice would be legitimized and access of clients to the cost effective services of nurse practitioners would be limited.

Throughout this year I have been speaking to many groups about the shortage in nursing. The solutions to this problem are many; however, second only to the increase in salaries is the control of nursing practice by nurses.

I appreciate your efforts to understand this complex issue in a climate of competing messages. Please call me if you need further information.

Sincerely,

Juanita K. Hunter, R.N., Ed.D.
President
New York State Nurses Association

JKH/bb

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THIS IS A CONFIRMATION COPY OF THE FOLLOWING MESSAGE:

7168368782 MGMS TDMT BUFFALO NY 50 05-23 0848P EST
ZIP
SENATOR ANTHONY MASIELLO
ALBANY NY 12224

DEAR SENATOR MASIELLO:

THANK YOU FOR OPPOSING SB477, THE MOST RESTRICTIVE NURSE PRACTITIONER
LEGISLATION WHICH HAS BEEN INTRODUCED. EFFORTS TO SUPPORT NURSE
AUTONOMY AND EVOLUTION OF THE NURSE PRACTITIONER ROLE SHOULD BE
ENCOURAGED. THIS BILL REDUCES THE ROLE OF NURSE PRACTITIONER TO A
PHYSICIAN'S ASSISTANT.

JUANITA HUNTER
127 SHIRLEY AVE
BUFFALO NY 14215

#91 LEGISLATIVE PROGRAMS

PAGE 2

Western
Union **Mailgram**



THE FOLLOWING ANNOUNCEMENT DOES NOT APPEAR IN THE ORIGINAL MESSAGE.

"SEND YOUR FAVORITE GRADUATE A CONGRATULATORY KEEPSAKE TELEGRAM
OR BEAUTIFUL FLOWERGRAM".

2051 EST

MGMCOMP MGM

5241 (R 7/82)

TO REPLY BY MAILGRAM MESSAGE, SEE REVERSE SIDE FOR WESTERN UNION'S TOLL - FREE PHONE NUMBERS

#91 LEGISLATIVE PROGRAMS

127 Shirley Avenue
Buffalo, NY 14215
May 19, 1988

The Honorable Walter J. Floss, Jr.
NYS Senate
Room 905 - LOB
Albany, NY 12247

Dear Senator Floss:

I am disappointed that you are a sponsor of S.8477 which was reported out of the Senate Higher Education Committee on Wednesday, May 18. I was also surprised as I visited your office last summer to discuss with you the implications of a restricted nurse practitioner bill for all of nursing.

This bill, if enacted, would cripple the development of the nurse practitioner role and create a physician dependent relationship for the nurse practitioner. While it is obvious that physician and nurse practitioners must work together and share their knowledge and expertise when caring for clients, the restrictions in this bill far exceed the necessary safeguards.

Please consider the effects of a bill such as this which will not increase access of nurse practitioner services to clients and will undoubtedly increase costs as a result of the physician supervision and mandated record review.

I will make an appointment with you in the near future to discuss this issue more fully.

Sincerely,

Juanita K. Hunter, Ed.D., RN

Juanita K. Hunter, EdD, RN

JKH/cjp

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

LEGISLATIVE ALERT

THE NURSE PRACTITIONER BILL (A.11447,S.8477) IS MOVING FAST

A.11447 is on the agenda of the Assembly Higher Education Committee on Tuesday, May 24.

The strategy appears to be to move the bill quickly so that NYSNA has little time to lobby.

In addition to lobbying the Senate, as directed in your previous Leg Alert, visit, write or call members of the Assembly Higher Education Committee (list enclosed).

Stress in your communication the following:

1. The bill nullifies the independent practice nurse practitioners now enjoy.
2. The bill converts the NP role to that of physician assistant.
3. The bill restricts the practice of other nurses by carving out a scope of practice for NP's only.
4. The bill confuses the practice of nursing with the practice of medicine.
5. Nurse Practitioners who practice outside Article 28 facilities would be denied the use of the NP title, unless they become certified under this bill.

IMMEDIATE ACTION URGENT

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

1988

ASSEMBLY HIGHER EDUCATION COMMITTEE

NAME	LEG DIST.	COUNTIES	NYSNA DIST.
CHAIR, EDWARD SULLIVAN(D)	69	New York	13
Frank Barbaro (D)	47	Kings	14
I. William Bianchi, Jr.(D)	3	Suffolk	19
Samuel Colman (D)	93	Rockland	17
Penny Cocke (R)	132	Monroe	2
Geraldine Daniels (D)	70	New York	13
Donald Davidsen (R)	127	Yates, Steuben	2,3
Thomas DiNapoli (D)	16	Nassau	14
Robert Gaffney (R)	4	Suffolk	19
Richard W. Gottfried (D)	64	New York	13
Roger L. Green (D)	57	Kings	14
R. Stephen Hawley (R)	137	Genesee, Orleans, Monroe	2
Maurice D. HincKey (D)	101	Ulster	11
Cynthia Jenkins (D)	29	Queens	14
Helen M. Marshall (D)	35	Queens	14
H. Sam MacNeil-Ranking (R)	125	Tompkins, Tioga	3,5
John B. Murtaugh (D)	72	New York	13
Clarence Morgan (D)	43	Kings	14
Audrey Pheffer (D)	23	Queens	14
Charles O'Shea (R)	19	Nassau	14
Jose E. Serrano (D)	73	Bronx	13
John B. Sheffer, II (R)	142	Erie	1
Helene E. Weinstein (D)	41	Kings	14

Martha L. Orr, MN, RN
Executive Director



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John B. Sheffer, II (R)	142	Erie	1
Helene E. Weinstein (D)	41	Kings	14

41
3/18/88

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

LEGISLATIVE ALERT

IMMEDIATE ACTION REQUIRED!

EXTREMELY RESTRICTIVE NURSE PRACTITIONER BILL IS INTRODUCED

A.11447

S.8477

Restricts the use of title nurse practitioner.
Authorizes nurse practitioners certified under this bill to diagnose illness and physical conditions, perform therapeutic and corrective measures and prescribe drugs, devices and immunizing agents in accordance with written practice agreements and written protocols.
Requires periodic record review by the physician.
Requires filing of the protocols with the State Education Department.
Limits the physician to four nurse practitioners when not located on the same premises.
Requires the practice agreement to address resolution of nurse practitioner/physician practice disputes.
Does not apply to Article 28 facilities.

Telegraph, write or telephone your strong opposition to A.11447, S.8477 immediately to:

Senator Warren Anderson, Majority Leader
Senator Kenneth LaValle and members of Senate Higher Education Committee
Your own Senator

New York State Senate
Albany, New York 12247

Assemblyman Melvin Miller, Speaker
Assemblyman James Tallon, Majority Leader
Assemblyman Edward Sullivan and members of Assembly Higher Education Committee
Your own Assemblyman

New York State Assembly
Albany, New York 12248

Explain that the bill will restrict the practice of all nurses and reduce nurses practitioners to physician assistants.

SWIFT LEGISLATIVE ACTION IS EXPECTED SO IMMEDIATE LOBBYING IS CRITICAL

#91 LEGISLATIVE PROGRAMS

MAY 19 1987

TESTIMONY PREPARED BY:

Loretta Ford, R.N., M.S., Ed.D., F.A.A.N.
University of Rochester School of Nursing
for May 20, 1987 Hearing, Albany, N.Y.

