1987

State Bd. for Nursing; Series II; File 104

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TO:  MC, EC, Program Directors, Associates
FROM:  Christine Tofflemire, EdD, RN
SUBJECT:  Highlights of State Board for Nursing Meeting attended October 16, 1987
DATE:  November 19, 1987

Attendance:  2 staff members (RN's) and 15 members (9 RN's, 3 LPN's, 3 public members).

I. Correction of Minutes of Previous Meeting:
   "Legislative Committee [of state Board] has developed proposals but this has not necessarily been productive.
   Discussion considered whether committee "developed proposals" "years ago" or "never developed" or whether they "reviewed" proposals. Action changed developed to reviewed.

II. Correspondence to Dr. Reynolds from Milene Megel (See attached re: Department of Health memo re: change in regulations for LPN's with respect to IV's: Announcement: New regulations were to be considered by Code Committee in September but were not considered due to heavy agenda; now scheduled for second week in November. Health Department is likely to drop change in regulations but Code Committee must officially vote to withdraw. Also discussed was the need for State Education to notify institutions, home health agencies, LPN, Inc. and NYSHA about the status of the regulations.
   Milene stated that when State Board for Nursing states that the regulations are not within the scope of LPN practice, insurance companies would not insure for such practice. LPN (Local 721) did not approve of proposed change.

III. Memo from State Education Department legal counsel to Health Department to the effect that if the Health Department wrote regulations to exempt nurses who were part of an out of state procurement team from licensure in New York, the Education Department would probably support.

   Board expressed extreme dissatisfaction with memo:

   * Motion Passed: Process be initiated to amend the Nurse Practice Act to permit nurses currently licensed in other states to practice as part of a procurement team within New York State.

   The Executive Committee will review and bring to the meeting the wording for above motion and other necessary exceptions-for example, out of state nurses attending seminars in New York that require clinical experiences.

IV. Supervision of Permittees re: memo sent to Health Department from State Education legal counsel (was not available to observer).

   Licensure Committee of State Board was to review the question of supervision of Permittees, RN's and LPN's.

   Motion Passed: Executive Committee consider issues raised in memo of 3/24/87 [legal counsel's statements regarding the Health Department's right to set regulations that go beyond the education law], review background and report in January.

   Pearl Bailey, "If the State Board is advisory, why would we allow legal counsel to interpret our profession?"

V. Conflict of Interest on the State Board of Nursing: (by sub-committee of 3)

   Background papers and 2 different resolutions presented to the Board. Two alternative resolutions were presented to the effect:

   1. State Board should emphasize need to decrease conflict of interest by using goal statement: Nursing leaders are expected to be active in their professional organization to protect the public safety and, therefore, it's desirable to have on the state Board, members who are officers in their professional organization.

   2. The State Board represents the public, nurses associations represent the profession; therefore, to avoid the "appearance of conflict of interest" members of the State Board should not concurrently hold office in nursing organizations at a district, state or national level; further those persons employed as staff of such organizations should not be eligible for membership.
Discussion included the statement that if #1 above was adopted, New York's State Board members could not hold office in the National Council of State Boards. (North Carolina has such a ban against their members for the same reason). Discussion also included the questions: What nursing organization are we discussing? and What employment situations raise issues of conflict of interest? The item was referred back to the committee.

VI. Rule making authority of the Social Service Department to regulate nursing practice: (See New York State Registry, September 1987). Primary care services provided by nurses would be reimbursed to the MD by Medicare.

Meeting planned for State Education and Social Services to discuss proposed legislation. Discussion included validation by several members that the Social Service Department has said, "We do not want nurses to supervise home health aides and only do so because Medicare Regulations require us to do so."

VII. Personal Care Aides - Department of Social Services

In developing the matrix for personal care aide training, the Department of Social Services has modified the matrix at the request of the State Board. They have defined "special situations" and decided that catheterization is not an appropriate skill for PCA's.

VIII. Nursing Practice Committee
1. Results of survey regarding prioritizing possible actions the State Board could take to address the staffing crisis (see attached) to be reported at January meeting.

