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NURSING Practice '89

AGENDA #13

THE NEW YORK STATE NURSES ASSOCIATION
REPORT TO THE BOARD OF DIRECTORS
NURSING PRACTICE AND SERVICES PROGRAM
JANUARY 26-27, 1988

Since the September Meeting of the Board of Directors, all the Clinical Practice Units and Functional Units held their Annual Business Meetings at the 1988 NYSNA Convention. The Committee on Impaired Nursing Practice held a Networking Meeting with representatives of the District Nurses Associations during Convention.

On December 2, 1988, the Councils on Nursing Practice and Ethical Practice, the Clinical Practice Units and the Functional Units which are staffed by Nursing Practice and Services met at the Center for Nursing. Each group met separately to address special practice concerns and then met together for half a day to discuss issues of mutual concern, such as NYSNA's 1989 Legislative Program; suggestions for the 1989 Convention Planning Committee regarding CE workshops; the 1988 Voting Body Resolution, RCTs, and AIDS.

I. COUNCILS

A. Council on Nursing Practice

The Council reviewed the two convention resolutions which pertain to Registered Care Technologists (RCTs). The Council is reviewing materials which relate to these issues in order to suggest additional strategies and activities.

The Council continues to work on updating the current NYSNA Position Descriptions and Care of the Dying packet. The Council members are pleased with the Nurses Rights brochure. They would like to see the brochure's information, either in this or an alternative format, receive the widest distribution possible.

B. The Council on Ethical Practice

The Council members reviewed the Resolution on the Training and Supervision of Registered Care Technologists (RCTs). The Council strongly believes that professional nurses should not train or supervise RCTs.

NYSNA's current Do Not Resuscitate Position Statement was reviewed and the revision is almost completed. Plans for the next year will focus on ethical decision making for professional nurses at all levels and in all settings.

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II. CLINICAL PRACTICE UNITS

A. Ambulatory Care Nursing

The Executive Committee met for the first time and reviewed goals from the Annual Business Meeting. Topics discussed at the first meeting were standards of nursing care, model nursing care plans, and documentation. They will collect additional data on these topics for discussion at the next meeting. Future meetings will be devoted to discussions about fragmentation of nursing care, autonomy, communication, nursing shortage, quality care, and resources.

B. Community Health Nursing

The Chairperson of the Community Health Nursing Clinical Practice Unit was in attendance at the general Organizational Unit Meeting. Due to the absence of the other Executive Committee members, the Speciality Unit meeting was not held.

C. Gerontological Nursing

The Executive Committee discussed the response from the American Nurses Association to the committee's written comment on the Standards and Scope of Gerontological Nursing. The Committee has indicated to ANA their willingness to assist in the development and review of future documents.

D. Medical-Surgical Nursing

The Committee is eager to help NYSNA support wide distribution of the Nurses Rights booklet and to assist in the demise of the registered care technologist proposal. They continue to be concerned about the utilization of medical/surgical nurses in home care when there is no opportunity for upward mobility for them. The utilization by hospitals of short term strategies, such as, hiring foreign nurses and agency nurses to combat the nursing shortage while evading appropriate long term strategies continues to confound this Committee. The Committee has transferred their activities regarding an Immunization Conference to the NYSNA Convention Planning Committee.

E. Parent-Child Health Nursing

The Resolution on Access to Free Prenatal Care was the primary focus of this meeting. The Committee suggested asking various healthcare facilities and nursing organizations for their position on the issue of prenatal care

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along with suggestions for implementation if they are supportive of the resolution. Additionally, The Committee is reviewing child care and women's health issues.

F. Psychiatric-Mental Health Nursing

The Executive Committee reviewed material on NIMH's new Depression/Awareness Recognition (D/ART) program. They met in conjunction with the Executive Committee of the Functional Unit of Nurse Administrators and Managers to collaborate on the proposed Guidelines for Supervision of Unlicensed Personnel. The Committee continues to be interested in Networking with state affiliates of the Joint Commission on Interprofessional Affairs (JCIA).

G. School Health Nursing

The Executive Committee had been planning to develop a conference to orient new school nurses to their role. Since the newly organized New York State Association of School Nurses had planned a similar conference, the two Executive Committees have met and are collaborating on a program that will meet both organization's objectives. The New York State Education Department has agreed to assist with the conference.

NYSNA'S Position Statement on School Health Nursing has stimulated reaction from school nurses, particularly from those who do not believe entry into the profession should be at the baccalaureate level. Generally, the overall feedback on the position has been positive and NYSNA has been commended for its development and distribution.

III. FUNCTIONAL UNITS

A. Direct Care Practitioners

The Executive Committee viewed the Voting Body's support for their RCT Resolution as a positive outcome of their Business Meeting at Convention. The need to clearly define the membership of this functional unit and to increase attendance at the 1989 convention was discussed. The Executive Committee expects to focus on issues related to non-nursing functions during the next year.

B. Nurse Administrators and Managers

The Executive Committee of this unit met with the Executive Committee of the Psychiatric-Mental Health Nursing Clinical Practice Unit to work on the proposed Guidelines for Supervision of Unlicensed Personnel. The draft was distributed and discussed.

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C. Nurse Entrepreneurs

The Executive Committee of the Functional Unit of Nurse Entrepreneurs will focus on reimbursement issues following the interest in this topic, which was identified at their first Annual Business Meeting at the 1988 Convention. The need to develop a list of key questions for the professional nurse to ask when inquiring about reimbursement was identified.

The draft for "The Process for Peer Review for Nurses in Private Practice" which was developed by the Gerontological Nursing Clinical Practice Unit in collaboration with Dr. Jane Fielding, NYSNA's Director of Planning and Research, was distributed for input.

The Resolution on Nurses in Private Practice approved by the 1988 Voting Body at Convention is strongly supported by the Executive Committee and strategies are being explored to implement the resolution.