This testimony registers -as a participative historian - my opposition to Bills A. 1412 and S. 1314. Experience in other states and history shows this legislation to be unnecessary, impractical, unreasonable, restrictive and costly.

The great eighteenth century philosopher, Hegel, said: "What experience and history teach is this: that people and governments have never learned anything from history."

With all due respect to this august philosopher, I am of the opinion that we - people and governments - should at least try to learn something from the past. Especially when those who made history are still available for comment.

I represent the past history of the nurse practitioner and I speak in opposition to A.1412, S.1314. As the co-founder of the movement in 1965 with Dr. Henry Silver at the University of Colorado School of Nursing, I stand witness to past events, some of which we created and others that occurred by the external design or happenstance. My intent is to describe the origins, implementation and evaluation of practice, preparation, placement and performance of nurse practitioners over the past 22 years. Of necessity, this is a brief, but I hope, substantive report of events important to consider in legislative matters relating to practice statutes.

The original nurse practitioner was a pediatric nurse practitioner model designed from a nursing base and for a nursing role in child care. The program focused on utilizing nursing philosophy, knowledge and skill and legitimized some expanded processes and tools in clinical decision-making for delivery of primary care to children in ambulatory settings - clinics, offices, schools, nurseries, homes, etc. As a Public Health Nurse, I was constantly challenged to make decisions about normal growth and development of children, to determine the seriousness of symptoms, to advise parents about healthy life styles and gather historical data on past health practices and illnesses and responses to those conditions. In order to prevent disease and disability and to promote health, a professional nurse must know and do these things.

As science progresses, new tools, information and opportunities became available for professionals to make better decisions by expanding their senses, e.g., eyes and ears. By the use of otoscopes, stethoscopes and other tools and tests, nurses gather extensive data about potential or actual health problems or assure people, especially the worried well, that they are indeed well. This type of preventive action is professional nursing practice and it has great implications for adding to the public's health and wealth. Resources - human, technological and financial - can be wisely and widely used, conserved and appropriately distributed by nurses with expanded skills.

But these nursing skills cannot be used in the interest of

#91 LEGISLATIVE PROGRAMS

the public if they are controlled by other professions through legislative fiat. Another piece of history: when we introduced the nurse practitioner we did not intend, envision, or seek a change in the state's Nursing Practice Act. I believed, and still do, that the scope of practice issues expands and contracts in accordance with the practitioner's preparation, knowledge base, technological advances, the setting and the social times. The scope of practice should not be a part of the statutes. The nature of the field is of prime importance in State Practice Acts. Professional credentialing can identify qualified practitioners, monitor their practice and protect the public through sanctions if necessary. As professional practice changes, credentialing mechanisms can easily be adapted nationally for universal quality control.

Throughout our years of developing and testing the nurse practitioner model, we never envisioned physician supervision of nurse practitioners. We taught, expected, and modelled collegueship in preparation, practice, placement and performance. We gave recognition to both the nurse and the physician as professional practitioners who could be independent of each other and who could also function interdependently as a team if they chose.

If this 22 year living history is unbelievable, just review the written record of the 30,000 nurse practitioners who are now practicing. In over a thousand articles, books, studies, and monographs, the following information is revealed.

- The nurse practitioner is the most thoroughly studied health professional in history in terms of safety, efficiency, effectiveness, acceptance and economy;
- The quality of care delivered by nurse practitioners has been excellent;
- Patient acceptance has been uniformly high;
- The cost has been reasonable;
- Nurse practitioners have been more willing than other professionals to serve rural and poor populations;
- The nurse practitioner can function in myriads of settings and for people of all ages: primary care clinics and offices, schools, nurseries, hospitals, nursing homes, prisons, summer camps, hospices, etc.;
- Legal challenges have been very few; most are brought about by medical societies rather than malpractice suits;
- Reimbursement for services rendered has been very slow in evolving and is not universal, hampering the full utilization of nurses;
- Insurance companies have become increasingly reluctant to issue malpractice insurance, despite the lack of evidence of risk in insuring nurse practitioners;
- The federal government has supported the education of nurse practitioners, but has done little to protect its investment through reimbursement plans to utilize nurse practitioners fully;

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LEGISLATIVE PROGRAMS

- Increasingly industry and H.M.O.s are employing nurse practitioners because they are safe, effective, economical and humane.

New York State has been a flagship state in professional nursing practice, education and research. This state has shown - well ahead of other states - that specialty practice legislation and unwarranted control of one profession over another - can be more of a hindrance than a help in the education and practice of professional nurses.

Lest history repeat itself and prove philosopher Hegel right, I hope the people and the government of the great State of New York will heed the voice of history, and review the successful past of the nurse practitioner - for the future, learn the lessons of history well: The proposed legislation, A.1412, S.1314, are not needed, acceptable to this nurse practitioner or in the best interest of the public in health care quality, cost or access.

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LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

1988 LEGISLATIVE PROGRAM

- I. Enact Entry Into Practice legislation which upgrades and standardizes nursing education within institutions of higher learning, maintaining the two existing careers, registered professional nurse and licensed practical nurse.

The legislation shall encompass the following principles:

Entry into professional nursing practice will be at the minimum of the baccalaureate level.

The legal definition of professional nursing will be "diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and well-being."

Entry into licensed practical nursing will be at the associate degree level.

The legal definition of licensed practical nursing will be "executing functions in the treatment of human responses to actual or potential health problems within the framework of case finding, health teaching, health counseling and provision of supportive and restorative care, in keeping with a nursing regimen established by a licensed or otherwise legally authorized registered professional nurse."

A grandfather mechanism will protect all registered professional nurses and licensed practical nurses licensed prior to the date the bill becomes law.

- II. Protect the Nurse Practice Act from inappropriate revision or amendment.

Preserve the integrity of the Act.

Protect the scope of practice of all nurses.

Continue to affirm registered professional nurses' authority to provide primary health care services.

Maintain a single legal title for the practice of professional nursing.

#91 LEGISLATIVE PROGRAMS

Preserve the profession's authority to identify specialty practice, titles and credentials through certification and other voluntary self-regulatory activities.

- III. Encourage and support legislative measures to increase state funding for nursing education and any other legislative initiatives to promote recruitment and retention of nurses in New York State.
- IV. Monitor and influence state and federal legislative proposals affecting health care issues, the public good and the nursing profession. Current support includes but is not limited to equal rights, pay equity and comparable worth, protection of the health of vulnerable populations, and efforts to control domestic violence.

Approved by the NYSNA 1987 Voting Body, October 1987.

11/12/87
88leg

#91

LEGISLATIVE PROGRAMS

RATIONALE

The New York State Nurses Association Council on Legislation recommends a legislative program for 1988 that will:

- (a) Focus on the Association's single overriding priority - Entry Into Practice legislation
- (b) Emphasize the essential elements of the Entry Into Practice Bill
- (c) Embody the continuing mandate to protect the Nurse Practice Act from inappropriate revision or amendment
- (d) Continue to monitor and influence other state and federal legislation affecting nursing

Although the Council recommends withholding in 1988 the introduction of other legislative proposals pertaining to critical issues in nursing such as repeal of the exemption clause, mandatory direct reimbursement for nursing services and prescriptive privileges for nurses, the Council stresses its commitment to pursuing those legislative goals when the groundwork for securing their passage has been laid.