2. In review of objectives and goals for committee, the committee recommended the removal of the objective related to "setting practice standards."

IX. Licensing Examination Committee

Items with the most incorrect responses on the NCLEX Exam concerned psychiatry and psychotropic medications.

X. Professional Conduct Committee

Schools have been asked to identify courses open to nonmatriculated students which would address ethical/legal issues, pharmacology or geriatrics. Such courses are frequently recommended by hearing officers as part of their disciplinary action.

XI. Advisory Council of Professional State Boards in New York

1. Reportedly, members of other Boards make their concerns known to legislators and "their Regent" as individual citizens. Nursing Board is only board that talks to the Regents "by going through channels."

2. Will develop criteria for appointment of "extended members" of Boards and public members of Boards.

3. Will continue with revision in purpose and with more frequent meetings including a meeting with Board of Regents every two years.

XII. Replacement of Two Public Members on State Board for Nursing Who Have Served the Maximum Number of Years Allowed (10 years)

Motion Passed: To advise that two public members be replaced by licensed people whose expertise is needed on the Board (read that "in specialty practice"). Motion strongly led and supported by the public members who are leaving.

Resignation of LPN members requires appointment of new LPN member.

XIII. Bylaws of State Board for Nursing

Although formal notification had not been received, the staff has been told that legal counsel has approved the Bylaws except for the provision relating to the Executive Committee's right to make decisions between Board meetings.

XIV. News from National Council of State Board

1. Puerto Rico wants admission; they administer their own NCLEX in Spanish.

2. Developed a position paper on unlicensed personnel.

3. NCLEX:
   - Will soon be administered by computer.
   - Fee for NCLEX will be raised to cover cost of verifying nonracial bias of questions.
   - Scores will be reported on pass/fail (not score).
   - Delaware to administer NCLEX to army personnel in Germany.
Dear Dr. Reynolds:

I write in regard to the draft of the Department of Health memo and regulations authorizing specially trained LPNs to perform additional services with respect to IV therapy beyond those which may be performed by all LPNs.

Since the State Board for Nursing and State Education Department reviewed and approved the draft regulations as published in the April 1, 1987 Register, two additional areas were added to these regulations; namely, activities related to total parenteral nutrition therapy and flushing intravenous lines. Also, the setting where these expanded activities would be permitted was changed from hospitals and longterm residential facilities to all agencies administered by the Health Department including home care.

At its August 17, 1987 meeting, the State Board for Nursing reviewed the latest draft of the regulations and voted unanimously to adopt the following recommendations:

1. LPNs should not be involved in total parenteral nutrition therapy (TPN).
2. Intermittent flushing of IV devices may be done by specially trained LPNs, but only in hospitals and residential care facilities where adequate supervision by RNs is readily available.
3. The regulations should apply only to hospitals and longterm care facilities where adequate supervision by RNs is readily available.

The Board for Nursing identified four major issues involved in the care of patients receiving TPN: (1) the patient's health is more than likely severely compromised, (2) the infusion is into a major blood vessel, (3) the technique is relatively new and products are still being evaluated, and (4) there is a need for complex assessment skills and close monitoring. The Board for Nursing is concerned about the legal aspect, rather than the technical aspect of LPNs performing these activities. LPNs prepared at the associate degree may not have the background to perform the psychomotor skills (not just a series of tasks) required to provide safe intravenous therapy. The Board further believes that supervision is different in the home than in the acute care setting with help being more readily available in the hospital or longterm residential care facility. Teaching family members is also different than teaching LPNs about IV therapy. A family member is taught one specific regimen for one specific patient; whereas, LPNs would be responsible for many different solutions for groups of patients. LPNs do not have the necessary background to perform complex assessments depending on the patients' conditions and solutions administered. According to the literature, patient risks of hemorrhage, infection and untoward reactions are much greater with central venous lines, as used in total parenteral therapy, than with routine peripheral therapy.

In the interests of patient safety and well-being, the State Board for Nursing believes that LPNs should not perform TPN in any setting, and the other activities should be restricted to LPNs working in hospitals and longterm residential care facilities. We ask that you reconsider the inclusion of TPN in the role of the LPN and restrict the setting within which the other activities are performed by LPNs.