D. Primary Care Practitioners

The Member-at-large was in attendance at the general Organizational Units Meeting. Unfortunately, due to the vacancy in the chairperson position and the absence of the vice-chairperson the Specialty Unit Meeting was not held.

The Executive Committee has been following the Nurse Practitioner Law closely and provided input into NYSNA's testimony at the State Education Department's Informational Meeting on the Nurse Practitioners Regulations. The Committee hopes to work with clinical nurse specialists on issues that are common in advanced nursing practice roles. Also, based on discussions at the Annual Business Meeting, the Executive Committee will study the ramifications of a name change for the Unit.

IV. Committee on Impaired Nursing Practice

The Committee continues to develop materials that will facilitate the development by the District Nurses Association of an appropriate range of alcohol and substance abuse services for nurses within the DNA. At the Convention's Networking Meeting the District representatives identified their needs to the Committee.

The Committee is pleased that there seems to be growing support nationally for NYSNA's proposal to the ANA Committee on Bylaws to establish new membership language for nurses who have voluntarily surrendered their licens-

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es and have enrolled in a treatment program. The Peer Assistance Brochure is being updated.

V. State Practice Issues

A. Hospital Code Revisions

The revised Hospital Code went into effect January 1, 1989. The main suggestions of the Association which were incorporated are:

1. More specific language describing the requirements for the Director of Nursing Services.
2. The use of the generic word "practitioner" rather than physician/doctor as the designation for whom can be granted privileges by the governing board; this could allow the inclusion of nurses in advanced practice roles.
3. A requirement for appropriate support services (IV team, transport, dietary etc.) to allow nurses to provide nursing care.
4. The requirement that nursing care plans are to be kept as part of the permanent medical record.
5. A requirement that there be a provision for growth and development activities for pediatric patients in critical care/special care units.
6. Clarification of language regarding nursing students, per/diem and agency personnel.
7. A general clarification of language throughout the Nursing Services section.

The two most troublesome areas which were retained are:

1. The transmission of verbal medication orders through pharmacists.
2. The restrictive supervision of certified nurse anesthetists.

B. Labor-Health Industry Task Force

On December 19, 1988, there was a final meeting of this Task Force. At that time, the Task Force members discussed and approved the Final Report. It will be published in January 1989.

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Since NYSNA did not receive its copy of the report until December 15, 1988, precluding any substantive review of the entire document, NYSNA's representative to the meeting abstained on the approval vote. Chairperson McBarnette indicated that she appreciated the Association's position and would entertain written comments from NYSNA (see attached).

C. Registered Care Technologists (RCTs)

The Association's activities in this area have included:

1. RCT materials have been sent to the Department of Health, State Education Department and the State Board for Nursing members.
2. On December 9, 1988, Dr. Juanita Hunter and Karen Ballard participated in an ANA Regional Telephone Conference.
3. The Board RCT Subcommittee developed Guidelines for Responding to the RCT Proposal for the District Nurses Association (see attached). There has been an ongoing transmittal of all relevant RCT information to the Districts.
4. Individual letters have been sent to all members and non-members who contact either NYSNA or ANA regarding their opposition to this issue.
5. NYSNA staff have developed a RCT presentation outline with a corresponding slide audiovisual. Presentations have been given at Skidmore College's Alumni Reunion and the College of New Rochelle's Sigma Theta Tau meeting.
6. Three District Nurses Associations have requested NYSNA's participation in RCT programs (DNA 2-Dr. J. Hunter, DNA 13-Dr. M. Naegle and DNA 4-K. Ballard).

In addition, the following items pertain to this issue:

1. Martha L. Orr received a communication (Nov. 29, 1988) from The National Federation of Licensed Practical Nurses, Inc. in opposition to the RCT proposal.
2. ANA issued a communication update on the Nursing Shortage and AMA's Proposal to Create Registered Care Technologists (RCTs) to the Constituent Forum (see attached).

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3. ANA has developed a slide presentation and script, The Nursing Shortage: Real Problems, Real Solutions, which includes a segment on RCTs (see attached).
4. ANA participated in a Hospital Satellite Network Teleconference, "Are RCTs The Answer? Nurses Respond" (see attached).

Also, the RCT Subcommittee in consultation with Dr. Juanita Hunter is considering an additional educational activity on RCTs at the state level. This will be either a travelling program similar to the NYSNA Board/District Nurses Association Membership-Issue Meetings or regional summit meetings to include the specialty organizations and the total nursing community.

D. Nurse Practitioner Regulations

The Nurse Practitioner Regulations were published in the December 28, 1988 NYS Register. Written comments must be received by the State Board for Nursing no later than February 10, 1989.

The Association presented written and oral comments at the Informational Meeting on the Nurse Practitioner Regulations which was held on December 8, 1988 by the State Education Department. In the final proposed rule making, SED incorporated the following NYSNA suggestions:

1. The substitution of "class and supervised clinical practice designed to prepare" for "course work".
2. The list of specialty areas was removed and certificates will be awarded, as we suggested, in the specialty area of academic preparation.
3. The regulations, also, require that after August 31, 1992, nurse practitioner programs in NYS shall award master's or higher degrees in nursing (see attached).

VI. Other Activities

A. NYU-ETC AIDS Workshops

There are six workshops in Metropolitan New York City and Long Island planned for year two of the grant. NYSNA's abstract in collaboration with the California Nurses Association, which was submitted on "HIV/AIDS Epidemic-An Education and Practice Challenge", was accepted for presentation at the ICN 19th Quadrennial

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Congress in Korea. Ronnie Leibowitz will present for NYSNA; Helen Mirazontes for CNA.