The New York State Nurses Association's Legislative Program has historically sought to influence a broad range of legislative issues important in improving the quality of nursing care and the public's access to nursing care. In recent years the Association has sought to meet its obligations to the public through a multifaceted legislative program. However, the legislative community has repeatedly demonstrated reluctance to act on a broad based program that does not explicitly identify one priority. When confronted with several apparently compelling improvements, the issue which is of overriding importance and which undergirds all others has not been recognized as the Association's primary goal.

Clearly, as identified in the Association's Action Plan and the 1987 Arden House Conference, the upgrading and standardization of nursing education is the Association's priority. Years of study of the nursing profession, both internal and external; the current inability of the profession to recruit into the profession; and the shortage of nurses prepared to practice with the knowledge base required in today's health care environment, all testify to the need for improved and standardized nursing education. There are more nurses practicing today than ever before - yet the demand grows, especially for highly trained professional nurses. The need for a well-prepared technical nurse is evidenced by the movement to fill the gap with unlicensed personnel. This downward substitution of health care personnel is an immediate and serious threat to safe care in all health care settings.

(Cont'd)

#91 LEGISLATIVE PROGRAMS

-2-

The lack of a standardized, collegiate based education for professional and technical nurse education has proved to be a major obstacle in achieving passage of the Association's other legislative issues. Legislators, and indeed the public they represent, remain uncertain about the competence and qualifications for professional responsibility, recognition and reimbursement of a group with diverse preparation.

For example, the Association's 10-year struggle to obtain a make-available third party reimbursement law was opposed vigorously by groups who argued that nurses were not qualified by education and training to receive direct reimbursement and that nursing education was too varied to prepare a practitioner with definable skills. Obtaining passage of a mandated third party law is extremely unlikely without upgrading and standardizing nursing education.

Further, prescriptive privilege legislation is challenged because all nurses do not have a broad, standard educational base with predictable science and pharmacological course work.

Efforts to remove the exemption clause in the Nurse Practice Act which allows unlicensed personnel to practice nursing in OMH and OMRDD facilities have been effectively hampered by those who counter that the simultaneous move to pass the Entry Into Practice legislation indicates that nurses, especially LPNs are inadequately trained - and no better trained than the OMH and OMRDD attendants.

The Entry Into Practice bill first introduced in 1976 incorporated several changes in the existing Nurse Practice Act in addition to the educational requirements for the professional and technical nurse. One was the change in title from registered professional nurse to nurse and licensed practical nurse to associate nurse. The change in titles has caused considerable controversy among nurses and misunderstanding among the public. Attention to revised titles has diverted attention from the basic principle underlying the Entry Into Practice proposal - that of upgrading and standardizing educational preparation for the two licensed nursing careers. In recognition of that fact the New York State delegation at the 1985 ANA convention urged ANA to maintain the title "licensed practical nurse" for the second career. The ANA House of Delegates failed to heed the New York State experience and adopted instead the "associate nurse" title. They did vote to maintain the title "registered nurse" for the professional career. Regrettably the proposed title "associate nurse" has created confusion regarding whether the future entry level for professional nursing will or should be the associate degree in nursing. It is imperative that this confusion be dispelled and that emphasis be placed on the principle aim of the legislation. Leaving the titles in place as they now exist will serve to clarify that aim and reassure nurses who now practice under the current titles.

(Cont'd)

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Inclusion of the legal definition of the registered professional nurse and the licensed practical nurse in the 1988 legislative proposal will reaffirm the Association's commitment to maintaining an independent role for the registered professional nurse and a dependent role for the licensed practical nurse.

In summary, the upgrading and standardization of nursing education must be achieved. It is absolutely essential not only to resolve the problem of retention and recruitment into nursing, but to enable the Association's other legislative goals to be taken seriously.

Focusing the 1988 NYSNA Legislative Program on the attainment of that goal will provide a unifying issue for the nursing community -- for only then can achievement of all the other important improvements in the public's access to quality nursing care be accomplished.

/cl
10/24/87

#91 LEGISLATIVE PROGRAMS

THE NEW YORK STATE NURSES ASSOCIATION

Report to the Board of Directors

Legislative Program
(Program)

January 21-22, 1968

(Date of Board Meeting)

Organizational Unit or Person Requesting Action:

Council on Legislation

Action Requested:

Following Board approval of a Legislative Program to be presented to the voting body at the annual convention, the proposed program be disseminated to the membership.

Background and/or rationale for request:

Attention is drawn to the proposed Legislative Program which would allow members to make a special effort to attend the convention and attend the course in advance of the convention to more fully consider the proposed program.

If applicable: Anticipated Financial Impact:
(Please explain in detail.)

There would be the cost of first class all membership mailing of the proposed program.

Use additional paper if necessary.

THE NEW YORK STATE NURSES ASSOCIATION

Report to the Board of Directors

Legislative Program
(Program)

January 21-22, 1968

(Date of Board Meeting)

Organizational Unit or Person Requesting Action:

Council on Legislation

Action Requested:

That the Board approve a change in reference to the legislation dealing with educational upgrading and standardization in nursing education from "Entry into Practice" to "standardization of the educational requirements of nursing education".

*Standardization for Nursing Education
Preparation for the future
et al.*

Background and/or rationale for request:

In the Council's opinion, the "Entry into Practice" reference is perceived by legislators and others to be an elitist move restricting access to nursing. By focusing on the aim to standardize nursing education, some of the negative reaction might be eliminated.

If Applicable: Anticipated Financial Impact:
(Please explain in detail.)

No financial impact.

Use additional paper if necessary.

KLO/ker
12/4/87

#91 LEGISLATIVE PROGRAMS

12

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM

January 21-22, 1988

The Council on Legislation met once, November 16, 1987 since the last Board Meeting held in conjunction with the 1987 Convention.

I. STATUS OF 1988 LEGISLATIVE PROGRAM

- A. Following approval of the program by the NYSNA 1987 voting body, the official 1988 NYSNA Legislative Program was mailed to the prime Assembly and Senate sponsors. A December meeting with Entry Into Practice bill sponsors was postponed to early January at the request of Assemblyman Nadler's staff.
- B. In reviewing the convention voting body discussion of the Association's 1988 Legislative Program, the Council considered members requests that wider and more timely dissemination of information about future proposed legislative programs be made available to the membership. The advanced information would allow interested members to make a special effort to attend the convention and allow time in advance of the convention to more fully consider the proposed program. The Council, therefore, recommends to the NYSNA Board of Directors that following its approval of a legislative program to be considered by the voting body, the membership be notified of the proposed legislative program.
- C. The Council reviewed the current resistance of the Legislature to the Entry Into Practice bill. A negative response seems to come from the title which the Council felt was perceived as an elitist move. The Council, therefore, recommends to the Board that the title for the legislation be changed to "standardization of the two educational levels of nursing."
- D. Considerable progress has been made in implementing the Entry Into Practice Work Plan approved at the pre-convention NYSNA Board meeting.

Meetings have been held with the Chancellor of the Board of Regents and the Commissioner of Health.

Inter-regional meetings are underway with Councils of Nursing Practitioners. A Minority Focus Group meeting is set for January 12. Offers to present programs for DNAs or to meet with District Legislative Committees have been extended.