Sincerely,

Shelene N. Neal
Milenia A. Megel, PhD, RN
Executive Secretary

cc: Thomas E. Sheldon
James H. Whitney
Patricia Hernandez
TO: All Board Members  
FROM: Nursing Practice Committee  
SUBJECT: URGENT

The Practice Committee has developed a list of suggested activities that the Board of Regents could do to help the nursing shortage situation. Do you have any additions or deletions? Please prioritize your final selections and bring the list to the 16 October meeting in Binghamton.

- Relief of loans made to nursing students  
- Promote scholarships for baccalaureate and higher degrees in nursing  
- Make scholarships available for part-time education  
- Provide support monies for single parents interested in nursing  
- Provide support monies for child care for nursing students  
- Support the Labor-Health Task Force on Health Personnel recommendations  
- Support day care settings at the work place  
- Continue to enhance career development in high schools and include the grade schools  
- Establish a continuous plan for studying and gathering data on health personnel, including nursing  
- Further define inactive nurses and identify why they are not in nursing.

Martha L. Orr, MN, RN  
Executive Director
Pursuant to the authority vested in the State Hospital Review and Planning Council by Section 2803 of the Public Health Law, Subchapter A, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State, as hereinafter indicated:

CHAPTER V
MEDICAL FACILITIES

SUBCHAPTER A
MEDICAL FACILITIES-MINIMUM STANDARDS

ARTICLE 1

Part 400
ALL FACILITIES-GENERAL REQUIREMENTS

(Statutory Authority: Public Health Law §2803)

Part 400 of Article 1 of Subchapter A of Chapter V of Title 10 is hereby AMENDED by adding a new section 400.10 to read as follows:

Section 400.10 The provision of primary health care services by the qualified registered professional nurse.

(a) Notwithstanding other provisions of this Chapter, a licensed and currently registered professional nurse may provide primary health care services as defined by this section and as approved by the governing authority, if the registered professional nurse:

(1) has successfully completed a supplemental clinical program or master's degree program approved by the State Education Department which prepares the registered professional nurse to provide primary health care services or a program determined to be equivalent by the Department of Health; or

(2) is qualified by education and experience for certification or has received certification in a specialty which includes the provision of primary health care services from either the American Nurses Association or other certifying body determined to be equivalent by the Department of Health; and

(3) is qualified by experience and demonstrated competence as determined by the governing authority.

(b) The governing authority shall ensure that all primary health care services performed by the qualified registered professional nurse are provided in accordance with written policies and procedures approved by the nursing department and medical director or where applicable the medical staff and other health professionals as appropriate.
(c) For purposes of this section, primary health care services shall mean the following activities inclusive of all related written documentation, to the extent approved by the governing authority:

1. taking histories and performing physical examinations;
2. selecting clinical laboratory tests; and diagnostic radiologic procedures
3. choosing regimens of treatment.

(d) Nothing in this section shall alter a physician's responsibility for the medical care of his/her patient.
Boards for the Professions

A statement of background and guidelines for functioning of Boards, Executive Secretaries, and other officers of the Education Department and the Board of Regents

Office of the Professions
March 1979
Boards for the Professions

A statement of background and guidelines

The state boards for the several professions function under statutory provisions and within a governmental structure defined in the Education Law. Comprehensive responsibility for the execution of that law and all of the duties set forth within it is vested in the Board of Regents—the policy-making arm—and the Commissioner of Education—the executive arm—of educational government. But vital roles in both policy and administration are vested by law, rules and regulations in other bodies and individuals who are subject to the ultimate direction and control of the Regents and Commissioner. For effective operation of the total system it is essential that all components understand what is expected of them and what means, including authority, they may draw upon in order to fulfill those expectations.