B. AIDS Stress Study

The AIDS Questionnaire has been mailed via third-class mail as of January 13, 1989. The return postage has been prepaid by Texas A&M University. All comment sheets will be sent by Texas A&M to NYSNA. The analysis of data will be shared as soon as it is available.

C. State Board for Nursing

NYSNA staff made numerous suggestions to SED staff regarding the Registered Nurse Manpower Survey many of which will be incorporated into the 1989 instrument.

D. Reviews

In recent weeks, Nursing Practice and Services staff have distributed the following documents to NYSNA members for their review and input:

1. A proposed Amendment to NYCRR 505.14 which will revise the administrative and nursing supervision requirements and case management requirements for personal care services
2. A proposed Amendment to 14 NYCRR, Section 17, Medication, which will provide minimum requirements for medication issues to all providers certified by the Office of Mental Retardation and Developmental Disabilities
3. The Office of Mental Health's 1989-1991 Comprehensive Plan for Mental Health Services.
4. The revised draft of ANA's Suggested State Legislation for a Model Nursing Practice Act.

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E. Analysis of NP/NS 1988 Telephone Calls

The following is a list of the direct telephone requests to the Nursing Practice and Services Program which have received attention during the past year. For comparison purposes, they are followed by the 1987 statistics.

1988

Topic	Calls
1. AIDS	130
2. Credentialling/Certification	40
3. Ethical Issues	7
4. Entrepreneurship	42
5. Legal Issues	364
6. Miscellaneous	583
7. Nursing Shortage	19
8. Registered Care Technologists	30
9. Publications	100
10. Speakers	39
11. Scope of Nursing Practice	221
12. Third Party Reimbursement	129
Total	1,704

1987

1. Scope of Practice	225
2. Ethical Issues	50
3. Legal Issues	160
4. Educational Issues	4
5. Entrepreneurships	20
6. Third Party Reimbursement	103
7. Publications	173
8. Miscellaneous	257
Total	992

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F. HANYS

The Hospital Association has approached NYSNA regarding the possibility of collaborating on a study of what constitutes necessary nursing documentation within NYS healthcare facilities and the use of computer assistance. This project is in the early planning stages.

Karen A. Ballard
Karen A. Ballard, Director
Nursing Practice and Services Program

Gail K. DeMarco
Gail K. DeMarco, Associate Director
Nursing Practice and Services Program

Louise A. Kehn
Louise A. Kehn, Associate Director
Nurses Practice and Services Program

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COUNCILS

Council on Ethical Practice

Zola Golub, Chairperson
Terri Cavaliere
Patricia Garman
Carol Gavan
Kathleen Nokes

Council on Nursing Practice

Nancy McGinn, Chairperson
Karen Heaphy
Glenda Marshall
Elizabeth Plummer
Anne Skelly

CLINICAL PRACTICE UNITS Executive Committee

Community Health Nursing

Gertrude Torres, Chairperson
Grace Daley, V. Chairperson
Ann Oboyski, Mbr. at Lrg.

Gerontological Nursing

Jean Sweeney, Chairperson
Frank DeLouise, V. Chairperson
Louise Bedford, Mbr. at Lrg.

Medical-Surgical Nursing

Ann L. Sedore, Mbr. at Lrg.
Verlia Brown, V. Chairperson
Gayle Newshan, Mbr. at Lrg.

Parent Child Health Nursing

Mary Bell-Downes, Chairperson
Irmatrude Grant, V. Chairperson
Joanne Lapidus-Graham, M. M. at L.

Psy-Mental Health Nursing

Cecelia Taylor, Chairperson
Sharon Shisler, V. Chairperson
Thomas Hardie, Mbr. at Lrg.

School Health Nursing

Kathleen Arena, Chairperson
Marion Niblock, V. Chairperson
Genevieve Pollard, Mbr. at Lrg.

FUNCTIONAL UNITS Executive Committee

Functional Unit of Directors, Associates and Assistants Managers

Dorothy Carey, Chairperson
Glenda Marshall, V. Chairperson
Francis Carlisle, Mbr. at Lrg.

Functional Unit of Direct Care Practitioners

Patricia L. Holloman, Chairperson
Marva Wade, V. Chairperson
Kathleen Korman, Mbr. at Lrg.

Functional Unit of Primary Care Practitioners

Louisa Ivan, V. Chairperson
Kathleen P. Wade, Mbr. at Lrg.

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COMMITTEE ON IMPAIRED NURSING PRACTICE

Miriam Aaron, Chairperson
Susan Bender (representative of NYSNA)
Brenda Haughey
Ada Michaels (representative of LPNTNY, Inc.)

Susan Kemble
Georgine McCabe
Karen Wolcott

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Constituent Forum
December 8-9, 1988
Agenda Item #18.1C

AMERICAN NURSES' ASSOCIATION
Division of Business and Professional Services
Communications Unit

Communications Update

Nursing Shortage and AMA's Proposal to
Create Registered Care Technologists (RCTs)

Following is a summary of communications projects completed since the 1988 House of Delegates along with plans and progress to address the nursing shortage and AMA's proposal to create RCTs as of November 21, 1988. SNAs have and will continue to receive timely updates on ongoing and anticipated activities through the Friday mailings.

Nursing Shortage Slide
and Script Presentation

The nursing shortage slide presentation presented at the June meeting of the Constituent Forum has been updated to include information on the AMA's RCT proposal and nursing's solutions to the nursing shortage. The slide presentation, with an accompanying script which can be easily modified to include individual state, region, or local data, is available for purchase by enclosing a check for \$30 (SNA discount price) to Cynthia Bender, Communications Unit, American Nurses' Association, for 68 slides and accompanying 35-page script. Please note title of presentation, Nursing Shortage: Real Problems. Real Solutions, and fulfillment number (PR-14) with your order. Price for individual members is \$40 and \$50 for non-members. To date, 10 SNAs have taken advantage of the offer, and 25 have expressed interest in purchasing the presentation.