-2-

The following districts have requested meetings with NYSNA Legislative Program staff:

District 2	January 15
District 14	January 25
District 7	February 25
District 9	March 3
District 13	April 15

E. A new focus group of ADN educators in support of Entry Into Practice legislation met on December 17, 1987.

F. Meetings between NYSNA and governmental agencies about the need for increased nursing education funds has met with a positive response. It is expected that a variety of proposals will be forthcoming in 1988.

II. 1988 LEGISLATIVE RECEPTION *to be confirmed, attend*

The reception is set for February 1 with a pre-reception conference from 2-3:30 p.m. and the reception from 5-7:00 p.m. in Albany. Invitations to legislators and the Governor were mailed in early January. Letters of invitation to District Presidents and Executive Directors, District Legislative Committees and NYSNA Organizational Unit leadership were mailed in December.

III. LOBBY DAYS

The following Lobby Days have been established thus far:

District 16	March 1
District 14	March 8
District 9	March 22
Mt. St. Mary's Sch. of Nsg.	April 26

IV. PRESCRIPTIVE PRIVILEGES FOR NURSES

Exploratory meetings initiated by the State Health Department and the Executive Secretary of the State Board for Nursing are underway. NYSNA's position is consistent with that approved by the Board of Directors in 1986.

#91

LEGISLATIVE PROGRAMS

V. EXEMPT CLAUSE REPEAL

In keeping with the Council on Legislation's plan to lay groundwork this year for the future repeal of the Exempt Clause, a meeting has been scheduled for February 4 to discuss legislative opposition. Participating in the meeting will be representatives of the NYSNA Council on Nursing Research, the NYSNA Psychiatric-Mental Health Nursing Clinical Practice Unit, Legislative staff to Assemblywoman Elizabeth Connelly and staff analysts to the Ways and Means Committee.

VI. FEDERAL LEGISLATION

Several bills of interest to nursing are being considered by Congress. Most are either in committee in one or both houses or in conference.

Portions of the Medicare Community Nursing and Ambulatory Care Act and portions of Mitchell's Nurse Shortage bill were included in the Budget Reconciliation bill signed by the President the end of December. Other bills in committee include the Federal Employees Health Benefit Program and Family Medical Leave Act. The Catastrophic Health Insurance/Coverage bill is in conference. NYSNA Board members, District Presidents and Legislative Committee chairs are forwarded a copy of ANA's Capital Update so that quick lobbying action can be initiated when needed.

Janet P. Mance
Janet P. Mance, MN, RN
Director, Legislative Program

- Council on Legislation
- Jean B. Heady, Chairman
- Josephine Bolus
- Susan Fraley
- Louise Gallagher
- Carole Kuzmack
- Juanita Majewski
- Carol Morris
- Janice Volland
- Kattie Washington

JPM/cl
1/6/88

#91 LEGISLATIVE PROGRAMS

STATE OF NEW YORK

S. 3684--1

A. 3574--1

1987-1988 Regular Sessions

SENATE - ASSEMBLY

February 24, 1987

IN SENATE -- Introduced by Sens. FARLEY, NOLAN -- read twice and ordered printed, and when printed to be committed to the Committee on Education -- recommitted to the Committee on Education in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

IN ASSEMBLY -- Introduced by M. of A. NADLER, COCHRANE -- Multi-Sponsored by -- M. of A. ABRAMSON, BARRAGA, BRENNAN, CATAPANO, COOKE, DEARIE, DIAZ, GAFFNEY, GOTTFRIED, GREENE, HARENBERG, HINCHEY, LARKIN, MAYERSOHN, NOLAN, PILLITTERE, PROUD, ROBACH, SANDERS, SEABROOK, STRANIERE, WEINSTEIN, YEVOLI -- read once and referred to the Committee on Higher Education -- recommitted to the Committee on Higher Education in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, in relation to the practice of professional nursing and repealing article one hundred thirty-nine of such law relating thereto

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Article one hundred thirty-nine of the education law is
2 REPEALED and a new article one hundred thirty-nine is added to read as
3 follows:

4 ARTICLE 139
5 PROFESSIONAL NURSING

6 Section 6900. Introduction.

7 6901. Definition of practice of registered professional nursing.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [] is old law to be omitted.

LB006397-03-B

#91 LEGISLATIVE PROGRAMS

S. 2624--A

A. 3574--A

1 § 690. Practice of registered professional nursing and use of
2 title "registered professional nurse".
3 § 690.1. Requirements for license as a registered professional
4 nurse.
5 § 690.5. Definition of practice of licensed practical nursing.
6 § 690.5. Practice of licensed practical nursing and use of title
7 "licensed practical nurse".
8 § 690.6. Requirements for license as a licensed practical nurse.
9 § 690.7. Limit board for nursing.
10 § 690.8. Limited permits.
11 § 690.9. Limit permits.
12 § 690.10. Special provisions.
13 § 6900. Introduction. This article applies to the profession of reg-
14 istered professional nursing and to licensed practical nursing. The
15 general provisions for all professions contained in article one hundred
16 thirty of this title apply to this article.
17 § 6901. Definition of practice of registered professional nursing.
18 The practice of registered professional nursing is defined as diagnosing
19 and treating human responses to actual or potential health problems
20 through such services as case finding, health teaching, health counsel-
21 ing and provision of care supportive to or restorative of life and well-
22 being.
23 § 6902. Practice of registered professional nursing and use of title
24 "registered professional nurse". Only a person licensed or otherwise
25 authorized under this article shall practice registered professional
26 nursing and only a person licensed under section sixty-nine hundred
27 three of this article shall use the title "registered professional
28 nurse".
29 § 6903. Requirements for license as a registered professional nurse.
30 To qualify for a license as a nurse, an applicant shall fulfill the fol-
31 lowing requirements:
32 1. Application: file an application with the department;
33 2. Education: have received an education, including a minimum of a
34 baccalaureate degree in nursing, in accordance with the commissioner's
35 regulations;
36 3. Experience: meet no requirement as to experience;
37 4. Examination: pass an examination satisfactory to the board and in
38 accordance with the commissioner's regulations, provided, however, that
39 the educational requirements set forth in subdivision two of this sec-
40 tion are met prior to admission for the licensing examination;
41 5. Age: be at least eighteen years of age;
42 6. Citizenship: meet no requirement as to United States citizenship;
43 7. Character: be of good moral character as determined by the
44 department; and
45 8. Fees: pay a fee of sixty-five dollars to the department for ad-
46 mission to a department conducted examination and for an initial
47 license, a fee of twenty-five dollars for each reexamination, a fee of
48 forty dollars for an initial license for persons not requiring admission
49 to a department conducted examination, and a fee of thirty dollars for
50 each triennial registration period.
51 § 6905. Definition of practice of licensed practical nursing. The
52 practice of licensed practical nursing is defined as executing functions
53 in the treatment of human responses to actual or potential health prob-
54 lems within the framework of case finding, health teaching, health
55 counseling and provision of supportive and restorative care, in keeping

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3

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1 with a nursing regimen established by a licensed or otherwise legally
2 authorized nurse.

3 § 6904. Practice of licensed practical nursing and use of title
4 "licensed practical nurse". Only a person licensed or otherwise
5 authorized under this article shall practice licensed practical nursing
6 and only a person licensed under section sixty-nine hundred six of this
7 article shall use the title "licensed practical nurse".