This document sets forth information and suggestions relating to the duties, responsibilities, authority, and working relationships of the boards and the officers having major responsibilities for the relationships of the Regents and the Department with the professions licensed under the authority of the Regents. Its principal aims are two:

1. To delineate the functions, prerogatives, and responsibilities of the boards for the professions; and

2. To delineate the functions, prerogatives, and responsibilities of that departmental officer whose title is Executive Secretary of the board.

State boards for the professions are provided for in the Education Law. General provisions are set forth in §6508 while provisions for each professional area are included in sections specific to each profession, the latter stating that the boards exist "for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section 6508 of this title." Section 6508 provides:

1. A board for each profession shall be appointed by the Board of Regents on the recommendation of the Commissioner for the purpose of assisting the Board

*This wording is the same for all professions except pharmacy, for which additional functions and powers are set forth (§6804), and veterinary medicine, where in addition the board is directed to consult with and accept the assistance of a state committee of animal health technicians in areas relating to such technicians.
of Regents and the Department on matters of professional licensing, practice, and conduct. The composition of each board shall be as prescribed in the article relating to each profession. Within each board a committee on licensing and one or more committees on professional conduct may be appointed by the board chairman.

2. Each board, or its committee on licensing, shall select or prepare examinations, may conduct oral and practical examinations and reexaminations, shall fix passing grades, and assist the Department in other licensing matters as prescribed by the Board of Regents.

3. Each board, or its committee or committees on professional conduct, shall conduct disciplinary proceedings as prescribed in this article and shall assist in other professional conduct matters as prescribed by the Board of Regents.

Additional subdivisions define membership terms, allowances for per diem and expense connected with board work, board officers and their election, bylaws (which may be adopted "consistent with this title and approved by the board of regents"), and related matters.

Subdivision 7 of Section 6508 provides that "an executive secretary to each board shall be appointed by the board of regents on recommendation of the commissioner. Such executive secretary shall not be a member of the board, shall hold office at the pleasure of, and shall have the powers, duties and annual salary prescribed by the board of regents." Sections specific to the several professions similarly provide for appointment of the Executive Secretary by the Board of Regents on recommendation of the Commissioner. This officer is required to be licensed in the field concerned in medicine, dentistry, pharmacy, nursing, engineering, architecture, public accounting, psychology, and social work; sections pertaining to the other professions omit this requirement.

The Executive Secretary occupies a position within the structure of the Education Department, and within the informal "structure" of a profession that affords a great many opportunities for service, just as it involves a number of complexities of authority and role. Those complexities arise from relationships with the Regents and officers of the Department, from the policies and procedures of the state government including but extending beyond those of the Department, from interaction with a board (or boards) comprising outstanding individuals who, whatever the arrangements for payment of certain of their expenses and per diem, contribute in money as well as in time and expertise to the purposes of the State and who occupy positions as advisers of the State. They arise also from relationships with professional societies and educational institutions which are directly and significantly affected by policies and actions of the boards and of the Department.

Within a complex set of expectations, the Executive Secretary is the agent first and foremost of the Regents and Department who employ him/her and at whose pleasure the Executive Secretary serves. The Executive Secretary is accountable directly to the Assistant Commissioner for the Professions and through him to the Commissioner and Regents. The Executive Secretary executes functions of the Department relating to professional education, licensure and conduct, important portions of which lie outside the purview of the boards. The Executive Secretary is responsible for the execution of policies of the State and of the Department, including but not limited to those relating to fiscal affairs, in all matters within his/her purview including matters relating to the board(s).

But the Executive Secretary is the agent also of the board or boards he/she serves—he/she is the official channel for communications to and from the board; he/she provides administrative services for the board relating to its meetings and virtually all of its functions; he/she is a major spokesperson for the board.

In some respects the Executive Secretary is an "agent" also for professional groups outside the formal structure of the Department and the state board, but which occupy positions of such importance for the accomplishment of Department objectives that intimate working relationships with such groups are necessary and appropriate. The Executive Secretary is a communications link with, and sometimes in behalf of, such groups. The Department relies upon the Executive Secretary for knowledge of programs, plans, and issues involving the profession, and of persons more knowledgeable than he or she may be about such matters. To such groups, in turn, the Executive Secretary is the natural channel for obtaining information, providing advice, conveying requests or proposals, and otherwise interacting with the boards, the Regents and the Department.