Production of the slide/script presentation was slowed to assure the most recent, up-to-date information on the shortage, RCTs, and nursing's solutions to resolve the shortage. The new information was incorporated in a manner that could be easily modified to reflect fast changing events and data related to these issues. Thank you for your cooperation and

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consideration in working with us on this matter.

Nursing Shortage Brochure

As of November 21, 49,550 copies of the nursing shortage brochure have been distributed. Contingent upon the ANA Board of Directors approval of the 1989 budget, the brochure will be updated and reprinted once in 1989 to reflect new data and information on the shortage.

"Nurses Caring for Nursing" Campaign

To date, ANA has received contributions totalling \$44,000 from 12 organizations and groups to assist ANA in its public education efforts about the shortage and RCTs. The ad, "It's time we start caring for ourselves as much as we care for our patients," was featured in the October issues of the American Journal of Nursing and RN magazine, the November issues of Nursing '88 and Imprint, and the September, October, and November/December issues of The American Nurse. In addition, many SNAs have run the ad in their newsletters. 484 individuals have contributed \$20 or more to support nursing's efforts. Each has received a pin designed as part of the campaign to wear in demonstration of their support. Thank you for your cooperation in working with us to bring this information to the attention of nurses in your state.

ANA, along with organizations and groups contributing to the campaign, have distributed 75,000 copies of the brochure, "It's time we start caring for ourselves as much as we care for our patients." The brochure, designed to provide information to nurses about ANA's RCT initiative and organized nursing's opposition, has been well received by the nursing community.

Consumer-oriented ad and brochure

An ad designed to attract public attention to the shortage and the RCT proposal has been developed and is scheduled to appear in the December 5 issue of People magazine. The ad will be distributed to SNAs for their use with consumer groups at the state and district level, and will be used by ANA and other nursing organizations and groups in their work with consumer groups at the national level.

An accompanying brochure, also targeted to the public, will provide more information on the shortage and organized nursing's opposition to ANA's proposal to create RCTs. The brochure is

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currently in production and will be available free of charge in bulk quantities to SNAs.

HSN Videoteleconference

ANA has been working with Hospital Satellite Network (HSN) in the development of a videoteleconference, "Are RCTs the Answer?," to be aired Friday, December 9, 2:00 - 3:30 p.m. Eastern Standard Time. The Constituent Forum will view the videoteleconference as part of the December 8-9 meeting. It is important to note that ANA is not a sponsor of the program. Rather, continuing education units are being awarded through the American Journal of Nursing Company, who routinely cooperates with HSN in the awarding of CE credits. Details about the program have been shared with SNAs and other nursing organizations as plans have evolved.

Ongoing Media Efforts

The ANA president, executive director, and ANA elected officials continue to be interviewed by the nursing and health care and public media about the shortage and AMA's RCT proposal. In addition, Sandven True Pruitt public relations agency, employed to work with ANA staff in our public education efforts about the shortage and RCTs, is working with nursing organizations contributing to the public education campaign to arrange media interviews for officials of these participating organizations.

Thank you as always for your ongoing cooperation and assistance in working with us in this and other related communications efforts. In 1988, our communications efforts have been the best in many years and we owe that to the cooperation of ANA working with its state associations.

American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Fax: (816) 471-4903

Lucile A. Joel, Ed.D., R.N., FAAN,
President

Judith A. Ryan, Ph.D., R.N.,
Executive Director



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1101 14th Street, N.W.
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TO: ANA Board of Directors
SNA Executive Directors

FROM: Cynthia Bender *CB*
Writer/Reporter
Communications Unit
Division of Business and Professional Services

DATE: December 16, 1988

RE: Availability of nursing shortage slide presentation and script

This is to remind you that the slide presentation and script, The Nursing Shortage: Real Problems, Real Solutions, is now available for purchase by state nurses associations, SNA members and other interested individuals. Thirty states have already purchased the presentation and we are asking your assistance in publicizing its availability through your state newsletters, bulletins or other means of communication.

The 68-slide presentation and 30-page accompanying script focuses on the nursing shortage, the American Medical Association's RCT proposal and nursing's solutions to the nursing shortage. Discount price is \$30 for SNAs, \$40 for SNA members and \$50 for other individuals.

To order, contact the Communications Unit, American Nurses' Association, 2420 Pershing Road, Kansas City, Mo., 64108, or call ANA's toll-free marketing number, 1-800-821-5834 (in Missouri call 816-474-5720) 8:30 a.m. - 4:30 p.m. weekdays, Central Time. Please include order number PR-14 to insure speedy delivery.

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American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

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TO: ANA Board of Directors
SNA Presidents and Executive Directors
Committees of the ANA House of Delegates
ANA Cabinets
ANA Council Executive Committees
Participants in the ANA Nursing Organization Liaison Forum
SNA Media Liaison Representatives

FROM: Cathy Koepfen CJK
Communications Specialist
Communications Unit
Division of Business and Professional Services

DATE: December 16, 1988

RE: "Are RCTs the Answer? Nurses Respond" Teleconference
Videotape Distribution

Many thanks to all of the state nurses association (SNA) and ANA representatives who helped to make "Are RCTs the Answer? Nurses Respond" a success.

Hospital Satellite Network reports that they are receiving a lot of positive feedback from the program, and that they look forward to working with us again on future programming opportunities. It is estimated that about 20,000 viewers (mostly nurses) either watched the program live or will see it on tape.

Many of you have requested information on how to receive a videotape of the hour and a half program. ANA is currently in the process of working out a special arrangement with HSN on how SNAs and SNA members can get a copy of the tape. We will notify you through the Friday Mailing as soon as the details of the arrangement are final.

Thank you again for your support and cooperation on this program.