8 § 6905. Requirements for license as a licensed practical nurse. To
9 qualify for license as a licensed practical nurse, an applicant shall
10 fulfill the following requirements:

11 1. Application: file an application with the department;

12 2. Education: have received an education, including an associate de-
13 gree in nursing, in accordance with the commissioner's regulations;

14 3. Experience: meet no requirement as to experience;

15 4. Examination: pass an examination satisfactory to the board and in
16 accordance with the commissioner's regulations, provided, however, that
17 the educational requirements set forth in subdivision two of this sec-
18 tion are met prior to admission for the licensing examination;

19 5. Age: be at least seventeen years of age;

20 6. Citizenship: meet no requirements as to United States citi-
21 zenship;

22 7. Character: be of good moral character as determined by the
23 department; and

24 8. Fees: pay a fee of sixty-five dollars to the department for ad-
25 mission to a department conducted examination and for an initial
26 license, a fee of twenty-five dollars for each reexamination, a fee of
27 forty dollars for an initial license for persons not requiring admission
28 to a department conducted examination, and a fee of thirty dollars for
29 each triennial registration period.

30 § 6907. State board for nursing. A state board for nursing shall be
31 appointed by the board of regents on recommendation of the commissioner
32 for the purpose of assisting the board of regents and the department on
33 matters of professional licensing and professional conduct in accordance
34 with section sixty-five hundred eight of this title. The board shall be
35 composed of not less than fifteen members, eleven of whom shall be reg-
36 istered professional nurses and four of whom shall be licensed practical
37 nurses all licensed and practicing in this state for at least five
38 years. An executive secretary to the board shall be appointed by the
39 board of regents on recommendation of the commissioner and shall be a
40 nurse registered in this state.

41 § 6908. Limited permits. 1. A permit to practice as a registered
42 professional nurse or a permit to practice as a licensed practical nurse
43 may be issued by the department upon the filing of an application for a
44 license as a registered professional nurse or as a licensed practical
45 nurse and submission of such other information as the department may
46 require to (i) graduates of schools of nursing registered by the depart-
47 ment, (ii) graduates of schools of nursing approved in another state,
48 province, or country or (iii) applicants for a license in licensed prac-
49 tical nursing whose preparation is determined by the department to be
50 equivalent of that required in this state.

51 2. Such limited permit shall expire one year from the date of is-
52 suance or upon notice to the applicant by the department that the appli-
53 cation for license has been denied, or ten days after notification to
54 the applicant of failure on the licensing examination, whichever shall
55 first occur. Notwithstanding the foregoing provisions of this subdivi-

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1 also, if the applicant is waiting the results of a licensing examination
2 at the time such limited permit expires, such permit shall continue to
3 be valid until ten days after notification to the applicant of the
4 results of such examination.
5 4. A limited permit shall entitle the holder to practice nursing only
6 under the supervision of a registered professional nurse currently reg-
7 istered in this state and with the endorsement of the employing agency.
8 5. Fees. The fee for such limited permit shall be ten dollars.
9 6. Graduates of schools of nursing registered by the department may
10 be employed to practice nursing under supervision of a registered
11 professional nurse currently registered in this state and with the en-
12 dorsement of the employing agency for ninety days immediately following
13 graduation from a program in nursing and pending receipt of a limited
14 permit for which an application has been filed as provided in this
15 section.
16 § 6909. Exempt persons. This article shall not be construed:
17 1. As prohibiting the care of the sick by any person, provided such
18 person is employed primarily in a domestic capacity and does not hold
19 himself or herself out, or accept employment as a person registered to
20 practice nursing under the provision of this article, or as preventing
21 any person from the domestic administration of family remedies or the
22 furnishing of nursing assistance in case of an emergency;
23 2. As including services given by attendants in institutions under
24 the jurisdiction of or subject to the visitation of the state department
25 of mental hygiene if adequate medical and nursing supervision is
26 provided;
27 3. As prohibiting such performance of nursing service by students en-
28 rolled in registered schools or programs as may be incidental to their
29 course of study;
30 4. As prohibiting or preventing the practice of nursing in this state
31 by any legally qualified registered professional nurse or licensed prac-
32 tical nurse of another state, province, or country whose engagement
33 required him or her to accompany and care for a patient temporarily
34 residing in this state during the period of such engagement provided
35 such person does not represent or hold himself or herself out as a reg-
36 istered professional nurse or licensed practical nurse registered to
37 practice in this state;
38 5. As prohibiting or preventing the practice of nursing in this state
39 during an emergency or disaster by any legally qualified registered
40 professional nurse or licensed practical nurse of another state,
41 province, or country who may be recruited by the American National Red
42 Cross or pursuant to authority vested in the state civil defense commis-
43 sion for such emergency or disaster service, provided such person does
44 not represent or hold himself or herself out as a registered profes-
45 sional nurse or licensed practical nurse registered to practice in this
46 state;
47 6. As prohibiting or preventing the practice of nursing in this
48 state, in obedience to the requirements of the laws of the United
49 States, by any commissioned nurse officer in the armed forces of the
50 United States or by any nurse employed in the United States veterans ad-
51 ministration or United States public health service while engaged in the
52 performance of the actual duties prescribed for him or her under the
53 United States statutes, provided such person does not represent or hold
54 himself or herself out as a nurse registered to practice in this state;
55 or

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1. It is prohibited the care of the sick when done in connection with the exercise of the religious tenets of any church.

2. Notwithstanding any inconsistent provision of any general, special or local law, any licensed registered professional nurse or licensed practical nurse who voluntarily and without the assistance of a physician, midwife, or other person, renders aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and adequate medical equipment, to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person if: (a) the injury occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injury or death was caused by gross negligence on the part of such licensed registered professional nurse or licensed practical nurse; nothing in this subdivision shall be deemed or construed to relieve a licensed registered professional nurse or licensed practical nurse from liability for damages for injuries or death caused by an act or omission on the part of such nurse while rendering nursing services in the course and ordinary course of her practice;

3. The authority in this article shall be restricted to confer the authority on persons practicing as dentists.

4. Any applicant for a license as a registered professional nurse or licensed practical nurse by endorsement of a license of another state, province or country whose application was filed with the department on or after the date in effect prior to August thirty-first, nineteen hundred seventy-one shall be licensed only upon successful completion of the appropriate licensing examination unless satisfactory evidence of the completion of all educational requirements was submitted to the department prior to September first, nineteen hundred seventy-seven.

5. Any individual licensed as a registered professional nurse prior to the effective date of this subdivision need not meet the baccalaureate degree requirement provided for in subdivision two of section sixty-nine hundred three of this article, and shall be entitled to the authority provided for in section sixty-nine hundred two of this article.

6. Any individual licensed as a licensed practical nurse prior to the effective date of this subdivision need not meet the associate degree requirement provided for in subdivision two of section sixty-nine hundred four of this article, and shall be entitled to the authority provided for in section sixty-nine hundred five of this article.

7. This act shall take effect four years after it shall have become a law.



Martha L. Dw, RN, RN
Executive Director

Committee of the Board of
Nurses Association

NEW YORK STATE NURSES ASSOCIATION 2119 Western Avenue, Oyster Bay, N.Y. 11094, (516) 424-4371

S. 2584-A

A. 3794-A

MEMORANDUM OF SUPPORT

An ACT to amend the education law, in relation to the practice of professional nursing and repealing article one hundred thirty-nine of such law relating thereto.