To the end that these many-sided and potentially-conflicting duties and roles may be carried out with a minimum of conflicts or loss of position, the following guidelines are offered. These guidelines attempt to provide a structure for working relationships that will be productive and constructive; they do not attempt to include all functions, policies and procedures of the Regents and Department applicable to professional education, licensure, and conduct.

1. Meetings:

    Agenda. A tentative agenda and papers relating to the tentative agenda shall be sent to each board member a week prior to each regular meeting.

    The tentative agenda should be initiated by the Executive Secretary and reviewed with the board chairperson prior to its distribution to the board. Additional items should be added to the agenda, at the request...
of the Executive Secretary or board chairperson, prior to submission of the tentative agenda at the opening of the board meeting for adoption by the board.

Participation. Regular participation of all board members is expected in the meetings of the board, and members who may find it necessary to miss substantial numbers of meetings should initiate discussion with the chairperson or Executive Secretary concerning the member's plans for future participation or possible resignation from the board. Unofficial meetings or meetings of selected members (other than official committees), with or without the Executive Secretary, are destructive of working relationships and are not authorized.

2. Bylaws

Bylaws for the regular conduct of the affairs of the board may be adopted by the board consistent with Title 8 of the Education Law, to be effective upon their approval by the Board of Regents. To facilitate their conformance with law and Regents' rules and regulations, proposed bylaws should be developed by the board and Executive Secretary in cooperation.

3. Fiscal affairs

Budget. Ultimate responsibility for accomplishing the work of the board within the fiscal resources available for the board rests with the Executive Secretary and may not be delegated by him/her. A board may advise the Executive Secretary and Department of its concept of its fiscal requirements and priorities, but in doing so a board should recognize that, as is the case with other units within the Department, each unit's concept of its needs is greater than the amounts that the Commissioner and Regents are able to request, and further that the Department's request budget is not fully funded by the Legislature. Moreover, all units within the Department operate, both in formulating budget requests and in administering appropriated funds, within constraints imposed by units outside the Department as well as constraints established by the Regents and Department. The Executive Secretary is required to be familiar with these constraints and to give effect to them within his/her area of responsibility.

Expenses of board members. It is intended that the expenses of members incurred in board work be reimbursed, subject to State and Department policy and budget allocations. Similarly it is intended that board members be paid a per diem, currently $50, for each day devoted to board work, again subject to applicable policy and budget allocations. The Executive Secretary is the responsible Department officer for review and approval of expense and per diem claims. In the interest of equitable practice among the several boards, guidelines for payment of expenses and per diem have been developed and are appended to this document.

4. Board functions: Examinations, Evaluation of Experience, Discipline

In exercising its responsibilities relating to examinations, the evaluation of experience, and professional discipline, the Executive Secretary establishes policies and reviews and evaluates actions taken to carry out such policies; the Executive Secretary has responsibility for the application of such policies to specific cases and situations, including the development and maintenance of necessary records, compilation and submission of reports, and other actions. Because of the interdependence of policy and administration, the Executive Secretary plays an important role in formulating proposals of policy and procedure for consideration and action of the board.

5. Relations with professional organizations

Board members are often leaders in their respective professions and in the relevant state professional organizations. However in many professions, significant numbers of practitioners are not members of such organizations, and in all professions the responsibilities of the Regents and Department, including the boards, extend beyond the profession to the general public. Members of state boards for the professions must keep in mind that service as officers or members of governing boards of state associations in professions subject to regulation by the state board may raise occasions of potential conflict of interest. Members should take special precaution to assure there is no conflict of interest where they serve in a role within a professional organization, or in a teaching or examination situation.

Effective communications and cooperation among professional societies, boards, executive secretaries, and the Department are desirable avenues for accomplishment of shared goals. Acknowledging differences of responsibility and interest, boards and executive secretaries as well as other officers of the Department should endeavor to maintain cooperation and good working relationships with professional societies.