CJK:mvc

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6. DUPLICATION:

The proposed amendment does not duplicate other existing State or Federal requirements.

7. ALTERNATIVES:

There are no viable alternatives to the proposed regulation.

Regulatory Flexibility Analysis

1. EFFECT ON SMALL BUSINESSES:

The proposed amendment will impose compliance requirements on dentists. Of the 16,777 currently registered dentists, it is estimated that not more than 700 will be affected. Most dentists practice as solo practitioners, some as partners, some in groups and some are employed by either private or public agencies. The number of dentists by category is not known but all partnerships, groups and professional corporations have less than 100 employees.

It is estimated that of the 700 dentists affected by the proposed amendments, 100 to 150 will not meet certification requirements contained in the amendment. Those dentists who do not meet the certification will not be permitted to use either general anesthesia or parenteral sedation in their private offices.

Dentists who do not meet educational requirements will be required to refer patients who need general anesthesia or parenteral sedation to other practitioners certified to provide such services. Some patients will be referred to a hospital or ambulatory surgery facility where a certified dentist, anesthesiologist or nurse-anesthetist is available. It is believed that the financial impact on practitioners who do not meet the standards will be more than offset by increased safety for patients.

Costs to those consumers referred to a hospital will rise but be offset by insurance coverage in most cases.

2. COMPLIANCE REQUIREMENTS:

Other than executing the required application and fee and submitting documentation consisting of proof of meeting education and experience requirements and the reporting of mortalities there are no new reporting, recordkeeping or other of affirmative acts the regulated parties will have to undertake. Forms will be provided by the Department.

3. PROFESSIONAL SERVICES:

There are no professional services necessary for compliance.

4. COMPLIANCE COSTS:

There are no compliance costs except the triennial fee of \$100.00 and the costs of appropriate facilities and staff in offices which do not have them, and in which dentists wish to provide these services.

5. MINIMIZING ADVERSE IMPACT:

Requirements for certification are considered minimal and essential for protecting the health of patients.

Equipment for monitoring and emergencies is already used by most dentists who would be affected by the regulation. Thus, the regulation imposes no additional equipment expense on those dentists who have established acceptable standards of safety. Those few who are not fully staffed and equipped represent a danger to the safety and welfare of patients and will be required to meet established standards.

The purposes of Chapter 387 of the Laws of 1988 cannot be achieved without imposing these requirements on all dentists who provide these services. To exempt ill-equipped and ill-trained dentists would not be in the public interest.

6. SMALL BUSINESS PARTICIPATION:

In 1981 and 1982, leaders of the dental profession including representatives of those practitioners to use general anesthesia in general and specialty practice met with Education Department staff and the chairman of the New York State Board for Dentistry. During three meetings a proposed regulatory amendment was articulated. In February 1982, the Executive Director of the Dental Society of the State of New York sent a letter of approval.

Later in 1982, Counsel for the State Education Department ruled that the regulations as proposed could not be imposed unless enabling legislation was passed.

In 1983, the Dental Society of the State of New York sponsored the bill which became Chapter 387.

Outside educators, oral and maxillofacial surgeons, pediatric dentists and others have assisted the committee in the preparation of this proposal.

PROPOSED RULE MAKING NO HEARING(S) SCHEDULED

Requirements for Certification as a Nurse Practitioner

L.B. No. EDU-92-85-00043-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:
Proposed action: Amendment of section 52.12 and addition of sections 64.3 and 64.4 to Title 8 NYCRR.

Statutory authority: Education Law, sections 207 (not subdivided); 6507(1), (3), 6902(b), (d) and 6910(5)

Subject: Requirements for certification as a nurse practitioner.

Purpose: To define the educational requirements for nurse practitioner programs relating to registration, admission, curriculum and credentialing and establish requirements for the credentialing and practice of nurse practitioners including prescriptive privilege, specifying the requirements of professional study for certification as a nurse practitioner, and prescribing the contents of practice agreements and practice protocols.

Text of proposed rule: 1. Subdivision (b) of Section 52.12 of the Regulations of the Commissioner of Education is amended, effective April 1, 1989, as follows:

(b) Programs and courses in nursing other than those that prepare for admission to a licensing examination.

(1) Nurse Practitioner programs. (i) Definitions of terms. (a) For purposes of this paragraph, [the term] nurse practitioner [programs] program means an educational [programs] program for registered professional nurses which meets the requirements of this paragraph and which [have] has as [their] its objective the education of nurses who will, upon completion of their studies in such programs, be qualified to provide services, within the scope of practice permitted by [the definition of] registered professional nursing in subdivision 1 of section 6902 of the Education Law, effective primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, and other health care institutions [Section 6910 of the Education Law].

(b) Primary health care means care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services, including:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) basic care during acute and chronic phases of illness;
- (4) guidance and counseling of individuals and families; and
- (5) referral to other health care providers and community resources when appropriate. Primary health care services take account of the physical, emotional, social, and economic status, as well as the cultural and environmental backgrounds of individuals, families and communities. The client is provided access to a health care system wherein a single provider or team of providers, with the client, are responsible for the continuing coordination and management of all aspects of basic health services needed for individual and family care. (ii) Registration. No nurse practitioner program shall be offered until such program has been registered by the department.

(iii) Admission. Licensure as a registered nurse in New York or another jurisdiction of the United States shall be required for admission to a registered program, except that in a combined program of registered professional nurse and nurse practitioner registered by the Department or accredited by an accrediting agency acceptable to the Department, the nurse practitioner component may be taken upon successful completion of the registered nurse component.

(iv) Curriculum. The curriculum shall include, in addition to the requirements of Section 52.2 (c) of this Title: [class and supervised clinical nursing experiences of at least 16 weeks or its equivalent and a preceptorship of at least 16 weeks comprised of intensive supervised nursing practice. The curriculum shall have as its objective the education of registered professional nurses who will be qualified to provide primary health care.]