Subject and Purpose

Amends Article 139 of the education law to require that entrants into nursing possess a baccalaureate degree in nursing for licensure as a "registered professional nurse" and an associate degree in nursing for licensure as a "licensed practical nurse." The requirement would take effect four years after the bill becomes a law.

Summary of Provisions

This bill amends Article 139 of the education law by repealing the current language and implementing new language requiring either a baccalaureate degree or an associate degree for licensed entry into nursing.

Grandfather provisions are included to ensure that both registered professional nurses and licensed practical nurses licensed prior to the effective date of this act will continue to be licensed without having to meet the criteria set forth in the new amendments.

Additional revisions include definition and reference changes that are necessary to conform to the amendments of this bill.

Statement of Support

Since current nursing education requirements became law in 1903, there has been an astounding technological and social evolution in the health care industry. Upgrading nursing education requirements is essential to meet the multiplicity of current and future complex changes.

The minimum education requirements for nursing are lower than all other major health professions. In an industry that deals with life and well-being, it is incongruous to require physical therapists, occupational therapists, pharmacists and other major health professionals to meet the minimum standard of a bachelor's degree, yet require less for the largest group of direct care providers - professional nurses. This bill will correct that inequity.

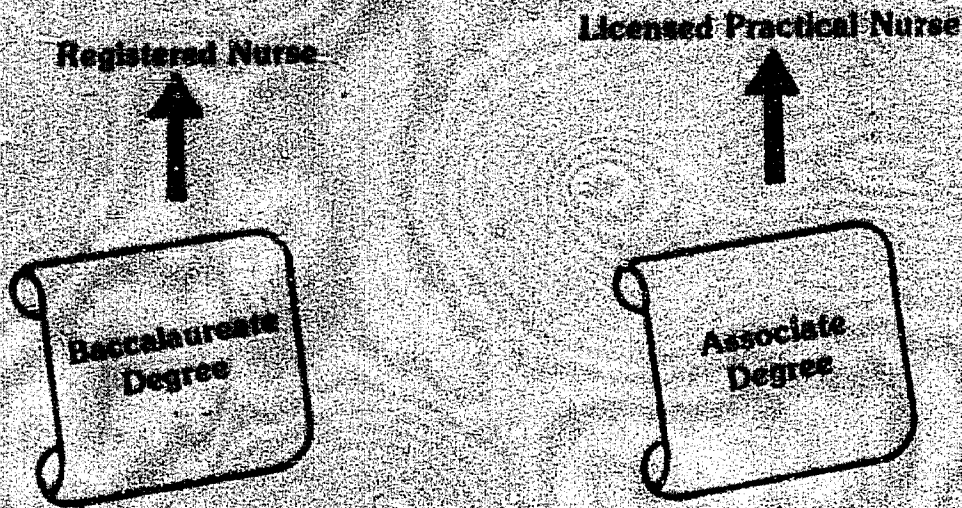
In terms of fiscal implications, this bill will enhance the state's higher education support system through better utilization of available financial resources.

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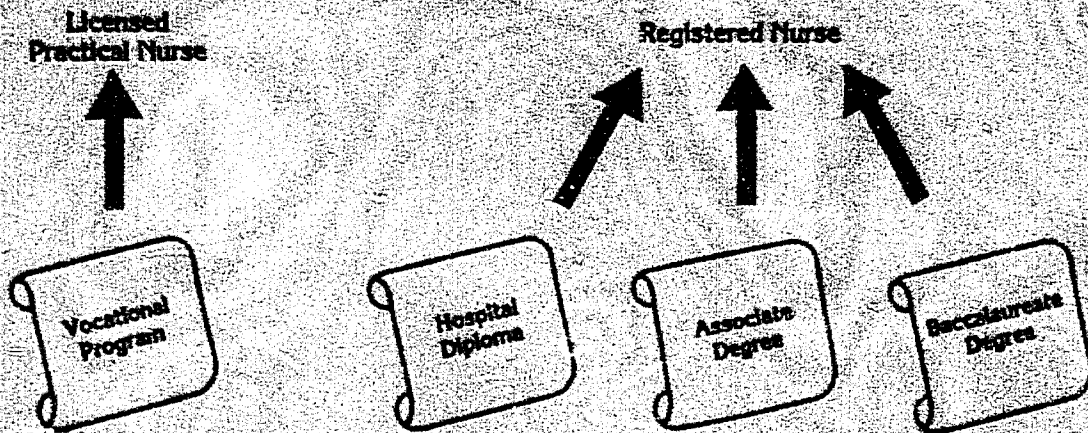


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PROPOSED STANDARDIZATION for ENTRY INTO PRACTICE for TWO CAREERS in NURSING



CURRENT PREPARATION for ENTRY INTO PRACTICE for TWO CAREERS in NURSING



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1923-1987 ENTRY INTO PRACTICE PROPOSAL

DOCUMENTATION

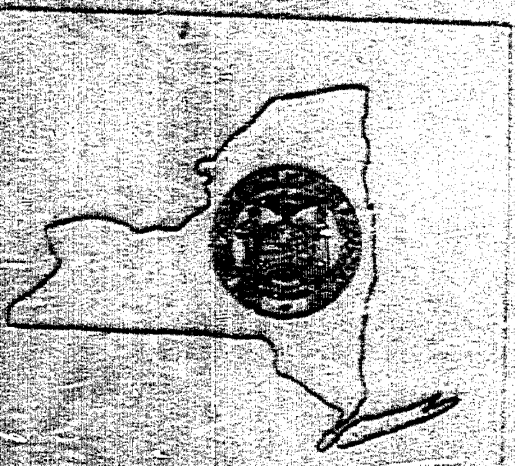
- 1923 Columbia University Committee for the Study of Nursing Education
- 1928-34 American Nurses' Association Committee on Training of Nurses
- 1942 Nurse, Esther L. Historical for the Historical Association
- 1942 Minority Bill Committee on the Function of Nurses
- 1948 Nurse, Margaret Nursing Journals of the Mid-Continent
- 1948 Nurse, Elizabeth Committee on Nursing Education for Nurses
- 1952-54 New York State Nurses Association Study Committee on Entry into Practice
- 1958 New York State Nurses Association Study Committee on Entry into Practice
- 1970 Gaudin, James Bill for the Nurse Practice Act
- 1981 National Commission on Nursing Practice, Scope and Professional Responsibility
- 1982 National Commission on Nursing Practice, Scope and Professional Responsibility
- 1985 New York State Nurses Association Study Committee on Entry into Practice

POSITION STATEMENTS

- 1940 American Nurses' Association "Goal Three"
- 1948 American Nurses' Association "Position Paper"
- 1960 New York State Nurses Association "A Blueprint for the Education for Nurses..."
- 1972 New York State Nurses Association "Priorities in Preparation for Practice..."
- 1974 Voting Body Resolution: "We do develop a plan for establishing... the baccalaureate degree in Nursing as a requirement for licensure as a registered professional nurse..."
- 1978 American Nurses' Association Resolution on Entry into Practice
- 1985 American Nurses' Association Resolution on Legal Titles