6. Relations with professional institutions and programs

Planning and evaluation relating to educational programs for the profession(s) served are a major responsibility of the Executive Secretary. S/he communicates with such advisory councils as may have been established by the Regents to provide consultation on matters involving professional, professional, and continuing education and other related issues. S/he consults with such Advisory Councils as may have been established by the Regents pursuant to §§3.10 (d) of the Regulations, or otherwise, on matters involving professional, professional, and continuing education and other related issues. S/he participates in the formation and development of such Advisory Councils.

7. Communications

Communications with and in behalf of a board are regularly made through the Executive Secretary, functioning as the agent of the board. The chairperson also acts as a spokesperson for the board.
No member of the board or of the Department should characterize a position as that of the board or of the Department unless it has been officially adopted as such. However, the representation or communication of a departmental or of a board position does not necessarily connote one's personal agreement with the position.

As entities of the Department, boards are subject to regular departmental policy and procedure in the issuance of any public statement.

A board may direct any communication to officer(s) of the Department and to the Regents. Such communications should be directed through the Executive Secretary, Assistant and Deputy Commissioner, and Commissioner as may be appropriate in light of the intended recipient.

8. Policy

A board may recommend policy positions on any matters relating to professional licensure, practice and conduct. Such recommendations should be directed through the Executive Secretary to the Regents or department officer, as appropriate.

Actions of boards involving policy positions are subject to review and approval by both program and legal officers of the Department and of the Regents and by law are required to be consistent with Title 8. Consultation in advance of formal action should minimize the possibility of loss of time and effort in such matters.

GUIDELINES FOR PER DIEM PAYMENTS TO PROFESSIONAL BOARDS

In coordinating the work of the professional boards, the Executive Secretaries have the responsibility for determining and approving per diem payments of Members for the time devoted to the work of the Board. Set forth here are the guidelines for per diem payments to members of professional boards; these represent maximum amounts in each category that may be approved by the Executive Secretary. Not all categories apply to each Board. Any deviation from this schedule must be approved by the Department.

Although these categories identify specific amounts for specific actions, for purposes of submitting vouchers the amounts will be converted into per diems, or half per diems, with assigned dates.

(1) Attendance at meetings of the entire Board, committees of the Board, hearing panels, and other meetings all authorized by the Department, and in accordance with the procedure for prior approval: one per diem for each day of the meeting; up to one additional per diem may be approved by the Executive Secretary for purposes of travel when additional time is necessitated because of travel distance.

(2) Writing examination questions:

(a) Multiple-choice, short answer questions may be paid for at the rate of $5.00 per question accepted for an examination.
(b) Essay and technical problem-type questions that include scoring criteria may be paid for at the rate of $10.00 per question accepted for an examination.

(3) Grading or regrading examination papers:

(a) Essay-type examinations may be paid for at the rate of $3.00 per candidate's question.
(b) Technical problem-type examinations may be paid for at the rate of $6.00 per examination paper; each candidate's four-hour or five-hour examination session will be considered as one paper.

(4) Observation or participation in administering examinations: one per diem for each day or fraction thereof; up to one additional per diem may be approved by the Executive Secretary for purposes of travel when additional time is necessitated because of travel distance.

(5) Evaluation of applications, experience evaluations of applicants, and Board Members' homework assignments, may be paid for at the rate of $1.50 per application reviewed. (NOTE: The Department prefers that such evaluations be made at regular meetings of the board or of its committee(s).)
State boards of nursing are agencies created by law to administer the laws regulating nursing within the state. The first state board of nursing in the United States, The Board of Examiners of Trained Nurses of North Carolina, came into existence in March 1903. Shortly thereafter, in April 1903 and May 1903, boards of examiners were established in New York and Virginia. Although New Jersey had enacted a law governing the practice of nurses in April 1903, it did not provide for any administrative agency. An analysis of these four laws provides a perspective from which to consider the composition and functions of state boards of nursing today.