(a) Class and supervised clinical practice designed to prepare nurse practitioners in the areas of diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice.

(b) A pharmacology component of not less than 3 semester hours or the equivalent; to include instruction in drug management of

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clients in the nurse practitioner specialty area and instruction in New York State and Federal laws and regulations relating to prescriptions and recordkeeping.

(c) A preceptorship experience, supervised by a nurse practitioner or physician practicing in the specialty area of the program, of at least one semester in length or its equivalent.

(v) Credential. Upon satisfactory completion of all components of the program including class, supervised clinical nursing practice, and preceptorship, a certificate of completion indicating the specialty area (of study) shall be issued to each individual by the sponsoring institution/agency. After August 31, 1992, nurse practitioner programs registered by the department shall culminate with the awarding of a master's or higher degree in nursing, or the equivalent.

(2) ...

2. The Regulations of the Commissioner of Education are amended, effective April 1, 1989, by the addition of new Sections 64.3 and 64.5, to read as follows:

64.3 Nurse practitioner certification. (a) Certificates.

(1) Nurse practitioner certificates issued to a registered professional nurse will reflect the specialty area of nurse practitioner academic preparation.

(2) The certificate will specify the specialty area of practice and, when applicable, that prescriptive privileges have been granted.

(3) A nurse practitioner may apply for certification in more than one specialty area of practice. A complete application and fee shall be required for each certificate.

(b) Professional study. To meet the professional education requirements for certification in this State, the applicant shall present evidence of:

(1) (i) completion of an educational program registered by the department, or a program determined by the department to be equivalent to a registered program, which is designed and conducted to prepare graduates to practice as nurse practitioners and, after August 31, 1992, shall culminate in the awarding of a master's or higher degree, or,

(ii) certification by a national certifying body acceptable to the department; and,

(2) completion of not less than three semester hours or the equivalent in pharmacology either in an acceptable nurse practitioner program or after other educational requirements for certification as nurse practitioner have been satisfied. An acceptable course in pharmacology shall be equivalent in scope and content to that required by section 52.12 of this Title.

(c) Prescriptive privilege. An applicant who satisfies all requirements for certification as a nurse practitioner may be authorized to issue prescriptions pursuant to section 6902(3)(b) of the Education Law after completing instruction satisfactory to the department in New York State and Federal laws and regulations relating to prescriptions and recordkeeping.

64.6 Nurse practitioner practice. (a) Practice agreements and practice protocols shall be maintained in the practice setting of the nurse practitioner and collaborating physician and shall be available to the department for inspection.

(b) Practice agreements shall include provisions for referral and consultation, coverage for emergency absences of either the nurse practitioner or collaborating physician, resolution of disagreements between the nurse practitioner and collaborating physician regarding matters of diagnosis and treatment, and the review of patient records at least every three months by the collaborating physician; and may include such other provisions as determined by the nurse practitioner and collaborating physician to be appropriate.

(c) Protocols shall identify the area of practice to be performed by the nurse practitioner in collaboration with the physician and shall reflect accepted standards of nursing and medical practice. Protocols shall include provisions for case management, including diagnosis, treatment, and appropriate recordkeeping by the nurse practitioner; and may include such other provisions as are determined by the nurse practitioner and collaborating physician to be appropriate.

(d) The department in its discretion or upon request of a nurse practitioner or collaborating physician may review practice protocols for the purpose of insuring that they are in conformance with accepted medical and nursing practice and with the statutes and regulations governing the practice of medicine, nursing, and the prescribing of drugs, and may

render an opinion which shall be binding upon the parties to the protocol.

(e) In addition to the requirements of section 6310 of the Education Law, prescription forms used by nurse practitioners shall be printed with the name, nurse practitioner certificate number, office address, and office telephone number of the nurse practitioner.

Text of proposed rule, the regulatory impact statement, if any, and the regulatory flexibility analysis, if any, may be obtained from: Mary Gammon, Legal Assistant, Office of Counsel, Education Department, Albany, NY 12234, (518) 473-8296.

Comments or suggestions may be submitted to: Milene A. Megel, Executive Secretary, State Board for Nursing, Education Department, Albany, NY 12230, (518) 474-3843.

Regulatory Impact Statement

1. STATUTORY AUTHORITY:

General rule making authority for the Board of Regents and the Commissioner of Education is granted by Section 207 of the Education Law. Subdivision 1 of Section 6507 of the Education Law authorizes the Commissioner to promulgate regulations to administer the admission to, and the practice of, the professions. Subdivision 3 of Section 6507 requires the State Education Department to establish standards for preprofessional and professional education, experience and licensing examinations required for professional licensure. Section 6902 of the Education Law as amended by Chapter 257 of the Laws of 1988, authorizes registered professional nurses who hold a certificate issued pursuant to Section 6910 of the Education Law to practice as Nurse Practitioners in collaboration with a licensed physician and in accordance with a written practice agreement and written practice protocols.

Subdivision (b) of Section 6902 of the Education Law authorizes the Commissioner of Education to adopt regulations concerning the educational requirements for a certificate authorizing a nurse practitioner to prescribe drugs, devices or immunizing agents. Subdivision (d) of Section 6902 of the Education Law requires the Commissioner of Education to adopt regulations establishing a procedure for review of practice protocols. Section 6910 of the Education Law provides for the issuance of nurse practitioner certificates. Subdivision 5 of Section 6910 authorizes the Commissioner of Education to adopt regulations to implement each section.

2. LEGISLATIVE OBJECTIVES:

The Legislative intent is to recognize the expanded role of registered professional nurses who have been educated to provide specialized services to the public.