IMPLEMENTATION

- New York State Nurses Association
- 1975 Arden House Conference Implementation of 1974 Resolution
 - 1978 Special Committee to study the Nurse Practice Act
 - 1978 Hyatt House Conference Statewide Forums on Legislative Proposal
 - 1978 Bills Introduced in Assembly and Senate
 - 1978 Task Force on Behavioral Outcomes of Nursing Education
 - Task Force on LPN to RN Transition
 - 1979 Task Force on Professional Practice Needs of RN's
 - 1979 Gideon Putnam Workshop on Associate and Baccalaureate Degree Curricula
 - 1983-86 Special Project on Entry into Practice
 - 1984-87 Minority Focus Workshops
- American Nurses' Association
- 1985 National Plan to Implement ANA's Education Goal
 - 1986 Task Force on Scopes of Practice for Professional and Technical Nursing Practice
 - 1987 National Commission on Nursing Implementation Project - designing change processes for nursing education and practice



IN NEW YORK STATE

THE NEW YORK STATE NURSES ASSOCIATION Requirements for the Professions

as Contained in Article 131-159 of Title VIII of the Education Law of New York*

Of the thirty-one professions regulated under Title VIII of the Education Law of New York State, twenty-eight are licensed, two are certified and one is registered. The attached chart identifies the education, examination and experience requirements for each of the professions.

Seven professions require a doctoral degree, three a masters degree and eight a bachelors degree. One requires two years of college study. The eleven remaining professions, of which nursing is one, require only a special program of study. Two of those (physical therapy assistants and animal health technology) require that program to be at the college level.

The educational requirements for nursing are clearly inconsistent with those of other major health professions. These requirements must be strengthened to ensure future practitioners of educational preparation essential for safe and competent practice.

*Mckinney's Consolidated Laws of New York, Annotated (Book 16) Sections 5501 to End and Cumulative Annual Pocket Part, for use in 1981-1982.

1 The 31st profession is that of public accountant which applies only to those prepared through six years of experience between 1949 and 1959. That profession has been replaced by certified public accountants requiring a bachelors or higher degree in accounting.

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Requirements for the Profession
 As Contained in
 Article 131-133 of Title VIII
 of the Education Law from
McKinney's Consolidated Laws of New York Annotated
 (Book 18)
 Sections 5511 to End
 and
Cumulative Annual Pocket Part
 for Use in 1981-1982

SECTION I REQUIREMENTS FOR LICENSURE

<u>Profession</u>	<u>Education</u>	<u>Examination</u>	<u>Experience</u>
Chiropractor	2 years Preprofessional College Study 4 year Resident Program in Chiropractic	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Dentist	Doctoral Degree in Dentistry	X	Experience satisfactory to the board and in accordance with the commissioner's regulations; *100 hours of instruction for a certificate in acupuncture
Physical Therapist	Bachelor's or Higher Degree in Physical Therapy	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Physician	Degree of Doctor of Medicine or Osteopathy	X	Experience satisfactory to the board and in accordance with the commissioner's regulations; *100 hours of instruction for a certificate in acupuncture
Veterinarian	Doctoral Degree in Veterinary Medicine	X	Experience satisfactory to the board and in accordance with the commissioner's regulations

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<u>Profession</u>	<u>Education</u>	<u>Examination</u>	<u>Experience</u>
Pharmacist	Bachelor's Degree in Pharmacy	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Podiatrist	Doctoral Degree in Podiatry	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Optometrist	Degree of Doctor of Optometry	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Professional Engineer	Bachelor's or Higher Degree in Engineering OR 12 years practical experience (1 year of education equals 2 years experience)	X	4 years in work satisfactory to the board/may accept study beyond bachelor's degree in partial fulfillment
Architect	Bachelor's or Higher Degree OR 12 years practical experience (1 year of college equals 2 years experience)	X	Experience satisfactory to the board so that combined study and experience total 8 years
Certified Public Accountant	Bachelor's or Higher Degree in Accounting OR 15 years of practice as a Public Accountant	X	Experience satisfactory to the board and in accordance with the commissioner's regulations

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<u>Profession</u>	<u>Education</u>	<u>Examination</u>	<u>Experience</u>
Psychologist	Doctoral Degree in Psychology	X	2 years supervised employment or engagement in appropriate psychology activities
Certified Social Worker	Master's Degree in Social Work	X	No requirement
Occupational Therapy	Occupational Therapy Curriculum in a Baccalaureate or Masters Program or a Certificate Program Equal to the Baccalaureate Program	X	6 months supervised occupational therapy experience
Speech Pathologist or Audiologist	Master's Degree in Speech Pathology and/or Audiology	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Nursing	Diploma or Degree in Professional Nursing	X	No requirement
*Acupuncture	Licensed to practice acupuncture by a licensing board of a state or foreign country		10 years experience

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<u>Profession</u>	<u>Education</u>	<u>Examination</u>	<u>Experience</u>
Professional Land Surveyor	Bachelor's or Higher Degree in Land Surveying OR 6 years practical experience (1 year of college equals 1/2 year of experience)	X	4 years in work satisfactory to the board/may accept study beyond bachelor's degree in partial fulfillment.
Landscape Architecture	Bachelor's or Higher Degree OR 12 years practical experience (1 year of study equals 2 years of experience not to exceed 8 years toward required 12)		Experience satisfactory to the board so that the combined college study and experience total 8 years
Dental Hygienist	1) High School Graduate 2) Program in Dental Hygiene	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Licensed Practical Nurse	1) High School 2) Program in Practical Nursing	X	No requirement

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<u>Profession</u>	<u>Education</u>	<u>Examination</u>	<u>Experience</u>
Ophthalmic Dispenser	1) High School 2) 2 year Program in Ophthalmic Dispensing OR 2 years training and experience in Ophthalmic Dispensing under supervision of a Licensed Ophthalmic Dispenser	X	Experience satisfactory to the board and in accordance with the commissioner's regulations
Animal Health Technician	1) Secondary School 2) College Level course and a Diploma from a School of Veterinary Science Technology not less than 18 months	X	
Public Accountant	6 years experience between April 1, 1949 - April 1, 1959		
Certified Shorthand Reporter	1) High School 2) Completion of Program in Shorthand Reporting OR 5 years of experience in Shorthand Reporting	X	Experience satisfactory to the board and in accordance with the commissioner's regulations

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Profession

Masseur/Masseuse

Education

- 1) High School Graduate
- 2) Graduation from a School or Institute of Massage including 500 hours of Classroom Instruction

Examination

X

Experience

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SECTION 11 REQUIREMENTS FOR REGISTRATION

<u>Profession</u>	<u>Education</u>	<u>Examination</u>	<u>Experience</u>
Physician Associates/ Specialists Assistants	1) Secondary School 2) Approved Program for PA's or SA's 40 weeks supervised clinical training 32 credit hours of classroom work OR Commissioner determines equivalent education and training in lieu of approved program - ex. nurse, military corpsman or graduation from school of traditional oriental medicine, herb medicine or acupuncture	*Commissioner may require proficiency examination	None except Special Assistants in Acupuncture need 5 years of experience

#91 LEGISLATIVE PROGRAMS

SECTION 111 REQUIREMENTS FOR CERTIFICATION

<u>Profession</u>	<u>Education</u>	<u>Examination</u>	<u>Experience</u>
Physical Therapist Assistant	1) Secondary School 2) 2 year College Program in a Physical Therapy Assistant Program	None	Experience satisfactory to the board and in accordance with the commissioner's regulations
Occupational Therapy Assistant	(Exemption in Occupational Therapy Act - certified by Commissioner as having completed a Program of Occupational Therapy Assistant		

* Contained in Sections of the Rules of the Board of Regents and Regulations of the Commissioner of Education of the State of New York.