The Early Nurse Practice Acts

The March 1903 North Carolina act for the registration of trained examiners established a Board of Examiners of five members, three registered nurses and two physicians. These persons were elected by their respective state professional associations for terms of three years. The Board was authorized to elect its own officers, adopt bylaws, and fill vacancies on the Board for the unexpired term. Further, the Board was to examine all applicants for license as a registered nurse "in the elements of anatomy and physiology, in medical, surgical, obstetrical, and practical nursing, invalid cooking, and household hygiene." For those found to be competent by examination, a license was issued. The Board was also authorized "in its discretion to issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them." The Board was given the power to hold hearings on charges against licensed nurses and "by a majority vote of the whole board, to revoke any license issued by them for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession of nursing." The law also provided that persons procuring a license by false representation or using the title, registered nurse or R.N., without having obtained a license, would be guilty of a misdemeanor and upon conviction, subject to a fine of not less than $50.00 or thirty days imprisonment. Incidentally, Board members received compensation $4.00 per day and actual traveling and hotel expenses when engaged in the work of the Board. This reimbursement was to be paid out of money received for licenses issued ($5.00 license fee) and not charged to the state treasury.

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Early in April 1903 the second nurse practice act in the United States was enacted in New Jersey. This statute did not create a Board to administer the act. However, in order to obtain a license to practice nursing in New Jersey, it was necessary to present to the county clerk a "diploma awarded by a training-school connected with a hospital of this State where at least two years' practical and theoretical training is required before its students are graduated as trained nurses." The license fee was fifty cents. The law also provided for the issuance of licenses to nurses from other states if "the training-school awarding such diploma shall require the same qualifications of its graduates as nurses as are provided for applicants of this State." In comparison with the North Carolina law, the New Jersey law was limited. However, it did introduce the dimension of education as a means to protect the public from incompetent nurses.

To the end of April 1903, the third nurse practice act in the United States was passed in New York. This law specified that the applicant for license needed to be over the age of 21, of good moral character, graduates of school connected with a hospital and providing a program of at least two years. It was enacted by the Regents of the University of the State of New York, and provided in nursing the requirement that a license be granted by a state authority. This law also "in order to reduce the burden on the Board members of the Board, the law also stated, "Nothing contained in this act shall be considered as conferring authority upon a medical or surgical practice nor to undertake the treatment or diagnosis of disease." The Board of Examiners and Examiners of five nurses was created. The members of the Board and Examiners were appointed by the Regents from a list submitted by the state nurses association of New York. The average age of the Board was five years experience in nursing. The function of the Board was to examine the applicants and determine and functions from these four laws provided in law shortly thereafter. A law was also provided that persons procuring a license by false representation or using the title, registered nurse or R.N., without having obtained a license, would be guilty of a misdemeanor and upon conviction, subject to a fine of not less than $50.00 or thirty days imprisonment. Incidentally, Board members received compensation $4.00 per day and actual traveling and hotel expenses when engaged in the work of the Board. This reimbursement was to be paid out of money received for licenses issued ($5.00 license fee) and not charged to the state treasury.

Early in April 1903 the second nurse practice act in the United States was enacted in New Jersey. This statute did not create a Board to administer the act. However, in order to obtain a license to practice nursing in New Jersey, it was necessary to present to the county clerk a "diploma awarded by a training-school connected with a hospital of this State where at least two years' practical and theoretical training is required before its students are graduated as trained nurses." The license fee was fifty cents. The law also provided for the issuance of licenses to nurses from other states if "the training-school awarding such diploma shall require the same qualifications of its graduates as nurses as are provided for applicants of this State." In comparison with the North Carolina law, the New Jersey law was limited. However, it did introduce the dimension of education as a means to protect the public from incompetent nurses.

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Presently, the state boards of nursing in 24 jurisdictions are within various departments such as a Department of Consumer Affairs or a Department of Licensing and Regulation. In Illinois, New Hampshire, and New York the Boards are in departments of state government concerned with education and in a few states, the Boards are placed in departments of health. Generally speaking, this means that the Boards are administratively responsible to the head of the department of all or some part of their functioning. In the remaining 29 jurisdictions, the state boards of nursing are organized as independent bodies although they may be required to present reports to the governor and to account for their fiscal affairs.