The proposed amendments implement the statutes by establishing requirements relating to registration, admission, curriculum and credentialing; establishing requirements for the credentialing and practice of nurse practitioners; defining the written practice agreements and protocols to be developed by the nurse practitioners and collaborating physicians; describing the pharmacology component required for the issuance of prescriptive privileges for the nurse practitioners and prescribing requirements for the nurse practitioner curricula of registered programs.

3. NEEDS AND BENEFITS

There is a lack of access to qualified health care experienced by New York State residents in the rural and inner city areas. The proposed amendments authorize the practice of nurse practitioners who would be able to diagnose and treat clients in such areas who request health care. This should have a major positive effect on the health and general welfare of New York State residents. Nurse practitioner programs have been in existence for 15 years in New York State but the authorization for nurse practitioner practice been lacking. Registered professional nurses who have received advanced education as nurse practitioners may now practice as nurse practitioners. Specialty credentialing consistent with the area of practice and written practice agreements and protocols developed by the nurse practitioner and collaborating physician will provide benefits to the public in a safe manner.

4. COSTS:

(a) Costs to State government: None.

(b) Costs to local governments: None.

(c) Costs to private regulated parties: Registered professional nurses applying for a certificate to practice as a nurse practitioner will be required to pay an initial \$50 registration fee (and a \$30 triennial fee) for each specialty area registered in addition to the triennial registered nurse license registration fee.

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(d) Costs to the regulatory agency for implementation and continued administration of the regulation: The regulatory agency will need to process applications for nurse practitioners and to assess compliance with the educational requirements. Continued administration of the regulations will be offset by the fees charged to applicants, and no significant cost will result to the State Education Department.

5. PAPERWORK:

The statute imposes the need for nurse practitioners to submit an application for certification to the Department. Educational institutions will be required to verify the education of nurse practitioners.

Nurse practitioners and collaborating physicians will need to maintain a record of the collaborating physicians review of the nurse practitioners patient records.

The proposed amendments require no new reporting requirements.

6. DUPLICATION:

The proposed amendment does not duplicate other existing State or Federal requirements.

7. ALTERNATIVES:

There are no viable alternatives to the proposed regulation.

Regulatory Flexibility Analysis

The proposed amendment of the Regulations of the Commissioner of Education relates to professional licensing requirements for certification of registered practical nurses to practice as nurse practitioners and does not impose reporting, recordkeeping or other compliance requirements on small businesses, nor will it have any adverse economic impact on small businesses. Because it is evident from the nature of the rule that it applies only to licensing requirements for individual licensees and curriculum requirements for large institutions of higher education offering nurse practitioner programs and will not affect small businesses, no affirmative steps were needed to ascertain that fact and none were taken. Accordingly, a regulatory flexibility analysis is not required and one has not been prepared.

PROPOSED RULE MAKING NO HEARING(S) SCHEDULED

State Aid for Asbestos Inspections
I.D. No. EDU-52-88-00044-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:
Proposed action: Addition of section 155.14 to Title 9 NYCRR.

Statutory authority: Education Law, section 207 (not subdivided); and Laws of 1988, Chap. 262, sections 15 and 16

Subject: State aid for asbestos inspections.

Purpose: To define schools and school districts which will be eligible for aid; expenses which will be approvable for aid; buildings or portions of buildings for which the expense will be allowable for aid; and to specify that only claim forms as prepared and distributed by the Commissioner may be used by school districts, BOCES and nonpublic schools to claim aid.

Text of proposed rule: Section 155.14 of the Regulations of the Commissioner of Education is added, effective April 7, 1989, to read as follows:

Section 155.14 Aid for asbestos inspections. (a) Purpose: Each school district, board of cooperative educational services (BOCES), and nonpublic school as defined in this section, may submit a claim for aid for approved expenses for asbestos inspections incurred on or after January 1, 1985 and prior to July 1, 1989, pursuant to the provisions of Sections 15 and 16 of Chapter 262 of the Laws of 1988.

(b) Definitions. For the purpose of this Section: (1) Nonpublic school shall mean a nonprofit, nonpublic elementary or secondary school which, by September 1, 1989, has submitted the claim form required pursuant to this Section, and which establishes to the satisfaction of the Commissioner that it provides instruction to pupils in accordance with Education Law Section 3204.

(2) Approved expenditures for asbestos inspections shall mean cash expenditures approved by the commissioner for asbestos inspections and expenses related to such expenses as defined in subdivision 1 of each of Sections 15 and 16 of Chapter 262 of the Laws of 1988.

(3) Instructional space shall mean space in which teachers or other professional staff meet with students for purposes of providing instruc-

tion or professional services, including service-related spaces such as, but not limited to, boiler rooms, hallways, means of egress, toilets, cafeterias, as approved by the commissioner; provided that such term shall not include vacant facilities, dormitories, dwellings, public libraries and other facilities for which the primary use is administrative, storage, maintenance, but not motor vehicle storage and/or maintenance or repair.

(c) Approval of expenditures for asbestos inspections. Costs eligible for approval shall include the costs of the asbestos inspection activities described in paragraph b of subdivision 1 of each of Sections 15 and 16 of Chapter 262 of the Laws of 1988, provided that such activities have been completed by individuals and/or entities approved to perform such activities or services through programs approved by the Federal Environmental Protection Agency, and, in the case of laboratories, also approved by the New York State Department of Health, and further provided that:

(1) such inspection activities are conducted in facilities used exclusively for provision of elementary and/or secondary instruction, which are owned or leased by a school district, board of cooperative educational services or nonpublic school;

(2) when conducted in facilities, the primary use of which is other than as an elementary or secondary school, such inspection activities are conducted in those portions of such facilities which are used as instructional space.