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An Associate Degree Educator Supports the Entry to Practice Resolution

by Joan Sweeney

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The American Nurses' Association resolution proposing that the baccalaureate degree be required for entry into professional nursing practice has stirred much debate and has particularly distressed many associate degree and diploma program educators. In this article the chairwoman of an associate degree program supports the ANA resolution, listing her argument on the need for nursing to establish standardization and definition of nursing educational programs and functional roles.

Joan Sweeney, RN, M.S., is chairwoman, Division of Nursing, Junior College of Albany (a division of Russell Sage College), Troy, New York. She is also a clinical evaluator for Regents External Degree—Nursing, The University of the State of New York.

In 1978 the American Nurses' Association House of Delegates supported the proposal that the minimum requirement for entry into professional nursing practice be the baccalaureate degree in nursing. Many associate degree educators who have struggled over the years to prepare their graduates for professional practice feel threatened and angered by this proposal. As an associate degree educator, I can understand and empathize with these feelings. However, I urge my colleagues to look beyond their immediate reactions and consider the issue in its entirety. This article attempts to facilitate that process.

Why should associate degree educators support the ANA resolution?

Because the existing multiple, non-standardized educational patterns for nursing education have created disunity within the profession. One major result of this diffusion of nurse energy is the failure of nurses to have an impact on the health care system commensurate with their numbers (about 600,000

LPNs and 1,300,000 RNs[1]). The health care industry uses this lack of unity to maintain a low status, subordinate, economically stagnant nurse pool. In other words, economic vested interest perpetuates the current system to keep nurses in their place.

The ANA resolution is designed to correct past inequities and standardize nursing educational patterns. It defines two levels of nursing, implying that two valid, measurable, educational systems will be developed and two identifiable practice roles will be forged. Technical nurses would be educated for a specific practice role, that of delivering skilled patient-side care in a structured setting such as a hospital. Their defined role would be known, respected, and valued by nurse colleagues, other health care workers, and patient-consumers. Baccalaureate nurses would deliver a broader range of patient care services in a variety of settings, including functional roles in specialty areas such as mental health or maternal-child care.

This forward-looking proposal will help to remedy the following problems of the nursing profession:

- Our present nursing education patterns create a nonsystem which perpetuates confusion and division of the nurse energy pool. The present registered nurse education "plac" has four different patterns—diploma, associate degree, baccalaureate, and masters programs—ranging from two to five years in length. The present licensed

practical nurse education "plac" has programs sponsored by high schools, vocational schools, technical schools, hospitals, and two and four year colleges. They range in length from 10 to 24 months. In some states a high school equivalency education is not even required to enter an LPN program.

- The past nurse educational process was discriminatory toward middle and lower income groups and especially toward women. It was conceived to prepare the poor and disadvantaged to function as cheap, skilled workers in the growing hospital industry[2]. Nursing education's historical origin, that of "training" in a hospital setting rather than "educating" in a collegiate setting is the basis of many of the problems besetting the profession today. In earlier years collegiate education for middle and lower income families was more appropriate for men than for women, and was considered particularly unnecessary for nurses. The result of training people is to limit their scope of performance. But when you educate them, you increase their ability to create options for themselves and others.
- Career guidance has been misguided. Career counselors and prospective students have understandable difficulty making informed decisions about the myriad routes to nursing practice. Furthermore, a 1975 comparative study indicates that most practical nursing students are eligible for associate and baccalaureate degree programs[3].

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• *Career mobility has been frustrating, confusing, and expensive.* Nurses take endless courses for enrichment and professional development without furthering their nursing career goals. It is economically unsound and wasteful to travel the route of LPN to AD to BSN to MSN(4).

• *The educational competencies required of each type of nursing program are different.* An April 1979 NLN task force reported a recognized need to delineate the competencies of new graduates from the four types of nursing education programs. It noted that such delineation is an unresolved dilemma(5). If NLN, the accrediting agency for nursing education programs, is still trying to define the competencies of the various new nurse graduates, how can the public be expected to define its image of nursing?

• *The public is confused about what practicing nurses can and can't do.* NLN identifies three different "practice roles" for RNs from associate degree, diploma, and baccalaureate programs of instruction(6). Why then, are these different practice roles presented to the public under the single title of RN?

• *Nurses are often expected to function in roles they are not prepared for.* Such misuse causes disenchantment, particularly among new graduates(7). In many institutions LPNs work in charge nurse roles during the 3-11 and 11-7 shifts. They may distribute medication without supervision, even though they are not licensed to dispense it. Many new associate degree graduates tell of the unsafe roles they are

forced to accept as "float nurse," "head nurse," or "ICU team leader" without the benefit of adequate preparation.

"Consumers have a right to know their nurse's educational competencies."

• *An average student needs at least two academic years (60 semester weeks) to learn the functional role of a technical nurse.* Thus, a two-year associate degree curriculum can educate students to give direct patient care. However, there is not time within this curriculum for students to also process information such as leadership theory, management styles, group or family dynamics, and community health resources. A baccalaureate education is more appropriate for integration of such content.

• *The consumer represents a captive audience at the mercy of a nurse pool which lacks a clearly definable educational system.* Consumers usually accept a nurse as a nurse. A "truth in packaging" law should apply to the practice role of the nurse. Consumers have a right to know their nurse's educational competencies. Perhaps they could more appropriately and effectively demand quality nursing service if each nurse's educational background was identified (LPN, ADN, BSN, MSN). Such a procedure would also encourage nurse staffing that is dictated by standards of care and quality assurance rather than by budget constraints.

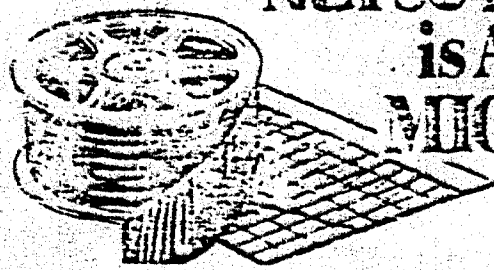
CONCLUSION

Support of the entry to practice resolution is a step toward a meaningful, responsible role for nurses educated at the associate degree level—a role originally intended for them, but lost sight of over the past twenty years(8).

The resolution is a future-oriented plan. It urges clarification of nurses' educational patterns and functional roles, and guarantees appropriate linkage of educational preparation to practice roles for the ultimate purpose of ensuring safe, high quality care for consumers.

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3. Kaiser, J. *The Comparison of Students in Practical Nurse Programs and Students in Associate Degree Programs*. New York: National League for Nursing, 1976.
4. Vaughn, J. (Director Annual Survey, Division of Resear. NLN Data Service). *Nursing Data Look*. New York: National League for Nursing 1977.
5. Working paper of the NLN Task Force on Competencies of Graduates of Nursing Programs. National League for Nursing, April 1979.
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8. Montag, M. Looking back: Associate degree education in perspective. *Nursing Outlook*, 26(4):248-250.



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