In all instances today, just as in North Carolina, Virginia, and Washington in 1903, state boards of nursing elect their own officers. The Members of State Boards of Nursing

Protecting the public against the admission of unqualified nurses into practice and insuring that their conduct remains above reproach are awesome responsibilities. Therefore, it is logical to ask what kinds of people accept these responsibilities? How are they appointed? What are their qualifications?

Above, it was pointed out that the 1903 law in North Carolina provided for the members of the Board of Examiners to be elected by their respective state professional societies. In New York, the Regents appointed the Board of Examiners from a list submitted by the State nurses association, and in Virginia, the governor appointed the members of the Board of Examiners from a list submitted by the State nurses association. In New York and Virginia all members of the Board were nurses and in North Carolina, there were three nurses and two physicians.

Today, as in 1903, the composition, appointment, and qualifications of members of state boards of nursing are specified in the law. In 46 jurisdictions the governor appoints the members of state boards of nursing. In five of these states, the advice and consent of the state senate is also required and in one, the head of the department in which the state board of nursing is located makes the recommendations for appointments.

In New York, the Governor, in the appointment of the four jurisdictions, the director of the department in which the state board of nursing is situated appoints the members. Appointment terms vary from three to six years and in some instances, the person may be reappointed for a second term. Many (52) of the nursing practice acts specify that the appointments are to be made from lists submitted by the appropriate state nurses associations. In the other jurisdictions, state nurses associations may submit nominations but the law does not require that appointments be made from such nominations. In regard to the appointment of members of state boards of nursing from lists furnished by the appropriate state societies, there are some feelings now being expressed to the effect that this is an unconstitutional usurpation of the appointive powers of the governor.

The size of state boards of nursing today range from not less than three in Guam to 15 in New York and Wisconsin. Very few state boards of nursing consist of only registered nurses. Most also include licensed practical nurses. Others may include physicians, hospital administrators or various other professionals such as vocational educators or a nursing home administrator. A trend today is the inclusion of public members on state boards of nursing. Generally, a public member is a person who is not associated in any way with the health field. California was the first state (in the 1960's) to have public members on its health regulatory boards. However, in the past five years an increasing number of public members have been added to state boards of nursing and it seems that this trend will continue.

As pointed out earlier in this section, the nursing practice acts define the qualifications of persons to be appointed to the state board of nursing. In addition to being currently licensed in the state, most laws specify that the nurse shall have had at least five years of experience and to be actively engaged in nursing immediately preceding appointment. Some laws also specify the type of nursing which the nurse is to represent, such as nursing education, nursing service, or direct patient care. A few laws also indicate that no less than one or two nurse members shall hold a master's degree. Illinois and Indiana require all registered nurse members to have a master's degree, and Rhode Island and Maine require all registered nurse members to have at least a baccalaureate degree.

Powers and Functions of State Boards of Nursing

State boards of nursing or the departments in which they are situated tend to have the following powers and functions: adopting rules and regulations to implement the law, carrying out the provisions of the law, setting up the requirements for and granting legal recognition to nursing programs, surveying nursing programs, conducting examinations, issuing and renewing licenses or certificates of registration, revoking or suspending licenses, and prosecuting violators of the law. In the past five years many state boards of nursing have been given the authority to promulgate rules and regulations relating to the expanded and extended roles in nursing. In some instances these rules and regulations are jointly established with the state board of medical examiners. Another relatively recent power granted to some state boards of nursing relates to requiring continuing education in order to qualify for renewal of the license to practice.

The listing of powers and functions makes it obvious why only the best qualified people should be appointed to state boards of nursing. While all board members are reimbursed for travel and living expenses for carrying out their duties, the compensation for their services is such that one can only conclude that board members are the most knowledgeable and least self-serving public servants who neither expect nor receive financial gain from their positions. For their public service, board members receive blame more often than praise. Often they are unfairly attacked by their colleagues, not necessarily because of malice but through ignorance of the issues. Serving as a member of a state board of nursing is not an easy assignment, and it is not likely to become any easier in the years ahead.

REFERENCES