(d) Each school district, BOCES and nonpublic school which seeks an apportionment pursuant to Sections 15 and 16 of Chapter 262 of the Laws of 1988 shall submit a claim in a form prescribed by the commissioner no later than September 1, 1989. The commissioner shall pay aid pursuant to this section after timely receipt of properly executed claim forms, provided that no aid shall be payable prior to October 1, 1989.

Text of proposed rule, the regulatory impact statement, if any, and the regulatory flexibility analysis, if any, may be obtained from: Mary Gammon, Legal Assistant, Office of Counsel, Education Department, Albany, NY 12234, (518) 473-8296

Data, views or arguments may be submitted to: Lionel R. Meno, Deputy Commissioner, Education Department, Rm. 875, Education Bldg. Annex, Albany, NY 12234, (518) 474-4688

Regulatory Impact Statement

STATUTORY AUTHORITY:

Section 207 of Education Law and Sections 15 and 16 of Chapter 262 of the Laws of 1988. Section 207 of the Education Law provides the Board of Regents and the Commissioner of Education with general rule making authority. Sections 15 and 16 of Chapter 262 of the Laws of 1988 require the Commissioner of Education to adopt regulations to implement the asbestos aid reimbursement program for public school districts and boards of cooperative educational services (Section 15), and nonpublic schools (Section 16). The proposed addition implements such statutes by defining districts, buildings or portions of buildings, and expenses which are eligible for aid, and by defining claim procedures to be used by such local agencies.

LEGISLATIVE OBJECTIVES:

The essential objective of the Legislature in establishing the asbestos aid reimbursement program is to assist public districts, boards of cooperative educational services and nonpublic schools in meeting costs imposed upon such local agencies by the Asbestos Hazard Emergency Response Act of 1986 (Pub.L. 99-519) and the implementing of Federal regulations. While the Federal statute requires extensive action on the part of local educational agencies to have asbestos inspections, material analysis and plan development, the Federal government provided no funds to help pay for such actions. The State funding program is intended to reimburse such local educational agencies for part, but not all, of costs incurred by them in meeting the Federal requirements.

NEEDS AND BENEFITS:

The State appropriation for asbestos aid reimbursement will provide funds to local educational agencies to help cover the costs of asbestos inspections imposed upon the local educational agencies by the Federal government. The regulation will allow the local educational agencies to know which costs might be reimbursable and for which buildings or portions of buildings the costs may be claimed for reimbursement. The regulation will insure that State aid is paid only for those costs, in those buildings or portions of buildings, which were intended by the Legislature to be covered.

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Practice '89

FILE

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) 458-5371

December 21, 1988

Ms. Lorna McBarnette
Executive Deputy Commissioner
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Ms. McBarnette,

This letter is in regard to my observation at the Labor Health Industry Task Force meeting about the incorrect description of the recent Nurse Practitioner legislation in the Status Report.

The main thrust of this legislation was to grant prescriptive privileges to appropriately prepared nurses, which was one of the recommendations of the Task Force. To confuse this legislation with clinical career ladders is not assistive to practice or interpretation of this law.

The New York State Nurses Association would suggest the following language: " Nurse Practitioners - Legislation was passed and signed by the Governor identifying nurse practitioners in state statute. This legislation will allow nurses who have completed a specific course of study to apply for prescriptive privileges. Regulations are currently being developed. The Task Force report supported prescriptive privileges for appropriately prepared nurses".

In addition, I would like to take this opportunity to inform you that Dr. Elizabeth Carter, PhD, RN, NYSNA Deputy Director, will be this Association's representative to the Health Workforce Advisory Council. Dr. Carter can be reached here at the Center for Nursing.



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Ms. Lorna McBarnette
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December 21, 1988

It has been a personal and professional privilege to work with you and your staff this past year. It is only through these types of collaborative activities that the profession of nursing will ultimately resolve its current problems.

Sincerely,



Karen A. Ballard, MA, RN
Director
Nursing Practice and Services Program

KAB/dpf

cc: Martha L. Orr, MN, RN
Elizabeth Carter, PhD, RN

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NURSING
PRACTICE '89

FILE

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

January 9, 1989

Ms. Lorna McBarnette
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Dear Ms. McBarnette,

The New York State Nurses Association is looking forward to receiving the Final Report of the Labor Health Industry Task Force. Our major concern about this Report is that it can be interpreted by some individuals and organizations to advance a downgrading of the current educational and experiential credentials for health care professionals, which are necessary to ensure safe and quality care for the citizens of New York State.

NYSNA plans to work closely with the Department of Health and all other appropriate agencies, organizations and associations to ensure that standards are maintained. This Association appreciates the comments on page three which stress that the Task Force does not support a lowering of health care standards.



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Ms. Lorna McBarnette
January 9, 1989
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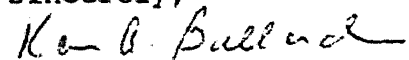
In the Association's final review of the draft, NYSNA notes the following:

1. Page 2, lists activities which encourage and support more effective and creative use of the existing workforce; but, does not recognize NYSNA's Consortium activities (see attached).
2. Page 33, the career ladder concept is equally viable for LPNs as RNs and is, unfortunately, negatively presented.
3. Page D3, the Association's title is incorrectly stated.
4. Page D5 and D6, the abbreviation for certified nurse midwife (CNM) is incorrectly noted.

NYSNA had previously communicated to you our concern that the description of the 1988 Nurse Practitioner legislation was inaccurate in the Status Report. We would appreciate incorporation of our alternative language into the Final Report.

In conclusion, the Association notes references throughout the Report to the establishment of various multi-agency and organizational committees. The New York State Nurses Association remains willing to assist and collaborate in any activities which will promote retention and recruitment into the profession of nursing.

Sincerely,



Karen A. Ballard, MA, RN
Director
Nursing Practice and Services Program

KAB/dpf

cc: Martha L. Orr, MN, RN
Elizabeth W. Carter, Dr.PH, RN